

Washoe County District Board of Health Meeting Notice and Agenda

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Oscar Delgado
Kristopher Dahir
Dr. Reka Danko
Marsha Berkbigler
Tom Young

**Thursday, July 25, 2019
1:00 p.m.**

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

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA **(Complete item description on third page.)**

**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 – (For possible action)

July 25, 2019

5. *Recognitions

A. Retirements

- i. Holly McGee, 8/2/2019, Public Health Nurse II - CCHS

B. Years of Service

- i. Angela Penny, 15 years, Hired 7/15/2004 – CCHS
ii. Dianna Karlicek, 5 years, Hired 7/14/2014 – EHS
iii. Virginia McDonald, 5 years, Hired 7/22/2014 - CCHS

C. Promotions

- i. Lisa Lottritz, Public Health Nurse Supervisor to CCHS Division Director - CCHS
ii. Kathy Sobrio, Public Health Nurse II to Public Health Nurse Supervisor - CCHS
iii. Kelly Verling, Public Health Nurse II to Public Health Nurse Supervisor – CCHS

- D. New Hires
 - i. Alissar Puckett, 7/8/2019, Epidemiologist - EPHP
 - ii. Elizabeth Iacoboni, 7/22/2019, Public Health Nurse II - CCHS
- E. Accomplishments
 - Advance Leadership Academy Certificate
 - i. Lisa Lottritz
 - ii. Erin Dixon
- F. Shining Stars
 - i. Kara Roseburrough
 - ii. Jessica Cabrales
 - iii. Jacqueline Gonzalez
 - iv. Kelly Parsons
 - v. Julio Pech-Garcia
 - vi. Irene Ramos
 - vii. Jackie Chaidez
- G. NACCHO Award - National Health Security in “Building Regional Disaster Health Response Capabilities”
 - Public Health Preparedness and Emergency Medical Services Program

6. Consent Items – (For possible action)

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 – (For possible action)
 - i. June 27, 2019
- B. Budget Amendments/Interlocal Agreements – (For possible action)
 - i. Retroactive Approval of Notice of Grant Award #5U18FD006275-03 from the U.S. Food and Drug Administration for the period 7/1/19 through 6/30/20 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services and authorize the District Health Officer to execute the subgrant award.
Staff Representative: Jennifer Hoekstra
 - ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.
Staff Representative: Nancy Kerns Cummins
- C. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - (For possible action)
 - i. Parr Reno LLC, Case No. 1212, NOV No. 5768
Staff Representative: Dan Inouye
- D. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2019 – (For possible action)
Staff Representative: Anna Heenan

7. **PUBLIC HEARING** Review, discussion and possible adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections. - **(For possible action)**
Staff Representative: Charlene Albee
8. **Regional Emergency Medical Services Authority**
Presented by: Dean Dow and Adam Heinz
 - A. **Review and Acceptance of the REMSA Operations Report for June, 2019 – (For possible action)**
 - B. ***Update of REMSA’s Public Relations during June 2019**
9. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Daniel Inouye, Acting Director**
Program Update - Reno Continues Support of Ozone Advance, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)
 - B. **Community and Clinical Health Services, Lisa Lottritz, Director**
Divisional Update – CCHS Changes; HIE; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children
 - C. **Environmental Health Services, Charlene Albee, Division Director**
Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Training, Vector and Waste Management, and Inspections.
 - D. **Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director**
Program Updates for Communicable Disease, Outbreaks, Measles, PHP Program, Grants, Radiation Training, Ebola, Silver Crucible Full Scale Exercise, Personnel Changes, Emergency Medical Services, Trainings, EMS Protocols, REMSA Response Data
 - E. **Office of the District Health Officer, Kevin Dick, District Health Officer**
District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Workforce Development, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), 2019 Annual NACCHO Conference, Other Events and Activities and Health District Media Contacts
10. ***Board Comment**
Limited to announcements or issues for future agendas.
11. ***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.
12. **Adjournment – (For possible action)**

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, 1001 E. 9th Street, Building B, Reno, NV 89512, 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
Downtown Reno Library, 301 S. Center 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 District Board of Health Meeting Minutes

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Oscar Delgado
Kristopher Dahir
Dr. Reka Danko
Marsha Berkbigler
Tom Young

Thursday, June 27, 2019
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 Novak called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Michael Brown, Vice Chair

Dr. Reka Danko (Departed at 2:02 p.m.)

Marsha Berkbigler

Tom Young (Arrived at 1:14 p.m.)

Members absent: Oscar Delgado

Kristopher Dahir

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Randall Todd
Daniel Inouye
Erin Dixon
Claudia Garcia-Aguilar

2. *Pledge of Allegiance

Dr. Danko led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.

Mr. Pitkin opined of a double standard in health care in regards to persons with HIV, and presented the links to two petitions for a referendum to possibly overturn current HIV law.

Mr. Klippenstein, Executive Director of ACTIONN, informed he was present to speak in support the agenda item regarding the Resolution for the Affordable Housing Trust Fund. He stated that ACTIONN has worked with many community partners over the past eighteen months to advocate for the creation of an affordable housing trust fund at the County level which was approved by the Board of County Commissioners at the end of March.

Mr. Klippenstein stated this resolution indicates the District Board of Health's support for allocation of local revenue to the affordable housing trust fund. He informed that affordable housing trust funds are a national best practice, there are eight hundred of them nationally and they are an effective tool to increase revenue for affordable housing. He encouraged the Board to support the resolution.

Mr. Fanning, owner of Dolce Delites food carts, informed he had been before the Board in the prior year to request that permit fees for his operation be reduced, opining that food carts should not pay as much as food trucks and the increase in fees within the past four years was exorbitant. He stated that early contacts with the Health District did not provide him with results, but that Ms. Albee has been helpful in recent communication. He also disagreed with being required to have a separate hand washing sink in addition to the sink used to wash and sanitize dishes.

Chair Novak closed the public comment period.

4. Approval of Agenda

June 27, 2019

Mr. Brown moved to approve the agenda for the June 27, 2019, District Board of Health regular meeting. Commissioner Berkbigler seconded the motion which was approved four in favor and none against.

5. Recognitions

A. Retirements

i. David Gamble, 6/29/2019, Program Coordinator, EPHP

Mr. Dick informed Mr. Gamble has been with the Preparedness Program for over six years and has been leading the Medical Reserve Corp efforts. He thanked Mr. Gamble for his service and wished him well in his retirement.

ii. Dave McNinch, 6/29/2019, Environmental Health Specialist Supervisor, EHS

Mr. Dick recognized Mr. McNinch, Supervisor in the Environmental Health Services Division. He informed Mr. McNinch has been with the Health District for over twenty-nine years and thanked him for his service, wishing him all the best in his retirement. He read the inscription on the clock presented in appreciation of his many years of service at the Health District.

iii. Linda Gabor, 7/19/2019, Public Health Nurse Supervisor, CCHS

Mr. Dick stated Ms. Gabor is a Public Health Nurse Supervisor, and informed the fourteen years provided as her length of service only included her most recent years. He confirmed with her that she has been employed with the Health District for a total of thirty years. Mr. Dick thanked Ms. Gabor for her excellent service and informed she would be receiving a clock as a token of the Health District's appreciation.

iv. Steve Kutz, 7/23/2019, Division Director - CCHS

Mr. Dick stated that Mr. Kutz has been serving as the Division Director of CCHS and has thirty years of service with the Health District. He thanked Mr. Kutz for his dedicated service and wished him well in his retirement. Mr. Dick informed there would be a gathering in honor of Mr. Kutz that afternoon and noted that he would also receive a clock in appreciation for his service.

B. Promotion

i. Charlene Albee, AQM Division Director to EHS Division Director - EHS

Mr. Dick informed he had appointed Ms. Charlene Albee as Division Director of Environmental Health Services Division, noting it is a promotion for her. He expressed his appreciation for Ms. Albee's willingness to assume leadership of EHS

C. New Hires

i. Nancy Ramirez-Partida, 6/11/2019, Community Health Aide – CCHS

Mr. Kutz informed Ms. Ramirez-Partida joined the WIC team as a Community Health Aide on June 11th, and stated her previous experience includes working with Access to Health Care, Planned Parenthood and as an intermittent hourly community health aide with the CCHS Sexual Health Program. He expressed CCHS is extremely happy to have Ms. Ramirez-Partida working again with them.

Ms. Ramirez-Partida was not in attendance.

Mr. Young joined the meeting at 1:14 p.m.

ii. Aurimar Ayala, 6/24/2019, Epidemiology Program Manager - EPHP

Dr. Todd expressed he was pleased to introduce Ms. Ayala who is taking Dr. Chen's position left vacant by her retirement in March 2019. He stated Ms. Ayala was previously employed at the Maricopa County Health Department in Phoenix, Arizona and, prior to that, in Puerto Rico, noting she has worked in epidemiology for a number of years.

Dr. Todd informed Ms. Ayala earned her Bachelor's Degree in Biology from the University of Puerto Rico, went on to earn her Master of Public Health in Epidemiology from Boston University and completed work on a PhD except for the dissertation in Epidemiology at the University of California Berkeley. He stated Ms. Ayala is well educated and well qualified to continue the work of Dr. Chen and expressed he is pleased to have her join EPHP.

D. 2019 Extra Mile Awards

i. Paul Mitchell the School Reno

Staff Representatives: Erin Dixon and Claudia Garcia-Aguilar

Ms. Dixon informed there was a last minute scheduling conflict and unfortunately, no representative of Paul Mitchell the School Reno was able to attend. She wished to thank Ms. Garcia-Aguilar for her work on this project.

Regarding the award, Ms. Dixon informed that Washoe County Health District's Chronic Disease Prevention Program likes to recognize local businesses for providing smoke-free environments for customers and employees, and she thanked the Board for the opportunity to present this award. She stated the Extra Mile Award honors businesses that have gone above and beyond the requirements of the Nevada Clean Indoor Air Act,

making the conscious decision to go smoke free when the law does not require them to.

Ms. Dixon explained this business was identified by the local community for exemplifying a growing movement towards increasing the number of smoke free campuses. Eighty-five percent of Washoe County residents do not smoke and there is a growing demand for smoke free environments; the awardee provides a smoke free environment for visitors and employees each year.

Ms. Dixon informed Paul Mitchell the School Reno is a cosmetology school that opened as a smoke free school in 2008, wanting to create a smoke free environment as part of their business so students, staff and visitors could enjoy their facility without exposure to second hand smoke. She stated the award would be presented to Mr. Layosa, School Director, in the near future.

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

- i. May 23, 2019

B. Budget Amendments/Interlocal Agreements

- i. Approve a Grant Agreement and Notice of Grant Award from Nevada Clinical Services, Inc. effective July 1, 2019 through June 20, 2021 in the total amount of \$270,498 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 11562; and authorize the District Health Officer to execute the Agreement.
Staff Representative: Nancy Kerns Cummins

- ii. Retroactively approve the Assistance Amendment PM-00T56401-9 from the U. S. Environmental Protection Agency (EPA) in the amount of \$150,612 to include \$40,144 of EPA In-Kind Support for the period 4/1/19 through 3/31/20 for the Air Quality Management, EPA Air Pollution Control Program, IO-10021. The Amendment is being presented for the District Board of Health approval per the EPA procedure that does not require signature.
Staff Representative: Jennifer Hoekstra

- iii. Approve a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$237,578.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns Cummins

- iv. Approve a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$60,943.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Fetal Infant Mortality Review (FIMR) Program and authorize the District Health Officer to execute the Subgrant Award.
Staff Representative: Nancy Kerns Cummins

- C. Presentation, discussion and possible approval of proposed revisions to the Mutual Aid Evacuation Agreement (MAEA)
Staff Representative: Brittany Dayton and Andrea Esp
- D. Acceptance of the “Washoe County, Nevada Air Quality Trends” (2009-2018) Report
Staff Representative: Daniel Inouye
- E. Approve an Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associated North (MSAN), to provide a physician consultant to the Tuberculosis Prevention and Control Program in the total amount of \$14,400.00 effective July 1, 2019 through June 30, 2020 unless extended by the mutual agreement of the Parties, with automatic renewal for successive one-year periods for a total of 3 years on the same terms; and authorize the Chair to execute the Interlocal Agreement.
Staff Representative: Nancy Kerns Cummins
- F. Approve an Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associated North (MSAN), to provide a physician preceptor to the Immunization Program in the total amount of \$8,032.50 effective July 1, 2019 through June 30, 2020 unless extended by the mutual agreement of the Parties, with automatic renewal for successive one-year periods for a total of 3 years on the same terms; and authorize the Chair to execute the Interlocal Agreement.
Staff Representative: Nancy Kerns Cummins
- G. Approve an Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associated North (MSAN), to provide male sterilization procedures up to a maximum of \$9,040.00 annually effective July 1, 2019 through June 30, 2020 unless extended by the mutual agreement of the Parties, with automatic renewal for successive one-year periods for a total of 3 years on the same terms; and authorize the Chair to execute the Interlocal Agreement.
Staff Representative: Nancy Kerns Cummins
- H. Approve an Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing and Sexually Transmitted Disease (STD)/TB treatment medications for juveniles at Jan Evans Juvenile Justice Center for the period upon ratification by the governing parties through June 30, 2020 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms.
Staff Representative: Nancy Kerns Cummins
- I. Accept a donation of three vaccine monitoring data logger kits for the Immunization Program from Catholic Charities of Northern Nevada.
Staff Representative: Nancy Kerns Cummins

- J. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.
 - i. Caleb Associates LLC, Case No. 1211, NOV No. 5759
Staff Representative: Dan Inouye
- K. Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2019
Staff Representative: Anna Heenan

Commissioner Berkbigler moved to accept the Consent Agenda items as presented. Mr. Brown seconded the motion which was approved five in favor and none against.

7. *Presentation: Eliminating Single Use Plastic at 2019 Artown Events

Presented by: Beth Macmillan

Ms. Macmillan, Executive Director of Artown, informed of a committee she had assembled that included Ms. Conti of the Health District, Ms. Thomas, Assistant County Manager, Alexis Hill with the City of Reno and members of Keep Truckee Meadows Beautiful, and that Ms. Conti had suggested she speak at this meeting. The concept of reducing plastic use in the community at Artown events was discussed and plans were developed for implementation. In conjunction with KTMB and Blue Dot Water, Ms. Macmillan explained they would overcome the lack of a water source at Wingfield Park by bringing in five-gallon containers of water that would be manned by KTMB volunteers and Men Wielding Fire. Ms. Macmillan stated the blue water droplet mark in the Artown events booklet indicates where water will be provided for free all month long for those who have their own water container.

Ms. Macmillan displayed an Artown reusable silicone drinking cup available for purchase that would also allow the owner to receive free drinking water at the designated events. If used at one of the Artown vendors to purchase a beer, she explained the cup would allow the user a one dollar discount to reduce usage of plastic cups. Cups and containers used by Men Wielding Fire will all be biodegradable and compostable as another method to have a more sustainable event.

Ms. Macmillan expressed hope that this event would start a movement of being more mindful from the individual level through that of event planning for the reduction of packaging and improved health of the environment.

Mr. Young stated he applauds the effort and stressed it is a worldwide necessity to become more involved in improving habits concerning impact on the environment, and informed of similar efforts at his own business.

Ms. Macmillan stated she hoped to see everyone at Artown, beginning July 1st.

8. Recommendation to approve of a resolution to support allocation of local revenue to the Washoe County Affordable Housing Trust Fund.

Staff Representative: Kevin Dick

Mr. Dick stated this item is in support of local revenue funding of the Affordable Housing Trust Fund that was created by the Washoe County Board of Commissioners and explained that, currently, there is no funding in the trust fund.

Mr. Dick informed the District Board of Health has identified housing as a top priority in the Community Health Improvement Plan (CHIP), and that in the CHIP, a project was identified for Truckee Meadows Healthy Communities (TMHC) to work with Truckee Meadows Regional Planning Agency (TMRPA) and Enterprise Community Partners to create a regional strategy for housing affordability. The strategy report has been completed and accepted by TMRPA Governing Board at their meeting in May.

Mr. Dick explained the report has a number of policy tools that can be implemented in the region to help advance affordable housing with the trust fund being among those identified in the strategy. Therefore, he recommended the board vote to adopt this resolution allowing the District Board of Health to demonstrate the need for the increase in affordable housing in the region and to encourage the local governing bodies to help support that effort with funding.

Commissioner Berkbigler opined funding of the trust fund to be extremely important. She informed she had met with the Sheriff and Judge Hardy on a number of possibilities for funding including Government Services Tax (GST) and other factors to fund the trust fund. She explained that seventy percent of current residents living in the Record Street Homeless Center and those families that will be moved to the NNAMHS campus have an income, but are living at these shelters because there is not enough affordable housing. She opined there isn't anything more important than making sure to increase the stock of affordable housing, stating that it will save tax payers money in the long run by decreasing the amount spent to care for those that are homeless and other issues that arise from that situation. She stated she fully supports this resolution and expressed hope the Board will support it, as well.

Mr. Brown moved to approve the resolution to support allocation of local revenue to the Washoe County Affordable Housing Trust Fund. Dr. Danko seconded the motion which was approved five in favor and none against.

9. PUBLIC HEARING Review, discussion and possible adoption of the proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit.

Staff Representative: Charlene Albee

Ms. Albee introduced Mr. Florey, Senior Environmental Health Specialist, stating he was instrumental in the development of the new fee and category for the Mobile Food Unit Pre-packaged Food Permit.

Mr. Florey provided the background on this revision, informing the current Environmental Health Services Fee Schedule was adopted by the Board in December 2015. Since that time, EHS has received multiple concerns from the regulated community that low risk mobile food operators are adversely affected by the current fee schedule that requires all mobile food units to obtain the same permit regardless of risk factor. Therefore, staff was directed to explore the potential of a permit category with regard to mobile units that sell only prepackaged items.

Mr. Florey explained staff used EHS inspection data for these types of mobile units and found there were between thirty-five to forty permits that might be affected. A fee was calculated that accurately reflected staff inspection times in these types of operations with staff following established procedures to develop fee modification, including public notifications and workshops. At the May DBOH meeting, the Board accepted the Business Impact Statement regarding this potential change. Mr. Florey informed the final step in this process would be Board approval, and therefore, stated staff recommends the Board adopt the proposed revisions to the District Board of Health fee schedule for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit.

Mr. Young inquired the amount of the fee for the higher risk food truck. Mr. Florey informed all food truck permit fees at this time are five hundred dollars. Mr. Young noted the significant decrease of nearly two hundred dollars per year for the newly developed category. Mr. Young opined this to be fair and a great benefit for the affected operators.

Ms. Admirand requested Chair Novak to open the Public Hearing and inquire if there is any public comment.

Chair Novak opened the Public Hearing. As there was no one wishing to speak, Chair Novak closed the public comment period. Mr. Young moved to adopt the proposed revision to the District Board of Health Fee Schedule, referenced in Section 020.085 of the Washoe County District Board of Health Regulations Governing Food Establishments, for the newly formed category of Mobile Food Unit Pre-Packaged Food Permit. Commissioner Berkbigler seconded the motion which was approved five in favor and none against.

- 10. Review, discussion and possible adoption of the Business Impact Statement regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections, with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for July 25, 2019 at 1:00 pm.**

Staff Representative: Charlene Albee

Ms. Albee introduced Ms. English, Senior Registered Environmental Health Specialist, who served as the project manager in the development of this item.

Ms. English informed this item is for the adoption of the Business Impact Statement regarding the proposed changes to the food establishment regulations. She stated two public workshops were held on May 14th and 15th, and informed there were no negative comments or concerns received from the public regarding negative financial impacts to businesses.

Ms. English explained the proposed revisions would incorporate revisions from the most recent version of the FDA food code, a code based on the most current science and emerging technologies in food safety. She stated that, in addition to the over two hundred pages of regulations, staff included a summary of changes document as well as the PowerPoint presentation shown at the workshops that highlighted the significant changes.

Ms. English thanked Mr. McNinch for his work that enables staff to put forward regulations based on the most current science in food safety on a regular basis.

Mr. Brown moved to adopt the Business Impact Statement regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections, and set a public hearing for possible adoption of the proposed revisions to the Regulations for July 25, 2019 at 1:00 pm. Dr. Danko seconded the motion which was approved five in favor and none against.

- 11. Review, discussion and direction to staff regarding the provisions of the Interlocal Agreement (ILA) entered into by the Cities of Reno and Sparks and Washoe County for the creation of the Health District. Take action to accept the ILA in its current form *or* direct staff to forward any recommendations for possible amendments to Reno, Sparks and Washoe County.**

Staff Representative: Leslie Admirand

Ms. Admirand, Deputy District Attorney, informed this item is for the annual review of the Interlocal Agreement, a requirement of Section 7.C. of the Agreement. She provided a brief history for the benefit of the new Board Members, informing that in 1959 the legislature amended Chapter 439 to allow cities and counties to form health districts. Subsequently, the County passed a resolution to create a health district, but nothing was formally documented until 1972. In 1986, the document was further amended; Ms. Admirand explained that is the document the Board had before them, along with an amendment written in 1993 that changed the composition of the Board. She expressed her hope the Board had been able to review the document and informed she would be glad to address any questions or review any of the sections of the Agreement as requested.

Commissioner Berkbigler moved to accept the ILA in its current form. Mr. Brown seconded the motion which was approved five in favor and none against.

12. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for May, 2019

Mr. Dow, President and CEO of REMSA, informed he was available to answer any questions

Mr. Brown moved to accept the REMSA Operations Reports for May, 2019. Commissioner Berkbigler seconded the motion which was approved five in favor and none against.

B. *Update of REMSA's Public Relations during May 2019

Ms. Jobson, Public Affairs Manager for REMSA, provided updates to the report presented to the Board. She informed that REMSA has produced videos for summertime activity safety including water safety, car seat and general summer celebration safety. She stated these videos can be seen on remsahealth.com or on their YouTube channel.

Earlier in June, Ms. Jobson informed that Dr. Wilson, REMSA's Medical Director, was featured on KTVN's Ask the Doctor segment. She shared information about the importance of being able to quickly recognize the signs of a stroke.

Ms. Jobson stated the most exciting recent news update is the reaccreditation of REMSA's Clinical Communications Center. She informed that for eighteen years, REMSA's dispatchers, the region's first, first responders, have been committed to clinical excellence and providing professional emergency dispatching. She stated all of REMSA's dispatchers are trained at a minimum as an EMT and many have field experience which, combined with the rigorous protocols and standards of the International Academy of Emergency Dispatchers, puts REMSA's Clinical Communications Center as a leader in the global EMD industry.

Ms. Jobson informed this accreditation recognizes that REMSA has demonstrated to the citizens of Washoe County and to their first responder partners a serious commitment to provide patient care over the phone through an objective protocol-driven process. She stressed that preparing for accreditation is no small task, but that their supervisors, managers and staff rose to the occasion. She expressed she would like to especially recognize and applaud Mr. Adam Heinz, Director for REMSA, for his leadership of the Clinical Communications Center.

13. Update regarding Bill Draft Requests and Bill Drafts for the 2019 Legislative session.

Staff Representative: Kevin Dick and Joelle Gutman

Now that the legislative session is over, Mr. Dick stated that Ms. Gutman, Government Affairs Liaison, was in attendance to present this report. He expressed his thanks to Ms. Gutman for the tremendous job she did for the Health District throughout the session. He stated there was great movement and progress on public health and the Board's legislative priorities.

Mr. Dick explained that he had thought having Ms. Gutman at the session would make it a bit easier, but with her level of engagement there, opportunities for public health expanded exponentially. Although it didn't lighten the work for the rest of the Health District staff, the result was a much greater impact in moving public health forward.

Ms. Gutman stated it was a long one hundred twenty days and opined the session was successful for public health. She informed there is already planning for priorities for next session.

Ms. Gutman stated she would give a summary of activities around the priorities the Board agreed to prior to the session's start, as well as a few legislative highlights for the Health District.

SB425 – The 1915(i) Medicaid waiver that will pay for certain additional home and community based services to provide tenancy support services for those who have issues with chronic homelessness. The funding mechanism with match provides up to \$2.6M, depending on the service type provider and the population served in FY20, and up to \$5.2M for FY21. It is being determined who will be able to provide those services in the community.

SB448 – Provides for the issuance of transferable tax credits to a project for the acquisition, development, construction, improvement, expansion, reconstruction or rehabilitation of low income housing.

SB263 – This bill was sponsored by Senator Ratti, who, Ms. Gutman noted, was a champion for the Health District. This bill requires various alternative nicotine and vapor products and all of their components, including electronic cigarettes, vape pens and other similar products, to be taxed as other tobacco products (OTP Product Tax). It requires wholesale and retail dealers of vapor products to obtain a license and wholesale dealers to pay a thirty percent tax. Vapor products are now included in the Indoor Clean Air Act and are prohibited wherever smoking is. It removes criminal penalties for selling to minors but sets forth civil penalties for both the store clerk and the owner of the license. It requires the signature of a person over the age of eighteen to receive a shipment from internet sales, and packaging is to be clearly marked with the word 'cigarette' or 'tobacco'. There is a \$2.5M appropriation to DHHS annually of which WCHD will receive approximately \$200,000 annually for tobacco prevention efforts. Ms. Gutman explained it was one of the biggest wins for the Health District and that Mr. Dick, Ms. Goatley-Seals and Ms. Alberti all testified at session.

AB66 – Permits the holder of a psychiatric hospital license to obtain an endorsement for a crisis stabilization center which provides the appropriate level of care in a facility designed specifically for the stabilization of those in crisis without inappropriately placing them in emergency rooms or the jail. It also requires crisis stabilization centers to be Medicaid reimbursable, and requires the State Board of Health to adopt regulations providing for the licensure and regulation of non-emergency secure behavioral health transport. Ms. Gutman noted this was a priority of the Health District.

AB97 – This bill was a priority of the Health District for public health funding. It received a hearing in Assembly Health and Human Services, but died on April 13th, the first House Committee passage.

SB94 – Provides funding for family planning through an increase in the Governor’s budget of \$3M per year.

AB169 – Establishes a Maternal Mortality Review Committee and appropriates some funding and an appointed committee to study data and gain understanding of the disproportionate rates of mortality among our communities of color, and to provide valuable information toward improvement of public health in this area.

SB37 – Expands the practice of marriage and family therapists to include psychotic disorders. Ms. Gutman noted Nevada was the only state in the union that did not have this provision, and hoped it would increase access to care throughout the state.

SB418 – Is the raw milk bill that the Health District worked hard to kill. EHS Supervisor Macaluso provided information to Ms. Gutman on the associated dangers to public health from the sale of raw milk. Regulations as related to the county milk commission established by the NRS would have also been changed by the bill.

AB231 – Ms. Albee was instrumental in having harmful regulations removed from this bill that would have allowed for vehicles older than 1996 to be exempt from emissions testing. The bill was passed with only the provision to extend the time for new vehicles to be smog checked to one hundred eighty days.

AB483 – Requires the Department of Motor Vehicles to conduct a pilot program to gather mileage (VMT) data which will help with planning for air quality.

Mr. Dick reminded the Board of the five legislative priorities identified for this legislative session and stated the Health District was successful in having four of the five bills move forward, plus other bills beneficial to public health. He opined it was an outstanding session for public health, and, as Ms. Gutman noted, the bill for public health funding was not passed as it was not included in the Governor’s budget. He informed that planning and strategizing is already underway to reach the Governor on that issue and influence his administration to include funding for public health in his budget to be better positioned for next year.

Mr. Dick expressed it was beneficial to discuss public health in front of the committee. He reminded that, at one time, the funding for public health was tied to SB263 so there were great opportunities to discuss Nevada being fiftieth in the nation for per capita spending for public health, what that means for the state and what the benefit of additional funding would provide.

Mr. Dick opined it fortunate that the Governor included an appropriation in the budget and the legislation passed for family planning funds, particularly in light of the reductions seen in Title X funding. He informed the Health District would work to obtain some of that funding from the state.

Mr. Dick wished to recognize some of the partners who worked with the Health District during the legislative session. Mr. Hackett with the Nevada Tobacco Prevention Coalition and the lead lobbyist working with Senator Ratti with the Nevada Public Health Association did an excellent job in their support of SB263, the-cigarette and vape bill,. The Southern Nevada Health District’s lobbyists were engaged, as well as the Nevada Medical Association.

Mr. Dick also wished to recognize Mr. Duarte, past Chair of the Regional Behavioral Health Policy Board, who did an incredible amount of work on AB66 for crisis stabilization centers and was successful in developing the language to create the market conditions to allow those centers to succeed.

Mr. Dick recognized Ms. Heidi Parker for her work in SB94, who championed the family planning bill. He stated the Health District had great partners at this legislative session and that Ms. Gutman was very effective in networking and finding allies to work with on a number of the bills.

Commissioner Berkgigler thanked Ms. Gutman for an excellent job. She stated that with her own history of working the legislature, much of which was in the medical field, it is difficult to communicate medical issues to a primarily citizen legislature that does not grasp the key information of those bills. She expressed it was amazing that only one of the priority bills for the Health District and the Board was lost.

Ms. Gutman informed she was happy to be at session and is already looking forward to next session, being better able to speak to public health and the issues that are important to Washoe County Health District.

Chair Novak also thanked Ms. Gutman, stating that with her being new to the Health District, she did a wonderful job. He expressed his appreciation for her successful session and that she is already looking forward to next session.

Chair Novak inquired if action needed to be taken on this item. Ms. Admirand informed the item is for possible action; if there is no action necessary, a vote does not need to be taken.

