

Washoe County District Board of Health Meeting Notice and Agenda

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown

**Thursday, May 25, 2017
1:00 p.m.**

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

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 25, 2017

- 5. *Recognitions**

- A. New Hires

- i. William Mountjoy, 5/1/2017, Environmental Health Specialist Trainee I - EHS

- B. Promotions

- i. Joshua Restori from Air Quality Specialist II to Senior Air Quality Specialist, 5/1/2017 – AQM

- C. Achievements

- i. Lisa Lottritz – Awarded Masters in Public Health, UNR, May 2017 - CCHS

- 6. Proclamations**

- A. Emergency Medical Services Week
Accepted by: Christina Conti

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. Approval of Draft Minutes

April 27, 2017

B. Budget Amendments/Interlocal Agreements

i. Retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period May 1, 2017 through June 30, 2017 in the total amount of \$38,116 (with \$3,811.60 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Replenishment Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Patsy Buxton

ii. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective June 1, 2017 through September 30, 2017 in the total amount of \$59,455.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# TBD; and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

C. Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2017

Staff Representative: Anna Heenan

D. Acceptance of the “Washoe County, Nevada Air Quality Trends (2007-2016)” Report

Staff Representative: Charlene Albee

E. Approval of proposed revisions to the Mutual Aid Evacuation Annex

Staff Representative: Brittany Dayton

F. Recommendation for the Board to uphold an unappealed citation issued to Remick Associates DB Inc., Case No. 1193, Citation No. 5587 with a \$3,690.00 negotiated fine.

i. Remick Associates DB Inc. – Case No. 1193, Notice of Violation No. 5587

Staff Representative: Charlene Albee

8. Discussion and possible approval of a pilot program to evaluate a potential new temporary food establishment permitting concept for a particular type of Special Event defined as a Tasting Event

Presented by: Nick Florey

9. Regional Emergency Medical Services Authority

Presented by Don Vonarx and Kevin Romero

A. Review and Acceptance of the REMSA Operations Report for April 2017

*B. Update of REMSA’s Public Relations during April 2017

10. Approve FY17 Purchase Order #TBA issued to Adapco Inc. (Bid#2955-16) in the amount of \$160,272 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District

Staff Representative: James Shaffer

11. Policy discussion and possible action to: (1) determine that as a public health matter, the public would benefit from a temporary program in which septic repair and well

abandonment permit and building plan review fees for structural repairs related to flood damage are not collected from single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the cost of permits for repairs is not covered by the applicable insurance policy, and, if the finding is made, (2) to approve the program of not collecting permit and plan review fees for these homes. This action applies to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or Washoe County Health District (WCHD) permit application deadline of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04). All associated costs will be covered through the Heath Fund Account.

Staff Report: James English

12. Possible Approval of a Strategic Planning Retreat on the 2016-2018 Strategic Plan

Staff Representative: Sara Behl

13. Update regarding the 2017 Legislative session

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 – Client Satisfaction Survey Results; Data & Metrics; Program Reports

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Childcare, Food, IBD, Schools, Vector-Borne Disease and Waste Management

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

District Health Officer Report –Mosquito Abatement, North Valleys Flood, Water System Regulation, Security, NALHO, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Community Improvement Health Plan, Community Needs Health Assessment, Truckee Meadows Healthy Communities, 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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

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

Proclamation

WHEREAS, emergency medical services personnel are called upon to help others through one of the most frightening times of their lives; and

WHEREAS, emergency medical services is a vital public service with personnel ready to provide lifesaving care to the community 24 hours a day, seven days a week; and

WHEREAS, access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

WHEREAS, the emergency medical services system consists of men and women in both the public and private sectors – including emergency physicians, emergency nurses, emergency dispatchers, emergency medical technicians, paramedics, firefighters, educators, administrators, volunteers, and others throughout our healthcare system – who work together to ensure those in need receive the highest level of emergency service; and

WHEREAS, the EMS commitment to patient care throughout Northern Nevada has been an integral factor in our safety and security; and

WHEREAS, Washoe County is proud to have organizations such as Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, Pyramid Lake Fire/EMS, Gerlach Volunteer Fire Department, REMSA and Care Flight operating throughout the region to ensure the highest quality of patient care and community support; and

WHEREAS, it is appropriate to recognize the value and the accomplishments of emergency medical services by designating Emergency Medical Services Week;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 21-27, 2017, as

Emergency Medical Services Week

with the theme

EMS STRONG: Always in Service

In Washoe County, Nevada

Kitty Jung, Chair
Washoe County District Board of Health

Washoe County District Board of Health Meeting Minutes

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir
Oscar Delgado
Michael D. Brown

Thursday, April 27, 2017
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 1:04 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair
Dr. John Novak, Vice Chair
Dr. George Hess
Kristopher Dahir
Oscar Delgado
Michael Brown

Members absent: None

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Dr. Lei Chen

2. *Pledge of Allegiance

Mr. Kutz 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 27, 2017

Dr. Novak moved to approve the agenda for the April 27th, 2017, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved six in favor and none against.

5. Recognitions

A. Years of Service

- i. Jim Shaffer, Vector Coordinator, 15 years, hired 4/1/2002 - EHS

Mr. Shaffer was not in attendance.

- ii. Erin Dixon, Public Health Supervisor, 15 years, hired 4/22/2002 - CCHS

Mr. Dick introduced Ms. Dixon and congratulated her on her years of service.

- iii. Maricela Caballero, Human Services Support Specialist, 20 years, hired 4/28/1997 – CCHS

Ms. Caballero was not in attendance.

- iv. Phillip Ulibarri, Public Health Communications Program Manager, 25 years, hired 4/6/1992 – ODHO

Mr. Ulibarri was not in attendance.

B. New Hire

- i. Susan Hopkins, 3/27/2017, Office Assistant II – EHS

As the acting Division Director for EHS, Mr. Dick welcomed Ms. Hopkins and informed that she is the new front counter employee working for EHS. Mr. Dick stated that she has twelve years of experience with the FBI, was employed most recently with Alternative Sentencing, and has extensive history of working with persons of diverse backgrounds.

Chair Jung wished Ms. Hopkins many happy years at the Health District.

C. Promotions

- i. Michael Crawford from Air Quality Specialist I to Air Quality Specialist II, 3/21/2017 - AQM

Mr. Dick congratulated Mr. Crawford on his promotion.

D. Reclassification

- i. Carmen Mendoza from Office Assistant III to Office Support Specialist, 2/24/2017 - EPHP

Ms. Mendoza was not in attendance. Mr. Dick explained that, due to the vacancy left by Sandi Bridges' retirement, Ms. Mendoza had been reclassified to assume the duties of Office Support Specialist. He stated that she has been doing a fantastic job in Vitals.

E. Resignation

- i. Tim (Cuauhtemoc) Buitron – 4/4/2017, Office Assistant II - 12 years - CCHS

Mr. Buitron was not in attendance, but Mr. Dick congratulated him on taking advantage of a new opportunity at one of the advanced manufacturing companies that have come into the area.

6. 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. Approval of Draft Minutes

March 23, 2017

B. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$371,850 retroactive to April 1, 2017 through June 30, 2018 in support of the Community and Clinical Health Services Division (CCHS) Immunization Program Internal Orders #10029 and #11319 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- ii. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$129,630 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Sexually Transmitted Disease Prevention and Control Program IO# 10014 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iii. Approve a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$109,098 retroactive to January 1, 2017 through December 31, 2017 in support of the Community and Clinical Health Services Division (CCHS) Tuberculosis Prevention and Control Program, IO# 10016 and authorize the District Health Officer to execute the Notice of Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- iv. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to January 1, 2017 through December 31, 2017 in the total amount of \$65,990 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Surveillance Program IO# 10012 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns-Cummins

- v. Approve a Notice of Award from the U.S. Department of Health and Human Services, Public Health Service retroactive to April 1, 2017 through March 31, 2018 in the total amount of \$508,000 (\$50,800 Health District cash match) in support of the Community and Clinical Health Services Division (CCHS) Title X Family Planning Grant Program, IO# 11304.

Staff Representative: Nancy Kerns-Cummins

- vi. Approve Intrastate Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Corrective Actions and the Washoe County Health District for the period July 1, 2017 through June 30, 2021 in the total amount of \$812,000 (\$203,000 per fiscal year) in support of the Environmental Health Services Division (EHS) Underground Storage Tank (UST) Program, IO 10023; and if approved, authorize the District Health Officer to execute the Agreement.

Staff Representative: Patsy Buxton

vii. Retroactive approval of Grant Agreement #A-00905417-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$547,651 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019 and authorize the District Health Officer to execute the Grant Agreement.

Staff Representative: Patsy Buxton

viii. Retroactive Approval of Assistance Amendment PM-00T56401-3 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021 and authorize the District Health Officer to execute the Assistance Amendment.

Staff Representative: Patsy Buxton

ix. Retroactively approve FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget.

Staff Representative: Patsy Buxton

C. Acknowledge receipt of the Health Fund Financial Review for March, Fiscal Year 2017

Staff Representative: Anna Heenan

D. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak in the approximate amount of \$2,250, to attend the NALBOH Board Meeting and the 2017 NALBOH Conference in Cleveland, Ohio, July 31 – August 4, 2017

Staff Representative: Kevin Dick

Dr. Novak moved to accept the Consent Agenda as presented. Dr. Hess seconded the motion which was approved six in favor and none against.

7. *Presentation of the Draft Plans of the 2040 Regional Transportation Plan (RTP) and the Bicycle and Pedestrian Master Plan

Presented by: Amy Cummings of the Regional Transportation Commission

Ms. Cummings thanked the Board for inviting her to present the 2040 Regional Transportation Plan. She stated that they are now in their Public Comment Period through May 18th, and that the draft is available on the RTC website. Ms. Cummings informed that there would be a Public Hearing at the May 18th RTC Board Meeting when the Plan is brought to them for action. A Public Meeting earlier this week received good feedback.

Ms. Cummings stated her appreciation of the Health District staff and for their efforts in producing this plan in collaboration with RTC; specifically for the Air Quality Analysis and incorporating the goals and principals for healthy living and active transportation as key components of the Regional Transportation Plan.

Ms. Cummings stressed that their number one guiding principal is to promote safe and healthy communities as well as supporting sustainability and more travel choices for the region.

Ms. Cummings informed that a great amount of analysis went into the Air Quality Conformity determination, and that they'd partnered closely with Dan Inouye and Yann

Ling-Barnes of the Health District on this technical analysis. RTC developed the vehicle miles of travel for different types of roadways, Health District staff provided the emissions analysis, and these two calculations were measured against the Motor Vehicles Emissions Budget. The end result showed RTC as being within the Emissions Budget and so is in conformance with the State Implementation Plan.

Ms. Cummings stated that factors contributing to their conformance are Complete Streets Program, wherein they include improvements for active transportation elements such as walking and bicycling, and the transit system as alternatives for personal automobile usage. These measures help reduce emissions and help assure continued conformity and a healthier community.

The Zero-Emission Electric Bus Program will also contribute to the goal of fewer emissions produced, and Ms. Cummings thanked the Health District for their assistance in obtaining grants. She stated that RTC currently has four of these busses, and that five more will be purchased within the next year. There is also a plan to replace fifteen older busses with electric models as necessary.

Ms. Cummings informed that RTC is reconfiguring the Villanova bus maintenance facility to allow the new busses to be maintained and recharged, and completion of this project should be by year end.

Also included in the RTP is annual funding for ADA improvements, bike and pedestrian facility improvements, upgrading intersections, traffic signals, and maintaining the area's pavement. There is also a series of capacity improvements and Complete Streets Livability focused projects that don't add capacity, but support active transportation to increase vibrancy in the community.

8. Regional Emergency Medical Services Authority

Presented by Don Vonarx

A. Review and Acceptance of the REMSA Operations Report for March 2017

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for March 2017. Dr. Novak seconded the motion which was approved six in favor and none against.

***B. Update of REMSA's Public Relations during March 2017**

Mr. Dahir asked if their implementation of paramedics on some of the Sparks fire engines had any effect on their compliance. Mr. Vonarx stated this is more of an action that would benefit patient care on scene than reduce response time, and that compliance is based on response time. Mr. Vonarx said he'd check for any comments related to the subject to report back at the next District Board of Health Meeting.

Mr. Vonarx informed that Mr. Romero is participating in the Mass Casualty Incident Simulation today, and announced that the Medical Communications Center received its fifth consecutive international Academy of Emergency Dispatch Accreditation for the Center of Excellence. He stated that this process takes a tremendous amount of effort and dedication. The International Academy of Emergency Dispatch (IAED) has requested that REMSA become a mentoring center to assist other communications centers who wish to become ACE accredited.

Dr. Hess noted that, in the report in the Customer Comments section of the report, that there have been fewer negative comments. Mr. Vonarx stated that normally, out of twenty to thirty comments, five or ten of that amount are usually negative. To explain the less than normal amount of calls noted in this report, he informed that there was an issue this last month with EMS Surveys in that all comments received were not documented.

Mr. Brown stated that AB85 was in a work meeting in the Senate, and that ambulance services and fire departments throughout Nevada were very supportive of this bill for mandatory CPR and External Defibrillator training in schools. Mr. Brown thanked Mr. Vonarx and asked him to extend that thanks to the REMSA team for their participation and influence in getting this bill passed.

9. *Regional Emergency Medical Services Advisory Board April Meeting Summary

Staff Representative: Heather Kerwin

Ms. Kerwin stated that the Regional Emergency Medical Services Advisory Board approved the semi-annual data analysis that was included in the report. Also included in the agenda for that meeting was a heat map that shows response times for the over 34,000 matched calls in Fiscal Year 2015-2016, and allows the user to compare the difference between day and night calls. Ms. Kerwin presented the heat map to the District Board of Health, and demonstrated its functionality.

Ms. Kerwin informed that completed objectives of the five year Strategic plan include the establishment of ambulance franchisee response map review methodology and the process verification of Omega protocols.

Chair Jung asked where the heat map could be located online. Ms. Kerwin informed that the heat map is available at the Washoe County EMS Oversight Program home tab. Ms. Kerwin offered to provide the link to this map to the Board, and Chair Jung agreed that would be beneficial.

Ms. Kerwin also stated that they have been meeting with regional partners to develop a PSA on Appropriate Use of 911. It's set to be broadcast either during National Police Week or National EMS Week in mid-May.

10. Policy discussion and direction to staff regarding waiver of permit fees for properties affected by the North Valleys flooding

Staff Representative: James English

Mr. English explained that the item presented to the Board is a policy discussion and a request to potentially waive fees for this specific event. Because this type of request has never been made before, direction from the Board is being sought as to whether this type of action is appropriate for this emergency response to assist the residents affected by the flood.

Mr. Dahir asked if any of the costs to this action could be recouped by emergency funding. Mr. English stated that, per his research, it appeared it would be a loss and would be paid for by the General Fund.

Chair Jung asked if the FEMA reimbursement for emergency related costs could be used to fund the expenses. Mr. English opined that it might be able to be submitted as a claim, but receipt of funds may not be realized for between seven to ten years.

Mr. Brown asked if the twenty-five properties noted in the report were within the area of the declaration of the state of emergency, and Mr. English confirmed that they were. He also stated that it is not thought that all twenty-five would require permits or repairs to be done by Environmental Health. Mr. Brown inquired if the assessments regarding damage or hazard mitigation issues of these homes were done by the state or the team that was on sight. He further asked if these homes might not already be included in a FEMA claim. Mr. English stated that the original assessment was done by the USAR Team during the first weekend of the emergency. Once the walls were constructed to contain flood waters and the initial emergency response was mitigated, EHS Staff and Washoe County Building and Safety Staff completed further assessment based on the USAR data. The team assessed over one hundred houses within the area of the emergency declaration, and these twenty-five houses were

posted by both the Health District and Washoe County Building and Safety as being unsafe. In conclusion, Mr. English stated that he believed that there had not been a previous FEMA claim because their reports include the initial data from the original emergency response from Incident Management Team and the active Recovery Team.

Dr. Novak asked if it was Environmental Health that is bringing this request forward. Mr. English informed that it started with citizen's requests, and that EHS was requested by the County Manager's office to entertain the possibility of providing this assistance, as well as the feasibility of such an action. In research, Mr. English found that it would have to be approved by the Board because staff and the District Health Officer do not have the authority.

Mr. English informed that a joint concurrent item was brought last Tuesday to the BCC by Department Head Dave Solaro of Community Services, and that action prompted this request from EHS to be on record.

Dr. Novak asked if there was an estimate of the possible cost. Mr. English opined that it would be less than \$20,000. That said, he informed that their proposal varied from Washoe County CSD's in that they propose to waive all well abandonment fees. This addition would be an attempt to have the residents connect to the TMWA community water system as a Public Health benefit. None of the existing wells can be re-drilled because there is community water present in the area. If residents opt out of this benefit and their well becomes unusable later, they would lose this opportunity and be responsible for connection fees themselves. Mr. English stated that there is existing municipal water infrastructure in place for residents to connect to TMWA in that area, and EHS has asked TMWA if they could assist in the oversight of this project. With organization, several homes could be completed in a day. He informed that he could not estimate the cost of this portion of the proposed plan. This part of the plan includes two subdivisions outside the regional scope, and could increase costs to the Health District above the \$20,000 estimate previously mentioned.

Mr. Delgado asked if the waived permits would be for both residential and businesses. Mr. English stated that he was unaware of any damaged commercial businesses, although there are at-home businesses in that area that could be affected.

Mr. Dahir asked if this action could set a precedent that could create a liability for the Health District if another emergency would occur and the Health District decline to waive permits. Ms. Admirand stated that it could, and that bringing this proposal before the Board could be considered a consultation or initial discussion as to whether the Board wants to set forth this policy. She stated that there are potential liability issues in the future, and that there needs to be strict parameters set for which residences qualify. In bringing this agenda item forth at this meeting, it was with the hope that the Board would consider this action. Ms. Admirand continued that, if needed, staff can work on any recommendations from the Board and return for further discussion. She informed that, when this item went before the BCC on Tuesday of this week, this was the direction given to them. The Board of County Commissioners wanted to have very specific parameters limiting when the waiver of fees would apply. The concept is the same with the Board of Health, concerning the proposed waiver of fees that would then not account for the cost of service that the department is incurring, and whether that is a decision that would benefit the public. She reiterated that there was potential liability based on any decision made by the Board on this proposal.

Chair Jung informed that there was no action taken on Tuesday at the BCC meeting regarding the proposed waiver of building permit fees, but asked for legal to research possible liability for future disaster situations. Chair Jung stated that it was her hope that Mr.

English was working closely with Mr. Solaro, because the direction will be the same with this item as it was for the item Mr. Solaro presented. She instructed that there needs to be a specific time frame that the waiver would be available to flood victims, that there is proof that their insurance has denied their claim, and specify that the waiver would be for the owner that would continue to reside in their home. The waiver would not be attached to a yellow or red tagged property if it were sold. Chair Jung stressed that it is important to structure the plan to be secure against fraud.

Mr. Brown stated the criteria in the language of the plan should include that a property would have to have been declared as being within a disaster area to be eligible for inclusion in possible waiver of fees.

Mr. Dahir stated that he would make a motion; Chair Jung asked Ms. Admirand what action would be appropriate, and she informed that Chair Jung could give direction to staff and legal to return with a recommendation.

Dr. Novak asked that there be a timeline for return of information to the Board, and it was set for the next District Board of Health meeting, May 25, 2017. Mr. English agreed that timeline would be sufficient to have the information ready.

Mr. English asked for clarification on how he should address the subject of the well abandonment plan in order to encourage residents in the flood area to connect to community water. Chair Jung stated that she was in agreement due the wells in the area being unsustainable and that it would provide the ability to manage water more effectively, making it a Public Health issue in her opinion. She asked the Board for their opinion.

Mr. Dahir stated he was in agreement, but asked if the issue of well abandonment would require a separate motion. Ms. Admirand agreed that motions could be heard separately.

Dr. Novak asked if the well abandonment plan included a time limit. Mr. English stated that he would bring that issue back as a separate staff report, but that a deadline of December 31, 2017 would allow time to plan and carry out the process as it is 60-90 days from initiation by the resident to connection to TMWA being complete. Dr. Novak asked that this be included in the motion.

Dr. Hess asked if the waiver of cost for well abandonment would be restricted to the federally declared disaster area. Chair Jung stated that point would be addressed in the staff report at the next DBOH Meeting, and asked Mr. English to share that information with Mr. Solaro as it was not included in direction given to him. Mr. English stated that he'd met with Mr. Solaro just prior to this meeting and has the seven points of direction that had been given to him at the BCC Meeting.

Mr. Dahir asked what would happen if a resident did not want to participate in connecting to TMWA. Mr. English stated that it was their option, but if their well becomes unsafe to use, state law prohibits them from drilling another well. Their only option at that time would be to connect to TMWA, and if the opportunity is missed, the cost would be their responsibility.

Mr. Dahir moved that staff review direction given by the Board in order to protect the Health District against future liability while assisting residents affected by the North Valleys flooding regarding waiver of permit fees for properties, and to return findings at the DBOH Meeting of 5/25/2017. Mr. Brown seconded the motion which was approved six in favor and none against.

Mr. Dahir moved to proceed with work toward well abandonment in the declared disaster area to facilitate connection of those residents to community water supply with a deadline of December 31, 2017. Mr. Delgado seconded the motion which was approved six in favor and none against.

11. Presentation and possible acceptance of a progress report on the 2016-2018 Strategic Plan and adjustment to progress reporting schedule

Staff Representative: Kevin Dick

Mr. Dick informed that the Health District had begun to implement the Strategic Plan in July and that this report encompasses 75% of the first year of the Plan. During the Strategic Planning Retreat Workshop, he stated that they'd developed the Vision, Mission, Values and Strategic Direction for the Health District and those continue to provide the structure to move forward with the Plan. Six Strategic Priorities were identified, seventeen District Goals, fifty-three measurable outcomes and ninety initiatives are being implemented to achieve the Outcomes and Goals. An Action Plan was developed and approved by the Board, structured so that under each Priority the Goals are identified, along with the desired Outcomes and related Initiatives with target dates for completion.

Mr. Dick stated that the Health District is using a dashboard system developed by OnStrategy to track progress, and stated that the Outcomes are being met as set forth in the Plan. These include reducing negative health economic impacts of obesity and nutrition, protecting against negative environmental impacts by achieving air quality standards, raising awareness of the Washoe County Health District and public health through media campaigns and articles, and posting health trends on the website.

The Community Health Improvement Plan, the Ozone Advance Program, Family Health Festivals and Collaborating for Communities Projects in conjunction with C4C are four initiatives in support of building a local culture of health.

Mr. Dick informed that seventeen of the ninety initiatives have been met and expressed he was pleased with that progress for the Plan, reminding the Board that the Plan extends through 2020.

Within the presentation, Mr. Dick showed a slide displaying the persons responsible for certain initiatives and their progress. He informed that Mr. McNinch has assumed responsibility for the EHS initiatives due to Mr. Sack's retirement.

Mr. Dick reiterated that the Strategic Plan will be implemented through 2020, and progress would continue to be tracked and measured. Work will continue to increase progress in areas where outcomes are not being met. He then requested direction from the Board regarding extending the Strategic Plan reporting frequency from quarterly to semiannually. Mr. Dick stated that if the Board is agreeable, he would propose to deliver an end of fiscal year report at the August DBOH Meeting and begin semiannual reporting at the February 2018 Meeting.

Mr. Dick informed that a meeting with OnStrategy will occur on April 28th to explore dates for a Strategic Workshop to be held in the fall. The focus of the meeting will be to assure that the direction of progress is being maintained on the Strategic Plan and identify any necessary adjustments. He stated that he would bring information back to the Board on possible dates at the next Board Meeting.

Chair Jung asked if this software was being provided by Ms. Olsen. Mr. Dick confirmed that it is, and stated that sometimes it is difficult to have tracking for a plan roll up arithmetically, but that it does function as a tool for tracking with some adaptation. Chair Jung stated she appreciated the detail regarding accountability.

Dr. Hess asked if this information was available on the internet, and Mr. Dick stated that it was not, but confirmed that the information would be provided to the Board and posted as part of the packet on the internet after the meeting.

Mr. Dahir asked if the semiannual reporting of the Strategic Plan could have the effect of reducing the pace of progress made. Mr. Dick stated that the Plan is reviewed twice per

month at the Division Director's meetings, and assured that focus on accountability for Plan accomplishments would not be diminished.

Dr. Novak moved to accept the progress report on the 2016-2018 Strategic Plan and adjustment to progress reporting schedule to semiannual after the upcoming fiscal year-end report in August 2017. Mr. Brown seconded the motion which was approved six in favor and none against.

12. *Presentation of effects of legalized recreational marijuana on Health District programs and discussion of other potential public health impacts

Staff Representative: Kevin Dick

Mr. Dick stated that he brought this presentation forward in response to Board comments at the previous meeting regarding what health impacts may be realized with the introduction of recreational marijuana. He stated that he is not an expert on the subject, but would present the information that he was able to compile.

Mr. Dick began by explaining how recreational marijuana facilities fall within the existing Health District programs. Air Quality Management is regulating and does permitting for cultivation, processing and testing labs. He informed that groundbreaking research in conjunction with Desert Research Institute is underway to develop methods to calculate emissions produced by marijuana grow operations. He also stated that it did not appear any additional air quality regulations are necessary at this time. Mr. Dick informed that Air Quality Management is responsible for responding to any complaints regarding odor associated with these facilities.

Environmental Health has control of the waste management plans that need to be approved for the facilities that are cultivating, processing or testing. Plan review requirements are applied to these facilities for water system protection and waste water disposal; and EHS also responds to complaints. For food related issues, regulations are in place that will cover facilities that either produce or sell those items. Current regulations are also thought to be sufficient for EHS.

Mr. Dick informed that the state has a number of regulations in place for quality of marijuana products and the types of herbicides and pesticides that can be used, and these regulations act in conjunction with existing local laws to the benefit of public health and safety.

Mr. Dick went on to discuss marijuana use and impacts to clients in our program areas. Community Health Services is involved with educating parents to the effects of using marijuana through the WIC Program. In the instance of using marijuana for morning sickness, it was found that THC crosses the placenta and infants can have up to a third of the concentration of THC in their systems as that of the mother. There is a 2.3 times greater chance of stillbirth in mothers who use marijuana, and potential for behavioral functioning issues in children such as impulsivity and inattention, as well as subtle learning and memory deficits. Regarding breastfeeding, THC is stored in fat and therefore breast milk, and therefore mothers are recommended not to breastfeed if they use marijuana

Mr. Dick informed that secondhand marijuana smoke contains some of the heavy metals and more hydrogen cyanide than tobacco smoke. Research on secondhand marijuana smoke is limited, however, the National Institute of Health conducted a study with mice that showed the effects on small blood vessels is the same as tobacco smoke, with the effects lasting longer than tobacco smoke. Second-hand exposure can produce detectable levels of THC in blood and urine and cause minor impairment. He stated that the Health District is promoting smoke-free environments and smoke-free housing through our Tobacco Funding. Mr. Dick

stated that there is no funding specific to marijuana, but messaging for marijuana is included in messaging for tobacco.

Mr. Dick stated that children exposed to edible marijuana products are a vulnerable population. Also, a study published in the New England Journal of Medicine of adolescents with heavy, long-term use showed that about 9% are at risk of altered brain development and cognitive impairment. People with schizophrenia are susceptible to increased issues with their condition, and increased risk of psychosis in persons with the genetic variants AKT1 and COMT have been found.

He informed that evidence regarding marijuana use and motor vehicle safety is not robust. Studies conflict with one showing a two times greater potential for accident while another shows no increased likelihood. He informed that potential for risk of accident is much greater with alcohol and distracted driving than with marijuana use.

A slide from a Washington state traffic safety program was presented to the Board regarding issues related to recreational marijuana, showing various driving hazards and increased risk of accident from each. It showed that alcohol was by far the greatest contributing factor to accidents while driving.

Mr. Dick informed that there was an increase in pediatric and pet overdoses associated with accidental ingestion of marijuana edibles, but clarified that marijuana overdoses are not fatal. They can produce unease and shaking and in some instances, psychotic reaction. Treatment includes monitoring vital signs, and in some cases, administering a low dose sedative and observing until the effects fade. Overdoses can be due to inattention, high THC content or overconsuming an edible product because effects take time to register.

He continued by informing that marijuana use disorder occurs in persons with long-term, high usage and is similar to other substance abuse disorders. Adults seeking treatment have usually used marijuana every day for more than ten years and have tried to quit more than six times. Mr. Dick informed that adolescents who have marijuana use disorder usually also have other psychiatric disorders and may also be addicted to other substances. Treatment is similar to other alcohol and substance abuse treatments.

Mr. Dick stated that in states where recreational marijuana has been legalized, it has not been shown to increase usage in adolescents. This may be due to survey results that show 80% of high school students have ready access to marijuana. Recreational use of marijuana has not been shown to increase crime rates, but it has been shown to increase use among heavy users of marijuana after legalization.

Although recreational marijuana had been cited as a cause in the increase of homelessness in Denver, it was not found to be the case statewide or in Washington State. Also, there have been no scientific or peer review papers that substantiate that increase in homelessness, although this information continues to be promoted by local officials and in the media.

Mr. Dick stated that legislation of note includes Bill SB341 that revises provisions related to medical marijuana establishments; it establishes and regulates medical marijuana research facilities and will provide the opportunity for Nevada to do more research and provide scientific basis regarding marijuana as medicine. It also authorizes that fees imposed for medical marijuana establishments may be expended to support programs to provide education and outreach related to the safe use of marijuana and to prevent the abuse of marijuana.

SB487 imposes an excise tax on the sale of marijuana and related products by retail marijuana stores. This bill has a proposed amendment made by Senator Ratti that would provide a 5% excise tax on retail sales which may only be used to fund alcohol and drug

abuse programs. It would also include a 5% excise tax that would be distributed to local governments to increase access or provide mental health through substance abuse treatment, support specialty courts, programs that provide positive alternatives for youth and law enforcement. As well, this bill has each county establishing an advisory committee on mental health and substance abuse that would provide recommendations on how these funds would be used. It also provides for counties to impose a license tax.

Mr. Dick informed that an executive order from Governor Sandoval will establish a task force on the implementation of ballot question 2, the regulation and taxation of marijuana; and under that, there are a number of workgroups to provide recommendations back to the Governor by May 30th.

The American Public Health Association has identified strategies for recreational marijuana that include age restriction, taxation, time and date restrictions, retailer liability, standardizing testing and monitoring, warning labels, advertising restrictions, addressing impaired driving, passive exposures and monitoring and evaluating regulatory schemes. Many of these issues are addressed in Nevada through state regulations concerning medical marijuana.

Mr. Dahir complemented Mr. Dick on his report and asked if he could get a copy of the report. He also asked if the slide that showed the various factors that contribute to automobile accidents was pre or post legalization of recreational marijuana. Mr. Dick stated that he would confirm and report his findings. Mr. Dahir also asked if the regulations for marijuana edibles are the same as for other food industries, and Mr. Dick assured, although there are currently no manufacturers of marijuana edibles in Washoe County, they would be held to the same standards.

Mr. Delgado also complemented Mr. Dick on the presentation. He then asked if funding for education for marijuana is currently from tobacco funds, and Mr. Dick confirmed he was correct. He explained that the purpose of this funding is for public education as related to tobacco use and secondhand smoke issues, and that while the focus of their message is tobacco related, they also incorporate marijuana based information. Mr. Delgado also inquired if the Health District would be responding to any complaints related to odor from marijuana inside an apartment complex. Mr. Dick explained that the Health District has no regulatory authority for air quality inside an apartment building, but would have authority for air quality outside of a marijuana cultivation or processing facility.

Dr. Hess expressed his concern that, over time, unforeseen negative medical effects would be found concerning marijuana. He inquired if the same smoke-free areas for tobacco products would include prohibiting persons from smoking marijuana in those areas. Mr. Dick stated he understood that recommendations are being developed by the workgroup to have Clean Indoor Air Act regulations apply to marijuana use. Dr. Hess asked if the County had any regulations to cover this issue and Mr. Dick informed that there are not and that no legislation has been introduced so far in this session to include marijuana in the Clean Indoor Air Act.

Chair Jung asked if the statistics concerning newborn babies having THC in their systems were based on comparison of testing done before and after the legalization of recreational or medical marijuana in Colorado. Mr. Dick stated that he would confer with Chronic Disease who provided that information, but it was his understanding that was the case.

Chair Jung asked if the Health District is working with the managers of Reno, Sparks and the County to direct a portion of the funds from taxation of marijuana to fund WIC, EHS and AQM activities. Mr. Dick stated that the Health District is tracking related costs in the regulatory program because it is believed that reimbursement is possible by the state under

the existing program that provides funding for the medical marijuana program. He continued that reimbursement from the state is being sought first, but will work for reimbursement from local sources if needed.

Chair Jung congratulated Mr. Dick on his presentation.

13. Update regarding the 2017 Legislative session

Staff Representative: Kevin Dick

Chair Jung informed the Board that she would be at the Legislature on the upcoming Friday to meet the County Lobbyists, but would not be lobbying for any bill that had not been voted on by the Board.

Mr. Dick stated that Mr. Brown could confirm that the pace at the Legislature has been fast and furious in the last week. Since the last Board Meeting, the deadline for bills to move from the first Committee had passed, and then this last Tuesday, the deadline for bills to move from the first house had passed. He presented a color coded table of bills in bill number order indicating our level of support and position, and noting that the dark shading across an entire bill's row indicated that it had not passed a deadline. He announced a correction regarding SB196 that had been marked as dead in error. Mr. Dick requested the Ms. Rogers to add page numbers to the document for the next meeting.

AB193 regarding the fluoridation of community water did not make it out of Committee. Mr. Dick informed that it was his understanding that the votes were present to pass the bill, but that it was not agendaized.

Regarding Dr. Hess' question about the Clean Indoor Air Act being applied to vaping, AB450 was a bill that came out of the Interim Legislative Committee on healthcare that would have accomplished that inclusion, but it was sent to Taxation instead of Health and Human Services and was not heard. Mr. Dick opined that it was an interesting precedent for a bill presented by a Committee and may also be an indication of the strength of the vape industry.

SB165, Mo Denis' bill on obesity and height and weight measures in school, has moved forward to the Assembly. Mr. Dick stated that this bill is one that was on the Health District's high priority list and hoped the height and weight measure would be passed.

Mr. Dick stated that Chief Brown had previously mentioned the CPR in school bill, and it is also still alive.

Mr. Dick indicated that on AB203, Amber Joiner's bill, the Health District's position was neutral, but that it was of interest. It addresses cemetery authority issues and has passed from the Assembly to the Senate.

Another bill from Assemblywoman Joiner, AB348, regarding scientifically accurate sex education in the schools has also made it from the Assembly and is moving forward to the Senate.

AB113 that provides for nursing mothers in the workplace was amended to remove the Health District as mediator for related issues and is moving forward.

SB122 has passed; it provides for an account for family planning funds to be distributed from by the state to family planning programs. Also, another fiscal bill that would provide \$1M per year for family planning funding has been declared exempt and is also progressing.

SB233 is also still active, which provides for a 12-month prescription for contraception products to be filled.

Mr. Dick informed that the plastic bag bill that would have had a fiscal impact to the Health District of several million dollars is among those that didn't pass the first committee deadline.

The fish pedicure bill also did not pass which would have required the Health District to

regulate that process.

Dr. Novak inquired the status of SB236 which would allow marijuana to be smoked in public. Mr. Dick informed that he believed it was moving forward, but would require local government approval. Further, he informed that his understanding of the bill's intent is to provide a safe place where people could use marijuana and would take the form of a marijuana social club, providing a place that it could be smoked legally for locals and tourists alike, and there would likely be several on the Vegas Strip.

Mr. Brown made a motion to accept the Update regarding the 2017 Legislative session as presented. Mr. Dahir seconded the motion which was passed six in favor and none against.

14 *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

In providing an update to the Health District's Ozone designation, Ms. Albee stated she'd been informed by Region 9 that, to their knowledge, Washoe County Health District is the only jurisdiction in the country whose attainment is predicated on the approval of their Exceptional Events Packages. Their concurrence with the elimination of the smoke impact data will be the deciding factor for attainment. This has brought a great deal of interest from Washington DC Air Quality Planning and Standards, and they are actively reviewing the Health District's submittals.

Ms. Albee informed that the 2015 Exceptional Event Package had just completed the public review period with no comments. She stated that they are very sensitive to legal challenges of their decisions on these Packages, informing that a high percentage of the challenges come from Arizona regarding dust issues there.

Ms. Albee stated that AQM had worked with Region 9 to submit the 2016 Package on April 14th, well ahead of the May 30th deadline, to allow for concurrent public and headquarter review. She stated they are cautiously optimistic that the submittals will be accepted and attainment achieved. Ms. Albee informed that the report is available online at OurCleanAir.com, and public comment closes on May 14th.

Chair Jung thanked Ms. Albee for her hard work.

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

Program Update – National STD Awareness Month; Divisional Update – Training Day, Patagonia Health and Insurance Contracts; Data & Metrics; Program Reports

Mr. Kutz presented a video to the Board that the Chronic Disease Prevention Program had worked in conjunction with KPS3 to produce.

Chair Jung thanked Mr. Kutz for a presentation well done. Mr. Kutz stated that they were very pleased, and that print media and a radio campaign were also part of their messaging.

Mr. Kutz stated that he had nothing else to add to his report, but would be happy to answer questions. He also informed that Ms. Howell was present to answer any questions regarding the portion of the report concerning STD's.

Chair Jung and Mr. Kutz thanked Ms. Howell for her exceptional work.

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Childcare, Food, IBD, Schools, Vector-Borne Disease and Waste Management

As acting Division Director for EHS, Mr. Dick stated that he had nothing further to add to the report but would be happy to answer questions from the Board.

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

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

Dr. Chen presented the EPHP staff report in Dr. Todd's absence, and stated that she had nothing to add to the report, but would be happy to answer any questions.

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

District Health Officer Report –FY17-18 Budget, North Valleys Flooding, EHS Management, Quality Improvement, Public Health Accreditation, County Health Rankings, Community Health Improvement Plan, Workforce Development, Annual Report, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

Regarding the flood situation in the North Valleys, Mr. Dick stated that this is the earliest that mosquito trapping had ever begun, and because of that, there is no data to compare it to.

He informed that there is limited budget and chemical in this fiscal year for the area that needs to be treated for mosquito abatement. Mr. Dick stated that currently, the Health District has enough for one helicopter application of approximately 250 acres. In the next fiscal year there is budget for three, 1,000 acre applications.

Although there are three lakes in the North Valleys, he informed that White Lake is too alkaline to support mosquito larva. Between Silver and Swan Lakes there is about 970 acres, and overall, the Health District's Vector Program has identified an approximate total of 3,180 acres of standing water in the community. With the ratio of resources available for treatment compared to the acreage of standing water, Mr. Dick stated that it is not possible to control the mosquito population. An active messaging program is underway to inform Washoe County residents to take all precautions to protect themselves.

Mr. Dick reported that the Health District is working to secure additional funds to support larviciding, but have not been successful so far. He informed that Commissioner Jung had commented to encourage the County to provide some of the needed support at the Board of Commissioners Meeting on Tuesday.

He stated that funding had been received in prior years in support of the Vector Program through a small portion of assessed property tax, but that is no longer available due to some of the measures taken during the recession. Therefore, Mr. Dick stated, the Vector Program is smaller than it had been in the past and the effects of that reduction are being felt now.

Mr. Dick commented that the weather now is too cold to support disease spread by mosquito activity, but along with increased temperatures will come an increased mosquito population. Also, he stated that the Vector Program reported their concern for potential increase in flea and rodent activity.

Regarding Environmental Health Services Management, Mr. Dick informed that a meeting was held last Thursday with the BANN Land Development User Group to discuss concerns of how the application of the Nevada Administrative Code in regards to the community water system is impacting development. The focus of the meetings is to resolve issues to facilitate increased growth while maintaining the quality of our community water systems and drinking water.

Subsequently, Mr. Dick informed that there had been a meeting earlier this week with NDEP, and that NDEP also attended the meeting earlier today with the builders. The next step will be to work with NDEP and TMWA to further resolve the issues.

He explained that the Health District is responsible for compliance of the State Administrative Code, but that we do not have primacy, therefore cannot proceed with any action that the State does not agree with.

Mr. Dick informed that on March 29th, the County Health Rankings were held and that the event was well attended. The Rankings showed Washoe County again within the top three and four counties in the state for Health Outcomes and Health Factors.

Regarding Truckee Meadows Healthy Communities, Mr. Dick stated that Health District staff and TMHC community partners were awarded the Silver Syringe award by Immunize Nevada at their annual meeting. This award names the recipient as the Community Partner of the Year, and is in recognition of the immunizations given at our Family Health Festivals.

Mr. Dick informed that Truckee Meadows Healthy Communities has made a commitment to support a RAM (Remote Area Medical) event that will be held at the Boys and Girls Club on 9th Street from September 28th through October 1st. He stated that there had been a RAM event held at Hug High School several years ago and explained that at the event, dental and optometry equipment had been on site to provide these services free of charge to persons who do not have adequate medical insurance. Mr. Dick informed that Renown and St. Mary's are working to support the upcoming event, and recruitment of dentists, optometrists and other physicians is underway. Also, he stated that the Medical Reserve Corps would be utilized and that several hundred volunteers would be recruited to manage this event.

Mr. Dick stated that Truckee Meadows Healthy Communities co-sponsored a Workforce Housing Community Forum on April 13th at Reno High School. It was attended by several hundred people, with the majority being persons involved with real estate, development and building. He informed that there were great panelists there, one being a city council member from Denver who spoke on ways that community is working on affordable housing issues. From Portland, there was information given on a multi-generational housing model focusing on foster care children. Mayor Schieve spoke on Reno's commitment to Affordable Housing, and developers in attendance offered methods to leverage resources and assets in the community. Mr. Dick stated that Truckee Meadows Healthy Communities is working to bring initiatives, resources and partners together as a unified effort across the three jurisdictions and provide backbone support for a collective impact in the community.

Dr. Hess voiced his concern regarding lack of funding for treating the community's standing water and the potential for vector-borne disease outbreak. He asked if there are other possible funding sources that could be used for prevention such as the disaster area fund, as well as for an outbreak of Zika virus if it were to occur. Mr. Dick informed that Mr. Aaron Kenneston, the County Emergency Manager, followed up with DEM about potential for state or federal funding through them to support these needs, but did not find a solution. Mr. Dick spoke with Ms. Nicki Aaker, the head of Carson City Health and Human Services, and she informed that they were trying to get help from CDC to obtain resources due to the similar issues they face in Carson Valley.

15. *Board Comment

Mr. Dahir asked if there was information on opioid use and abuse that was available for him to obtain to prepare for an upcoming meeting he will attend. He also asked if this

topic was one the Health District was involved with as it was his understanding that the problem was on the rise, and requested information on the topic be brought back to the next Board meeting.

Chair Jung asked what role Regional Transportation Commission plays in the County's air quality issues and how they could be activated to help with air quality.

16. *Public Comment

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

17. Adjournment

Chair Jung adjourned the meeting at 2:41 p.m.

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. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@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.

DD	AH	-
DHO	KD	-
DA		-
Risk		-

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health

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

SUBJECT: Retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period May 1, 2017 through June 30, 2017 in the total amount of \$38,116 (with \$3,811.60 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Replenishment Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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.

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period May 1, 2017 through June 30, 2017 in the total amount of \$38,116 in support of the CDC Public Health Preparedness Replenishment Grant Program, IO TBA. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Objective supported by this item:

- 1. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

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

PREVIOUS ACTION

The Board has taken no previous action for this award.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: CDC Public Health Preparedness Replenishment Program

Scope of the Project: The Subgrant Award scope of work addresses the following capabilities:

- Information Sharing
- Mass Care
- Medical Countermeasure Dispensing

Benefit to Washoe County Residents: This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division’s mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

On-Going Program Support: These funds support one time activities in the Public Health Preparedness Program.

Award Amount: Total award is \$38,116 (\$31,763 direct/\$6,353 indirect)

Grant Period: May 1, 2017 – June 30, 2017

Funding Source: Centers for Disease Control and Prevention (CDC)

Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.069

Grant ID Number: 6NU90TP000534-05-06

Match Amount and Type: 10% match is required and is met through Shared Services expenditures

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

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY17 budget, a budget amendment in the amount of \$31,763 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget.

No amendment is necessary for indirect revenue.

Should the BCC approve these budget amendments, the FY17 budget will be increased by \$31,763 in the following accounts:

<u>Account Number</u>		<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11412	-431100	Federal Revenue	\$31,763.00
		Total Revenue	\$31,763.00
2002-IO-11412	-710100	Professional Services	\$ 5,623.00
	-710300	Operating Supplies	\$14,145.00

-710355	Books and Subscriptions	\$ 9,500.00
-710500	Other Expense	\$ 2,495.00
	Total Expenditures	\$31,763.00

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period May 1, 2017 through June 30, 2017 in the total amount of \$38,116 (with \$3,811.60 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Replenishment Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period May 1, 2017 through June 30, 2017 in the total amount of \$38,116 (with \$3,811.60 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Replenishment Program; and if approved authorize the District Health Officer to execute the Subgrant Award.



