

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, August 22, 2019
1:00 p.m.**

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

**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)

August 22, 2019

5. *Recognitions

A. Years of Service

- i. Elizabet Munoz, 5 years, Hired 8/4/2014 - CCHS
- ii. Jeffrey Brasel, 25 years, Hired 8/22/1994 - EHS
- iii. Michael Ezell, 25 years, Hired 8/22/1994 - EHS

B. Promotions

- i. Amber English, Sr. Environmentalist to Environmental Health Specialist Supervisor - EHS

C. New Hires

- i. Raquel DePuy Grafton, 8/5/2019, Program Coordinator - EPHP
- ii. Megan Bowling, 8/5/2019, Medical Billing Specialist - CCHS
- iii. Windi Altemeyer, 8/19/2019, Public Health Nurse I - CCHS

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. July 25, 2019

B. Budget Amendments/Interlocal Agreements – **(For possible action)**

i. Accept cash donation in the amount of \$4,500 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,500 in both revenue and expense to the FY20 Burning Man Donation budget, IO# 20471.

Staff Representative: Nancy Kerns Cummins

ii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 (with \$93,133.00 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Staff Representative: Jennifer Hoekstra

iii. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 (with \$39,234.60 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY20 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Staff Representative: Jennifer Hoekstra

C. Approve FY20 Purchase Requisition (#TBD) issued to Adapco Inc. (Bid#3049-18) in the amount of \$158,885.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District. - **(For possible action)**

Staff Representative: Jennifer Hoekstra

D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**

i. Rigoberto S. Uribe, Case No. 1213, NOV No. 5770

ii. Cemex Construction Materials Pacific Inc., Case No. 1214, NOV 5609

Staff Representative: Dan Inouye

E. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2020 – **(For possible action)**

Staff Representative: Anna Heenan

7. **International Overdose Awareness Day Proclamation - (For possible action)**

Staff Representative: Sunhwa Lee, and Jennifer Delett-Snyder, Executive Director, JTNN

8. **Resolution: Vision Zero Truckee Meadows - (For possible action)**
Staff Representative: Lisa Lottritz, and Rebecca Kapuler, Planner, RTC
9. ***Regional Emergency Medical Services Advisory Board August Meeting Summary**
Staff Representative: Christina Conti
10. **Regional Emergency Medical Services Authority**
Presented by: Dean Dow and Alexia Jobson
 - A. **Review and Acceptance of the REMSA Operations Report for July, 2019 – (For possible action)**
 - B. ***Update of REMSA’s Public Relations during July 2019**
11. **Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires 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 September 26, 2019 at 1:00 pm. - (For possible action)**
Staff Representative: Daniel Inouye
12. ***Presentation – CBD as a Food Additive**
Staff Representative: Charlene Albee
13. **Presentation and possible acceptance of the annual progress report on the 2018-2021 Strategic Plan. - (For possible action)**
Staff Representative: Kevin Dick and Catrina Peters
14. **Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer’s position in alignment with the other Unclassified Management positions. - (For possible action)**
Staff Representative: Laurie Griffey
15. ***Staff Reports and Program Updates**
 - A. **Air Quality Management, Daniel Inouye, Acting Director**
Program Update - Open Burning Revisions, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)
 - B. **Community and Clinical Health Services, Lisa Lottritz, Director**
Divisional Update – National Immunization Awareness Month; 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 – North Valleys Closed Basins, Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Vector, 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), Workforce Development, Accela Regional Permitting and Business License Platform, Community Health Improvement Plan, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

16. *Board Comment

District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

17. *Public Comment

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

18. 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 Berkgigler
Tom Young

Thursday, July 25, 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 1:01 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Kristopher Dahir
Dr. Reka Danko
Marsha Berkgigler
Oscar Delgado

Members absent: Michael Brown, Vice Chair
Tom Young

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Leslie Admirand, Deputy District Attorney
Charlene Albee
Lisa Lottritz
Randall Todd
Daniel Inouye

*Pledge of Allegiance

Councilman Dahir led the pledge to the flag.

2. *Public Comment

Chair Novak opened the public comment period.

Mr. Adler informed he is with Silver State Government Relations and is representing Dorinda's Chocolates. He requested the Board's assistance with the order to Dorinda's Chocolates to cease selling CBD infused chocolates. He informed these chocolates were put on hold approximately six weeks ago by Washoe County Health District without information being provided to the public regarding change to policy or enforcement around CBD. He

stated this product was placed in a factory not associated with Dorinda's Chocolates and that the Environmental Health Services Division subsequently ordered the product to be destroyed. The product is valued wholesale at \$60,000 and would retail for \$400,000. He informed he became involved in this case at the hearing to appeal the order to destroy the product.