Dr. Danko departed from the meeting at 2:02 p.m.

14. *Staff Reports and Program Updates

A. Air Quality Management, Daniel Inouye, Acting Director

Program Update – Ozone Trends and Attainment, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Mr. Inouye stated that, earlier in the year, the Board had provided direction to review AQM's open burning regulations. He informed staff have met with local fire agencies from Reno, Sparks, Truckee Meadows Fire Department and Incline Village through North Lake Tahoe Fire Protection District, and have worked with them to update the rules through revisions. He stated their input has been very instrumental to assure that the revisions are able to be implemented at the fire agency level.

Mr. Inouye explained staff have a draft revision ready for the public workshops that are scheduled for June 28th at the Health District, July 9th at Truckee Meadows Fire Station 33 on Foothill Road, and on July 11th at Station 40 in Mogul, and detailed some of the highlights of the potential revisions. He informed their tentative timeline is to present the Business Impact Statement in August, followed by the public hearing at the September District Board of Health Meeting.

Mr. Inouye wished to congratulate Mr. Kutz on his retirement, stating that he has been a great champion for Air Quality Management, especially through his Chronic Prevention Disease Program. He informed Mr. Kutz has been able to identify the alignment between the Divisions in regards to chronic diseases such as obesity and diabetes rates, and stated the collaboration with his team has increased the rate and scope of accomplishments toward improved public health.

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

Divisional Update – Client Satisfaction Survey Results; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

Mr. Kutz confirmed this would be his last report the Board, and informed he wanted to highlight the client satisfaction survey results from 2019. He stated CCHS has been distributing this survey for many years and have been fortunate to receive very good overall results.

Mr. Kutz expressed how very proud he is of the CCHS staff and the great service and experience they provide to the Health District's clients and the internal and external customers. He stated that he could not be happier than to have been part of CCHS for the last thirty years and expressed that it has been an awesome experience.

Mr. Kutz commented it has been great working with and for Mr. Dick, and expressed appreciation that he has been an amazing boss. He stated he has enjoyed working with the various Divisions, noting that AQM and Mr. Inouye have been great champions as has Ms. Albee. He stated he was very excited for her new role as the EHS Division Director and opined she would do a great job for the Health District in that capacity. He recognized staff in Administrative Health Services with Ms. Heenan and Ms. Kerns Cummins, and noted his appreciation for Dr. Todd and staff in EPHP.

Mr. Kutz stated it has been a pleasure reporting to the Board. He stated he would miss everyone at the Health District and has loved his career in public health, and was thankful for the opportunity to serve Washoe County.

C. Environmental Health Services, Charlene Albee, Director

Environmental Health Services (EHS) Division Program Updates – Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Training, Vector and Waste Management, and Inspections.

Ms. Albee expressed thanks for her opportunity to grow her professional career as the Division Director for EHS. She informed it has been a hit-the-ground-running situation with the high level of activity and projects in EHS, stating they are a wonderful group and staff have been tremendous with their engagement, cooperation and willingness to help her adjust to her new role.

Ms. Albee wished to extend her best wishes to Mr. Kutz, informing they had worked together for twenty-four years. She also expressed her personal gratitude to Mr. McNinch, noting they had also worked together for twenty-four years. She opined that, although a great deal of knowledge will be lost by the retirement of the large amount of staff in this age bracket, it will mean an infusion of new ideas and enthusiasm of the younger staff.

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

Program Updates for Communicable Disease, Outbreaks, Measles, Acute Flaccid Myelitis, PHP Program, Inter-Hospital Coordinating Council, McQueen High School, Family Health Festival, Pandemic Influenza Exercise, Point of Dispensing Operations Exercises, American Red Cross, Emergency Medical Services, Community Presentations, Trainings, Upcoming Exercises, REMSA Response Data

Dr. Todd informed that measles continues to be on the forefront of concerns; as of June 20th, the number of cases nationally has increased to one thousand seventy-seven confirmed cases in twenty-eight states. He stated that is the greatest number reported in the United States since 1992, informing measles had been declared eliminated in the year 2000.

Dr. Todd stated that fortunately, in 2019, there have been no confirmed cases of measles in Washoe County. There have been seventeen cases that were thought to be measles, but were ruled out by testing.

Dr. Novak inquired if these suspected cases of measles were diagnosed and sent for testing by younger physicians who had never seen a case of the measles. Dr. Todd confirmed that this is the case, that quite a number of practicing physicians are young enough they have never seen an actual case of measles in their medical practice and so

rule out the possibility through testing.

Dr. Todd also congratulated Mr. Kutz for his thirty years at the Health District and stated that he has been a great partner. Dr. Todd informed he has known Mr. Kutz since he was working at the Health District and attending his Epidemiology Class at UNR, noting that he was a great student.

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

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Housing/Homelessness, Behavioral Health, Nutrition/Physical Activity, Workforce Development, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Legislative Session, Other Events and Activities and Health District Media Contacts

Mr. Dick provided an update on the Health District's Public Health Accreditation efforts, informing the site visit had just occurred on the 25th and 26th of June. He explained the site visit team included three representatives from other local health departments and one representative from the Public Health Accreditation Board.

Mr. Dick informed there were numerous staff involved that have been working throughout this process as members of the Accreditation Team, as well as additional staff as subject matter experts to explain their work within the domains to the site visit team. He explained there had been an exit briefing that was conducted with the site visit team who informed they will develop a report for the Public Health Accreditation Board whose next meeting will be on August 20th. The possible outcomes are that the Health District could receive the accreditation, or it may be tasked with developing and implementing an action plan if there are areas they feel need further work.

Mr. Dick explained the site visit team identified three strengths and three areas for opportunities for further development for the Health District. The first strength listed was Board engagement. He thanked Health District Board Chair Novak, Vice Chair Brown and Councilman Delgado who met with the site visit team on the 26th, noting he had been able to discuss with the team the manner in which the Board and Health District work together. He expressed appreciation for the support of the Board and their excellent working relationship.

The second strength was community engagement. Mr. Dick informed a session was held with nearly twenty community partners who met with the site visit team who were very impressed with the level of engagement and partnership the Health District has with different organizations in the community and how they view the Health District.

Mr. Dick informed the third area of strength was communications; the site visit team found the Health District is very strong in the manner public health information is communicated to the public.

Mr. Dick informed an area of opportunity for development surprised staff in that the team opined the Health District needed to develop more policies. He stated it would be interesting to see what will be entered into the Health District's report by the team on that subject and whether they would understand how the Health District works with the County programs under some of their policies.

Another area noted for improvement was health equity; Mr. Dick opined this is a challenge for Health Districts across the country and does not disagree with that assessment, but knows the Health District will continue to work toward better health equity and approaches to implement that objective in its programs.

The last area for opportunity for development was performance management. Mr. Dick stated that, while the Health District has developed a strong performance

management system for the Strategic Plan, there is not a strong system in place for Health District operational program data to be captured in one system. He informed that the Health District will be moving forward with using ClearPoint, a performance management software platform. Ms. Peters had researched a number of different systems that are available and ClearPoint has been selected. He stated this will be a platform that can be used to manage the Strategic Plan and Program management and potentially also be used for the Community Health Improvement Plan. He explained this process will be undergone in the next few months and that staff are impressed with its features.

Mr. Dick stated that it was an incredible amount of work to get to the point of the site visit to become accredited, and opined the true benefit to the Health District has been the work that was done and systems that were put in place. He stated that without this goal, the Community Health Needs Assessment and the Community Health Improvement Plan may not have been done and that benefit not realized for the community. While it remains to be seen what comes of the site visit, Mr. Dick stated he was pleased with the accomplishments thus far.

Regarding Truckee Meadows Healthy Communities, Mr. Dick mentioned his comment earlier that the Regional Governing Board for the Truckee Meadows Regional Planning Agency had accepted the Regional Strategy for Housing Affordability. He stated that TMHC fundraised over \$250,000 from community partners to support developing that study, and wished to recognize the broad support the Health District has in the community to address the issue of affordable housing. He informed there were a number of non-governmental entities that invested in that project.

Mr. Dick explained TMHC's efforts were focused on developing the strategy, while recognizing that they were not the best group to implement the strategy. He stated he was pleased to report that, earlier this week, the Reno Housing Authority Board met and agreed they will move forward with the implementation of the plan. He opined it a significant move toward the goal, and noted TMHC will continue to advocate for affordable housing.

Mr. Dick wished to express how grateful he is to have had Mr. Kutz on staff at the Health District and have the opportunity to work with him. He stated Mr. Kutz brings a positive attitude every day to his work at the Health District and opined everyone at the Health District will miss him.

15. *Board Comment

Chair Novak opened the Board comment period.

Chair Novak informed he had met with several of the different fire agencies in the past few weeks and they have requested that, if there is an item on the agenda that may require their attendance, to have it appear earlier on the agenda to allow them to return to their duties in a more timely manner.

Chair Novak wanted to thank the entire staff of the Health District, with special thanks to Ms. Peters and Ms. Hilliard for the incredible amount of work they and the PHAB Team have done toward PHAB accreditation. He informed the site visit team agreed that this Health District an all-encompassing Health Department while many others have far fewer programs. He noted it was apparent to them that staff are very proud of their work and expressed that the work that is done at this Health District with the lack of funding received is phenomenal.

Chair Novak closed the Board comment period.

16. *Public Comment

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

17. Adjournment

Chair Novak adjourned the meeting at 2:23 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, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 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

Downtown Reno Library, 301 S. Center 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.

Staff Report
Board Meeting Date: July 25, 2019

TO: District Board of Health

FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us

SUBJECT: **Retroactive Approval of Notice of Grant Award #5U18FD006275-03 from the U.S. Food and Drug Administration for the period 7/1/19 through 6/30/20 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services 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 and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health.

The Environmental Health Services Division received a Notice of Grant Award from the U.S. Food and Drug Administration on June 20, 2019 in the amount of \$70,000 for the period 7/1/2019 through 6/30/2020 in support of the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program. This award is being presented for District Board of Health retroactive approval per the FDA procedure that does not require signature.

A copy of the Notice of Grant Award is attached.

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: FDA Voluntary Retail Food Regulatory Program Standards

Scope of the Project:

This Award provides support for travel for the 2020 Biennial Conference for Food Protection, FDA Pacific Region Seminar WAFDO Conference, develop and implement a food safety recognition program for Washoe County food establishments, design and printing of outreach material and a media outreach campaign to advertise the new system, develop and implement a media campaign to educate food service workers and the general public on the eight major food allergens, design and printing of outreach material and a media outreach campaign, postage, printing and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the EHS Food Program efforts to achieve conformance with the FDA Voluntary National Retail Food Regulatory Program Standards. Implementing the standards benefits the community by reducing or eliminating the occurrence of illness and death from food produced in Washoe County food establishments. Reduction in the percentage of foodborne illness risk factors in food establishments has been identified as a goal in the Washoe County Health District Strategic Plan.

On-Going Program Support: These funds support on-going FDA Retail Food Regulatory Program Standard expenditures.

Award Amount: Total award amount is \$70,000
Grant Period: July 1, 2019 – June 30, 2020
Funding Source: U.S. Food and Drug Administration
Pass Through Entity: Not applicable
CFDA Number: 93.103
Grant ID Number: 5U18FD006275-03
Match Amount and Type: No match required
Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Notice of Subaward.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve the Notice of Grant Award #5U18FD006275-03 from the U.S. Food and Drug Administration for the period 7/1/2019 through 6/30/2020 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within the Environmental Health Services and authorize the District Health Officer to execute the subgrant award.

Subject: FDA Voluntary Retail Food Regulatory Program Standards

Date: July 25, 2019

Page 3 of 3

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to retroactively approve the Notice of Grant Award #5U18FD006275-03 from the U.S. Food and Drug Administration for the period 7/1/2019 through 6/30/2020 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088 and authorize the District Health Officer to execute the subgrant award.



FOOD AND DRUG ADMINISTRATION

Grant Number: 5U18FD006275-03
FAIN: U18FD006275

Principal Investigator:
Tony Macaluso, BS

Project Title: RFA-FD-17-007: Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards (VNRFRPS) (U18)

Mr. Macaluso, Tony
Environmental Health Specialist Supervisor
1001 East Ninth Street
Reno, NV 895200027

Award e-mailed to: genfield@washoecounty.us

Budget Period: 07/01/2019 – 06/30/2020
Project Period: 09/01/2017 – 06/30/2020

Dear Business Official:

The Food and Drug Administration hereby awards a grant in the amount of \$70,000 (see “Award Calculation” in Section I and “Terms and Conditions” in Section III) to COUNTY OF WASHOE in support of the above referenced project. This award is pursuant to the authority of PHS Act, Sec 1706, 42 USC 300u-5, as amended; Sec 2(d), PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the “Terms and Conditions” is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the Grants Management Specialist and the Project Officer listed in the terms and conditions.

Sincerely yours,

Kimberly Pendleton
Grants Management Officer
Office of Acquisitions & Grants Services
Division of Acquisition Support and Grants
Grants & Assistance Team
FOOD AND DRUG ADMINISTRATION

See additional information below

SECTION I – AWARD DATA – 5U18FD006275-03**Award Calculation (U.S. Dollars)**

Travel Costs	\$15,020
Consortium/Contractual Cost	\$48,616
Federal Direct Costs	\$63,636
Federal F&A Costs	\$6,364
Approved Budget	\$70,000
Federal Share	\$70,000
TOTAL FEDERAL AWARD AMOUNT	\$70,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$70,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$70,000	\$70,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.103
EIN: 1886000138A1
Document Number: UFD006275A
PMS AccountType P(Subaccount)
Fiscal Year: 2019

IC	CAN	2019
FD	6990914	\$70,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

FDA Administrative Data:

PCC: ORA12 / **OC:** 4141 / **Processed:** FDAKPU 06/19/2019

SECTION II – PAYMENT/HOTLINE INFORMATION – 5U18FD006275-03

Grant payments will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center (PSC), DHHS, Office of the Deputy Assistant Secretary, Finance. Requests for downloadable forms and inquiries regarding payment should be directed to:

Regular Mailing Address:
Division of Payment Management
P.O. Box 6021
Rockville, MD 20852
Telephone: (301) 443-1660

Included are the following Links & Instructions for drawing down funds, reporting expenditures, required forms, and the help desk info:

Homepage: <http://www.dpm.psc.gov/Default.aspx>

Grant Recipient Information:

http://www.dpm.psc.gov/grant_recipient/grant_recipient.aspx?explorer.event=true

Grant Recipient Forms:

http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx?explorer.event=true

PMS Help Desk: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

The ONE-DHHS Help Desk for PMS Support is now available Monday – Friday from 7 a.m. to 9 p.m. EST (except Federal Holidays). Phone (877) 614-5533; Email PMSSupport@psc.gov

SECTION III – TERMS AND CONDITIONS – 5U18FD006275-03

This award is based on the application submitted to, and as approved by, FDA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Grant Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75.
- d. The HHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. A required Federal Financial Report (FFR) SF-425 must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the particular grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding
- g. Closeout Requirements (when applicable): A Final Program Progress Activity Report, Final Federal Financial Report SF-425, Final Invention Statement HHS-568 (if applicable), Tangible Personal Property Report SF-428, and Statement of Disposition of Equipment (if applicable) must be submitted within 90 days after the expiration date of the project period.
- h. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U18FD006275. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:

Additional Costs

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal

SECTION IV – FD Special Terms and Condition – 5U18FD006275-03

Expanded Authorities do not apply to this award

Terms and Conditions

The administrative and funding instrument used for this program is the cooperative agreement, an assistance instrument (rather than an acquisition instrument), in which substantial FDA programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, FDA's objective is to support and stimulate the recipient's activities by involvement in and otherwise working jointly with the award recipient in a partnership role; it is not to assume direction, prime responsibility, or a dominant role of activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardee for the project although specific tasks and activities may be shared between the awardee and the FDA as defined below.

a) Cooperative Agreement--Project Director/Principal Investigator Rights and Responsibilities:

The Project Director/Principal Investigator (PD/PI) retains the primary responsibility and dominant role for planning, directing, and executing the proposed project, with FDA/ORR staff being substantially involved as a partner with the PD/PI, as described below.

The PD/PI will maintain general oversight for ensuring compliance with the financial and administrative aspects of the award, as well as ensuring that all staff have sufficient clearance and/or background checks to work on this project. This individual will work closely with designated officials within the recipient organization and with partner organizations to create and maintain necessary documentation, including both technical and administrative reports; prepare justifications; appropriately acknowledge Federal support in publications, announcements, news programs, and other media; and ensure compliance with other Federal, regulatory, and organizational requirements.

b) Cooperative Agreement--FDA Responsibilities:

The Grants Project Team consist of a Grants Management Specialist, Program Official (PO), Project Manager (PM) and Technical Advisor. The Grants Project Team collaborates to review the progress of the grantee. The Grants Project Team may utilize the grantee's progress reports, site visits, audit reports and other supporting documentation to determine if the condition of the award was met and satisfactory progress is being made. Each team member works in consultation with each other, as needed, throughout the duration of the project. A description of each team member involved with the program are described below.

An FDA Grants Management Specialist (GMS) will be assigned and named in the Notice of Award. The GMS oversees the administrative, financial, business and other non-programmatic aspects of the program. These activities include, but are not limited to the following:

- Provides guidance on administrative, business, fiscal aspects of grants management to grantees and FDA program staff
- Monitors and manages applications and required reports on eRA Commons
- Monitors administrative and financial aspects of grantee activities
- Maintains the official grantee file

An FDA Program Official (PO) will be assigned and named in the Notice of Award. The PO is accountable for the programmatic oversight of the grant to include coordination, with the Project Manager, on the technical aspects of the grant. S/he ensures the budget of grantees are reasonable and costs are allowable and allocable. The PO reviews the progress reports to verify

the budget proposed includes only allowable expenses that support the project goals and objectives. The PO also assists with post-award monitoring and establishing a corrective action plan, if necessary.

An FDA Project Manager (PM) will be assigned to the program. The FDA PM is the responsible official for the programmatic, scientific, and/or technical aspects of assigned applications and cooperative agreements. The FDA PM will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards as described below.

The PM will have substantial involvement in the design, implementation, and evaluation of program activities, and dissemination of program results and outcomes, above and beyond routine grant monitoring. Substantial involvement by FDA/ORA includes, but is not limited to, the following:

- a. Provide guidance, direction, and technical assistance in project planning, implementation, and evaluation;
- b. Provide subject matter expertise, programmatic assistance, and evaluation services to support program studies and activities;
- c. Actively monitor the supported program via telephone conversations, webinars, e-mails, written correspondence, or periodic site visits;
- d. Evaluate the supported program, including development of program-level performance measures, consistent data collection, and reporting procedures and protocols;
- e. Convene trainings, meetings, conference calls, and site visits with grantee to facilitate collaboration and information sharing;
- f. Participate in data analysis, interpretation of findings, and where appropriate, co-authorship of publications;
- g. Development of programs to meet the FDA mission;
- h. Provision of programmatic technical assistance;
- i. Post-award monitoring of project/program performance, including review of progress reports and making site visits; and other activities complementary to those of the FDA.

An FDA Technical Advisor(s) will be assigned to each enrolled program. The Advisor will work cooperatively with the PO to help monitor and report grantee status/progress including sharing of information and historical backgrounds. The FDA Technical Advisor will have programmatic involvement as described below including but not limited to the following:

- Provide guidance, direction, and technical assistance in project planning, implementation, and evaluation;
- Convene trainings, meetings, conference calls, and site visits with grantee to facilitate collaboration and information sharing;
- Provide subject matter expertise, programmatic assistance, and evaluation services to support program studies and activities;
- Provision of programmatic technical assistance;
- Post-award monitoring of project/program performance, including review of progress reports and making site visits; and other activities complementary to those of the FDA.

Unless another governance structure is mutually agreed upon, the PO will serve as the primary point of contact for the dissemination of FDA policy and milestones/objectives work planning.

c) Monitoring Activities

Periodic program monitoring will be conducted by FDA on an ongoing basis which may include telephone conversations, emails, on-site visits, review of written progress reports, audit assessments, financial reports, etc.

The Project Manager and Technical Advisor conduct the monitoring of the grantee's performance , provide technical advice and assistance and, when necessary, investigate problems or deficiencies identified during review of reports including.

The Grants Project Team (Grant Management Specialist, Program Official, Project Manager and Technical Advisor(s)) reviews the progress report to verify the satisfactory progress is being made toward the project objectives and goals in the project, proposed activities are allowable and within the guidelines of the FOA and budget proposed includes only allowable expenses that support project goals and objectives. When necessary, the Grants Project Team will investigate problems or *deficiencies* identified during review of reports and determine the corrective actions required. Performance deficiencies will be addressed by requiring a revised progress report, submission of a corrective action plan, increased reporting requirements, funding restrictions, and other methods, including up to suspension or termination of the award. The Annual Progress Report will be due as part of the Research Performance Progress Report (RPPR) and is due **no later than 60 days prior** to the start date of the next budget period start date.

Grants with Multiple Years: In order to receive future funding, the grantee is required to submit the Research Performance Progress Report (RPPR). The Annual Progress Report will be due as part of the Research Performance Progress Report (RPPR) and is due no later than 60 days prior to the start date of the next budget period start date. This report should cover all activities/work that took place during the current budget performance period noted in your Notice of Grant Award (NGA).

d) Financial Reporting:

A. Cash Transaction Reports

The Federal Financial Report (FFR) has a dedicated section to report Federal cash receipts and disbursements. For recipients this information must be submitted quarterly directly to the Payment Management System (PMS) using the web-based tool. Quarterly reports are due 30 days following the end of each calendar quarter. The reporting period for this report continues to be based on the calendar quarter. Questions concerning the requirements for this quarterly financial report should be directed to the PMS.

B. Financial Expenditure Reports

A required Federal Financial Report (FFR) must be submitted annually. FDA now requires all annual financial expenditure reports to be submitted electronically using the Federal Financial Report (FFR) system located in the eRA Commons. This includes all initial FFRs being prepared for submission and any revised FSR/FFRs being submitted or re-submitted to FDA. Paper expenditure/FFR reports will not be accepted.

Annual FFRs must be submitted for each budget period no later than 90 days after the end of the calendar quarter in which the budget period ended. The reporting period for an annual FFR will be that of the budget period for the grant; however, the actual submission date is based on the calendar quarter. Failure to submit timely reports may affect future funding.

C. Closeout Requirements (when applicable)

A Final Program Progress Activity Report, Final Federal Financial Report SF-425, Final Invention Statement HHS-568 (if applicable), Tangible Personal Property Report SF-428, and Statement of Disposition of Equipment (if applicable) must be submitted within 90 days after the expiration date of the project period.

D. Auditing

A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR 75, Subpart F-Audit Requirements. Audits must be completed and submitted electronically to the Federal Audit Clearinghouse (FAC) within 30 days after receipt of the auditor's report(s), or 9 months after the end of the audit period, i.e., the end of the organization's fiscal year, whichever is earlier. If you need information on your organization's obligations, please visit the following website: <http://harvester.census.gov/sac/>. Valuable information is included under the "Frequently Asked Questions" section of that website.

The grantee organization must comply with all special terms and conditions of the cooperative agreement. Future funding will be dependent on recommendations from the Project Manager and Program Official. The scope of the recommendation will confirm an acceptable level of performance and continued compliance with all FDA regulatory requirements and conditions of

the award. Specific project milestones, reporting requirements, and other project deliverables may be included as a condition of your award. If FDA determines that the state is unable to make adequate progress, FDA may place them in special condition status and may require a corrective action plan.

Grantees developing their MFRPS program will achieve and maintain conformance with the MFRPS (most recent version) within five years. Grantees who have already developed their MFRPS program will maintain conformance by demonstrating implementation of a strategic improvement plan when non-conformance is identified by the State program or FDA. The grantee must maintain a food safety inspection contract in satisfactory standing with the FDA throughout the cooperative agreement.

If a recipient of multiple FDA awards (cooperative agreements, grants, contracts), the State must be able to account separately for fund expenditures, including employee salaries, wages, and benefits, under those funding mechanisms and this cooperative agreement.

A rebudgeting request covers reallocation of cooperative agreement funds and change of planned expenditures (compared to the existing budget on record for the grantee) either between budget categories (personnel, equipment, supplies, etc.) or within a single budget category. All rebudgeting requests that involve moving cooperative agreement funds between budget categories in excess of 10% of the total track award must be submitted and approved by FDAS. A new NGA will only be issued when rebudgeting requests reach a cumulative total (during a single budget period) of 25% of the total award or more. Rebudgeting requests within a single budget category must be submitted and approved by OP/OAGS when they reach a cumulative (during a single budget period) total of \$10,000 or more.

Additional Terms and Conditions

Reporting

When multiple years are involved, awardees will be required to submit the [Research Performance Progress Report \(RPPR\)](#) annually and financial statements as required in the Notice of Award.

- When multi-year funding is used (R15, UA5, RC3, RC4, RF1, DP2, DP3, DP4, UC1, UC4, and UF1), the above text will need to be changed. Please insert a comment to change the above text to the following "Progress reports for multi-year funded awards are due annually on or before the anniversary of the budget/project period start date of award. The reporting period for multi-year funded award progress report is the calendar year preceding the anniversary date of the award. Information on the content of the progress report and instructions on how to submit the report using the RPPR are posted at <http://grants.nih.gov/grants/policy/myf.htm>." All multi-year activity codes except R15 must get multi-year funding authorization from the DDER and upload the approval into the NIHGPS with the FOA.
-
- If additional reporting requirements need to be added, please insert a comment indicating what reporting requirements are desired. Note that additions likely will require approval by OER.

A final progress report, invention statement, and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the [HHS Grants Policy Statement](#).

The Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for awardees of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later. All awardees of applicable FDA grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over \$25,000.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts from all Federal awarding agencies with a cumulative total value greater than \$10,000,000 for any period of time during the period of performance of a Federal award, must report and maintain the currency of information reported in the System for Award

Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently FAPIIS). This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75 – Award Term and Conditions for Recipient Integrity and Performance Matters.

Mid-year progress and End of Year reports shall contain the elements below as applicable to their proposal and award, including but not limited to, the following:

1. Detailed progress report on the grantee meeting the project milestones identified in the proposal.
2. Status report on the hiring and training of food program personnel.
3. Certification of current appropriation funding levels for the retail food regulatory program.
4. A strategic plan that accurately reflects when specific objectives and tasks have been, or will be, completed and/or implemented and when new objectives and tasks are identified to advance conformance with the Retail Program Standards. The strategic plan should include significant milestones or action items, anticipated completion dates, responsible personnel, and other required resources.
5. A full description of achievements with conformance to the Retail Program Standards and what activities have been done to promote more effective control of foodborne illness risk factors.
6. A completed Program Self-Assessment and Verification Audit Form for each standard or an equivalent form or process documenting the current status of the jurisdictions. The Self-Assessment and Verification Audit Form can be found in the Voluntary National Retail Food Program Standards.

The final program progress report shall provide full written documentation of the entire project and summaries of accomplishments and goals, as described in the grant application. The documentation shall be in a form and contain sufficient detail such that other agencies could reproduce the final project. The final program progress report should also detail the strategy to continue advancing conformance with the Retail Program Standards (current and future versions).

Monitoring Activities

The ORA Project Officer and Technical Advisor will monitor award recipients periodically. The monitoring may be in the form of face-to-face meetings, telephone conversations, e-mails, or written correspondence between the project officer/grants management officer and the principal investigator. Periodic site visits with officials of the recipient organization will occur, including program assessments and audits.

The results of these monitoring activities will be recorded in the official cooperative agreement file and will be made available to the grant recipient, upon request, consistent with applicable disclosure statutes and FDA disclosure regulations. Also, the grantee organization shall comply with all special terms and conditions of the cooperative agreement, including those which state that future funding of the project will depend on recommendations from the Project Officer and Technical Advisor.

The scope of the recommendation will confirm that:

- (1) There has been acceptable progress on the project;
- (2) there is continued compliance with all FDA

regulatory requirements; and (3) if necessary, there is an indication that corrective action has taken place.

Direct inquiries regarding scientific programmatic issues to the official listed below.

Direct inquiries regarding fiscal and/or administrative matters to the grants management specialist listed below.

All formal correspondence/reports regarding the grant should be signed by an authorized institutional official and the Principal Investigator and should be sent to the attention of the grants management specialist, unless otherwise explicitly directed.

STAFF CONTACTS

Grants Management Specialist: Gordana Zuber
Email: gordana.zuber@fda.hhs.gov **Phone:** 301-348-1747

Program Official: Maribeth Niesen
Email: Maribeth.Niesen@fda.hhs.gov

SPREADSHEET SUMMARY

GRANT NUMBER: 5U18FD006275-03

INSTITUTION: COUNTY OF WASHOE

Budget	Year 3
Travel Costs	\$15,020
Consortium/Contractual Cost	\$48,616
TOTAL FEDERAL DC	\$63,636
TOTAL FEDERAL F&A	\$6,364
TOTAL COST	\$70,000

AHSO	___	AH
DHO	___	KD
DA	___	
Risk	___	

Staff Report
Board Meeting Date: July 25, 2019

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$100,000 per contractor; over \$100,000 requires approval of the Board.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On October 25, 2018, the Board approved the Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030.

BACKGROUND

AB397 appropriated a total of \$1 million in grants for FY18 and FY19 to local governmental entities and nonprofit organizations to help offset the erosion of Family Planning grants in the State of Nevada.