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: **16008**
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306916A

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness Program Bureau of Preparedness, Assurance, Inspections, Statistics (PAIS)	Subgrantee Name: Washoe County Health District (WCHD)																								
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: PO Box 3902 Las Vegas, NV 89127																								
Subgrant Period: May 1, 2017 through June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>																								
Purpose of Award: These PHEP replenishment funds are intended to demonstrate achievement in PHEP activities that are outlined in the CDC grant guidance.																									
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: <u>Washoe County</u>																									
Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>3. Supplies</td><td style="text-align: right;">\$</td><td style="text-align: right;">14,145.00</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$</td><td style="text-align: right;">5,623.00</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$</td><td style="text-align: right;">11,995.00</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$</td><td style="text-align: right;">6,353.00</td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$</td><td style="text-align: right;">38,116.00</td></tr> </table>	1. Personnel	\$	0.00	2. Travel	\$	0.00	3. Supplies	\$	14,145.00	4. Equipment	\$	0.00	5. Contractual/Consultant	\$	5,623.00	6. Other	\$	11,995.00	7. Indirect	\$	6,353.00	Total Cost:	\$	38,116.00	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$38,116.00 during the subgrant period.
1. Personnel	\$	0.00																							
2. Travel	\$	0.00																							
3. Supplies	\$	14,145.00																							
4. Equipment	\$	0.00																							
5. Contractual/Consultant	\$	5,623.00																							
6. Other	\$	11,995.00																							
7. Indirect	\$	6,353.00																							
Total Cost:	\$	38,116.00																							
Source of Funds: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">1. Centers for Disease Control and Prevention (CDC)</td> <td style="width: 10%;">100%</td> <td style="width: 10%;">93.069</td> <td style="width: 15%;">U90TP000534</td> <td style="width: 25%;">6NU90TP000534-05-06</td> </tr> </table>		1. Centers for Disease Control and Prevention (CDC)	100%	93.069	U90TP000534	6NU90TP000534-05-06																			
1. Centers for Disease Control and Prevention (CDC)	100%	93.069	U90TP000534	6NU90TP000534-05-06																					
Terms and Conditions: In accepting these grant funds, it is understood that: <ol style="list-style-type: none"> 1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents. 																									
Incorporated Documents: Section A: Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; Section F: DPBH Business Associate Addendum; Attachment 1: Match Certification; Attachment 2: Detailed Work Plan.																									
Kevin Dick District Health Officer	Signature	Date																							
Erin Lynch, MPH Program Manager, PHP		4/17/17																							
Chad Westom Bureau Chief, PAIS		4/18/17																							
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health																									

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

- The attached Detailed Work Plan (Attachment 2) is for Budget Period 5, May 1, 2017 through June 30, 2017 and is broken down by capability, function and activity. The Detailed Work Plan contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2017. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - July 31, 2017 Final Progress Report (For the period of 5/1/17 – 6/30/17)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - July 31, 2017 4th Quarter (For the period of 5/1/17 – 6/30/17)

Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 6NU90TP000534-05-06 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 6NU90TP000534-05-06 from the CDC.

Subgrantee agrees to adhere to the following budget:

Category	Total cost	Detailed cost	Details of expected expenses
1. Personnel	\$ 0		
2. Travel	\$ 0		
		\$	
3. Supplies	\$ 14,145		
		\$ 9,685	MasCache 96 Hour POD Adult/Pediatric (prepackaged items for mass care emergency response to care for pediatric and adult citizens for up to 96 hours)
		\$ 4,460	MasCache 48 Hour POD Adult (prepackaged items for mass care emergency response to care for adult citizens for up to 48 hours)
4. Equipment	\$ 0		
5. Contractual/ Consultant	\$ 5,623		
		\$ 4,794	Contract with Renown Regional Medical Center, Saint Mary's Regional Medical Center, and Costco Pharmacy to provide pharmaceutical cache for public health and first responders. WCHD to reimburse agencies based on terms of MOU. Doxy Hcy 100 mg (20 pills = 1 course). 32 courses at \$149.81/course = \$4,794
		\$ 829	Same description as above. Cipro 500 mg (20 pills = 1 course) 2 courses at \$414.63/course = \$829
6. Other	\$ 11,995		
		\$ 9,500	LiveStories Data Platform. Implementation of LiveStories
		\$ 2,495	Branding for LiveStories data platform and report outputs
7. Indirect	\$ 6,353		
		\$ 6,353	Indirect on \$31,763 @ 20% = \$6,353
Total Cost	\$ 38,116		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$3,811.60), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period. Approval from Program Manager is required on all redirects.

- Meal/Food Costs: Subgrantee should continue to exercise due diligence in reviewing meals served at meetings, training exercises, and similar events to ensure that this activity has been included in their approved spend plans and budgets. The criteria for determining allowable expenses for upcoming meetings and conferences where meals will be served are:
 - Meals must be a necessary part of a working meeting (or training), integral to full participation in the business of the meeting, i.e., meals may not be taken elsewhere without attendees missing essential formal discussions, lectures, or speeches concerning the purpose of the meeting or training.
 - Meal costs are not duplicated in participants' per diem or subsistence allowances.
 - Meeting participants (majority) are traveling from a distance of more than 50 miles.
 - Guest meals (i.e., meals for non-essential attendees) are not allowable.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Submit monthly/quarterly Requests for Reimbursement no later than 30 days following the end of the month; submit a final Request for Reimbursement for activities completed through the month of June no later than July 31, 2017. The final Request for Reimbursement date is subject to change upon direction from the Division.
- The maximum available through the subgrant is \$38,116.00.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$3,811.60. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide technical assistance, upon request from the Subgrantee.
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subgrantee will, in the performance of the Detailed Work Plan specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly or quarterly basis, based on the terms of the subgrant agreement, no later than the 30th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

	HD#: <u>16008</u> Budget Account: <u>3218</u> Category: <u>22</u> GL: <u>8516</u> Job #: <u>9306916A</u> Draw #: _____
REQUEST FOR REIMBURSEMENT	

Program Name: Public Health Preparedness Program Preparedness, Assurance, Inspections and Statistics	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way Suite# 200 Carson City, NV 89706	Address: 1001 East Ninth St. / PO Box 11130 Reno, NV 89520
Subgrant Period: May 1, 2017 through June 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> DUNS#: <u>073786998</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3 Supplies	\$14,145.00	\$0.00	\$0.00	\$0.00	\$14,145.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$5,623.00	\$0.00	\$0.00	\$0.00	\$5,623.00	0.0%
6 Other	\$11,995.00	\$0.00	\$0.00	\$0.00	\$11,995.00	0.0%
7 Indirect	\$6,353.00	\$0.00	\$0.00	\$0.00	\$6,353.00	0.0%
Total	\$38,116.00	\$0.00	\$0.00	\$0.00	\$38,116.00	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature (BLUE INK) _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Reimbursement Worksheet

Washoe County Health District (WCHD)

Reimbursement Worksheet

May 2017

Personnel	Title	Description					Amount
TOTAL							
Contract / Consultant		Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.535/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
TOTAL							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
TOTAL							
Other		Description					Amount
TOTAL							
Indirect		Description					Amount
TOTAL							
TOTAL EXPENDITURES							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Budget per Capabilities Worksheet

**Nevada Division of Public & Behavioral Health: Public Health Preparedness
Centers for Disease Control and Prevention (CDC) - PHEP Base Replenishment
Budget per Capability
Washoe County Health District
May 1, 2017 through June 30, 2017**

Contact Name:	<u>Christina Conti</u>
Phone Number:	<u>775-326-6042</u>
E-Mail Address:	<u>cconti@washoecounty.us</u>
Applicant/Agency Name:	<u>WCHD</u>
Total Agency Request:	<u>\$38,116.00</u>

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended
CDC Capabilities:			
1. Community Preparedness:	\$ -	\$ -	0%
2. Community Recovery:	\$ -	\$ -	0%
3. Emergency Operations Coordination:	\$ -	\$ -	0%
4. Emergency Public Information and Warning:	\$ -	\$ -	0%
5. Fatality Management:	\$ -	\$ -	0%
6. Information Sharing:	\$ 8,004	\$ -	0%
7. Mass Care:	\$ 15,056	\$ -	0%
8. Medical Countermeasure Dispensing:	\$ 15,056	\$ -	0%
9. Medical Material Management and Distribution:	\$ -	\$ -	0%
10. Medical Surge:	\$ -	\$ -	0%
11. Non-Pharmaceutical Interventions:	\$ -	\$ -	0%
12. Public Health Laboratory Testing:	\$ -	\$ -	0%
13. Public Health Surveillance and Epi Investigation:	\$ -	\$ -	0%
14. Responder Safety and Health:	\$ -	\$ -	0%
15. Volunteer Management:	\$ -	\$ -	0%
TOTAL	\$ 38,116	\$ -	0%

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time period did your last audit cover _____
8. Which accounting firm conducted your last audit? _____

Signature (BLUE INK) Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.

6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
 - b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
 - c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
 - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
 - a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
 - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity	Business Associate
Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706	Washoe County Health District Business Name
Phone: (775) 684-5975	1001 East Ninth St. / PO Box 11130 Business Address
Fax: (775) 684-4211	Reno, NV 89520 Business City, State and Zip Code
	775-326-6051 Business Phone Number
	775-325-8031 Business Fax Number
Authorized Signature (BLUE INK)	Authorized Signature (BLUE INK)
for Cody L. Phinney, MPH Print Name	Kevin Dick Print Name
Administrator, Division of Public and Behavioral Health Title	District Health Officer Title
Date	Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1
Match Certification

Date: _____

External Funding Source: Centers for Disease Control and Prevention (CDC) – Public Health Emergency Preparedness (PHEP) Replenishment

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 6NU90TP000534-05-06

Duration: From: May 1, 2017 To: June 30, 2017

Total cost sharing/matching cost contribution: \$3,811.60 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District

Name and Title
(Funding Recipient)

Signature (BLUE INK)

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2

Washoe County Health District
CDC Public Health Emergency Preparedness (PHEP) - Replenishment
Detailed Work Plan
May 1, 2017 through June 30, 2017 (BP5)

PHEP CAPABILITY # 6: INFORMATION SHARING		20%
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Goal(s): To enhance the WCHD Website with pertinent health data to continue to create timely health information and exchange information easily with the public and stakeholders.		
Check ALL Functions that apply <input type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow. <input type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing. <input checked="" type="checkbox"/> Function #3: Exchange information to determine a common operating picture.		
Objective(s): 1) The implementation of LiveStories to quickly create engaging content that provides a data portal for citizens and stakeholder groups to access.		
Output(s): 1) LiveStories addition to the WCHD website.		
Activity		Completion Quarter (Q1, Q2, Q3, Q4)
Purchasing documentation		Q3
Website		Q4
1) Purchase LiveStories data platform		
2) Upload WCHD data into platform and make available to stakeholder groups and citizens.		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

PHEP CAPABILITY # 7: MASS CARE

40%

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Goal(s):

1) Washoe County will purchase equipment to support the community in the event of a mass care incident.

Check ALL Functions that apply

- Function #1: Determine public health role in mass care operations.
- Function #2: Determine mass care needs of the impacted population.
- Function #3: Coordinate public health, medical, and mental/behavioral health services.
- Function #4: Monitor mass care population health.

Objective(s):

1) To purchase mass care supplies that can be rapidly deployed to increase capabilities with mass care emergency response.

Output(s):

1) Purchase of supplies to enable the region to care for citizens/patients for up to 96 hours.

	Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Purchase supplies to care of citizens for up to 96 hours.	Equipment	Equipment	Q4

PHEP CAPABILITY # 8: MEDICAL COUNTERMEASURE DISPENSING

40%

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Goal(s):

- 1) Washoe County will collaborate with regional partners to purchase pharmaceuticals to develop a regional stockpile for Public Health and emergency first responders.

Check ALL Functions that apply

- Function #1: Identify and initiate medical countermeasure dispensing strategies.
- Function #2: Receive medical countermeasures.
- Function #3: Activate dispensing modalities.
- Function #4: Dispense medical countermeasures to identified population.
- Function #5: Report adverse events

Objective(s):

- 1) To increase ability for first responders and Public Health responders to immediately respond to the community, while waiting for RSS to activate.

Output(s):

- 1) MOU with regional partners for pharmaceutical stockpile
- 2) Pharmaceutical stockpile.

Activity	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Collaborate with regional partners to develop regional stockpile of pharmaceuticals	MOU for stockpile	Q4
2) Reimburse Renown Hospital, Saint Mary's Hospital, and Costco for the purchase of pharmaceuticals per the terms of an MOU with each agency (currently in development).	Invoices from Renown, Saint Mary's and Costco reflecting purchase cost of pharmaceuticals.	Q4

DD	AH
DHO	<u> </u> KD
DA	<u> </u>
Risk	<u> </u>

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health

FROM: Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective June 1, 2017 through September 30, 2017 in the total amount of \$59,455.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# TBD; and authorize the District Health Officer to execute the Subgrant Award.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. The District Health Officer is authorized to execute other 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.

The Community and Clinical Health Services Division received a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health on May 10th to support the HIV Prevention Program. The funding period is effective June 1, 2017 through September 30, 2017. A copy of the Notice of Subgrant Award is attached.

Health District Strategic Priorities supported by this item:

Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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.

PREVIOUS ACTION

No previous action has been taken relevant to this item.

Subject: Approve HIV Prevention Subgrant

Date: May 25, 2017

Page 2 of 3

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: HIV / Behavioral Health, Prevention and Treatment (BHPT)
Substance Abuse Block Grant

Scope of the Project: Funding to support staffing, travel, operating to include advertising and indirect expenses

Benefit to Washoe County Residents: This component of the HIV Prevention Program will provide integrated substance use screening with HIV testing outreach.

On-Going Program Support: The Health District will apply for continuation funding to support this program for at least the next two years.

Award Amount: \$ 59,455 (includes \$7,755 indirect)

Grant Period: June 1, 2017 through September 30, 2017

Funding Source: Substance Abuse Prevention and Treatment Block Grant
Substance Abuse and Mental Health Services Administration

Pass Through Entity: State of Nevada Department of Health and Human Services,
Division of Public & Behavioral Health

CFDA Number: 93.959

Grant ID Number: 2B08TI010039-16

Match Amount and Type: No match required.

Sub-Awards and Contracts: No Sub-Awards or contracts are anticipated.

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. FY17 funding for Ryan White – Early Intervention Services IO#11302 was projected through June 30, 2017 although the grant was not renewed and ended March 31, 2017, therefore expenditure authority is available and no budget amendment is necessary.

RECOMMENDATION

It is recommended that the District Board of Health approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective June 1, 2017 through September 30, 2017 in the total amount of \$59,455.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# TBD; and authorize the District Health Officer to execute the Subgrant Award.

Subject: Approve HIV Prevention Subgrant

Date: May 25, 2017

Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective June 1, 2017 through September 30, 2017 in the total amount of \$59,455.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) HIV Prevention Program IO# TBD; and authorize the District Health Officer to execute the Subgrant Award."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

HD #: 16027
 Budget Account: 3170
 Category: 28
 GL: 8516
 Job Number: 9395916

NOTICE OF SUBGRANT AWARD

Program Name: Behavioral Health, Prevention and Treatment (BHPT) Division of Public and Behavioral Health		Subgrantee Name: Washoe County Health District Jennifer Howell																	
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: PO Box 11130 Reno, NV, 89520																	
Subgrant Period: June 1, 2017 through September 30, 2017		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>																	
Purpose of Award: Provide substance use screening during HIV outreach in non-traditional settings to reach high-risk populations.																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe																			
Approved Budget Categories:		Disbursement of funds will be as follows:																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>40,340.00</u></td></tr> <tr><td>2. Travel</td><td style="text-align: right;">\$ <u>2,276.00</u></td></tr> <tr><td>3. Operating</td><td style="text-align: right;">\$ <u>464.00</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>5. Contractual/Consultant</td><td style="text-align: right;">\$ <u>8,320.00</u></td></tr> <tr><td>6. Training</td><td style="text-align: right;">\$ <u>300.00</u></td></tr> <tr><td>7. Other</td><td style="text-align: right;">\$ <u>7,755.00</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>59,455.00</u></td></tr> </table>		1. Personnel	\$ <u>40,340.00</u>	2. Travel	\$ <u>2,276.00</u>	3. Operating	\$ <u>464.00</u>	4. Equipment	\$ _____	5. Contractual/Consultant	\$ <u>8,320.00</u>	6. Training	\$ <u>300.00</u>	7. Other	\$ <u>7,755.00</u>	Total Cost:	\$ <u>59,455.00</u>	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$59,455.00 during the subgrant period.	
1. Personnel	\$ <u>40,340.00</u>																		
2. Travel	\$ <u>2,276.00</u>																		
3. Operating	\$ <u>464.00</u>																		
4. Equipment	\$ _____																		
5. Contractual/Consultant	\$ <u>8,320.00</u>																		
6. Training	\$ <u>300.00</u>																		
7. Other	\$ <u>7,755.00</u>																		
Total Cost:	\$ <u>59,455.00</u>																		
Source of Funds:		% Funds:	CFDA:	FAIN:	Federal Grant #:														
1. Substance Abuse Prevention & Treatment Block Grant		100	93.959T	1010039-16	2B08T1010039-16														
Terms and Conditions:																			
In accepting these grant funds, it is understood that:																			
1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
Incorporated Documents:																			
Section A: Assurances;																			
Section B: Description of Services, Scope of Work and Deliverables;																			
Section C: Budget and Financial Reporting Requirements;																			
Section D: Request for Reimbursement;																			
Section E: Audit Information Request; and																			
Section F: DPBH Business Associate Addendum																			
Kevin Dick District Health Officer		Signature			Date														
Kyle Devine Bureau Chief, BHPT																			
for Cody L. Phinney, MPH Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

WCHD - HD 16027

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health, the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (2 CFR § 200.501(a)), revised December 26, 2013, that each grantee annually expending \$750,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the subgrantee's fiscal year. **To acknowledge this requirement, Section E of this notice of subgrant award must be completed.**

THIS SPACE INTENTIONALLY LEFT BLANK

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION B

HD 16027 - WCHD

Description of Services, Scope of Work and Deliverables

Washoe County Health District, hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Subgrantee

Scope of Work – Overview of Integrating Substance Use Screening with HIV Testing Outreach

HIV transmission and substance use correlation have long been studied. Substance use increases the risk of HIV infection due to compromised decision making, decreasing impulse control, sensation seeking behavior, decreased judgement and insight into behaviors. When an individual's mental status is compromised in these ways, risky behaviors such as unprotected sex, sharing drug equipment, and having multiple partners heighten a person's risk of transmitting or becoming infected with HIV.

Often, stigma and discrimination associated with HIV and substance use also increase HIV and substance abuse risk behaviors. Another consequence of stigma and discrimination for both issues is that people are less likely to access services that assess for risk, provide testing and referrals for appropriate services. Non-traditional testing outreach where high-risk populations congregate provides a critical access point for priority populations.

Washoe County Health District's (WCHD) Sexual Health Program seeks funding for HIV Outreach and Linkage to Resources to reach priority populations that are at high risk for HIV and substance use and abuse. Through outreach delivered in non-traditional settings, staff will target youth, LGBTQ, incarcerated, high risk women, and community members of color. Substance use screening, identification of HIV and substance abuse risk, assistance with the client's development of risk identification and risk reduction plan, and appropriate referral to substance abuse prevention, mental health, and health care providers will occur during outreach sessions.

WCHD proposes to provide outreach to at least 400 high-risk individuals in Washoe County. Non-traditional testing sites include: Our Center (GLBTQI Community Center) serving the GLBTQI and youth community, the local bathhouse that is a social gathering site for consensual sex among men who have sex with men as well as high risk heterosexuals participating in the "swingers" lifestyle, Washoe County Detention Center, law enforcement initiatives targeting commercial sex workers and their customers, and Eddy House, a walk-in center for homeless and at-risk youth. Through established relationships with community agencies and the ability to provide enhanced sexual health services, WCHD has a unique opportunity to provide outreach services at sites that may not be accessible by other providers.

Evidence Based Approach

For over a decade, WCHD has utilized RESPECT, an evidence based risk reduction, client driven counseling model endorsed by the Centers for Disease Control and Prevention (CDC). RESPECT is based on the Theory of Reasoned Action and Social Cognitive Theory. By increasing a client's perception of their personal risk and emphasizing incremental risk reduction strategies, RESPECT seeks to support risk reduction behaviors. Motivational Interviewing techniques and screening of a client's placement in the Stages of Change model are partnered with the RESPECT model to assist the client in identifying their perception of risk, experiences and strengths. Screening of protective factors, resiliency, and individual strengths assist the client in facilitating their personal risk reduction plan.

Combining access to high risk populations for HIV outreach with WCHD's experience of providing an evidence based counseling model to assess risk behaviors, and the adoption of more in-depth substance use screening offers an enhanced educational session to clients. Increasing perception of individual HIV and substance use risk offers the opportunity for risk reduction plan development. Appropriate referrals may assist clients in achieving realistic steps in realizing their risk reduction plan as well as offer access to significant HIV and substance use/abuse services.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Integrating Substance Use Screening during HIV Outreach

Integration of substance use screening during HIV outreach in non-traditional settings to reach high-risk populations.

WCHD Action Plan

Goal/Priority 1: Increase the number of people during HIV outreach who participate in enhanced substance use risk screening and referral.

Activities	Date due by	Documentation	Percent Funding: 5%
Outcome Objective 1: By the end of the first month following subgrant execution, WCHD will have completed implementation plan to conduct enhanced substance use screening during HIV outreach.			
1. Staff training on substance use risk screening integration into HIV outreach sessions	Within 2 weeks of executed subgrant	<ul style="list-style-type: none"> Online or in person course completion documentation Team meeting documentation Personnel file training documentation 	
2. Modification of WCHD client risk screening to include substance use	Within 2 weeks of executed subgrant	<ul style="list-style-type: none"> Edited document and distribution to staff documented via team meeting minutes and email notification 	
3. Identify and make contact with substance abuse referral resources.	Within 3 weeks of executed subgrant	<ul style="list-style-type: none"> Correspondence with referral resources Documentation of referral resources during team meetings 	
4. Develop and produce referral resource listing to provide to clients as appropriate.	Within 3 weeks of executed subgrant	<ul style="list-style-type: none"> Referral resource document 	
5. Participate and become certified as a BHWP/SAPTA prevention provider per SAPTA guidelines	Within 1 month of executed subgrant	<ul style="list-style-type: none"> Documentation of completion of certification requirements Certification 	
Evaluation:			
Completion of activities needed to expand risk screenings to include substance use during HIV outreach. Assessment of progress, challenges and solutions will be considered during weekly HIV team meetings.			

Activities	Date due by	Documentation	Percent Funding: 90%
Outcome Objective 2: By September 30, 2017, WCHD staff will provide a SBIRT drug and alcohol screening to at least 400 people testing for HIV at non-traditional (non-clinical) outreach sites.			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

1. Secure outreach sites, schedule dates/times	Within 2 weeks of subgrant execution, then ongoing through funding period	<ul style="list-style-type: none"> • Program calendar • Correspondence with testing sites
2. Promote HIV outreach for at least 5 high-risk community sites via social media, flyers, print media.	Weekly	<ul style="list-style-type: none"> • Social media posts • Documentation of sites receiving flyers • Print media placement
3. HIV outreach at sites where high-risk populations are known to congregate to at least 400 high-risk clients	September 30, 2017	<ul style="list-style-type: none"> • Client paper and electronic health record chart indicating demographics, client reported risk factors, date and site of each testing session • Program calendar/staffing assignments
<p>Evaluation: Data will be compiled from the electronic health record, project database (to be developed) from paper client charts that are kept secure with staff during testing outreach to ensure adherence to appropriate confidentiality regulations. Upon return from testing sites, data will be entered into the appropriate database. Tracking of client demographics and identified risk behaviors, number of HIV tests, number of substance use screening and referrals will be conducted with review by HIV team at weekly meetings. If challenges in meeting the project objectives are noted, quality improvement strategies will be used and documented during team meetings to develop solutions in meeting the objectives.</p> <p>HIV related data is compiled and submitted to the CDC mandated database monthly in the required format.</p> <p>Data may be analyzed through a descriptive analysis to provide aggregate information on client demographics, risk, and referrals as requested and required by the project.</p>		

Outcome Objective 2: During the funding period, WCHD staff will participate in SAPTA required meetings and trainings.		Percent Funding: 5%
Activities	Date due by	Documentation
1. Determine required and beneficial meeting/trainings	Upon executed subgrant	<ul style="list-style-type: none"> • Team meeting minutes • Program calendar
2. Assign staff for attendance	Ongoing through funding period	<ul style="list-style-type: none"> • Team meeting minutes • Program calendar
3. Promote HIV outreach during meetings/trainings to SAPTA network	Ongoing through funding period	<ul style="list-style-type: none"> • Materials distributed during meetings or by request.
<p>Evaluation: Materials distributed for promotion will be tracked and reported during weekly team meetings.</p>		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Content from meetings and trainings will be shared during weekly team meetings to ensure team understanding of project activities and expectations.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

WASHOE COUNTY HEALTH DISTRICT – HD 16027

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 2B08TI010039-16 from the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Substance Abuse and Mental Health Services Administration."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 2B08TI010039-16 from the Substance Abuse and Mental Health Services Administration.

Subgrantee agrees to adhere to the following budget:

BUDGET Year 1 – June 1, 2017 through September 30, 2017			
<u>Category</u>	<u>Total Cost</u>	<u>Detailed Cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$ 40,340	\$ 11,000 \$ 16,100 \$ 13,240	Health Education Coordinator, 1 x \$82,500 / 12 months x 40% x 4 months Public Health Nurse, 2 x \$60,375 / 12 months x 40% x 4 months Fringe Benefits equals 48.75% of total salaries charged – \$27,100 x 48.856
2. Travel	\$ 2,276	\$ 160 \$ 2,116	Local travel: 19.94 miles/wk x 15 weeks x \$.535 per mile <u>SAPTA State conference in LV:</u> Travel to (airfare) & stay in Las Vegas – 3 staff for 2 days - \$705.33/staff x 3
3. Operating	\$ 464	\$ 40 \$ 300 \$ 124	Office supplies \$10/month x 4 months Printing expenses \$75/mo x 4 months Cell phone \$31/mo x 4 months
4. Equipment			
5. Contractual Consultant	\$ 8,320	\$ 2,000 \$ 6,320	Advertising (GRINDR) \$500/mo x 4 months Reno News & Review \$395/wk x 16 weeks
6. Training	\$ 300	\$ 300	SAPTA Conference registration: \$100 x 3
7. Other/Indirect:	\$ 7,755	\$ 7,755	Indirect costs: \$51,700 x 15% = \$7,755
TOTAL Cost	\$ 59,455		

- Division of Public and Behavioral Health policy is to allow no more than 10% flexibility, within the approved Scope of Work, unless otherwise authorized.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

The Subgrantee agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Reimbursements may be requested monthly for expenses incurred in the implementation of the Scope of Work within 15 days of the end of the previous month and no later than 30 days from the end of the subgrant period which is September 30, 2017.
- The maximum available through subgrant is \$59,455.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

The Division agrees:

- To Division of Public and Behavioral Health shall provide technical assistance upon request of the Subgrantee;
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

The Division reserves the right to conduct a financial and program monitor to determine compliance with the terms of the subgrant, and compliance with applicable statutes, rules, and regulations.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Request for Reimbursement

HD#: 16027

Budget Account: 3170

GL: 8780

Draw #: _____

Program Name: Behavioral Health, Prevention and Treatment (BHPT) Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District
Address: 4126 Technology Way, # 200 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV, 89520
Subgrant Period: June 1, 2017 through September 30, 2017	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u>

FINANCIAL REPORT AND REQUEST FOR FUNDS
(must be accompanied by expenditure report/back-up)

Month(s): _____ Calendar year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$40,340.00	\$0.00	\$0.00	\$0.00	\$40,340.00	0.0%
2 Travel	\$2,276.00	\$0.00	\$0.00	\$0.00	\$2,276.00	0.0%
3 Operating	\$464.00	\$0.00	\$0.00	\$0.00	\$464.00	0.0%
4 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5 Contract/Consultant	\$8,320.00	\$0.00	\$0.00	\$0.00	\$8,320.00	0.0%
6 Training	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	0.0%
7 Other	\$7,755.00	\$0.00	\$0.00	\$0.00	\$7,755.00	0.0%
Total	\$59,455.00	\$0.00	\$0.00	\$0.00	\$59,455.00	0.0%

This report is true and correct to the best of my knowledge

Authorized Signature _____ Title _____ Date _____

Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? August, 2016
7. What time period did your last audit cover? July 2015 - June 2016
8. Which accounting firm conducted your last audit? Eide Bailly

Signature

Date

Administrative Health Services Officer
Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

- I. **DEFINITIONS.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.
1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
 2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
 3. **CFR** stands for the Code of Federal Regulations.
 4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
 5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
 6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
 7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes, but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
 7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: the Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
 8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
 9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
 10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
 11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
 12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
 13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
 14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use, or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. **Prohibited Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction, and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization,

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.
2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
- 4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
- 5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
- 6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

THIS SPACE INTENTIONALLY LEFT BLANK

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

IN WITNESS WHEREOF, the Business Associate and the Covered Entity have agreed to the terms of the above written agreement as of the effective date set forth below.

Covered Entity

**Division of Public and Behavioral Health
4150 Technology Way, Suite 300
Carson City, NV 89706**

Phone: (775) 684-5975

Fax: (775) 684-4211

Business Associate

Washoe County Health District

Business Name

1001 E. 9th Street Building B

Business Address

Reno, NV 89512

Business City, State and Zip Code

775.328.2400

Business Phone Number

775.328.3752

Business Fax Number

Authorized Signature

for Cody L. Phinney, MPH

Print Name

Administrator,
Division of Public and Behavioral Health

Title

Date

Authorized Signature

Kevin Dick

Print Name

District Health Officer

Title

Date

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

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2017

SUMMARY

The tenth month of fiscal year 2017 (FY17) ended with a cash balance of \$3,147,301. Total revenues were \$17,527,010 up \$1,639,023 or 10.3% over fiscal year 2016 (FY16) and were 82.4% of the FY17 budget. With 83.3% of the fiscal year completed the expenditures totaled \$17,195,792 up \$1,072,051 or 6.6% compared to FY16 and were 76.5% of budget. There is a deficit of \$1,227,669 budgeted for FY17 and the actual year to date is a surplus of \$331,219.

District Health Strategic Objective supported by this item: 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.

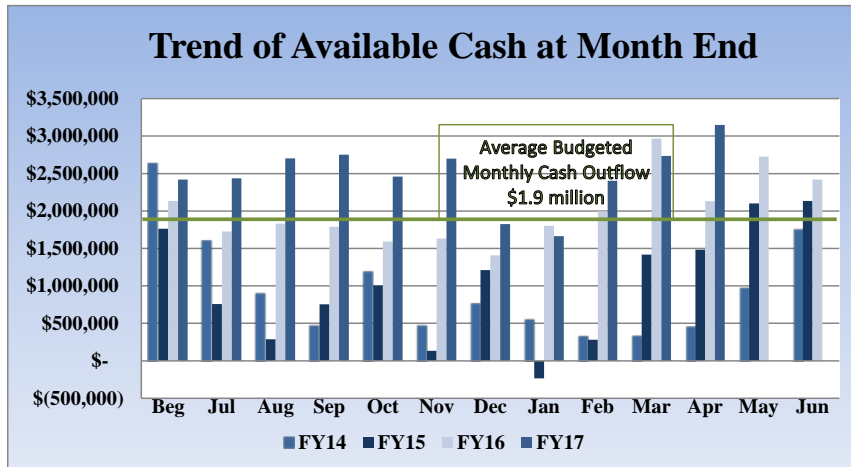
PREVIOUS ACTION

Fiscal Year 2017 Budget was adopted May 17, 2016.

BACKGROUND

Review of Cash

The available cash at the end of April, FY17, was \$3,147,301 which was 167.1% of the average budgeted monthly cash outflow of \$1,883,885 for the fiscal year and up 47.8% or \$1,017,682 compared to the same time in FY16. The encumbrances and other liability portion of the cash balance totals \$1,195,578; the portion of cash restricted as to use is approximately \$1,190,887 (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$760,836.



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 and Expenditures by Division

ODHO has received grant funding of \$10,723 for workforce development initiatives. AQM has received \$2,398,939 or 88.7% of budget and up \$609,545 or 34.1% in revenue compared to FY16. CCHS received \$2,786,700 in revenue or 72.3% of budget and up \$153,370 over FY16. EHS has received \$2,666,524 which is 90.8% of budget and up \$1,012,528 or 61.2% over FY16. EPHP has received \$1,500,077 in revenue and is up \$93,689 or 6.7% over last year and 78.4% of the FY17 budget. The County General Fund support is the single largest source of revenue and totaled \$8,164,047 or 83.3% of budget and down \$233,333 or 2.8%.

The FY17 total expenditures were \$17,195,792 which is 76.5% of budget and up \$1,072,051 or 6.6% over last fiscal year. ODHO spent \$691,976 up \$212,711 or 44.4% over FY16 mainly due to the increase in County overhead, employee benefit costs and filling a new position approved in the FY17 budget to assist with the community health improvement initiatives. AHS has spent \$931,785 up \$97,127 or 11.6% over last year mainly due to the utilities for the Health District previously being part of the County indirect cost allocation that is now directly charged to Administration. AQM spent \$2,360,378 up \$221,266 or 10.3% over last fiscal year due to costs for advertisement campaigns and increased County benefit charges. CCHS has spent \$5,944,236 year to date and is up \$258,029 or 4.5% over last year. EHS spent \$5,169,359 and has increased \$233,707 or 4.7% over last year. EPHP expenditures were \$2,098,058 up \$49,212 or 2.4% over FY16.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2012/2013 through April Year to Date Fiscal Year 2016/2017 (FY17)									
	Actual Fiscal Year			Fiscal Year 2015/2016		Fiscal Year 2016/2017			
	2012/2013	2013/2014	2014/2015	Actual Year End (audited)	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY17 Increase over FY16
Revenues (all sources of funds)									
ODHO	-	-	-	15,000	7,500	55,000	10,723	19.5%	43.0%
AHS	33,453	87,930	151	-	-	-	-	-	-
AQM	2,068,697	2,491,036	2,427,471	2,520,452	1,789,394	2,703,210	2,398,939	88.7%	34.1%
CCHS	3,322,667	3,388,099	3,520,945	3,506,968	2,633,330	3,854,396	2,786,700	72.3%	5.8%
EHS	1,828,482	1,890,192	2,008,299	2,209,259	1,653,996	2,936,786	2,666,524	90.8%	61.2%
EPHP	1,833,643	1,805,986	1,555,508	2,141,334	1,406,388	1,914,580	1,500,077	78.4%	6.7%
GF support	8,623,891	8,603,891	10,000,192	10,076,856	8,397,380	9,796,856	8,164,047	83.3%	-2.8%
Total Revenues	\$17,710,834	\$18,267,134	\$19,512,566	\$20,469,870	\$15,887,987	\$21,260,828	\$17,527,010	82.4%	10.3%
Expenditures (all uses of funds)									
ODHO	-	-	481,886	594,672	479,265	1,034,641	691,976	66.9%	44.4%
AHS	1,366,542	1,336,740	1,096,568	996,021	834,658	1,132,724	931,785	82.3%	11.6%
AQM	2,629,380	2,524,702	2,587,196	2,670,636	2,139,112	3,381,211	2,360,378	69.8%	10.3%
CCHS	6,765,200	6,949,068	6,967,501	6,880,583	5,686,207	7,634,095	5,944,236	77.9%	4.5%
EHS	5,614,688	5,737,872	5,954,567	5,939,960	4,935,652	6,606,118	5,169,359	78.3%	4.7%
EPHP	2,439,602	2,374,417	2,312,142	2,688,659	2,048,846	2,699,708	2,098,058	77.7%	2.4%
Total Expenditures	\$18,815,411	\$18,922,800	\$19,399,859	\$19,770,532	\$16,123,740	\$22,488,497	\$17,195,792	76.5%	6.6%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	-	(481,886)	(579,672)	(471,765)	(979,641)	(681,253)		
AHS	(1,333,088)	(1,248,810)	(1,096,417)	(996,021)	(834,658)	(1,132,724)	(931,785)		
AQM	(560,683)	(33,666)	(159,725)	(150,184)	(349,719)	(678,001)	38,561		
CCHS	(3,442,533)	(3,560,969)	(3,446,556)	(3,373,615)	(3,052,878)	(3,779,699)	(3,157,536)		
EHS	(3,786,206)	(3,847,680)	(3,946,268)	(3,730,701)	(3,281,656)	(3,669,331)	(2,502,835)		
EPHP	(605,958)	(568,431)	(756,634)	(547,325)	(642,458)	(785,128)	(597,981)		
GF Operating	8,623,891	8,603,891	10,000,192	10,076,856	8,397,380	9,796,856	8,164,047		
Surplus (deficit)	\$ (1,104,577)	\$ (655,666)	\$ 112,707	\$ 699,338	\$ (235,753)	\$ (1,227,669)	\$ 331,219		
Fund Balance (FB)	\$ 2,811,465	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844		\$ 1,740,175			
FB as a % of Expenditures	15%	11%	12%	15%		8%			

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 Fund Financial Review for April, Fiscal Year 2017.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2017.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 10 2017
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
422503 Environmental Permits	56,527-	71,906-	15,379	127	46,317-	49,612-	3,295	107
422504 Pool Permits	169,246-	142,385-	26,861-	84	97,000-	89,430-	7,571-	92
422505 RV Permits	18,590-	17,675-	915-	95	11,000-	9,278-	1,723-	84
422507 Food Service Permits	805,632-	724,957-	80,675-	90	509,823-	401,172-	108,652-	79
422508 Wat Well Const Perm	78,840-	86,345-	7,505	110	30,000-	43,856-	13,856	146
422509 Water Company Permits	21,850-	41,335-	19,485	189	5,000-	14,659-	9,659	293
422510 Air Pollution Permits	608,864-	449,420-	159,444-	74	477,443-	426,005-	51,438-	89
422511 ISDS Permits	165,195-	185,921-	20,726	113	75,000-	92,756-	17,756	124
422513 Special Event Permits	168,108-	106,731-	61,378-	63	90,000-	67,752-	22,248-	75
422514 Initial Applic Fee	55,800-	77,873-	22,073	140	31,000-	27,264-	3,736-	88
* Licenses and Permits	2,148,652-	1,904,548-	244,104-	89	1,372,583-	1,221,782-	150,801-	89
431100 Federal Grants	5,610,214-	3,888,794-	1,721,420-	69	5,723,952-	3,522,485-	2,201,468-	62
431105 Federal Grants - Indirect	461,750-	355,414-	106,336-	77	291,791-	253,377-	38,415-	87
432100 State Grants	211,364-	84,959-	126,405-	40	209,951-	72,098-	137,853-	34
432105 State Grants-Indirect	16,597-	7,032-	9,565-	42	15,457-	5,666-	9,791-	37
432310 Tire Fee NRS 444A.090	475,000-	447,633-	27,367-	94	468,548-	355,879-	112,669-	76
432311 Poi Ctr 445B.830	550,000-	573,910-	23,910	104	550,000-	599,290-	49,290	109
* Intergovernmental	7,324,924-	5,357,741-	1,967,183-	73	7,259,700-	4,808,795-	2,450,905-	66
460162 Services O Agencies	39,417-	17,068-	22,349-	43	28,421-	19,196-	9,225-	68
460500 Other Immunizations	42,150-	33,012-	9,138-	78	89,000-	24,047-	64,954-	27
460501 Medicaid Clinic Svcs	59,935-	114,937-	55,002	192	8,200-	57,310-	49,110	699
460503 Childhood Immunizations	13,024-	174-	12,850-	1	20,000-	12,362-	7,639-	62
460504 Maternal Child Health								
460505 Non Title X Revenue		115	115-	70			1,837	145
460507 Medicaid Admin Claiming	7,000-	4,896-	2,104-	70	4,100-	5,937-	1,837	145
460508 Tuberculosis	500-	710-	210	142		354	354	
460509 Water Quality	39,025-	34,687-	4,338-	89	35,344-	28,819-	6,525-	82
460511 Birth Death Certific	490,000-	467,579-	22,421-	95	470,000-	433,354-	36,646-	92
460512 Duplication Service Fees		272-	272			1,738	1,738	
460513 Other Health Service	60,908-	73,028-	12,120	120	10,167-	34,677-	24,510	341
460514 Food Service Certifi		1,176-	1,176		18,000-	294-	17,706-	2
460515 Medicare Reimbursement	16,394-	90,520-	74,126	552	1,450-	19,851-	18,401	1,369
460516 Pgm Inc-3rd Pty Rec	17,200-	26,753-	9,553	156	7,000-	17,944-	7,000-	85
460517 Influenza Immunization	1,200-	41-	1,159-	3	21,000-	1,505-	1,505	
460519 Outpatient Services	120,960-	125,969-	5,009	104	50,000-	60,843-	10,843	122
460520 Eng Serv Health	8,470-	18,379-	9,909	217	1,500-	7,473-	5,973	498
460521 Plan Review - Pool S	56,150-	42,238-	13,912-	75	20,000-	20,416-	416	102
460524 Family Planning	35,000-	39,196-	4,196	112	32,000-	38,920-	6,920	122
460525 Plan Review - Vector	82,842-	75,540-	7,302-	91	42,000-	59,115-	17,115	141
460526 Plan Review-Air Quality	79,589-	55,166-	24,423-	69	60,804-	45,593-	15,211-	75

Period: 1 thru 10 2017 P&L Accounts Health Fund
 Accounts: GO-P-L Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
460527 NOE-AQM	176,103-	139,000-	37,103-	79	116,984-	104,746-	12,238-	90
460528 NESHAP-AQM	153,862-	138,207-	15,655-	90	99,333-	102,158-	2,825	103
460529 Assessments-AQM	81,614-	72,173-	9,441-	88	51,336-	51,467-	131	100
460530 Inspector Registr-AQ	4,608-	1,656-	2,952-	36	2,162-	98-	2,064-	5
460531 Dust Plan-Air Quality	257,784-	368,178-	110,394	143	142,403-	234,160-	91,757	164
460532 Plan Rvw Hotel/Motel	2,530-	268-	2,262-	11	2,530-	646-	1,884-	26
460533 Quick Start		251-	251-					
460534 Child Care Inspection	14,904-	14,152-	752-	95	8,514-	6,854-	1,660-	81
460535 Pub Accomod Inspectn	33,060-	30,981-	2,080-	94	19,000-	17,386-	1,614-	92
460570 Education Revenue								
460723 Other Fees	97,142-	67,115-	30,028-	69				
* Charges for Services	1,991,371-	2,053,206-	61,835	103	1,361,248-	1,407,261-	46,013	103
471265 Illegal Dumping						500-	500	
* Fines and Forfeitures						500-	500	
481150 Interest-Non Pooled		40-	40					
484000 Donations, Contributions	4,000-	4,000-		100	3,000-	3,700-	700	123
484050 Donation Fed Pgm Inc	24,201-	12,829-	11,372-	53	37,550-	22,599-	14,951-	60
484195 Non-Govt'l Grants								
484197 Non-Gov. Grants-Indirect	11,367-	9,298-	2,069-	82	11,631-	6,018-	5,613-	52
485100 Reimbursements	42,576-	19,281-	23,295-	45	38,599-	18,527-	20,072-	48
485300 Other Misc Govt Rev	35,000-	2,020-	32,981-	6		51-	51	
* Miscellaneous	117,144-	47,468-	69,676-	41	90,780-	50,894-	39,886-	56
** Revenue	11,582,091-	9,362,963-	2,219,128-	81	10,084,311-	7,489,232-	2,595,079-	74
701110 Base Salaries	9,868,916	7,969,439	1,899,477	81	9,758,662	7,481,274	2,277,388	77
701120 Part Time	314,723	183,217	131,506	58	398,206	295,945	102,261	74
701130 Pooled Positions	475,463	306,983	168,480	65	374,608	307,913	66,695	82
701140 Holiday Work	4,319	1,667	2,652	39	4,319	2,154	2,165	50
701150 xcContractual Wages								
701199 Lab Cost Sav-Wages	165,970	85,172	80,798	51	166,775	81,149	85,626	49
701200 Incentive Longevity	80,479	70,890	9,589	88	64,681	57,319	7,362	89
701300 Overtime	300	177	123	59	302	162	140	54
701403 Shift Differential	38,000	25,384	12,616	67				
701406 Standby Pay	5,000	3,539	1,461	71				
701408 Call Back	83,406	83,406	83,406		1,000	938	62	94
701412 Salary Adjustment	84,041	160,577	76,536-	191	43,993-	58,470	43,993-	118
701413 Vac Payoff/Sick Pay-Term		3,744	3,744		49,515	416	8,955-	
701414 Vacation Denied-Payoff		14,130	14,130		7,603	7,218	416-	
701417 Comp Time		4	4			2,785	385	95
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	11,120,617	8,824,923	2,295,694	79	10,781,678	8,295,743	2,485,935	77
705110 Group Insurance	1,758,420	1,349,209	409,211	77	1,602,223	1,248,292	353,931	78
705115 ER HSA Contribs		69,268	69,268					