Mr. Adler expressed confusion regarding the Health District's actions in light of the ability to order CBD infused products online. He stated he had been informed at the hearing that, because CBD is not an approved additive to foods, the product had to be destroyed. He cited the legalization of recreational marijuana in 2016 and of hemp in 2018, stating CBD is a derivative of both but was disallowed as a food additive under current regulation.

Mr. Adler requested the Board to agendaize an item to review this issue at the next District Board of Health Meeting.

Mr. Vance informed he is the son of Ms. Vance, owner of Dorinda's Chocolates, and is heavily invested in this business. He stated he had served in the U.S. Marine Corps for five years and is a Nevada native. He informed that Dorinda's Chocolates does extensive lab testing on the CBD additive for the LiveKAYA product to verify it is safe.

Mr. Vance explained they assumed that the passage of the 2018 Farm bill and the open regulation would allow them to proceed with their business plan. Because it is sold on the internet and in stores, he stated they are confused why they are being targeted and requested the Board for guidance and to expedite regulations. He also requested the Board to keep the product from having to be destroyed and to place this issue on the next DBOH agenda.

Ms. Vance, owner of Dorinda's Chocolates, reiterated that their company did their due diligence when the CBD was purchased to assure its safety and that it is tested again when combined with the chocolate for standardized potency. She stated the product is enjoyed by their clientele and that they do not make health claims related to the product.

Ms. Vance requested the Board to work to set regulations that would allow them to return to business.

Chair Novak closed the public comment period.

3. Approval of Agenda

July 25, 2019

Councilman Dahir moved to approve the agenda for the July 25, 2019, District Board of Health regular meeting. Ms. Berkbigler seconded the motion which was approved five in favor and none against.

4. Recognitions

A. Retirements

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

Mr. Dick informed that Ms. McGee is a Public Health Nurse II with the TB Program and has provided twenty-seven years of fantastic service for the Health District. He expressed congratulations to Ms. McGee on her upcoming retirement and informed she will be presented with a clock as a token of appreciation. Mr. Dick read the inscription on the clock and thanked her for her dedicated service.

B. Years of Service

Mr. Dick informed there are a number of staff unable to attend today for recognition as they are on vacation.

- i. Angela Penny, 15 years, Hired 7/15/2004 – CCHS

Mr. Dick stated that Ms. Penny was one of those staff on vacation, but expressed his congratulations to her for fifteen years of service with the Health District, currently as a Public Health Nurse Supervisor.

- ii. Dianna Karlicek, 5 years, Hired 7/14/2014 – EHS

Mr. Dick informed that Ms. Karlicek of EHS is present to be recognized and is celebrating five years of service with the Health District. He reminded the Board that Ms. Karlicek is the person who leads the Adopt-A-Family Program every Christmas and thanked her for her efforts.

- iii. Virginia McDonald, 5 years, Hired 7/22/2014 – CCHS

Mr. Dick stated that Ms. McDonald was not able to attend as the Immunizations Program is short staffed today, but congratulated her on her five years of service.

C. Promotion

- i. Lisa Lottritz, Public Health Nurse Supervisor to CCHS Division Director – CCHS

Mr. Dick informed that Ms. Lottritz has been promoted to the Division Director of Community and Clinical Health Services, filling the vacancy left by Mr. Kutz' retirement. He stated Ms. Lottritz has twenty-four years of service with the Health District.

Mr. Dick noted a goal of the Health District is to develop staff for succession planning, and is proud to announce Ms. Lottritz' selection for this position. He informed she impressed him very much several years ago when she earned her Master's in Public Health while working full time for the Health District.

Mr. Dick stated Ms. Lottritz is also to be recognized for attending and graduating from the Advanced Leadership Academy at UNR. He congratulated Ms. Lottritz for her accomplishments.

- ii. Kathy Sobrio, Public Health Nurse II to Public Health Nurse Supervisor – CCHS

Mr. Dick recognized Ms. Sobrio for her promotion from Public Health Nurse II to Public Health Nurse Supervisor.

Ms. Lottritz stated Ms. Sobrio has worked as a nurse for the Health District for twenty-two years and informed she most recently was a Vaccine Coordinator for the Immunization Program. Previously, Ms. Sobrio worked as a Disease Intervention Specialist in the Sexual Health Program. Ms. Lottritz informed Ms. Sobrio will supervise Immunizations and HIV.

- iii. Kelly Verling, Public Health Nurse II to Public Health Nurse Supervisor – CCHS

Mr. Dick informed that Ms. Verling was also promoted from Public Health Nurse II to Public Health Nurse Supervisor. He stated Ms. Verling is on vacation, and congratulated her on her promotion.

D. New Hires

- i. Alissar Puckett, 7/8/2019, Epidemiologist – EPHP

Dr. Todd stated it was his pleasure to introduce Ms. Puckett, EPHP's new Public Health Epidemiologist. He informed Ms. Puckett was most recently employed at the Renown Regional Medical Center.