SB94, sponsored by the Legislative Committee on Health Care, appropriates \$6 million for FY20 and FY21 for statewide family planning services grants to fund health care services like contraception, maternal care, cancer screenings, and STI prevention. It was signed by the governor in June 2019 and awards money to local governmental entities and nonprofit organizations to provide family planning services to persons who would otherwise have

difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason.

Funding will be competitive but the regulations and application process are under development. To bridge the gap and provide continuity to current recipients, the State requested interim budgets from Subgrantees. WCHD was awarded \$29,395.20 (\$3,609.94 indirect) that will provide funding for intermittent/hourly staff, operating supplies, equipment, and indirect expenditures. The Community and Clinical Health Services Division received the Notice of Subaward on July 11th; a copy of the award is attached.

FISCAL IMPACT

Should the Board approve this subaward, the adopted FY20 budget will be increased by \$25,785.26 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11525-432100	State Grants	\$ 25,785.26
2002-IO-11525-701130	Pooled Positions	\$ 18,743.48
2002-IO-11525-705230	Medicare	\$ 271.78
2002-IO-11525-710300	Operating Supplies	\$ 900.00
2002-IO-11525-711504	Equipment non-capital	\$ 5,870.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward."



State of Nevada
 Department of Health and Human Services
Office of Community Partnerships and Grants
 (hereinafter referred to as the Department)

Agency Ref. #: 1054
 Budget Account: 3155
 Category: 29
 GL: 8516
 Job Number: _____

NOTICE OF SUBAWARD

Program Name: Office of Community Partnerships and Grants Account for Family Planning Julia Peek / jpeek@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottritz / llottritz@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg. B, P.O. Box 11130 Reno, NV 89512-2845
Subaward Period: July 1, 2019 through October 31, 2019	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Provide family planning and reproductive health services to help individuals with difficulties obtaining such services.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:	
1. Personnel	\$19,015.26
2. Travel	\$0.00
3. Operating	\$6,770.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$0.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$25,785.26
8. Indirect Costs	\$3,609.94
TOTAL APPROVED BUDGET	\$29,395.20

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 0.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 0.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Federal Budget Period:	
N/A	
Federal Project Period:	
N/A	
FOR AGENCY USE, ONLY	

Source of Funds: State General Fund	% Funds:	CFDA:	FAIN:	Federal Grant #:	Federal Grant Award Date by Federal Agency:
	100	N/A	N/A	N/A	N/A

Agency Approved Indirect Rate: Not Applicable **Subrecipient Approved Indirect Rate:** 14%

Terms and Conditions:
 In accepting these grant funds, it is understood that:

- This award is subject to the availability of appropriate funds.
- Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
- Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
- Subrecipient must comply with all applicable Federal regulations
- Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
- Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents: Section A: Grant Conditions and 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: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum
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	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Connie Lucido, Chief Office of Community Partnerships and Grants Department of Health and Human Services		
Julia Peek, Deputy Director, Programs Department of Health and Human Services		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS
NOTICE OF SUBAWARD
SECTION A**

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Recipient from its obligations under this Agreement.
 - The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Department, become the property of the Department, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Department may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Recipient ineligible for any further participation in the Department's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Department may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance 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 for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**
8. Compliance with the Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient 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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS
NOTICE OF SUBAWARD**

implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).

10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.
 - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

To comply with reporting requirements of the Federal Funding and Accountability Transparency Act (FFATA), the sub-grantee agrees to provide the Department with copies of all contracts, sub-grants, and or amendments to either such documents, which are funded by funds allotted in this agreement.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Funds appropriated in this subaward shall be used to provide family planning and reproductive health services in accordance with Senate Bill 94 of the Nevada Legislature's 80th session to persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance, or transportation, or any other reason.

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

Scope of Work for Washoe County Health District

Goal 1: Provide family planning and reproductive health services in Washoe County, Nevada.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Carry out a project that ensures adequate equipment and staffing to provide quality family planning services in the clinic.	<p>1. Purchase one electric exam table and mounted light to replace current antiquated and worn table. By doing so, the Family Planning Program (FPP) will continue to increase efficiencies for Long-Acting Reversible Contraception (LARC) insertions by purchasing an additional powered medical exam table and a light.</p> <p>2. Interimittent hourly Advanced Practice Registered Nurse (APRN), Community Health Aide (CHA), and Health Educator to assist with clinic activities and to provide coverage for permanent staff leave time. By doing this, the FPP will increase the number of clients served. The FPP will serve 1,000 clients in the 4-month extension period.</p>	10/31/2019	<p>For each activity:</p> <p>1. Track number of clients served (by demographic information);</p> <p>2. Track number of each method (IUD, hormonal implant, and Depo Provera) dispensed.</p>

Goal 2: Provide client-centered and quality family planning services that promotes optimal health outcomes and encourage healthy decision making.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Carry out a project that will provide sexually active adolescent females aged 14-19 with access to the evidenced program, Seventeen Days, which offers information about the risks associated with different sexual behavioral and suggests risk-reduction strategies.	1. Purchase the Seventeen Days program training through Carnegie Mellon University and the Seventeen Days Interactive mobile application for adolescent clients in the Family Planning / Teen Health Mall clinic. The FPP will provide adolescent females with access to education about the risks associated with different sexual behaviors.	10/31/2019	1. Documentation of training registration, agenda, invoice for video and mobile application.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

<u>Total Personnel Costs</u>		including fringe		Total:		\$19,015.26
<u>Intermittent Pool APRNs @ \$48.99/hr (8 hrs/wk x 14 wks)</u>	<u>Annual Salary</u> \$101,899.20	<u>Fringe Rate</u> 0.000%	<u>% of Time</u> 20.000%	<u>Months</u> 4	<u>Annual % of Months worked</u> 26.92%	<u>Amount Requested</u> \$5,486.88
<u>Intermittent Pool Comm Health Aide @ \$21.95/hr (20 hrs/wk x 17 weeks)</u>	<u>Annual Salary</u> \$45,656.00	<u>Fringe Rate</u> 0.000%	<u>% of Time</u> 50.000%	<u>Months</u> 4	<u>Annual % of Months worked</u> 32.69%	<u>Amount Requested</u> \$7,463.00
<u>Intermittent Pool Health Educator @ \$28.40/hr (12 hrs/wk x 17 weeks)</u>	<u>Annual Salary</u> \$59,072.00	<u>Fringe Rate</u> 0.000%	<u>% of Time</u> 30.000%	<u>Months</u> 4	<u>Annual % of Months worked</u> 32.69%	<u>Amount Requested</u> 5,793.60
<u>Fringe (Medicare 1.45% of salaries)</u>	<u>Annual Salary</u> \$271.78	<u>Fringe Rate</u> 1.450%	<u>% of Time</u> 0.000%	<u>Months</u> 4	<u>Annual % of Months worked</u> 100.00%	<u>Amount Requested</u> \$271.78
Total Fringe Cost		\$271.78		Total Salary Cost:		\$19,015.26

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Travel	Total:	\$0
Operating	Total:	\$6,770
Powered medical exam table	\$4,920.00	
table-mounted exam light	\$950.00	
Seventeen Days Program - DVD and interactive mobile app	\$900.00	
Justification: <i>The exam table and light will be used to replace the current one that is in disrepair. The Seventeen Days Program will provide training through Carnegie Mellon University and the Seventeen Days Interactive mobile application for adolescent clients in the Family Planning / Teen Health Mall clinic.</i>		
Equipment	Total:	\$0
Contractual/Contractual and all Pass-thru Subawards	Total:	\$0
Training	Total:	\$0
Other	Total:	\$0
TOTAL DIRECT CHARGES		\$25,785.26
Indirect Charges	Indirect Rate:	14%
Indirect Methodology: The indirect rate is calculated at 14% of the direct charges.		\$3,609.94
TOTAL BUDGET	Total:	\$29,395.20

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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY - SFY20

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE - SEE INSTRUCTIONS

<u>FUNDING SOURCES</u>	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0

EXPENSE CATEGORY

Personnel	\$19,015.26								\$19,015.26
Travel	\$0.00								\$0.00
Operating	\$6,770.00								\$6,770.00
Equipment	\$0.00								\$0.00
Contractual/Consultant	\$0.00								\$0.00
Other Expenses	\$0.00								\$0.00
Training	\$0.00								\$0.00
Indirect	\$3,609.94								\$3,609.94

TOTAL EXPENSE	\$29,395.20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$29,395.20
These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Total Indirect Cost	\$3,609.94
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B. Explain any items noted as pending:

C. Program Income Calculation:

Total Agency Budget	\$29,395.20
Percent of Subrecipient Budget	#DIV/0!

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- 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/ Subrecipients 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).

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed \$29,395.20;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and,
- Additional expenditure detail will be provided upon request from the Department.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

- To provide or accomplish to ensure successful completion of this project, such as:
 - Providing technical assistance, upon request from the Subrecipient;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to another party, i.e. Nevada Legislature.
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, 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 Department, 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 subaward 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 Subaward.

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Agency Ref. #: DO 1054
 Budget Account: 3155
 GL: 8516
 Draw #: _____

**SECTION D
Request for Reimbursement**

Program Name: Account for Family Planning Office of Department of Health and Human Services Julia Peek / jpeek@health.nv.gov	Subrecipient's Name: Washoe County Health District Lisa Lottritz / llotritz@washoecounty.us
Address: 4126 Technology Way, Suite #100 Carson City, NV 89706-2009	Address: 1001 E 9 th Street, Bldg. B, P.O. Box 11130 Reno, NV 89512-2845
Subaward Period: July 1, 2019 through October 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

(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	\$19,015.26	\$0.00	\$19,015.26	\$19,015.26	\$0.00	100.0%
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$6,770.00	\$0.00	\$6,770.00	\$6,770.00	\$0.00	100.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$3,609.94	\$0.00	\$3,609.94	\$3,609.94	\$0.00	100.0%
Total	\$29,395.20	\$0.00	\$29,395.20	\$29,395.20	\$0.00	100.0%

MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature	Title	Date
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Is program contact required? ___ Yes ___ No Contact Person: _____
Reason for contact: _____
Fiscal review/approval date: _____
Scope of Work review/approval date: _____
Chief (as required): _____ _____
Date

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).
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 2018
7. What time-period did your last audit cover? July 2017 - June 2018
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name

Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Department.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

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 Department 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.
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

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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 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

**STATE OF NEVADA
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OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS
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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.
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, 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.

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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
 - 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.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Staff Report
Board Meeting Date: July 25, 2019

TO: District Board of Health

FROM: Daniel Inouye, AQM Acting Director, Air Quality Management Division
(775) 784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Parr Reno LLC, Case No. 1212, Notice of Violation Citation No. 5768 with an \$810.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5768 be **upheld** and a fine of **\$810.00** be levied against Parr Reno LLC for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C. 3. Dust Control Permit Requirements.

District Health Strategic Priority supported by this item:

2. Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions.

BACKGROUND

On May 20, 2019, Air Quality Specialist Trainee (AQST) Brittney Osborn was on routine patrol near the intersection of North Virginia Street and Parr Boulevard in Reno, Nevada when she observed fugitive dust from the operation of heavy equipment by Campbell Construction Company. Upon further inspection, AQST Osborn determined that Campbell Construction Company had graded approximately 4 acres of unpaved areas associated with parcel numbers 003-093-02 and 003-093-20. AQST Osborn requested that the grading activity at the project cease until a water truck was present on the site to mitigate fugitive dust. AQST Osborn called and spoke with Rob Poirier, General Superintendent with Campbell Construction Company. During the conversation, AQST Osborn determined that a Dust Control Permit had not been obtained for the project and therefore discussed the requirement of obtaining a Dust Control Permit prior to commencement of a dust generating activity, such as grading. AQST Osborn documented her observations with photographs.

After returning to the office on the same day, AQST Osborn obtained the parcel owner's information with the Washoe County Assessor's website and contacted the owner, Mark Pressey with Parr Reno LLC.

AQST Osborn informed Mr. Pressey of the District Board of Health Regulations Governing Air Quality Management requiring a Dust Control Permit be in place prior to conducting the grading on parcel numbers 003-093-02 and 003-093-20. Mr. Pressey immediately applied for a Dust Control Permit for the project. The Dust Control Permit was issued on May 21, 2019.

Notice of Violation – Citation 5768 was issued to Parr Reno LLC on June 13, 2019 for failing to obtain a Dust Control Permit prior to the commencement of a dust generating activity as defined in the Washoe County Board of Health Regulations Governing Air Quality Management Section 040.030.

On June 17, 2019 Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn and Mr. Mark Pressey and Mr. Ron Beard with Parr Reno LLC, regarding NOV No. 5768. Messrs. Pressey and Beard phoned in for the negotiated settlement. Sr. AQS Restori explained to Messrs. Pressey and Beard that Parr Reno LLC was issued NOV No. 5768 for failing to comply with Section 040.030 C. 3. of the Washoe County District Board of Health Regulations Governing Air Quality Management. Sr. AQS Restori explained that per these regulations, any dust generating activity in Washoe County, which includes grading one acre or more of land, requires a Dust Control Permit prior to commencement of that dust generating activity. After the discussion, Messrs. Pressey and Beard acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on June 17, 2019.

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 Board uphold an uncontested citation issued to Parr Reno LLC, Case No. 1212, Notice of Violation Citation No. 5768, with an \$810.00 negotiated fine.

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 Notice of Violation Citation No. 5768.

Or

2. The Board may determine to uphold Notice of Violation Citation No. 5768 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

POSSIBLE MOTION(s)

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

1. "Move to uphold an uncontested citation issued to Parr Reno LLC, Case No. 1212, Notice of Violation Citation No. 5768 with an \$810.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and, the possible motion may be:

2. "Move to uphold Case No. 1212, Notice of Violation Citation No. 5768, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Parr Reno LLC 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 5768

DATE ISSUED: 6/13/2019

ISSUED TO: Parr Reno LLC PHONE #: 1-949-706-0500

MAILING ADDRESS: 15 Corporate Plaza #240 CITY/ST: Newport Beach, CA ZIP: 92660

NAME/OPERATOR: Mark Pressey PHONE #: 1-949-232-8400

COMPLAINT NO. WCHP19-00891 PTO: APCP19-0075

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6/13/2019 (DATE) AT 1330 (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Failure to obtain a Dust Control Permit prior to commencement of the dust generating activity, per 040.030(c)(3).
*DCP obtained 5/21/2019

LOCATION OF VIOLATION: 276 and 200 Parr Boulevard

POINT OF OBSERVATION: On site on 5/20/2019

Weather: Clear 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 6/13/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within ASAP hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Mark Pressey Date: _____

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: June 17, 2019

Company Name: Parr Reno LLC

Address: 15 Corporate Plaza #240 Newport Beach, CA 92660

Notice of Violation # 5768 Case # 1212

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____

Section 040.030 C. 3. Dust Control Permit Requirements - For failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 810.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 25, 2019.

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.

PARR RENO LLC

Ronald P. Beard

Signature of Company Representative

RONALD P. BEARD

Print Name

MANAGER

Title

[Signature]

Witness

[Signature]

Signature of District Representative

Joshua C. Restori

Print Name

Sr. Air Quality Specialist

Title

[Signature]

Witness

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

Company Name Parr Reno LLC
Contact Name Mark Pressey

Case 1212 NOV 5768 WVIO-AQM 19-0004

I. Violation of Section 040.030 C. 3. Dust Control Permit Requirements

I. Recommended/Negotiated Fine = \$ 810

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 = \$ 810



Air Quality Specialist

6/17/2019

Date



Senior AQ Specialist/Supervisor

6/17/19

Date

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

Company Name Parr Reno LLC
Contact Name Mark Pressey

Case 1212 NOV 5768 WVIO-AQM 19-0004

Violation of Section 040.030 C. 3. Dust Control Permit Requirements

I. Base Penalty as specified in the Penalty Table = \$ 700.00

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 0.5

Comment: Violation of Section 040.030 constitutes a minor violation per Section 020.040 Section C.

2. Toxicity of Release

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

Comment: PM10 is a criteria pollutant

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

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

Comment: There were negligible health impacts associated with this violation

Total Adjustment Factors (1 x 2 x 3) = 0.5

B. Adjusted Base Penalty

Base Penalty \$ 700.00 x Adjustment Factor 0.5 = \$ 350.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 350.00 x Number of Days or Units 1 = \$ 350.00

Comment: (1) Dust Control Permit

D. Economic Benefit

Avoided Costs \$ 1001.00 + Delayed Costs \$ 0.00 = \$ 1001.00

Comment: Cost to obtain a Dust Control Permit for (4) acres of disturbance

Penalty Subtotal

Adjusted Base Penalty \$ 350.00 + Economic Benefit \$ 1001.00 = \$ 1351.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>20%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated Settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment <u>No previous violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-40%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>1351.00</u>	x	<u>-40%</u>
Penalty Subtotal (From Section II)		= <u>-540.40</u> Total Adjustment Value (From Section III)

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>1351.00</u>	+/-	\$ <u>-540.40</u>	=	\$ <u>810</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

6/17/2019

Date



Senior AQ Specialist/Supervisor

6/17/19

Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation		1st Violation	2nd Violation
040.005	Visible Emissions	1000	2500
040.030	Dust Control (fugitive)	1000	2000
040.035	Open Fires	500	1000
040.040	Fire Training	500	1000
040.050	Incinerator	1000	2000
040.051	Woodstoves	500	1000
040.055	Odors	1000	2000
040.080	Gasoline Transfer (maintenance)	1000	2000
040.200	Diesel Idling	500	1000
050.001	Emergency Episode	1000	2000
040.030	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000

III. Major Violations - Section 030.107 Asbestos

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

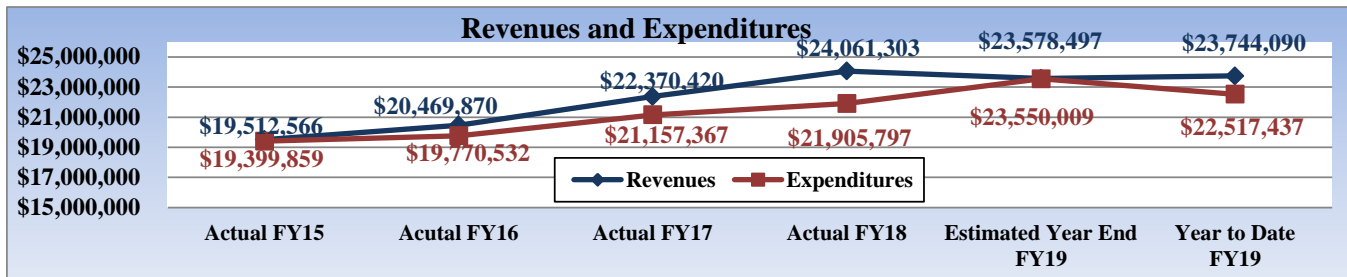
DD	NA
DHO	<i>AD</i>
DA	NA
Risk	NA

Staff Report
Board Meeting Date: July 25, 2019

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 June, Fiscal Year 2019

SUMMARY

The fiscal year 2019, (FY19) ended with a cash balance of \$7,230,314. The total revenues of \$23,744,090 are a decrease over FY18 by \$317,213 or 1.3%. The decline is mainly due to a reduction of \$534,835 in County General Fund support for mosquito abatement chemical supplies. The expenditures totaled \$22,517,437 up \$611,640 or 2.8% compared to FY18 mainly due to the cost of negotiated labor agreements between the County and the Health District staff and additional community support for public health initiatives. The anticipated fund balance for fiscal year 2019 is approximately \$7.6 million or 33.6% of expenditures. The final fund balance will be available in November when the FY19 annual audit is completed.



District Health Strategic Priority supported by this item:

- 5. Financial Stability:** Enable the Health District to make long-term commitments in areas that will positively impact the community’s health by growing reliable sources of income.

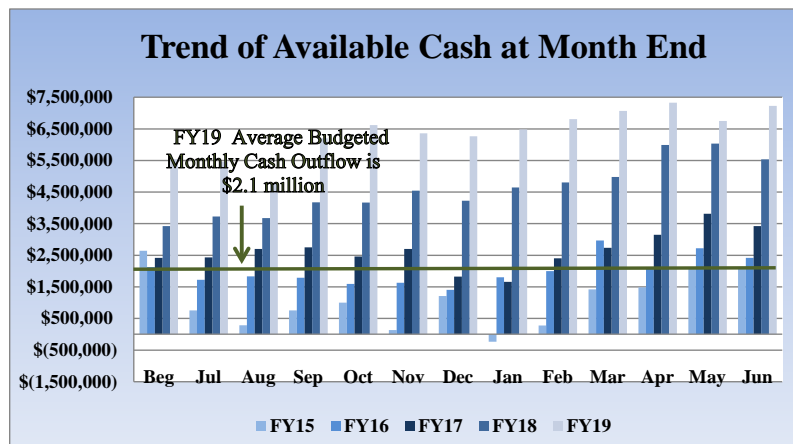
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

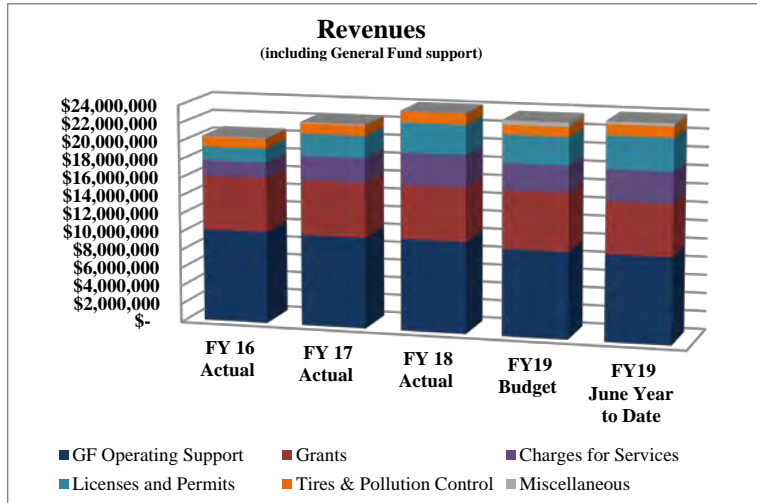
The available cash at the end of June FY19 was \$7,230,314, which is enough to cover approximately 3.4 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.0 million; the cash restricted as to use is approximately \$1.5 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.7 million.



Note: January FY15 negative cash is due to no County General Fund support

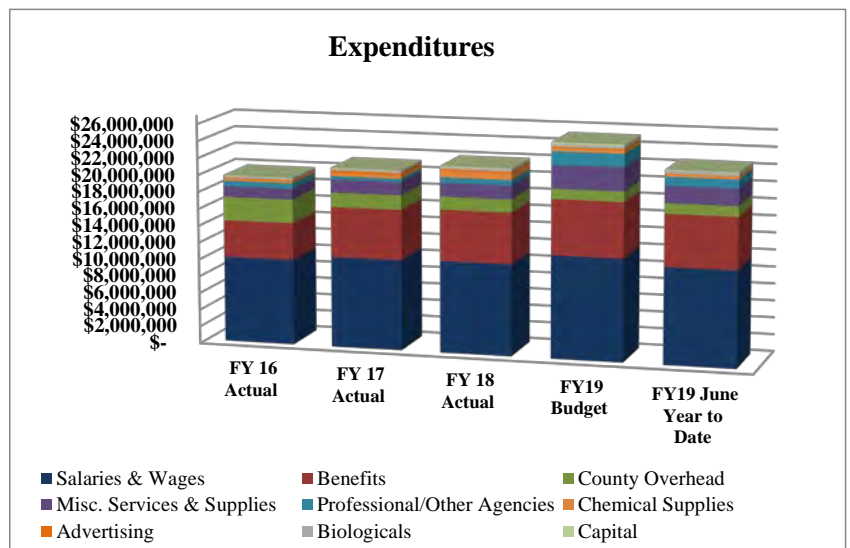


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$23,744,090 down \$317,213 or 1.3% compared to June FY18. The revenue categories up over FY18 were licenses and permits of \$3,618,061 up \$365,819 or 11.2%; and, miscellaneous revenues of \$325,882 up \$247,170. Revenue categories down compared to FY18 were: grants of \$5,705,414 down \$240,260 or 4.0%; tire and pollution control funding of \$1,172,614 down \$78,100 or 6.2% mainly in the pollution control funding which was down \$95,342; charges for services of \$3,405,262 down \$77,007 or 2.2% mainly in Medicaid reimbursement down \$48,288 and notice of exemptions for wood burning stoves by \$54,746, increases in other categories help offset the total decrease; and, the County General Fund support of \$9,516,856 down \$534,835 or 5.3% due to the contingency transfer in FY18 for mosquito abatement chemicals not needed in FY19.

The total year to date **expenditures** of \$22,517,437 increased by \$611,640 or 2.8% compared to FY18. Salaries and benefits for the fiscal year were \$17,471,899 up \$666,121 or 4.0% over the prior year and 94.0% of budget. The total services and supplies of \$4,957,371 down \$47,242 or 0.9% compared to FY18 and 77.6% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional/other agency services, which totaled \$1,007,574 up \$367,212 or 57.3% over FY18; chemical supplies of \$392,702 down \$374,401 or 48.8%; the biologicals of \$325,000, were up \$43,299 or 15.4%; and, County overhead charges of \$1,218,080 were down \$302,541 or 19.9%. There has been \$88,167 in capital expenditures down \$7,239 or 7.6% compared to FY18.



Review of Revenues and Expenditures by Division

ODHO has spent \$1,371,499 up \$545,174 or 66.0% over FY18 mainly due to funding in FY19 not in FY18 for support of the 5210 School Garden Program; Children’s Cabinet Signs of Suicide program; facilities and security upgrades within the District; increased funding for Truckee Meadows Healthy Communities public health initiatives; and, software for a new Performance Management System.

AHS has spent \$1,123,647 up \$106,987 or 10.5% compared to FY18 mainly due to FY19 replacement costs for the Health District conference room’s audiovisual equipment.

AQM revenues were \$3,406,728 down \$136,612 or 3.9% mainly due to a decline in both the DMV pollution control funds and the notice of exemptions for wood burning stoves. The Division spent \$2,896,304 on direct costs, down \$39,957 or 1.4% over FY18 mainly due to salary savings from vacant positions and a delay until FY20 in spending \$635,000 in restricted funds for capital and cost allocations.

CCHS revenues were \$3,850,624 down \$329,126 or 7.9% over FY18 due to a decline in grant and Medicaid reimbursements. The division spent \$7,724,353 or \$185,625 more than FY18 mainly due to the cost of a payout on accrued benefits for an employee that retired; additional funding for the Smoke-free workplace campaign; and, funding to the Truckee Meadows Foundation for VISTA AmeriCorps members to assist with the Chronic Disease Prevention program.

EHS revenues were \$4,846,663 up \$418,369 or 9.4% over FY18 mainly in food service and septic and sewer permits. EHS spent \$6,548,006 a decline of \$482,464 over last year due to sufficient inventory of chemical supplies from FY18 allowing for reduction in costs in FY19. Excluding Vector costs from FY18 and FY19 the expenditures are relatively flat with a slight decline of \$14,984 or 0.3% over FY18.