Period: 1 thru 10 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
705190 OPEB Contribution	1,181,460	984,550	196,910	83	2,870,083	2,182,461	687,623	76
705199 Lab Cost Sav-Benef	2,908,604	2,313,570	595,034	80	143,292	113,420	29,872	79
705210 Retirement					69,143	57,619	11,523	83
705215 Retirement Calculation	143,431	121,219	22,212	85	15,483	12,903	2,580	83
705230 Medicare April 1986	93,200	79,545	13,655	85				
705320 Workmens Comp	13,821	10,077	3,744	73				
705330 Unemploy Comp	21,529		21,529					
705360 Benefit Adjustment	6,120,463	4,927,437	1,193,026	81	4,700,224	3,614,695	1,085,529	77
* Employee Benefits	650,007	99,980	550,026	15	832,764	346,174	486,589	42
710100 Professional Services		4,410	4,410		9,621	3,859	5,762	40
710101 Lab Testing Services	9,971	4,999	4,972	50	137,971	37,894	100,077	27
710105 Medical Services	61,210	43,382	17,828	71	7,279	3,153	4,126	43
710108 MD Consultants	39,600	12,074	27,526	30				
710110 Contracted/Temp Services								
710119 Subrecipient Payments		300	300					
710155 Lobbying Services	91,731	52,059	39,672	57	172,990	48,438	124,552	28
710200 Service Contract	14,843	8,815	6,028	59	24,189	12,957	11,232	54
710205 Repairs and Maintenance	12,319	2,942	9,378	24	16,607	12,770	3,837	77
710210 Software Maintenance	165,504	118,884	46,620	72	278,249	67,959	210,290	24
710300 Operating Supplies	1,435	1,266	169	88	23,685	794	22,891	3
710302 Small Tools & Allow	1,600	1,049	551	66	1,600	721	879	45
710308 Animal Supplies							660	
710310 Parts and Supplies	232,700	235,731	3,031	101	231,900	250,088	18,188	108
710319 Chemical Supplies								
710325 Signs and Markers	35,875	16,842	19,033	47	30,061	23,591	6,470	78
710334 Copy Machine Expense	2,001	4,556	2,555	228				
710335 Copy Machine-Copy Charges	42,627	32,612	10,015	77	38,213	30,249	7,965	79
710350 Office Supplies	6,355	6,681	327	105	6,015	7,196	1,181	120
710355 Books and Subscriptions	21,750	12,335	9,415	57	27,382	15,161	12,221	55
710360 Postage	645	417	229	65	850	159	691	19
710361 Express and Courier	125		125		100	184	84	184
710391 Fuel & Lube								
710400 Pmts to O Agencies	31,500	50,176	18,676	159				
710412 Do Not Use								
710500 Other Expense	104,405	10,456	93,949	10	39,891	15,991	23,900	40
710502 Printing	26,273	8,848	17,425	34	29,668	14,866	14,802	50
710503 Licenses & Permits	9,245	4,593	4,652	50	6,770	6,850	80	101
710504 Registration		504	504					
710505 Rental Equipment	1,800	1,800		100	1,800	1,800		100
710506 Dept Insurance Deductible		434	434				450	
710507 Network and Data Lines	9,662	6,562	3,100	68	9,755	6,168	3,587	63
710508 Telephone Land Lines	36,606	28,974	7,632	79	36,040	29,925	6,115	83
710509 Seminars and Meetings	47,277	32,657	14,620	69	52,467	26,603	25,865	51

Period: 1 thru 10 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
710512 Auto Expense	12,919	5,961	6,958	46	11,582	5,937	5,644	51
710514 Regulatory Assessments	20,000	10,254	9,746	51	18,500	12,998	5,502	70
710519 Cellular Phone	14,709	11,172	3,537	76	13,709	7,218	6,491	53
710529 Dues	8,362	32,303	23,941	386	8,375	7,364	1,011	88
710535 Credit Card Fees	52,157	22,810	29,347	44	12,107	13,867	1,760	115
710546 Advertising	132,273	170,397	38,124	129	241,546	81,148	160,398	34
710551 Cash Discounts Lost		9	9			512	512	
710563 Recruitment								
710571 Safety Expense	55,000	50,548	4,452	92				
710577 Uniforms & Special C	5,657	9,870	4,213	174	9,900	1,628	8,272	16
710585 Undesignated Budget	450,000		450,000					
710594 Insurance Premium	5,815	5,605	210	96				
710600 LT Lease-Office Space	76,607	60,266	16,341	79	79,703	72,767	6,936	91
710620 LT Lease-Equipment								
710703 Biologicals	302,681	198,600	104,081	66	245,868	189,480	56,388	77
710708 Foster Care Home								
710714 Referral Services	6,780	60,351	6,780	56	96,331	73,897	22,434	77
710721 Outpatient	108,555	1,220	48,204	41	2,170	1,526	644	70
710872 Food Purchases	2,994	75,667	1,774	83				
711008 Combined Utilities	90,800		15,133					
711010 Utilities								
711100 ESD Asset Management	47,382	38,325	9,057	81	66,552	50,854	15,698	76
711113 Equip Srv Replace	44,876	34,043	10,833	76	38,039	22,756	15,282	60
711114 Equip Srv O & M	66,315	45,756	20,558	69	62,441	52,321	10,120	84
711115 Equip Srv Motor Pool	5,000	3,874	1,126	77				
711117 ESD Fuel Charge	34,167	20,447	13,720	60	47,382	25,879	21,503	55
711119 Prop & Liab Billings	82,007	65,590	16,417	80	75,992	63,327	12,665	83
711210 Travel	183,673	62,492	121,181	34	165,570	66,874	98,696	40
711213 Travel-Non Cnty Pers		2,148	2,148					
711300 Cash Over Short		42	42					
711399 ProCard in Process		41	41					
711400 Overhead - General Fund	1,700,797	1,417,331	283,466	83	2,795,882	2,329,902	465,980	83
711504 Equipment nonCapital	75,392	113,464	38,072	150	156,299	86,542	69,757	55
711509 Comp Sftw nonCap		27,170	27,170					
* Services and Supplies	5,241,983	3,350,010	1,891,973	64	6,163,813	4,137,119	2,026,694	67
781004 Equipment Capital	40,472	35,340	5,132	87	105,880	18,103	87,777	17
781007 Vehicles Capital								
781009 Computer Software Capital	25,000		25,000					
* Capital Outlay	65,472	35,340	30,132	54	105,880	18,103	87,777	17
** Expenses	22,548,535	17,137,710	5,410,825	76	21,751,595	16,065,659	5,685,936	74
485192 Surplus Equipment Sales								
* Other Fin. Sources								
621001 Transfer From General	9,796,856	8,164,047	1,632,809	83	10,076,856	8,397,380	1,679,476	83

Period: 1 thru 10 2017
 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	2017 Plan	2017 Actuals	Balance	Act%	2016 Plan	2016 Actual	Balance	Act%
* Transfers In								
812230 To Reg Permits-230	9,796,856-	8,164,047-	1,632,809-	83	10,076,856-	8,397,380-	1,679,476-	83
814430 To Reg Permits Capit	58,081	58,081		100	58,081	58,081		100
* Transfers Out	58,081	58,081		100	58,081	58,081		100
** Other Financing Src/Use	9,738,775-	8,105,965-	1,632,809-	83	10,018,775-	8,340,674-	1,678,101-	83
** Total	1,227,669	331,219-	1,558,888	27-	1,648,509	235,753	1,412,756	14

DD	CA	-
DHO		AD
DA		
Risk		

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

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 (2007-2016)” 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: Healthy Environment - Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

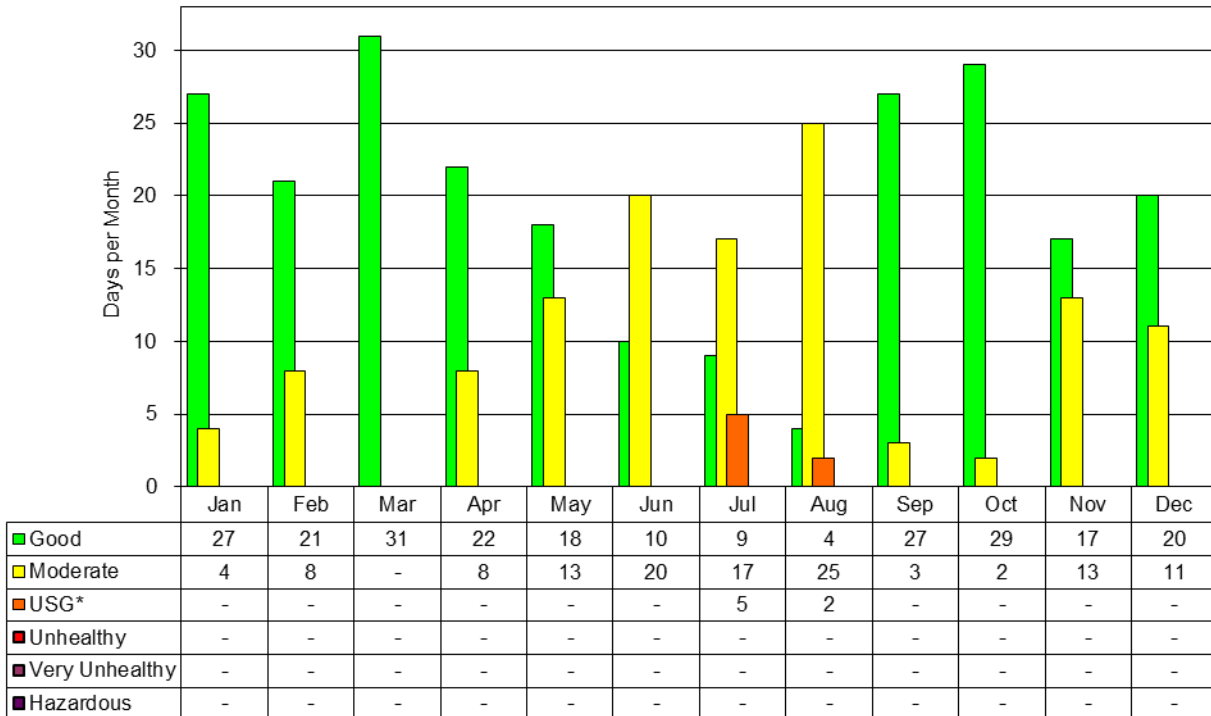
PREVIOUS ACTION

The Air Quality Trends Report is updated annually to include the most recent ten years of data prior to being presented to the Board for acceptance. The most recent action occurred on May 26, 2016 with the acceptance of the “Washoe County, Nevada Air Quality Trends (2006-2015)” Report.

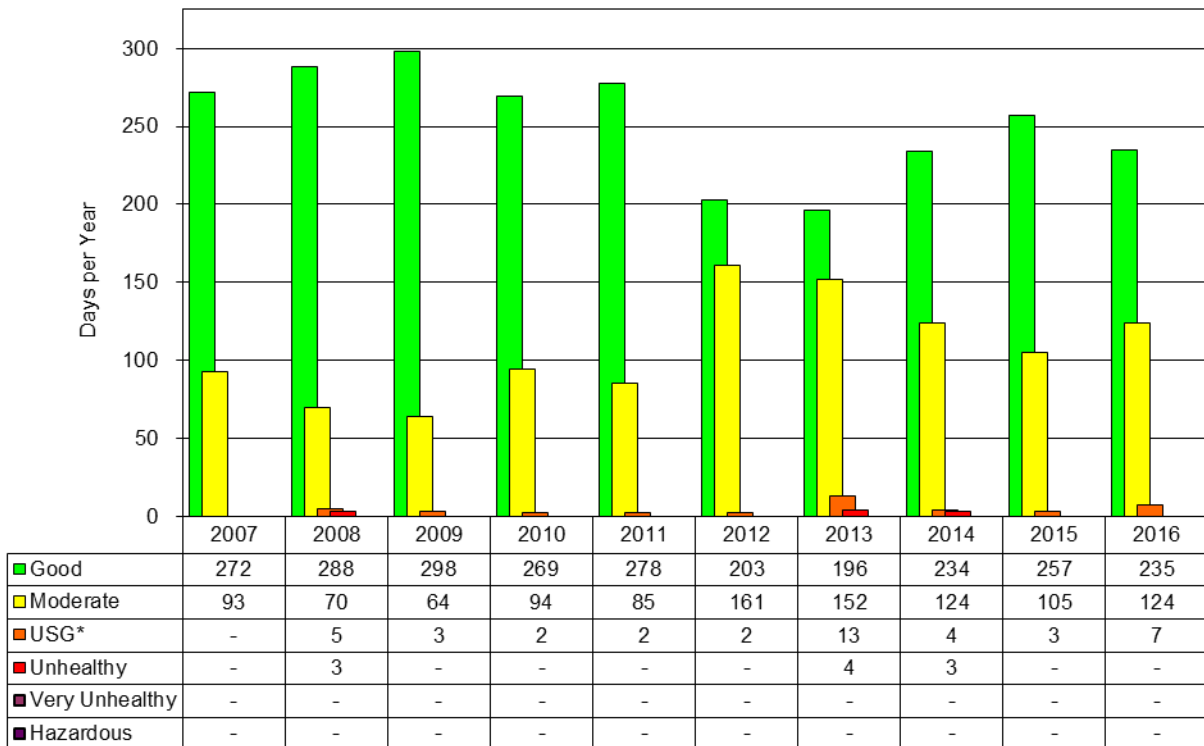
BACKGROUND

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 2016 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 (2016)



AQI Trend (2007-2016)



* 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 (2007-2016)” report.

RECOMMENDATION

Staff recommends that the District Board of Health (DBOH) accept the “Washoe County, Nevada Air Quality Trends (2007-2016)” 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 (2007-2016)” report”.

DD	<u>RT</u>	-
DHO	<u>KD</u>	-
DA		
Risk		

STAFF REPORT

BOARD MEETING DATE: May 25, 2017

TO: District Board of Health
FROM: Brittany Dayton, EMS Coordinator
 775-326-6043, bdayton@washoecounty.us
SUBJECT: Approval of proposed revisions to the Mutual Aid Evacuation Annex.

SUMMARY

On an annual basis staff reviews either the Multi-Casualty Incident Plan (MCIP) or the Mutual Aid Evacuation Annex (MAEA) for possible revisions. During fiscal year 2016 - 2017 there were only minor updates made to the MAEA.

During the fiscal year the EMS Coordinator organized a full-scale exercise with regional hospitals to test the plan and the patient tagging and tracking system implemented during the last revision cycle. Afterwards the suggested revisions were expanding the MAEA to include other healthcare entities in Washoe County and providing additional training options for healthcare personnel.

Therefore, the proposed revision to the plan is adding Washoe County skilled nursing, long term care, mental health, and memory care healthcare facilities. Attached is a draft of the MAEA with the proposed updates that include the addition of three facilities: Rosewood Rehabilitation Center, Arbors Memory Care and Northern Nevada Adult Mental Health Services.

District Health Strategic Objective supported by this item:

Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

The MAEA, as an annex to the MCIP, was originally approved by the District Board of Health (DBOH) on June 28, 2000. The plan was last revised and approved by the DBOH in July 2015 effective November 1, 2015.

On October 27, 2016 the DBOH approved the purchase and distribution of evacuation kits to skilled nursing and long-term care facilities in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP5 Carryover Program.

BACKGROUND



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

During the 2014-2015 revision cycle there were several substantial edits made to the MAEA. For nearly a year EMS staff worked with the hospital partners, EMS agencies, public safety agencies and the Washoe County Emergency Manager to complete the edits. During this revision opportunity, EMS staff wanted to ensure the previous revisions were beneficial and effective by conducting a full-scale evacuation exercise. The region conducted this evacuation exercise on October 19, 2016. The exercise scenario involved a complete evacuation of Tahoe Pacific Hospital - Meadows due to a power outage and malfunction of the back-up generator system. The exercise included more than 80 staff and volunteers from 13 different agencies.

There was positive feedback about the plan and the DMS Evac1-2-3 patient tagging and tracking system. Facilities did not see a need to make changes to the plan process. The only identified area for improvement was expanding the MAEA to include other types of healthcare agencies.

Using that feedback, the EMS Coordinator and Public Health Response Coordinator met with several skilled nursing, long term care, mental health, and memory care healthcare facilities throughout Washoe County. To date, three have agreed to sign onto the plan; it is our desire to continue meeting with facilities and expanding the healthcare facility coverage in plan.

While not specifically part of the plan, EMS staff also addressed the suggestion for additional training options through the development of two evacuation training videos. First, a 7-minute video, which was created by DMS, is designed to be just-in-time training for facility staff during an incident. The region also filmed an instructional video that provides staff with the basics of the MAEA and the evacuation process. This will be included as part of the in-person training for departmental/house supervisors, charge nurses, etc.

FISCAL IMPACT

There is no additional fiscal impact to the FY17 budget should the Board approve the MAEA revisions. On October 27, 2016 the DBOH approved the use of ASPR carry-forward grant funds to purchase DMS Evac1-2-3 patient evacuation start-up kits for Washoe County facilities and materials for the WCHD to conduct trainings.

RECOMMENDATION

Staff recommends that the DBOH approve the proposed revisions to the Mutual Aid Evacuation Annex.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the proposed revisions to the Mutual Aid Evacuation Annex."

Mutual Aid Evacuation Annex

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

Approved Washoe County Health District 06/28/2000
Revisions Approved by District Board of Health 07/26/07
Effective 12/01/07
Revisions Approved by District Board of Health 02/23/12
Effective 07/01/2012
Revisions Approved by District Board of the Health 07/23/2015
Effective 11/01/2015

Table of Contents

1. INTRODUCTION	1
2. MAEA OVERVIEW.....	1
2.1 MAEA Objective.....	1
2.2 MEA Scope.....	1
2.3 Assumptions	2
3. MAEA RESPONSIBILITIES	2
3.1 All MAEA Members.....	2
3.2 Evacuating Facility - General Responsibilities.....	3
3.2.1 Hospital Planning Technical Specialist.....	4
3.3 Receiving Facility - General Responsibilities.....	4
3.4 Washoe County Health District	5
3.5 REMSA/NLTFFPD	5
3.6 EMResource.....	6
4. IMMEDIATE VS. URGENT EVACUATIONS	6
4.1 Defintions.....	6
4.2 MAEA Activation for Level 1/Immediate Partial or Full Evacuation.....	7
4.3 MAEA Activation for Level 2/Urgent Partial or Full Evacuation.....	8
5. PATIENT EVACUATION AND DISTRIBUTION OVERVIEW	9
5.1 DMS Evac1-2-3	9
6. TRANSPORTATION OF PATIENTS	11
6.1 EMS Coordiantion.....	12
6.2 Trasportation Stagong Area.....	13
6.3 Out of State Hospitals	13
7. COMMUNICATIONS	14
7.1 Required Notifications.....	14
7.2 Patient/Resident Transfer Communications.....	14
7.3 Administrative Facility Communications.....	14
7.4 Additional Notifications	15
7.5 Regional Call Center.....	15
7.6 Facsimile (Fax) Systems.....	15
7.7 Telephone Contacts.....	15
7.8 Two-way Radio Systems	15
7.9 Alternate Communications.....	15
8. LIMITED LIABILITY AND DISASTER DECLARATION PROCESS	16
9. COLLATERAL CONSIDERATIONS.....	16

9.1 Skilled Nursing and Long Term Care Facilities.....	16
9.2 Public Information	16
9.3 Admitting and Billing	17
9.4 Use of Evacuation Staff.....	17
9.5 Out of State Staff and Physicans	17
9.6 Medical Records	17
9.7 Biomedical Equipment	18
9.8 Pharmaceuticals	18
10. MAEA DEVELOPMENT AND MAINTENANCE.....	18
Appendix A – Nevada’s Statewide Medical Surge Plan.....	19
Appendix B – Evacuation Algorithm	22
Appendix C – Initial Evacuation Overview	23
Appendix D – Initial Acceptance Overview	25
Appendix E – SNF and LTC Facility Capacity List.....	26
Appendix F – Mental Health Facility Capacity List.....	27
Appendix G – Operational Concepts	28
Appendix H – Contact Information.....	29
Appendix I – Facility Communications Information	33
Appendix J – Milage Chart	37
Appendix K – DMS Evac1-2-3 System.....	39
Appendix L – Forms.....	41
Appendix M – Definitions	43

1. INTRODUCTION

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

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

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

2. MAEA OVERVIEW

2.1 MAEA Objective

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

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

2.2 MAEA Scope

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

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

2.3 Assumptions

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

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

3. MAEA RESPONSIBILITIES

3.1 All MAEA Members

- It is the responsibility of each member facility to maintain an internal plan to protect life and property during a disaster. Maintenance of such plans is the responsibility of each institution.

- Each facility will conduct required and best practice mitigation efforts to reduce hazards potentially associated with an evacuation (i.e. conducting a hazard vulnerability analysis, developing structural and nonstructural mitigation plans, etc.).
- All members agree to participate in collaborative efforts with community partners to optimize resources and response utilization.
- The evacuation of outpatient clinic and professional services patients also needs to be considered in the internal facility plans. Each facility is responsible for making its own plans for these types of patients.
- Facilities agree to use the Hospital Incident Command System. (For more information on HICS, see Appendix G.)
- Members agree to participate in training and drills related to evacuations and the MAEA.
- If a member facility has permanent changes in its ability to receive the agreed upon number of patients, contact personnel or external holding areas, the facility must notify the Washoe County Health District.
- Members will use the HICS 255 and Disaster Management Systems (DMS) Evac1-2-3 process for patient tracking. Facilities may also enter information in the evacuation board on WebEOC. (<https://eoc.washoecounty.us/eoc7/>)
- Members will identify external holding areas close to their location to provide temporary shelter if an immediate evacuation is required, and internal staging areas for patients for an urgent evacuation.
- Members will develop and maintain internal plans for receiving the influx of patients dispersed under this plan.
- All members will maintain adequate business interruption insurance.
- Public information and community confidence are important considerations during an evacuation. The facilities agree to participate in a joint information center (JIC) that includes the Incident Command System (ICS) Public Information Officer to provide information to the public and the media.
- All member facilities will have emergency credentialing plans that will permit credentialing of personnel who may wish to volunteer their professional services during an evacuation.

3.2 Evacuating Facility - General Responsibilities

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

- Whenever possible, the evacuating facility will send appropriate nursing or physician personnel to accompany patients to the receiving facility.
- The evacuating facility will send one administrator and/or nursing supervisor to coordinate with receiving facility's administration(s). They may also send one pharmacist to assist with patient medication orders, and resolve any formulary changes to patient medication orders.
- The medical staff/patient ratio during transport will be determined as reasonably safe for care by the Hospital Medical Officer and the Transportation Supervisor.
- The evacuating facility maintains responsibility for patients until accepted by a receiving facility.
- The evacuating facility must ensure that the vacated premises are secure and that no one is left behind after the evacuation.
- As time allows, the evacuating facility will notify the Nevada Division of Public and Behavioral Health, Bureau of Healthcare Quality and Compliance about their change in bed status. (Phone – 775-684-1030, Fax – 775-684-1073)

3.2.1 Hospital Planning Technical Specialist

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

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

3.3 Receiving Facilities - General Responsibilities

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

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

3.4 Washoe County Health District (WCHD)

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

3.5 REMSA/North Lake Tahoe Fire Protection District

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

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

REMSA medical dispatch or NLTFPD will notify plan members regarding the evacuation and will contact receiving facilities as patients are transported from the evacuating facility

to let them know what types of patients they will be receiving. (Type refers to patient category – critical care, non-ambulatory, wheelchair and ambulatory.)

3.6 EMResource

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

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

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

4. IMMEDIATE VS. URGENT EVACUATIONS

Patients with critical care needs require more time and resources to evacuate. Their place in the evacuation process may change depending on whether the evacuation is immediate or urgent.

4.1 Definitions

Level 1 / Immediate

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

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

Level 2 / Urgent

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

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

4.2 MAEA Activation for Level 1/Immediate Partial or Full Evacuation

The evacuating facility notifies the appropriate Public Safety Answering Point (PSAP, i.e., 911) to report a level 1/immediate evacuation. The PSAP will notify REMSA medical dispatch and/or NLTFPD, who will contact other agencies using the MCI/MAEA plan procedure, which includes the District Health Officer's designee and the Washoe County Emergency Manager. The facility may already be in the process of moving patients to a designated external holding area during an immediate evacuation.

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

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

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

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

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

4.3 MAEA Activation for Level 2/Urgent Partial or Full Evacuation

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

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

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

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

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

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

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

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

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

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

5. PATIENT EVACUATION AND DISTRIBUTION OVERVIEW

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

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

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

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

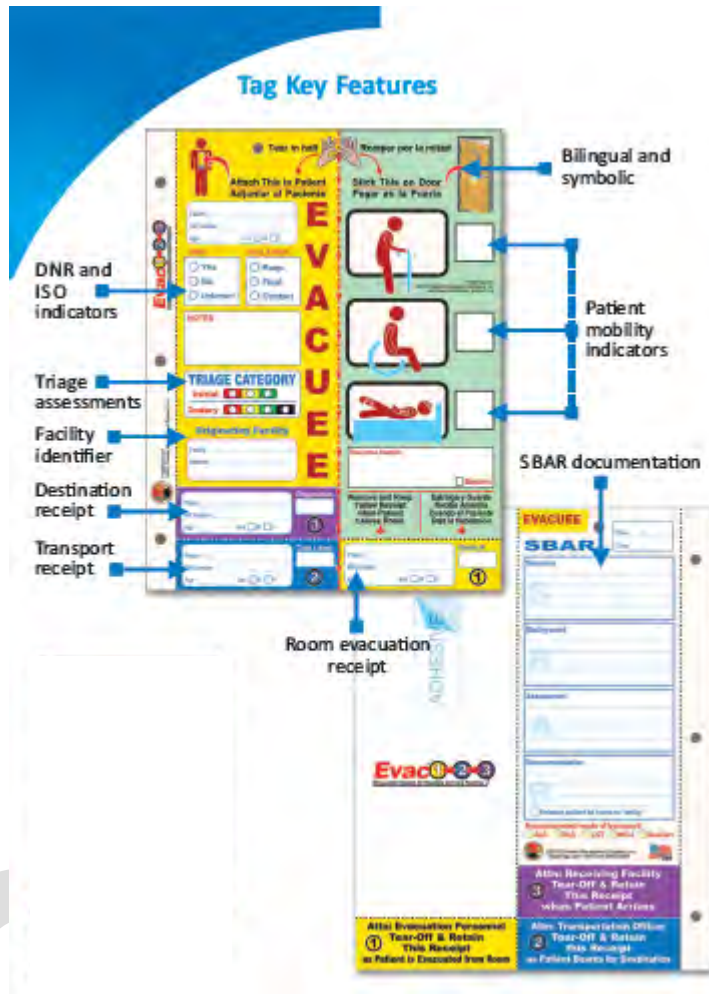
5.1 DMS Evac1-2-3 System

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

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

Evacuation Preparation

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



Patient Evacuation

As patients are moved out of their room the door section's receipt is removed and placed in the Evac1-2-3 receipt holder. The door label now indicates the patient has left the room. The receipt holder provides an effective patient tracking tool to maintain a record of continuity-of-care for the patients moved by a specific staff member.



Staging and Transportation

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

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



Destination Arrival

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



6. TRANSPORTATION OF PATIENTS

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

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

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

6.1 Emergency Medical Services Coordination with Evacuating Facility

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

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

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

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

6.2 Transportation Staging Areas

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

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

REMSA medical dispatch or NLTFPD will notify the receiving facility's contact person that the patient is en route, the estimated time of arrival (ETA), and type of patient. Identifying patient information such as names will be transmitted via landline or WebEOC (due to HIPAA constraints) if time allows. Due to the fact that limited

ambulance resources may be available, there will not be room for family members to be transported with the patient; the exception being pediatric patients who will be accompanied by a staff nurse or legal guardian.

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

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

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

6.3 Out of State (California) Hospitals

Barton Memorial

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

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

Tahoe Forest Hospital (TFH)

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

7. COMMUNICATIONS

7.1 Required Notifications

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

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

7.2 Patient/Resident Transfer Communications

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

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

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

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

7.3 Administrative Facility Communications

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

7.4 Additional Required Notifications by Evacuating and Receiving Facilities

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

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

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

7.5 Regional Call Center

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

7.6 Facsimile (Fax) Systems

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

7.7 Telephone Contacts

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

7.8 Two-way Radio Systems

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

7.9 Alternate Communications

Washoe County, City of Reno, City of Sparks, Reno-Tahoe Airport Authority, Washoe County Sheriff's Office, City of Reno Police and Fire Department, City of Sparks Police and Fire Department, NLTFPD, Truckee Meadows Fire Protection District and each

jurisdiction's Emergency Managers may be contacted to provide additional communications resources, command posts, and to ARES/RACES radio resources.

Contact Information for all facilities are located in Appendix H (Contact Information) and Appendix I (Facility Communications).

8. LIMITED LIABILITY AND DISASTER DECLARATION PROCESS

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

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

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

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

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

9. COLLATERAL CONSIDERATIONS

9.1 Skilled Nursing and Long Term Care Facilities

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

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

9.2 Public Information

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

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

9.3 Admitting and Billing

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

9.4 Use of Evacuating Facility Staff

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

9.5 Out of State Staff and Physicians

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

9.6 Medical Records

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

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

9.7 Biomedical Equipment

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

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

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

9.8 Pharmaceuticals

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

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

10. MAEA DEVELOPMENT AND MAINTENANCE

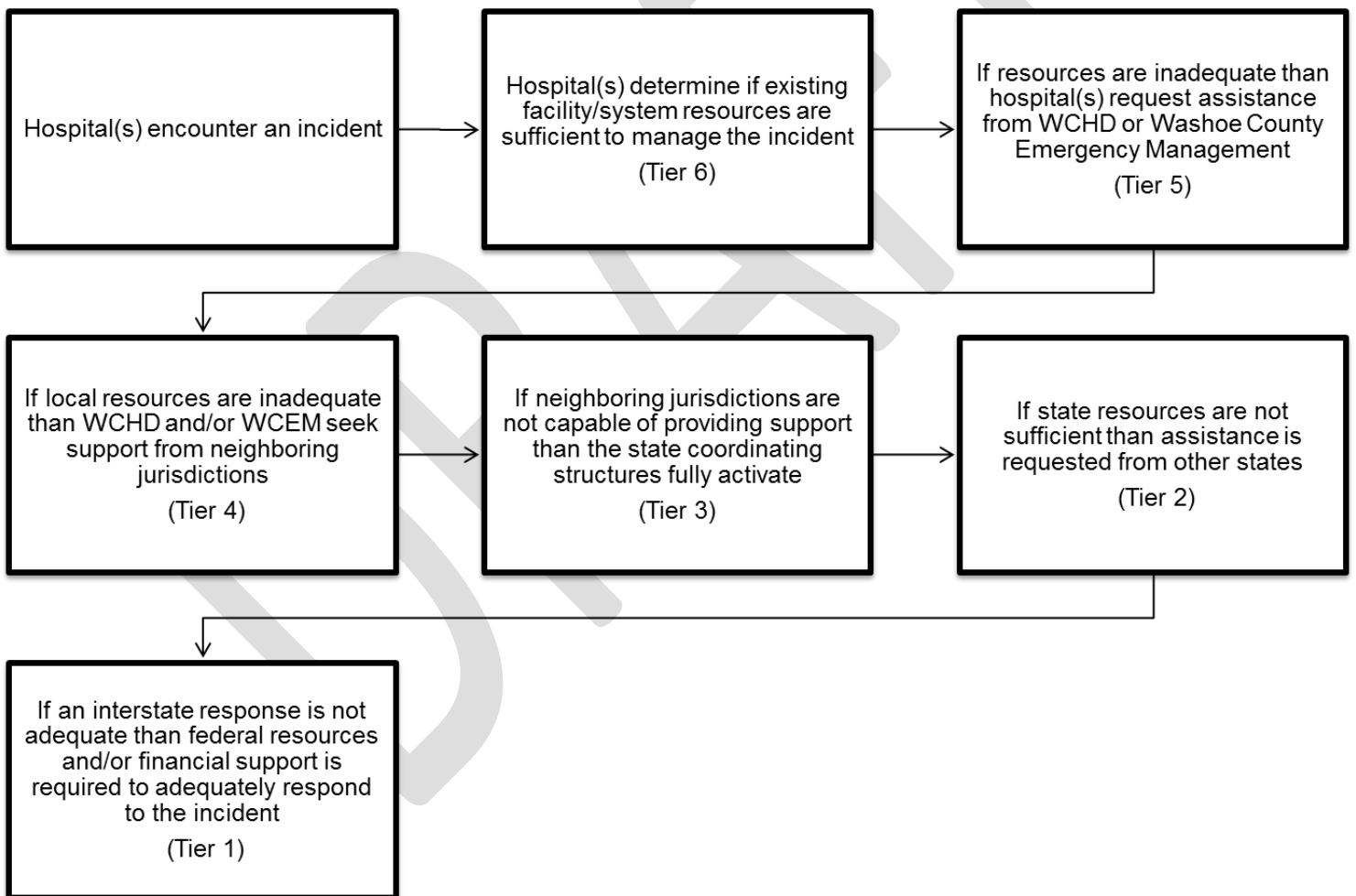
Each facility is responsible for maintaining accuracy of the information regarding its medical facility. Since the MAEA is an annex to the Washoe County District Board of Health Multi-Casualty Incident Plan, the Health District will coordinate periodic meetings for updates. Washoe County Health District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

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

Appendix A – Nevada’s Statewide Medical Surge Plan

Activation Tiers

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



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

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

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

Tier 5: Jurisdiction Response:

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

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

Tier 4: Intrastate Regional Response:

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

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

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

Tier 3: State Response:

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

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

Tier 2: Interstate Response:

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

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

Tier 1: Federal Response:

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

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

Appendix B - Evacuation Algorithm

Evacuation decided – facility calls appropriate PSAP with evacuation level information (level 1/immediate or level 2/urgent)

The PSAP notifies fire and transfers call to REMSA dispatch or NLTFPD to activate MCI/MAEA

REMSA/NLTFPD notifies Washoe County Emergency Manager, District Health Officer and other facilities of evacuation

Facility determines patient numbers, equipment needs and recommends types of transport

Incident Command set up at facility. The Patient Transportation Group Supervisor (PTGS) and Hospital Planning Technical Specialist (HPTS) meet to coordinate patient transport

CAT determines if REOC is to stand up - Hospital Representative assigned to REOC

Level 1 / Immediate

Facility will prioritize moving as many patients out of the facility as possible. Least critical patients will be evacuated first. Staff begins filling out the Evac1-2-3 tags (Stage 1)

Level 2 / Urgent

Facility moves non critical patients to external holding areas (if needed) and evacuates critical patients first. Staff begins filling out the Evac1-2-3 tags (Stage 1)

PTGS and HPTS coordinate patient transportation needs based on typing of patients and determine what equipment will go with patients

Transports are sent based on typing determined - Transportation tags (Stage 2) are collected by transport personnel

REMSA/NLTFPD notifies receiving facility of type and number of patients being transported

Receiving facility accepts patients at designated receiving areas and collected the receiving facility tag (Stage 3)

Receiving facility faxes copy of the HICS 255 form to representative at REOC

When time allows receiving facility will ensure return of the Evac1-2-3 tag information to the evacuating facility

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

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

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

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

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

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

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

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

Appendix E - Skilled Nursing, Memory Care and Long-Term Care Facilities Capacity List

Facility	Contact Info	Capacity	Average Occupancy	Specialty	Preferred Holding Area and Alternate Care Site	Patient Acceptance Number
Arbors Memory Care 2121 E Prater Way, Sparks, NV 89434	Barb Heywood Administrator barb@arborsmemorycare.com 775-331-2229 775-284-0574	72 memory care beds	60 beds	Memory Care	Brookdale Assisted Living	5
Rosewood 2045 Silverada Blvd. Reno, NV 89512	Lowell Smith Executive Director Lsmith@EnsignServices.net 775-359-3161 Fax 775-331-2878	99 beds	80 beds	Skilled Nursing & Rehab	<ul style="list-style-type: none"> • High Desert Montessori School • Park Place Assisted Living (sister company) • Renown Skilled Nursing • Northern Nevada Medical Center 	6

Appendix F – Mental Health Facilities Capacity List

Facility	Contact Info	Capacity	Average Occupancy	Specialty	Preferred Holding Area and Alternate Care Site	Patient Acceptance Number
<p>Northern Nevada Adult Mental Health Services</p> <p>480 Galletti Way, Sparks, NV 89431</p>	<p>Kurt Green Administrative Services Officer III kgreen@health.nv.gov 775-688-2030 Fax: 775-688-0434</p>	<p>30</p>	<p>30</p>	<p>Behavioral Health</p>	<p>West Hills</p>	<p>10</p>

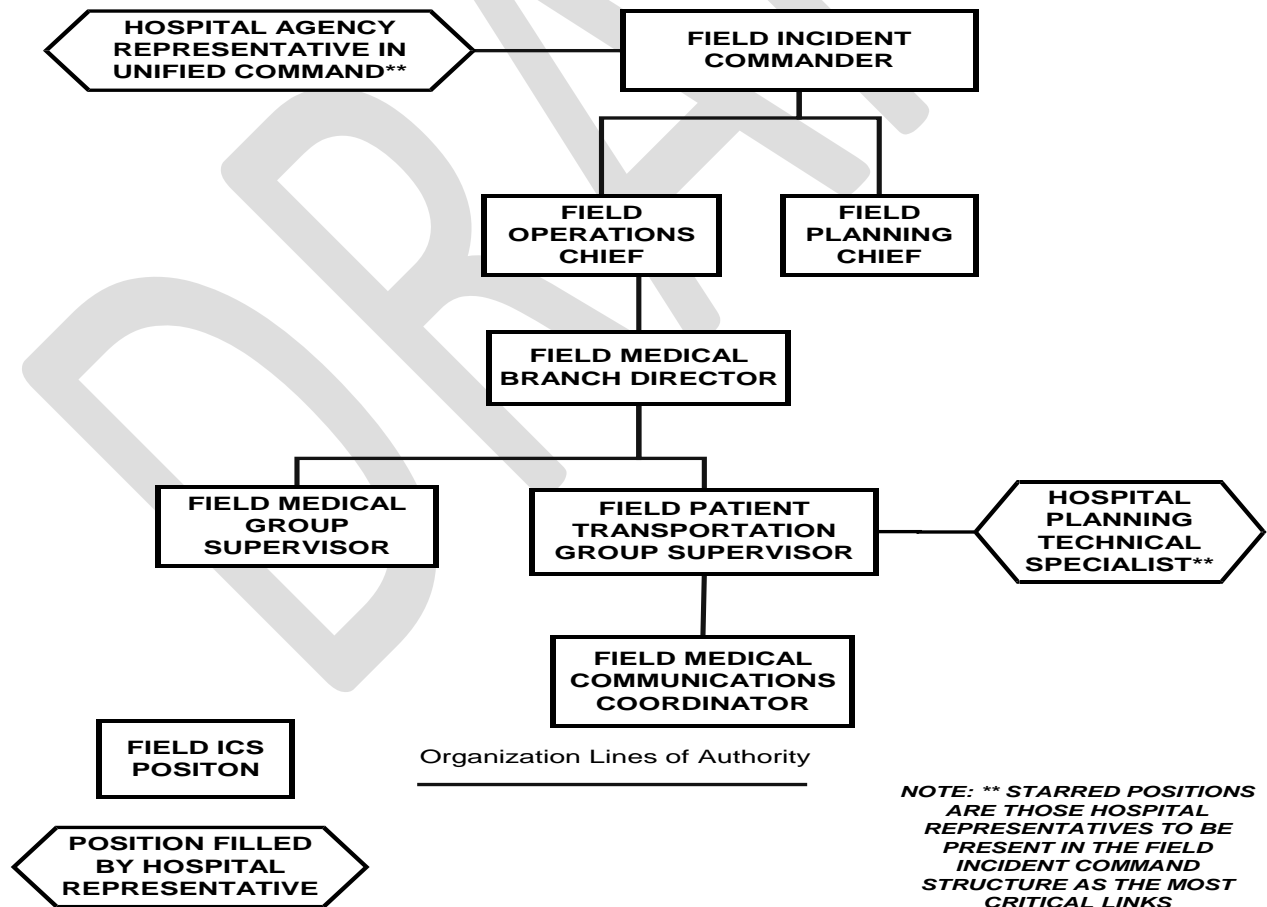
Appendix G - Operational Concepts

1.1 Incident Command System—Linkage to HICS System

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

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

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



Appendix H - Members, Contact Persons and External Holding Areas

Agency/Facility Address 24 Hour Contact MAEA POC	External Holding Areas
<p>Incline Village Community Hospital 880 Alder Street Incline Village, NV 89451</p> <p>24 Hour Contact: Emergency Department Nurse 24 Hour Number: 833-4100, ext. 212</p> <p>MAEA Contact Person: Judy Newland, Director 833-4100, ext. 220</p>	<p>Incline High School 832-4260 499 Village Blvd., Incline Village</p> <p>Incline Middle School 832-4220 931 Southwood Blvd., Incline Village</p> <p>Incline Elementary School 832-4205 771 Southwood Blvd., Incline Village</p> <p>IVGID Recreation Center 832-1300 980 Incline Way, Incline Village</p>
<p>Northern Nevada Medical Center 2375 E. Prater Way Sparks, NV 89434</p> <p>24 Hour Contact: Administrator on Duty or Patient Care Coordinator 331-7000</p> <p>MAEA Contact Person: Director of Emergency Services, 356-4917</p>	<p>Vista Medical Building 356-9393 2345 E. Prater Way</p> <p>Medical Office Building 356-9393 2385 E. Prater Way</p>
<p>Renown Regional Medical Center 1155 Mill Street Reno, NV 89502</p> <p>24 Hour Contact: Nursing Coordinator, 982-3310</p> <p>MAEA Contact Person: Michael Munda, Director of Accreditation & Regulatory Compliance and Emergency Planner, (775) 762-9931, Office 982-4232, Back up Emergency Cell Phone 221-1190</p>	<p>Center for Advanced Medicine 982-4100 75 Pringle Street Reno, NV 89502</p> <p>Renown Rehabilitation Hospital 982-3500 1495 Mill Street Reno, NV 89502</p>
<p>Renown Rehabilitation Hospital 1495 Mill Street Reno, NV 89503</p> <p>24 Hour Contact: Administrator on Call, 982-3500</p> <p>MAEA Contact Person: Director of Nursing, 982-3531</p>	

Agency/Facility Address 24 Hour Contact MAEA POC	External Holding Areas
Renown South Meadows Medical Center 10101 Double R Blvd. Reno, NV 89521 24 Hour Contact: Hospital Operator, 982-7000 Nursing Coordinator, 982-7020 MAEA Contact Person: Quality Improvement Coordinator, 982-7062	
Saint Mary's Regional Medical Center 235 West Sixth Street Reno, NV 89503 24 Hour Contact: Administrator on Duty or Nursing Supervisor 770-3000 MAEA Contact Person: Kent Choma, Director of Facilities, 770-3299, 342-8453	Saint Mary's Center for Health 645 N. Arlington Avenue Reno, NV 89503
Tahoe Pacific Hospital - Meadows (Renown South Meadows) 10101 Double R. Blvd Reno, Nevada 89521 24 Hour Contact: Charge Nurse, 326-6148 MAEA Contact Person: Director of Quality Management, 355-5970	
Tahoe Pacific Hospital - North (Northern Nevada Medical Center) 2375 E. Prater Way Sparks, NV 89434 24 Hour Contact: Charge Nurse, 770-7988 MAEA Contact Person: Director of Quality Management, 355-5970	Northern Nevada Medical Center 2375 E. Prater Way Sparks, NV 89434
Veterans Administration Sierra Nevada Health Care System 975 Kirman Avenue Reno, NV 89502 24 Hour Contact: Administrative Officer of the Day, 328-1414 MAEA Contact Person: Brian Passow, EM Specialist, 789-6634	Veteran's Memorial School 333-5090 1200 Locust St Reno, NV 89520 Wooster High School 333-5100 1331 East Plumb Lane Reno, NV 89502

Agency/Facility Address 24 Hour Contact MAEA POC	External Holding Areas
Barton Memorial Hospital 2170 South Avenue South Lake Tahoe, CA 96150 24 Hour Contact: Nursing Supervisor, 530-543-5736 MAEA Contact Person: EM Coordinator/Safety Manager, 543-5707	Lake Tahoe Community College – Gym 1 College Drive South Lake Tahoe, CA 96150 (530) 541-4660 South Lake Tahoe Airport - Heated Hangar 1901 Airport Rd. South Lake Tahoe, CA 96150 (530) 542-6180
Carson Tahoe Regional Medical Center 1600 Medical Parkway Carson City, NV 79702-2168 24 Hour Contact: Nursing Admin, 315-7125 MAEA Contact person: Henry Lucas 445-8023 or 291-1201	
Carson Valley Medical Center 1107 Hwy 395 Gardnerville, NV 89410 24 Hour Contact: ER Department, 782-1600 MAEA Contact Person: Christine O’Farrell: 775-721-6680 Director of Clinical Services/Risk	Jobs Peak Internal Medicine & Family Practice 1516 Virginia Ranch Road, Gardnerville 783-3081
Tahoe Forest Hospital System 10121 Pine Ave. Truckee, CA 96161 24 Hour Contact: AOD/House Supervisor 530-587-6011 ext. 0 MAEA Contact Person: Mike Ruggiero, Director of Facilities 530-582-3508 EOC FAX Number: 775-337-5894 EOC Hospital Representative: 775-337-5833	Truckee Community Arts Center 10046 Church Street Truckee, CA 96161 Truckee Veteran’s Hall 10214 High Street Truckee, CA 96160 Sierra Mountain Middle School 11603 Donner Pass Rd. Truckee, CA 96161

Agency/Facility Address MAEA POC	External Holding Areas
Arbors Memory Care 2121 E Prater Way Sparks, NV 89434 MAEA Contact Person: Administrator, 331-2229	
Northern Nevada Adult Mental Health Services 480 Galletti Way, Sparks, NV 89431 MAEA Contact Person: Administrator, 688-2001	
Rosewood Rehabilitation Center 2045 Silverada Blvd. Reno, NV 89512 MAEA Contact Person: Executive Director, 359-3161	High Desert Montessori School
EMResource/DPBH Dr. Malinda Southard, 684-4039 Rodney Wright, 684-3242	
Washoe County District Health Brittany Dayton, EMS Coordinator, 326-6043 Andrea Esp, PHERC, 328-2440	

Appendix I - Facility Communications Information

SAINT MARY'S

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

INCLINE VILLAGE

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

RENOWN REGIONAL

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

RENOWN REHAB

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

Admitting	775-833-4100, ext. 213	775-831-2790
Operations Center	775-833-4100	

Admitting	775-982-3510	
Operations Center	775-982-3505	775-348-4696

VA MEDICAL CENTER

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

RENOWN SOUTH MEADOWS

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

TAHOE PACIFIC - NORTH

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

TAHOE PACIFIC - MEADOWS

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

NORTHERN NEVADA

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

CARSON VALLEY

	PHONE	FAX
Switchboard/PBX	775-782-1500	N/A
Nursing Administration	775-783-4848	775-783-4849
Emergency Mgr./Security	775-782-1693	775-783-4849
Emergency Department	775-782-1600	775-782-1633
Admitting	775-782-1880	775-782-1504
Operations Center	775-782-1525	775-783-4849

CARSON TAHOE

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

TAHOE FOREST

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

BARTON MEMORIAL

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

ARBORS MEMORY CARE

	PHONE	FAX
Switchboard/PBX	331-2229	331-2207

ROSEWOOD REHAB

	PHONE	FAX
Switchboard/PBX	359-3161	331-2878

NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

	PHONE	FAX
Switchboard/PBX	688-2001	688-0434

REOC

	PHONE	FAX
Medical Unit Leader	337-5831	337-5891

Appendix J - Evacuation Mileage Chart

Facilities	Incline Village	NNMC & Tahoe Pacific North	RRMC	Renown Rehab	Renown So. Meadows & Tahoe Pacific Meadows	St Mary's Regional	VA Medical Center	Arbors	NNAMHS	Rosewood
Incline Village	0	41	34.4	34.2	27.8	37	34.4	40.8	34.7	35.9
NNMC & Tahoe Pacific North	41	0	8.4	8.1	14.4	8.2	8.8	.2	6.5	7.2
RRMC	34.4	8.4	0	.3	7.5	1.8	1	8	1.5	3.5
Renown Rehab	34.2	8.1	.3	0	7.2	2.1	.8	8.1	1.2	3.2
Renown So. Meadows & Tahoe Pacific Meadows	27.8	14.4	7.5	7.2	0	12.1	9.5	15.9	9.7	11
Saint Mary's Regional	37	8.2	1.8	2.1	12.1	0	2.4	7.9	2.7	3.1

Other Regional Facilities

Barton Memorial	Carson Tahoe	Carson Valley	Tahoe Forest
29.8	30.8	37.7	19.6
68.7	34.5	57	39.9
61.8	27.6	50.1	34
61.5	27.3	49.8	34.3
54.8	20.6	43.1	43.8
64	29.8	52.3	32.5

Facilities	Incline Village	NNMC & Tahoe Pacific North	RRMC	Renown Rehab	Renown So. Meadows & Tahoe Pacific Meadows	St Mary's Regional	VA Medical Center	Arbors	NNAMHS	Rosewood
VA Medical Center	34.4	8.8	1	.8	9.5	2.4	0	8.5	2.5	4
Arbors	40.8	.2	8	8.1	15.9	7.9	8.5	0	5.9	6.9
NNAHMS	34.7	6.5	1.5	1.2	9.7	2.7	2.5	5.9	0	2.5
Rosewood	35.9	7.2	3.5	3.2	11	3.1	4	6.9	2.5	0

Barton Memorial	Carson Tahoe	Carson Valley	Tahoe Forest
61.6	27.4	49.9	34.5
68.4	34.2	56.7	39.6
62.3	28	50.6	35.5
63.6	29.4	51.9	34.9

Appendix K – DMS Evac1-2-3 System

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

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

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

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

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

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

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

1 Room Evacuation Receipt Holder

Originating Facility: _____ Nurse ID: _____ Page _____ of _____
 Incident Name: _____ Date: ____/____/____ Time: ____:____:____

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

©2013 Triage Management Systems, Inc. Order Refills at TriageTags.com DMG-00859 - rev 5-23-15 TriageTags.com

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

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

Originating Facility: _____ Date: ____/____/____ Page _____ of _____
 Incident Name: _____ Patient Tracking Manager: _____ Time: ____:____:____

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

©2013 Triage Management Systems, Inc. Order Refills at TriageTags.com DMG-00859 TriageTags.com

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

3 Evacuation Destination Receipt Holder

Incident Name: _____ Page _____ of _____
 Recorder Name: _____ Date: ____/____/____ Time: ____:____:____

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

©2013 Triage Management Systems, Inc. Order Refills at TriageTags.com DMG-00859 - rev 5-23-15 TriageTags.com

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

Appendix L – Forms

EVACUATION PLANNING WORKSHEET

Date: _____ Time: _____ Hospital Transportation Unit Leader: _____

Category of Evacuation

_____ Immediate _____ Urgent

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

Prepared by: _____

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

FIELD EVACUATION TRANSPORTATION WORKSHEET

Date: _____ Time: _____

Patient Transportation Group Supervisor: _____

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

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

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

Appendix M – Definitions

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

External Holding Area

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

Federal Emergency Medical Treatment and Labor Act (EMTALA)

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

Command Post

The designated location where primary command functions are executed.