Dr. Todd informed that Ms. Puckett gained an interest in Epidemiology when working toward her BS in Biology at UNR. She met with Mr. Kutz who informed she would need an MPH to qualify for the position of Epidemiologist; she returned to school, has her Master's in Public Health and has three years in the field. He expressed he was happy to have Ms. Puckett on the Epi staff.

ii. Elizabeth Iacoboni, 7/22/2019, Public Health Nurse II - CCHS

Ms. Lottritz informed Ms. Iacoboni is a new Public Health Nurse in the Sexual Health Program, and that she previously worked for eight years as a Public Health Nurse for the Army National Guard. In that role, she provided education on preventive health measures and insured soldiers had medical readiness for deployment.

Ms. Lottritz stated that Ms. Iacoboni has her Master's in Clinical Nurse Leadership and will be working in the Sexual Health Program and in the Fetal Infant Mortality Review Program.

E. Accomplishments

Advanced Leadership Academy Certificate

- i. Lisa Lottritz (previously recognized)
- ii. Erin Dixon

Mr. Dick informed that Ms. Dixon was on vacation, but stated that she had also graduated from the Advanced Leadership Academy and explained it is a new certificate program at UNR. He stated that two staff graduated in the first cohort and the reviews of the program are excellent; he expressed it would be beneficial for more staff to participate in the future.

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

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Ms. Cabrales and Ms. Gonzalez were present to be recognized.

Mr. Dick informed that Ms. Roseburrough, Ms. Cabrales, Ms. Gonzalez and Ms. Parsons all have received three or more Shining Star Awards. With ten or more Shining Stars are Mr. Pech-Garcia and Ms. Ramos, and with over forty Shining Star Awards, Ms. Chaidez.

Mr. Dick congratulated all of the awardees for their excellent customer service.

G. NACCHO Award – National Health Security in “Building Regional Disaster Health Response Capabilities”

Mr. Dick expressed it was his pleasure to present the National Health Security in Building Regional Disaster Health Response Capabilities Award that the Health District

received at the National Association of County and City Health Officials (NACCHO) Conference held in Orlando.

Mr. Dick informed that Mr. Gabriel, Deputy Assistant Secretary of ASPR (Office of the Assistant Secretary for Preparedness and Response), and his team flew in to have dinner with the award recipients and present the awards at the conference. He expressed that he was quite honored to have been able to attend the conference and accept the award on behalf of the Health District. He stated this award is for the work done in collaboration with the Inter Hospital Coordinating Council (IHCC), and in recognition of the work of the IHCC over the past thirty-three years in the community. He noted this excellent work has been proven in the field with mass casualty incident planning and resulted in some of the improvements made to the most recent Alpha Plan.

Mr. Dick informed that the original organizations involved in the IHCC include Renown, St. Mary's Regional Medical Center, REMSA and the Health District's Preparedness and EMS Programs. He invited representatives present in the audience to accept this award; Ms. Oliver of Renown, Mr. Choma with St. Mary's, Mr. Taylor of REMSA and Ms. Conti, Preparedness and EMS Program Manager, and Ms. Dayton, Emergency Medical Services Coordinator, both of the Health District. Mr. Dick also wished to recognize a staff member who was unable to be present for his contributions; Mr. Shipman, Public Health Emergency Response Coordinator.

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. June 27, 2019

B. Budget Amendments/Interlocal Agreements

- 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.

- 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

Staff Representative: Anna Heenan

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

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.

Staff Representative: Charlene Albee

Chair Novak opened the public Hearing.

Ms. English, Senior Environmental Health Specialist in the Food Safety Program, stated the item before the Board is for the adoption of the proposed amendments to the regulations of the Washoe County District Board of Health Governing Food Establishments, and the inclusion of additional provisions from the most recent version of the U.S. FDA Model Food Code. She informed information provided to the Board included the PowerPoint presentation shown at the workshops to highlight some of the more significant changes and stated there is also a summary of all changes in the packet.

Ms. Berkbigler inquired if these regulations include those that would regulate CBD infused edibles. Ms. English informed the regulations do include provisions for food additives.

Mr. Dahir inquired how often these regulations are reviewed for modification. Ms. English informed the goal is for the EHS Food Safety Program to be consistent with the most recent version of the FDA Food Code as it is the most current in science and food safety technologies. She stated that the Conference for Food Protection meets every two years and is comprised of representatives from regulatory at all levels; state, local and tribal, and industry, consumer groups and academia, who debate the issues in light of the most recent scientific findings and make recommendations for provisions to the FDA to be incorporated into the Food Code. She stated this happens every two years and the FDA will work to produce a new food code approximately every four years; the EHS Food Safety Program then updates their regulations to be consistent with the most current science every three to four years.