EPHP revenues were \$2,123,219 up \$268,357 over last year due to increased grant funding and spent \$2,853,628 up \$296,276 over FY18 due to temporary help to assist during the recruitment of a vacant position; payout for the accrued benefits for an employee that retired; and, additional operating expenditures from the increased grant funding in the Public Health Preparedness program.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through June Year to Date Fiscal Year 2018/2019 (FY19)								
	Actual Fiscal Year				Fiscal Year 2018/2019			
	2014/2015	2015/2016	2016/2017	2017/2018	Adjusted Budget	Unaudited Year End	Percent of Budget	FY19 Increase over FY18
Revenues (all sources of funds)								
ODHO	-	15,000	51,228	3,365	-	-	-	-100.0%
AHS	151	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,543,340	3,086,133	3,406,728	110.4%	-3.9%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	4,321,392	3,850,624	89.1%	-7.9%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	4,334,280	4,846,663	111.8%	9.4%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	2,166,533	2,123,219	98.0%	14.5%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856	100.0%	-5.3%
Total Revenues	\$ 19,512,566	\$ 20,469,870	\$ 22,370,420	\$ 24,061,303	\$ 23,425,194	\$ 23,744,090	101.4%	-1.3%
Expenditures (all uses of funds)								
ODHO	481,886	594,672	904,268	826,325	1,582,724	1,371,499	86.7%	66.0%
AHS	1,096,568	996,021	1,119,366	1,016,660	1,188,894	1,123,647	94.5%	10.5%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	3,670,794	2,896,304	78.9%	-1.4%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	8,219,555	7,724,353	94.0%	2.5%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	7,498,786	6,548,006	87.3%	-6.9%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	2,997,732	2,853,628	95.2%	11.6%
Total Expenditures	\$ 19,399,859	\$ 19,770,532	\$ 21,157,367	\$ 21,905,797	\$ 25,158,485	\$ 22,517,437	89.5%	2.8%
Revenues (sources of funds) less Expenditures (uses of funds):								
ODHO	(481,886)	(594,672)	(853,040)	(822,960)	(1,582,724)	(1,371,499)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(1,188,894)	(1,123,647)		
AQM	(159,725)	(150,184)	122,763	607,078	(584,661)	510,424		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(3,898,163)	(3,873,729)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(3,164,506)	(1,701,344)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(831,199)	(730,409)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	9,516,856	9,516,856		
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ (1,733,291)	\$ 1,226,652		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 4,603,111	\$ 7,563,054		
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%	18.3%	33.6%		
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 June, Fiscal Year 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for June, Fiscal Year 2019.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 13 2019 P&L Accounts
 Accounts: GO-P-L
 Business Area: *

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

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705230 Medicare April 1986	147,346	156,495	9,149-	106	148,683	150,327	1,644-	101
705240 Insur Budgeted Incr	47,094	47,094	47,094		48,610	48,610	48,610	
705320 Workmens Comp	97,909	100,763	2,854-	103	97,901	97,165	736	99
705330 Unemply Comp	9,361	12,001	2,640-	128	10,298	11,101	804-	108
705360 Benefit Adjustment	229,230	229,230	229,230		28,461	86,289-	114,750	303-
Employee Benefits	6,530,691	6,138,199	392,492	94	6,354,665	6,031,655	323,010	95
710100 Professional Services	604,188	488,789	115,399	81	460,662	274,067	186,595	59
710105 Medical Services	10,421	10,595	174-	102	9,121	7,546	1,575	83
710108 MD Consultants	54,311	53,106	1,205	98	58,936	58,843	93	100
710110 Contracted/Temp Svcs	128,538	87,396	41,142	68	53,610	76,354	22,744-	142
710119 Subrecipient Payments								
710155 Lobbying Services	600	600		100				
710200 Service Contract	92,962	79,986	12,976	86	61,929	109,740	47,812-	177
710201 Laundry Services	650	1,591	941-	245		1,804	1,804-	
710205 Repairs and Maintenance	9,145	14,586	5,441-	159	13,645	14,889	1,244-	109
710210 Software Maintenance	3,000	1,698	1,302	57	3,000	3,059	59-	102
710215 Operating Contracts	25-	25-	25-					
710300 Operating Supplies	216,000	177,616	38,384	82	151,280	100,470	50,811	66
710302 Small Tools & Allow	1,435	1,312	123	91	1,435	1,34	1,301	9
710308 Animal Supplies	1,600	880	720	55	1,600	1,117	483	70
710312 Special Dept Expense						480	480-	
710319 Chemical Supplies	392,700	392,702	2-	100	767,535	767,103	432	100
710323 Asphalt	16,000		16,000					
710325 Signs and Markers		8,336	8,336-					
710334 Copy Machine Expense	23,175	18,692	4,482	81	26,066	18,475	7,591	71
710335 Copy Mach-Copies	7,642	9,672	2,030-	127	4,044	7,551	3,507-	187
710350 Office Supplies	52,476	57,264	4,788-	109	36,698	34,790	1,908	95
710355 Books and Subscriptions	7,508	11,768	4,260-	157	8,145	8,975	830-	110
710360 Postage	16,656	20,966	4,310-	126	19,260	19,615	355-	102
710361 Express and Courier	100	35	65	35	100	124	24-	124
710391 Fuel & Lube	125		125		125		125	
710400 Pmts to O Agencies	743,421	367,688	375,733	49	140,650	223,553	82,903-	159
710412 Do Not Use								
710500 Other Expense	186,491	94,234	92,258	51	31,606	17,875	13,731	57
710502 Printing	30,484	36,119	5,636-	118	29,343	24,839	4,504	85
710503 Licenses & Permits	7,195	9,795	2,600-	136	8,345	5,313	3,032	64
710504 Registration		1,092	1,092-			1,430	1,430-	
710505 Rental Equipment	200		200			1,812	1,812-	
710506 Dept InsDeductible		900	900-			300	300-	
710507 Network and Data Lines	6,540	12,875	6,335-	197	9,050	6,400	2,650	71
710508 Telephone Land Lines	34,645	36,726	2,081-	106	35,611	35,766	155-	100
710509 Seminars and Meetings	72,883	68,043	4,840	93	43,748	43,426	322	99
710512 Auto Expense	11,346	10,014	1,332	88	10,415	5,910	4,505	57

Period: 1 thru 13 2019
 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	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
485192 Surplus Equipment Sales								
* Other Fin. Sources		8-	8					
621001 Transfer From General		8-	8					
* Transfers In	9,516,856-	9,516,856-		100	10,051,691-	10,051,691-		100
812230 To Reg Permits-230	9,516,856-	9,516,856-		100	10,051,691-	10,051,691-		100
814430 To Reg Permits Capit	73,123	51,215	21,908	70	100,271	100,271		
* Transfers Out	73,123	51,215	21,908	70	100,271	100,271		
** Other Financing Src/Use	9,443,733-	9,465,649-	21,916	100	9,951,420-	10,051,691-		
*** Total	1,733,291	1,226,652-	2,959,944	71-	782,463	2,155,505-	2,937,968	275-

DD	CA	-
DHO		KD

Staff Report
Board Meeting Date: July 25, 2019

TO: District Board of Health
FROM: Charlene Albee, EHS Division Director
775-328-2644, calbee@washoecounty.us
SUBJECT: Review, discussion and possible adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections.

SUMMARY

The Washoe County District Board of Health (Board) must approve amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments (Regulations).

District Health Strategic Priority supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Washoe County District Board of Health last approved amendments to the Regulations on August 25, 2016.

The Business Impact Statement associated with the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments was considered and accepted by the District Board of Health at the regular District Board of Health meeting on June 27, 2019. The Board also approved the next regular meeting of the Board, July 25, 2019, as the public hearing to consider adoption of the proposed amendments.

BACKGROUND

The Food Safety Program is continuously striving to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Although significant amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments were approved in 2016, additional amendments are required to achieve this goal. Below is a summary of the revisions that are being proposed to the Regulations:

- Incorporate additional provisions from the most current version of the U.S Food and Drug Administration (FDA) Model Food Code.
- Deletion of provisions not contained in the most current version of the U.S Food and Drug Administration (FDA) Model Food Code.
- Minor edits and formatting corrections.

A summary of changes document is attached for reference and a link to the final version of the proposed revisions can be found at:

<https://www.washoecounty.us/health/programs-and-services/environmental-health/food-protection-services/index.php>

In 2004, Environmental Health Services enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. The Program Standards is a quality improvement program that provides a foundation upon which regulatory agencies can build through a continuous improvement process. It also allows for program evaluation and measures program effectiveness. The Program Standards consist of nine standards intended to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Approval of the proposed Regulations will aid the Food Safety Program in meeting the criteria of Standard 1 – Regulatory Foundation, and Standard 9 – Program Assessment.

In an effort to provide an overview of the proposed regulation revisions and inspection process, answer questions, and receive input from interested persons, two public workshops were held on May 14, 2019 and May 15, 2019. The following methods were used to provide notice of the proposed regulatory revisions:

- A total of 1,993 notices were mailed to permit holders, giving notice of the proposed regulatory revisions and offering methods of providing input.
- The program's Food Safety Listserve was utilized to send email notices of the public workshops and hearings to food establishment operators, businesses, and other stakeholders.
- A radio announcement of the workshops was recorded and aired on KKOH.
- The Environmental Health Services Facebook page was utilized to invite followers to the workshops
- Workshop and hearing announcements and a copy of the proposed Regulations were posted on the Health District website.

A total of 15 individuals attended the workshops – ten attendees on May 14th and five attendees on May 15th. Attendees included food establishment operators, business owners and representatives from the Retail Association of Nevada. The workshops included a presentation on the specific proposed

Subject: Adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments
Date: July 25, 2019
Page 3 of 3

regulatory changes. Discussion occurred and after clarification, no negative comments were received. All attendees seemed generally accepting of the proposed regulatory changes.

During the workshops, staff announced one change to the draft regulations that were posted on the Health District website. Section 060.205 *Food equipment, certification and classification* was changed to allow Health Authority approval for certain equipment rather than keeping the strict requirement that all equipment must be certified by the American National Standards Institute (ANSI). This change will allow Health District Staff to allow non-ANSI certified equipment in food establishments if the design of the equipment meets equivalent standards.

A copy of the PowerPoint presentation is attached for reference.

Upon review of the draft regulations after the workshops, it was observed that one section was erroneously omitted: Section 030.073 *Use of bandages, finger cots, or finger stalls*. This section was added back into the draft version.

FISCAL IMPACT

There is no fiscal impact from the Board adopting the proposed revisions to the Regulations.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health adopt the Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for the addition of provisions from the U.S. Food and Drug Administration Model Food Code, as well as minor edits and formatting corrections.

Summary of Changes - 2019 Proposed Amendments to the Regulation of the District Board of Health Governing Food Establishments

General Amendments - formatting edits, additions to cross-reference sections, and replaced the term “potentially hazardous food (time/temperature control for safety food)” with new definition “time/temperature control for safety food” throughout.

Chapter 010: DEFINITIONS

010.023 – “Asymptomatic” defined- Amended to add definition for “asymptomatic.”

010.035 – “Barbeque” defined- Amended to add clarification to outdoor cooking equipment that qualifies as a barbeque operation.

010.128 – “Confirmed disease outbreak” defined- Amended to add definition for “confirmed disease outbreak.”

010.187 – “Drinking water” defined- Amended to add definition for “drinking water.”

010.340 – “Foodservice trailer” defined- Amended to delete definition for “foodservice trailer” as this is included in the existing definition for “portable unit for service of food.”

010.435 - Indoor foodservice cart” defined - Amended to delete definition for “indoor foodservice cart” as this is included in the existing definition for “portable unit for service of food.”

010.535 - “Ornamental attraction of water” defined – Amended to remove definition.

010.545 – “Outdoor/indoor foodservice cart” defined - Amended to delete definition for “outdoor/indoor foodservice cart” as this is included in the existing definition for “portable unit for service of food.”

010.620 – “Potentially hazardous food (time/temperature control for safety food” defined - Amended to move remove “potentially hazardous” from the definition and move to new section 010.852 to retain alphabetical list of definitions.

010.660 – “Pushcart” defined- Amended to delete definition for “pushcart” as this is included in the existing definition for “portable unit for service of food.”

010.730 – “Risk Level II food establishment” defined - Amended to remove number of food items cooled and replaced with clarifying terms types of cooling activities.

010.735 – “Risk Level III” food establishment “defined - Amended to remove number of food items cooled.

010.830 – “Splash zone” defined- Amended to remove definition as term is not used in these regulations.

010.852 – “Time/Temperature control for safety food” defined- Amended to relocate definition for “time/temperature control for safety food” previously defined as “potentially hazardous food (time/temperature control for safety food).”

Chapter 020: PERMITS AND FEES

020.080- Invalidation of a permit for failure to pay renewal fees – Amended to remove fee assessed within 60 calendar days after the permit anniversary date.

Chapter 030: MANAGEMENT AND PERSONNEL

030.010 – Demonstration of knowledge- Amended to add section for demonstration by having no critical violations. Amended to expand the list of questions to demonstrate knowledge including knowledge of major food allergens and symptoms of food allergens.

030.015 – Duties of the person in charge- Amended to add new paragraph to address additional duty requirement for the Person in Charge to ensure employees are routinely monitoring food temperatures during hot and cold holding and employees are aware of the major food allergens and how they related to their specific job duties.

030.020 – 030.022 – Employee Health Responsibility of the permit holder, person-in charge, food employees, and conditional employees; Exclusions and restrictions; Managing removal, adjustment, or retention of exclusions and restrictions- Amended to remove previous language and include more specific information from FDA Food Code on employee restriction/exclusion criteria. Decreased exclusion for gastrointestinal symptoms from 48 hours to 24 hours to be consistent with the FDA Food Code and the national standard.

030.055 – Prohibition of jewelry- Amended to remove allowance for employees to wear medical information jewelry.

030.065 – Eating, drinking, or using tobacco- Amended to add sections on “No Smoking” signs and requirement to remove smoking paraphernalia – previously in Chapter

030.075 – Effectiveness of hair restraints- Amended to add requirement for hair nets or covers, beard restraints and clothing covering body hair.

030.085 – Clean-up of vomiting and diarrheal events- Amended to add new section for the establishment to have a written procedure for responding to vomiting or diarrheal events.

Chapter 040: FOOD PROTECTION MANAGER CERTIFICATION

040.020 – Food protection manager certificate, posting- Amended to remove the requirement for Certified Food Protection Manager (CFPM) certificate posted and added requirement that CFPM certificate must be made available to the Health Authority.

040.022 – Certified food protection manager- Amended to add the requirement for the Person-in-charge to be a CFPM.

040.025 – Food protection manager certification- Amended to remove the requirement for documentation and implementation of a food safety plan.

Chapter 050: FOOD

050.005 – Safe, unadulterated, and honestly presented- Amended to remove repetitive language in Subsection B and C as these requirements are already covered in other sections of these regulations.

050.010(E) – Compliance- Amended to add clarification to labeling requirements and CFR reference for meat and poultry products.

050.035 – Wild mushrooms- Amended to recognize a regulatory authority's ability to approve the sale of wild mushrooms within a food establishment and regulate wild mushrooms according to their law.

050.040 – Game Animals- Amended to include source criteria for wild game animals

050.045 – Specifications for receiving temperature- Amended to remove specific receiving temperatures for milk and shellfish.

050.065 – Service of food: Dairy products and nondairy creamers- Amended to remove as pasteurization of milk and protection from contamination and temperature control already covered in other sections of these regulations.

050.080 – Preparation and service of ice- Amended to remove repetitive language in this section as all concepts are already covered in these regulations.

050.085 – Shucked shellfish, packaging and identification- Amended to clarify packaged labeling requirements for shucked shellfish.

050.110 – Shellstock, maintaining identification- Amended to add requirement to record the date the last shellstock from the container is sold on the tag.

050.115 – Preventing contamination from hands- Amended to clarify that Subsection B does not apply where a ready-to-eat food is added as an ingredient to another food that does not contain a raw animal food and the combined product will be heated to at least 145°F (63°C).

050.130 – Preventing contamination from food for personal use- Amended to add new subparagraph to indicate separating raw animal foods during storage, preparation, holding and display from fruits and vegetables before they are washed and re-designated existing subparagraph to be consistent with FDA Food Code.

050.165 – Food contact with equipment and utensils- Amended to clarify that food may contact surfaces of linens and napkins as specified in Section 050.175.

050.195 – Refilling returnable containers- Amended to relocate the requirement regarding the cleaning of returnables into this section from Section 060.415. Amended to clarify conditions under which the re-use of returnables are permitted. Amended to establish conditions under which refilling of returnable take-home containers is permitted.

050.220 – Food display - Amended to remove specific proscriptive requirements as concepts are already covered in the regulations.

050.225 – Condiments, protection - Amended to remove Subsection C as this concept is already covered in these regulations.

050.245 – Cooking raw animal foods - Amended to include the term intact meat. Amended to reflect new cooking time in seconds for ratites, mechanically tenderized and injected meats, comminuted fish, comminuted meat, and comminuted game animals commercially raised for food or under voluntary inspection, and raw eggs that are not prepared to a consumer's order from 15 seconds to 17 seconds. Amended to reflect new cooking time for poultry, baluts, wild game animals, stuffed foods or stuffing containing fish, meat, poultry or ratites from 15 seconds to <1 second (instantaneous). Amended to re-order Subsection B.

050.255 – Plant food cooking for hot holding - Amended to delete the phrase "fruits and vegetables" and replace it with the term "plant foods".

050.260 – Parasite destruction -Amended to clarify that scallop products consisting solely of the shucked adductor muscle and fish eggs that have been removed from the skein are excluded from the requirements for parasite destruction.

050.275 –Reheating for hot holding - Amended to remove Subsection F. If equipment meets construction requirements and can re-heat food within the time/temperature requirements, there is no need to restrict the type of equipment used for re-heating.

050.280 – Treating juice - Amended to clarify labeling requirements for juice packaged in a food establishment.

050.310 – Time/temperature control for safety food, hot and cold holding - Amended to add allowance for food in the homogenous form to be held outside temperature requirements as long its aseptically packaged per Section 060.130(E).

050.320 – Ready-to-eat, time/temperature control for safety food, date marking - Amended to add clarification to date marking requirements including paragraph headers. Amended to exempts raw, live in-shell molluscan shellfish from date marking.

050.330 – Time as a public health control - Amended to add paragraph headers, add cross-references and clarify language.

050.340 – Reduced oxygen packaging without a waiver criteria- Amended title to clarify reduced oxygen packing without a waiver criteria. Amended to include specific cross-references and exceptions. Amended to include Subsection 7 – requirement for Health Authority approval prior to implementation. Amended to include a “keep frozen” label on all ROP fish.

050.350 – Food labels - Amended to re-order section and remove repetitive language.

050.375 – Pasteurized foods, prohibited reservice, and prohibited food - Amended to add cross-references and paragraph headers for clarification.

Chapter 060: EQUIPMENT, UTENSILS AND LINENS

060.115 – Pressure measuring devices, mechanical warewashing equipment - Amended to remove specific proscriptive language for ware washing pressure measuring device and replaced with the allowance to use manufacturer’s specifications.

060.130 – Dispensing equipment, protection of equipment and food - Amended to add Subsection E for the allowance for homogenous foods to be stored out of temperature as long as the specific construction requirements in this subsection are met.

060.147 – Condenser unit, separation - Amended to add new section for keeping condenser separate from food during storage.

060.205 – Food equipment, certification and classification - Amended to remove Subsection B and C which outlines exceptions to the requirements in the Food Code.

060.215 – Manual warewashing, sink compartment requirements - Amended to remove Subsection F which outlines exceptions to requirements not allowed in the Food Code.

060.245 – Temperature measuring devices, manual and mechanical warewashing - Amended to re-designate the existing Subsection into A and new B to require the availability of irreversible registering temperature indicators

060.252 – Cleaning agents and sanitizers, availability - Amended to add new section, to require that equipment and utensil cleaning agents and sanitizers be provided and readily accessible for use.

060.255 – Equipment, clothes washers and dryers, and storage cabinets, contamination prevention - Amended to allow the storage of linens or sing-use articles in a cabinet located in a locker room.

060.325 – Mechanical warewashing equipment, sanitization pressure - Amended to add more descriptive language for sanitization pressure requirements.

060.330 –Manual and mechanical warewashing equipment, chemical sanitization, temperature, pH, concentration, and hardness - Amended to add chlorine concentration ranges and changed "Minimum Concentration" to "Concentration Range" in the chart. Amended lead-in paragraph to change "exposure times" to "contact times" and "manufacturer's label use instruction or directions" to "EPA-registered

label use instructions" to harmonize with EPA terminology. Amended to change the minimum temperature requirement for an iodine solution from "75°F (24°C)" to "68°F (20°C) to be consistent with EPA iodophor registration protocols. Amended to add section for chemical sanitizer generated onsite.

060.370 - Equipment food-contact surfaces and utensils - Amended Section 060.370(B) to change the cleaning and sanitizing frequency for food contact surfaces or utensils that are in contact with a raw animal food that is a major food allergen such as fish, followed by other types of raw animal foods. With this change, the exception to existing subparagraph (A)(1) found in ¶(B) now applies only to raw meat and poultry.

060.415 – Returnables , cleaning for refilling- Amended to remove as language was incorporated in Section 050.195.

060.430 – Hot water and chemical - Amended to change "exposure time" to "contact time."

060.475 –Equipment; reassembling - Amended to add more descriptive language to the section title.

060.500 - Preset tableware – Amend to revise text regarding preset tableware to clarify under what circumstances preset tableware may be exposed and not protected from contamination by wrapping, covering, or inverting

Chapter 070: WATER, PLUMBING AND WASTE

070.005 – Approved system – Amended to change title from "Potable water" to "Approved system," removed language not referencing source. With this change, this section provided clarification on water source while other requirements for water such as water capacity and pressure are covered in Sections **070.012 and 070.013** respectively.

070.008 – System flushing and disinfection - Amended to add new section for the requirement to flush and disinfect a water system after interruption or potential for contamination.

070.011 – Nondrinking water - Amended to add new section for non-drinking water to be used only for non-culinary purposes.

070.012 – Capacity - Amended to add new section on water capacity requirements.

070.013 – Pressure - Amended to add new section on water pressure requirements

070.014 – Distribution, delivery, and retention system - Amended to add new section on water delivery methods.

070.015 – Alternative water supply - Amended to remove Subsection B. The ability for a food establishment to provide a written plan for emergency operations such as instances where water service is interrupted is provided for in new section (230.005).

070.020 – Plumbing system - Amended title for clarification.

070.025 – Cleanable fixtures - Amended to remove prohibition of trough-type urinals. Revised language to be consistent with FDA Food Code.

070.030 – Handwashing sink, installation - Amended to remove repetitive language in Subsection D as requirement to keep fixtures clean is already covered in Section 080.165. Revised language to be consistent with the FDA Food Code.

070.032 – Backflow prevention, air gap - Amended to add new section on backflow, air gap. Previously addressed in deleted section 070.040.

070.033 – Backflow prevention device, design standard - Amended to add new section on backflow prevention device design standards. Previously addressed in deleted section 070.040.

070.035 – Handwashing sink: use, operation and maintenance - Amended to add new subsection for handwashing sink accessibility and new subsection to require automated handwashing sinks be used per manufactures instructions. Removed Subsection A as handwash cleanser availably is addressed in new Section 080.096. Removed Subsection B as handwash sink signage is addressed in new Section 080.099.

070.040 – Systems for potable and non-potable water; backflow prevention - Amended to move cross-connection language from Subsection A to new Section 070.062(A). Amended to move Subsection B non-drinking water use language to new Section 070.011 and piping identification language to new Section 070.062(B). Amended to move language from Subsection C to new Sections 070.056 and 070.032. Amended to move Subsection D to new Section 070.059. Amended to move Subsection E to new Section 070.063. Amended to move Subsection F to new Section 070.057(A). Amended to move Subsection G to new Section 070.057(B). Amended to move Subsection H to new Section 070.062(B).

070.045 – Conditioning device, location and design - Amended to add clarifying language to section title.

070.047 Handwashing sinks numbers and capacities - Amended to add new Subsection A to replace deleted Subsection 080.115(A). Amended to add new Subsection B for the allowance of automatic handwashing sinks. Amended to add new Subsection C for the use of chemical treated towelettes in limited types of operations and with Health District approval.

070.050 – Toilets and urinals - Amended language in to be consistent with FDA Food. Added new Subsection B to replace Subsection C. Amended to remove repetitive language in Subsection B– G as these items are covered in other areas within these regulations.

070.055 Mop sink - Amended to language to be consistent with FDA Food Code terminology.

070.056 Backflow prevention device, when required - Amended to add new section on backflow prevention device requirements.

070.057 Backflow prevention device, carbonator - Amended to add new section on backflow prevention device for carbonators.

070.058 Handwashing sinks, location and placement – Amended to add new section on handwashing sink locations.

070.059 Backflow prevention device, location – Amended to add new section on backflow device location.

070.062 Prohibiting a cross-connection – Amended to add new section on prohibiting cross-connections.

070.063 Scheduling inspection and service for a water system device – Amended to add new section on inspection and service for water system device.

070.064 System maintained in good repair – Amended to add new section on plumbing system maintenance and repair.

070.065 Drains – Amended to remove repetitive language add cross-reference.

070.080 Conveying sewage – Amended to add new section on conveying sewage.

070.080 Grease interceptors – Amended to remove repetitive language covered in Section 070.065.

070.085 Disposal of sewage – Amended to remove repetitive language covered in Section 070.065 and 070.087.

070.085 Flushing a waste retention tank – Amended to add new section for flushing waste retention tanks.

070.087 Approved sewage disposal system – Amended to add new section on sewage disposal.

070.089 Other liquid wastes and rainwater – Amended to add new section on other liquid waste and rainwater disposal.

070.095 Outdoor storage surface – Amended to remove drain install requirements as sewer install and maintenance is regulated by other agencies.

070.100 Outdoor storage area, construction requirements when drain required - Amended to remove drain install requirements as sewer install and maintenance is regulated by other agencies.

070.112 Outside receptacles – Amended to add requirement for tight-fitting lids on outdoor receptacles.

070.115 Storage areas, rooms, and receptacles, capacity and availability – Amended to add Subsection C for requirement to have receptacles at handwashing sinks.

070.120 - Toilet room receptacle, covered – Amended to remove requirement for covered receptacle to be located inside the stall for sanitary napkins.

070.137 - Areas, enclosures, and receptacles, good repair – Amended to add section for requirement to keep storage areas for receptacles in good repair.

070.170 - Storing refuse, recyclables and returnables, frequency – Amended to add clarification to the section title.

070.175 - Receptacles or vehicles – Amended to add section on refuse removal requirements.

070.180 - Community or individual facility – Amended to add section on requirement on proper disposal of solid waste not disposed of through the sewage system.

Chapter 080: PHYSICAL FACILITIES

080.010 Outdoor surface characteristics – Amended to add clarifying language and cross-references.

080.015 - Shelves – Amended to remove repetitive language as indoor surface characteristics are already addressed in Section 080.005 and 080.050.

080.045 - Wall and ceiling coverings and coatings – Amended to remove repetitive language already addressed in Subsections A and B.

080.050 - Walls and ceilings, attachments – Amended to add Subsection B to allow for exception to ceiling attachments when located in consumer areas.

080.065 – Ceilings, minimum height – Amended to remove ceiling height requirements.

080.075 - Devices to electrocute flying insects – Amended to update requirements to electrocute flying insects per the FDA Food Code.

080.080 - Toilet rooms, enclosed – Amended to revise language to be consistent with FDA Food Code.

080.085 - Outer openings, protected – Amended to add exception to requirement for out openings to be protected.

080.092 - Outdoor refuse areas, curbed and graded to drain – Amended to add requirement for outdoor refuse areas to be curbed and graded to drain.

080.093 - Private homes and living or sleeping quarters, use prohibition – Amended to add requirement to add requirement for prohibiting food establishment operations in private living or sleeping quarters.

080.094 - Living or sleeping quarters, separation – Amended to add requirement for private living and sleeping quarters to be separated from food establishment operations.

080.095 - Private homes, and living or sleeping quarters, prohibitions – Amended to remove repetitive language in title addressed in new sections 080.093 and

080.095 - Private homes, prohibitions - Amended to remove exceptions to use private bathrooms in a food establishment.

080.096 - Handwashing cleanser, availability – Amended to add new section for handwashing cleanser availability previously addressed in deleted Section 070.035.

080.097 - Hand drying provision – Amended to add new section for hand drying provisions previously addressed in deleted Section 080.115(E).

080.098 - Handwashing aids and devices, use restrictions – Amended to add new section for restrictions on handwashing aide and devices.

080.099 - Disposable towels, waste receptacle – Amended to add new section for requirement to have receptacle available for disposal of towels at handwashing stations previously addressed in deleted Section 080.115(F).

080.110 - Dressing areas and lockers, designation – Amended to add clarifying language to section title. Amended to remove medications from storage in employee lockers as this is already addressed in Section 100.070.

080.115 - Handwashing sinks, location and placement – Amended to remove as new Sections 070.047, 070.058, 080.097, and 080.099 addresses these requirements.

080.160 - Absorbent materials on floors, limitations – Amended to remove proscriptive language for the use of sawdust in a butcher shop.

080.180 - Controlling pests – Amended to add the requirement for food establishments to be maintained free of insects and pests and add cross-reference.

080.200 Animals on premises prohibited, exceptions – Amended to remove sentry dog language. Amended to add new section to allow pets in common dining areas of institutional care facilities under certain circumstances.

080.205 - Ornamental attractions of water – Amended to remove section.

Chapter 090: PLAN REVIEW

090.015 - Plan review, food processing establishment – Amended to remove reference to food processing establishment as this chapter was deleted.

Chapter 100: POISONOUS OR TOXIC MATERIALS

100.025 - Conditions of use – Amended to re-order section for consistency with FDA Food Code language and add new section for additional conditions for toxic or poisons chemical use.

100.035 - Chemical sanitizers, criteria – Amended to add CFR reference for chemical sanitizer criteria.

100.040 - Chemicals for washing fruits and vegetables, criteria – Amended to clarify criteria for treatment, storage and processing of fruits and vegetables with chemicals. Amended to remove specific reference to Ozone as the requirement is covered in new Subsection A.

Chapter 110: HACCP AND OPERATIONAL PLANS

110.005 - When a HACCP plan is required – Amended to remove repetitive language in Subsection B as the requirement to submit a HACCP plan for reduced oxygen packaging is addressed in 050.340(B).

110.010 - Contents of a HACCP Plan – Amended to re-ordered language for contents of a HACCP plan to be consistent with FDA Food Code language.

110.015 - Confidentiality, trade secrets, HACCP plans – Amended to add section for the requirement for the Health Authority to keep proprietary information confidential.

110.020 - Conducting food processing operations without an approved HACCP plan prohibited – Amended to remove requirement for food pressing operations to have an approved HACCP plan. Instances for the requirement to submit an approved HACCP plan are already outlined in these regulations. The review and approval of food processing establishments operating under a HACCP plan is regulated by FDA and State of Nevada.

110.030 - Operational plans, when required – Amended to add specific activities requiring an operational plan.

110.035 - HACCP and operational plans, not transferable – Amended to add HACCP plans as not transferable from permit holder to permit holder.

Chapter 120: BARBECUES

120.005 - Barbecue, applicable requirements – Amended to add new subsection for the requirement to have a supporting permitted food establishment that can support barbeque operations.

120.010 - Barbecue, operational plan required – Amended to clarify the contents of an operational plan for a barbeque operation.

120.015 - Barbecue, construction of equipment, operation, location, cleaning – Amended to remove repetitive language already addressed in these regulations and remove proscriptive language regarding the construction of a barbeque operation. Amended to require cooking equipment be located in areas approved by fire authorities and any other entity having regulatory authority.

120.020 - Barbecue, protection from contamination, construction and maintenance of surfaces – Amended to remove repetitive language already addressed in these regulations.