Incident Commander (IC)

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

HICS

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

Health Insurance Portability and Accountability Act (HIPPA)

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

Hospital Command Center

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

Hospital IC

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

Incident Command System (ICS)

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

Inter-Hospital Coordinating Council (IHCC)

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

Internal Staging Areas

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

Joint Information Center (JIC)

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

Multi-Casualty Incident Plan (MCIP)

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

North Lake Tahoe Fire Protection District (NLTFPD)

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

Patient Overflow Area

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

Political Subdivision

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

Public Safety Answering Point (PSAP)

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

Regional Emergency Medical Services Authority (REMSA)

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

Skilled Nursing Facility (SNF)

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

Unified Command

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

DRAFT

DD	CA	-
DHO		KD -
DA		
Risk		

Staff Report

Board Meeting Date: May 25, 2017

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an unappealed citation issued to Remick Associates DB Inc., Case No. 1193, Citation No. 5587 with a \$3,690.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division (AQMD) Staff recommends Citation No. 5587 be **upheld** and a fine of **\$3690.00** be levied against Remick Associates DB Inc. for construction of a new source without first submitting an application to the Control Officer and obtaining an Authorization to Construct. Failure to obtain an Authorization to Construct prior to establishing a new source is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 Source Permitting and Operation, Subsection A.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

In March 2017, a 300 kW Tier I Caterpillar Diesel Generator was discovered during a Tahoe Regional Planning Agency (TRPA) inspection at the residential construction site at 593-601 Lakeshore Boulevard in Incline Village, Nevada. During the inspection, it was determined that the generator did not have a Permit to Operate (PTO) with AQMD. The generator had been operating twenty four hours a day, seven days per week since August 15, 2016 to provide the electrical demands for the construction site. When advised the generator would require a PTO, David Shaw, Superintendent with Remick Associates DB Inc., immediately submitted an Application for Authority to Construct to AQMD.

On April 11, 2017 Air Quality Specialist (AQS) Joshua Restori was assigned the initial compliance inspection for Remick Associates DB Inc. located at 593-601 Lakeshore Boulevard in Incline Village, Nevada. During the pre-inspection review, AQS Restori determined Remick Associates DB Inc. had violated the District Board of Health Regulations Governing Air Quality Management Section 030.000, specific to the construction of any new source without first submitting an application to the Control Officer and obtaining an Authorization to Construct. Additionally, Branch Chief Michael Wolf directed Remick Associates DB Inc. to cease using the Tier I generator and transition to a newer, cleaner Tier IV generator or pole power from NV Energy.

AIR QUALITY MANAGEMENT

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



On April 12, 2016 AQS Restori and Branch Chief Wolf met with Mr. Shaw at the AQMD offices to discuss the issue of continuing to operate the Tier I generator at 593-601 Lakeshore Boulevard. During the discussion, Mr. Shaw was advised it would be necessary to cease operation of the Tier I generator as soon as possible and the construction site would be required to utilize a Tier IV generator or pole power from NV Energy. Mr. Shaw explained he had been working with NV Energy to obtain pole power since the beginning of the project; however, NV Energy denied the request for a temporary high amp circuit. AQS Restori and Branch Chief Wolf further advised that, as the Tier I generator had been operating since August 2016 without a Permit to Operate, a Notice of Violation would be issued to Remick Associates DB Inc. A site inspection was scheduled for April 19, 2017 to observe the Tier I generator and to discuss the enforcement action.

On April 19, 2017, AQS Restori met with Mr. Shaw at 593-601 Lakeshore Boulevard in Incline Village, Nevada to complete the initial compliance inspection for the Tier 1 generator. AQS Restori issued Notice of Violation (NOV) #5587 to Remick Associates DB Inc. for violating the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 for installing/constructing a new source prior to submitting an application to the Control Officer and obtaining an Authorization to Construct. Mr. Shaw accepted and signed NOV #5587. Mr. Shaw was provided the application to appeal the NOV to the Air Pollution Control Board and provided Branch Chief Wolf's contact information to schedule a Negotiated Settlement. During the inspection, AQS Restori confirmed Remick Associates DB Inc. had rented a Tier IV generator to replace the Tier I generator and was in the process of permitting the Tier IV generator.

On April 26, 2017, a Negotiated Settlement was held at the AQMD Offices at 1001 East Ninth Street B171 in Reno, Nevada. AQS Restori and Branch Chief Wolf conducted the settlement meeting with Mr. Shaw. The meeting resulted in Mr. Shaw agreeing to settle NOV #5587 with a fine in the amount of \$3690.00. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

RECOMMENDATION

Staff recommends the District Board of Health **uphold** Notice of Violation Citation No. 5587, Case No. 1193, and levy a fine in the amount of **\$3690.00** as a negotiated settlement for a **major violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5587.

Or

2. The Board may determine to uphold Citation No. 5587 and levy any fine in the range of \$0 to \$10,000 per day.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to grant the uphold Citation No. 5587, Case No. 1193, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5587, Case No. 1193, and levy a fine in the amount of (*range of \$0 to \$10,000*) per day for each violation, with the matter being continued to the next meeting to allow for Remick Associates DB Inc. to be properly noticed."



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



NOTICE OF VIOLATION

NOV 5587

DATE ISSUED: 4/19/17

ISSUED TO: Remick Associates DB Inc. PHONE #: (415) 896-9500

MAILING ADDRESS: 1230 Howard St. 2nd Floor CITY/ST: San Francisco ZIP: 94103

NAME/OPERATOR: David Shaw PHONE #: (510) 520-9571

COMPLAINT NO. WV10-AQM17-0004

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 4/19/17 (DATE) AT 2:10 p.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

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

MAJOR VIOLATION OF SECTION:

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

VIOLATION DESCRIPTION: Install rig / Constructing a new source (diesel generator > 150 kW) prior to submitting an application to the Control Officer and obtaining an Authority to Construct.

LOCATION OF VIOLATION: 513-601 Lakeshore Blvd. Incline Village NV 89451

POINT OF OBSERVATION: N/A

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

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature _____

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

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: David Shaw Date: 4-19-17

Issued by: Joshua C. Restori AQSI Title: AQSI

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: 4/26/17

Company Name: Remick Associates DB Inc.

Address: 1230 Howard Street 2nd Floor San Francisco, CA 94103

Notice of Violation # 5587 Case # 1193

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.000.A. Construct any new source without first submitting an application to the Control Officer and obtaining an Authorization to Construct.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 3690.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 25, 2017

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

[Signature]

Signature of Company Representative

[Signature]

Signature of District Representative

DAVID SHAW

Print Name

Michael Wolf

Print Name

Superintendent

Title

Enforcement Branch Chief

Title

Witness

[Signature]

Witness



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

Company Name Remick Associates DB Inc.
Contact Name David Shaw

Case 1193 NOV 5587 Complaint WVIO-AQM17-0004

I. Violation of Section 030.000 Operating Without a Permit to Operate

I. Recommended/Negotiated Fine = \$ 3690

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

III. Violation of Section 0

III. Recommended/Negotiated Fine = \$ 0

IV. Violation of Section 0

IV. Recommended/Negotiated Fine = \$ 0

V. Violation of Section 0

V. Recommended/Negotiated Fine = \$ 0

Total Recommended/Negotiated Fine = \$ 3690



Air Quality Specialist

4/27/17

Date



Senior AQ Specialist/Supervisor

4/27/17

Date

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

Company Name Remick Associates DB Inc.
Contact Name David Shaw

Case 1193 NOV 5587 Complaint WVIO-AQM17-0004

Violation of Section 030.000 Operating Without a Permit to Operate

I. Base Penalty as specified in the Penalty Table = \$ 5000

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 **Adjustment Factor** 1

Comment: 030.000 is a Major Violation

2. Toxicity of Release

Criteria Pollutant – 1x
Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: Criteria Pollutants were the main pollutants from the generator

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

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

Comment: Sensitive environments and groups were not close to the equipment

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

B. Adjusted Base Penalty

Base Penalty \$ 5000 x Adjustment Factor 1 = \$ 5000

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 5000 x Number of Days or Units 1 = \$ 5000

Comment: _____

D. Economic Benefit

Avoided Costs \$ 3200 + Delayed Costs \$ 0 = \$ 3200

Comment: Emissions cost difference between Tier 1 engine and Tier IV engine for 244 days

Penalty Subtotal

Adjusted Base Penalty \$ 5000 + Economic Benefit \$ 3200 = \$ 8200

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 25%

B. Mitigating Factors (0 – 25%) - 20%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment Negotiated Settlement

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment No Prior Violations

Similar Violation in Past 12 months (25 - 50%) + _____

Comment: _____

Similar Violation within past 3 year (10 - 25%) + _____

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -55%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>8200</u>	x	<u>-55%</u>	=	<u>-4510</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>8200</u>	+/-	\$ <u>-4510</u>	=	\$ <u>3690</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

4/27/17
Date


Senior AQ Specialist/Supervisor

4/27/17
Date

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

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health

FROM: Nick Florey, Senior Environmental Health Specialist
775-328-2648, nflorey@washoecounty.us

SUBJECT: Discussion and possible approval of a pilot program to evaluate a potential new temporary food establishment permitting concept for a particular type of Special Event defined as a Tasting Event.

SUMMARY

The Environmental Health Services Division (EHS) is requesting the District Board of Health (Board) approve a pilot program to evaluate a potential new temporary food establishment permitting concept for a particular type of Special Event defined as a Tasting Event. Only events meeting predetermined criteria of parameters would be included. The intent for this action is to ensure that Tasting Events are adequately permitted for the protection of public health while also maximizing limited staff resources.

District Health Strategic Objective supported by this item:

Strategic Priority #2: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

There has been no previous action.

BACKGROUND

A Tasting Event is a special event that is commonly associated with a fundraiser, a food competition, or a food-related festival. Some common high profile examples would be the family sauce cooker portion of the Eldorado Great Italian Festival, the Big Chef Big Gala, and Fantasies in Chocolate although these events can vary widely in scale. Regardless of size what is common for all types is an event organizer gathers several food vendors from within the community to provide a “tasting” of their food/beverage service. Since these food vendors are providing food service to the public outside of a permitted establishment, temporary food permitting is required. However, the food vendors at Tasting Events differ from a typical temporary food establishment

vendor in that little or no food preparation is conducted at the location of the event, only small quantities of food are being distributed, and no money is exchanged with the vendors. Due to the nature of these events, many of the food safety risk factors associated with an ordinary temporary food establishment have been greatly reduced or eliminated.

Tasting Events are a strain on staff resources as a significant amount of time is spent during the planning and preparation prior to the event, performing and generating inspection reports for each vendor during the event, and processing a large amount of paperwork after the event. As a result, staff is proposing the pilot program to permit these types of events by clustering multiple vendors under a single permit. The number of vendors allowed to operate under a single permit would be determined by operation size and risk level. Under this permitting concept, the event organizer would be the permit holder rather than the individual food vendors. The event organizer is also relied upon to be a conduit for information to the vendors as well as a central point of contact for planning and execution of the event.

EHS does not currently have a permit designed specifically for this type of event. Under the proposed pilot program, the existing permitting structure would be applied and the cluster permits would be determined taking cost recovery into account. Staff time at all stages from planning to closure will be documented to determine staff resources spent for each Tasting event. Further details regarding the permitting criteria can be found in the attached guidance document established by staff. The objective of the pilot program will be to determine whether this alternative permitting procedure is effective and whether regulatory changes are needed to continue beyond the pilot period.

FISCAL IMPACT

Revenue will be reduced to the extent that clustering vendors under one permit reduces the amount of permits issues. However, due to the nature of these events the reduced number of permits are expected to recover the Health District's cost for these tasting events. It is estimated that 15 or fewer of these types of events occur each year.

RECOMMENDATION

Staff recommends: The Board approve the pilot program to be conducted for permitting of Tasting Events scheduled to occur during the next three quarters.

POSSIBLE MOTION

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

“Move to approve the pilot program to allow EHS staff to permit Tasting Events as detailed in this staff report and under the attached criteria established by staff over the next three quarters.

Tasting Event Permitting Guidance

Background

A Tasting Event is a special event that is commonly associated with a fundraiser, a food competition, or a food-related festival. An event organizer typically gathers a number of food vendors from within the community to provide a “tasting” of their food/beverage service that comes as part of the ticket fee for the event (no money is exchanged with individual vendors). Since these food vendors are providing food service to the public outside of a permitted establishment, temporary food permitting is required for this type of event. However, these food vendors differ from a typical temporary food establishment in that little or no food preparation is conducted at the location of the event and only very small quantities of food are being distributed. The bulk of food preparation takes place in advance at an existing permitting establishment and onsite preparation is limited to very small amounts of food product (i.e. a pot of chili for a cook-off, a pot of sauce at a cultural festival, an appetizer at a fundraiser, etc.). Due to the nature of these events, the primary food safety risk factors have been typically reduced to only proper hot/cold holding and proper hand hygiene. Occasionally, the duration of these events is minimal, further reducing potential food safety risk factors associated with time/temperature controls. This guidance clarifies how permitting specifically for Tasting Events is determined.

Scope

This guidance applies to EHS staff associated with the Special Events Program

Administration

The WCHD is obliged to protect public health at special events through oversight provided with temporary food permitting. An assessment of the reduced risk presented by limited food handling at Tasting Events provides opportunity to protect public health while also maximizing limited staff resources through the permitting process. Both objectives can be accomplished by clustering a number of vendors under a single permit obtained by the event organizer. Each vendor is still ultimately evaluated through the standard inspection process which protects public health, but only one inspection report is generated for each cluster reducing the post-event workload associated with paperwork.

Event Organizer

- In order to be considered for permitting under this structure, the following minimum requirements must be met at least 7 days advance (if not sooner) by the event organizer:

- A complete vendor and menu list
 - This is evaluated to ensure approved menu items as well as proper locations of advanced preparation. Event organizers are recommended to use existing WCHD permit applications to collect this information from individual vendors.
- An event layout showing specific locations of vendors
 - This is evaluated to determine the number of clusters that can be covered under a single permit.
 - This is also used to determine a minimum number of appropriate hand-wash locations
 - A hand-wash station must be located within 25' of all vendors
- Submit completed permit applications with information specific to each cluster
- Submit payment for all permits

The event organizer is the applicant and therefore responsible for the following:

- Compliance with hand-wash station requirements determined above
- Communicating WCHD requirements to individual vendors
- Providing a responsible person during the event to be present during inspections
- Ensuring that any inspection compliance issues are resolved timely

WCHD Personnel

The Special Events program Senior is ultimately responsible for evaluating the information provided by the event organizer and determining the appropriate permitting structure for these events. It is recommended that an in-person meeting be held with the event organizer prior to the time of application to ensure that all requirements are being met and that appropriate risk factors are considered. Additional time must be spent working with the event organizer during the planning stages of these events, but significantly more time is saved by using the event organizer as a conduit to vendors.

Permit Determination Criteria

A single vendor is typically limited to operations in a 10'x10' area, service from a single banquet table, or similar restricted/reduced service area. Under these circumstances, the following guidelines should be followed to determine how many vendors can be clustered under a single permit:

- Lower Risk Menu Items (Bare-hand contact is the only hazard of concern)
 - No more than 10 vendors clustered
- Higher Risk Menu Items (All other food product requiring temperature regulation)
 - No more than 5 vendors clustered

- A Combination of Lower and Higher Risk Items (not to exceed 8 vendors)
 - May include no more than 3 Higher Risk vendors

NOTE: If possible, vendors should be clustered geographically to increase inspection efficiency. The limits noted above may be decreased if geographic constraints cannot be met.

Inspection/Enforcement

A single inspection shall be conducted for each permit that was determined using the above guidance. The event organizer is responsible for the correction of any out of compliance items. As is the case with any other temporary food event, corrections must be made in a timely manner. This is not typical, but if corrections are not made the permit must be suspended and all vendors operating under the cluster permit must cease operations until correction has been made.



REMSA

Franchise Compliance Report

APRIL 2017



REMSA Accounts Receivable Summary
Fiscal 2017

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	4106	\$4,485,503.00	\$1,092.43	\$1,092.43	\$393.27
August	4156	\$4,594,636.20	\$1,105.54	\$1,099.02	\$395.65
September	4000	\$4,428,168.80	\$1,107.04	\$1,101.64	\$396.59
October	4023	\$4,462,967.40	\$1,109.36	\$1,103.55	\$397.28
November	3718	\$4,125,873.00	\$1,109.70	\$1,104.69	\$397.69
December	4281	\$4,750,796.80	\$1,109.74	\$1,105.58	\$398.01
January	4413	\$4,922,748.00	\$1,115.51	\$1,107.11	\$398.56
February	3913	\$4,343,062.20	\$1,109.91	\$1,107.44	\$398.68
March	3978	\$4,416,228.00	\$1,110.16	\$1,107.74	\$398.79
April					
May					
Totals	36588	\$40,529,983	\$1,107.74		

Allowed ground average bill: \$1,129.44
 Monthly average collection rate: 36%



Fiscal 2017

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2016	5 mins. 55 secs.	94%	94%
Aug.	6 mins. 04 secs.	94%	92%
Sept.	5 mins. 07 secs	95%	93%
Oct.	5 mins. 23 secs	93%	92%
Nov.	5 mins 47 secs	93%	94%
Dec.	5 mins 54 secs	92%	91%
Jan. 2017	6 mins 20 secs	92%	90%
Feb.	6 mins 07 secs	91%	92%
Mar.	5 mins 43 secs	92%	96%
Apr.	5 mins 26 secs	93%	93%
May			
June 2017			

Year to Date: July 2016 through April 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
93%	93%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2016	P-1	5:15	5:47	8:35
	P-2	5:11	6:24	8:25
Aug. 2016	P-1	5:18	5:52	8:56
	P-2	5:31	6:14	8:38
Sept. 2016	P-1	4:50	5:43	8:23
	P-2	5:23	6:13	7:29
Oct. 2016	P-1	5:03	5:44	7:55
	P-2	5:22	6:24	8:29
Nov. 2016	P-1	4:57	5:46	8:32
	P-2	5:19	6:20	8:29
Dec. 2016	P-1	5:06	5:50	8:29
	P-2	5:18	6:05	8:27
Jan. 2017	P-1	5:22	6:04	10:22
	P-2	5:50	6:23	9:29
Feb. 2017	P-1	5:16	6:16	9:02
	P-2	5:46	6:39	8:57
Mar. 2017	P-1	5:05	5:37	8:33
	P-2	5:10	6:12	8:50
Apr. 2017	P-1	4:58	6:05	7:49
	P-2	5:06	6:19	8:27
May 2017	P-1			
	P-2			
June 2017	P-1			
	P-2			

Year to Date: July 2016 through April 2017

Priority	Reno	Sparks	Washoe County
P-1	5:03	5:50	8:26
P-2	5:24	6:19	8:27



REMSA OCU Incident Detail Report

Period: 4/01/2017 thru 4/30/2017

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	4/1/2017 10:36	4/1/2017 10:37	1C22	-00:00:08	0:00:30
Zone A	4/1/2017 19:32	4/1/2017 19:36	1C26	0:10:13	0:04:39
Zone E	4/9/2017 18:57	4/9/2017 19:16	1C10	0:18:55	0:18:55
Zone E	4/11/2017 16:00	4/11/2017 16:27	1C15	0:26:56	0:26:56
Zone A	4/13/2017 12:10	4/13/2017 12:13	1C22	-00:00:45	0:03:23
Zone A	4/14/2017 18:10	4/14/2017 18:15	1C39	0:05:44	0:05:27
Zone A	4/14/2017 19:45	4/14/2017 19:52	1C39	0:07:40	0:07:02
Zone A	4/14/2017 22:14	4/14/2017 22:20	1C14	0:06:26	0:06:26
Zone A	4/17/2017 21:52	4/17/2017 21:58	1C02	0:05:48	0:05:48
Zone A	4/18/2017 6:48	4/18/2017 6:56	3S72	0:08:40	0:07:47
Zone A	4/18/2017 6:48	4/18/2017 6:56	2I28	0:11:18	0:07:47
Zone A	4/20/2017 15:35	4/20/2017 15:36	1C04	-00:00:33	0:00:44
Zone E	4/23/2017 9:30	4/23/2017 10:00	1C13	-00:14:48	0:30:21
Zone A	4/27/2017 3:50	4/27/2017 3:58	1C11	0:07:47	0:07:47
Zone A	4/27/2017 19:48	4/27/2017 19:50	1C25	-00:03:01	0:01:56

Upgrade Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
Zone A	4/23/2017 15:13	4/23/2017 15:31	1C31	0:25:11	0:18:08

Exemption Requested			
Incident Date	Zone	Exemption Reason	Approval
NONE			



GROUND AMBULANCE OPERATIONS REPORT

April 2017

1. OVERALL STATISTICS:

Total Number of System Responses	5612
Total Number of Responses in Which No Transport Resulted	2238
Total Number System Transports (Including transports to Out of County Destinations)	3374

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	1.7%
Medical	50.8%
OB	.5%
Psychiatric/Behavioral	7.8%
Transfers	9.5%
Trauma – MVA	6.7%
Trauma – Non MVA	19.4%
Unknown	3.6%

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 (excluding cardio pulmonary 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.

Total number of ALS calls: 3000
Total number of above calls receiving QA reviews: 321
Percentage of charts reviewed from the above transports: 10.7%



REMSA

EDUCATION AND TRAINING REPORT

APRIL 2017

REMSA Education
 Monthly Course and Student Report
 Month: April 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	38	3	31	1	7
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	1	1	1	1	0	0
ACLS P	1	2	1	2	0	0
ACLS R	15	85	6	58	9	27
ACLS S	5	25	0	0	5	25
AEMT	1	26	1	26		
-	-	-	-	-		
B-CON	0	0	0	0	0	0
BLS	88	534	16	123	72	462
BLS I	1	26	1	26	0	0
BLS R	39	224	19	133	20	91
BLS S	18	51	0	0	18	51
CE	0	0	0	0	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	1	31	1	31		
EMT R	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	23	1	17	1	6
HS CPR	36	217	2	16	34	201
HS CPR FA	69	537	6	56	63	481
HS CPR FA S	6	15	0	0	6	15
HS CPR PFA	7	39	1	8	6	31
HS PFA S	0	0	0	0	0	0
HS CPR S	1	1	1	1	0	0
HS FA	26	95	1	1	25	94
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	1	5	1	5	0	0
ITLS S	0	0	0	0	0	0
PALS	4	25	3	20	1	5
PALS I	1	5	1	5	0	0
PALS R	11	51	5	30	0	0
PALS S	2	9	0	0	2	9
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PM R	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0
Classes w/ CPR		CPR Students				
196		1107				



COMMUNITY OUTREACH

April 2017

Point of Impact

4/4/17	Safe Kids Washoe County Board of Directors Meeting	
4/11/17	Safe Kids Washoe County Coalition Meeting	
4/24/17	Safe Kids Vehicle/Road Safety Committee Meeting	
4/29/17	Child Car Seat Checkpoint hosted by Menath Insurance agent Ramie Pratt, Airmotive Way, Reno; 17 cars and 28 seats inspected.	13 volunteers; 3 staff
4/29/17	Annual Volunteer Meeting and Appreciation Luncheon recognizing volunteers who have given more than 450 hours of time in 2016-17.	
4/2017	Eight office installation appointments; eight cars and ten seats inspected.	

Cribs for Kids-Community

4/5/17	Attended Safe Kids Washoe County Subcommittee on Safe Sleep: Chair Person	
4/7/17	Attended Child Death Review; Went to Casa De Vida to do a Q&A session on Safe sleep	4 participants
4/11/17	Attended Safe Kids Washoe County Monthly Meeting	
4/18- 20/17	Traveled to Las Vegas to meet with Cribs for Kids Partner: Help of Southern Nevada and meet with a new established partner from Clark County Division of Family Services	
4/21/17	Northern Nevada Hopes Baby Bash	10 Participants
4/25-28/17	C4K coordinator and Education Manager attended the 5 th Cribs for Kids Infant Safe Sleep Conference in Pittsburgh, Pennsylvania.	



Regional Emergency Medical Services Authority

REMSA

CUSTOMER SERVICE

APRIL 2017

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, 2017 to April 30, 2017

Your Score

96.94

Number of Your Patients in this Report

154

Number of Patients in this Report

4,979

Number of Transport Services in All EMS DB

139



Executive Summary

This report contains data from **4 REMSA** patients who returned a questionnaire between **04/01/2017** and **04/30/2017**.

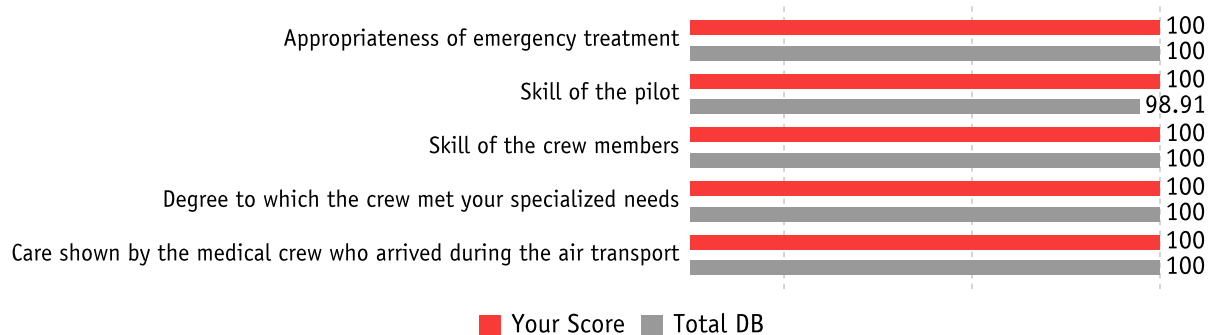
The overall mean score for the standard questions was **96.94**; this is a difference of **-1.45** points from the overall EMS database score of **98.39**.

The current score of **96.94** is a change of **0.42** points from last period's score of **96.52**. This was the **3rd** highest overall score for all companies in the database.

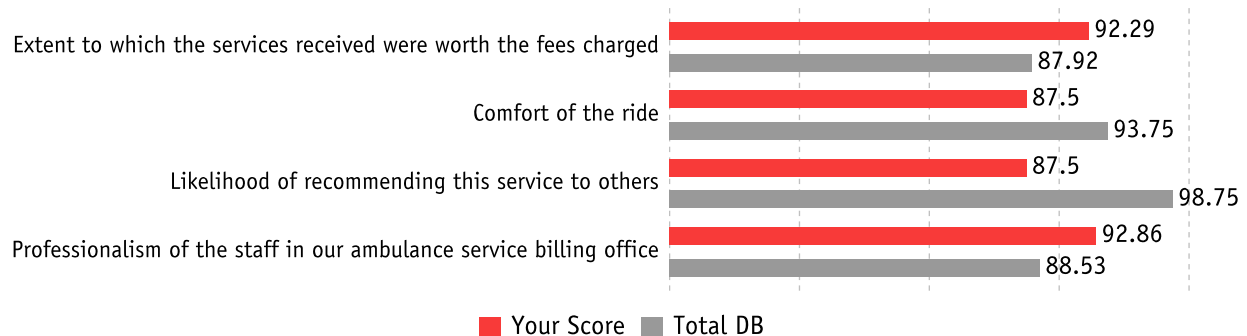
You are ranked **1st** for comparably sized companies in the system.

93.88% of responses to standard questions had a rating of Very Good, the highest rating. **100.00%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

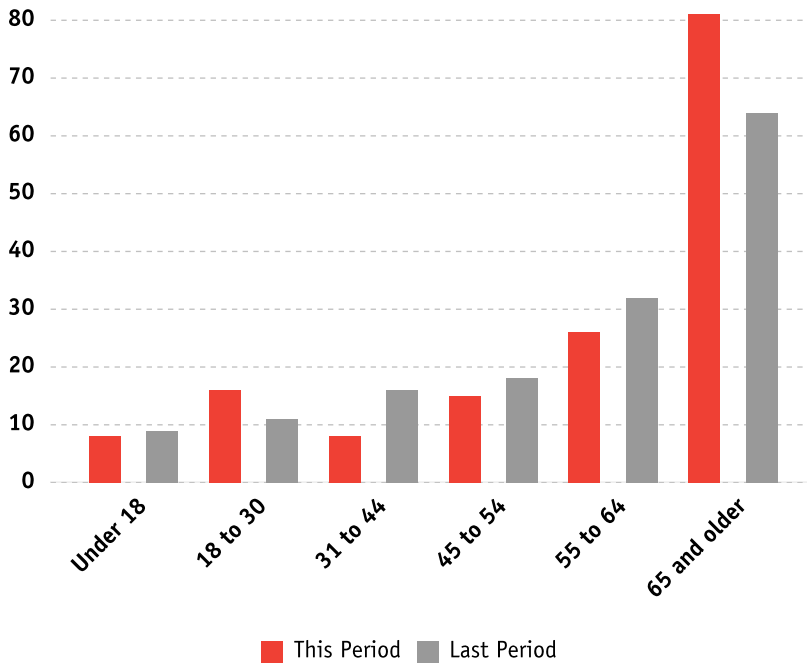




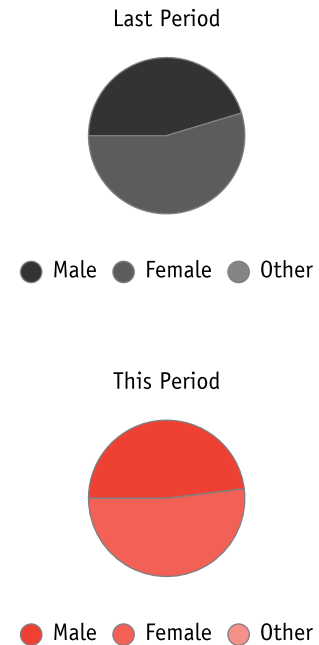
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	9	2	7	0	8	3	5	0
18 to 30	11	7	4	0	16	5	11	0
31 to 44	16	11	5	0	8	4	4	0
45 to 54	18	9	9	0	15	11	4	0
55 to 64	32	17	15	0	26	13	13	0
65 and older	64	22	42	0	81	38	43	0
Total	150	68	82	0	154	74	80	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 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Extent to which the aircraft arrived in a timely manner													100.00
Helpfulness of the person you called for ambulance service	93.15	95.63	95.00	94.19	98.68	91.47	95.41	92.36	93.48	97.50	96.25	94.32	95.45
Cleanliness of the aircraft													100.00
Extent to which you were told what to do until the ambulance	89.00	97.83	94.74	96.43	97.37	88.57	93.37	86.76	91.88	97.92	95.14	89.53	94.26
Skill of the pilot													100.00
How comfortable were you made during the transport													100.00
Extent to which the ambulance arrived in a timely manner	94.59	93.97	95.21	94.14	94.87	94.44	93.75	92.14	95.79	95.01	96.28	94.12	95.39
Skill of the ambulance driver													100.00
Cleanliness of the ambulance	93.06	94.18	95.72	94.21	97.00	92.86	95.83	93.80	97.79	96.18	97.37	96.12	98.13
Comfort of the ride													87.50
Arrived at the hospital in a timely manner													100.00
Extent to which our staff eased you into the medical facility													100.00
Skill of the person driving the ambulance		95.00			93.85	94.12	93.90	93.93	96.34	95.88	97.14	97.24	96.23
Care shown by the medical crew who arrived during the air													100.00
Care shown by the medics who arrived with the ambulance	95.74	95.95	93.76	94.75	94.10	93.46	95.63	94.73	96.23	96.23	96.83	97.55	98.08
Degree to which the crew met your specialized needs													100.00
Degree to which the medics took your problem seriously	97.02	96.21	94.32	95.16	95.70	92.74	94.68	93.45	94.37	95.62	97.16	97.45	98.19
Degree to which the crew listened to you and/or your family													100.00
Degree to which the medics listened to you and/or your family	95.83	92.86	94.52	94.02	94.37	93.41	94.28	93.76	94.51	95.64	96.43	97.48	97.78
Skill of the crew members													100.00
Extent to which the crew kept you informed about your													100.00
Extent to which the medics kept you informed about your	93.47	93.70	93.60	92.94	94.00	92.81	93.96	94.53	94.76	92.67	95.83	96.92	95.45
Extent to which medics included you in the treatment decisions	93.37	91.85	92.68	93.42	96.31	91.45	93.76	92.52	94.44	88.94	94.29	96.52	95.36
Extent to which the crew included you in the treatment													100.00
Degree to which the crew relieved your pain or discomfort													100.00
Degree to which the medics relieved your pain or discomfort	92.78	91.90	89.79	91.20	94.49	88.30	92.22	89.57	93.16	89.18	92.86	92.60	94.74
Crew's concern for your privacy													100.00
Medics' concern for your privacy	94.07	91.98	94.47	94.77	95.35	93.75	95.52	93.70	94.53	94.41	97.23	97.39	97.44



	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017
Extent to which crew members cared for you as a person													100.00
Extent to which medics cared for you as a person	95.31	95.00	94.43	94.17	95.54	94.64	96.22	92.94	95.65	94.92	98.11	97.83	98.18
Professionalism of the staff in our ambulance service billing	87.50	82.14	77.60	83.33	100.00	95.00	88.89	75.00	90.10	89.76	100.00	100.00	92.86
Were you made to feel safe during the transport													100.00
Was the crew able to ease any anxieties caused by the situation													100.00
Willingness of the staff in our billing office to address your	85.00	85.00	78.25	91.67	93.75	95.00	84.38	75.00	90.10	88.35	100.00	100.00	96.43
How well did our staff work together to care for you	95.70	94.09	93.93	95.38	96.11	93.80	95.37	94.06	96.08	96.28	96.51	98.20	98.56
Appropriateness of emergency treatment													100.00
Extent to which the services received were worth the fees	86.90	92.64	82.03	90.27	94.53	66.80	89.95	86.08	86.39	82.19	87.20	94.91	91.72
Overall rating of the care provided by our Emergency Medical	96.05	96.72	93.67	95.57	94.50	92.70	95.93	95.18	95.27	96.58	96.66	97.45	98.20
Overall rating of the care provided by our emergency service													100.00
Likelihood of recommending this ambulance service to others	94.67	95.74	95.55	95.79	96.48	95.19	95.84	93.28	96.24	96.97	97.38	97.40	97.60
Likelihood of recommending this service to others													87.50
Your Master Score	94.37	94.20	93.69	94.26	95.32	92.78	94.54	93.02	94.96	94.58	96.16	96.52	96.94
Your Total Responses	155	157	156	143	146	126	138	150	165	150	150	150	154

GROUND AMBULANCE CUSTOMER COMMENTS

April 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
1	02/13/2017	"It doesn't come up in conversation to recommend"				
2	02/13/2017		"The cost of service should be lowered."			
3	02/13/2017	"I was half in, half out of it. I was having seizures"		"They were awesome and they have great humor"		
4	02/28/2017	"Would like to thank first responders and crew this includes the flight crew"				
5	03/08/2017	"one of the greatest response team i've had"				
6	03/09/2017	"very pleasant and professional"		"I was very very confused because I had a mild stroke"		
7	03/09/2017	"bumpy road"				
8	03/09/2017	"They got here as quickly as they could get here. They had a lot of calls in our area"		"They did a great job but I had a seizure so I don't remember very much"		
9	03/12/2017	"I'm personally involved with REMSA so I'll give them all good marks."	"Cocktail bar and replace gurney with a massage table"	"Took my problem more seriously than I did"		
10	03/13/2017		"In general just figure out a way to look up the information you need by name instead of asking questions."			
11	03/13/2017			"I had all my clothes on so it was a non-issue"		
12	03/13/2017		"Coordinate between the person that called the ambulance"			
13	03/13/2017		"They were right behind the fireman"	"They were really nice"		
14	03/13/2017			"No treatment, just transport. I was in a nightgown and a robe"		
15	03/13/2017		"They sent a different person into the ambulance and I didn't know him"			
16	03/14/2017		"They got here on time, but it could have been faster"	"I knew the medics"		
17	03/14/2017		"When everyone was lifting me onto the hospital bed, they had a sheet under me and it hurt my back very bad. There should have been a harder surface to move me"	"Good all around"		
18	03/14/2017		"Have something besides morphine; I'm allergic"	"I was in a lot of pain"		
19	03/14/2017			"I don't remember. I'm getting old and I forget things"		
20	03/14/2017	"It was hard to locate me. Drove fast because it was urgent"	"In the very beginning, they refused to carry me. Initial contact could have been better. I'm grateful they saved my life"	"When they got here they weren't nice to me, but once they realized how much blood I had lost they were incredible. I had perforated an ulcer and they made me walk and I vomited blood, and that changed everything. I was really out of it and they kept telling me to stay awake."		
21	03/27/2017	"I was sleeping"		"They were all good"		
22	03/30/2017		"They were absolutely wonderful"			
23	03/22/2017			"Those guys were excellent. He held my nose for me because I had a nose bleed"		
24	03/24/2017			"Everything they did was totally excellent. There were times when she would call and it wasn't necessary, but the last time was an emergency and I appreciate it. She was my mother so I don't want to talk much about it"		
25	03/22/2017	"They were really really fast"	"Work on communication between team members"	"They were all very good. They didn't really communicate to each other. I had to answer the same questions repeatedly"		

GROUND AMBULANCE CUSTOMER COMMENTS

April 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
26	03/31/2017	"They were very professional"	"I'm very happy with the service they provide"			
27	03/27/2017		"Call me on my phone. My son doesn't like getting calls for me on his phone"			
28	03/28/2017	"He was good"		"They were talking about what they were doing while doing it. They had me covered with a little blanket"		
29	03/27/2017	"When the medics came, the FD came at the same time. There were a lot of people in the room at the same time"		"I don't know if they said anything to my mom, but they didn't say anything to me. They did an excellent job"		
30	03/24/2017		"serve cocktails"			
31	03/23/2017	"You guys are great"				
32	03/25/2017		"They did everything great"			
33	3/31/2017		"Prices are extremely high, need to be a little bit more considerate while you're waiting to go and they're conversing with the fire department with the doors wide open- was cold."		Assigned to S.Selmi 4.27.17 #3960	See Comments Below
34	03/25/2017		"They did just fine this time, hopefully there is not a next time"	"Treatment questions N/A. Didn't have any pain or discomfort. The medics were good"		
35	03/25/2017		"No. Susan has always appreciated your service."			
36	03/23/2017		"Nothing, They pretty much did their jobs."			
37	03/27/2017		"No, they did fine."			
38	03/22/2017		"no. Everything was fine."			
39	03/30/2017		"No."			
40	03/22/2017		"Nothing he could think of."			
41	03/28/2017		"no, excellent care"	"Gloria was given a blanket which she really appreciates as she was very cold."		
42	03/30/2017		"do the same thing"			
43	03/22/2017	"When I asked them to take me down to another hospital, they were fine with it"		"They gave me a shot of Jack Daniels and that made them all real good!"		
44	03/26/2017	"They did excellent. I'm very happy"				
45	03/31/2017	"very well trained"				
46	03/26/2017		"You guys are always fabulous"			
47	03/30/2017	"They were here in about a minute or two. I was still talking to one of your guys on the phone"	"Keep up the good work"	"Had everything for him right away. It was really perfect. They were really nice guys. They told us everything. I had no complaints. They set an IV right away. They covered him as they went out the door. Very friendly"		
48	03/26/2017	"Everybody was perfect to me. They were nice and on time"		"They helped with my pain a lot"		
49	03/23/2017	"They were all here very quickly and very professional"	"Have Victoria's Secret models work for you"	"They gave me morphine for the pain. They knew exactly what to do. I did all the talking. I have a DNR on my refrigerator now"		
50	03/22/2017	"They could've gotten there sooner"	"Get there sooner."			
51	03/27/2017			"I thought I was having a heart attack so I wasn't paying attention"		
52	03/23/2017			"The female medic asked me if I was okay, then the male medic gave me a shot of something and I don't remember anything after that"		

GROUND AMBULANCE CUSTOMER COMMENTS

April 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
53	03/29/2017	"They were real good people"	"It was professional all around"	"They were courteous. They had me under control when they put me in the ambulance"		
54	03/22/2017	"They were there within minutes. I didn't look to see how clean it was"		"They're very respectful. I didn't have to talk very much because my blood pressure was very high. I was out once I was in the ambulance"		
55	03/29/2017	"Pretty fast. They got me there quick and safe"	"I will always use you and only you. Send the same guys"			
56	03/24/2017			"Wasn't in pain"		
57	03/25/2017			"Everybody was great"		
58	03/30/2017		"lower prices a bit"	"did not receive treatment"		
59	04/08/2017		"No, not that she can think of."			
60	04/08/2017		Service			
61	04/09/2017	"I passed out so I'm not sure. The inside of the ambulance was warm"		"I don't remember specifics"		
62	04/09/2017	"I was strapped down so I couldn't really watch the driver"		"Just did some tests, no real treatment"		
63	04/09/2017	"Husband was in psychosis"				
64	04/10/2017			"They were good but they were hurting me. I had fallen on my legs and everytime they tried to check them I was crying because it hurt so bad. It wasn't their fault. They were being as gentle as they could"		
65	04/10/2017	"Pretty quick"		"I wanted to go to Northern Nevada and they wouldn't do that"	S.Selmi 5.3.17 #3982	See Comments Below
66	04/10/2017	"They were there before I knew they were there"				
67	04/10/2017		"They were pretty well on top of things"	"Didn't have any discomfort"		
68	04/10/2017	"Does not remember - was unconscious"	"The staff was very nice. It was a work related thing, does not know anything they could've done better. They were very sweet"	"Was a male and a female medic. They were very caring and comforting and informative"		
69	04/10/2017		"Two medics were in a program about helping dispense your meds to you, but didn't really like/need it. Wasn't anything that they did wrong, they were doing their job, just didn't like it"	"REMSA is the best. Would give them 10 star ratings"		
70	04/11/2017		"Nothing, they did everything well"	"Very courteous and caring"		
71	04/11/2017		"They did well for the most part. Would be nice if there was a way to get an electric wheelchair in ambulance"	"Didn't need any treatment, was just transported to the hospital. Didn't have any pain that needed treating"		
72	04/11/2017		"They were great, she and her son were very pleased with their service"			
73	04/12/2017	"I was out cold"				
74	04/12/2017	"What I saw was clean"	"I was behind two locked doors and there was another ambulance. One ambulance was looking for the key that I told the dispatcher about. REMSA was knocking on the door and ringing the doorbell, and I had to get up and let them in, but the dispatcher had told me not to get up. I would have died."	"I couldn't say much. I was in minimal clothes and it was cold, but I didn't really care. They had no choice"		
75	04/12/2017		"Have it faster coming to me. It took like an hour"			See comments below
76	04/12/2017			"They were above in everything. They were really really good"		
77	04/12/2017	"I can't see very well but it looked clean to me"				

GROUND AMBULANCE CUSTOMER COMMENTS

April 2017

	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to	Follow up
78	04/12/2017		"The building I live in isn't gated but they have locked doors. Every other ambulance and FD have keys to get in. I had to have my son run downstairs to let them in. They kept telling dispatch the gates weren't open and there were no gates."	"They tried to do an IV and it wouldn't work. They asked if I'd like them to try it again"		
79	04/08/2017		"It was a pretty long period of time between when 911 dispatched the ambulance and when they got there. Evidently it was a busy night"	"They did a pretty good job. I wasn't in pain"		
80	4/12/2017			Patient said "I thought it was very lousy. I was in a lot of pain. They thought it was related to drugs. The care was the worst I've ever had. I had a quadruple bypass and I was still having side effects from it. That's how I feel about your fucking service," then hung up the phone	S.Selmi 4.27.17 #3961	See Comments Below

#33

5/5/17 0830, I spoke with the pt, she was very nice but upset more at the hospital. She did tell me about the REMSA paramedic's leaving the back door open and both of them standing there talking with the fire department which did not make her very happy. I apologized to pt and told her I will counsel them on taking care of the pt first. We also talked about her bill, pt told me she wanted SMRMC to pay the REMSA bill and the hospital bill as the nurse gave her medication which she did not understand, the side effects were not explained to her. A friend with the pt at the hospital told her she was drooling all over her self when they left. I again apologized, pt was happy I contacted her as the hospital staff will not call her back. No further, Stacie

#65

5/5/17 1010, I spoke to the pt about going to the wrong hospital. Pt was very nice and he told me the hospital staff told him he needed to go to RRMCM because of his head injury. Pt understood why now, I asked if his insurance paid because he went to RRMCM instead of NNMC and he told me yes they did pay, he had no other complaints. I will have the crew complete occurrence reports ASAP. Stacie

#75

Reviewed chart. Call was received at 15:56:16. Crew was on scene 16:11:08. Crew advised they had PT contact at 16:15:00. Crew did stage due to PT's chief complaint. Once RPD assessed and found no immediate threat the crew was cleared to enter the scene.

#80

5/6/17 1625 left 2nd message for the pt. Stacie 5/5/17 0940, left a message for the pt. Contacted both crews members to complete an occurrence report ASAP. Stacie

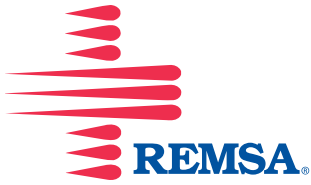


Regional Emergency Medical Services Authority

REMSA

PUBLIC RELATIONS REPORT

APRIL 2017



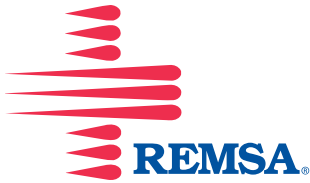
April 2017 Public Relations Report

District Board of Health

MEDIA COVERAGE

April 10 through 14 was National Public Safety Telecommunications Week. REMSA recognized its 35 telecommunications professionals through special fun facts posted on social media, as well as through traditional media outreach and coverage. Sierra Kreamer-Hope participated in interviews with KTVN and KRNV — both ran feature stories resulting in publicity value of nearly \$100.





April 2017 Public Relations Report

District Board of Health

MEDIA COVERAGE



We called up Dr. Brad Lee, a physician himself and the director of Reno's Regional Emergency Medical Services Authority, to find out more about how his department has been handling this issue. Lee said the agency got a \$10 million grant about five years ago to implement three different medical response innovations.

"We had community paramedics who picked up patients after they were discharged from the hospital with certain conditions, and they would go visit them with the intent of them *not* going back to the hospital within 30 days."

"Our ambulance service was allowed to take patients directly to places other than emergency departments — with patient consent — to urgent care, to a detox facility, to a mental health facility."

Lee said over time people learned a separate 7-digit number and called that directly or they were routed, with their permission, from a 911 call.

He says the department anticipated about 2,400 calls in a year. Instead, he says, they're getting about 2,000 calls a month.

"We did television commercials, and we did advertising, marketing and that number became much more well-known, and if you googled 'nurse health line,' we came up number one. In fact, that particular number was so popular, we were getting calls

We called up Dr. Brad Lee, a physician himself and the director of Reno's Regional Emergency Medical Services Authority, to find out more about how his department has been handling this issue. Lee said the agency got a \$10 million grant about five years ago to implement three different medical response innovations.

Innovation 1

"We had community paramedics who picked up patients after they were discharged from the hospital with certain conditions, and they would go visit them with the intent of them *not* going back to the hospital within 30 days."

Innovation 2

"Our ambulance service was allowed to take patients directly to places other than emergency departments — with patient consent — to urgent care, to a detox facility, to a mental health facility."

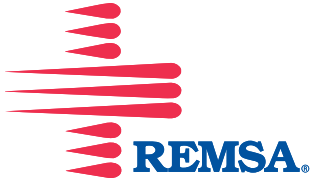
Innovation 3

"We were able to create a nurse health line which triages patients to the most appropriate level of care," Lee said.

Lee said over time people learned a separate 7-digit number and called that directly or they were routed, with their permission, from a 911 call.

He says the department anticipated about 2,400 calls in a year. Instead, he says, they're getting about 2,000 calls a month.

Dr. Brad Lee was included in a news story originally featured on Oregon Public Broadcasting, titled *Innovative Emergency Medical Response: The View From Reno and Portland*. That story resulted in \$245 worth of publicity value. It was also picked up by KUOW — a Seattle-based radio station. The story positively highlighted REMSA's Community Health programs.



April 2017 Public Relations Report

District Board of Health

SOCIAL MEDIA HIGHLIGHTS



If you're on Twitter, be sure to follow @REMSAEMS and on Facebook like *Regional Emergency Medical Services Authority - REMSA*.

Social media features in April highlighted Volunteer Week and National Public Safety Telecommunications Week.

Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · April 26 at 11:20am · [?]

It's National Volunteer Week and REMSA extends appreciation and recognition to its 38 volunteers in its Point of Impact program. In the last year they volunteered a total of 480 hours, checked 287 cars, and properly installed 379 car seats. Thank you for all you do!

Point of IMPACT

794 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · April 11 at 9:10am · [?]

Did you know our team answers 195,000 inbound calls a year that include 911, interfacility transfers, and flight requests. More than 911, REMSA Communications Center is staffed with specialized communications professionals that ensure medical transport resources are deployed and available when you need it by air and ground.

Thank you to our team of dedicated professionals providing medical care over the phone as our region's first, first responders.

1,051 people reached Boost Post

Regional Emergency Medical Services Authority - REMSA
Published by Hootsuite [?] · April 9 at 9:05am · [?]

Today kicks off National Public Safety Telecommunications Week. REMSA thanks its telecommunication staff including – EMTs, paramedics, nurse navigators and communications specialists – our region's first, first responders.

Fun fact: REMSA Communications Specialists handle almost a quarter of a million calls per year.

2,888 people reached Boost Post

STRATEGIC INITIATIVES

The design and coding work for REMSA's website is complete. Next step will be populating content. Once completed the website will provide information on all of REMSA's program elements including Community Outreach, Education, Communications and Dispatch and Community Health. Visitors to the site will have access to information about what to expect when you call 9-1-1, fun facts about REMSA's fleet and maintenance program, how dynamic deployment functions and how to book the Special Events team. A late May launch is anticipated.





Regional Emergency Medical Services Authority

REMSA
PENALTY FUNDS DISTRIBUTION
APRIL 2017



REMSA 2016-17 PENALTY FUND RECONCILIATION AS OF MARCH 31, 2017

2016-17 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2016	\$5,258.15
August 2016	5,652.02
September 2016	3,911.03
October 2016	5,856.87
November 2016	5,184.27
December 2016	6,044.93
January 2017	7,578.83
February 2017	7,822.06
March 2017	7,803.35
April 2017	
May 2017	
June 2017	
Total accrued as of 3/31/2017	<u>\$55,111.51</u>

2016-17 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Child Safety	\$5,965.00	500 Sports First Aid Kits	January-17
Field Crew Ballistic Vests	46,800.00	78 Ballistic Vests	Mar-17
Total encumbered as of 3/31/2017	<u>\$52,765.00</u>		
Penalty Fund Balance at 3/31/2017	<u>\$2,346.51</u>		



Regional Emergency Medical Services Authority

REMSA

INQUIRIES

APRIL 2017

No inquiries for APRIL 2017

DD	_____
DHO	_____ KD _____
DA	_____
Risk	_____

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health

FROM: Jim Shaffer, Vector-Borne Diseases Coordinator
775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approve FY17 Purchase Order #TBA issued to Adapco Inc. (Bid#2955-16) in the amount of \$160,272 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 Priority supported by this item:

1. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Board retroactively approved FY17 Purchase Order 4500037640 issued to Adapco Inc. (Bid#2955-16) in the amount of \$156,364.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District; Approve FY18 and FY19 Purchase Requisition (#TBD) to be issued to Adapco Inc. (Bid#2955-16) for Mosquito Abatement Products, in an amount not to exceed available funding within the FY18 and FY19 Washoe County Health District adopted budget at their April 27, 2017 meeting.

BACKGROUND

The wet winter rains and large snow pack have created standing water that has created significant habitat for mosquito populations. Based on Washoe County Geographic Information Services map data the area impacted is approximately 3180 total acres requiring treatment. Inspections have indicated early stages of mosquito larvae in the flooded waters. With the additional standing water increased mosquito populations will create conditions in the spread of West Nile virus as well as other mosquito borne viruses to the human population. The weekly arbo-virus temperature data indicates we have entered the range for virus transmission. With the anticipated mosquito populations and additional water habitat, control of mosquitoes in the larval form will significantly diminish potential for human population exposure to West Nile virus infections.

The unprecedented precipitation that caused flooding and a federal disaster declaration earlier this year created the conditions that require additional mosquito abatement this season. The Health District is working with Washoe County seeking additional funding from the County contingency funds to support the additional mosquito abatement activities that are expected to be needed this spring and summer. A staff report is expected to be considered by the Board of County Commissioners (BCC) on June 13, regarding allocation of contingency funds for use to respond to flood and standing water conditions. In order to secure larvicide product and provide treatment application the week of June 12, approval of this expenditure by the DBOH is required prior to action by the BCC. The mitigation efforts will be based on data that supports the need for the mosquito control treatments in order to be considered for reimbursement under FEMA guidelines.

FISCAL IMPACT

There will be an additional fiscal impact for the Vector Program should the Board approve the FY 17 Purchase Order #TBA as this expenditure amount was not anticipated nor included in the FY17 Vector Borne Disease Program budget (Cost Center 172100). This fiscal impact is anticipated to be mitigated by action of the BCC on June 13, 2017 to provide contingency funding support for the additional costs to the Health District for mosquito abatement due to the flood and standing water conditions. If this funding is not realized, then the cost will need to be offset in other program areas.

RECOMMENDATION

Staff recommends that the District Board of Health approve FY17 Purchase Order #TBA issued to Adapco Inc. (Bid#2955-16) in the amount of \$160,272 for Mosquito Abatement Products, on behalf of the Environmental 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 FY17 Purchase Order #TBA issued to Adapco Inc. (Bid#2955-16) in the amount of \$160,272 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District."

DD	_____
DHO	_____ <i>KD</i>
DDA	_____ LA
Risk	_____

STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Policy discussion and possible action to: (1) determine that as a public health matter, the public would benefit from a temporary program in which septic repair and well abandonment permit and building plan review fees for structural repairs related to flood damage are not collected from single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the cost of permits for repairs is not covered by the applicable insurance policy, and, if the finding is made, (2) to approve the program of not collecting permit and plan review fees for these homes. This action applies to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or Washoe County Health District (WCHD) permit application deadline of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04). All associated costs will be covered through the Heath Fund Account.

SUMMARY: The Environmental Health Services Division is requesting the District Board of Health (Board) consider the approval of a temporary program to not collect septic repair permit fees and any applicable plan review fees for residential onsite-sewage disposal system (OSDS) repairs and well abandonment fees in the areas affected by flooding within the North Valleys Flood Incident as part of a federally declared disaster. The intent of this program is to provide assistance to property owners for single family homes affected by lake flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the permit costs for repairs are not covered by the applicable insurance policy. This program would only apply to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or WCHD permit application of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04). The Health District has no obligation to provide this program and it is



proposed for consideration due to circumstances of the affected neighborhoods and of Health District programs.

A similar item is was heard at the Washoe County Board of County Commissioners (BCC) on May 23, 2017 as this was a joint request by the citizens of the area through the County Manager's Office to look at the possibility to waive fees.

District Health Strategic Objective supported by this item:

- 1. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

At the April 27, 2017 Board meeting, an item was heard to request to waive fees for residents affected by North Valley flooding and allow the waiving of fees for residents who voluntarily connect to the Truckee Meadows Water Authority (TMWA). Direction was provided to consistently follow the eight bullet points the BCC provided to the Director of Washoe County Community Services Department (CSD) regarding the waiving or gifting of fees associated with red and yellow tagged properties as a result of flooding in Lemmon Valley and as part of the area receiving a federal disaster declaration.

BACKGROUND

Pursuant to NRS 439.350 and NRS 439.410, the District Board of Health oversees all sanitary conditions of Washoe County and has jurisdiction over public health matters except those emergency medical services matters listed in NRS 450B. The Washoe County Health District through NRS 439.410 has the authority to adopt regulations regulating sanitation and sanitary practices in the interest of the public health, to provide for the sanitary protection of water and food supplies and to protect and promote the public health generally in the geographical area subject to its jurisdiction.

The Washoe County District Board of Health has the discretion to adopt a schedule of reasonable fees to be collected for issuing or renewing any health permit or license required to be obtained from the Board. The fees are for the sole purpose of defraying the costs and expenses of the procedures for issuing licenses and permits, and investigations related thereto. Based on the public health implications, staff is recommending that the Board approve a temporary program of not collecting fees from owners of single family homes affected by lake flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the permit costs for repairs are not covered by the applicable insurance policy. This program would only apply to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or WCHD permit application of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04)) with all associated costs to be covered through the Heath Fund Account.

The Washoe County area has seen extensive flood damage during the January and February months of 2017, extensive personal property damage has occurred in the North Valleys, specifically in the Lemmon Valley area. As part of the response, an Incident Management Team was established to provide a unified command between Washoe County, Truckee Meadows Fire Protection District, and the Washoe County Health District. As part of the response and ongoing recovery efforts, the

communities surrounding Swan Lake have asked staff to waive building permit fees. In consideration of the request staff understands the hardship created in this community and are working with each homeowner who has had a building and health inspection resulting in the need for work to be completed.

The Board was concerned regarding the setting of a precedent whereas with environmental damage or a disaster individuals would expect the waiving of fees in the future and therefore follow the direction provided by the BCC to CSD on April 23, 2017. The BCC provided the following direction to staff to consider for the “gifting” (Washoe County District Attorney’s Office has the opinion building fees cannot be waived but gifted because building fees are tied to an Enterprise Fund) of fees:

- Only apply to the primary residence, not out-buildings, or sheds.
- It needs to be well investigated that the property was red or yellow tagged due to the incident.
- This is not for a remodel, the gift would only apply to the damage created by the flood.
- There needs to be written documentation that insurance does not exist, or is denying the claim.
- There needs to be a finite time for this gift, this is not to be run in perpetuity.
- This only applies to the owner that sustained damage, this gift does not run with the parcel.
- There should be requirements to ensure that the permitting and subsequent work help limit flooding in the future.
- Insure that the damage was related to flooding and the red or yellow tag was not a result of existing work that did not pass inspections.

The temporary program of not collecting of fees would be limited to those properties that meet the eight bullets listed above and are one of the 25 homes that were either red or yellow tagged by Washoe County Building and Safety and the Washoe County Health District.

WCHD directly issues residential septic repair and well abandonment permits at the Environmental Health Services Front Desk. Since failed septic systems and inoperable wells pose a public and private health hazard, staff believe it is imperative those individuals with improperly operating septic systems and wells need to repair their systems as soon as possible to allow for safe and sanitary living conditions. Additionally, septic and wells fail for a variety of reasons, and allowing these properties to have no fees collected on permits for two and a half years seems unreasonable. Based on this rationale, staff is recommending property owners with these issues apply for their permits no later than September 30, 2017 to have their fees waived.

Currently there are 25 homes which are either red or yellow tagged for various reasons, not all of which may require plan review or permits from the WCHD. It is the opinion of staff after evaluating these homes, most will not require rebuilds of septic systems or the abandonment of wells as a part of repairing and rehabilitating these damaged homes. To date only 4 portable toilets are still deployed in the flooded area for residents to use. Furthermore, less than 10 residents have reported to staff continued ongoing well issues. It is noted, if the homes are not repaired in a timely manner by the property owner, they may become blighted or public health hazards. Based on the potential of the flooding that has impacted these properties to have compromised septic systems, drinking water wells, and structures: it is a public health benefit to not collect fees from these residents for permits or plan reviews in order to facilitate proper repair of septic systems, their transition to a community water system, or otherwise proceed with plans to repair flood damage to their homes and mitigate potential health concerns from flood damage.

FISCAL IMPACT

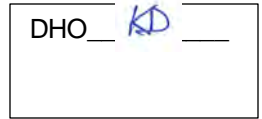
Should the Board approve this item, the FY18 adopted budget would be negatively impacted with a potential reduction in revenue in the total maximum amount of \$58,575. However, based on the evaluation of these homes, it is reasonable to expect a reduction in revenue in the approximate amount of \$14,000. The fees effective July 1, 2017 are: septic repair = \$1,580, on site abandonment permit/connect to sewer = \$484, water well abandonment permit = \$763. The Environmental Health Services division will look for ways to reduce expenditures in FY18 to help offset the reduction in budgeted revenue.

RECOMMENDATION

Staff recommends: The Washoe County Board of Health: (1) determines that as a public health matter, the public would benefit from a temporary program in which septic repair and well abandonment permit and building plan review fees are not collected for single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the cost of permits for repairs is not covered by the applicable insurance policy, and, (2) approves a temporary program of not collecting permit and plan review fees for these homes This action applies to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or WCHD permit application of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04) with all associated costs to be covered through the Heath Fund Account.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to (1) make a finding that as a public health mater, the public would benefit from a temporary program in which septic repair and well abandonment permit and building plan review fees for structural repairs related to flood damage are not collected for single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley where verification is provided in writing by the insurance carrier that the cost of permits for repairs is not covered by the applicable insurance policy, and, (2) approve the temporary program of not collecting permit and plan review fees for these homes, This action applies to the owners of record as of February 1, 2017, on the following Assessor Parcel Numbers, with a building permit application deadline of July 1, 2020 or WCHD permit application of September 30, 2017: (APN 080-289-01, 080-291-12, 080-301-05, 080-301-07, 080-301-08, 080-301-10, 080-301-11, 080-301-13, 080-302-03, 080-302-04, 080-302-05, 080-302-06, 080-302-07, 080-302-08, 080-313-09, 086-303-18, 086-303-19, 086-303-22, 086-303-25, 086-305-02, 086-523-01, 080-281-15, 080-612-02, 080-281-07, 080-612-04) with all associated costs to be covered through the Heath Fund Account.



STAFF REPORT
BOARD MEETING DATE: May 25, 2017

TO: District Board of Health
FROM: Sara Behl, Director of Programs and Projects, ODHO
(775) 328-2401, sbehl@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us
SUBJECT: **Possible Approval of a Strategic Planning Retreat on the 2016-2018 Strategic Plan**

SUMMARY

Health District Staff continues to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2016-2018 Strategic Plan.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting. Biannual progress reports on the Strategic Plan are to be provided to DBOH.

On April 27, 2017, an update on the strategic plan implementation was provided to the District Board of Health.

BACKGROUND

The 2016-2018 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Staff continues to track and report on progress made under the Strategic Plan.

FISCAL IMPACT

There is no fiscal impact associated with scheduling a half-day retreat. There will be a cost associated with contracting for a scope of work with OnStrategy for continued support and facilitation of the strategic plan retreat, which will be paid for through the FY 18 budget of the ODHO.

Subject: 2016-2018 Strategic Plan Retreat

Date: May 25, 2017

Page 2 of 2

RECOMMENDATION

Staff recommends the District Board of Health approve one of the following dates for a ½ day Strategic Planning Retreat: November 2, 2017 or November 9, 2017.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve scheduling of a Washoe County Health District Strategic Planning Retreat on (date chosen)."

STAFF REPORT

BOARD MEETING DATE: May 25, 2017

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us
SUBJECT: Update regarding the 2017 Legislative session.

SUMMARY

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health. Legislative Principles have been drafted for consideration by the Board to guide the Health District's legislative activities.

District Health Strategic Objective supported by this item:

- 1. Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.
- 2. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

PREVIOUS ACTION

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health.

BACKGROUND

Staff will monitor and provide comment on bill drafts and/or legislative action occurs during the 2017 legislative session. DBOH will be briefed on these comments and activities during the monthly 2017 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities.

FISCAL IMPACT

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY17 budget

RECOMMENDATION

Staff recommends the Board accept the May 2017 legislative session update, provide their input on legislative priorities or concerns, and direct staff to monitor and act upon 2017 Legislative Session bill drafts affecting the Health District and/or public health.

POSSIBLE MOTION

A possible motion would be: Accept the May 2017 Nevada legislative session update, and *[provide input and/or direction as DBOH may feel is appropriate]*.

2017 Nevada Legislative Session Update for May District Board of Health Meeting

As of May 22, 1227 Bill Draft Requests (BDRs) have been filed. 513 Assembly Bill Drafts and 541 Senate Bill Drafts have been filed for these BDRs. Also filed were 1 Initiative Petition, 14 Assembly Joint Resolutions, 11 Assembly Concurrent Resolutions, 7 Assembly Resolutions, 15 Senate Joint Resolutions, 9 Senate Concurrent Resolutions, 6 Senate Resolutions and 12 Previous Session Bills. May 19, 2017 was the deadline for committee passage from the second house. Information and positions on Bills the Health District is tracking or monitoring is provided below.

Bills highlighted in gray did not survive the deadlines, and were not declared exempt. They will be subject to no further action.

AB18 – AN ACT relating to nursing; ratifying the Nurse Licensure Compact; and providing other matters properly relating thereto. Existing law generally provides for the regulation of nurses in this State. (Chapter 632 of NRS) This bill ratifies the enhanced Nurse Licensure Compact adopted by the National Council of State Boards of Nursing. If a nurse residing in this State is issued a multistate license in this State, the Compact provides for a licensure privilege for that nurse in all other member states of the Compact. The Compact regulates the licensure and discipline of nurses holding multistate licenses through the Compact. The Compact also creates the Interstate Commission of Nurse Licensure Compact Administrators to carry out the Compact, and provides for the governance of the Commission, including, without limitation, authorizing the Commission to levy and collect assessments from member states to cover the cost of its operations. The Compact becomes effective either upon ratification by 26 states or on December 31, 2018, whichever occurs first. Currently, 10 states have ratified the enhanced Compact. **Applies to WCHD. Position: Support, Monitor. No Further Action.**

AB32 - AN ACT relating to pest control; requiring certain persons who engage in pest control, including governmental agencies and their employees, to obtain a license from the Director of the State Department of Agriculture; establishing procedures relating to such licensure; providing a penalty; and providing other matters properly relating thereto. We have been in discussions with the State on this bill and have no issues. There may be a small financial impact from licensing costs. **Applies to WCHD. Position: Neutral, Monitor. Enrolled to Governor.**

AB41 - AN ACT relating to State Government; revising qualifications for certain members of the State Public Works Board; revising qualifications for administrators of various divisions of State Government; providing that the State Library, Archives and Public Records Administrator

is in the unclassified service of the State; authorizing the Chief Medical Officer to maintain a clinical practice; and providing other matters properly relating thereto. Existing law establishes the qualifications for the Administrators of the Division of Health Care Financing and Policy, the Division of Welfare and Supportive Services, the Aging and Disability Services Division, the Division of Child and Family Services and the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 422.2354, 422A.155, 427A.060, 432.012, 433.244) Sections 5-9 of this bill revise these provisions so that the Administrators of all of these Divisions have the same qualifications. Existing law prohibits the Chief Medical Officer from engaging in any other business or occupation. (NRS 439.110) Section 10 of this bill removes this restriction and authorizes the Chief Medical Officer to maintain a clinical practice. **Applies to DHHS. Position: Neutral, Monitor. Exempt. Assembly Passage, Senate GA Do Pass May 19.**

AB50 - AN ACT relating to water; authorizing the State Environmental Commission to establish fees for certain services relating to public and community water systems; increasing the maximum civil penalties and administrative fines imposed on water suppliers for certain violations relating to public water systems; authorizing the State Environmental Commission to adopt regulations and establish fees for the review of certain water issues relating to land development plans; and providing other matters properly relating thereto.

This bill requires the State Environmental Commission to establish a separate fund within the general fund to deposit all money it receives for fees and permits related to Safe Drinking Water regulation. This fund can only be used for the purposes of carrying out the regulation and services of public and community water systems. The bill also increases the Civil and Administrative penalties that NDEP can apply for violations of regulations governing water systems. The bill also enables NDEP to develop regulations and fees for regulating the subdivision of land. Since NRS does not provide for enforcement by the Health District, we have to refer water systems to the State for enforcement action and we spend a significant amount of staff resources working with systems to correct violations without strong State action. The added penalties should improve the situation. **Applies to WCHD. Position: Support the provisions that allow increased penalties on water systems for non-compliance. Letter of Support provided for 2/23 Natural Resources Committee Meeting. Track. Enrolled and to Governor.**

AB62 – AN ACT relating to tobacco products; revising provisions governing the reporting and disclosure of certain information relating to sales of cigarettes in and into this State; requiring the submission of certain monthly reports relating to the sale, transfer, shipment or delivery in or into this State of cigarettes; providing that an importer is jointly and severally liable for such monthly reports; providing that certain information reported to the Department of Taxation or the

Attorney General relating to sales of cigarettes is confidential; requiring a nonparticipating manufacturer to post a bond approved by the Attorney General and revising the amount of such a bond; revising provisions governing the circumstances under which a nonparticipating manufacturer and its brand families may be denied listing in or removed from the directory of manufacturers and brand families created and maintained by the Department; revising provisions relating to the assignment to the State of the interest of a manufacturer in money in a qualified escrow fund; and providing other matters properly relating thereto. This bill generally revises existing, and provides additional, procedures and licensing requirements to aid in the statutory enforcement of the Master Settlement Agreement. **Applies to WCHD. Position: Support, Monitor. In Assembly to Enrollment.**

AB74 – AN ACT relating to offenders; revising provisions governing the disclosure of the name of an offender who tests positive for exposure to human immunodeficiency virus; and providing other matters properly relating thereto. Existing law requires offenders committed to the Department of Corrections for imprisonment to submit to certain initial and supplemental tests to detect exposure to the human immunodeficiency virus. If the results of a supplemental test are positive for exposure to the human immunodeficiency virus, the name of the offender is required to be disclosed to certain persons within the Department. (NRS 209.385) This bill authorizes, rather than requires, the disclosure of the name of the offender when the results of a supplemental test are positive. **Applies to WCHD. Position: Opposed, Track, Letter in opposition submitted for February 28. Hearing. Enrolled and to Governor.**

AB105 - AN ACT relating to public health; revising continuing education requirements relating to suicide prevention and awareness for certain providers of health care; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. In Assembly to Enrollment.**

AB108 - AN ACT relating to Medicaid; requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services periodically to review Medicaid reimbursement rates; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Signed by Governor, May 19.**

AB113 - AN ACT relating to public health; requiring certain employers to provide a reasonable time and place for an employee who is a nursing mother to express breast milk; prohibiting an employer from retaliating against an employee for certain actions relating to this requirement; authorizing a public employee who is aggrieved by an employer's failure to comply with this requirement or for retaliation by the employer to file a complaint; exempting certain small employers from this requirement based on an undue hardship; authorizing a local board of health to establish a voluntary mediation program to mediate disputes concerning a violation of this

requirement; authorizing the Labor Commissioner to enforce the requirement against a private employer; providing a penalty; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support with amendment to remove local board of health mediation program, Track. Amendment to remove Board of Health mediation submitted by sponsor for March 17 Committee Meeting, passed by committee with amendment April 5.**

AB140 - AN ACT relating to counties; revising the boundary line between Carson City and Washoe County; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

AB141 - AN ACT relating to state departments; revising provisions relating to the organizational structure and purposes of the Office of Minority Health; and providing other matters properly relating thereto. **Applies to DHHS. Position: Support, Monitor. Exempt.**

AB142 - AN ACT relating to children; requiring a court to enter an order setting forth certain findings that enable a child to apply for status as a special immigrant juvenile with the United States Citizenship and Immigration Services of the Department of Homeland Security upon a determination that evidence exists to support such findings; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor.**

AB146 -AN ACT relating to domestic violence; enacting the Uniform Recognition and Enforcement of Canadian Domestic-Violence Protection Orders Act; requiring the Central Repository for Nevada Records of Criminal History to include Canadian domestic-violence protection orders registered in this State in the Repository for Information Concerning Orders for Protection Against Domestic Violence; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor, In Assembly to Enrollment.**

AB153 - AN ACT relating to local government; requiring counties to determine whether projects are projects of intercounty significance; requiring counties to pay impact fees to certain local governments for certain costs incurred as a result of projects of intercounty significance; and providing other matters properly relating thereto. Section 10 of this bill requires a county to determine if a project is a project of intercounty significance before the county approves or issues any permit for the development, construction or expansion of a project. Section 10 also sets forth a process for a local government to dispute a county's finding that a project is not a project of intercounty significance. Section 11 of this bill provides that before a county may approve or issue any permit required for the development, construction or expansion of a project of intercounty significance, the county must: (1) notify and request an impact statement from every affected local government; and (2) allow every affected local government a reasonable amount of time to submit an impact statement. An impact statement must include, without

limitation, supporting documentation and set forth the costs that the affected local government reasonably can expect to incur for the development, creation, construction, expansion or improvement of the following as a result of the project: (1) housing units; (2) transportation infrastructure and facilities; (3) educational facilities for kindergarten through grade 12; (4) facilities for water or sewer services; (5) facilities for flood control; (6) facilities and services related to public safety, health and criminal justice; and (7) social services. Section 12 of this bill sets forth the process for determining the amount of impact costs that will be caused by a project of intercounty significance and which must be paid by the county to an affected local government. Section 13 of this bill authorizes an affected local government to submit an impact statement to and request compensation from a county for not more than one project of intercounty significance that is already developed, constructed or in operation on July 1, 2017. **Applies to WCHD. Position: Support, Track. No Further Action.**

AB156 - AN ACT relating to public health; authorizing public and private schools to obtain and maintain an albuterol inhaler and certain other devices under certain conditions; requiring certain training relating to the storage and use of an albuterol inhaler; requiring public and private schools, to the extent feasible, to develop a comprehensive action plan relating to symptoms of respiratory distress; authorizing certain providers of health care to issue an order for an albuterol inhaler and certain other devices to a public or private school; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support**, if amended to require that child must have previously been diagnosed with asthma, **Track**. Amendment proposed by Bill sponsor at March 15 meeting to add previous diagnosis by healthcare provider. Amended bill passed committee April 10, **Declared Exempt**.

AB157 - AN ACT relating to health care; requiring a provider of health care or health facility, under certain circumstances, to notify a patient whether the provider or facility is an in-network provider or facility; and providing other matters properly relating thereto. This bill requires a provider of health care or health facility to notify a patient with health coverage whether the provider or facility is an in-network provider or facility for the patient at least 48 hours before the provider or facility is scheduled to provide any nonemergency care and services for which preauthorization is required. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

AB165 - AN ACT relating to long-term care; providing for the licensure of certain persons as health services executives; authorizing the holder of such a license to perform the functions of an administrator of a residential facility for groups and a nursing facility administrator; and providing other matters properly relating thereto. **Applies to CHNA. Position: Neutral, Monitor. In Assembly to Enrollment.**

AB166 - AN ACT relating to education; requiring a school district to set the time for the commencement of a school day; requiring public schools in the Breakfast After the Bell Program to increase instructional time; requiring the boards of trustees of school districts to adopt a policy for kindergarten and grades 1 to 5 within the school district to provide a certain amount of time each school day for recess; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. No Further Action.**

AB171- AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; and providing other matters properly relating thereto. **Applies to CHNA. Position: Oppose, Monitor. No Further Action.**

AB175 - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage to \$15. **Applies to CHNA. Position: Support, Monitor. Exempt.**

AB182 - AN ACT relating to education; authorizing the Superintendent of Public Instruction to carry out an on-site inspection of a provider of special education in certain circumstances; authorizing the Superintendent of Public Instruction to take certain measures to ensure compliance with the laws governing the education of pupils with disabilities in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. No Further Action.**

AB183 - AN ACT relating to hospitals; restricting the enforcement by a hospital of certain statutory liens; limiting the amount that a hospital may collect or attempt to collect from a patient or other responsible party under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt. Assembly Passage May 19.**

AB186 - AN ACT relating to education; requiring the board of trustees of each school district to establish, equip and maintain a prekindergarten education program and a kindergarten in each elementary school or school attendance area in the district; revising provisions governing the age at which a child is required to be enrolled in and attend school; authorizing a child who is 4 years of age on or before September 30 of a school year to be admitted to a prekindergarten education program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

AB190 - AN ACT relating to occupational safety; requiring employees on certain sites related to the entertainment industry to receive certain health and safety training; providing civil penalties;

and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor.**

AB193 - AN ACT relating to water; requiring the fluoridation of water provided by public water systems and water authorities in certain circumstances; and providing other matters properly relating thereto. Reduces population threshold in a County for community water fluoridation to 100,000. **Applies to WCHD. Position: Support, Track, Testify. Testimony provided at March 7, Committee Meeting. No Further Action.**

AB194 - AN ACT relating to professions; providing for the certification of behavioral healthcare peer recovery support specialists by the Board of Examiners for Alcohol, Drug and Gambling Counselors; providing penalties; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

AB196 - AN ACT relating to educational personnel; providing for an endorsement that a teacher, administrator or other educational personnel may obtain in culturally responsive educational leadership; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

AB199 - AN ACT relating to health care; authorizing a physician assistant or advanced practice registered nurse to take certain actions relating to a Physician Order for Life-Sustaining Treatment; revising provisions governing the execution and revocation of a Physician Order for Life-Sustaining Treatment form; requiring the Registry of Advance Directives for Health Care to include a form for electronically completing and registering a Physician Order for Life-Sustaining Treatment; providing penalties; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. In Assembly to Enrollment.**

AB200 - AN ACT relating to children; requiring an accommodation facility or child care facility to notify the parent or guardian of a child of whether another child admitted to the facility is exempt from immunization requirements under certain circumstances; requiring a public or private school to notify the parent or guardian of a pupil of whether another pupil enrolled in the school is exempt from immunization requirements under certain circumstances; requiring an accommodation facility, child care facility, public school or private school to notify a parent or guardian of the ability to request such notice; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. No Further Action.**

AB203 - AN ACT relating to cemeteries; clarifying that a cemetery authority is not authorized to order the disinterment and removal of human remains from certain burial plots; requiring a governmental authority to make certain determinations before a cemetery authority may order

the disinterment and removal of human remains; requiring a cemetery authority to prescribe a time for the removal and reinterment of human remains under certain circumstances; providing when a receptacle for reinterment will be deemed suitable; authorizing certain persons to maintain an action to require a cemetery owner to keep the cemetery in an orderly condition; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Monitor. Enrolled and to Governor.**

AB205 - AN ACT relating to cremation; authorizing the use of alkaline hydrolysis for cremation; exempting a crematory that uses only alkaline hydrolysis from certain limitations on the location of a crematory; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor.**

AB210 - AN ACT relating to education; authorizing the creation of a community education advisory board by certain local governmental entities to provide input, advice and assistance to the board of trustees of a school district on issues relating to public education; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

AB212 - AN ACT relating to educational personnel; prohibiting the use of pupil achievement data to evaluate employees of a school district; and providing other matters properly relating thereto. **Applies to CHIP. Position Neutral, Monitor.**

AB213 - AN ACT relating to dental care; revising provisions governing certain policies of health insurance and health care plans that provide coverage for dental services; requiring a dentist to post certain notices relating to fees for services; repealing provisions which limit the amount that may be charged by dentists in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

AB215 - AN ACT relating to prescription drugs; requiring the manufacturer of certain prescription drugs to submit a report to the Division of Insurance of the Department of Business and Industry containing information about the costs of the drug; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

AB217 - AN ACT relating to prostitution; requiring counties and cities to revoke the business license of any place of transient lodging where repeated acts of prostitution have regularly occurred on the premises; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

AB222 - AN ACT relating to financial services; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer under certain

circumstances; requiring a person who is licensed to operate certain loan services to verify a customer's ability to repay the loan before making certain short-term loans to the customer; prohibiting a person who is licensed to operate certain loan services from making certain short-term loans to a customer with an annual percentage rate greater than 36 percent; requiring the Commissioner of Financial Institutions to develop, implement and maintain a database storing certain information relating to short-term loans made to customers in this State; providing that information in such a database is confidential; revising requirements for the contents of written loan agreements between licensees and customers; revising various provisions governing short-term loans; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. No Further Action.**

AB249 - AN ACT relating to health care; requiring the State Plan for Medicaid to provide certain benefits relating to contraception at no additional cost to the enrollee; requiring a pharmacist to dispense up to a 12-month supply of contraceptives in certain circumstances; requiring all health insurance plans to provide certain benefits relating to contraception at no additional cost to the insured; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track.**

AB259 - AN ACT relating to criminal procedure; providing for the vacating of certain judgments of conviction relating to marijuana; authorizing a court to depart from prescribed minimum terms of imprisonment for the possession of controlled substances in certain circumstances; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

AB260 - AN ACT relating to crimes; requiring the appointment of a Committee on Prostitution and Human Trafficking; requiring the Committee to adopt regulations for the evaluation, certification and monitoring of programs for the treatment of certain persons convicted of solicitation for prostitution; enacting various provisions governing the certification of such programs; authorizing justice courts and municipal courts to suspend the sentence of certain persons convicted of solicitation for prostitution; revising provisions and penalties for certain acts relating to prostitution; providing penalties; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testimony provided at March 22 Committee Meeting. Exempt. Assembly Passage, Senate Judiciary Do Pass May 19.**

AB265 - AN ACT relating to nursing; authorizing an advanced practice registered nurse to sign a certificate of death or certificate of stillbirth; authorizing an advanced practice registered nurse to determine whether a person applying for a special license plate, a special parking placard or a special parking sticker issued by the Department of Motor Vehicles has a disability; authorizing an advanced practice registered nurse to issue certain health certificates to prospective drivers of

taxicabs; providing a penalty; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. No Further Action.**

AB269 - AN ACT relating to taxation; including vapor products within the definition of “other tobacco products” for the purposes of licensing and regulation of such products by the Department of Taxation; imposing a tax on the purchase or possession of vapor products in this State based on the milliliters of consumable product; providing penalties; and providing other matters properly relating thereto. **Applies to WCHD. Position: Oppose unless amended to increase taxation to be equivalent to cigarettes, Track, Letter submitted for March 21 Committee Meeting urging the level of taxation to be increased to be equivalent to cigarettes. Exempt.**

AB273 - AN ACT relating to education; requiring school districts in certain larger counties to collect and report data concerning the height and weight of certain pupils; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testimony submitted for 3/20/17 Committee Meeting. No Further Action.**

AB275 - AN ACT relating to education; requiring the Department of Education to establish a protocol for providing integrated student supports for pupils enrolled in public schools and the families of such pupils; requiring the board of trustees of each school district and the governing body of each charter school to take certain action to provide academic and nonacademic supports for pupils enrolled in the school district or charter school and the families of such pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

AB284 - AN ACT relating to professions; providing for the licensure and regulation of physician assistants by the Board of Medical Examiners rather than by the Board of Medical Examiners and the State Board of Osteopathic Medicine; authorizing a physician assistant who is licensed in this State or in another state or territory of the United States to provide voluntary health care service in this State in association with a sponsoring organization without the supervision of a supervising physician; creating the Committee on Physician Assistants appointed by the Board of Medical Examiners; requiring the Committee to review and provide recommendations to the Board of Medical Examiners on each application for licensure as a physician assistant; authorizing a physician assistant to render medical care without the supervision of a supervising physician when responding to an emergency or disaster; revising provisions relating to the licensure of physician assistants by the Board of Medical Examiners; designating physician assistants as primary care providers under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

AB289 - AN ACT relating to mining; authorizing a person who intends to locate or expand a facility for smelting, processing or refining ores or metal to apply to the Office of Economic Development for a partial abatement of certain property or sales and use taxes; establishing criteria by which such a facility may qualify for such a partial abatement; establishing the maximum duration and percentage of such partial abatements; requiring the State Environmental Commission to adopt regulations providing for the reimbursement of certain permit fees and establishing an expedited process for the issuance of certain permits by the State Department of Conservation and Natural Resources and the Division of Environmental Protection of the Department; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

AB292 - AN ACT relating to education; requiring the principal of a public school who receives a report of bullying or cyber-bullying to report the matter to the board of trustees of the school district in which the school is located; requiring the principal to notify the parents or guardians of certain pupils before interviewing such a pupil about the matter; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

AB307 - AN ACT relating to emergency medical services; requiring certain host organizations for special events to obtain from the applicable local government an approval concerning the reserve transport services that are to be provided by the host organization at a special event; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral Track., Population threshold lowered to include Washoe County, Amended bill passed out of Committee April 12.**

AB344 - AN ACT relating to retail practices; temporarily imposing a fee on the use of certain plastic bags; banning the use of certain plastic bags; authorizing certain inspections by health authorities; providing penalties; and providing other matters properly relating thereto. Requires annual inspection and enforcement by local health authority. **Applies to WCHD. Position: Oppose, Track, Testify, Fiscal Note. No Further Action.**