120.025 - Barbecue, preparation and service of food, attendance by employee required, presence of customers within certain distances prohibited – Amended to update barbeque segregation distance

from the public to reflect the distance in the *Outdoor Cooking Guidance for Plan Review 2014* document developed by the Conference for Food Protection.

120.030 Barbecue, approval of location, factors for consideration – Amended to remove repetitive language already addressed in these regulations.

Chapter 130: BED AND BREAKFAST FACILITIES - Amended to delete chapter. Food establishments located in a Bed and Breakfast must comply with these regulations and specific exemption requirements are already outlined in Section 020.050(C).

Chapter 180: FOOD PROCESSING ESTABLISHMENTS- Amended to delete chapter. Food processing establishments are included in the definition of a food establishment and are subject to the requirements in these regulations. Specific requirements for food processing establishments outside of these regulations are regulated by the FDA and the State of Nevada.

Chapter 190: MOBILE UNITS, PORTABLE UNITS FOR SERVICE OF FOOD, AND SERVICING AREAS

190.020 - Mobile unit and portable unit for service of food, operation at special event – Amended to exempt mobile or portable units from the requirement to obtain a temporary food permit when returning to a servicing area is not possible if approved by the Health Authority.

190.025 - Mobile unit and portable unit for service of food, plan review – Amended to include existing mobile units to submit plans at the time of permitting. Amended to replace the term “plot plan” with “construction plan.” Amended to remove repetitive language already addressed in these regulations.

190.040 - Mobile unit and portable unit for service of food, handwashing and toilet facilities – Amended to replace the term “separate” with “dedicated” handwashing sinks. Amended to correct cross-reference. Amended to add requirement for portable units or mobile units with onboard toilets to have isolated waste systems.

190.060 - Mobile unit and portable unit for service of food, liquid waste retention and disposal – Amended to add the allowance for readily removable and easily handled liquid waste storage tanks.

190.085 - Servicing area, approval and operation – Amended to replace the term “written agreement” to “authorization” regarding servicing areas.

190.105 - Mobile unit, food and food preparation – Amended to remove repetitive language already covered in these regulations. Amended to add an exemption from the requirement to prepare time/temperature control for safety food daily for service that day if approved by the Health Authority. Amended to add an exemption from the prohibition of cooling time/temperature control for safety food if approved by the Health Authority.

190.110 Mobile unit, water supply – Amended language to be consistent with the FDA Food Code. Amended to add new Subsection K to require cease in operations if fresh water or wastewater capacity runs out.

190.115 - Mobile unit, construction requirements – Amended to clarify that mobile units and portable units must comply with construction requirements already addressed in these regulations and removed repetitive language already covered in these regulations.

190.120 - Portable unit for service of food, menu restriction by type of unit – Amended to remove deleted terms “indoor food service carts,” “outdoor/indoor food service carts” and “pushcarts.” Amended to allow the service of certain foods if the unit is designed, constructed and approved by the Health Authority.

190.125 - Portable unit for service of food, operational restrictions – Amended to add clarifying language to section title. Amended to remove repetitive language already addressed in Section 190.120. Amended to allow the service of consumer ice on golf-cart style food units if certain construction requirements are met.

190.130 - Portable unit for service of food, water supply – Amended to remove deleted term “foodservice trailer” and replace with “portable unit for service of food.” Amended to re-ordered language regarding backflow prevention and filler hose identification to be consistent with FDA Food Code language.

190.140 - Portable unit for service of food, operation on pool decks – Amended to remove Subsection G for the requirement to submit an operational plan for portable units on pool decks.

Chapter 200 – Outdoor Food Establishments

200.025 Outdoor food establishment, general construction requirements – Amended to remove repetitive construction requirements already addressed in these regulations as Outdoor Food Establishments are subject to all construction requirements unless otherwise noted. Amended to add cross-references. Amended to add requirement for overhead protection of food cooking and holding equipment. Amended to remove proscriptive language for barriers from equipment.

200.030 - Outdoor food establishment, location – Amended to remove proscriptive language for location of Outdoor Food Establishment. Amended to require mechanical ventilation for enclosed areas. Amended to remove specific requirements regulated by other agencies. Amended to require cooking equipment be located in areas approved by fire authorities and any other entity having regulatory authority. Amended to add new Subsection D for the requirement for the Outdoor Food Establishment to be located where proper drainage is provided.

200.035 - Outdoor food establishment, operational plan required – Amended to remove the requirement to submit a HACCP plan if required by the Health Authority.

200.040 - Outdoor food establishments, food – Amended to remove repetitive language already addressed in these regulations. Amended to add the prohibition of cooling time/temperature control for safety food unless approved by the Health Authority. Amended to remove prohibition of basting and seasoning of food and condiment storage and service.

Chapter 220: VENDING MACHINE OPERATIONS

220.020 - Vending machines, doors and openings – Amended language to be consistent with FDA Food Code language for vending machine construction requirements.

220.022 - Vending machines, vending stage closure – Amended to add new section for vending machine dispensing compartment requirements.

220.027 - Vending machines, liquid waste products – Amended to add new section for vending machine liquid waste product requirements.

220.032 - Vending machines, receptacles inside of – Amended to prohibit refuse receptacles within vending machines under certain circumstances.

220.040 - Vending machines, time/temperature control for safety food – Amended language to be consistent with the FDA Food Code language for vending machines dispensing time/temperature control for safety food.

220.045 - Vending machines, containers for storage of food – Amended to remove repetitive language already addressed in these regulations.

220.050 - Vending machines, receipt and removal of bulk food - Amended to remove repetitive language already addressed in these regulations.

220.055 - Vending machines, quality and supply of water - Amended to remove repetitive language already addressed in these regulations.

220.060 - Vending machines, materials - Amended to remove repetitive language already addressed in these regulations.

Chapter 230: MISCELLANEOUS PROVISIONS

230.005 - Emergencies – Amended to add allowance for food establishments to continue operations during periods of extended interruptions of electrical or water service if a written emergency operating plan is approved by the Health Authority, immediate corrective actions are taken to eliminate, prevent or remove food safety risks associated with the interruption, and the Health Authority is notified when the plan is implemented. Guidance for emergency operational plans can be found in the *Emergency Action Plan for Retail Food Establishments* document developed by the Conference for Food Protection.

230.015 - No smoking signs – Amended to remove section. No smoking sign addresses in new Subsection 030.065(C) 1-2.

Chapter 240: COMPLIANCE AND ENFORCEMENT

240.055 - Sampling and testing – Amended to remove language regarding burden of cost associated with sampling and testing.

240.100 – Hearing conducted by the Food Protection Hearing and Advisory Board - Amended to remove proscriptive language regarding time and place for Food Protection Hearing and Advisory Board meetings.

240.105 - Hearings, appeals – Amended to change authority on appeal final decision making from the District Health Officer to the District Board of Health.

240.110 – Hearings, variances: conditions for approval, documentation, and justification - Amended to clarify the process for variance hearings including conditions for approval, documentation and justification.

240.115 - Variances or waivers, conditions for approval documentation and justification – Amended to clarify the process for the Health Authority to grant waivers including conditions for approval, documentation, and justification.

Proposed Amendments to the 2016 Food Regulations

June 4, 2019 1:00 pm

Presentation Overview

- Overview of WCHD participation in the FDA Voluntary Retail Food Program Standards
- Overview of the development of the FDA Food Code through the Conference for Food Protection (CFP)
- Review proposed changes to the 2016 Food Regulations

Voluntary Retail Food Program Standards

Item	Standard	Progress	Identify & Describe Elements/Control Methods to be met (include Action/Assess/Verify/Improve/Act)
1	REGULATORY FOUNDATION	Fully Met	1a 1b 1c 2a 2b 3a 3b 4a
2	TRAINING REGULATORY STAFF	88.9% met	1a 1b 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z
3	INSPECTION PROGRAM BASED ON HACCP PRINCIPLES	80.0% met	1a 1b 1c 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z
4	UNIFORM INSPECTION PROGRAM	93.8% met	1a 1b 1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z
5	FOODBORNE ILLNESS AND FOOD DEFENSE PREPAREDNESS AND RESPONSE	51.7% met	1a 1b 1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z
6	COMPLIANCE AND ENFORCEMENT	50.0% met	1a 1b 2a 2b
7	INDUSTRY AND COMMUNITY RELATIONS	Fully Met	1a 1b
8	PROGRAM SUPPORT AND RESOURCES	61.5% met	1a 1b 1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z
9	PROGRAM ASSESSMENT	86.7% met	1a 1b 1c 1d 1e 1f 1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s 1t 1u 1v 1w 1x 1y 1z 2a 2b 2c 2d 2e 2f 2g 2h 2i 2j 2k 2l 2m 2n 2o 2p 2q 2r 2s 2t 2u 2v 2w 2x 2y 2z



Standard 1 – Regulatory Foundation

- Adoption of the proposed food safety regulations will result in:
 - Updated public health interventions and control measures for risk factors known to contribute to foodborne illness
 - Science-based regulatory foundation
 - Uniform regulation of industry

Conference for Food Protection (CFP)

- Regulatory (all levels), Industry, Academia, Consumers
- Bi-annual meetings to propose revisions to the FDA Food Code
- Approved proposals from the CFP forwarded to FDA as recommended changes to the FDA Model Food Code
- If accepted by FDA, proposals are incorporated into newest version of the FDA Food Code

Summary of Changes

- Formatting and minor text edits
- Addition of cross-references to other sections
- Addition of section headers to provide clarification
- Replaced the definition **potentially hazardous (time/temperature control for safety food)** with **time/temperature control for safety food** throughout
- Incorporation of provisions from the most current version of the FDA Food Code

Highlights of Proposed Amendments

- Definition of Risk Level II and Risk Level III establishments (010.730 and 010.735)
- Person-in-charge (PIC) demonstration of knowledge and duties of the PIC (030.010 and 030.015)
- Employee Health Section (030.020-030.022)
- Requirement for employees to wear hair and beard nets or covers (030.075)
- Requirement for written procedure for responding to vomiting or diarrheal events (030.085)



Highlights of Proposed Amendments

- Requirement of the PIC to be a Certified Food Protection Manager (040.022)
- Remove requirement for documentation of a written food safety plan (040.025)
- Requirement to record the date the last shellstock from the container is sold/served on the tag (050.110)
- New cooking time in seconds (050.245)



Highlights of Proposed Amendments

- Requirement for the availability of irreversible registering temperature indicators to measure surface temperature of high-temperature warewashing machine (060.245)
- Requirement that all equipment must meet ANSI standards (060.205)
- Removed Chapter 180 – **Food Processing Establishments** - covered in the definition of **Food Establishment**



Highlights of Proposed Amendments

- Remove proscriptive language in Chapter 120 Barbecues and Chapter 200 Outdoor Food Establishments, and add requirement for outdoor cooking equipment to be located in areas approved by the fire authority
- Delete chapter 130 – Bed and Breakfast Facilities



Highlights of Proposed Amendments

- Chapter 190 Mobile/Portable Units:
 - Exemption from the requirement for mobile food units to obtain a temporary food permit when returning to the servicing area is not possible (190.020)
 - Remove repetitive language already addressed in regulations
 - Allow certain menu items or processes if approved by the Health Authority



Highlights of Proposed Amendments

- Allowance for food establishments to continue operations during periods of extended interruptions of electrical or water service if a written emergency plan is approved (230.005)
- Change the authority on appeal final decision making from the District Health Officer to the District Board of Health (240.105)
- Clarified the process for variance hearings and waiver requests (240.110 and 240.115)



Next Steps

- **District Board of Health Hearings:**
 - Notice of Proposed Change:**
Thursday, June 27, 2019 at 1:00pm
 - Public Hearing:**
Thursday, July 25, 2019 at 1:00pm
- **State Board of Health:**
Friday, September 6, 2019 at 9:00am



Questions?

Food Safety Program
Environmental Health Services
foodsafety@washoecounty.us

Facebook [facebook.com/WCHDEHS](https://www.facebook.com/WCHDEHS)

Twitter [@HealthyWashoe](https://twitter.com/HealthyWashoe)



**PROOF OF
PUBLICATION**

**STATE OF WISCONSIN SS.
COUNTY OF BROWN**

ACCOUNTS PAYABLE
WASHOE CO
1001 E 9TH ST BLDG D

RENO NV 89512

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper of general circulation published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the date: 05/20/2019 - 05/24/2019, for exact publication dates please see last line of Proof of Publication below.

**NOTICE OF PUBLIC HEARING
WASHOE COUNTY DISTRICT BOARD OF HEALTH**

The Washoe County District Board of Health (WCDBOH) does hereby declare 1:00 pm June 27, 2019, and July 25, 2019, at the Washoe County Board of Commissioners Commission Chambers, 1001 E. Ninth St, Reno, NV as the time, date, and place to consider revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments. The Washoe County Health District is proposing to incorporate additional provisions from the most current version of the U.S. Food and Drug Administration (FDA) Model Food Code, as well as minor edits and formatting corrections.

Interested persons who may be affected or wish to comment on any action being considered on the above dates should appear at the public hearing to submit oral testimony or may address comments, data, views or arguments in written form to the WCDBOH, 1001 East Ninth Street, Reno, NV 89512. Copies of the proposed revisions are available at www.washoecounty.us/health and WCHD, Environmental Health Services Division, 1001 E. Ninth St, Reno, NV for inspection by any person.

If you would like additional information, please contact Amber English 328-2629.

John Novak, Chairman
Washoe County District Board of Health
No. 3538668

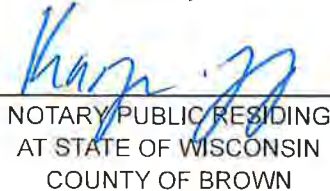
May 20, 22, 24, 2019

05/20/19, 05/22/19, 05/24/19



Legal Clerk

Subscribed and sworn before me this
24th of May 2019.



NOTARY PUBLIC RESIDING
AT STATE OF WISCONSIN
COUNTY OF BROWN

Notary Expires:

11/9/22





REMSA

**FRANCHISE COMPLIANCE
REPORT**

JUNE 2019



**REMSA Accounts Receivable Summary
Fiscal 2019**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	3982	\$4,876,285.40	\$1,224.58	\$1,224.58	\$ 428.60
August	4120	\$5,042,259.20	\$1,223.85	\$1,224.21	\$ 428.47
September	3900	\$4,741,010.00	\$1,215.64	\$1,221.43	\$ 427.50
October	3934	\$4,811,199.20	\$1,222.98	\$1,221.81	\$ 427.63
November	4104	\$4,999,093.60	\$1,218.10	\$1,221.05	\$ 427.37
December	4146	\$5,090,365.00	\$1,227.78	\$1,222.20	\$ 427.77
January	4209	\$5,410,215.20	\$1,285.39	\$1,231.57	\$ 431.05
February	3755	\$4,867,315.80	\$1,296.22	\$1,239.12	\$ 433.69
March	4371	\$5,659,458.80	\$1,294.77	\$1,245.78	\$ 436.02
April	4080	\$5,259,658.60	\$1,289.13	\$1,250.14	\$ 437.55
May	4153	\$5,364,553.80	\$1,291.73	\$1,254.00	\$ 438.90
Totals	44,754	\$56,121,415	\$1,254.00		

Current Allowable Average Bill: \$1,294.87

Year to Date: July 2018 through June 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-18	5 Minutes 48 Seconds	91%	97%
Aug-18	5 Minutes 52 Seconds	90%	95%
Sep-18	5 Minutes 47 Seconds	92%	97%
Oct-18	5 Minutes 47 Seconds	92%	95%
Nov-18	5 Minutes 56 Seconds	92%	94%
Dec-18	6 Minutes 04 Seconds	91%	90%
Jan-19	5 Minutes 52 Seconds	91%	98%
Feb-19	5 Minutes 48 Seconds	91%	92%
Mar-19	5 Minutes 52 Seconds	90%	91%
Apr-19	5 Minutes 48 Seconds	92%	94%
May-19	5 Minutes 38 Seconds	92%	96%
Jun-19	5 Minutes 52 Seconds	92%	93%

Year to Date: July 2018 through June 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 52 Seconds	91%	94%



Year to Date: July 2018 through June 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-18	P-1	5:14	6:02	7:45
	P-2	5:22	6:16	8:23
Aug-18	P-1	5:16	5:52	8:23
	P-2	5:23	6:12	8:12
Sep-18	P-1	5:06	6:00	7:51
	P-2	5:12	6:09	7:20
Oct-18	P-1	5:06	5:56	7:45
	P-2	5:13	6:14	7:40
Nov-18	P-1	5:17	6:13	8:14
	P-2	5:23	6:19	7:55
Dec-18	P-1	5:24	6:09	8:17
	P-2	5:40	6:25	8:15
Jan-19	P-1	5:12	6:16	7:35
	P-2	5:14	6:15	8:48
Feb-19	P-1	5:10	6:08	8:16
	P-2	5:23	7:01	7:02
Mar-19	P-1	5:16	6:18	7:55
	P-2	5:13	6:32	7:55
Apr-19	P-1	5:13	6:06	7:52
	P-2	5:20	6:13	7:32
May-19	P-1	5:08	6:00	7:57
	P-2	5:21	6:09	7:34
Jun-19	P-1	5:16	5:56	8:27
	P-2	5:22	6:17	8:30

Fiscal Year to Date: July 2018 through June 2019

Priority	Reno	Sparks	Washoe County
P-1	5:15	6:06	8:11
P2	5:23	6:20	8:10



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 6/30/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	6/7/19 19:26	6/7/19 19:28	1C02	0:01:50	0:01:50
Zone A	6/10/19 5:31	6/10/19 5:35	1C18	0:11:42	0:04:26
Zone A	6/14/19 13:24	6/14/19 13:33	1C34	0:08:22	0:08:22
Zone A	6/16/19 12:12	6/16/19 12:20	1C34	0:12:48	0:07:15
Zone A	6/18/19 16:12	6/18/19 16:13	1C19	-00:00:03	0:01:23
Zone A	6/19/19 18:26	6/19/19 18:28	1C45	0:01:47	0:01:47
Zone A	6/20/19 3:09	6/20/19 3:14	1C45	0:04:55	0:04:29
Zone A	6/21/19 23:43	6/21/19 23:43	1C45	-00:00:17	0:00:27
Zone B	6/26/19 17:59	6/26/19 18:08	1N45	0:10:18	0:10:18
Zone A	6/26/19 19:28	6/26/19 19:33	1N45	0:06:07	0:05:00
Zone B	6/27/19 2:22	6/27/19 2:34	1N45	0:12:30	0:12:03
Zone A	6/28/19 13:17	6/28/19 13:22	1N45	0:05:13	0:04:57
Zone A	6/28/19 18:37	6/28/19 18:43	1N45	0:06:28	0:05:55
Zone A	6/28/19 19:53	6/28/19 19:59	1N45	0:06:31	0:06:02
Zone A	6/29/19 7:22	6/29/19 7:30	1N45	0:09:06	0:08:01
Zone A	6/29/19 18:16	6/29/19 18:24	1N45	0:08:06	0:07:55
Zone B	6/30/19 9:11	6/30/19 9:21	1N45	0:11:05	0:10:48

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
Zone A	6/10/19 5:31	6/10/19 5:35	1C18	0:04:26
Zone A	6/16/19 12:12	6/16/19 12:20	1C34	0:07:15

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
None					



GROUND AMBULANCE OPERATIONS REPORT JUNE 2019

1. Overall Statics

- a) Total number of system responses: 6487
- b) Total number of responses in which no transports resulted: 2497
- c) Total number of system transports (including transports to out of county):
3990

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 54.4%
- c) Obstetrics (OB): 0.4%
- d) Psychiatric/Behavioral: 9.9%
- e) Transfers: 12.5%
- f) Trauma – MVA: 8.3%
- g) Trauma – Non MVA: 7.4%
- h) Unknown: 5.7%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts 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: 1,779

Total number of above calls receiving QA Reviews: 120

Percentage of charts reviewed from the above transports: 6.7%



JUNE 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	12	59
BLS (CPR)	64	274
Heartsaver (CPR)	43	241
ITLS	5	10
PALS	10	53

COMMUNITY OUTREACH JUNE 2019

Point of Impact		
05/1-31/2019	Ten (10) office installation appointments; Ten (10) cars and eleven (11) seats inspected.	
05/18/19	POI Checkpoint at Biggest Little Baby in Reno. Thirty-one (31) cars and thirty-six (36) seats inspected.	Eleven (11) Volunteers; Two (2) Staff
Cribs for Kids/Community		
05/04/19	Held a booth for Reno Veterans Affairs Baby Shower at Assistance League in Reno.	100 participants passing through event
05/09/19	Attended Northern Nevada MCH Coalition Meeting at WCHD.	
05/12/19	Held a booth at Moms on the Run.	Over 10,000 participants passing through event
05/13/19	Attended Truckee Meadows Vision Zero subcommittee for action planning on pedestrian safety.	
05/16/19	Attended COAP Grant Action Group to combat the opioid addiction crisis.	
05/20/19	Held a booth at the Family Health Festival Sparks Christian Fellowship.	Over 450 participants passing through event
05/21/19	Attended Safe Kids Meeting at Renown.	
05/22/19	Participated in the Child Death Review Executive Committee Meeting held in Carson City DCFS.	
05/30/19	Held booth at Community Service Agency Family/Fatherhood Event.	Had about 100 participants
05/31/19	Presented at The Life Change Center on Car Seat Safety and Safe Sleep.	



REMSA

Reno, NV
Client: 7299



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

June 1, 2019 to June 30, 2019

Your Score

93.64

Number of Your Patients in this Report

150

Number of Patients in this Report

6,235

Number of Transport Services in ALL EMS DB

153





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **06/01/2019** and **06/30/2019**.

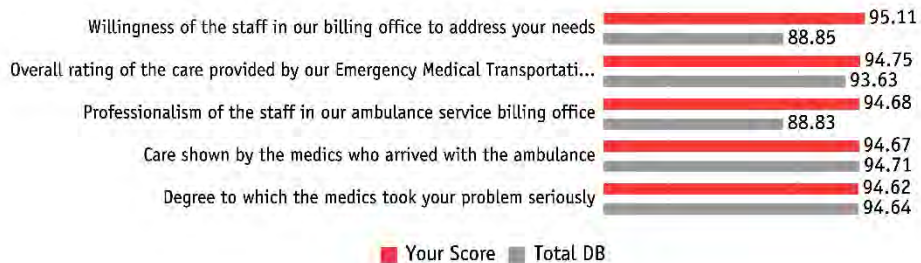
The overall mean score for the standard questions was **93.64**; this is a difference of **0.77** points from the overall EMS database score of **92.87**.

The current score of **93.64** is a change of **-0.65** points from last period's score of **94.29**. This was the **42nd** highest overall score for all companies in the database.

You are ranked **10th** for comparably sized companies in the system.

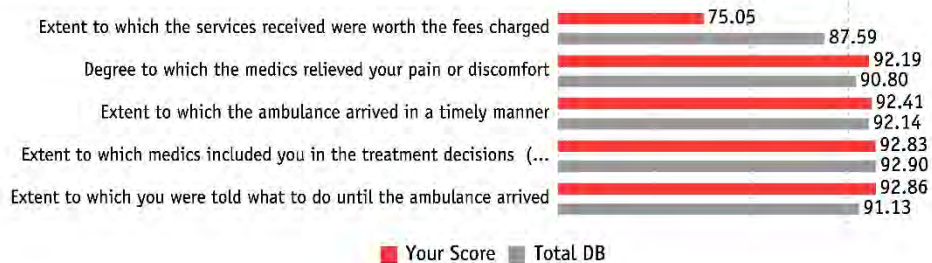
78.48% of responses to standard questions had a rating of Very Good, the highest rating. **99.63%** of all responses were positive.

5 Highest Scores



■ Your Score ■ Total DB

5 Lowest Scores



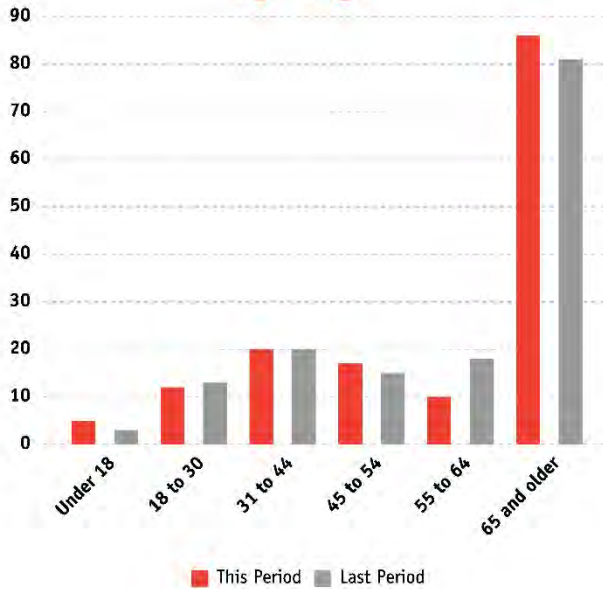
■ Your Score ■ Total DB



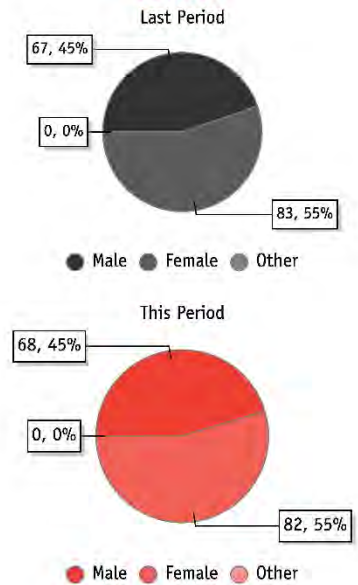
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	3	2	1	0	5	2	3	0
18 to 30	13	7	6	0	12	3	9	0
31 to 44	20	9	11	0	20	9	11	0
45 to 54	15	8	7	0	17	7	10	0
55 to 64	18	9	9	0	10	3	7	0
65 and older	81	32	49	0	86	44	42	0
Total	150	67	83	0	150	68	82	0

Age Ranges



Gender





REMSA
June 1, 2019 to June 30, 2019

Monthly Breakdown

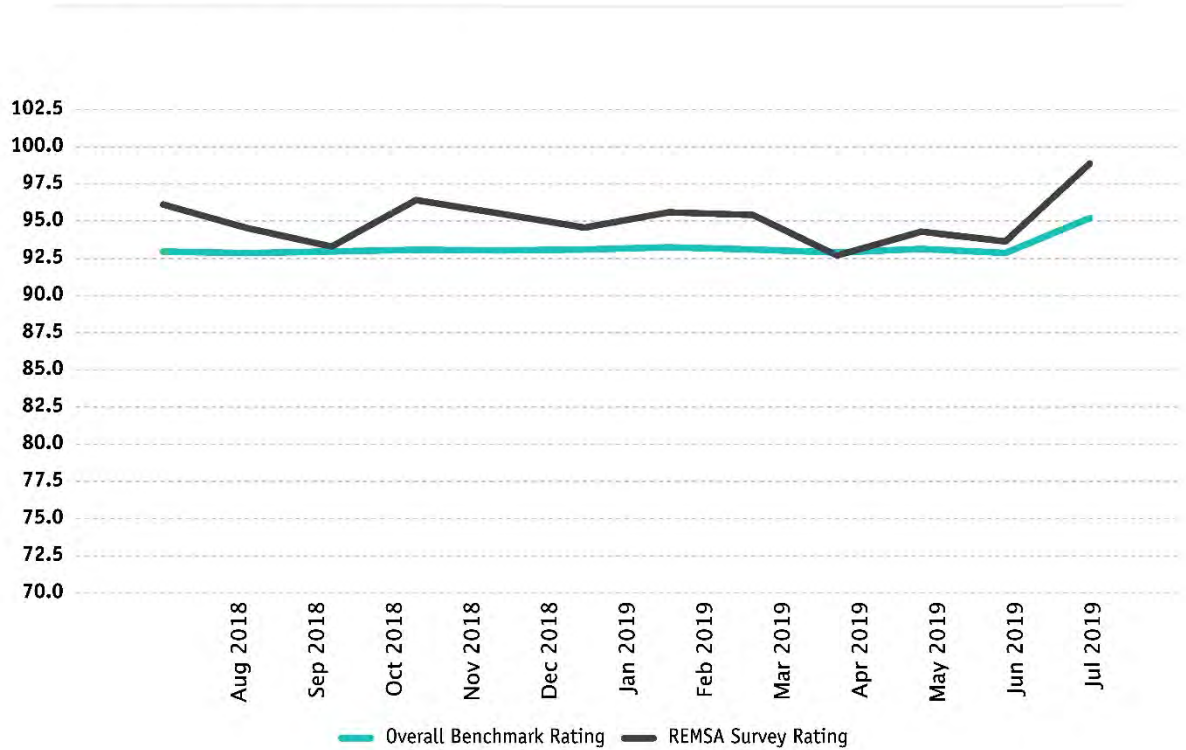
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
Helpfulness of the person you called for ambulance service	96.79	95.59	95.74	96.95	96.62	94.23	96.34	96.88	96.20	88.46	92.73	93.60
Extent to which you were told what to do until the ambulance arrived	98.61	94.15	96.59	96.88	93.38	92.79	96.98	97.28	95.56	88.78	91.83	92.86
Extent to which the ambulance arrived in a timely manner	95.87	96.06	95.54	93.39	95.60	95.57	95.16	94.23	94.26	91.49	93.18	92.41
Cleanliness of the ambulance	96.04	97.27	96.82	93.55	97.02	97.65	98.11	96.50	95.51	94.32	94.02	93.45
Skill of the person driving the ambulance	96.88	96.46	95.21	93.92	95.51	97.13	96.38	96.39	94.55	93.29	94.02	93.43
Care shown by the medics who arrived with the ambulance	96.95	95.84	94.64	94.11	97.72	95.99	94.53	96.60	97.22	93.18	94.67	94.67
Degree to which the medics took your problem seriously	96.97	97.73	94.02	94.07	97.91	95.15	94.86	95.61	96.83	93.87	94.77	94.62
Degree to which the medics listened to you and/or your family	95.93	96.41	93.51	93.99	97.56	95.64	95.13	95.11	96.74	93.52	94.36	93.80
Extent to which the medics kept you informed about your treatment	95.27	94.93	94.30	92.18	95.09	95.09	93.19	94.54	93.60	92.19	94.26	93.53
Extent to which medics included you in the treatment decisions (if	94.35	95.76	93.65	91.56	95.20	95.06	91.20	93.94	94.28	92.43	94.63	92.83
Degree to which the medics relieved your pain or discomfort	94.76	93.03	92.55	89.49	94.09	92.04	91.57	93.21	91.68	91.78	93.11	92.19
Medics' concern for your privacy	97.04	97.50	95.33	92.77	97.04	96.21	93.60	96.05	95.38	94.19	94.51	94.08
Extent to which medics cared for you as a person	96.02	96.20	94.67	93.90	96.01	96.28	95.43	97.20	96.07	93.93	95.37	94.28
Professionalism of the staff in our ambulance service billing office	94.79	95.72	94.79	97.00	95.83	90.00	100.00	96.59	99.24	91.00	96.30	94.68
Willingness of the staff in our billing office to address your needs	94.57	94.86	92.71	96.00	95.83	95.00	100.00	96.46	99.22	90.06	96.30	95.11
How well did our staff work together to care for you	97.24	96.44	95.90	94.67	96.79	96.95	95.23	97.60	96.40	94.02	95.00	94.28
Extent to which the services received were worth the fees charged	91.22	95.45	87.19	88.38	97.50	87.89	88.40	82.86	87.54	82.16	90.94	75.05
Overall rating of the care provided by our Emergency Medical Transportation	96.84	96.07	95.14	93.09	96.93	95.33	94.41	96.75	95.70	93.08	95.80	94.75
Likelihood of recommending this ambulance service to others	96.83	96.93	95.05	93.73	96.79	96.21	94.41	95.39	95.59	92.79	93.80	94.33
Your Master Score	96.18	96.11	94.52	93.30	96.41	95.50	94.56	95.59	95.41	92.70	94.29	93.64
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150





Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE JUNE 2019 CUSTOMER REPORT

	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
1	04/30/2019		"Everything was great. They addressed my pain and made sure I was comfortable."			
2	04/30/2019		"They were great and fantastic!"			
3	04/08/2019		"What was really outstanding is that they got oxygen on me and I came back to life. They were excellent!"			
4	04/08/2019		"Medics were easy to talk to."			
5	05/08/2019		"Medics were very nice and comforted me."	"No, I don't have anything to share."		
6	05/08/2019		"Medics took good care of me."	"Not that I can think of, no."		
7	05/08/2019		"The male medic was fantastic, personable, comforting and put me at ease. Female medic was unpleasant."	"Assess the problem or situation a patient is in to best help them without hurting the patient. I was stuck in a bathroom and needed up. I felt that it needed to take more time in developing a plan of action. I was almost dropped by the female medic, but male medic caught me."	Assigned to Jones 7.1.19 #7091	See follow up below
8	05/08/2019		"I was surprised at how fast they arrived."	"Not to my knowledge."		
9	05/09/2019		"Medics did not attempt to start an IV. They said it was too hard. First time that's ever happened."	"Make an attempt to help out the patient you are there to serve."	Assigned to Jones 7.1.19 #7092	See follow up below
10	05/09/2019		"I was 100% satisfied with service. My husband is a cancer patient and REMSA shows the	"They all performed very well."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			utmost care."			
11	05/09/2019		"One of the medics complimented me and noticed little things about me which was comforting."			
12	05/10/2019		"They spoke to me with respect and were very knowledgeable. I hope they get a bonus! Haha Tell them I think they deserve that at least."	"Something better? I'm out of ideas."		
13	05/10/2019	"I wasn't impressed with how one of the medics was talking to me. He talked down to me like I didn't know what was happening. I thought it was a little unprofessional. The other medic was just lovely though."	"They did everything fine. It was just that one medic and the way he was talking to me."	"I can't really think of anything besides reminding the medics to treat us nicely."	Assigned to Jones 7.1.19 #7093	See follow up below
14	05/10/2019	"The firemen talked to me first and then the medics from the ambulance. I thought both groups were very caring."	"Everyone cared about me and what was going to happen with me. I could tell I was important in the moment and that made me feel like everything was going to be just fine. I don't think there's anyone better than REMSA."	"I don't think so."		
15	05/10/2019		"They got to my house fast. They came into my house and talked to my husband and I. the overall experience with you guys was fine and nothing went wrong."	"Maybe explain a little more. I think they did a pretty good job with me, but I also think there's always room to improve."		
16	05/11/2019		"They did a good job making sure I was covered up and ready to be transported to the hospital. I have very bad	"There's nothing I can think of that you guys could do better. I'm very satisfied."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			anxiety, so this situation didn't help that. But they knew how to talk to me to keep me calm and I was also worried about my animals getting out, but they made sure they didn't."			
17	05/11/2019		"REMSA has been out to my house a couple times the last couple of years for my wife and I. They are wonderful. From the time they get here and leave, they are excellent medics. You guys sure do train the best of the best. I can't say enough good things about these people. They truly don't get the recognition they should be getting."	"No, as you can tell my wife and I are very happy."		
18	05/11/2019		"I think everything was done very well. Everyone was kind and professional. They got to the house and talked to my wife. My wife really liked the two that came out and helped that day."	"I don't think there's anything I would have changed besides not having to go at all haha but no, I think they did an excellent job."		
19	05/11/2019		"I think everything the medics did was up to code. They asked me what was going on and listened to me. They did a really good job listening to me and carrying out my wishes."	"Nothing I can think of."		
20	05/09/2019	"From everything I saw of the medics and what my husband told me after, they did a good job and were very caring."	"Just the overall care. It was fast and efficient. We couldn't have asked for anything better."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
21	05/11/2019		"Everything! Even the doctors at the hospital were really nice and helpful."	"Oh no, nothing at all. I'm very satisfied with the way that everything turned out."		
22	05/12/2019		"I don't know. It was all fine. They got me to the hospital and took care of me."	"Nothing."		
23	05/12/2019	"They've helped me out a couple times with either myself or my wife and have been very kind every time."	"Professional young people who knew what they were doing and always are an excellent team."	"No, nothing could have been better."		
24	05/12/2019		"They got to the house, they came in and started asking me and the wife what was going on. The young lady was asking me a lot of questions and taking my blood pressure. I think they might have done an IV too that time. I don't fully remember but they took care of me."	"I don't know if they can do anything about the ride, but if they could get better shocks or something, I think it would help us older folks out...Well anyone really! Those suckers are heavy and bumpy haha."		
25	05/13/2019		"Everything. The two men made me feel extremely safe and comfortable. They were honestly amazing and everything they did was excellent. I was really impressed."	"I guess for there to be no next time haha I think there's probably little improvements they could make, but overall, they were just lovely people and great help. Tell them thank you."		
26	05/12/2019	"I was taken care of by a man and woman who were professional, but funny. I really think that helped me not panic because everything seemed under control and I was made comfortable."	"Oh, like I said, I think overall, they did an excellent job and I'm happy with the service."	"I don't think there was anything more they could have done or anything that could have been done better. The two that looked after me did their job."		
27	05/12/2019		"They took their time and	"No. I told you they did		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			were gentle with me. Sometimes they bang you up getting you in the ambulance."	fine. Really, I don't have anything else to say about them."		
28	05/13/2019		"The whole team was excellent and professional. I think they did a really good job getting my IV in and talking with my husband. They were just some good medics all around! You tell them that."	"I hope there's not a next time. But I can't really think of anything they should have done better. I mean these medics were fantastic."		
29	05/13/2019	"There was a young women in the back with me that treated me very well. I thought she was the sweetest."	"Everyone treated me well."	"No, I really don't. I don't think there's anything."		
30	05/13/2019		"The crew was sensitive to the problems I was having and tried to make sure I was comfortable."	"I don't think there's much they could improve on."		
31	05/14/2019	"Yes, they informed me really well."	"They came into the house and started doing what they needed to do. They talked to me and my wife a lot before deciding what we were going to do and where I wanted to go. I liked that they asked me what hospital I wanted to go to."			
32	05/13/2019	"There wasn't much we could do until I got to the hospital."	"Getting here as quick as they did was excellent."	"I don't know about a next time!"		
33	05/14/2019		"I had fallen out of bed trying to go to the bathroom and couldn't get up. I had to yell for my daughter and that's when she called for the ambulance. They came	"If there was a way to make the ride less rough, that would be amazing. The ride was so rough on my body."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			in and got me on the stretcher without causing me even more pain and then got me in the ambulance."			
34	05/14/2019		"Uh, it all. Ya know? The overall care was good. I'm not really sure what else to say about them."	"Haha hopefully there won't be a next time. But no, I think it was all good. And I'm happy."		
35	05/14/2019		"The two medics kept me and my husband informed with what they thought was happening and what was going to happen once I got to the hospital. I liked that because when getting to the hospital, I felt comfortable and more prepared."			
36	05/15/2019	"I was just being transferred to a different hospital. I had no treatment."	"They didn't do much with me, but they did talk to me and seemed interested while they were with me."	"Just keep doing what you're doing."		
37	05/15/2019		"They got me on the stretcher and out of the house faster than I could believe haha I'm telling you the truth! Everything they did was fast, but done right, ya know? They weren't causing any unnecessary pain."	"Maybe have coffee in the back. No, I'm just joking. I'm fine with all the care I got. Thank you for calling, it's nice to know you care."		
38	05/16/2019	"I don't think anyone has gotten my IV in faster without it being painful. It was a first! I don't remember the medic's name that put it in, but that guy was awesome."	"Getting the IV in the way that medic did was awesome. I was really surprised with that one."	"Nothing comes to mind."		
39	05/15/2019		"Oh, I don't know. They			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			got me to the hospital and they were fine. Give them all the highest ratings, okay?"			
40	05/16/2019	"The worked together so well and with me too."	"The two medics just worked well together. They talked to each other and to me the whole time!"			
41	05/16/2019		"Everything. Everyone made me feel safe and alright even when I wasn't at all. They were all lovely people with big hearts. They deserve more than just a 5."	"No, thank you for calling though. We're very grateful."		
42	05/16/2019	"Very good."	"I was happy with all of the REMSA people. They got me where I needed to be and that's all I could have asked for. They were very well-trained medics who are caring at the same time."	"Nothing I can think of."		
43	05/15/2019		"Absolutely perfect!"			
44	05/16/2019		"Started my IV and was painless."			
45	05/16/2019		"Medics were kind. I appreciated them because the other guys were hesitant."			
46	05/16/2019		"Arrived quickly."	"Medics did a great job."		
47	05/17/2019		"Medics took extra good care of me."	"Share more info about your ambulance service."		
48	05/18/2019	"I was having a hard time breathing in the middle of the night, so I called down for them and they came and got me on oxygen right away."	"They knew what was going on better than I did, so I just let them take control. I assume everything they did was done well. I sure don't	"Not having to ride in the ambulance at all haha"		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			have any complaints on the matter haha I'm still here!"			
49	05/18/2019		"Very helpful and comforting too."			
50	05/17/2019			"One of the medics was not able to get in the IV."		
51	05/19/2019		"Patient stated the service was spectacular and she couldn't have asked for anything better. She said she couldn't sing their praises loudly enough."			
52	05/19/2019		"Prompt arrival time. Patient stated she didn't think they could have done anything better."			
53	05/19/2019		"They kept her informed and up-to-date on her situation and were very personable."			
54	05/19/2019		"The care received was good for the injury."			
55	05/20/2019		"Very efficient and they found me. They were friendly."	"I really can't think of anything."		
56	05/20/2019		"They put an IV in my arm. I think that's about it because it was such a short ride from my house to the hospital (about five minutes or so)."	"Nothing at all. Everything was excellent."		
57	05/20/2019		"Everything was fine."	"The only problem I had was getting in and out of the ambulance. They could add a step, just like a throw step, just a little step, so you can step on in. Us old people have a hard time being able to step	Assigned to Jones 7.1.19 # 7094	See follow up below



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				up three feet."		
58	05/20/2019		"Everything! The medics, the doctors, everything was wonderful. I felt taken care of."	"I don't think there will be a next time and I don't have any suggestions. Everyone was amazing."		
59	05/20/2019	"Very happy with you. We've always had a good experience with you guys."	"The drivers are just so polite. They make you feel like a person, you know?"	"I don't know. I don't think you could do better, you're doing everything right already. Just keep up the good work."		
60	05/20/2019		"Everything was wonderful."	"No, nothing. Everything was great besides getting the bill, but you guys helped me through that as well."		
61	05/20/2019		"The paramedics were outstanding. Very caring, very compassionate. I mean my emergence wasn't crazy, but they just helped me. They were warm and friendly. Excellent transporting me and getting me the care I needed."	"I think everything is really good. I don't know. I get cold sometimes and they got me a blanket. That helped a lot."		
62	05/20/2019	"They couldn't do anything for my pain. Still a five though, they did everything they could to try to help."	"Oh you know, they did what they needed to do with me. I'm very satisfied with it all."			
63	05/21/2019	"Higher than five if I could have!"	"Overall, I think that the professionalism was excellent and my husband would agree. They let us know each step what was happening. We were very pleased and we left feeling like my husband was in good hands. It was scary."	"I don't think you could. I really don't. We've had several trips with REMSA and each were 5 stars!"		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
64	05/21/2019		"Patient stated the medics were on it regarding his medical event. He was extremely pleased with his care."			
65	05/21/2019		"They did everything well."			
66	05/21/2019		"The medical care was good."			
67	05/21/2019		"Patient said they got him loaded quickly and made a fast trip to the hospital."			
68	05/21/2019		"The medics treated me like a person. Sometimes you get people that forget you're a person and they stop listening to you. These medics were amazing and listened very well."	"There's nothing that I can think of."		
69	05/21/2019		"They took my vitals I think and gave me an IV. I don't really remember what else they were doing or saying. But they got me to the hospital in good shape."			
70	05/21/2019	"Excellent medics. I would give them a 100 if I could."	"The overall care was amazing. My wife and I had never experienced having an ambulance come to our house before and they helped walk us through it. We really liked the kindness and compassion they showed. It meant a lot to us."	"I don't think you could do anything better."		
71	05/22/2019	"I'm very satisfied with everything."	"Like I said, I'm very happy with the medics. If anything, I had more trouble in the hospital"	"I can't think of anything. Maybe offer warmer blankets, but I'm always cold."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			than with the REMSA people."			
72	05/22/2019		"They treated my wife with respect and with open arms. It was honestly one of the scariest moments of my life and they got us through it. We have nothing but love for you guys."			
73	05/23/2019		"Managing my pain. A lot of times the medics can't help me."	"There's not much I can think of that would help you guys get better. I think you need to keep up the good work!"		
74	05/23/2019		"The EMT's asked me what hospital I wanted to go to and took me to the one of my choice which I thought was good, because I'm familiar with everything."	"Next time? I don't think there is going to be a next time."		
75	05/23/2019	"I don't think I talked to the medic that was driving that much. But the one in the back was very kind. I bet the other one was too, I just can't recall right now."	"Well they got to my apartment fast, which I was worried about because mine can be hard to find. But nope, they found it very fast! And I think them finding my house as quick as they did is what really saved me."	"No ma'am. I just want to thank them for everything they have done, they don't get the spotlight they should. And it's a shame."		
76	05/23/2019		"Very caring and kind people."	"Nothing coming to mind, the service was excellent."		
77	05/24/2019	"They tried to help my pain, but I don't think there was much they could do in the ambulance."	"I'd have to say the overall care was amazing. And always has been."			
78	05/23/2019	"They were very good with him."	"They talked to me and told me what was	"Nothing! Keep up the good work."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			happening with my husband. And tried to keep me and him calm."			
79	05/25/2019		"They did a good job getting me out of the house without banging me all around. And onto the stretcher."			
80	05/25/2019		"They worked well together. Got to the house fast. And kept checking on me to make sure I was doing okay. Which I thought was really kind of them and made me feel better."	"I can't think of anything."		
81	05/25/2019	"I don't think there was any treatment until I got to the hospital"	"The medic who was in the back with me did a quick job getting the IV in. Everything they did was quick, but efficient."	"If there is a next time, I think I'll be in good hands. I'm very happy with the service."		
82	05/26/2019		"Everything! Everything went really well for it being an ambulance ride. But whenever the REMSA people come to the house, it's always fine. They've come for my husband before and take good care of him too."			
83	05/26/2019		"The dispatcher was awesome!"			
84	05/26/2019		"All around, it was comforting and easy to deal with the situation while going through a bad time."			
85	05/26/2019		"Crew comforted the family and did a great job."			
86	05/26/2019		"I was very pleased."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			Excellent!"			
87	05/27/2019		"Everything was done well."			
88	05/27/2019		"On the spot and on top of everything."			
89	05/27/2019		"Prompt arrival, kind and A-1 service."			
90	05/28/2019		"Very polite and the medics explained everything well."			
91	05/28/2019		"The medics helped her to get down the stairs."			
92	05/28/2019		"Medics were empathetic to her needs and listened."			
93	05/28/2019		"Patient stated the paramedics were nice, they were comforting and they took good care of her."			
94	05/28/2019		"Very caring and the medics had good teamwork together. Patient was very satisfied with her care."			
95	05/31/2019		"Medics were prompt."			
96	06/01/2019		"Service was great, I can't say it enough. They were kind and professional. I'm very satisfied!"	"Nothing."		
97	06/01/2019		"Professional."	"You could put the radio station on. It takes them forever to find the station I like."		
98	06/03/2019	"I don't have an opinion on that. Not good or bad, I just don't remember if I made any decisions."		"I just don't have any complaints."		
99	06/01/2019		"It was all good. Nothing went wrong and they got me there in one piece!"	"Nothing. I think you have some wonderfully trained"		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				medics."		
100	06/04/2019	"Just fantastic! I mean the training and professionalism these medics have is truly amazing."	"I can't say enough good things about them, really. I think they handled my situation to the best of their abilities. And also they remembered to be kind while under pressure."	"I don't think there is anything more you could do."		
101	06/01/2019		"Very compassionate!"			
102	06/01/2019		"The medics were professional and courteous."			
103	06/02/2019		"They were very caring."			
104	06/02/2019		"Everything was done well, particularly the IV placement."			
105	06/02/2019		"Good transportation and care."			
106	06/06/2019		"All your people are good people."			
107	06/13/2019		"Medics were very compassionate."			
FOLLOW UP						
7	This patient states my call to her was the third one she has received from REMSA regarding her concern, and that it has been resolved to her satisfaction. I am unable to locate documentation to support this, but I thanked her for her time and will contact the paramedic involved and update ASAP.					
9	A male subject answered the phone when I called and then hung up on me after I identified myself as a supervisor from REMSA. An immediate call back went unanswered. The four most recent transports of this patient occurred on March 26, 2019, May 9, 2019 (the date associated with this complaint), June 13, 2019, and June 20, 2019. An unsuccessful IV attempt was made on March 26, the rest of the calls show successful IV placement.					
13	Called and left a message requesting a call back. As of 7/4/19 the pt. had not called back. I tried the number on the chart and it was a Life Alert number, billing office closed today.					
57	I spoke with the patient who stated he had had certain joints in his leg repaired and that the step up into the ambulance was somewhat difficult. He told me he was an inventor and that he envisioned some sort of extra step that could be placed on the ambulance to assist with this type of issue. I told him I would have preferred the crew placed him onto the gurney and loaded him. He said the crew was great and that his comment was more of a suggestion than a complaint. I followed up with the crew and urged them to consider using the gurney when loading patients into the ambulance, and to always consider customer service and patient comfort. They agreed to do so.					



JUNE 2019

REMSA AND CARE FLIGHT

PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.

PUBLIC AND COMMUNITY RELATIONS

Stroke Symptom Awareness on KTVN

Jenny Wilson, MD was the featured guest on KTVN's Ask The Doctor segment to discuss the importance of quickly recognizing the signs and symptoms of a stroke. In addition to an on-air interview, she took phone calls from the public.



Stroke Symptom Awareness on Reno Dad's Blog Podcast

Adam Heinz participated in a podcast interview with Reno Dad's Blog. He discussed the importance of early detection of stroke signs and symptoms, as well as how being a dad and a paramedic informs his work and his parenting.



Reno Rodeo Safety on KTVN

Adam Heinz gave an interview about REMSA's staffing at the Reno Rodeo, as well as tips about how patrons can stay well and healthy while enjoying the event.



PUBLIC AND COMMUNITY RELATIONS

REMSA supports the American Heart Association year round, but in June the organization hosted two key events - the Heart and Stroke Ball and CycleNation. REMSA attended both events and is proud to partner with the American Heart Association.



EMPLOYEE RELATIONS



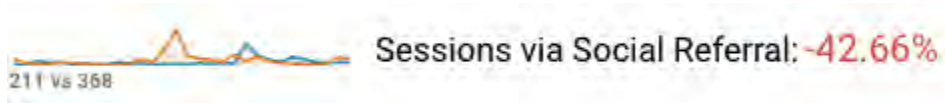
In early June, REMSA hosted all employees and families at a Reno Aces baseball game. Quarterly, REMSA hosts events to celebrate, recognize and thank employees and their families for their meaningful work and contributions.





SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media decreased by 43% year-over-year. However, Facebook, LinkedIn, Instagram and Yelp all drove traffic back to the website.



Facebook

Likes to-date: 3,197 +30 likes since May 2019

Followers to-date: 3,338 +29 followers since May 2019

June posts: 26

June post comments: 153

June post shares: 99

June post reactions: 2.10k



SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts by Reach

1.

2,467 people reached, 174 reactions, comments & shares
 Facebook engagement: 706 -
 Engagement is defined as post clicks, likes, shares and comments.




Regional Emergency Medical Services Authority - REMSA is at Regional Emergency Medical Services Authority - REMSA.

Published by Megan Duggan (P) · June 19 at 5:08 PM · Reno · 🌐

We had a special team shout-out from Mickey M., Communications Specialist at REMSA. Mickey recently moved to Reno from New York and was a bit nervous about the transition.

"From the first moment I put a headset on and started my training, everyone has been great to me. From directors to managers, supervisors, co-workers, and field units, everyone has been positive, supportive and helpful. This isn't just in work life but in personal life as well. Many times I received recomm... [See More](#)



Welcome Mickey to REMSA
00:28

Get More Likes, Comments and Shares
 Boost this post for \$50 to reach up to 8,800 people.

2,467 People Reached	706 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

👍👎👍 76 8 Comments 5 Shares

👍 Like 💬 Comment ➦ Share

SOCIAL MEDIA HIGHLIGHTS

2.

2,379 people reached, 141 reactions, comments & shares
 Facebook engagement: 368 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA
 Published by KPS3 (7) - June 14 at 8:15 AM - 🌐

Markus Dorsey-Hirt, Care Flight's Chief Flight Nurse, participated in a program provided by the Association of Air Medical Services (AAMS) at the Oglebay National Training Center. The mission statement of the Medical Transport Leadership Institute is to enhance leadership and management of medical transportation services through formal education programs stressing management theory and its direct practical application.

After this two-year program and working with six other national leaders in the air transport industry on a capstone project, Markus received the designation of Certified Medical Transport Executive! Congratulations on this incredible accomplishment! #AlwaysReady #CMTE




Get More Likes, Comments and Shares
 Boost this post for \$50 to reach up to 8,800 people.

2,379 People Reached **368** Engagements [Boost Post](#)

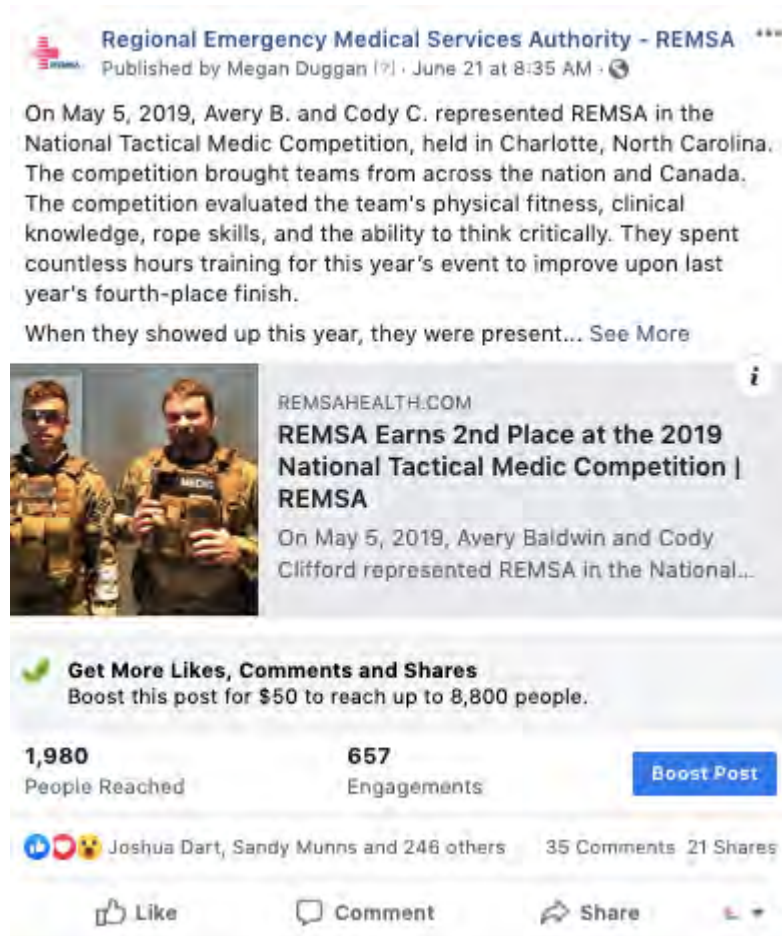
👍❤️ 93 14 Comments 3 Shares

👍 Like 💬 Comment ➦ Share

SOCIAL MEDIA HIGHLIGHTS

3.


1,980 people reached, 437 reactions, comments & shares
Facebook engagement: 657 -
Engagement is defined as post clicks, likes, shares and comments.




Regional Emergency Medical Services Authority - REMSA ***
Published by Megan Duggan (👤) · June 21 at 8:35 AM · 🌐


On May 5, 2019, Avery B. and Cody C. represented REMSA in the National Tactical Medic Competition, held in Charlotte, North Carolina. The competition brought teams from across the nation and Canada. The competition evaluated the team's physical fitness, clinical knowledge, rope skills, and the ability to think critically. They spent countless hours training for this year's event to improve upon last year's fourth-place finish.





When they showed up this year, they were present... [See More](#)

 **REMSAHEALTH.COM**
REMSA Earns 2nd Place at the 2019 National Tactical Medic Competition | REMSA
On May 5, 2019, Avery Baldwin and Cody Clifford represented REMSA in the National...