AB345 - AN ACT relating to criminal procedure; providing for the vacating of certain judgments of conviction relating to marijuana; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor. No Further Action.**

AB348 - AN ACT relating to education; requiring the board of trustees of each school district to establish an evidence-based, age-appropriate and medically accurate course of instruction in sex education; requiring the Council to Establish Academic Standards for Public Schools to establish standards of content and performance for a course of instruction in sex education as part of a

course of study in health; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testify. Exempt.**

AB352 - AN ACT relating to coverage for health care; requiring an insurer under a policy of health insurance to continue coverage for a procedure, device, medication or other treatment for a chronic condition of an insured under certain circumstances; authorizing the imposition of a civil penalty for certain insurers which violate the requirement for continued coverage; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. No Further Action.**

AB355 - AN ACT relating to health insurance; requiring a network plan to include access to certain facilities; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

AB366 - AN ACT relating to mental health; creating four behavioral health regions in this State; creating a regional behavioral health policy board for each region to advise the Division of Public and Behavioral Health and the Commission on Behavioral Health of the Department of Health and Human Services regarding certain behavioral health issues; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track. Exempt.**

AB367 - AN ACT relating to emergency medical services; ratifying the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

AB374 - AN ACT relating to health care; requiring the Department of Health and Human Services to make coverage through the Medicaid managed care program available for purchase; requiring the Director of the Department to seek any necessary waivers from the Federal Government to provide such coverage and to provide certain incentives to persons who purchase such coverage; authorizing the Department to make such coverage available on the Silver State Health Insurance Exchange in certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

AB381 - AN ACT relating to health insurance; prohibiting an insurer from taking certain actions concerning prescription drugs covered by a policy of health insurance; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

AB382 - AN ACT relating to health care; requiring certain hospitals, independent centers for emergency medical care and physicians to accept certain rates as payment in full for the

provision of emergency services and care to certain patients; providing an exception under certain circumstances; requiring the submission of certain reports relating to policies of health insurance and similar contractual agreements by certain third parties who issue those policies and agreements; requiring certain hospitals and independent centers for emergency medical care to submit reports to the Department of Health and Human Services concerning patient debt and rate increases; requiring the Governor's Consumer Health Advocate to adopt certain regulations; requiring the Commissioner of Insurance to consider certain information when determining the adequacy of a network plan; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

AB387 - AN ACT relating to social work; revising provisions requiring licensed social workers to receive certain suicide prevention and awareness training in order to renew a license; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Signed by Governor,**

AB388 - AN ACT making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for the cost of the Women's Health Connection Program; and providing other matters properly relating thereto. Provides annual funding of \$1,000,000. **Applies to CHIP. Position: Support, Track. Declared Exempt.**

AB397 - AN ACT making an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services to provide grants of money to local governmental entities and nonprofit organizations for family planning services; and providing other matters properly relating thereto. Appropriates \$4,000,000 for this purpose. **Applies to WCHD. Position: Support, Track. Letter of support submitted. Declared Exempt.**

AB408 - AN ACT relating to health care; requiring the State Plan for Medicaid to cover certain preventive health care services and maternity and newborn care; requiring insurers to offer health insurance coverage regardless of the health status of a person; requiring insurers to allow the covered adult child of an insured to remain covered by the health insurance of the insured until 26 years of age; requiring insurers to provide coverage for certain preventive health care services for women, adults and children at no cost; requiring insurers to provide coverage for maternity and newborn care; prohibiting providers of health care, insurers and the Silver State Health Insurance Exchange from discriminating against a person on certain grounds; and providing other matters properly relating thereto. Requires insurance provide preventive care, maternity and newborn care, and pre-existing condition coverage. **Applies to CHIP. Position: Support, Track.**

AB416 – AN ACT relating to environmental protection; requiring the Division of Environmental Protection of the State Department of Conservation and Natural Resources to establish a program to use certain settlement money received from the Volkswagen Corporation and its subsidiaries; requiring the program to include priorities and other provisions for administering the program; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. Exempt.**

AB428 - AN ACT relating to controlled substances; authorizing a pharmacist to furnish an opioid antagonist without a prescription under certain circumstances; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track. Exempt.**

AB429 - AN ACT relating to health care; ratifying, enacting and entering into the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact and the Psychology Interjurisdictional Compact; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. In Assembly to Enrollment.**

AB437 - AN ACT relating to information technology; requiring the establishment of a statewide information system to provide information to and accept reports from the general public regarding nonemergency situations in this State; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Track. Exempt.**

AB450 – Interim Legislative Committee on Health Care: Imposes certain requirements concerning vapor products and alternative nicotine products. AN ACT relating to crimes; prohibiting the use of vapor products in certain locations; imposing requirements for the packaging and labeling of certain vapor products and alternative nicotine products; providing penalties; and providing other matters properly relating thereto. Section 1 of this bill amends the Nevada Clean Indoor Air Act to prohibit the use of vapor products in the same locations where smoking tobacco is prohibited. Section 3 of this bill prohibits the sale, distribution or offer of sale of: (1) certain vapor cartridges or other containers of nicotine that are not packaged in compliance with the federal Poison Prevention Packaging Act of 1970, 15 U.S.C. § 1471, et seq., and any regulations adopted pursuant thereto; and (2) vapor products or alternative nicotine products that do not bear labels which include certain required information. **Applies to WCHD. Position: Support. Not heard. No Further Action.**

AB474 - AN ACT relating to drugs; requiring certain persons to make a report of a drug overdose or suspected drug overdose; revising provisions concerning the computerized program to track each prescription for a controlled substance; revising provisions governing the accessibility of health care records in certain investigations; requiring an occupational licensing board that licenses certain practitioners who are authorized to prescribe controlled substances to review and evaluate information

and impose disciplinary action in certain circumstances; authorizing such an occupational licensing board to suspend the authority of a practitioner to prescribe, administer or dispense a controlled substance in certain circumstances; imposing certain requirements concerning the prescription of a controlled substance; revising the required contents of certain written prescriptions; providing a penalty; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Track. Declared Exempt, Assembly Passage May 15.**

SB 3 – AN ACT relating to education; revising provisions governing participation by public schools in the Breakfast After the Bell Program that provides breakfast to certain pupils; and providing other matters properly relating thereto. Existing law provides for the creation of the Breakfast After the Bell Program for the purpose of requiring certain public schools with large populations of pupils from low-income families to provide breakfast to their pupils after an instructional day of school has officially begun. (NRS 387.114-387.1175) Existing law also requires the State Department of Agriculture to monitor participating schools and provide written notice to a school at the end of each school year if the school did not increase the provision of breakfast to eligible pupils by at least 10 percent in that school year. Existing law requires a school that receives such notice to submit a plan for increasing participation in the Program to the Department. (NRS 387.1165) This bill removes the requirement that the Department provide such notice and instead requires the Department to notify a school if the school has not maintained or increased the provision of breakfast to eligible pupils. This bill also requires a school that receives such notice to submit to the Department: (1) a statement identifying the reasons the school did not maintain or increase the provision of breakfast to eligible pupils; and (2) a plan for increasing participation in the Program by eligible pupils which addresses the reasons identified in the statement. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt. Senate Passage May 11.**

SB13 - AN ACT relating to motorcycles; abolishing the Advisory Board on Motorcycle Safety; and providing other matters properly relating thereto. Existing law creates an Advisory Board on Motorcycle Safety, whose members are appointed by the Governor. (NRS 486.376) The Board is required to advise and assist the Director of the Department of Public Safety and the Administrator of the Program for the Education of Motorcycle Riders in the development, establishment and maintenance of the Program, and to review the Program regularly and make recommendations to the Director and the Administrator relating to the administration and content of the Program. (NRS 486.377) Section 7 of this bill abolishes the Advisory Board on Motorcycle Safety. Sections 1-6 of this bill make conforming changes. **Applies to CHNA. Position: Neutral, Monitor. Signed by Governor.**

SB28 - AN ACT relating to public welfare; requiring the Administrator of the Division of Health Care Financing and Policy of the Department of Health and Human Services to conduct an

annual review of rates paid by Medicaid in this State; requiring the Administrator to submit an annual report to the Legislature that proposes rates to be paid by Medicaid in this State that reflect the costs of providing certain services; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB44 - AN ACT relating to state property; authorizing the Deputy Administrator of the Public Works - Compliance and Code Enforcement Section of the State Public Works Division of the Department of Administration to issue to a person certain permits for the planning, maintenance or construction of buildings and structures on property of the State or held in trust for the State; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor,** If passed contact SPWD to make sure they are aware of the air quality regulations in Washoe County, specifically related to asbestos, dust control and stationary source permitting requirements. **Signed by Governor.**

SB59 – AN ACT relating to controlled substances; requiring a law enforcement officer who encounters certain situations relating to prescribed controlled substances or who receives a report of a stolen prescription for a controlled substance to report certain information to his or her employer; requiring the employer of such a law enforcement officer to upload such reported information to the database of the program developed by the State Board of Pharmacy and the Investigation Division of the Department of Public Safety to monitor prescriptions for certain controlled substances; providing a penalty; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

SB60 - AN ACT relating to Medicaid; requiring the Director of the Department of Health and Human Services to include in the State Plan for Medicaid voluntary programs through which certain governmental entities and Indian tribes may obtain supplemental payments for providing ground emergency medical transportation services to recipients of Medicaid; requiring a participating governmental entity or Indian tribe to reimburse the Department for the costs of implementing and administering the program; and providing other matters properly relating thereto. The bill appears to provide for Medicaid billing of services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing patients and preparing patients for transport. Currently these services provided by Fire EMS agencies are funded by local taxes. **Applies to CHIP. Position: Neutral, Monitor.**

SB77 - AN ACT relating to education; establishing the Evidence-Based Practice Committee; requiring that certain programs and information relating to the provision of a safe and respectful learning environment be derived from evidence-based research; revising provisions relating to the code of honor for pupils concerning cheating; and providing other matters properly relating thereto.

Existing law requires the Department of Education to prescribe a policy for all school districts and public schools to provide a safe and respectful learning environment that is free of bullying and cyber-bullying. (NRS 388.133) Section 3 of this bill requires such a policy to provide that: (1) a program of training on methods to prevent, identify and report incidents of bullying and cyber-bullying must be derived from evidence-based research; (2) any information delivered during the “Week of Respect” must be derived from evidence-based research; and (3) a program used by a public school to create and provide a safe and respectful learning environment must be derived from evidence-based research. Section 3 defines “evidence-based research” to mean research that is included in a national registry of evidence-based programs and practices or has been approved by the Evidence-Based Practice Committee created by section 1 of this bill. Section 1 creates the Evidence-Based Practice Committee in the Department and prescribes the membership and duties of the Committee. Section 3 provides that a school district that wishes to use a program that is not included on a national registry for evidence-based programs and practices must apply for and obtain approval from the Committee to use the program. **Applies to CHIP. Position: Neutral, Monitor** to determine position based on ability of schools to implement programs based on their data analysis. **No Further Action.**

SB91 - AN ACT relating to prescription drugs; combining the HIV/AIDS Drug Donation Program and the Cancer Drug Donation Program to create the Prescription Drug Donation Program; authorizing a person or governmental entity to donate certain drugs to the Program; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Testify,** SNHD provided testimony of WCHD support.

SB106 - AN ACT relating to employment; requiring certain increases in the minimum wage paid to employees in private employment in this State; and providing other matters properly relating thereto. Increases minimum wage 75 cents each year for 5 years, or until the minimum wage is \$12, or \$11 if the employer offers health insurance. **Applies to CHNA. Position: Support, Monitor. Exempt.**

SB112- AN ACT relating to education; requiring a course of study in health prescribed for pupils enrolled in middle school, junior high school or high school to include certain information on organ and tissue donation; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor. Enrolled to Governor.**

SB115 - AN ACT relating to crimes; revising provisions concerning the prohibition against carrying or possessing certain weapons while on certain property; and providing other matters properly relating thereto. Prohibits carrying firearms in libraries without written permission. **Applies to CHNA. Position: Support, Monitor. No Further Action.**

SB122 - AN ACT relating to family planning; establishing a program to award grants to local governmental entities and nonprofit organizations for the purpose of providing certain services relating to family planning; and providing other matters properly relating thereto. Provides for State account to be established and funds to be distributed from the account. **Applies to WCHD. Position: Support, Track. Support letter submitted for March 8 Committee Meeting, In Senate to Enrollment.**

SB123 - AN ACT relating to long-term care; revising the authority of the State Long-Term Care Ombudsman to review and recommend changes to certain governmental policies relating to facilities for long-term care; revising provisions governing the appointment of advocates and the creation of a volunteer advocacy program; revising provisions relating to certain inspections of long-term care facilities by the Ombudsman; revising provisions concerning the reporting of the abuse, neglect, exploitation, isolation or abandonment of an older person; repealing certain provisions governing the investigation of certain complaints; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. In Senate to Enrollment.**

SB124 - AN ACT relating to firearms; revising provisions concerning the surrender, sale or transfer of any firearm by an adverse party subject to an extended order for protection against domestic violence; requiring a person convicted of a battery which constitutes domestic violence or stalking to permanently surrender, sell or transfer any such firearm; adding additional persons to the list of persons who are prohibited from owning or having in their possession or under their custody or control any firearm; providing penalties; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. Exempt.**

SB127 - AN ACT relating to local governing bodies; authorizing a board of county commissioners to appoint members of certain local governing bodies; and providing other matters properly relating thereto. Could be applied to the District Board of Health. **Applies to WCHD. Position: Neutral, Monitor. Population cap added to exclude Washoe County,**

SB132 - AN ACT relating to education; providing for the establishment of an individual graduation plan for certain pupils to allow them to remain in high school for an additional period to work towards graduation; requiring the Superintendent of Public Instruction to determine certain requirements for eligibility for such a plan; revising provisions relating to academic plans for high school pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Exempt.**

SB136 - AN ACT relating to health care; creating the State of Nevada Advisory Council on Palliative Care and Quality of Life; authorizing the Council to apply for and accept certain money; establishing the Palliative Care and Quality of Life Consumer and Professional Information and Education Program within the Department of Health and Human Services; and providing other matters properly relating thereto. **Applies to DHHS. Position: Support, Monitor. Exempt.**

SB139 - AN ACT relating to patient-centered medical homes; requiring the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease to establish an advisory group to study the delivery of health care through patient-centered medical homes; requiring the Commissioner of Insurance to adopt regulations prescribing standards concerning payments to and incentives for patient-centered medical homes; requiring the inclusion of such payments and incentives in the State Plan for Medicaid; requiring plans of health insurance to provide such payments and incentives when applicable; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB143 - AN ACT relating to education; requiring each public school in a school district to establish and maintain a school library that meets certain standards; requiring the State Board of Education to adopt regulations prescribing the minimum standards for a school library; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt.**

SB147 - AN ACT relating to taxation; authorizing certain credits against the payroll taxes imposed on certain businesses for costs incurred by employers relating to the provision of day care to the children of their employees; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. No Further Action.**

SB149 - AN ACT relating to regional transportation commissions; authorizing a regional transportation commission to participate in transit-oriented developments; authorizing a regional transportation commission to recommend the imposition of certain taxes to fund the projects of the commission; requiring the board of county commissioners to adopt an ordinance imposing any such taxes that are approved by the voters; authorizing a regional transportation commission to develop and maintain high-capacity transit systems; authorizing a regional transportation commission to adopt rules for the parking of vehicles at facilities of the commission and the imposition of fees for the use of services or facilities of the commission; repealing provisions requiring certain regional transportation commissions to establish a regional rapid transit authority; revising various provisions relating to the powers and duties of regional transportation commissions; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor**

SB151 - AN ACT relating to public health; requiring the district board of health in certain counties to establish a public health laboratory; specifying the duties of the laboratory; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral with concerns** regarding resource diversion from State lab, and duplication of services, **Track.**

SB152 - AN ACT relating to motor vehicles; revising provisions governing the exemption of certain older motor vehicles from emission control compliance; providing a penalty; and providing other matters properly relating thereto. Under existing law, certain older vehicles qualify for special license plates inscribed with the words “Old Timer,” “STREET ROD,” “CLASSIC ROD” or “CLASSIC CAR.” (NRS 482.381, 482.3814, 482.3816) Such vehicles are exempt from certain standards for exhaust emissions, fuel evaporative emissions and visible emissions of smoke provided that the owner of the vehicle certifies to the Department of Motor Vehicles that the vehicle was not driven more than 5,000 miles during the immediately preceding year and pays a fee at the time of registration that is equal to the fee for a form certifying emission control compliance. (NRS 445B.760) Section 1 of this bill newly requires that the owner of such a vehicle with a “CLASSIC ROD” or “CLASSIC CAR” special license plate who is seeking the exemption from emission control compliance to also provide to the Department verification of the odometer reading of the vehicle completed by an approved inspector at certain emissions compliance stations, and proof satisfactory to the Department that the vehicle is covered by a motor vehicle liability policy that: (1) is designed or designated specifically for classic or antique vehicles; or (2) includes an endorsement that is designed or designated specifically for classic or antique vehicles. Sections 6 and 7 of this bill make conforming changes. Sections 2-4 of this bill revise provisions relating to certain emission compliance stations, authorizing performance of the odometer inspection and verification required by section 1. Section 5 of this bill adds the falsification of an odometer reading to the list of certain acts by emission compliance inspectors and other persons that are unlawful, thereby making such an act punishable as a misdemeanor. (NRS 445B.840, 445B.845) **Applies to WCHD. Position: Support, Track, Testify. Testimony provided at March 9, Committee Meeting. No Further Action.**

SB153 - AN ACT relating to education; requiring a pupil enrolled in a public high school to successfully complete a course of instruction in computer education and technology to receive a standard high school diploma; establishing a pilot program to provide internship opportunities at private companies involved with computer technology to certain pupils; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

SB154 - AN ACT relating to education; creating the Program to Develop Leadership Skills for Elementary School Pupils; requiring the State Board of Education to adopt regulations to carry out the Program; requiring the State Board to post certain information relating to the Program on its Internet website; requiring the Department of Education to report on the effectiveness of the Program; creating the Account for Leadership Skills in the State General Fund to provide grants of money on a competitive basis to schools to participate in the Program; requiring schools participating in the Program to make certain reports; making an appropriation; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

SB155 - AN ACT making an appropriation for the implementation and operation of educational leadership training programs; and providing other matters properly relating thereto. **Applies to CHIP. Position: Oppose**, establishes earmark for Clark County Public Education Foundation, Inc., **Monitor. Declared Exempt.**

SB156 - AN ACT relating to motor vehicles; revising provisions relating to the transportation of children in motor vehicles; providing immunity from civil liability to child passenger safety technicians relating to the provision of or failure to provide certain services regarding child restraint systems in certain circumstances; and providing other matters properly relating thereto. The bill would strengthen child safety seat and seat belt laws. **Applies to CHNA. Position: Support, Monitor.**

SB159 - AN ACT relating to drugs; prohibiting the sale, distribution, bartering, dispensing or offering to sell a material, compound, mixture or preparation containing dextromethorphan to a minor under certain circumstances; prohibiting a minor from purchasing, receiving or otherwise acquiring any material, compound, mixture or preparation containing dextromethorphan under certain circumstances; providing penalties; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Neutral, Monitor.**

SB162 - AN ACT relating to psychology; requiring the registration of psychological assistants, psychological interns and psychological trainees by the Board of Psychological Examiners; requiring an applicant for such a registration to submit an application and his or her fingerprints; requiring a psychologist who supervises the performance of certain services by a registrant to be reimbursed for such services under the State Plan for Medicaid; and providing other matters properly relating thereto. **Applies to CHIP. Neutral, Monitor.**

SB165 - AN ACT relating to public health; defining the term “obesity” as a chronic disease; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to prepare an annual report on obesity; requiring certain school districts to collect data concerning the height and weight of pupils; and providing other matters properly relating thereto.

Existing law uses the term “obesity” in listing the benefits of breast-feeding, mandating training for child care providers and mandating public information and prevention programs of the Division of Public and Behavioral Health of the Department of Health and Human Services. (NRS 201.232, 432A.1775, 439.517, 439.521) Section 1 of this bill defines the term “obesity” in the preliminary chapter of NRS as a chronic disease having certain characteristics. Sections 2 and 4-6 of this bill define the term “obesity” as used in those provisions of existing law. Section 5 also requires the Division to prepare an annual report on obesity statistics in this State and the efforts to reduce obesity. Existing law requires certain school nurses to conduct or supervise certain examinations of pupils in certain grades for scoliosis, visual and auditory problems or any gross physical defects. School authorities must provide notice of those examinations to the parent or guardian of a child before performing the examination, and each school nurse or designee of the nurse must report the results of those examinations to the Chief Medical Officer. (NRS 392.420) Section 3 of this bill: (1) requires the board of trustees of each school district in a county whose population is 100,000 or more (currently Clark and Washoe counties) to use school nurses, health personnel and certain teachers and other personnel to conduct examinations of the height and weight of certain pupils; and (2) provides that, under certain circumstances, the school authorities are not required to provide notice to the parent or guardian of a child before conducting the examination. Section 3 also requires the Division to: (1) compile a report of the results of those examinations specific to each region of this State for which the information is collected; and (2) publish and disseminate the reports. **Applies to WCHD. Position: Support Potentially Testify. NPHA lobbyist testified in support of height and weight.** Bill was amended by Assembly HHS to include local health district consultation in determining representative sample.

SB166 - AN ACT relating to education; requiring the Department of Education to establish a program to survey pupils enrolled in public schools concerning the use and abuse of alcohol and drugs; prescribing the requirements for such a survey; authorizing the Department to contract with a qualified person or entity to administer the program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Oppose**, duplicative of YBRS survey of students and SAMSA data, **Monitor. Exempt.**

SB167 - AN ACT relating to education; making an appropriation for the creation and maintenance of school gardens for certain Title I schools; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Exempt.**

SB170 - AN ACT relating to public records; requiring copies of public books and records to be provided in an electronic medium except under certain circumstances; revising provisions governing action by governmental entities in response to requests for public books or records; revising provisions governing the fees that governmental entities are authorized to charge for a

copy of a public book or record; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

SB171 - AN ACT relating to pharmacies; requiring certain pharmacies in this State to provide a means for persons to dispose of unused drugs; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track.**

SB178 - AN ACT relating to education; revising the Nevada Plan to include a funding multiplier of 2.0 for pupils with disabilities and a funding multiplier that increases incrementally over a 4-year period for pupils who are English learners and pupils who are at risk; requiring the State Board of Education to adopt regulations requiring school districts and charter schools to report the number of pupils enrolled who are identified as English learners and the number of pupils who are at risk; requiring the Department of Education to prescribe annual measurable objectives and performance targets to track the performance of the school districts and charter schools in providing education and services to such pupils; requiring the submission of an annual report by each school district and charter school which includes their results with respect to the annual objectives and performance targets prescribed for the preceding school year and a plan for meeting those objectives and targets for the ensuing school year; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Declared Exempt.**

SB180 - AN ACT relating to education; revising provisions governing the expenditure of money by a school district or charter school that receives money from the State Supplemental School Support Account; and providing other matters properly relating thereto. Further defines how funds should be used to improve student achievement. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB181 - AN ACT relating to public safety; creating the Account for the Treatment of Substance Abusers; providing that money in the Account must be distributed for programs relating to the treatment of certain offenders who are abusers of alcohol or drugs; requiring the appointment of a Deputy Director for Substance Abuser Programs within the Department of Corrections; increasing the taxes imposed on intoxicating liquor, cigarettes and gaming; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to establish a pilot program for the treatment of certain heroin-dependent persons; making appropriations; and providing other matters properly relating thereto. Increases cigarette and alcohol taxes to pay for substance abuse treatment for certain offenders. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB189 - AN ACT relating to public welfare; revising the amount and type of training that an employee of a child care facility is required to complete; setting forth certain requirements

relating to services performed by an independent contractor at a child care facility; revising provisions concerning the frequency and timing of certain background investigations required to be conducted by the Division of Public and Behavioral Health of the Department of Health and Human Services; and providing other matters properly relating thereto. **Other Bills of Interest. Position: Neutral, Monitor. Exempt.**

SB190 -AN ACT relating to education; extending the duration of the Zoom schools program; providing for the use of a portion of the money distributed to a Zoom school to provide evidence-based integrated student support systems; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB192 - AN ACT relating to mental health; establishing required hours of operation for mobile units operated by the Division of Public and Behavioral Health of the Department of Health and Human Services to provide mental health services in certain counties; and providing other matters properly relating thereto. Existing law establishes certain facilities through which the Division of Public and Behavioral Health of the Department of Health and Human Services provides mental health services. (NRS 433.233) This bill requires, in counties whose population is 100,000 or more (currently Clark and Washoe Counties), any mobile unit operated by such a facility to be available to provide services from 8 a.m. or earlier to 12 a.m. or later, 7 days a week, including holidays. **Other Bills of Interest. Position: Neutral, Monitor. Declared Exempt.**

SB193 - AN ACT relating to public employment; limiting the amount of certain payments to public officers and employees in relation to their resignation, retirement or termination from employment; and providing other matters properly relating thereto. Existing law imposes certain requirements and restrictions with respect to the compensation of public officers and employees. (NRS 281.120-281.1575) For example, existing law, with certain exceptions, limits the salary of persons employed by the State to not more than 95 percent of the Governor's salary for the same period. (NRS 281.123) This bill prohibits a governmental entity, including a state agency and local government, from paying an officer or employee in relation to his or her resignation, retirement or termination from employment with the governmental entity an amount of money pursuant to a settlement agreement between the officer or employee and the governmental entity relating to the employment of the officer or employee or as a bonus or other monetary incentive, which is greater than the Governor's current annual salary. This bill makes any provision in a contract or other agreement relating to the employment of an officer or employee of a governmental entity entered into, extended or renewed after the effective date of this bill that conflicts with this limitation void. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

SB196 - AN ACT relating to employment; requiring an employer in private employment to provide paid sick leave to each employee of the employer under certain circumstances; providing an exception; providing a penalty; and providing other matters properly relating thereto. **Applies to Other Bills of Interest. Position: Neutral, Monitor.**

SB233 - AN ACT relating to health care; requiring the State Plan for Medicaid and all health insurance plans to provide certain benefits relating to reproductive health care, hormone replacement therapy and preventative health care at no additional cost to the covered person; requiring a pharmacist to dispense up to a 12-month supply of certain contraceptives in certain circumstances; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Letter of support submitted for March 6 Committee Meeting. Exempt. Senate Passage May 18, To Assembly.**

SB236 - AN ACT relating to marijuana; authorizing a county or city to require a person who wishes to operate a business in which the use of marijuana is allowed or to hold a special event at which the use of marijuana is allowed to obtain a license or permit; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Oppose use of marijuana at special event. Monitor.**

SB251 - AN ACT relating to storage tanks; requiring the Board to Review Claims to adopt regulations for the administration of a program to award grants of money from the Fund for Cleaning Up Discharges of Petroleum to certain operators of storage tanks; authorizing the Division of Environmental Protection of the State Department of Conservation and Natural Resources to award grants of money to those operators under certain circumstances; and providing other matters properly relating thereto. **Applies to WCHD. Position: Support, Track, Letter submitted to NDEP for March 23 Committee Meeting.**

SB294 - AN ACT relating to bullying; creating certain exceptions to requirements concerning reporting and investigating incidents of bullying and cyber-bullying; revising the definition of the term “bullying”; prohibiting the inclusion of an incident of alleged bullying or cyber-bullying in the record of a pupil under certain circumstances; revising provisions governing the hotline and Internet website maintained by the Office for a Safe and Respectful Learning Environment within the Department of Education for reporting bullying and cyber-bullying; requiring the Department to accept applications for grants from the Bullying Prevention Account; revising provisions concerning training on bullying and cyber-bullying; revising provisions concerning discipline of administrators or principals or their designees for violating provisions concerning bullying; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. No Further Action.**

SB302- AN ACT relating to marijuana; authorizing the sale of marijuana by certain establishments for purposes other than medical use for a limited period of time; imposing taxes; revising existing taxes for sales of marijuana for medical purposes; providing a penalty; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor. Waiver Granted.**

SB307 - AN ACT relating to concealed weapons; removing the prohibition against carrying certain concealed weapons; repealing certain provisions relating to permits to carry concealed firearms; and providing other matters properly relating thereto. Removes requirement for a permit to carry a concealed weapon. **Applies to CHNA. Position: Oppose, Monitor. No Further Action.**

SB315 - AN ACT relating to waste disposal; requiring the State Environmental Commission to study and make recommendations concerning certain agreements; limiting the amount that a franchisee may charge certain persons for the disposal of construction and demolition waste; prohibiting the governing body of a municipality from displacing or limiting competition in the collection, transportation and disposal of commercial recyclable material; requiring a county whose population is 100,000 or more to divert a certain percentage of solid waste from landfills; revising the statutory goal for recycling solid waste; requiring the board of county commissioners of each county in this State to report certain information to the Commission and the Legislature; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. Declared Exempt.**

SB323 - AN ACT relating to the Supplemental Nutrition Assistance Program; prescribing the manner in which the Department of Health and Human Services must calculate the 36-month time period for determining a person's eligibility for benefits under the Program; requiring the Department to seek a waiver from certain federal requirements concerning eligibility for benefits under the Program; requiring the Department to create a workfare program; requiring the Department to contract with appropriate persons and entities for certain purposes relating to the Supplemental Nutrition Assistance Program; requiring the Department to consult with certain persons concerning actions of the Federal Government and the Department relating to the Program; and providing other matters properly relating thereto. **Applies to CHIP. Neutral, Monitor. Exempt. Senate Passage May 16.**

SB324 - AN ACT relating to health care; requiring the State Board of Health to adopt regulations authorizing an employee of a residential facility for groups, an agency to provide personal care services in the home, a facility for the care of adults during the day or an intermediary service organization to check vital signs and perform certain related tasks for a person receiving services from the facility, agency or organization; exempting such tasks from provisions governing

respiratory care and medical laboratories; and providing other matters properly relating thereto. **Applies to CHNA. Position: Monitor.**

SB325 - AN ACT relating to public welfare; requiring the Director of the Department of Health and Human Services to authorize certain children to enroll in Medicaid and the Children's Health Insurance Program; and providing other matters properly relating thereto. Requires authorization for children under 21 years of age lawfully residing in the U.S. that are residents for less than 5 years to enroll. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB329 - AN ACT relating to marijuana; revising various provisions relating to the medical use of marijuana; transferring the program for the medical use of marijuana from the Division of Public and Behavioral Health of the Department of Health and Human Services to the Department of Taxation; authorizing the registration of medical marijuana research facilities; authorizing the registration of nonprofit medical marijuana dispensaries; revising the maximum amount of marijuana that the holder of a registry identification card or letter of approval may possess; allowing the holder of a registry identification card to cultivate, grow or produce marijuana and give marijuana to another holder of a registry identification card or letter of approval in certain circumstances; revising provisions relating to registry identification cards; revising provisions relating to medical marijuana establishments; authorizing the growth and handling of industrial hemp and the production of agricultural hemp seed in certain circumstances; providing penalties; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor. Declared Exempt.**

SB330 - AN ACT relating to professional licensing; establishing certain standards against which governmental entities and regulatory bodies are required to review regulations relating to entry into businesses and professions and certain restrictions on the provision of public services; authorizing a natural person to petition a governmental entity or regulatory body to request the amendment or repeal of such regulations; authorizing a natural person to appeal a denial of such a petition to the district court; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. No Further Action.**

SB340 - AN ACT relating to state property; terminating a lease for certain real property leased to Washoe County; requiring the State Land Registrar to enter into an agreement to transfer certain real property to Washoe County; requiring the State Board of Agriculture to assume responsibility for the operation and maintenance of certain real property; making an appropriation to the State Department of Agriculture for the operation and maintenance of such real property; and providing other matters properly relating thereto. Transfers state land leased for County Complex to the County. **Applies to WCHD. Position: Neutral, Monitor. No Further Action.**

SB341 - AN ACT relating to marijuana; authorizing a local government to request the registration of additional medical marijuana dispensaries within the jurisdiction of the local government; revising the purposes for which the Division of Public and Behavioral Health of the Department of Health and Human Services may spend certain money relating to the medical use of marijuana collected by the Division; authorizing any institution of the Nevada System of Higher Education to seek the approval of the Federal Government to perform research relating to marijuana; limiting the authority of a board of county commissioners or the governing body of an incorporated city to regulate or impose license taxes upon marijuana establishments and medical marijuana establishments; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Support, Track. Exempt.**

SB344- AN ACT relating to marijuana; revising standards for the labeling and packaging of marijuana for medical use; establishing limits on the quantity of marijuana for medical use that may be sold in a single package; prohibiting the production of edible marijuana products or marijuana-infused products that appear to be candy or may appeal to children; requiring a facility for the production of edible marijuana products or marijuana-infused products which produces cookies or brownies to seal such a product in a container which is not transparent; prohibiting advertising by a medical marijuana establishment that would be appealing to children; establishing similar provisions for recreational marijuana establishments with delayed effect; providing penalties; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Support, Monitor. Exempt. Senate Passage, Assembly HHS Amend and do pass May 19.**

SB348 - AN ACT relating to health care; requiring the Governor to impanel a Health Care Funding and Pricing Task Force; prescribing requirements governing the procedure of the Task Force; requiring the Department of Health and Human Services to provide certain facilities and services to the Task Force; prescribing the duties of the Task Force; and providing other matters properly relating thereto. **Applies to DHHS. Position: Neutral, Monitor. No Further Action.**

SB355 - AN ACT relating to grief support; creating the Grief Support Trust Account in the State General Fund; requiring the Director of the Department of Health and Human Services to administer the Grief Support Trust Account; requiring the fee for the furnishing of a copy of a certificate of death to include \$2 for credit to the Grief Support Trust Account; requiring the Grants Management Advisory Committee to establish standards of eligibility for nonprofit community organizations to receive awards of money from the Grief Support Trust Account to provide grief support services; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track, Fiscal Impact. Declared Exempt.**

SB366 - AN ACT relating to health care; requiring the preparation of a report relating to Medicaid recipients and access to employer-based health insurance; requiring the preparation of a report relating to Medicaid financing and eligibility; creating the Advisory Committee on Medicaid Innovation; requiring certain insurers to provide certain health insurance claims data to the Public Employees' Benefits Program, the Division of Health Care Financing and Policy of the Department of Health and Human Services and certain other group purchasers of health insurance; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor.**

SB374 - AN ACT relating to marijuana; prohibiting a professional licensing board from taking disciplinary action against a licensee who holds a registry identification card or engages in certain lawful activities relating to marijuana; prohibiting an employer from taking adverse action against an employee for expressing opinions relating to marijuana; providing a penalty; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

SB375 - AN ACT relating to the medical use of marijuana; authorizing the Governor or his or her designee to enter into agreements with Indian tribes in this State relating to the regulation of the use of marijuana; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

SB379 - AN ACT relating to public health; requiring the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services to use certain excess money to provide block grants for alcohol and drug abuse and behavioral health programs for agencies which provide child welfare services; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Senate Passage April 18. No Further Action.**

SB385 - AN ACT relating to education; revising the definition of bullying; providing that nothing in the provisions of law relating to bullying or cyber-bullying shall be deemed to subject any defendant to strict liability for an alleged violation of those provisions; requiring that reasonable efforts be made to ensure a learning environment that is free of bullying and cyber-bullying to the extent practicable; revising provisions relating to an investigation into a reported incident of bullying or cyber-bullying; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

SB387 - AN ACT relating to protective orders; defining certain terms relating to orders for protection; providing for the issuance and enforcement of certain orders for protection against a person who is alleged to have committed certain acts that constitute a high risk; authorizing a family or household

member or law enforcement officer to obtain such orders for protection; prohibiting a person from filing an application for such an order under certain circumstances; authorizing a court to issue such an order for protection in certain circumstances; prohibiting a person against whom such an order for protection is issued from possessing or having under his or her custody or control, or purchasing or otherwise acquiring, any firearm during the period the order is in effect; authorizing a person to request a hearing to move the court to dissolve such an order for protection; authorizing the renewal of such an order for protection; establishing procedures for persons subject to such an order for protection to remove certain information from the Central Repository for Nevada Records of Criminal History; providing penalties; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Track. No Further Action.**

SB390 - AN ACT relating to education; extending the duration of the Zoom schools program; authorizing a Zoom elementary school to use money distributed to the school to provide an extended school day or summer academy or intersession; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB394 - AN ACT relating to health care; requiring the Director of the Department of Health and Human Services to make coverage through the Medicaid managed care program available for purchase on the Silver State Health Insurance Exchange by persons who are not otherwise eligible for Medicaid under certain conditions; requiring the Director to seek any necessary waivers from the Federal Government to provide such coverage and to provide certain incentives to persons who purchase such coverage; requiring insurers to offer health insurance coverage regardless of the health status of a person; requiring insurers to provide coverage for certain essential health benefits without an annual, lifetime or other maximum limit on coverage; requiring insurers to allow the covered adult child of an insured to remain covered by the health insurance of the insured until 26 years of age; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. Exempt.**

SB398 - AN ACT relating to health; authorizing the medical use of marijuana or industrial hemp by a provider of health care or massage therapist on a patient or client; prohibiting disciplinary action against a provider of health care or massage therapist for administering or recommending the use of marijuana or industrial hemp; revising the medical conditions for which a person may obtain a registry identification card; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

SB400 - AN ACT relating to public health; authorizing the Director of the Department of Health and Human Services to enter into success contracts; requiring the Department to publish on its Internet website certain information concerning such contracts; requiring the Department to

report certain information to the Legislature; and providing other matters properly relating thereto. **Applies to DHHS. Position: Neutral, Monitor.**

SB404 - AN ACT relating to insurance; prohibiting certain policies of health insurance and health care plans that cover treatment of certain types of cancer from limiting or excluding coverage for a drug by mandating that the insured first fail to respond successfully to a different drug or prove a history of failure of such drug; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

SB416 - AN ACT relating to marijuana; authorizing a medical marijuana establishment or an association of medical marijuana establishments to propose and enter into an agreement to carry out a program of apprenticeship for medical marijuana establishment agents; and providing other matters properly relating thereto. **Marijuana Related Bill. Position: Neutral, Monitor.**

SB418 - AN ACT relating to air pollution; declaring the priorities of the Legislature to expend the proceeds from certain consent decrees, orders and settlement agreements involving emissions from vehicles; creating the Fund for Cleaner Emission Vehicles; requiring the Division of Environmental Protection of the State Department of Conservation and Natural Resources to allocate money from the Fund to replace or repower certain school buses in this State and to construct and install publicly available hydrogen fueling stations and electric vehicle charging stations; requiring the Division to take certain actions required by certain consent decrees, orders and settlements entered into by this State relating to emissions from vehicles; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Monitor. Declared Exempt.**

SB419 - AN ACT relating to taxes on retail sales; providing for the submission to the voters of the question whether the Sales and Use Tax Act of 1955 should be amended to provide an exemption from the tax for certain durable medical equipment, oxygen delivery equipment and mobility enhancing equipment; providing an exemption from the Local School Support Tax and certain analogous taxes tax for certain durable medical equipment, oxygen delivery equipment and mobility enhancing equipment; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Exempt.**

SB426 - AN ACT relating to protective equipment; requiring the driver and any passenger of a moped or trimobile to wear protective headgear while the moped or trimobile is being driven on a highway; requiring the driver and any passenger of a moped to wear certain additional protective equipment; providing a penalty; and providing other matters properly relating thereto. **Applies to CHNA. Position: Support, Monitor. No Further Action.**

SB429 - AN ACT relating to agriculture; authorizing a governing body of a city or county to establish an urban agriculture zone; providing that a master plan may include an urban agricultural element; authorizing a board of county commissioners or a governing body of a city to allow the use of vacant city- or county-owned land for community gardening; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor.**

SB436 - AN ACT relating to health insurance; requiring a percentage of certain policies of health insurance and health care plans which provide coverage for prescription drugs to apply a copayment structure before payment of a deductible; prohibiting certain policies of health insurance and health care plans from placing all prescription drugs in a given class within the highest cost tier of the plan; and providing other matters properly relating thereto. **Applies to CHIP. Position: Neutral, Monitor. No Further Action.**

SB446 - AN ACT making an appropriation to the Aging and Disability Services Division of the Department of Health and Human Services to provide financial assistance and other support for the Meals on Wheels program; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Monitor. Declared Exempt.**

SB487 - AN ACT relating to marijuana; imposing an excise tax on sales of marijuana and related products by a retail marijuana store; distributing the money raised by the excise tax to cities and counties; establishing limitations on the use of the proceeds of the excise tax by a city or county; requiring the creation of an advisory committee on mental health and substance abuse issues in each county; providing a penalty; and providing other matters properly relating thereto. **Applies to CHIP. Position: Support, Track, Submit Letter. Waiver Granted.**

SB494 - AN ACT relating to water; authorizing grants of money to certain recipients for cloud seeding operations; authorizing the Board for Financing Water Projects to solicit and accept gifts, grants or donations for deposit in the Fund for Grants for Water Conservation, Capital Improvements to Certain Water Systems and Improvements to Certain Sewage Disposal Systems; and providing other matters properly relating thereto. **Applies to WCHD. Position: Neutral, Track. No Further Action.**

SB508 - AN ACT relating to marijuana; imposing an excise tax on sales of marijuana and related products by a retail marijuana store; distributing the money raised by such an excise tax; providing a penalty; and providing other matters properly relating thereto. Adds 10% retail tax to recreational marijuana with proceed to State Distributive School Account. **Marijuana Related Bill. Position: Neutral, Monitor. Declared Exempt.**

SB509 - AN ACT relating to Medicaid; authorizing the Division of Health Care Financing and Policy of the Department of Health and Human Services to impose an assessment on certain providers of health care; prescribing the authorized uses of the revenue generated by such an assessment; authorizing the Division to impose an administrative penalty against a provider of health care who does not pay an assessment in a timely manner; authorizing the Division to take certain measures to collect an unpaid assessment or administrative penalty; and providing other matters properly relating thereto. Provides for an Assessment on Healthcare providers to be used to supplement Medicaid payments. **Applies to CHIP. Position: Neutral, Monitor.**

2017 LEGISLATIVE SESSION
UPDATE: MAY 25, 2017

House	Bill Number	Text	Sponsor	Status	Summary	Track/ Monitor	Testify	Group	Support/ Oppose	Evaluation	Status	Committee Passage
Assembly	18	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4624/Text	State Board of Nursing	No Further Action	Adopts the Nurse Licensure Compact.	Monitor		WCHD	Support		2/27/2017 Senate CLE	Mentioned no jurisdiction
Assembly	32	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4678/Text	State Department of Agriculture	Pending	Revises provisions relating to governmental entities that apply pesticides	Monitor		WCHD	Neutral		Enrolled and to Governor	
Assembly	41	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4687/Text	Department of Administration	Pending	Makes various changes relating to the qualifications for various Administrator positions in state government.	Monitor		DHHS	Neutral		Assembly Passage	Senate Gov. Affairs, Do Pass, 5/19/17
Assembly	50	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4717/Text	Division of Environmental Protection of the State Department of Conservation and Natural Resources	Pending	Revises provisions relating to the imposition of fees, civil penalties and administrative fines by the State Environmental Commission.	Track	Yes / Provided letter as testimony	WCHD	Support	Support the provisions that allow increased penalties on water systems for non-compliance	Enrolled and to Governor	
Assembly	62	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4741/Text	Attorney General	Pending	Revises provisions relating to the supervision of tobacco manufacturers and wholesale dealers.	Monitor		WCHD	Support	Bill adds provisions - should help ensure Master Settlement Agrmt funds are properly provided to State & can be used for Public Health	Assembly to Enrollment	

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	74	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4755/Text	Department of Corrections	Pending	Revises provisions relating to the policies of the Department of Corrections.	Track	Yes / Provided letter as testimony	WCHD	Oppose	Opposed to language "authorizes" rather than requires disclosure-WILL testify.	Enrolled and to Governor	
Assembly	105	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4839/Text	Assemblyman Thompson	Pending	Enacts provisions relating to suicide prevention for veterans.	Monitor		CHIP	Neutral		Assembly to Enrollment	
Assembly	108	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4842/Text	Assemblyman Oscarson	Pending	Provides for the periodic review of rates under the State Plan for Medicaid	Monitor		CHIP	Neutral		Signed by Governor 5/19/17	
Assembly	113	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4847/Text	Assemblywoman Spiegel	Pending	Requires an employer to make certain accommodations for a nursing mother.	Track	Yes / Provided letter as testimony	WCHD	Support	Support if amended to remove local board of health mediation.	Assembly Passage	Senate CLE, Do Pass, 5/15/17
Assembly	140	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4886/Text	Assemblyman Kramer	No Further Action	Revises the boundary line	Monitor		WCHD	Neutral	position-involves Duck Hill area of southeast Washoe County	3/14/2017 Assembly Gov't Affairs	Heard
Assembly	141	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4887/Text	Assemblyman Thompson	Pending	Revises the organizational structure of the Office of Minority Health.	Monitor		DHHS	Support		Assembly Passage Exempt	To Senate
Assembly	142	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4889/Text	Assemblyman Flores	Pending	Requires certain findings relating to juvenile immigrants.	Monitor		CHNA	Support		Senate Passage	Amended, To Assembly 5/22/17

2017 LEGISLATIVE SESSION
UPDATE: MAY 25, 2017

Assembly	146	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4893/Text	Assemblyman Watkins	Revises provisions governing recognition and enforcement of domestic orders.	Pending	Monitor	CHNA	Support		Assembly to Enrollment	
Assembly	153	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4900/Text	Assemblyman Daly	Revises provisions relating to counties.	No Further Action	Track	WCHD	Support		3/10/2017 Assembly Gov't Affairs	Heard
Assembly	156	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4903/Text	Assemblyman Yeager	Revises provisions governing the health and safety of pupils.	Pending	Track	CHIP	Support	support w/amendment for those w/an Asthma diagnosis only	Assembly Declared Exempt	
Assembly	157	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4904/Text	Assemblywoman Spiegel	Makes various changes related to medical billing practices.	No Further Action	Monitor	CHIP	Neutral		3/29/2017 Assembly HHS	Heard
Assembly	165	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4918/Text	Assemblyman Hambrick	Revises provisions governing long-term care administrators.	Pending	Monitor	CHNA	Neutral		In Assembly to Enrollment	
Assembly	166	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4924/Text	Assemblyman Edwards	Revises provisions governing education.	No Further Action	Monitor	CHIP	Support		2/20/2017 Assembly Education	Heard
Assembly	171	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4932/Text	Assemblyman Marchant (Originally requested by Assemblyman Moore)	Revises provisions governing carrying certain concealed weapons.	No Further Action	Monitor	CHNA	Oppose		None	

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	175	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4939/Text	Assemblyman McCurdy II	Pending	Revises provisions governing the minimum wage.	Monitor	CHNA	Support	Assembly Declared Exempt	
Assembly	182	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5016/Text	Assemblyman Oscarson	No Further Action	Revises provisions governing special education.	Monitor	CHIP	Support	None	
Assembly	183	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4947/Text	Assemblyman Ohrenschall	Pending	Revises provisions relating to liens.	Monitor	CHIP	Neutral	Assembly Passage, Exempt	Senate Judiciary To Committee
Assembly	186	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4952/Text	Assemblywoman Diaz	Pending	Makes various changes relating to education.	Monitor	CHIP	Neutral	Assembly Declared Exempt	
Assembly	190	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4959/Text	Assemblywoman Diaz	Pending	Requires certain health and safety training for entertainment industry workers and supervisors.	Monitor	Other	Neutral	Assembly to Enrollment	
Assembly	193	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4962/Text	Assemblywoman Joiner	No Further Action	Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties.	Track	Yes / DHO Provided Testimony WCHD	Support	3/7/2017 Assembly NRAM	Heard
Assembly	194	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4970/Text	Assemblywoman Monroe-Moreno	Pending	Provides for the certification of peer support specialists.	Monitor	CHIP	Neutral	Assembly Passage	Senate CLE Amend and Do Pass 5/19/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	196	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4972/Text	Assemblyman McCurdy II	Pending	Provides for a culturally responsive educational leader endorsement for teachers, administrators and other educational personnel.	Monitor	CHIP	Neutral		Senate Passage	To Assembly 5/22/17
Assembly	199	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4977/Text	Assemblywoman Woodbury	Pending	Revises provisions governing health care.	Monitor	CHIP	Support		Assembly to Enrollment	
Assembly	200	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4978/Text	Assemblywoman Woodbury	No Further Action	Revises provisions governing the health and safety of children.	Track	WCHD	Neutral	CCHS-not in favor of IZ exemption bill. Parents can see IZ comveage in schools	2/24/2017 Assembly HHS	Heard
Assembly	203	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4995/Text	Assemblywoman Joiner	Pending	Revises provisions relating to cemeteries.	Monitor	Other	Neutral		Enrolled and to Governor	
Assembly	205	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5000/Text	Assemblyman Araujo	Pending	Revises provisions governing crematories.	Monitor	No WCHD	Neutral	no fiscal impact	Assembly Passage	Senate HHS Amend and Do Pass, 5/15/17
Assembly	210	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5012/Text	Assemblyman Osca	No Further Action	Provides for Community Education Advisory Boards	Monitor	CHIP	Neutral		3/15/2017 Assembly Education	Heard
Assembly	212	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5017/Text	Assemblyman Fumo	No Further Action	Revises provisions governing education.	Monitor	CHIP	Neutral		4/10/2017 Assembly Education	Heard

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	213	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5018/Text	Assemblyman Ohrenschall	No Further Action	Revises provisions regarding health care	Monitor	CHIP	Neutral	3/1/2017 Assembly CLE	Heard
Assembly	215	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5040/Text	Assemblywoman Joiner	Pending	Provides for transparency in prescription drug costs.	Monitor	CHIP	Neutral	Assembly Declared Exempt	
Assembly	217	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5043/Text	Assemblyman Hambrick	No Further Action	Revises provisions relating to prostitution.	Monitor	WCHD	Neutral	3/2/2017 Assembly Gov't Affairs	Heard
Assembly	222	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5052/Text	Assemblywoman Swank	No Further Action	Revises provisions governing loans and check-cashing services.	Monitor	CHNA	Support	3/15/2017 Assembly Commerce and Labor	Heard
Assembly	249	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5129/Text	Speaker of the Assembly	Pending	Revises provisions governing health insurance.	Track	Yes / Provided letter as testimony WCHD	Support	Assembly Passage	Senate HHS, Amend and Do Pass 5/18/17
Assembly	259	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5144/Text	Assemblyman McCurdy II	Pending	Revises provisions governing criminal conviction and sentencing.	Monitor	MJ Bill	Neutral	Assembly Passage	Senate Judiciary, Amend and Do Pass 5/17/17
Assembly	260	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5145/Text	Assemblymen Tolles, Oscarson, Hambrick, Krasner, Miller, Pickard and Wheeler; Senators Gansert, Cannizzaro, Harris and Hardy	Pending	Revises provisions relating to the crime of prostitution.	Track	Yes / CCHS provided testimony WCHD	Support	Assembly Passage	Senate Judiciary, Do Pass 5/19/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	265	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5156/Text	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Authorizes an advanced practice registered nurse to perform certain tasks.	Track	WCHD	Neutral		3/27/17 Assembly Commerce and Labor	
Assembly	269	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5165/Text	Assemblywoman Bustamante Adams	Pending	Revises provisions governing taxation.	Track	Yes / Provided letter as testimony WCHD	Oppose	Unless amended to increase tax rate to equal combustible cigarettes.	Assembly Declared Exempt	
Assembly	273	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5181/Text	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Requires the board of trustees of certain school districts to collect and report information on the height and weight of a representative sample of certain pupils	Track	Yes / Provided letter as testimony WCHD	Support		3/8/2017 Assembly Education	Discussed as BDR
Assembly	275	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5184/Text	Assemblywomen Spiegel and Diaz; Senators Parks and Manendo	Pending	Requires the establishment of a protocol for providing integrated student supports for certain pupils and their families.	Monitor	CHIP	Neutral		Assembly Passage	Senate Education, Do Pass, 5/18/17
Assembly	284	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5199/Text	Assemblywoman Woodbury	No Further Action	Revises provisions governing health care.	Monitor	CHIP	Neutral		3/27/2017 Assembly Commerce and Labor	
Assembly	289	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5208/Text	Assemblyman Wheeler	No Further Action	Enacts provisions to promote and encourage the development of lithium mining in Nevada	Monitor	WCHD	Neutral		None	
Assembly	292	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5212/Text	Assemblyman Carrillo	Pending	Revises provisions governing safe and respectful learning environments in public schools.	Monitor	CHIP	Neutral		Assembly Passage	Senate Education, Amend and Do Pass, 5/18/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	366	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5381/Text	Assemblyman Araujo	Pending	Revises provisions relating to mental health.	Track	CHIP	Support	Assembly Declared Exempt	
Assembly	367	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5385/Text	Assemblyman Oscarson	No Further Action	Enacts the Recognition of Emergency Medical Services Personnel Interstate Compact Act.	Monitor	WCHD	Neutral	3/24/17 Assembly Commerce and Labor	
Assembly	374	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5393/Text	Assemblyman Sprinkle	Pending	Revises provisions relating to health care.	Monitor	CHIP	Neutral	Assembly Declared Exempt	
Assembly	381	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5418/Text	Assemblywoman Spiegel	Pending	Makes various changes concerning insurance practices related to prescription medication.	Monitor	CHIP	Support	Assembly Passage	Senate CLE, Amend and Do Pass, 5/19/17
Assembly	382	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5419/Text	Assemblywoman Carlton	Pending	Enacts the Family Medical Emergency Act.	Monitor	CHIP	Neutral	Assembly Declared Exempt	
Assembly	387	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5424/Text	Assemblywoman Benitez-Thompson	Pending	Revises provisions relating to social workers.	Monitor	CHIP	Neutral	Approved by the Governor	
Assembly	388	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5425/Text	Assemblywoman Benitez-Thompson	Pending	Makes an appropriation for certain health programs.	Track	CHIP	Support	Assembly Declared Exempt	

2017 LEGISLATIVE SESSION
UPDATE: MAY 25, 2017

Assembly	397	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5456/Text	Speaker of the Assembly	Pending	Revises provisions governing health care.	Track	Yes/ Provided Letter as Testimony	WCHD	Support	Assembly Declared Exempt	
Assembly	408	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5498/Text	Assemblywoman Joiner	Pending	Makes various changes relating to health care.	Track		CHIP	Support	Assembly Passage	Senate HHS, Amend and Do Pass, 5/19/17
Assembly	416	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5526/Text	Assemblywoman Swank	Pending	Revises provisions governing environmental protection.	Track	No	WCHD	Neutral	Assembly Declared Exempt	
Assembly	428	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5574/Text	Assembly Committee on Health and Human Services	Pending	Revises provisions governing the acquisition and use of opioid antagonists.	Track	Maybe	CHIP	Support	Assembly Declared Exempt	
Assembly	429	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5575/Text	Legislative Committee on Health Care (NRS 439B.200)	Pending	Enacts certain interstate compacts relating to the provision of health care	Track	No	WCHD	Neutral	Assembly to Enrollment	
Assembly	437	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5582/Text	Assembly Committee on Government Affairs	Pending	Creates an application for mobile devices to be used as a centralized system for reporting nonemergency issues to the government.	Track	No	Other	Neutral	Assembly Declared Exempt	
Assembly	450	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5694/Text	Legislative Committee on Health Care (NRS 439B.200)	No Further Action	Imposes certain requirements concerning vapor products and alternative nicotine products.	Track	Yes	WCHD	Support	Support if definition of e-cig is improved.	None

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Assembly	474	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5735/Text	Office of the Governor	Pending	Provides for prevention of the abuse of controlled substances.	Track	Yes, provided letter in support	CHNA	Support	Assembly Passage 5/15/17, Exempt	Senate HHS, To Committee
Senate	3	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4593/Text	State Department of Agriculture	Pending	Revises provisions governing the Breakfast After the Bell Program in public schools	Monitor		CHIP	Neutral	Senate Passage 5/11/17, Exempt	Assembly Ways and Means, To Committee
Senate	13	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4606/Text	Office of the Governor	Pending	Eliminates the Advisory Board on Motorcycle Safety.	Monitor		CHNA	Neutral	Approved by the Governor	
Senate	28	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4636/Text	Nevada Silver Haired Legislative Forum	Pending	Requires periodic reviews of certain rates paid under the State Plan for Medicaid.	Monitor		CHIP	Support	Senate Declared Exempt	
Senate	44	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4671/Text	State Public Works Division of the Department of Administration	Pending	Authorizes the State Public Works Division to issue permits to private contractors for construction projects on state land or land held in trust by the State.	Monitor		WCHD	Neutral	Charlene indicated she wants to track, but doesn't expect to act on it.	Approved by the Governor
Senate	59	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4699/Text	Committee on Health and Human Services	Pending	Requires the reporting of certain information to the database of the program to monitor prescriptions for certain controlled substances.	Monitor		CHIP	Support	Senate Passage	Assembly HHS, Amend and Do Pass, 5/15/17
Senate	60	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4700/Text	Las Vegas, City of	Pending	Revises provisions relating to supplemental reimbursement for Medicaid ground emergency medical transportation services.	Monitor		CHIP	Neutral	Senate Passage	Assembly HHS, Amend and Do Pass, 5/17/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	77	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4733/Text	Department of Education No Further Action	Revises provisions relating to ensuring a safe and respectful learning environment for pupils.	Monitor	CHIP	Neutral	None	
Senate	91	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4786/Text	Senator Hardy Pending	Revises provisions regarding health care	Track	Yes / SNHD indicated our support WCHD	Support	SNHD will indicate our support	Assembly To Enrollment
Senate	106	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4835/Text	Committee on Commerce, Labor and Energy Pending	Requires certain increases in the minimum wage paid to employees in private employment in this State.	Monitor	CHNA	Support	Senate Passage 5/17/17, Exempt	Assembly Commerce and Labor
Senate	112	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4870/Text	Senator Ratti Pending	Revises provisions relating to education.	Monitor	Other	Neutral	Enrolled and to Governor	
Senate	115	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4875/Text	Senator Denis No Further Action	Revises provisions relating to public safety	Monitor	CHNA	Support	2/28/2017 Senate Judiciary	Heard, no action
Senate	122	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4921/Text	Senator Cancela Pending	Revises provisions relating to health care.	Track	Yes / Provided letter as testimony WCHD	Support	Senate to Enrollment	
Senate	123	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4922/Text	Senator Ratti Pending	Revises provisions relating to the State Long-Term Care Ombudsman.	Monitor	CHNA	Support	Senate to Enrollment	

2017 LEGISLATIVE SESSION
UPDATE: MAY 25, 2017

Senate	124	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4923/Text	Senator Spearman	Revises provisions relating to firearms.	Pending	Monitor	CHNA	Support	Senate Declared Exempt	
Senate	127	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4933/Text	Senator Goicoechea	Revises provisions relating to certain local governing boards.	Pending	Monitor	WCHD	Neutral	Senate Passage	Assembly Gov. Affairs, Do Pass, 5/16/17
Senate	132	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4953/Text	Senator Harris	Revises provisions governing education	Pending	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	136	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4964/Text	Senator Woodhouse	Makes various changes relating to palliative care.	Pending	Monitor	DHHS	Support	Senate Passage Exempt	Assembly HHS Do Pass, 5/22/17
Senate	139	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4967/Text	Senator Hardy	Revises provisions relating to patient-centered medical homes.	Pending	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	143	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4975/Text	Senator Harris	Revises provisions relating to education	Pending	Monitor	CHIP	Neutral	Senate Declared Exempt	
Senate	147	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/4983/Text	Senator Spearman	Authorizes certain credits against the taxes imposed on financial institutions and other businesses for certain costs incurred by employers relating to the provision	No Further Action	Monitor	CHNA	Support	3/2/2017 Senate Revenue & ED	Heard, no action

2017 LEGISLATIVE SESSION
UPDATE: MAY 25, 2017

Senate	149	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4985/Text	Senator Manendo	Pending	Makes certain changes relating to fixed guideway systems.	Monitor	CHNA	Support		Senate Passage	Assembly Transportation, Amend and Do Pass 5/22/17
Senate	151	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4987/Text	Senator Manendo	Pending	Revises provisions relating to public health.	Track	WCHD	Neutral	w/Concerns regarding resource diversion from State lab and duplication of services	Senate Passage	Assembly HHS, Do Pass 5/22/17
Senate	152	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4988/Text	Senator Hammond	No Further Action	Revises provisions relating to motor vehicles.	Track	WCHD	Support		3/9/2017 Senate Transportation	Heard, no action
Senate	153	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4989/Text	Senator Spearman	No Further Action	Revises provisions relating to education.	Monitor	CHIP	Neutral		None	
Senate	154	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4990/Text	Senator Hammond	Pending	Revises provisions relating to education and leadership.	Monitor	CHIP	Neutral		Senate Declared Exempt	
Senate	155	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4991/Text	Senator Farley	Pending	Makes an appropriation for educational leadership training programs.	Monitor	CHIP	Oppose	Establishes earmark for Clark County Public Education Foundation, Inc.	Senate Declared Exempt	
Senate	156	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4992/Text	Senator Woodhouse	Pending	Revises provisions relating to the safe transportation of children.	Monitor	CHNA	Support		Senate Passage	Assembly Transportation, Do Pass 5/16/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	159	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/4998/Text	Senator Farley	Pending	Revises provisions relating to the sale of certain medications.	Monitor	Other	Neutral	Assembly Passage	Amended, To Senate 5/22/17
Senate	162	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5002/Text	Senator Gansert	Pending	Revises provisions relating to public welfare.	Monitor	CHIP	Neutral	Senate Passage	Assembly Commerce and Labor Pass as Amended 5/18/17
Senate	165	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5009/Text	Senator Denis	Pending	Makes various changes concerning the prevention and treatment of obesity.	Track	Yes / AQM Provided testimony WCHD	Support	Senate Passage	Assembly HHS Pass as Amended 5/19/17
Senate	166	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5010/Text	Senator Farley	Pending	Revises provisions relating to youth risk behavior surveillance surveys.	Monitor	CHIP	Oppose	Senate Declared Exempt	Duplicative of YBRS survey of students.
Senate	167	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5011/Text	Senator Farley	Pending	Revises provisions concerning education.	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	170	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5021/Text	Senator Segerblom	No Further Action	Revises provisions governing public records.	Monitor	WCHD	Neutral	3/15/2017 Senate Gov't Affairs	Heard, no action
Senate	171	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5022/Text	Senator Gansert	Pending	Requires pharmacies to accept unused medication under certain circumstances.	Track	CHIP	Support	Senate Passage	Assembly Commerce and Labor, Amend and Do Pass 5/19/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	178	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5029/Text	Senator Denis	Pending	Revises provisions relating to the funding formula for K-12 public education.	Monitor	CHIP	Neutral	Senate Declared Exempt	Senate Education To Committee 4/24/17
Senate	180	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5031/Text	Senator Segerblom	Pending	Requires money in the State Supplemental School Support Account to be spent for specified purposes to improve student achievement.	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	181	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5032/Text	Senator Segerblom	Pending	Revises provisions governing certain alcohol and drug abuse programs.	Monitor	CHIP	Support	Senate Declared Exempt	Increase 'sin tax' to support substance abuse treatment-possible funding for tobacco prevention
Senate	189	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5041/Text	Senator Woodhouse	Pending	Revises provisions relating to child care facilities.	Monitor	Other	Neutral	Senate Declared Exempt	
Senate	190	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5044/Text	Senator Cannizzaro	Pending	Revises provisions relating to education.	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	192	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5047/Text	Senator Cannizzaro	Pending	Revises provisions relating to health care.	Monitor	Other	Neutral	Senate Declared Exempt	
Senate	193	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5058/Text	Senator Settlemeyer	No Further Action	Revises provisions relating to public financial administration	Monitor	WCHD	Neutral	None	

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	196	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5063/Text	Senator Ford	Pending	Requires an employer to provide paid sick leave to each employee of the employer under certain circumstances.	Monitor	Other	Neutral	Senate Passage	Assembly Commerce and Labor, To Committee 5/19/17
Senate	233	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5127/Text	Senator Ratti	Pending	Revises provisions relating to health care.	Track	Yes / Provided letter as testimony WCHD	Support	Senate Passage Exempt	Assembly HHS, Amend and Do Pass, 5/22/17
Senate	236	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5143/Text	Senator Segerblom	Pending	Authorizes local governments to enact ordinances allowing for marijuana social clubs, events and concert arenas to allow the public use of marijuana	Monitor	MJ Bill	Oppose Secondhand smoke concerns	Senate Passage	Assembly Gov. Affairs, Do Pass, 5/17/17
Senate	251	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5172/Text	Senator Goicoechea	Pending	Provides for a grant program to assist certain operators in cleaning up discharged petroleum.	Track	Yes / Provided letter as testimony WCHD	Support	Senate Passage	Assembly NRAM, Amend and Do Pass 5/22/17
Senate	294	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5264/Text	Senator Farley Joint Requester: Senator Hammond	No Further Action	Revises provisions relating to education	Monitor	CHIP	Support	3/23/2017 Senate Education	
Senate	302	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5274/Text	Senator Segerblom	Pending	Establishes the Early Start Program for recreational marijuana.	Monitor	MJ Bill	Neutral	Senate Waiver Granted	Senate Revenue and Economic Development, To Committee
Senate	307	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5283/Text	Senator Gustavson	No Further Action	Revises provisions governing concealed firearms.	Monitor	CHNA	Oppose Public safety concern - removes requirement for CWP permit	None	

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	315	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5293/Text	Senator Farley	Revises provisions relating to programs for recycling.	Track	WCHD	Neutral	Senate Declared Exempt	
Senate	323	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5309/Text	Senator Cancela	Revises provisions relating to nutrition standards.	Monitor	CHIP	Neutral	Senate Passage Exempt	Assembly HHS To Committee 5/17/17
Senate	324	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5310/Text	Subcommittee to Conduct a Study of Postacute Care (A.B. 242, 2015)	Authorizes employees of certain facilities and organizations to check vital signs and provide related services to residents.	Monitor	CHNA		Senate Passage	Assembly HHS Do Pass 5/9/17
Senate	325	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5311/Text	Senator Cancela	Makes certain changes relating to health care for children.	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	329	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5324/Text	Senator Segerblom	Provides for a Medical Marijuana Patients' Bill of Rights.	Monitor	MJ Bill	Neutral	Senate Declared Exempt	
Senate	330	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5326/Text	Senate Minority Leader	Enacts the Right to Earn a Living Act.	Track	WCHD	Neutral	None	

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	340	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5344/Text	Senator Settelmeyer No Further Action	Revises provisions relating to agriculture and animals.	Monitor	WCHD	Neutral	3/24/2017 Senate Gov't Affairs	
Senate	341	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5346/Text	Senator Farley Pending	Revises provisions relating to the licensure of certain marijuana establishments.	Track	MJ Bill	Support	Senate Declared Exempt	Senate Judiciary Amend and Do Pass 4/13/17, To Finance Committee
Senate	344	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5354/Text	Senator Farley Pending	Revises provisions relating to consumer protection.	Monitor	MJ Bill	Support	Senate Passage Exempt	Assembly Judiciary Amend and Do Pass 5/19/17
Senate	348	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5360/Text	Senator Cancela No Further Action	Makes certain changes relating to health care.	Monitor	DHHS	Neutral	None	
Senate	355	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5384/Text	Senator Segerblom Pending	Increases the fee for death certificates to fund grief support	Track	WCHD	Neutral	Senate Declared Exempt	Senate HHS Do Pass 4/11/17, Senate Finance To Committee
Senate	366	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5405/Text	Senator Cancela Pending	Revises provisions relating to Medicaid.	Monitor	CHIP	Neutral	Assembly Passage	Amended, To Senate 5/22/17
Senate	374	https://www.leg.state.nv.us/App/NELIS/REL/79th2017/Bill/5428/Text	Senator Segerblom Pending	Prohibits professional licensing boards from taking disciplinary action against licensees because of the licensees' professional involvement with marijuana.	Monitor	MJ Bill	Neutral	Assembly Passage	Amended. To Senate 5/22/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	375	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5429/Text	Senator Segerblom	Pending	Authorizes the Governor to enter into compacts with Indian tribes in Nevada concerning the regulation of marijuana and revises provisions relating to a tribal marijuana program in Nevada.	Monitor	MJ Bill	Neutral	Assembly Passage	Amended, To Senate 5/22/17
Senate	379	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5434/Text	Senator Ratti	No Further Action	Revises provisions relating to revenue.	Monitor	CHIP	Support	4/13/2017 Senate Revenue and Economic Development	Do Pass
Senate	385	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5443/Text	Senator Hammond	No Further Action	Revises provisions relating to education.	Monitor	CHIP	Neutral	None	
Senate	387	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5486/Text	Senator Ratti	No Further Action	Revises provisions relating to public safety.	Track	CHNA	Support	4/14/2017 Senate Judiciary	Amend, and do pass as amended
Senate	390	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5448/Text	Senator Denis	Pending	Revises provisions relating to Zoom schools.	Monitor	CHIP	Support	Senate Declared Exempt	Senate Education To Committee 4/24/17
Senate	394	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5457/Text	Senator Spearman	Pending	Revises provisions relating to health care.	Monitor	CHIP	Neutral	Senate HHS Waiver Granted 4/24/17, Amend and Do Pass	
Senate	398	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5463/Text	Senator Kieckhefer	Pending	Revises provisions relating to commerce.	Monitor	MJ Bill	Neutral	Senate Passage	Assembly Judiciary Amend and Do Pass 5/11/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	400	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5465/Text	Senator Spearman	Revises provisions relating to social impact bonds.	Pending	Monitor	DHHS	Neutral	Senate Passage	Assembly Gov't Affairs, Do Pass 5/17/17
Senate	404	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5469/Text	Senator Parks	Revises provisions relating to health insurance coverage of certain cancer treatment drugs.	No Further Action	Monitor	CHIP	Neutral	None	
Senate	416	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5490/Text	Senator Spearman	Revises provisions relating to economic development.	Pending	Monitor	MJ Bill	Neutral	Senate Passage	Assembly HHS, Do Pass 5/12/17
Senate	418	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5492/Text	Senator Spearman	Revises provisions relating to air pollution.	Pending	Monitor	WCHD	Neutral	Senate Declared Exempt	
Senate	419	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5494/Text	Senator Hardy	Revises provisions relating to taxation.	Pending	Monitor	CHIP	Support	Senate Declared Exempt	
Senate	426	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5504/Text	Senate Committee on Transportation	Revises provisions relating to mopeds.	No Further Action	Monitor	CHNA	Support	4/13/2017 Senate Transportation	Do Pass
Senate	429	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5508/Text	Senate Committee on Natural Resources	Makes various changes relating to agriculture.	Pending	Monitor	CHIP	Support	Senate Passage	Assembly Gov't Affairs, Do Pass 5/16/17

2017 LEGISLATIVE SESSION

UPDATE: MAY 25, 2017

Senate	436	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5543/Text	Senate Committee on Commerce, Labor and Energy	No Further Action	Enacts restrictions on certain discriminatory health benefit plan designs.	Monitor	CHIP	Neutral		4/3/2017 Senate Commerce Labor and Energy	Heard, no action
Senate	446	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5554/Text	Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs (NRS 218E.750)	Pending	Makes an appropriation to the Aging and Disability Services Division of the Department of Health and Human Services to fund home-delivered meals	Monitor	CHIP	Support		Senate Declared Exempt	
Senate	487	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5688/Text	Senate Committee on Revenue and Economic Development	Pending	Revises provisions relating to taxes.	Track	CHIP	Support	Submitted letter in support	Senate Waiver Granted 4/13/17	Senate Revenue and Economic Development, Amend and Do Pass 5/9/17
Senate	494	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5710/Text	Legislative Commission's Subcommittee to Study Water (NRS 218E.200)	No Further Action	Revises provisions relating to grants for capital improvements to publicly owned water systems.	Track	WCHD	Neutral		3/31/2017 Senate Government Affairs	Heard, no action
Senate	508	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5753/Text	Office of Finance in the Office of the Governor	Pending	Imposes tax on the sale of marijuana.	Monitor	MJ Bill	Neutral		Senate Declared Exempt	
Senate	509	https://www.leg.state.nv.us/App/NELIS/REL/79th/2017/Bill/5754/Text	Office of Finance in the Office of the Governor	Pending	Revises provisions relating to Medicaid.	Monitor	CHIP	Neutral		Senate Passage	Assembly HHS, Do Pass 5/19/17

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: May 25, 2017

DATE: May 12, 2017
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. NACAA Spring Membership Meeting



The National Association of Clean Air Agencies (NACAA) held their Spring Membership Meeting in Washington, D.C. from May 1 -3, 2017, with 160 state and local air directors in attendance. The meeting was intentionally scheduled a year ago, prior to the November election, to provide an opportunity for the NACAA members to meet with the new U.S. Environmental Protection Agency (EPA) Administration. NACAA Executive Director Bill Becker reached out to EPA Administrator Scott Pruitt with an invitation to address the group. Mr. Pruitt declined the offer, instead recommending Amanda Gunasekara, Advisor to the Administrator on air and climate issues, address the NACAA membership. Unfortunately, shortly before the session, Ms. Gunasekara cancelled her appearance due to an unscheduled meeting with Mr. Pruitt.

EPA staff members did participate in the meeting, including the heads of the following offices: Office of Air & Radiation (OAR); Office of Air Quality Planning & Standards (OAQPS); Office of Enforcement & Compliance Assurance (OECA); and Office of Transportation & Air Quality (OTAQ). The EPA staff was very engaged and supportive of all of the programs involving cooperative efforts between the federal, state, and local air quality authorities. They unfortunately could not provide any significant information of the future direction of the air programs, as they had not yet received any direction. At this point, air agencies at all levels will continue to implement programs for the protection of clean air until otherwise directed.

The highlight of the meeting was a lunch presentation by Senator Tom Carper (D-DE), ranking member of the Senate Committee on Environment and Public Works. Sen. Carper was very supportive of the NACAA membership and applauded our continuing efforts to protect public health by ensuring clean air for our citizens. During his speech, Sen. Carper reinforced the message that it takes both houses of Congress to pass laws and budgets. He reaffirmed his commitment to protect the environment as demonstrated by the passing of the Federal Budget Omnibus Bill that morning. His final message to the membership was for us to remember there are a number of members of Congress on both sides of the aisle that are committed to protecting our nation's clean air and water.

As a demonstration of this support, on May 10th, the Senate voted against an effort to repeal a rule regulating methane waste on public lands. This rule would have rolled back the control of emissions from oil and gas flaring, venting, and leakage on public lands. The resolution failed by a vote of 49-51. In a statement following the vote, E&E News (May 10, 2017) reported Sen. Carper called this the second victory in two weeks for greens, coming on the heels of last week's omnibus spending bill that rejected a White House effort to "cut the heart and soul out of environmental protection."

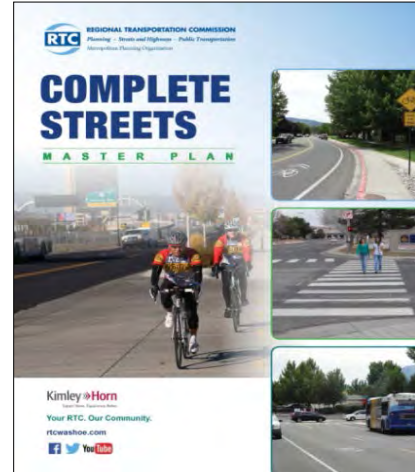
b. Transportation and Public Health

Cars and trucks are the Truckee Meadows' largest category of air pollutants. Summertime ozone levels are directly related to vehicle trips and miles traveled, which are influenced by our land use patterns. The Regional Transportation Commission of Washoe County (RTC) is one of our key partners that connect the dots between transportation and public health. Many transportation solutions also provide great benefits to public health. Two RTC plans that support the Health District's vision of a Healthy Community are the Regional Transportation Plan (RTP) and the Complete Streets Master Plan.

- RTC's RTP is the long-range transportation plan that includes the Cities' and County's growth projections and patterns. RTC and AQM collaborate early and often through the RTP process to ensure the plan conforms to AQM's state implementation plans. In 2013, a new chapter titled Healthy Communities and Sustainability was added to the RTP to address the strong connection between RTC and Health District goals.



- The Complete Streets Master Plan is our region's blueprint to provide choices for pedestrians, bicyclists, motorists, and transit riders to safely travel around the Truckee Meadows. Active transportation (i.e., walking and biking) improves the physical health of our community. Reno, Sparks, and Washoe County incorporate these complete streets elements on new roads and when roads are reconstructed. The Complete Streets Master Plan supports the AQM Keep it Clean – Rack Em Up outreach campaign.



RTC further supports the Health District by adopting a resolution in 2016 supporting the Health District's Ozone Advance Program. They also actively support and participate in the Healthy Living Forum.

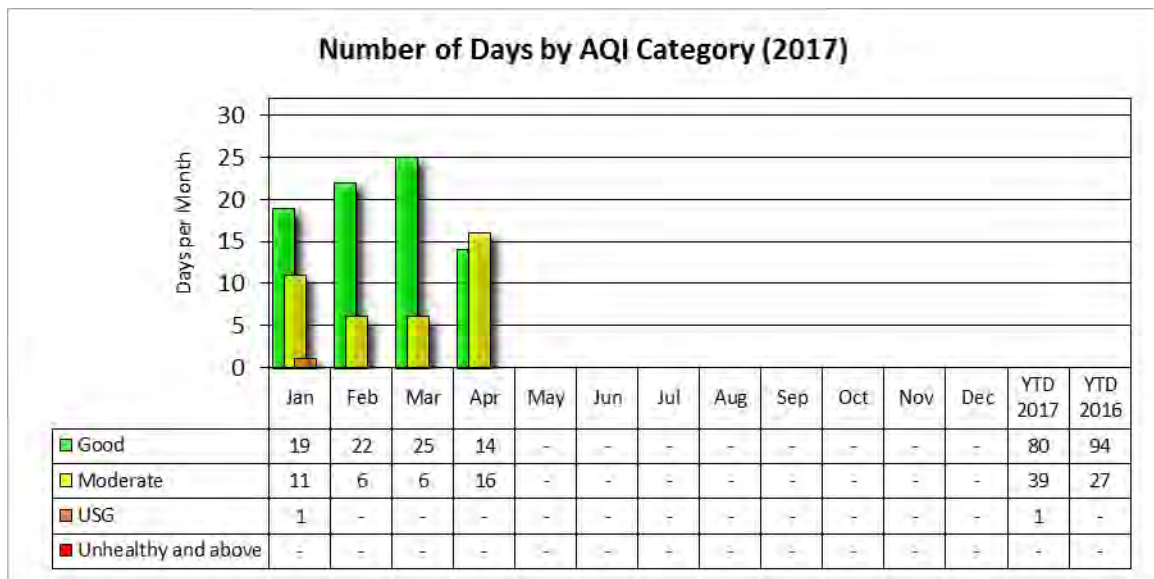
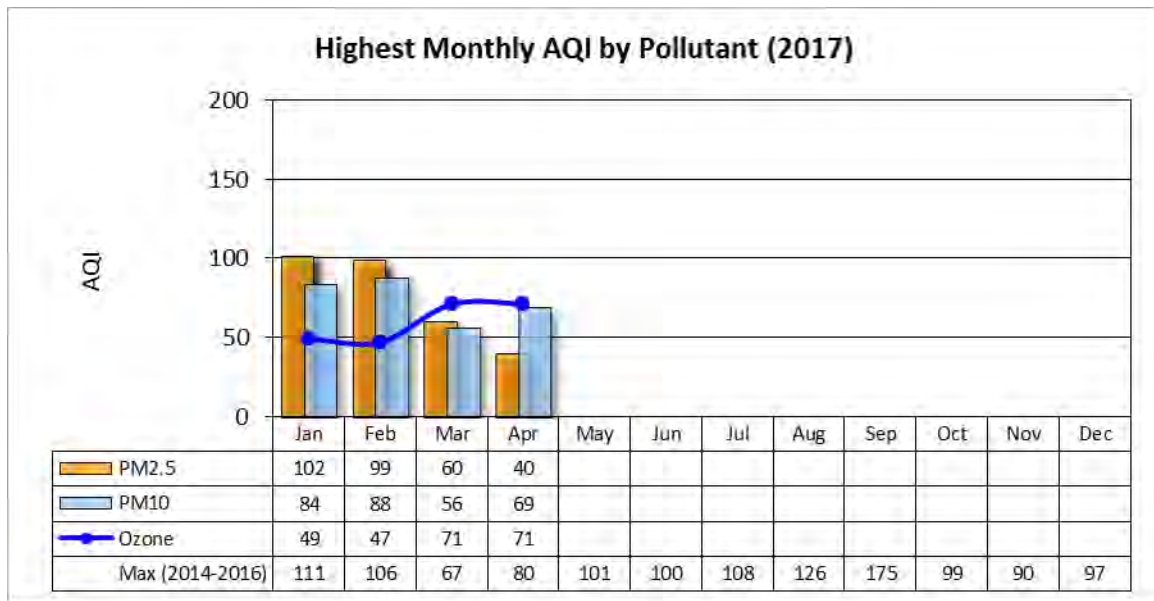
The Health District has provided letters of support to RTC for three Transportation Investment Generating Economic Recovery (TIGER) grant applications. The applications were for the 4th/Prater complete streets project, a new RAPID route connecting Reno and Sparks, dozens of electric transit busses, and electric vehicle charging infrastructure. These projects will support many of the Health District's strategic priorities.

Transportation and public health are directly related. RTC and the Health District are partnering together to implement initiatives and pursue future opportunities that improve both.

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

April Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of March.

EPA is expected to issue their "120-day letters" on June 2, 2017. This is EPA's initial attainment/non-attainment recommendations for the 2015 ozone NAAQS. In making their recommendation, EPA will consider 2014-2016 ozone monitoring data, exceptional events demonstrations, and the Governor's recommendation. AQMD staff coordinated with EPA preparing the exceptional events demonstrations for six days in 2015/2016 when wildfire smoke caused six exceedances of the ozone NAAQS.

Trailhead Fire smoke over Reno on June 29, 2016



Staff has been actively participating in Reno's master plan update called ReImagine Reno. This is Reno's roadmap to the future and has direct impact on the Health District goals. For example, Goal 2.5 (Promote the use of sustainable development practices) includes policies the support Green Building (Policy 2.5a), Transit-Oriented Development (2.5b), and Waste Reduction (2.5h). The plan also includes policies specific to Transportation Options (3.4a), Safe Routes to School (5.2i), Food Access (6.5c), Social Equity (6.6b), and Air Quality. Information about ReImagine Reno is available at www.reimaginereno.us.



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	April	YTD	April	Annual Total
Renewal of Existing Air Permits	88	335	128	1285
New Authorities to Construct	8	20	8	97
Dust Control Permits	16 (141 acres)	68 (1036 acres)	3 (9 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	20	119	50	434
WS Dealers Affidavit of Sale	5 (4 replacements)	22 (16 replacements)	7 (6 replacements)	81 (57 replacements)
WS Notice of Exemptions	490 (7 stoves removed)	2250 (25 stoves removed)	770 (11 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	104	366	120	1020
Asbestos Demo and Removal (NESHAP)	16	83	23	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed forty-three (43) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Permitting staff completed an authority to construct for a minor modification to the SFPP major source permit. The modification application was written to replace the aluminum floating roof in tank number R-12, with a new steel floating roof. The new roof will have more efficient seals and has been identified by AQMD and the EPA as a benefit to our air shed.
- The new Senior Air Quality Specialist for the enforcement group (Senior) has been selected and has accepted the offer of the position. The new Senior is Joshua Restori who has been an Air Quality Specialist II with Washoe County AQMD for more than three years and also had more than three years of similar experience in Clark County. Mr. Restori started in his new position on May 8th.

Staff conducted seventy-seven (77) stationary source and fifty-five (55) gasoline station inspections in April 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	April	YTD	April	Annual Total
Asbestos	2	8	0	29
Burning	0	6	0	16
Construction Dust	3	7	5	58
Dust Control Permit	0	0	0	13
General Dust	5	10	6	72
Diesel Idling	0	0	1	8
Odor	0	6	7	31
Spray Painting	2	2	0	3
Permit to Operate	0	0	0	8
Woodstove	0	0	0	1
TOTAL	12	39	19	239
NOV's	April	YTD	April	Annual Total
Warnings	0	2	0	16
Citations	1	2	0	24
TOTAL	1	4	0	40

*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD SK
DHO _____ KD

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: May 25, 2017**

DATE: May 11, 2017
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 – Client Satisfaction Survey Results; Data & Metrics; Program Reports

1. Program Report – May is National Teen Pregnancy Prevention Month



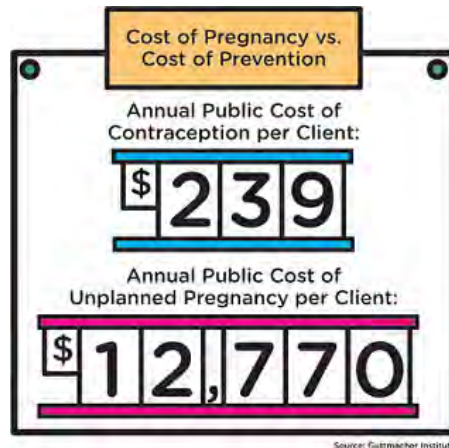
The National Campaign to Prevent Teen and Unintended Pregnancy indicated that teen pregnancy and childbearing are at historic lows, and that there has been impressive progress towards reducing the number of teen pregnancies in all 50 states. Particularly in the state of Nevada, there has been a decline of 63% between 1991 and 2015 (according to 2015 data). Nevada is currently ranked 38th in teen birth rates and 43rd in teen pregnancy rates with 50 being the worst. The information 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.

Office of Public Health Informatics and Epidemiology

Teen Birth Rate (15-19 Year Olds, Per 1,000)	
Washoe County, Nevada 2014-2015	
Year	Rate
2014	29.0
2015*	27.6

*Note: counts are preliminary and are subject to changes
 Data Source: Division of Public and Behavioral Health, Electronic Birth Registry System

There has been a decline in the amount of teen births per 1000 girls aged 15-19 years old within Washoe County when compared to previous years. According to health officials, the majority of teens in Nevada are engaging in safe sexual behavior. Information taken from the 2015 Nevada High School Youth Risk Behavior Report (YRBS) with the Nevada Department of Health and Human Services states that 56.9% of teens reported using a condom during their last sexual intercourse. Although this number is higher than in previous years, as the graphic below states, it is clear that contraception and education when compared to unplanned pregnancy saves our community money.



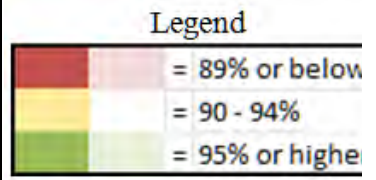
CCHS, specifically within the Family Planning program pursues a variety of platforms to reach the teenage population and to continue to educate them about the importance of safe sex practices, and the options available to them for preventing an unplanned pregnancy. In collaboration with the Sexuality, Health and Responsibility Education (SHARE) program, presentations regarding birth control, pregnancy options, and sexual health are presented to Washoe County High school student's aged 15-19. The Family Planning Clinic recently began a campaign with a goal to reach as many people within the high risk area zip codes identified from the Community Health Needs Assessment. The campaign has been successful at placing billboards in these high risk areas, as well as running radio and Facebook advertisements, with the main goal to remind our community that Family Planning is here to provide clinical services, help them feel empowered and that they are in control of their own sexual health.

Additionally, using the Sexual Health Program Washoe County Health District Facebook page and our Twitter account at Sexual Health (@SexualHealthWC), we continue to share information on sexual health and wellness. These pages will target teen pregnancy prevention throughout the month of May.