 **Get More Likes, Comments and Shares**
Boost this post for \$50 to reach up to 8,800 people.

1,980 **657**
People Reached Engagements [Boost Post](#)

 Joshua Dart, Sandy Munns and 246 others 35 Comments 21 Shares

 Like  Comment  Share 



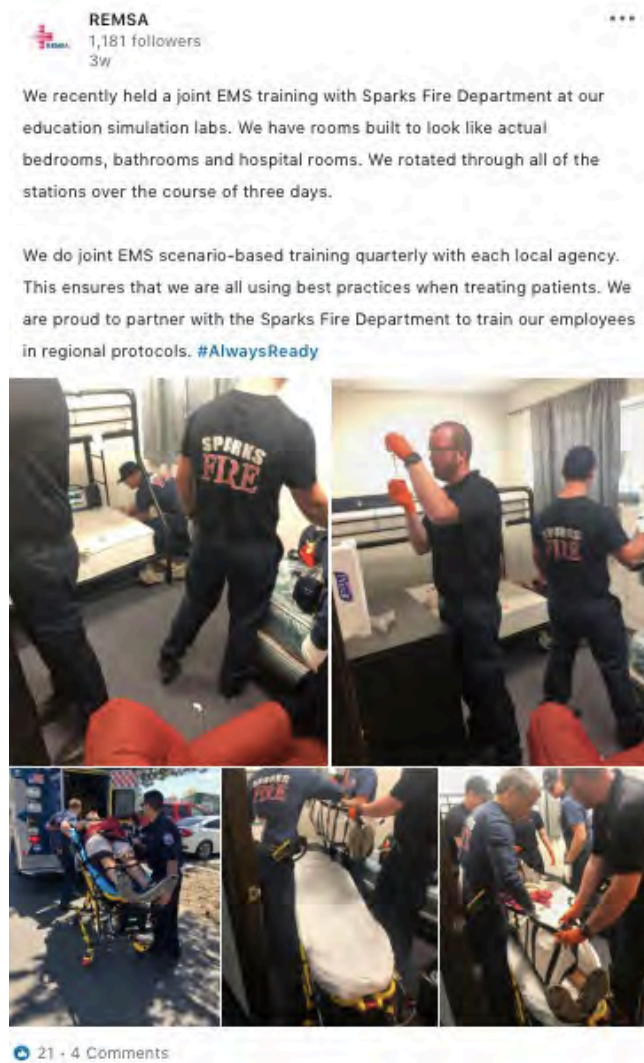
SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 1,181 +23
followers since May 2019
June Posts: 8

Top Post by Impressions

908 impressions, 176 clicks, 21 reactions and 4 comments



SOCIAL MEDIA HIGHLIGHTS



The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 50 leads come from Yelp between information pulled for August 2018 – June 5, 2019

August 2018 - July 2019

Period: [30 days](#) [12 months](#) [24 months](#)

User Views ⓘ

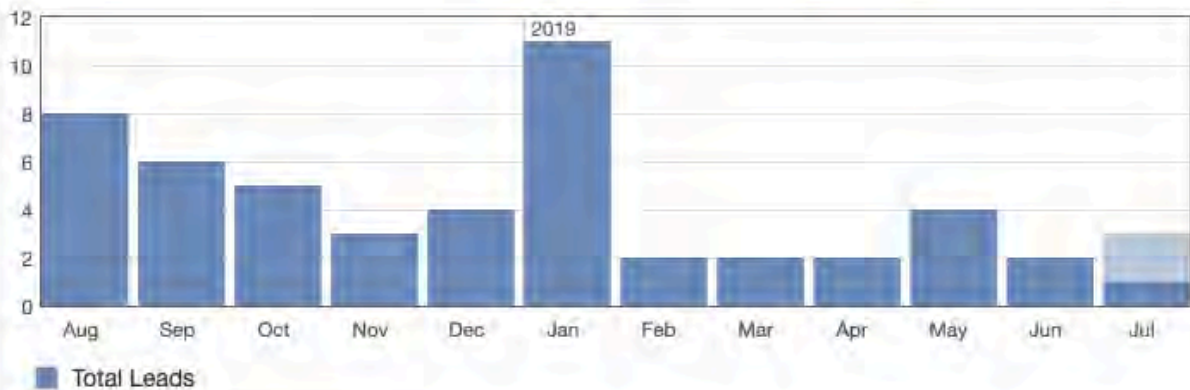
341 +23%

Customer Leads ⓘ









50

Revenue Estimate ⓘ

[Get your revenue estimate](#)

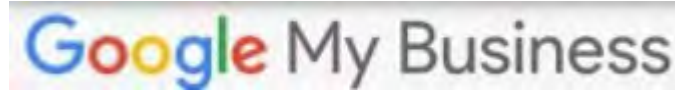


Customer Leads breakdown: August 2018 - July 2019

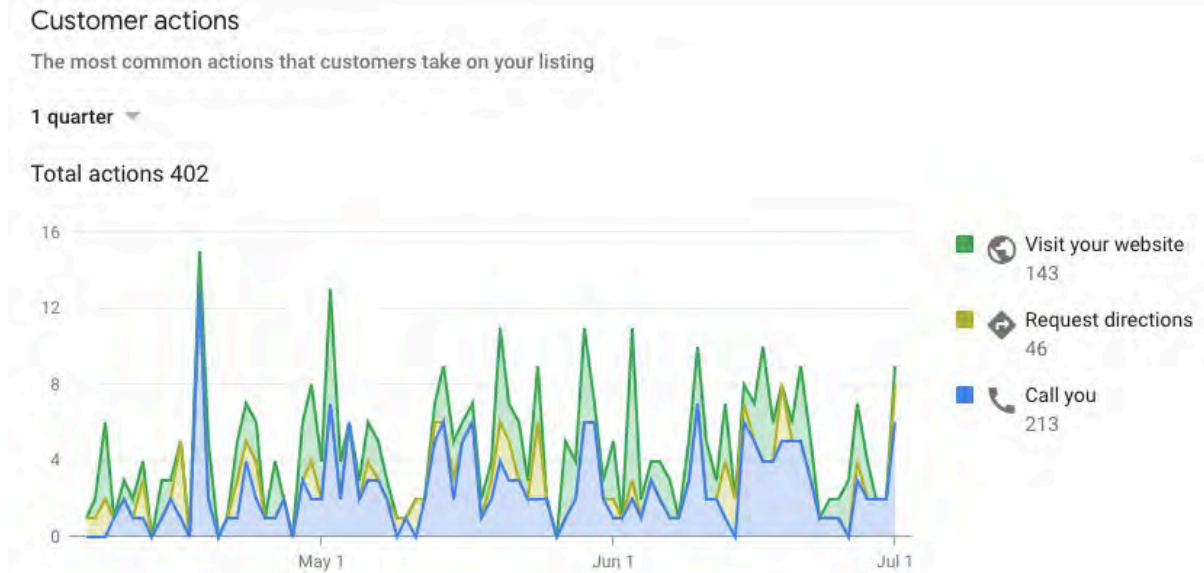
 0 Mobile Check-ins	 19 Mobile Calls	 0 User Uploaded Photos
 11 Directions & Map Views	 19 Clicks to Your Website	 0 Yelp Bookmarks
 0 Deals Sold	 1 Messages	

The forecasted value on the current month is an estimate and will change as the month progresses.

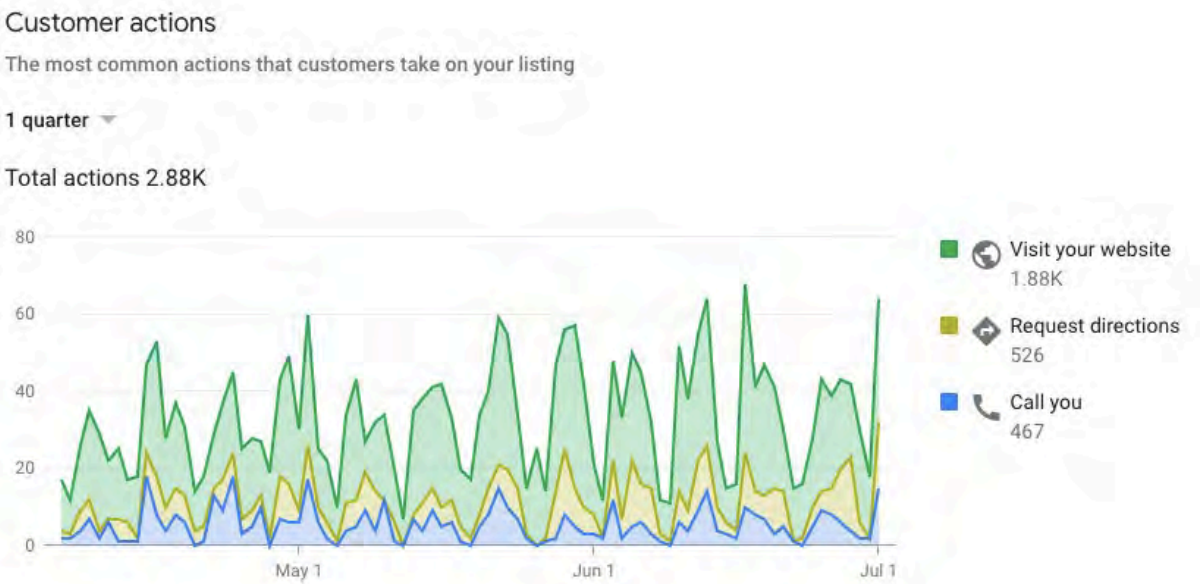
SOCIAL MEDIA HIGHLIGHTS



REMSA's Google My Business Insights



REMSA Education's Google My Business Insights





SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.
Subscribers to-date: 13



The screenshot shows the YouTube channel page for REMSA/Care Flight, which has 13 subscribers. The channel name is prominently displayed at the top. Below the name are navigation tabs for HOME, VIDEOS, PLAYLISTS, CHANNELS, DISCUSSION, and ABOUT. A featured video titled "Recognizing the Signs of a Stroke" is shown, with a description: "May is Stroke Awareness month and REMSA wants to remind you how to spot the signs of a stroke and what to do." To the right of the video are featured channels: City of Reno, NWSReno, Regional Transportatio..., and American Heart Associ..., all of which the user has subscribed to. At the bottom, there is a "Community Advisory" section with a "PLAY ALL" button and a row of four video thumbnails with their titles and view counts.

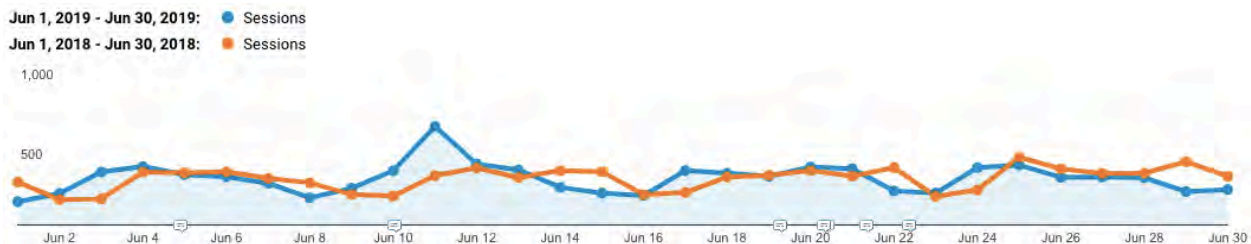
Video Title	Views	Time Ago
Back the Pack Responsibly	28 views	8 months ago
Wolf Pack Back to School Wellness Tips	23 views	9 months ago
Back to School Safety Tips 2018	84 views	10 months ago
Nugget Rib Cook-Off Safety Tips	52 views	9 months ago



SOCIAL MEDIA HIGHLIGHTS



REMSA Website Google Analytics



Overview of Site Data in June (Year-Over-Year Comparison)

- Sessions: 1% increase year-over-year
- Users: 3% decrease year-over-year
- Pageviews: 5% decrease year-over-year
- Pages / Session: 6% decrease year-over-year
- Avg. Session Duration: 4% increase year-over-year
- Bounce Rate: 16% decrease year-over-year (a good thing!)

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- Referral traffic is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- Direct traffic is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

Sessions coming from direct traffic year-over-year in the month of June increased by 22% and referral sessions decreased by 24%. Organic search sessions increased by 12%.



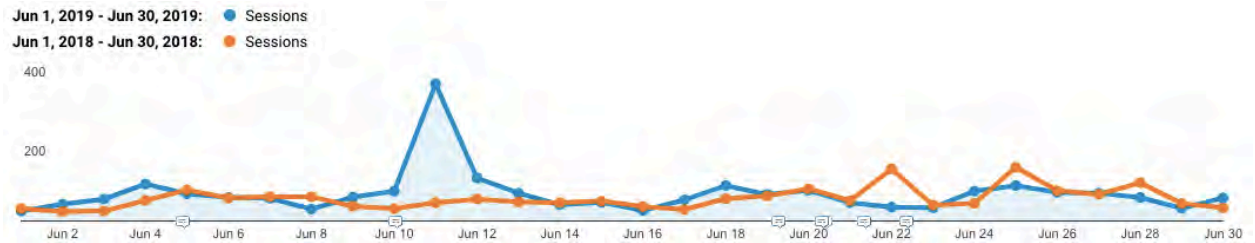
SOCIAL MEDIA HIGHLIGHTS



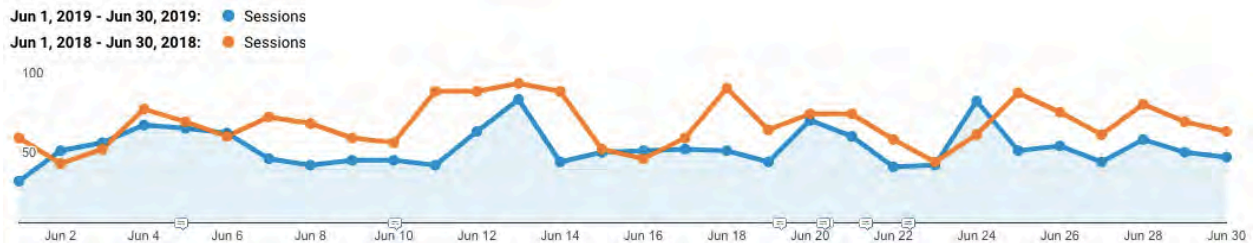
Organic Traffic



Direct Traffic



Referral Traffic





SOCIAL MEDIA HIGHLIGHTS



Top 3 Referral Sites:

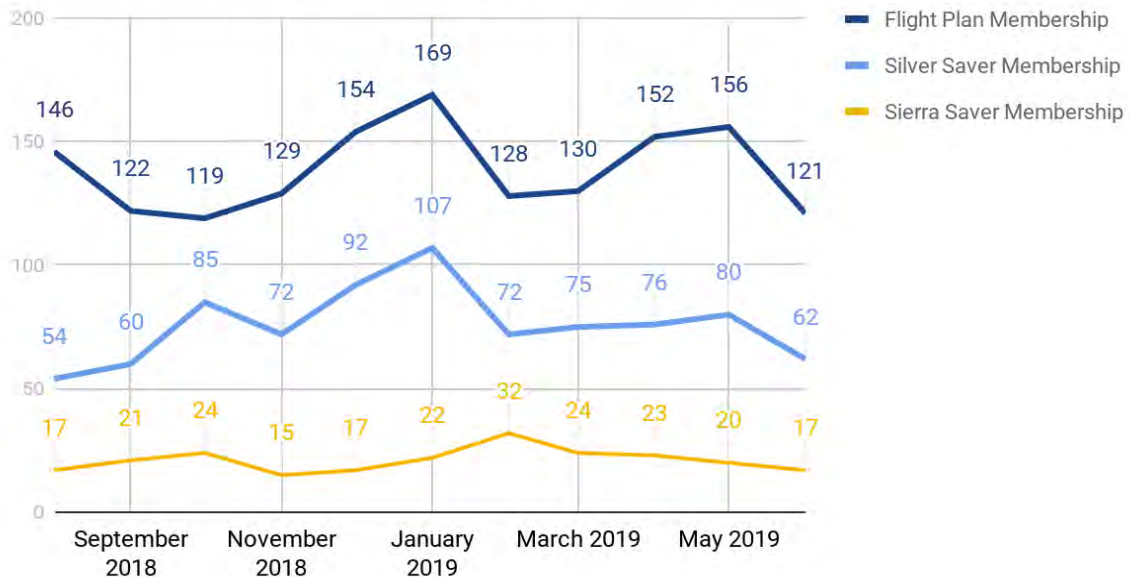
1. REMSA Enrollware
2. Eastern Sierra Jamboree
3. ADP

We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

Website visitors who clicked to fill out a Membership form:

- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 121 website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 62 website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 17 website visitors clicked the external link to fill out the Sierra Saver Membership form

Website Clicks on Membership Plans

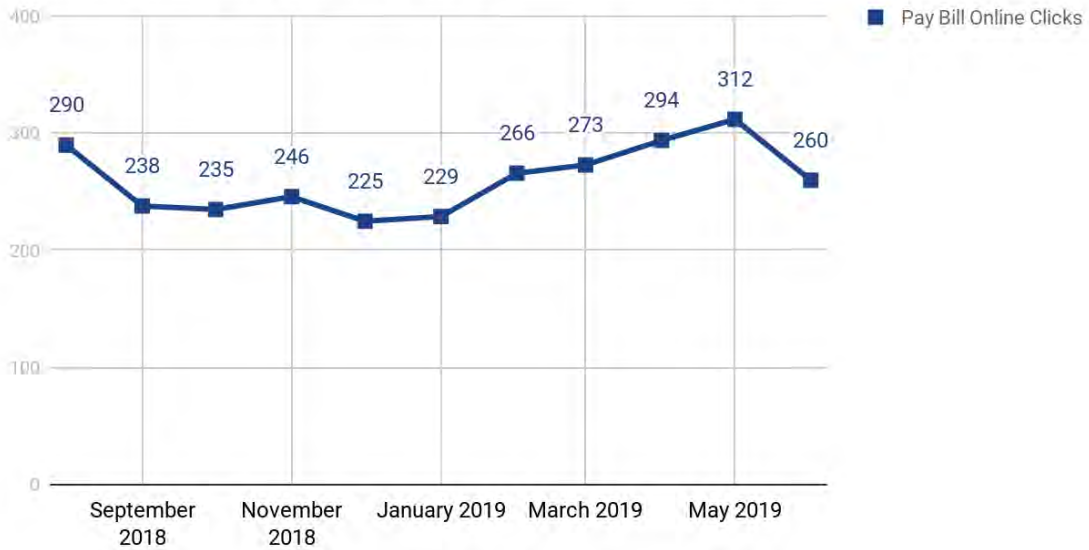


SOCIAL MEDIA HIGHLIGHTS



- Website visitors who clicked to pay their bill online: 260

Website Clicks to Pay Bill Online





- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 102 clicks
 - 775-482-3377 - Nurse Health Line in Northern Nye County - 24 clicks
 - We have since removed this number from the website
 - 775-353-0739 - Private Insurance - 9 clicks
 - 775-750-7313 - EMT Education - 5 clicks
 - 1-800-648-4888 - Care Flight Dispatch - 3 clicks



REMSA 2018-19 Penalty Fund Reconciliation as of May 31, 2019

2018-19 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2018	7,899.78
August 2018	9,263.79
September 2018	6,652.17
October 2018	5,948.07
November 2018	7,298.64
December 2018	9,349.44
January 2019	8,486.91
February 2019	7,443.06
March 2019	9,029.85
April 2019	6,398.64
May 2019	6,431.10
June 2019	
Total Penalty Fund Dollars Accrued	\$84,201.45

2018-19 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
Public Service Announcement Web Header	1,400.00	Professional Services to design and implement header bar for remsahealth.com	January 2019
Bleeding Control Supplies for Regional Development	1,839.04	Tourniquets, Glow Sticks, Breachpens, Battle Boards and Load Out Bag Supplies for Armored Rescue Kits	January 2019
Bleeding Control Supplies for Regional Development	11,585.39	Bags, Battleboards, Breachpens, Cricothyrotomy Kits, Hypothermia Kits, Suction Devices and other misc. Items for Armored Rescue Kits	March 2019
Bleeding Control Supplies for Regional Development	928.64	Miscellaneous items for Armored Rescue Kits (Pocket BVM, Patient Valves, Reservoir Bags, Naming tape)	April 2019
Child and Pedestrian Safety	6,987.25	500 Sports First Aid Kits	April 2019
Right Dose Phone Application	3,800.00	Annual License, Maintenance and RightDose PDF Basic PPP Interface	April 2019
Bleeding Control Supplies for Regional Development	485.00	Armored Rescue Kit - Bag, RMCK Deployer	May 2019
Child Car Seats	11,487.38	200 Units	May 2019
PulsePoint Bystander CPR and AED Location App	13,000.00	Annual License Renewal	May 2019

Total encumbered as of 05/31/2019 **\$51,512.70**

Penalty Fund Balance at 05/31/2019 **\$32,688.75**



REMSA INQUIRIES
June 2019

No inquiries for June 2019

**Air Quality Management
Division Director Staff Report
Board Meeting Date: July 25, 2019**

DATE: July 12, 2019
TO: District Board of Health
FROM: Daniel Inouye, Acting Division Director
775-784-7214, dinouye@washoecounty.us
SUBJECT: Program Update - Reno Continues Support of Ozone Advance, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

1. Program Update

a. Reno Continues Support of Ozone Advance

On June 19, 2019, the Reno Planning Commission continued their support of Ozone Advance by accepting the Sustainability & Climate Action Plan. Reno's largest sources of Greenhouse Gas (GHG) emissions are energy consumption for transportation and buildings. These two categories account for over 95 percent of total GHG emissions.

Reno's goal is to reduce community-wide GHG emissions 28 percent by 2025 and 80 percent by 2050 as compared to 2008 levels. The Plan identifies nine priorities to meet these ambitious goals.

1. Lead by Example - Sustainable City Operations
2. Transition to Clean, Renewable Energy
3. Green Building as Standard Practice
4. Create Lively, Low-Carbon Neighborhoods
5. Toward Zero Waste
6. Healthy, Equitable Urban Forest
7. Access to Fresh, Local Foods
8. Safeguard Water Resources
9. Strengthen Climate Resilience

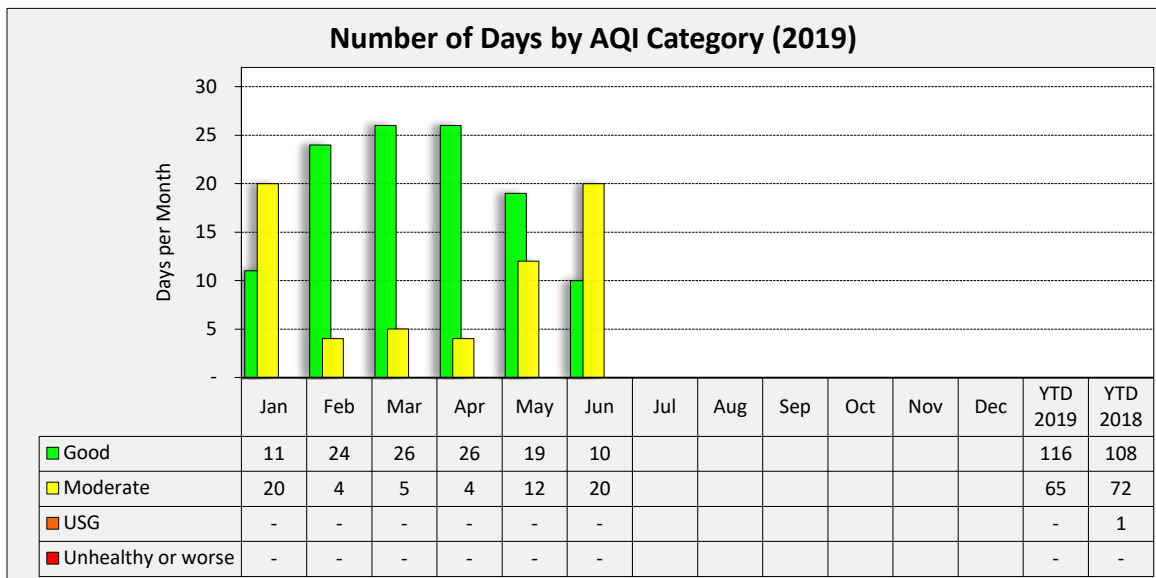
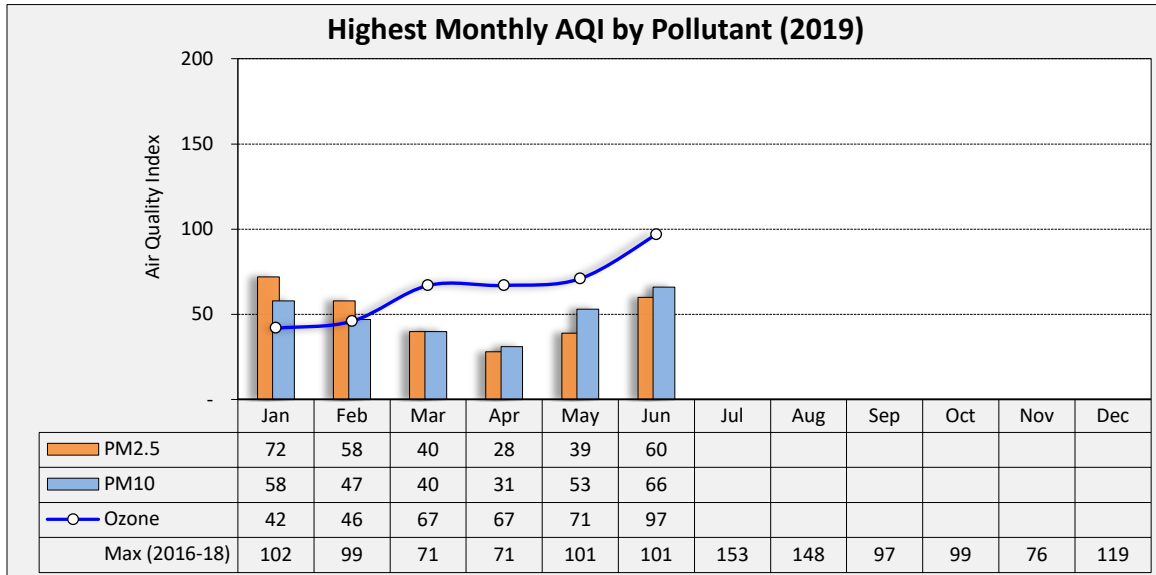


If these goals sound familiar, it's because reducing GHG emissions also reduce improves our air quality, especially ozone. The collective impact of Ozone Advance and Reno's Sustainability & Climate Action Plan will lead us towards a Healthy Community!

Daniel K. Inouye, Acting Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second chart indicates the number of days by AQI category and includes the previous year to date for comparison.



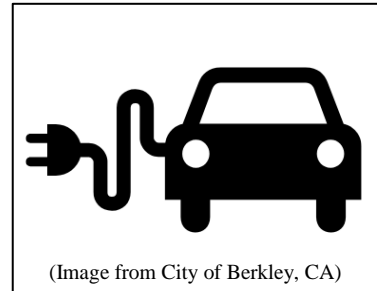
Please note the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

June Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of June.

Electric Vehicle (EV) Charging-Ready Homes: At their June 19, 2019 meeting, the Reno Planning Commission heard a tentative map request for 19 single family detached homes at Holcomb Ranch Lane and South Virginia Street. The Planning Commission recommended and the applicant agreed to add a condition that these homes be EV charging-ready. This means the homes will have a dedicated 40 amp, 220 volt circuit conveniently located in the garage to allow easy installation of EV charging units. Installing the infrastructure during construction is the most cost efficient method to prepare for EV chargers. If/when the new home owner purchases an EV, they will avoid the hundreds (or more) of additional dollars needed to retrofit to install a Level 2 EV charging system.



While EV charging-ready construction is new to Northern Nevada, it's been in place for many years in other parts of the country such as Aspen, Colorado and Atlanta, Georgia. California's Title 24 requires EV charging-ready/capable construction to some degree for all new residential (single and multi-family) and commercial construction. With EV's expected to become a larger portion of our local fleet mix, it's critical that we take action today to prepare for our community's future.



Green Team and County Manager Slaughter Beautify Ninth Street Campus: On June 12, the Washoe County Green Team planted a tree in honor of John Slaughter for his 30 plus years of service to the County. The Eastern Redbud was planted in the courtyard near the entrance to Building A. Look for rosy pink flowers to appear in spring with brilliant yellow leaves in the fall. This new tree will add to the much needed tree canopy at the Ninth Street Campus.

Daniel K. Inouye
Acting Division Director

a. Permitting and Enforcement

Staff reviewed thirty-three (33) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In June 2019, Staff conducted forty-six (46) stationary source inspections; four (4) initial compliance inspections; and twenty-two (22) gasoline station inspections with one (1) initial compliance inspection. Staff was also assigned sixteen (16) new asbestos abatement projects, overseeing the removal of approximately 68,000 square feet of asbestos-containing materials. Staff received eight (8) new building demolition projects to monitor. Further, there were nineteen (19) new construction/dust projects to monitor, totaling 233 new acres of land being worked for various projects. Staff performed fifty-five (55) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to eighteen (18) complaints.

Type of Permit	2019		2018	
	June	YTD	June	Annual Total
Renewal of Existing Air Permits	108	605	109	1064
New Authorities to Construct	2	29	6	50
Dust Control Permits	19 (233 acres)	92 (1103 acres)	22 (351 acres)	279 (3129 acres)
Wood Stove (WS) Certificates	44	216	40	403
WS Dealers Affidavit of Sale	3 (2 replacements)	33 (21 replacements)	0 (0 replacements)	84 (55 replacements)
WS Notice of Exemptions	843 (2 stoves removed)	3770 (32 stoves removed)	721 (5 stoves removed)	8334 (87 stoves removed)
Asbestos Assessments	95	568	103	1129
Asbestos Demo and Removal (NESHAP)	33	135	29	309

COMPLAINTS	2019		2018	
	June	YTD	June	Annual Total
Asbestos	1	5	1	16
Burning	0	3	0	11
Construction Dust	10	39	7	58
Dust Control Permit	2	3	0	2
General Dust	4	14	2	56
Diesel Idling	0	2	0	2
Odor	0	7	1	17
Spray Painting	0	3	0	6
Permit to Operate	1	4	0	4
Woodstove	0	2	0	6
TOTAL	18	82	11	178
NOV's	June	YTD	June	Annual Total
Warnings	1	11	3	16
Citations	1	4	1	13
TOTAL	2	15	4	29

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	LL	__
DHO	__	Ⓚ

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: July 25, 2019**

DATE: July 11, 2019
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – CCHS Changes; HIE; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

1. Divisional Update

- a. **CCHS Changes** – CCHS is experiencing a significant amount of staff changes which includes retirements, promotions, and the addition of new staff. Lisa Lottritz was selected to replace Steve Kutz as CCHS Division Director. Lisa previously supervised the Family Planning program and the Sexual Health clinic. Kelly Verling was selected as the new Public Health Nurse Supervisor for this assignment and she will also be supervising the Maternal Child Health (MCH)/Fetal Infant Mortality Review (FIMR) program. Linda Gabor is retiring from CCHS on July 19, 2019. Linda supervised the Immunization, Tuberculosis, and MCH/FIMR programs. Kathy Sobrio was selected as the new Public Health Nurse Supervisor. She will be supervising the Immunization and HIV programs. Angela Penny will continue to supervise the disease investigation portion of the Sexual Health program, Central Clerical staff and she will be taking over as the supervisor for the Tuberculosis program. Erin Dixon will continue to supervise Chronic Disease and WIC.