2. Divisional Update

- a. **Client Satisfaction Survey Results** – In February 2017, CCHS conducted its semi-annual client satisfaction survey. About 245 clients completed the survey. Below is a summary chart comparing results from the previous survey done in November of 2015 to this year’s survey results. For both years the overwhelming majority rated CCHS clinical services good to great. Below is a summary of categories and questions:

CCHS Client Satisfaction Survey Results	2015 Results	2017 Results
Category & Question	Good/Great %	Good/Great %
Ease of Getting Care		
Scheduling an appointment	92%	92%
Time between making appt. and being seen	83%	90%
Convenience of clinic hours	92%	93%
Convenience of clinic location	92%	93%
TOTAL Overall Satisfaction	91%	92%
Wait time		
Time in waiting room	71%	89%
Time in exam room	94%	94%
Height/weight and nutrition education (WIC only)	86%	93%
Receive benefits and next appt. paperwork (WIC only)	89%	92%
TOTAL Overall Satisfaction	85%	92%
Front Desk Staff		
Courtesy of staff	88%	94%
Clearly explains registration process	92%	89%
Answers your questions	94%	95%
TOTAL Overall Satisfaction	91%	93%
Staff/Provider		
Courtesy of staff	94%	97%
Clinic staff listens to you	93%	97%
Clinic staff takes enough time with you	93%	97%
Clinic staff clearly answers your questions	94%	97%
TOTAL Overall Satisfaction	91%	97%
Facility		
Cleanliness of clinic	94%	94%
Ease of finding where to go	96%	89%
Comfort while waiting	92%	94%
TOTAL Overall Satisfaction	94%	92%
Confidentiality		
Keeping your personal information private	96%	96%
TOTAL Overall Satisfaction	96%	96%

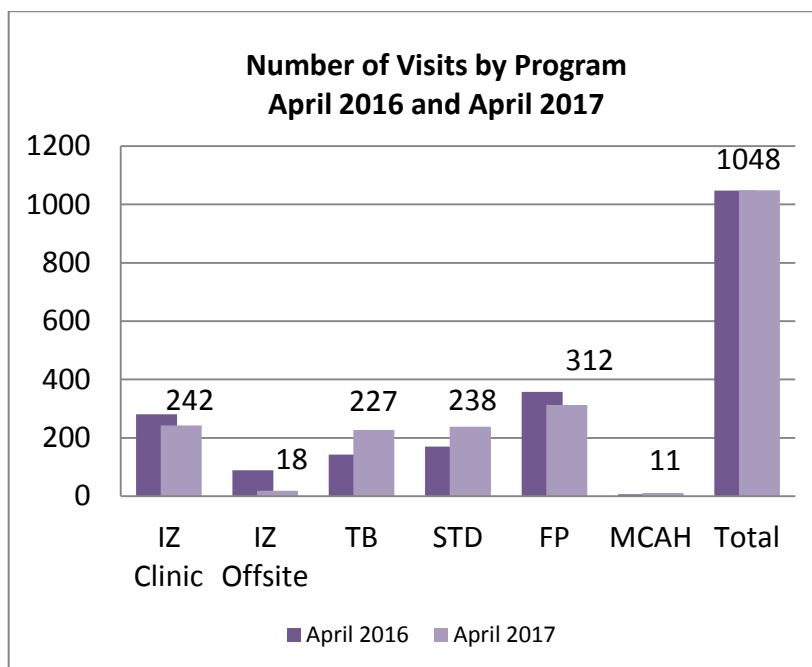


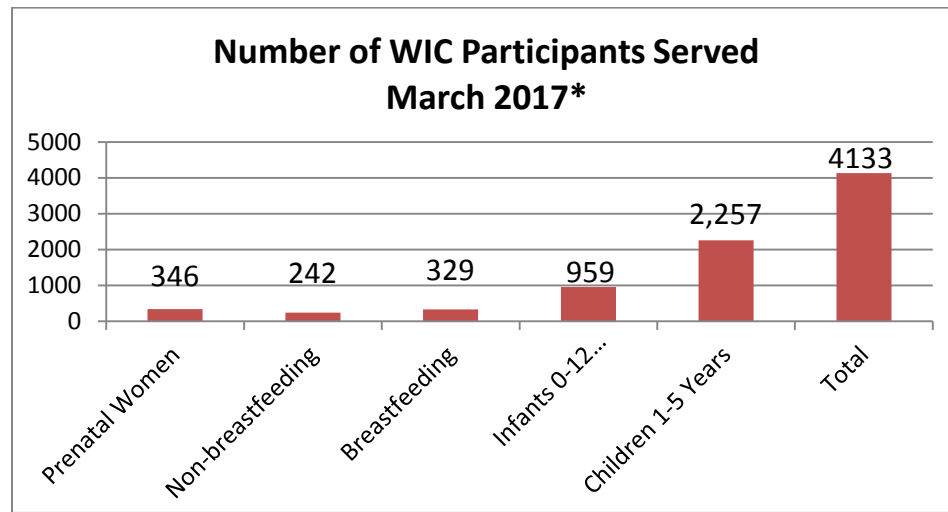
Comparatively, the CCHS division has improved substantially in each category since the previous survey was conducted. Areas of improvement this year include overall satisfaction with ease of getting here, wait times, front desk courtesy, and staff and client interactions. Notably, areas of the most significant improvement have been in our wait times, and staff and provider interactions. As with any survey, this data also points out opportunities for improvement, such as dissatisfaction with the facility, more specifically ease of finding where to go within the facility. It is important to note that client satisfaction in confidentiality has remained the same when compared to the previous year.

Client comments included a desire for more available appointment times, longer appointment times, and decreased wait time. With the transition to Patagonia Health as our new Electronic Health Record (EHR), and now that all staff members have had adequate training we will continue to streamline the client check in/check out process, and recently began the use of automated reminders via phone or text, which is expected to make the flow within each clinic area smoother and quicker. An online appointment option continues to be explored with Patagonia Health.

On a positive note, most client comments were favorable, with many thanks for the staff and services provided. There has been a significant increase in client satisfaction with our front desk staff, and provider interactions. Many clients stated how happy they were with the services they receive and the fact that they feel comfortable and confident in their care within CCHS.

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** – Angela Penny, RN, was the successful candidate for the Lead Disease Intervention Specialist (DIS) assignment. She will be assisting with staff training, policies and procedures, and laboratory responsibilities. On May 1, 2017, STD*MIS, the data system for case investigations was replaced by NBS and staff is currently training in the system. The STD program will be starting a new residency program with Dr. Zell, which will rotate medical residents over the course of three years.
- b. **Immunizations** – Staff participated in the Community Baby Bash event on April 21, 2017 at Northern Nevada HOPES to celebrate National Infant Immunization Week. Staff also attended the Immunize Nevada Silver Syringe event on April 20, 2017. Planning is underway for several upcoming immunization activities including Back to School, Remote Area Medical (RAM), and a flu vaccine Point of Dispensing (POD) exercise. Graciela Flores, OAI was re-assigned to Central Clerical to meet program needs due to a staff resignation.
- c. **Tuberculosis Prevention and Control Program** – Washoe County has had eight cases of active Tuberculosis since January 1, 2017. There are currently nine patients on daily direct observed therapy (DOT). Diane Freedman, RN, TB Program Coordinator, attended the National Tuberculosis Controllers Association conference in April.

- d. **Family Planning/Teen Health Mall** – Please see the Program Report above.
- e. **Chronic Disease Prevention Program (CDPP)** – Staff worked with event coordinators to plan and implement two smoke-free/vape-free outdoor events: Healthy Parks, Healthy People and the Race to End Domestic Violence. Participants were also surveyed to gather perceptions and attitudes regarding smoke-free/vape-free outdoor events.

Staff worked with Carl's-The Saloon, as they re-opened their establishment as smoke free. Carl's patrons primarily associate with being part of the LGBTQ community which has significantly higher smoking rates than the general population.

Staff was invited to attend, at no cost to the Health District, the *National Implementation and Dissemination for Chronic Disease Prevention*, hosted by the American Heart Association in Denver Colorado. This was an invitation only conference that focused on efforts to reduce chronic disease through a focus on nutrition, physical activity and tobacco.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended the 5th National Cribs for Kids Infant Safe Sleep Conference in Pittsburgh, Philadelphia from April 25-28, 2017. Staff will disseminate new information about successful evidence based strategies for reducing the incidence of sleep-related deaths to local partners such as the “Increasing the Impact of Safe Sleep Education” statewide workgroup. The program supervisor attended the Fetal and Infant Mortality Review (FIMR) California Technical Assistance Meeting on May 4, 2017 in Oakland, California. This meeting addressed FIMR basics and advanced issues, providing a networking opportunity and new information about successful strategies to improve program effectiveness.
- g. **Women, Infants and Children (WIC)** – WIC is excited to be able to offer Farmers' Market Nutrition Program again this summer. All qualifying clients receive \$30 in coupons to be spent on fresh fruits and vegetables at local farmers markets. This is in addition to their regular supplemental food package and a great opportunity to introduce clients to a wide variety of locally grown produce.

Staff provided outreach at Northern Nevada HOPES at the Community Baby Bash on April 21st.

DD	_____	_____
DHO	_____	_____
DA	_____	_____
Risk	_____	_____

Staff Report
Board Meeting Date: May 25, 2016

DATE: May 12, 2017
TO: District Board of Health
FROM: EHS Supervisors
THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: EHS Division and Program Updates – Childcare, Food, IBD, Schools, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- The new Environmental Health Specialist Trainee, William Mountjoy, began employment on May 1. He previously worked in the Vector program as an intern from 2007 – 2011 and most recently worked for Lyon County Utilities.
- **Environmental Health Services Training and Student Internship Program** – The second edition of the Environmental Health Specialist Trainee Manual has been completed. The manual will be utilized by the new Trainee to learn and gain competency in the inspection process for routine inspection area work and to complete all County and Division requirements for training and orientation. Additionally, there were three interns from University of Nevada, Reno who completed their semester work for the spring of 2017 and assisted with various projects in the Foods, Schools and Childcare programs.

PROGRAM UPDATES

Childcare

- Childcare inspection staff in conjunction with the Environmental Health Services Epidemiology program investigated an outbreak of Hand, Foot and Mouth Disease at a local daycare. The inspection was requested by the childcare provider and with effective sanitary practice and control measures the outbreak is near the end. Program staff was also able to close out a long-standing complaint on a childcare provider, bringing into compliance a facility that was on the brink of closure by Washoe County Social Services for prior safety violations and presence of mice and cockroaches.

Food

- The new green, yellow, red food establishment rating system is now live on www.WashoeEats.com. The site contains the most recent inspection information for permitted Washoe County food establishments. Inspection details displayed include the overall establishment rating, a list of violations and the comments from the inspector. The ability to view inspection results on-line will allow the public to make informed decisions about where to eat and motivate food service workers to improve food handling

practices. **Consumer education and outreach activities meet the criteria of Standard 7 – Industry and Community Relations.**

- One staff member completed their field re-standardization training using FDA Standardization Procedures. The standardization procedures evaluate the inspector's ability to apply knowledge and skills obtained from the training curriculum. This 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 continues to conduct assessments at Washoe County food establishments as part of the risk factor study. The risk factor study is a research project designed to assess the occurrence of food preparation procedures and practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention (CDC) as contributing factors to foodborne illness outbreaks at the retail level. From the data collected, the WCHD will provide guidance to industry food safety professionals to assist them in addressing food safety issues that have the most significant impact on protecting public health. **Completion of a risk factor study at least every five years to measure trends in the occurrence of foodborne illness risk factors meets the criteria of Standard 9 – Program Assessment.**
- **Environmental Health Services Epidemiology Program** – Environmental Health Services Epidemiology program staff is working together with Communicable Disease program staff and the Centers for Disease Control on a nationwide outbreak of Salmonella with 2 cases out of 102 nationwide coming from Washoe County. The investigation is leaning towards romaine lettuce as a possible source and seems to have peaked in mid-April. During the next few months Environmental Health Services will be working with the School District on enforcing their outbreak protocol for exclusion and for reporting of gastrointestinal illness. The Health District wants to ensure that the School District has all measures in place and is following through on policy and procedures. Additionally, program staff will be attending a webinar put on by the National Environmental Health Association on Legal Epidemiology. **Conducting investigations for recalls meets the criteria of FDA Standard 5 – Foodborne Illness and Food Defense Preparedness and Response. Participating in the webinar on Legal Epidemiology is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**
- **Special Events** – Staff had oversight at two large events during the month of April (Earth Day and Cinco de Mayo). A total of 85 inspections were performed over the course of the entire month. Work load is expected to continue to significantly increase as it has in years past. The next upcoming large event is the Reno River Festival scheduled to occur on May 13th and 14th in Downtown Reno.

Invasive Body Decoration (IBD)

- With the adoption of the new IBD regulations, staff is in the process of attempting to locate and permit facilities that perform tattoo removal. New provisions regarding tattoo removal were incorporated into the regulations and staff anticipates that up to 10 new facilities will need to apply for a permit based on their IBD operations.

Schools

- School inspections for the 2016-2017 school year for Washoe County have been completed. Some of the capital improvement projects outlined by the Washoe County School District have commenced and will alleviate long-standing violations, providing access to restrooms and abating fall hazards by improving drainage and smoothing out some rough surfaces. However, there is still work to be done and School Program Inspection Staff will continue to meet with School Officials to ensure that improvements are in line with meeting regulatory requirements and addressing non-compliance. Program staff has started to focus more on risk, especially in terms of communicable disease, while conducting inspections. Changing to risk-based inspections in schools and other institutions is consistent with the Strategic Plan for the Washoe County Health District.

Vector-Borne Diseases

- The Nevada Department of Agriculture requires all pesticide equipment calibrated annually. Droplet testing of the Programs foggers and Centaurs were calibrated by Clarke and passed achieving the correct droplet size for controlling adult mosquitoes. A workshop for staff was included to obtain continued education hours to maintain their pesticide license.



- The New Jersey light traps have indicated some adult mosquitoes in the areas of Lemmon Valley, Kiley Ranch, Hidden Valley, Donner Springs and Lewers Creek in Washoe Valley, but are starting to increase with *Culiseta inornata* (a secondary vector in disease transmission). Several *Culex tarsalis*, the primary vector of mosquito-borne viruses, have been trapped. The weekly arbo-virus temperature chart has indicated that we have entered the range for virus transmission. While the numbers of mosquitos collected in the traps to date are low, our trapping and surveillance has been initiated earlier in the season than has occurred in the past, so we have no comparable data to compare the numbers to.
- The sentinel chickens used in the detection of mosquito borne viruses arrived; banded, bled and deployed to the five sites in the Truckee Meadow Community. The sentinel chickens and surveillance trappings have been deployed earlier than normal due to the wet winter season causing 3,100 flooded acres of standing water.
- Staff will begin pre-survey counts of fleas by swabbing rodent burrows to determine the flea load occurring at specific parks in the Truckee Meadows Community. Treatment of these parks in the cities and county will occur next week by dusting rodent burrows. Dusting these parks prevents plague transmission to the human population that is endemic to our Community.
- Staff interviewed and filled two public health intern positions. Training has begun with new staff and all five public health interns will start their 40 hour weeks beginning on May 22.

- Staff reviewed 25 development projects and civil/building plans this past month. Two projects have been signed off receiving their C of O.
- Vector Responses to Public Requests:

	JAN 2017	FEB 2017	MAR 2017	APR 2017	YR Total	Mo. Avg
Mosquito	1	2	21	60	84	21
Hantavirus	5	0	2	6	13	3
Plague	0	0	5	0	5	1
Rabies	2	0	6	5	13	3
Planning	21	6	6	4	37	9
Lyme Disease/Ticks	0	1	0	2	3	1
Media	0	1	0	4	5	1
Outreach/Education/Misc.	2	4	24	90	120	30
Cockroach/Bedbug	12	8	13	18	21	13
West Nile Virus	0	0	0	2	2	1
Zika	1	1	0	1	3	1
TOTAL	44	23	77	188	336	84
Planning Projects	12	6	26	9	53	13

Waste Management

- EHS WM staff have inspected and issued the permit to operate for Waste Management Inc. new Materials Recovery Facility (MRF). Preliminary testing on equipment and staff training has begun, but full scale operation will not begin until requirements by other agencies are completed.
- KTMB Great Community Cleanup 2017 was held May 6, 2017. Final totals for illegal dumpsites cleaned up and tonnage removed are not available at this time, but initial reports indicate the cleanup was a success and significant progress was made. EHS donates dumpster services every year (see attached press).

EHS 2017 Inspections / Permits / Plan Review

	JAN 2017	FEB 2017	MAR 2017	APR 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	20	5
Complaints	40	61	93	98	292	73
Food	212	282	367	377	1,238	310
General*	45	36	75	93	249	62
Developmental Review Numbers	30	34	38	33	135	34
Plan Construction Inspection (Commercial)	17	53	45	31	146	37
Construction Plans Received (Comm.)	16	19	25	18	78	20
Plan Review (Residential - Septic/Well)	41	67	88	74	270	68
Residential Septic/Well Inspections	18	52	84	102	256	64
Temporary Foods/Special Events	19	19	29	85	158	40
Temporary IBD Events	0	0	14	21	90	23
Well Permits	4	9	14	45	48	12
Waste Management	21	23	16	21	78	20
TOTAL	464	659	883	1,001	3,058	766

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

Wet winter could boost mosquito population in Washoe County

by Melissa Matheney Thursday, April 20th 2017

RENO, Nev. (News 4 & Fox 11) — The Washoe County Health District is preparing for an increase in mosquito population, thanks to a wet winter that has left standing water all around Washoe County.

The staff with the county's Vector Borne Diseases Program is hoping to get in front of the problem and has already started sampling water for larvae and trapping adult mosquitoes.

Officials say they have already found mosquito larvae in water in Lemmon Valley, Spanish Springs, Washoe Lake and Silver Lake in Stead.

According to Jim Shaffer, program coordinator for the Vector Borne Diseases Program, the big challenge this year will be having enough larvicide to treat all of the standing water to kill the larvae.

Shaffer says they only have enough product to treat 250 acres of water, but would need to treat a couple thousand acres of water. He adds they have enough "adulticide," which is used to control the adult mosquito population.

Officials are hoping to get an additional \$100,000 in funding before June 30 for mosquito abatement. Typically, the county spends about \$231,000 in mosquito abatement.

Residents in Washoe County are urged to remove standing water from around their home to help curb the mosquito population

Washoe County urges preparation for heavy mosquito season

Posted: Sun 5:45 PM, Apr 23, 2017 |



RENO, Nev. (KOLO) - With increased water in the area due to the frequent winter and spring storms that brought record-breaking precipitation into the area, the Washoe County Health District is anticipating increased mosquito activity this year. "It is especially important that residents take action to address potential mosquito breeding areas and utilize preventive measures to avoid mosquito bites," says Washoe County District Board of Health Chairwoman Kitty Jung.

According to health officials, it only takes a few days of warm temperatures for mosquitos and other insects to become active. Mosquitos are vectors, insects that can transmit disease from one plant or animal to another, including humans, so residents need to take precautions to prevent being bitten. Most typically in Washoe County, the diseases mosquitos occasionally carry are West Nile, St Louis, and Equine Encephalitis viruses.

In other areas of the country and the world, mosquitos are known to transmit malaria, yellow fever, dengue fever, chikungunya, zika, and other diseases.

The Washoe County Health District encourages everyone to avoid biting insects by taking the following precautions:

Wear pants and long-sleeved shirts and apply repellent such as Deet, Picaridin, Oil of Lemon Eucalyptus, or other natural products to protect yourself from biting mosquitos. Two layers of repellent may be applied, one

on the skin and a second on clothing.

Repair tears in doors and window screens around your home or office, or keep them closed to keep mosquitos outside.

Remove standing water or any objects that can trap or collect water around your property which make breeding grounds for mosquitos. Mosquitos can breed in very small amounts of water, like planters, pet food bowls, toys, tires, and other items lying around homes and yards.

If you have ponds, troughs or water features around your property, contact the Washoe County Health District Vector-Borne Disease Prevention Program to see if free Mosquito Fish are available. Mosquito Fish feed on mosquito larvae before they mature into biting insects.

If you notice increased mosquito activity, call the Washoe County Health District Vector-Borne Disease Prevention Program at (775)785-4599 to investigate the source of the mosquitos.

For more information on Washoe County's Vector-Borne Disease Prevention Program, [click here](#). For information from the Centers for Disease Control and Prevention, [click here](#).

Severe flooding impacts proposed Washoe County budget for 2017-18, manager says

by News 4-Fox 11 Digital Staff

Tuesday, April 25th 2017



Water floods a street in Lemmon Valley on Thursday, Feb. 23, 2017 (SBG)

RENO, Nev. (News 4 & Fox 11) — Severe flooding that swept through Northern Nevada this winter will likely have a significant effect on the Washoe County budget for 2017-18, according to the county manager.

John Slaughter [submitted his proposed balanced budget for the fiscal year](#), saying in a press release he wants "to cover

disaster-related costs by addressing short-term cash flow issues, cover unreimbursed costs and replenish the Stabilization Account."

A second priority would be covering unknown costs and long-term impacts, according to Slaughter.

Federal reimbursements should offset some of the costs, he said, but the county will likely have to pay more than \$8 million before such money arrives. Staff will likely draw from several accounts, which total \$8.4 million.

"FEMA reimbursement could be up to 75 percent of the costs; however there is no clear timeline for the potential funding," the statement reads.

The budget proposal would add 14 new full-time employees and "program enhancements," with several programs and departments receiving the additions, including the Washoe County Sheriff's Office, Animal Services and Health District.

These additions will cost about \$3 million, with funding coming from higher revenues or re-prioritized existing budgets, according to Slaughter.

The next step in the budget process will come during a board of commissioners meeting on May 23.

Volunteers of all ages turn out for the Great Community Cleanup

by Diane Thao Sunday, May 7th 2017

RENO, Nev. (NEWS 4 & FOX 11) — Eight hundred Keep Truckee Meadows Beautiful ([KTMB](#)) volunteers rolled up their sleeves at more than 20 different sites for the Great Community Cleanup.

The event is an effort to maintain and beautify open spaces along the Truckee River. Volunteers picked up trash, pulled invasive weeds and planted trees in the Truckee Meadows area.

"This is a really important event because it allows us to get out there and show the community that we have high expectations for our area," KTMB executive director Christi Cakiroglu said. "We have a high expectation and value for cleanliness in our community."

DD	<u>RT</u>
DHO	<u>KD</u>
DA	_____
Risk	_____

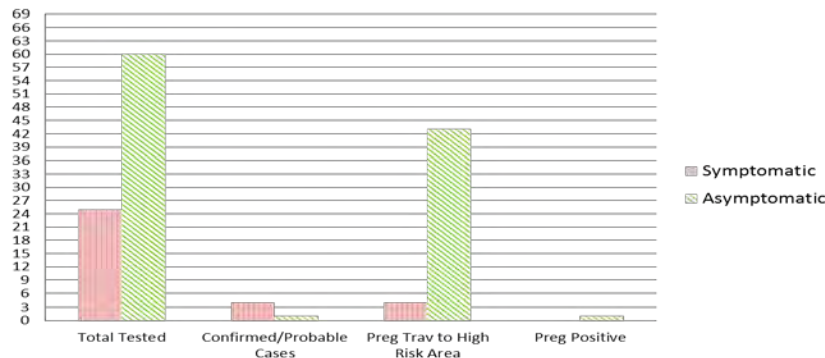
**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: May 25, 2017**

DATE: May 15, 2017
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)

Zika Virus Disease Evaluation and Testing - As of May 10, 2017, there have been 92 individuals referred by local healthcare providers for evaluation of possible Zika virus infection. Five cases have been reported. One of the five cases was an asymptomatic pregnant woman and one was identified through blood donation. The pregnant woman delivered her baby on January 11, 2017, and the baby was apparently not infected with Zika based on laboratory tests at CDC. Testing for the maternal tissues at CDC also came back with negative result. However, according to CDC, negative maternal tissue results cannot rule out Zika. Therefore, the baby’s health monitoring within one year still needs to follow CDC’s guidance.

**Zika Virus Testing in Washoe County
As of May 10, 2017**



Note: Categories above are not mutually exclusive

Outbreaks - Since the last District Board of Health meeting, the CD Program has opened five outbreak investigations. One cluster of two cases of Salmonellosis was associated with a national outbreak involving 29 states. As of May 10, contaminated produce, most likely, leafy green produce, has been epidemiologically implicated as the source for this outbreak. The WCHD CD and EHS teams are assisting the Nevada Division of Public and Behavioral Health, the Food and Drug Administration, and the CDC in tracing back food. This is relatively time consuming.

Three suspected norovirus outbreaks have been reported in one day care, one elementary school, and one middle school. One outbreak of Hand, Foot, and Mouth Disease (HFMD) in a childcare facility is ongoing. The CD Program also investigated an acute hepatitis A case without reported traditional risk factors. After communicating with neighboring jurisdictions, the CD program found that there were a total of six acute hepatitis A cases reported in northern Nevada during the first four months. The baseline for northern Nevada is 1-3 cases per year. The CD program reported this finding to the state epidemiologists and requested a further cross-jurisdictional investigation. The CD Program will provide assistance for this investigation.

General communicable diseases – The CD program had a very busy first four months of 2017 investigating communicable diseases. As of May 10, 2017, a total of 717 records have been documented in the communicable disease log. By way of comparison, a total of 793 records were documented for the entire year of 2016. Documentation methods were the same for both years.

Seasonal Influenza Surveillance – For the week ending May 6, 2017 (CDC Week 18) 12 of 12 participating sentinel providers reported a total of 119 patients with influenza-like-illness (ILI). The percentage of persons seen with ILI by the 12 providers was 1.7% (119/7,029) which is below the regional baseline of 2.5%. During the previous week (CDC Week 17), the percentage of visits to U.S. sentinel providers due to ILI was 1.4%. This percentage is below the national baseline of 2.2%. On a regional level, the percentage of outpatient visits for ILI ranged from 0.5% to 2.6%. All 10 regions reported a proportion of outpatient visits for ILI below their region-specific baseline levels.

Seven death certificates were received for week 18 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 18 was 86. This reflects a P&I ratio of 8.1% which is above the epidemic threshold set by CDC for week 15 at 7.2%. The national P&I ratio for week 15 was below the epidemic threshold at 6.6%. The total P&I deaths registered to date in Washoe County for the 2016-2017 influenza surveillance season is 196. This reflects an overall P&I ratio of 6.8% (196/2,892).

Public Health Preparedness

Public Health Preparedness staff attended the 2017 Preparedness Summit in Atlanta, Georgia. The Summit consisted of four days of training on a variety of topics related to public health preparedness and offered the opportunity to networking and participation in workshops.

On May 9 Public Health Preparedness staff participated in AM radio and reader board training. This training increased the program's depth in knowledge and capacity to respond to public health emergencies.

The Public Health Emergency Response Coordinator continues with the Communications Manager to maintain public messaging with the AM radio stations and reader boards in Lemmon Valley in response to the flooding event.

On May 12 the Public Health Emergency Response Coordinator hosted the Regional Pharmacy Plan/CBRNE tabletop exercise. The tabletop included community partners from the healthcare sector, university, State, and other local health jurisdictions.

Medical Reserve Corp (MRC) volunteers participated in the “Triennial-Plane Crash” full scale exercise conducted at the Reno International Airport on April 27, resulting in a regional emergency. MRC volunteers were deployed to two separate sites to assist victims and families impacted by the crash. The first unit of MRC volunteers was deployed to the Family Assistance Center (FAC) that was set up by the American Red Cross at the airport. MRC volunteers were available to provide first aid for those victims suffering from minor injuries, and Psychological First Aid for those traumatized by the incident. A second MRC unit was deployed to Saint Mary’s Hospital, where MRC nurses and EMT’s were deployed to provide backup patient care for an anticipated surge. This exercise also provided the Washoe County MRC unit an opportunity to practice under the Memorandum of Understanding (MOU) now in place with the American Red Cross and Saint Mary’s Hospital.

The Public Health Emergency Coordinator facilitated Hospital Incident Command System (HICS) training on April 18 and 19 for Saint Mary’s Regional Medical Center, Northern Nevada Medical Center and Tahoe Pacific Hospitals. Then on May 9 and 10 HICS training was conducted for over 30 healthcare partners. Providing HICS training in Washoe County to healthcare partners increases coordination and improves response to a disaster.

On May 1 the Public Health Emergency Response Coordinator conducted Federal Medical Station (FMS) site assessments at three pre-identified locations in Washoe County with the Office of the Assistance Secretary for Preparedness and Response, the Nevada Public Health Preparedness Program, and Nevada Health Care Quality and Compliance. FMS is a non-emergency medical center set up during a natural disaster to care for displaced persons with special health needs—including those with chronic health conditions, limited mobility, or common mental health issues—that cannot be met in a shelter for the general population during an incident. A FMS is designed to care for 50-250 people for three days before resupply and can be setup within 12 hours of being requested.

The Public Health Emergency Response Coordinator continues to work on Public Health Accreditation, participating in district meetings and is responsible for 18 different measures.

On May 11 the Public Health Emergency Response Coordinator and the Director of Epidemiology and Public Health Preparedness participated in the Nevada Crisis Standards of Care (CSC) Clinical Stakeholders Panel as part of the CSC Advisory Committee.

Emergency Medical Services (EMS)

On April 17 the EMS Coordinator conducted WebEOC training with Reno-Tahoe Airport Authority (RTAA) and American Red Cross (ARC) personnel that would respond to an incident as part of the Family Assistance Center (FAC) team. The hands-on training included step-by-step instruction on how to enter individuals into the Victim Report board on WebEOC. The board was designed to make collecting information from loved ones and re-unification more effective. This is a new process for the region and the triennial exercise was the first opportunity to test the functionality of the board and procedure.

EMS staff attended the EMS Stakeholders and EMS Committee meetings held by State EMS on April 20. The Stakeholders meeting focused on three topics: policies/procedures, trauma protocols and air ambulance regulations. The group determined that each topic needed a designated workgroup to address the identified areas of improvement; EMS staff will participate

in the policy work group. The EMS committee meeting included similar discussions as well as updates on the State EMS Program and the EMS for Children Committee.

On April 27 the airport held the 2017 triennial exercise. The EMS Statistician responded as the Medical Unit Leader (MUL) and entered all patient information in the patient tracking board. The regional protocols task force continues to make progress on objective 5.1 of the Regional EMS 5-Year Strategic Plan. The group is extremely thoughtful in their deliberation and development of regional protocols and is now aware that this process is far more laborious than initially thought. During the last meeting the group decided to slightly alter their method to enhance the efficiency of the protocol development process in hopes of meeting the June 30 deadline.

For several weeks the EMS Coordinator worked with regional partners to create an evacuation video that will be used as a training resource for healthcare facilities. The video was filmed on May 2 and could not have been accomplished without the Emergency Manager and PIO of the VA Sierra Nevada Health Care System. Both individuals were integral to this project because they provided a location and conducted all the filming for the video. It is the region's hope that this video will provide effective training for staff on the Mutual Aid Evacuation Annex (MAEA) should a facility need to evacuate for a disaster.

EMS staff continues to collaborate with regional partners on the Public Service Announcement (PSA) project for 911 utilization. The participating agencies will launch this project in coordination with National Police and EMS weeks by holding a press conference at the REOC. At the press conference, agency representatives will describe the local issues experienced by dispatchers and first responders and how this PSA project aims to address these topics.

On May 9 and 10 the EMS Coordinator participated in training that focused on the use of social media in disaster preparedness, response and recovery. The course defined social media and its uses and identified the tools, methods, and models to properly make use of social media during a disaster.


**REMSA Percentage of Compliant Responses
 FY 2016 -2017**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2016	94%	91%	100%	100%	94%	94%
August 2016	93%	88%	100%	100%	92%	93%
September 2016	95%	90%	100%	100%	93%	95%
October 2016	93%	92%	94%	80%	92%	93%
November 2016	93%	94%	93%	100%	94%	94%
December 2016	92%	88%	96%	100%	91%	92%
January 2017	92%	87%	95%	100%	90%	92%
February 2017	91%	94%	91%	100%	93%	91%
March 2017	92%	95%	100%	100%	96%	92%
April 2017	93%	92%	96%	100%	93%	93%
YTD	93%	91%	96%	97%	93%	93%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2016	8:04	15:33	13:39	N/A*
August 2016	8:18	16:02	18:12	N/A*
September 2016	7:52	16:02	16:20	19:13
October 2016	8:29	15:07	21:48	31:04
November 2016	8:17	15:03	19:32	N/A*
December 2016	8:27	16:56	17:14	29:48
January 2017	8:42	17:33	19:48	N/A*
February 2017	8:47	13:23	19:53	N/A*
March 2017	8:35	13:28	16:48	N/A*
April 2017	8:25	13:40	17:24	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.

DHO_  _____

**District Health Officer Staff Report
Board Meeting Date: May 25, 2017**

TO: District Board of Health

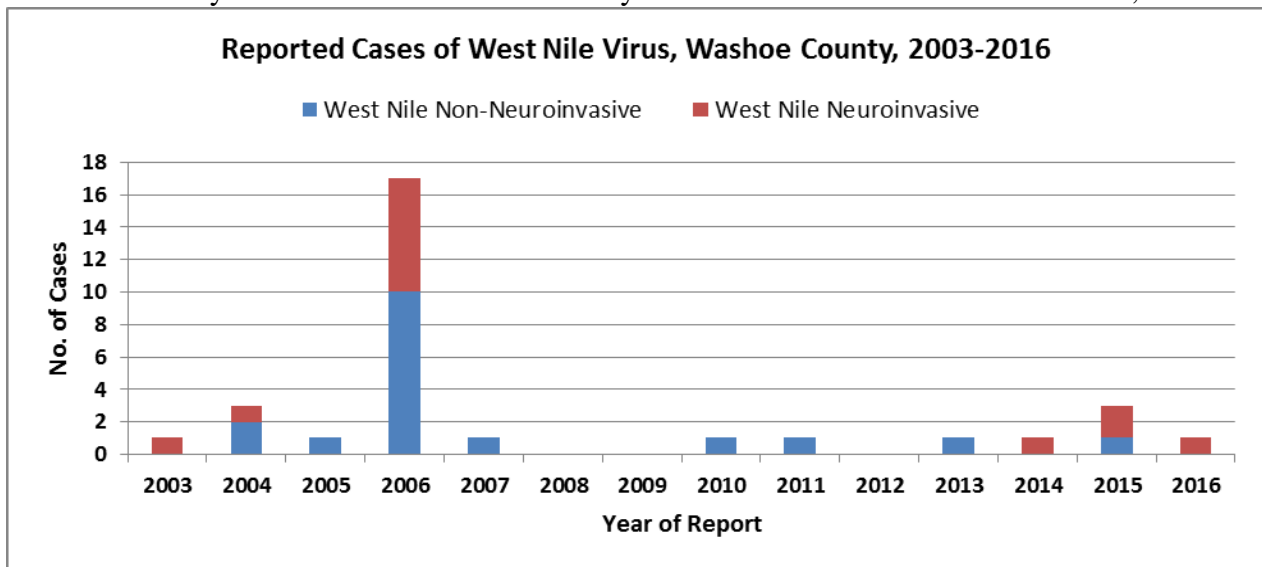
FROM: Kevin Dick, District Health Officer
(775) 328-2416, kdick@washoecounty.us

SUBJECT: District Health Officer Report –Mosquito Abatement, North Valleys Flood, Water System Regulation, Security, NALHO, Quality Improvement, Public Health Accreditation, Strategic Plan, Workforce Development, Community Improvement Health Plan, Community Needs Health Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts

Mosquito Abatement

Due to the unprecedented precipitation and flood and standing waters in the County, it is anticipated that West Nile Virus (WNV) transmission risk will be heightened this season. A review of WNV cases reported in Washoe County since it first became endemic in 2003 revealed a huge increase in cases during the 2006 flood year. The 17 cases that occurred that year exceed all other cases reported during non-flood years, and represent 55% of all cases reported in the County.

The flood and standing waters amount to approximately 3180 acres of mosquito breeding habitat from the North Valley’s to Washoe Valley. This is approximately three-times the area normally requiring mosquito abatement treatment. As a result funding has been requested from the County’s contingency fund to allow for purchase and application of additional product this fiscal year in the amount of \$203,355, and next fiscal year in the amount of \$537,484. A meeting to discuss the request is scheduled for May 17. If the request moves forward the item is expected to be heard by the Board of County Commissioners on June 13, 2017.



North Valleys Flood

The Health District continues to participate in the incident management team. The Health District sign-boards and AM radio station remain deployed to provide information updates for the residents and Mr. Ulibarri continues to work with the Joint Information Center (JIC) on communications to the public. EHS staff continues to participate and surface water samples were collected on May 16.

Due to legal concerns regarding the basis of the use of the Health Fund to cover the costs associated with not collecting or charging fees for well abandonment as part of an incentive program for Lemmon Valley residents to connect to a community water system, it was decided not to bring that item back to DBOH for consideration.

Water System Regulation

Several meetings were held with NDEP and TMWA to follow-up with concerns raised by the engineering and development community regarding regulation of community water systems. The Health District is responsible for plan reviews of water projects to meet the requirements of NAC 445A. NDEP has primacy for these regulations. NDEP agreed that irrigation lines, served by potable water sources of less than two-inches in diameter, would not be subject to the NAC445A requirements for separations from water mains. However, NDEP reiterated that under NAC, horizontal separations of water mains from manholes and storm-sewer catch basins are required. TMWA design standards do provide for alternative design to reduce the required ten-foot separation to a six-foot separation with appropriate mitigations in the design. This was communicated to the design engineer community. It was also clarified to TMWA that NAC445 requires that the more stringent provisions of NAC, or engineering standards approved by the Division, be applied and that was the reason that plans were not approved and being returned to TMWA if they did not conform to their design standards. In the future TMWA will identify where they are waiving their standards in plans they submit to the Health District, and NDEP agreed that under these circumstances the plans can be approved if they meet NAC requirements.

Security

Security enhancements have been completed in the clinic area, and on the second floor entrances to EHS and AHS. The new doorways and locks on doors will prevent the public from accessing the clinic areas unescorted and will allow control of public entry to the non-public EHS and AHS operational areas. The improved security also enhances compliance with HIPPA requirements for health information protection.

NALHO

I worked with CCHHS, SNHD, and Dr. Packham at the UNR Medical School to organize a meeting on May 16, held at NN HOPES titled, Building Local Capacity to Improve Public Health and Health Equity in Rural Nevada. The meeting was designed to provide information on different aspects of public health and programs offered by the local health authorities and provide for information sharing from the rural counties and discussion on how they might become more engaged in public health matters.

Quality Improvement

All Health District staff have completed the QI Refresher training for FY 16-17.

A total of three QI Projects are currently underway for:

- AQM: Changing education and outreach methodology to increase air quality awareness while decreasing the amount of time staff spend at outreach events.
- CCHS: Improve the output of student interns while decreasing the amount of time staff spend supervising interns.
- EPHP: Decrease staff time by 20% as it relates to completion of investigation forms while also saving paper resources.

The Q-Team will begin development of the FY17-18 QI Plan at the May Q-Team meeting, taking into account recent QI staff survey results and PHAB requirements. The Director of Programs and Projects will bring a draft the Q-Team can work from.

Public Health Accreditation

Health District staff continues to organize public health accreditation efforts that will move the Washoe County Health District from Step One of Accreditation (Pre-Application) to Step Two of Accreditation (Application Submission). Based on a conversation with Dr. Novak, the PHAB Timeline has been adjusted as follows:

Online Orientation: By June 1, 2017

Submit Statement of Intent: June 1, 2017

Submit Application: By July 1, 2017

PHAB Fees Due: By August 1, 2017 (within 30 days of Application Approval)

Accreditation Coordinator Training: By October 31, 2017

Register for ePHAB: By October 31, 2017

Document Uploads Completed: By October 30, 2018

PHAB requires Health Departments to submit 213 documents that are tagged with required information prior to receiving accreditation status. The Health District PHAB Team is currently working on locating these required documents, while having to create other documents, trainings, etc. from scratch. Health District staff has developed the majority of the prerequisites for application purposes. These prerequisites include:

- Community Health Needs Assessment
- Community Health Improvement Plan
- Health District Strategic Plan
- Workforce Development Plan (under development)
- Emergency Operations Plan
- Organizational Branding Strategy (under development)
- Quality Improvement Plan
- Performance Management System

Strategic Plan

Staff continues to work toward meeting outcomes within the Health District Strategic Plan and track progress utilizing the OnStrategy software program. The WCHD Leadership Team and the Board of Health are making plans for a November 2017 Strategic Planning half-day retreat.

Workforce Development

In partnership with the Western Regional Public Health Training Center and their affiliate, the Nevada Public Health Training Center (NPHT) at the University of Nevada (UNR), Reno, the Washoe County Health District implemented a workforce development survey to assess training needs and skills and knowledge associated with public health competencies. This survey closed April 7, 2017 and data is being analyzed by Dr. Paul Devereux's class for some preliminary reports. It is estimated the Health District will receive preliminary reports and raw data at the end of May once the UNR spring semester ends. It is also anticipated the Health District will have to conduct more in depth analysis of the data.

Community Health Improvement Plan

Implementation of the Community Health Improvement Plan (CHIP) continues into its second year. The Youth Mental Health Workgroup (YMHG) has organized a very small subcommittee to develop a proposal coordinating efforts between Washoe County School District's Children in Transition Program and Family Resources Centers with resources provided by Communities in Schools. Children in Transition has seen an 11% decrease in graduation rates in the last school year. This group seeks to stabilize homeless families so that children may ultimately graduate and lead a healthier life.

Additionally, the Access to Healthcare and Social Services workgroup continues to meet. The last meeting held April 18, 2017 warranted several presentations from the community, including the 100 People Project from Access to Healthcare Network, addressing healthcare provider shortages by the Nevada Office of Primary Care, and resources provided by HealthInsight. The objective of this group is to increase access to primary care in Washoe County and therefore, will continue to activate primarily around developing the RAM event moving forward.

Community Health Needs Assessment

Work on the Community Health Needs Assessment update for 2018-2020 continues. A web-based community survey has been developed in English and Spanish and is being distributed by numerous community partners to receive public input, and including Reno, Sparks, and Washoe County.

Truckee Meadows Healthy Communities

Family Health Festivals:

The Family Health Festival has partnered with Health Plan of Nevada to co-host a back-to-school event Saturday June 24, 2017 from 8:00am to 1:00pm. This event will be held at the Evelyn Mount Community Center located at 1301 Valley Road, Reno NV 89512.

In addition, the Family Health Festival has partnered with Remote Area Medical (RAM) to host an event September 29 – October 1, 2017 at the Boys and Girls Club of Truckee Meadows, located at 2680 East Ninth St. Reno, NV. See below for additional information on RAM.

Remote Area Medical (RAM):

The RAM mobile outreach clinic travels to U.S. cities upon request to provide FREE medical care for those who are uninsured, underinsured, with no eligibility requirements and no ID necessary. Most clinics provide general medical, dental, vision, preventive care, and education. It is expected this event will see upwards of 400-800 Washoe County residents each day to receive much needed health services.

RAM planning ties in with the CHIP Access to Healthcare and Social Services priority, and will increase collaboration amongst Health District Divisions. ODHO, EPHP, and CCHS have already begun discussions for coordination and planning and operational activities for the event as it relates to immunizations and Point of Dispensing operations.

Health District staff has put together six teams who will be responsible for operationalizing the event: Medical Recruitment Team, Non-Medical Recruitment Team, Promotions Team, Hospitality Team, Family Health Festival/Supportive Services Team, and the Finance Team. The Team Leads, along with Health District staff and the TMHC Director held their first RAM Leadership meeting on May 15, 2017.

C4C:

The Truckee Meadows Healthy Communities Collaborating for Communities (C4C) initiative continues to strengthen its strategies for the FEED Travel Team and each of the three Community Action Networks (CANs): Food Security CAN, Economic Stability CAN, and the Housing CAN.

Other Events and Activities

4/28/17 – REMSA Board meeting

4/28/17 – TMHC AHEAD Grant Planning Session Conference Call

4/28/17 – DBOH Board Retreat Discussion w/OnStrategy

4/28/17 – TMHC Affordable Housing Conference Call

5/01/17 – TMWA/NDEP/WCHD Meeting

5/2/17 – EHS Management Meeting

5/3/17 – N. Nevada Vector-Mosquito Meeting with DEM

5/3/17 – TMHC Affordable Housing Roadmap Planning Call

5/4/17 – TMWA/NDEP/WCHD Meeting

5/4/17 – NV Health Authority Conference Call

5/5/17 – NPHA Advocacy Call

5/8/17 – N. Valleys Flood Team Mtg.

5/9/17 – EHS Management Meeting

5/10/17 – Department Heads Meeting

Subject: District Health Officer Report

Date: May 25, 2017

Page 6 of 6

5/10/17 – Meeting with Manager Slaughter

5/11/17 – TMHC Affordable Housing Forum Planning Meeting

5/12/17 – NPHA Advocacy Call

5/15/17 – Monthly Meeting with Chair Jung

5/16/17 – EHS Management Meeting

5/16/17 – Rural and Urban Counties Public Health Meeting

5/17/17 – CHNA Workgroup Meeting

5/17/17 – Mosquito Abatement Funding Meeting w/ County

5/18/17 – MPH Hooding Ceremony

5/19/17 – NPHA Advocacy Call

5/23/17 – DEM Mosquito Meeting (via call in)

5/24/17 – NALHO Conference Call

5/25/17 – HR Hay Review Meeting

5/25/17 – TMHC Board Meeting

Health District Media Contacts: April 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
4/28/2017	Science News	Elizabeth Eaton	NDMCRE - Chen
4/27/2017	KRNV CH4 - NBC Reno	Ben Margiott	Wildfires and Prescribed Burns - Hunter
4/26/2017	Reno Gazette-Journal	Seth Richardson	Title X - Kutz
4/20/2017	KOLO CH8 - ABC Reno	Sydnee Scofield	Mosquitos - Shaffer
4/20/2017	NV Public Radio Magazine Las Vegas	Heidi Kyser	NDMCRE - Chen
4/19/2017	KRNV CH4 - NBC Reno	Melissa Carlson	Mosquitos - Shaffer
4/19/2017	KRNV CH4 - NBC Reno	John Linn	ALA Report Card - Inouye
4/19/2017	KOLO CH8 - ABC Reno	Sydnee Scofield	ALA Report Card - Inouye
4/19/2017	Daily Telegraph (UK)	Nick Allen	NDMCRE - Chen/Todd/Ulibarri
4/19/2017	KOLO CH8 - ABC Reno	Sydnee Scofield	Hanta Virus (2) - Ulibarri
4/19/2017	KTVN CH2 - CBS Reno	Jaime Hays	ALA Report Card - Albee
4/14/2017	KOLO CH8 - ABC Reno	Sydnee Scofield	Hanta Virus (1) - Ulibarri
4/13/2017	KOLO CH8 - ABC Reno	Gurajpal Sanga	Rat Lungworm - Ulibarri
4/14/2017	KRNV CH4 - NBC Reno	Scott McGruder	Needle Exchange - Howell
4/10/2017	Reno Gazette-Journal	Siobhan McAndrew	Head Lice - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

4/28/2017	Local bar in Reno to go smoke-free	Ulibarri
4/21/2017	Health District recommends vector vigilance	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	68 (CCHS 15 EHS 11 AQM 41 ODHO 1)
-----------------	-----------------------	-----------------------------------

Twitter	AQMD/CCHS	54 (CCHS 7 AQM 37 EHS 10)
----------------	-----------	---------------------------

Emergency Radio Station Messages

4/1 - 4/20/2017 WQJR971/1150 AM	36	Lemmon Valley Flood - Ulibarri
--	----	--------------------------------