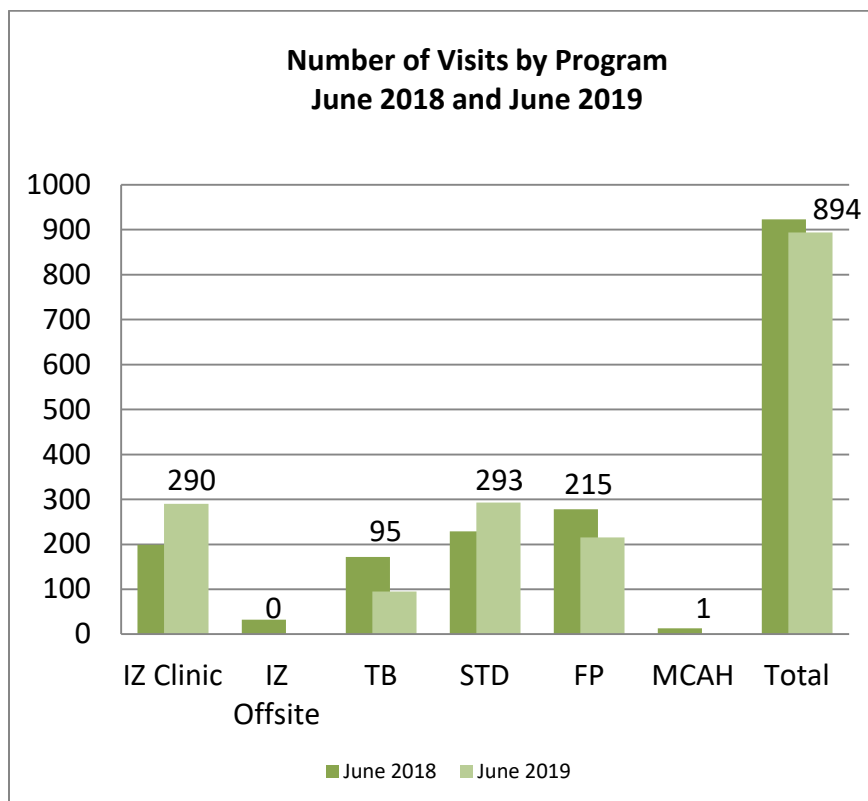
Holly McGee, Public Health Nurse Supervisor, will retire on August 1, 2019. Sonya Smith, Public Health Nurse has chosen to transition to the Tuberculosis clinic to expand her public health knowledge. Leadership is in the process of hiring four new Public Health Nurses to fill vacancies related to staff changes.

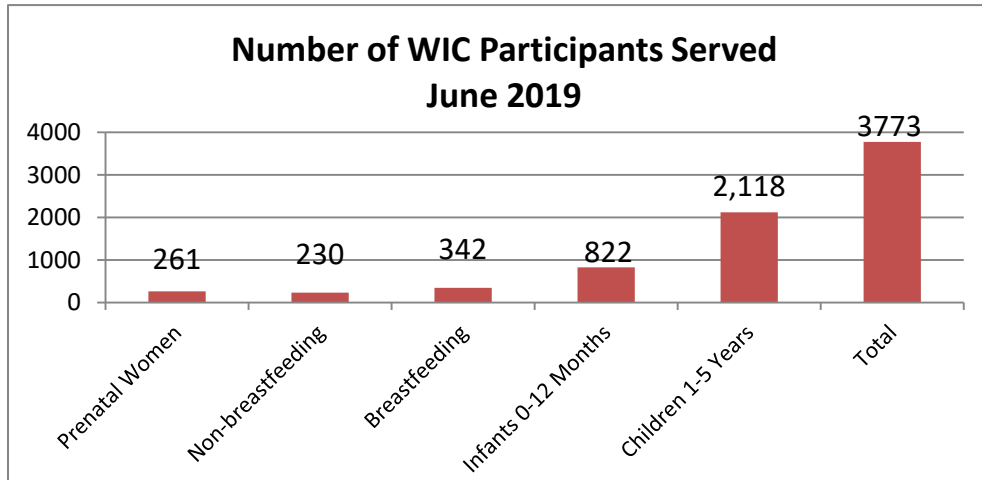
b. **HealthHiE Nevada –**



CCHS went live on June 20, 2019 with the outbound feed for the bi-directional connection between Patagonia Health and HealthHiE Nevada. HealthHiE Nevada is a private, nonprofit, community-based health information exchange (HIE) dedicated to connecting healthcare organizations by managing real time, secure, and accurate exchange of clinical information. HealthHiE Nevada will allow clients who opt in to allow our Electronic Health Record (EHR), Patagonia Health, to access other relevant health record data in HealthHiE Nevada.

c. **Data/Metrics**





Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – The Sexual Health program welcomes Keyla Solorio as a permanent fulltime Community Health Aide; Keyla has been successfully working Per Diem in this capacity and requires no additionally training. The STD program has offered Public Service Intern (PSI) positions to two new University of Nevada, Reno pre-nursing students in order to replace PSI staff who have recently graduated. These two new prospective employees were recruited by a current pre-nursing PSI.

A new group of University of Nevada, Reno, Internal Medicine residents started a one year rotation in the Sexual Health program on July 18, 2019.

Expansion of HIV testing in high risk and communities of color has been successful, with tremendous efforts in June. Collaborations with The Holland Project and Jub Jub’s Thirst Parlor have established ongoing testing sites at those locations. In addition, testing was offered at the Silver Dollar Court Coronation, Juneteenth, and Sober 24, funded through Ryan White Part B EIS resources. National HIV Testing Day was also observed with a testing event at Jub Jub’s. A total of 76 people were tested during the month, achieving 26% of the grant objective of testing 400 people by March 20, 2019. Additional testing is provided through HIV Prevention funding and STD testing is offered with all HIV testing. Per diem nurses and health educators have been recruited to staff the expanded testing including a former Public Service Intern and unpaid Community Health Science intern.

- b. **Immunizations** – Staff are planning two Back to School immunization events – Family Health Festival on July 27, 2018 and Give Kids a Boost on August 10, 2018. The 2018-2019 flu vaccine expired on June 30, 2019, marking an end to flu vaccine administration for the season.

The immunization program administered 1,341 doses of flu vaccine onsite and 2,316 doses offsite, for a total of 3,657 doses.

- c. **Tuberculosis (TB) Prevention and Control Program** – Nursing staff are managing five directly observed therapy (DOT) cases. TB program nurses are currently evaluating a new suspect case which will be reviewed with the consulting physician this week. The nurses continue to educate and consult with primary care providers in the community on treating their own patients for latent TB infection (LTBI). Additionally, nursing staff evaluate high risk immigrants to rule out active TB disease.
- d. **Family Planning/Teen Health Mall** – Staff attended the Title X Grantee meeting in Washington DC July 16, 2019 through July 19, 2019. Sexual Health and Family Planning Community Health Aides and a Public Health Nurse will attend the Family Planning Health Worker Certification Training in Los Angeles July 30, 2019 through July 31, 2019. This two-day certification training will train staff in providing high-quality contraceptive counseling and education for diverse populations.

Staff continue to provide services at the Washoe County Sheriff's Office twice a month. In FY19, 87 women received services through the program.

University of Nevada, Reno, Family Medicine residents started a women's health rotation in the Family Planning Program on July 2, 2019.

- e. **Chronic Disease Prevention Program (CDPP)** – The CDPP partnered with the Washoe County Food Policy Council to hold an educational event about food policy and food systems. On June 14th, twenty-six attendees participated and learned from the national keynote speaker from Food Policy Network.

A tobacco social media campaign ran in June educating about importance of smoke free environments and harms of smoking and second hand smoke exposure. By request, CDPP staff presented to local pediatricians about the Nevada Tobacco Quitline and collaborative efforts to encourage cessation and refer parents/caregivers to cessation services.

- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff are preparing the annual program report and Executive Summary. Nursing staff also continue to provide Cribs For Kids safe sleep education and Pack 'N Play cribs in partnership with WIC.
- g. **Women, Infants and Children (WIC)** – As of July 1, 2019 income eligibility increased for a family of four from \$893 to \$917 a week. This should allow more clients to qualify for the program. This information has been posted on our website.

The Farmers Market Nutrition Program began in June with eligible clients receiving \$30 per family to utilize at a participating Farmers Market. A participating Farmer Market will be at the 9th Street complex twice a month for the summer to allow clients to more easily redeem their coupons. Over 60% of coupons have already been distributed to eligible clients.

DD	CA	—
DHO		—

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: July 25, 2019**

DATE: July 11, 2019
TO: District Board of Health
FROM: Charlene Albee, Director
 775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Public Accommodations, Safe Drinking Water, Training, Vector, Waste Management, and Inspections.

Program Updates

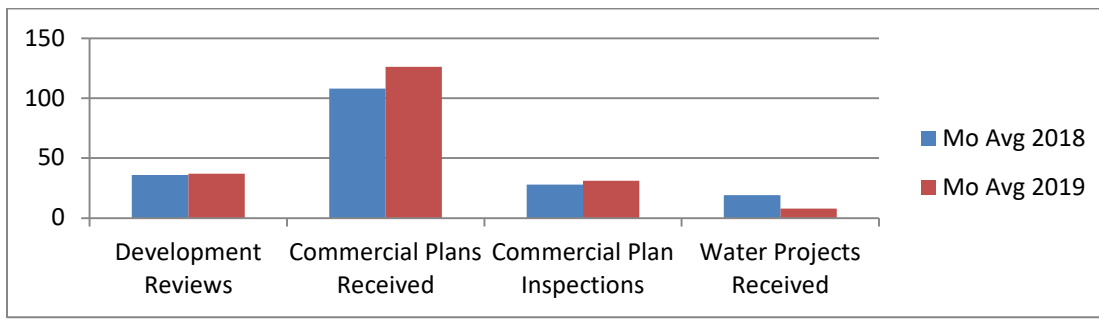
Child Care

- Three more staff were trained on child care inspections in June. The Division is on pace to have all staff trained and completing child care inspections independently by early 2020.

Community Development

- The Washoe County Health District (WCHD) has been working with community partners to assist with projects moving through the commercial plan process.
- The commercial plans group is working towards developing an electronic plan review process and obtaining the equipment necessary to meet the initial demands of electronic plan review.
- The commercial plans staff continues to average a five day review time-frame for all plans received.
- The following table details the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	2019 YTD	2018 TOTAL
Development Reviews	38	45	44	35	40	18	220	436
Commercial Plans Received	118	103	145	149	123	118	756	1,272
Commercial Plan Inspections	30	42	25	30	30	27	184	339
Water Projects Received	5	3	13	9	2	12	46	224
Lots/Units Approved for Construction	40	287	0	29	286	12	654	5,067



Epidemiology

- Environmental Health Services (EHS) Epidemiology Program staff assisted Communicable Disease (CD) Program Staff on an outbreak of Hand, Foot and Mouth Disease (HFMD) at a large child care facility in June. During an investigation of the facility it was noted there were small toys being shared by children in the affected rooms and there was no sanitizer on site, nor was the staff sanitizing properly for an outbreak prior to running out of sanitizer. Sanitizing procedures during outbreaks were reviewed with the facility operator and required for the duration of the outbreak.
- On June 26 and 27, EHS Epidemiology staff attended a training held by the National Environmental Health Association (NEHA) and Food and Drug Administration (FDA) that covered food safety in retail establishments and shelters during and following disasters. Staff was able to collaborate with regional partners on several exercises for various types of disaster events.

Food

- Staff met with the US Food & Drug Administration (FDA) Retail Food Specialist for the region to discuss Retail Program Standards activities, accomplishments, goals for next year, and Health District needs from the FDA regarding Program Standards activities.
- Four staff members have completed their respective committee work for the 2018-2020 Biennial Conference for Food Protection (CFP) and are working on final reports to the CFP. The four committees include the Food Allergen Committee, Product Assessment Committee, Produce Wash Water Committee, and Program Standards Committee. CFP committees are comprised of regulatory, industry, academia, and consumer representatives and study specific food safety issues. They submit recommendations to the next biennial meeting for possible inclusion into food safety laws and regulations at the national level. Participation in forums that foster two-way communication and information exchange among regulators, industry and consumers meets criteria of Standard 7 – Industry and Community Relations.
- The Business Impact Statement for the proposed revisions to the Washoe County District Board of Health Regulations Governing Food Establishments (food establishment regulations) was approved during the June Board meeting. Adoption of the regulations during the July meeting will ensure consistency with the most recent version of the 2017 FDA Food Code. Revisions to the food establishment regulations is one of the intervention strategies identified in the 2017 Risk Factor Study to decrease the occurrence of foodborne illness risk factors in Washoe County food establishments. Adoption of a sound, science-based regulatory foundation for the public health program and the uniform regulation of industry meets the requirement of Standard 1 – Regulatory Foundation.

- In an effort to focus program resources on food operations with the greatest food safety risk, staff have completed the first round of routine inspections of all Risk Level III establishments. These establishments will receive a second routine inspection by the end of the calendar year. The development of an inspection system that focuses on the control of foodborne illness risk factors meets the criteria of Standard 3 - Inspection Program Based on HACCP Principles.
- **Special Events** – Nearly every single weekend in June contained a large special event, including Street Vibrations Spring Rally, the Eldorado BBQ, Brews and Blues Festival, and the Reno Rodeo (100 year anniversary). Over 200 inspections were performed by staff over the course of the month with over 80 of those inspections being performed at the Reno Rodeo alone. The special event season does not let up in July as several events were scheduled over the 4th of July weekend. This included Star Spangled Sparks and the Biggest Little City Wingfest, as well as a number of smaller events in the Incline Village area. A large contingent of staff members have volunteered to cover the various events across Washoe County.



Land Development

- Septic plan review intake numbers continue to rise. Year to date in 2019, 480 plans were taken in compared to 393 in the same period of 2018, representing a 22% increase. Construction season is in full swing and daily inspection slots are filling up routinely. This, along with a shift in priorities for some staff to Safe Drinking Water duties, has led to a need for additional flexibility by team members. The team continues to work well together and adjust to ensure that all tasks required to protect public health are completed.
- Well plans continue to run well below 2018 numbers with only 31 plans received thus far in 2019 versus 51 to date in 2018.
- The group has implemented some internal training during team meetings. The goal is to ensure consistency and work through different scenarios to facilitate both improved plan review as well as tools for mitigating issues. The first training was focused on evaluating slope and methods for getting clear understanding from contractors on whether or not a design is feasible. The new training approach was appreciated by the team and more internal trainings are planned for the future.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	88	107	488	890
Residential Septic/Well Inspections	71	20	77	100	98	114	480	987
Well Permits	11	3	4	4	6	9	36	108

Public Accommodations

- Staff completed the Memorandum of Understanding (MOU) between the City of Reno and the Washoe County Health District regarding the oversight and inspection of motel properties used as long term residences. This MOU allow EHS to concentrate inspection efforts on properties within the City of Reno which provide short-term nightly rentals which is the original intent of Chapter 447 of the Nevada Administrative Code titled Public Accommodations. Under this MOU, the City of Reno Code Neighborhood Services Department will begin oversight of 50 facilities as of July 2019.

Safe Drinking Water

- With the re-prioritization of staff hours to the Safe Drinking Water Programs over the last two months, 21 of the 25 sanitary surveys required for this year have been completed. Two will be completed in July, with two still undetermined. 12 of the 21 reports have been delivered and staff continues work to complete all letters within 30 days of the survey completion date. To date, this goal has only been missed on three reports, a dramatic improvement over previous years.
- Approximately half of the Consumer Confidence Reports required to be reviewed and approved have been submitted as completed by community water systems. As the due date is July 1, it is expected that all violations issued will be resolved by the end of the month.
- WCHD met with the Bureau of Safe Drinking Water to discuss multiple water systems with long term outstanding violations and issues to collaborate on routes forward for each. The meeting was productive, finalizing a draft enforcement procedure timeline that has been in place for the last year, and developing specific plans for water systems that need to come into compliance.

Training

- The most recent hire for Environmental Health Specialist completed training on pool and child care facility inspections in June and will be completing all inspection area training in the next two months.

Vector-Borne Diseases (VBD)

- The program will conduct their fourth aerial larviciding application on July 17, 2019, at the Stead airport beginning at 6:00 am. The product being used is Vectolex FG, a granular formulation of larvicides that uses the bacteria *Bacillus Sphaericus* for residual control of mosquito larvae. This product provides extended control of all *Culex* species. The *Culex* species of mosquitoes is known for carrying West Nile Virus (WNV), a mosquito-borne infection that can be fatal to humans, equines, and avians, among others.
- Adapco and Valent BioSciences along with Dr. Steven Su, Scientific Director of West Valley Mosquito Vector Control District, are assisting the Washoe County Health District Vector Borne Disease Program with testing of mosquitoes for methoprene resistance. Mosquito larvae and mosquito eggs will be collected and submitted to a lab for testing of adulticides used for mosquito control.
- VBDP completed its section of the EHS-Vector Borne Diseases Program Statistics and Annual Summary Communicable Disease Report.
- Rodent burrows were dusted at Sand Harbor, Sparks Marina and Bartley Ranch Regional Park with an insecticide to lower the rodent flea loads. Lowering flea loads minimizes the risk of a plague epizootic to humans and pets and prevents the closure of a park if an outbreak occurs.
- Larviciding of catch basins and storm drains in the downtown Reno corridor was conducted. The preferred long-term and cost-effective vector control strategy is to eliminate larvae before they become adults. Catch basins are a major source of the *Culex pipiens* species of mosquitos. While *Culex* mosquitos can develop in a variety of freshwater habitats, the greatest concentration of *Culex* breeding is in the estimated 20,000 plus catch basins found in Washoe County. The stagnant water that sits in a catch basin most of the summer is a prime breeding site for these species. The VBDP treats catch basins both prescriptively and in high density populated areas annually.

Waste Management

- Nevada Division of Environmental Protection (NDEP) erroneously reported the amount of waste accepted at the Lockwood landfill for the third quarter of 2018, drastically reducing our reported recycling rate for 2018. WCHD staff received the corrected numbers in June 2019 and updated the recycling report, which showed Washoe County's recycling rate to be 30%.
- Permits for temporary transfer stations related to garbage collection associated with Burning Man will be renewed this month at Save Mart, Whole Foods and Black Rock Mini Storage.
- Bureau of Land Management (BLM) and Washoe County Sheriff's Office (WCSO) were scheduled to revisit the homeless encampment just outside of the City of Sparks on Larkin Circle to finish eviction and cleanup efforts on July 11, 2019.

EHS 2019 Inspections

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	59	116
Complaints	57	34	69	75	73	68	376	756
Food	477	596	863	409	464	626	3,435	5,810
General*	65	97	97	90	405	159	913	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	399	1,630
Temporary IBD Events	0	4	0	76	0	0	80	99
Waste Management	10	25	16	13	4	13	81	141
TOTAL	634	778	1,070	700	1,061	1,100	5,343	10,806
EHS Public Record Requests	313	186	468	197	318	302	1,784	2,001

Public Record Requests monthly averages 2019 = 297.3 (68% increase) 2018 = 176.9

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.1784/6

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DHO	___	KD
DA	___	
Risk	___	

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: July 25, 2019**

DATE: July 12, 2019
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Measles, PHP Program, Grants, Radiation Training, Ebola, Silver Crucible Full Scale Exercise, Personnel Changes, Emergency Medical Services, Trainings, EMS Protocols, REMSA Response Data

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in June of 2019, the Communicable Disease (CD) Program has opened one outbreak investigation for hand, foot, and mouth disease (HFMD) in a high school baseball league and one investigation for a gastrointestinal (GI) illness in a preschool. The GI outbreak has been closed but the HFMD outbreak is ongoing. Also 5 previously reported outbreaks of HFMD and one previously reported GI outbreak have been closed.

Measles – Since the last District Board of Health meeting in June of 2019, no new investigations of suspect measles have been initiated. We continue to have no confirmed cases of measles in Washoe County in 2019. By contrast, in the United States, from January 1 to July 3, 2019, a total of 1,109 individual cases of measles have been confirmed in 28 states. This represents an increase of 14 cases from the previous week and the greatest number of cases reported in the U.S. since 1992.

Public Health Preparedness (PHP)

Grants - The new fiscal year has begun and new projects are beginning to be worked on. The Nevada Department of Public and Behavioral Health received approval from the federal government so the sub-grants are being processed. WCHD hopes to have the award information soon for DBOH approval.

Radiation Training - Radiation training continues with Health District staff and regional partners. This is an initiative to increase capabilities within the region in the event of a radiological event that requires a Community Reception Center (CRC) to be set-up. The WCHD would be the lead agency for a CRC.

Ebola - An Ebola/Infection exercise was conducted on July 19 by REMSA and Saint Mary's Hospital. The exercise planning was led by WCHD. This included moving a patient from the second story of a home, into the ISOPOD, and into an ambulance for transport to the hospital, where the patient was placed in an isolation room. All attending personnel used protocols for donning and doffing of personal protective equipment (PPE) prior to patient contact.

Silver Crucible Full Scale Exercise – On November 12-14, 2019 a three-day statewide full scale exercise that will exercise multiple plans to include the mass casualty incident plan, mass casualty alpha plan, the family reunification annex, and the family assistance center plan.

Personnel Changes - The Public Health Preparedness Program is undergoing a transition period. David Gamble who coordinated the Medical Reserve Corps began his retirement. His last day was June 28, 2019. Administrative tasks for the MRC will now be handled by the Division Administrative Secretary. This will allow the Program Coordinator to work more on emergency preparedness projects thereby expanding the capabilities of the program.

Also, Andrea Esp tendered her resignation with her last day also on June 28, 2019. Andrea coordinated the Inter Hospital Coordinating Council. She is moving out of state with her husband. Recruitment for both positions is under way.

Emergency Medical Service (EMS)

Trainings – On June 27 EMS staff worked with REMSA to host training on the command and alpha kits that have been distributed to fire, EMS, law enforcement and healthcare agencies throughout the community. This training was designed to provide basics on the medical materials in the kits and the purpose for deploying the kits in the region.

EMS Protocols - EMS staff worked diligently over the last several weeks to make all necessary revisions to the next version of EMS Protocols. Examples of updates include a new community resource section and the creation of a hemorrhagic shock protocol using a new medication, tranexamic acid. The EMS protocol revisions were implemented July 1, 2019 for all nine agencies.

**REMSA Percentage of Compliant Responses
 FY 2018 -2019**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2018	91%	97%	100%	100%	97%	91%
August 2018	90%	96%	93%	N/A	95%	91%
September 2018	92%	96%	97%	100%	97%	92%
October 2018	92%	93%	100%	100%	95%	92%
November 2018	92%	96%	95%	100%	96%	92%
December 2018	91%	88%	95%	100%	90%	91%
January 2019	91%	100%	94%	100%	98%	91%
February 2019	91%	96%	89%	75%	92%	91%
March 2019	90%	88%	100%	100%	91%	91%
April 2019	92%	90%	100%	100%	94%	92%
May 2019	92%	96%	96%	100%	96%	92%
June 2019	92%	90%	100%	100%	93%	92%
YTD	91%	94%	96%	95%	94%	92%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2018	8:45	14:56	14:42	N/A*
August 2018	8:49	13:42	19:07	N/A*
September 2018	8:33	13:50	15:40	17:45
October 2018	8:39	15:31	17:24	N/A*
November 2018	8:36	13:33	17:54	N/A*
December 2018	8:53	16:20	17:24	N/A*
January 2019	8:46	12:21	18:08	N/A*
February 2019	8:45	13:58	20:52	N/A*
March 2019	8:55	16:33	14:38	N/A*
April 2019	8:30	13:50	15:50	N/A*
May 2019	8:38	13:02	16:28	N/A*
June 2019	8:38	14:29	18:58	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.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: July 25, 2019**

DATE: July 25, 2019
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Workforce Development, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), 2019 Annual NACCHO Conference, Other Events and Activities and Health District Media Contacts

Public Health Accreditation (PHAB)

The site visit was complete on June 25th and 26th. We received brief feedback on strengths and areas for improvement and look forward to receiving the full report by late August. We have not received confirmation as to whether the determination of our status will be included in the August 20th PHAB Accreditation committee meeting.

Community Health Improvement Plan

Progress has continued with the 5210 initiative and quick start guides have been completed for workplace and healthcare; the youth quick start guide is still under development.

A Behavioral Health Committee meeting is scheduled for August 8th to review the progress so far and consider further items for addition to this focus area.

Workforce Development

Training on empathetic communications will be conducted on August 27th in partnership with Washoe County HR by Dr. Howard Chen.

Several staff members attended the NACCHO conference which was a valuable learning opportunity.

Substance Abuse Task Force

Sheriff Balaam is now chairing the Washoe County Substance Abuse Task Force. I have agreed to serve as vice-chair. I had an opportunity to meet with the Sheriff on July 2 to discuss the Task Force, as well as activities occurring through the Washoe County Regional Behavioral Health Policy Board, the Community Health Improvement Plan, Truckee Meadows Healthy Communities, Join Together Northern Nevada, and the State Division of Public and Behavioral Health. We are in agreement on the objective of pulling these various

activities and initiatives together through inclusion in the behavioral health priority area of the Community Health Improvement Plan as it is revised. This should provide for a better understanding and coordination of work that is occurring in the area of substance abuse in Washoe County.

Truckee Meadows Healthy Communities (TMHC)

In February, TMHC submitted an initial round BUILD Health Challenge proposal to the Robert Wood Johnson Foundation addressing senior suicide prevention in the 89512 zip code area. TMHC was invited to submit a second round proposal for the project. BUILD stands for Bold, Upstream, Integrated, Local, and Data Driven. The proposal must be submitted by a community-based organization but must involve a hospital and health department as partners. A \$250,000 matching contribution is required from the hospital. The proposal involves numerous partners working together to attack loneliness and social isolation as contributing factors to senior suicides. The 89512 zip code area has a high proportion of senior residents and our behavioral health data shows that Washoe County's suicide rate for seniors is twice the national average; for seniors aged 85 years and older, the suicide rate is four times the national average. The second round proposal must be submitted by July 26.

A Family Health Festival is schedule for July 27th at the Sun Valley Community Center and will include dental screenings in addition to immunizations.

2019 Annual NACCHO Conference

The 2019 Annual National Association of County and City Health Officials (NACCHO) conference was held in Orlando, Florida July 9-11th. Board of Health Chair Dr. John Novak, District Health Officer Kevin Dick, Catrina Peters and Joelle Gutman attended on behalf of Washoe County Health District.

This year's emphasis, *Improving the Nation's Health through Public and Private Partnerships*, underscored the importance of cross-sectoral partnerships to improve local and global communities. Highlights from the conference included keynote speakers United States Surgeon General Jerome Adams M.D. and journalist Soledad O'Brien.

The WCHD team attended many different sessions throughout the 3-day conference, including breakout topics such as community assessments, public/private partnerships, policy and strategy, and affordable housing - all very relevant with poignant takeaways that will add to the Health District's ever-growing "toolbox".

On Wednesday evening, Kevin and John attended NACCHO's 25th Anniversary Awards Gala to be present to accept the National Health Security Award for "Building Regional Disaster Health Response Capabilities" on behalf of the Public Health Preparedness and Emergency Medical Services Division of the Washoe County Health District. The award was presented by Ed Gabriel, Deputy Assistant Secretary of the Assistant Secretary for Preparedness and Response (ASPR) at Department of Health and Human Services, who flew in to have dinner with the awardees and present the awards. The award was in recognition of the work of the Health District with regional partners over many years through the Inter-Hospital Coordinating Council (IHCC) and EMS providers to prepare for mass casualty events and provision of medical services during disasters.

Other Events and Activities

6/28/19 REMSA Board Meeting
6/28/19 TMHC Meeting w/ Sharon Zadra and Kindle Craig
7/2/19 NV Health Authority Conference Call
7/2/19 Substance Abuse Task Force Meeting w/ Sheriff Balaam
7/3/19 TMHC Update w/Ann Silver, Reno-Sparks Chamber of Commerce
7/3/19 Monthly Meeting w/Dave Solaro
7/8-11/19 NACCHO Conference
7/15/19 Quarterly Meeting w/Reno City Manager
7/15/19 Monthly meeting with DBOH Chair and Vice-Chair
7/15/19 REMSA EMS Meeting
7/15/19 Video Shoot for BUILD Health Challenge 2nd round proposal
7/16/19 Annual Chronic Disease Coalition Meeting
7/16/19 Meeting with new Food Bank, Executive Director Nicole Lambole
7/17/19 Legislative Debrief and Strategy Meeting with LHAs and NPHA
7/17/19 Rural Health Officer's Meeting
7/19/19 NPHA Advocacy Call
7/19/19 AQM DHO/DD Board Member Meeting
7/23/19 NPHF Board of Director's Meeting
7/24/19 CCHS DHO/DD Board Member Meeting
7/24/19 WCHD Ice Cream Social
7/25/19 TMHC Board of Directors Meeting

Health District Media Contacts: June 2019

DATE	MEDIA	REPORTER	STORY
6/28/2019	Chispa NV	Rudy Zamora	Electric Vehicles and Air Quality - Inouye
6/18/2019	KOLO CH8 - ABC Reno	Gurajpal Sangha	Third Mosquito Aerial Larviciding - Franchi
6/12/2019	KTVN CH2 - CBS Reno	Arianna Bennett	Immunizations - Kutz

Press Releases/Media Advisories/Editorials/Talking Points

6/24/2019	CORRECTION: Bats Lead U.S. Rabies Risk	Franchi
6/17/2019	CBD Oil in Food Products	A. English