Councilman Delgado inquired if Chapter 070 relating to water, plumbing and waste was in relation to development. Ms. English informed that, although it may appear that there were many changes, the material was just reorganized to conform with the order the information appears in the FDA Food Code. She informed this is a result of the self-assessment the EHS Food Safety Program does every three years to compare their regulations with the National Food Code for ease of use by staff and the public. Councilman Delgado inquired if businesses were informed of changes in the regulations. Ms. English informed postcards are sent to businesses to inform of any changes to the regulations, and the public is noticed in workshops and through various public media.

Councilman Delgado, referring to Ms. Berkbigler's comment regarding CBD, inquired if it is an appropriate time to have this conversation if it is part of what is being adopted with these regulations. Mr. Dick stated he would prefer to have legal council's opinion.

Ms. Reid, Deputy District Attorney, stated it was her understanding that the issue regarding CBD is not part of the regulations, that it has been newly brought to the Board and has not been agendized. While it is an appropriate and worthwhile issue to discuss, she explained that, because public comment speakers noted the matter is still within the administrative process, it is generally Council's advice not to delve into a matter that is still

within the process. However, Ms. Reid stated the recommendation would be, if this Board would like to have a discussion about CBD and how the District Board of Health and the Health Department want to explore that issue, that it be properly agendaized as its own item at a future meeting to provide for noticing to then open the matter up for an appropriate discussion at that time.

Councilman Dahir inquired if there was public attendance at the workshops. Ms. English informed that postcards were sent to every permitted food establishment and the public was noticed through their listserv and other media, and estimated the attendance at fifteen on May 14th and five on the 15th. She informed that, although there appeared to be extensive changes to the regulations, it was for the greatest part just the reorganization of the information to align with the order of FDA Food Code. She stated the PowerPoint presentation provided the significant changes and this was the material highlighted in the workshops. She informed the regulations have been posted on the Health District's website with the tracked changes for the public to see what is being proposed, and it is reiterated there that these changes were primarily reorganization of existing information. Ms. English stated the summary of changes document explains this, as well.

Councilman Dahir inquired if restaurateurs could be confused and possibly be operating illegally. Ms. English explained that staff is aware of the changes in the regulations and that they educate the operators as they do inspections. She stated that one of the biggest changes has to do with cooking times and temperatures and detailed those, noting those changes have been updated in outreach materials to be provided to operators.

Mr. Dick informed the Health District updated these regulations three years ago and that was the first time they had been updated in quite a while, resulting in significant changes. He stated the same process occurred for notification and workshops for these revisions as was done three years ago. He informed when the regulations were changed extensively, there was a much greater level of engagement by the restaurants and there were those who provided public comment at the DBOH meetings. He stated he was encouraged by the lower level of engagement by the regulated establishments which may indicate that there was less concern with any changes to regulations that were made.

As there was no one wishing to speak, Chair Novak closed the public comment period. Councilman Delgado moved 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. Dr. Danko seconded the motion, which was approved five in favor and none against.

Chair Novak thanked Ms. English for the intensive work done to update the regulations, and stated he was very impressed with the notification process.

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

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

Councilman Dahir inquired about the low score received on the category of fees charged and if there was anything that could be done to better explain the reason for cost increases. Mr. Dow informed they do internal training for the accounts receivable staff, stating they are coached on how to interface with the public relative to how REMSA is

structured, that they are a 501(c)(3) nonprofit organization, how healthcare billing works in general inclusive of commercial payors, Medicare, Medicaid, etc. He explained there is an ongoing effort on REMSA's part to educate and help the public understand how their system works.

Councilman Dahir moved to accept the REMSA Operations Reports for June, 2019. Ms. Berkbigler seconded the motion which was approved five in favor and none against.

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

Mr. Heinz, Director for REMSA, informed he would like to provide an update on a few more recent activities, beginning with REMSA working with Reno Dads Blog on a series of submissions that highlight summertime activities such as keeping children safe, having fun, hydrating them and wearing sunblock, to name a few. He stated the first blog series featured dad and EMS Director Paul Burton, and noted the submission can be reviewed at <https://renodadsblog.com/>.

Mr. Heinz stated he provided an interview to KTVN earlier in July about the importance of recognizing signs and symptoms of heat-related illness and inform on methods of treatment.

Mr. Heinz opined a topic that is always noteworthy of coverage is hands-only CPR, informing that REMSA's education program was featured in the same story on KTVN about the importance of learning the two steps of hands-only CPR which is proven to save lives. He reminded the two steps are to first call 9-1-1; the second is to push hard and fast in the center of the chest. He informed that, every twenty-eight minutes here in Washoe County, someone is trained by REMSA in CPR.

Mr. Heinz stated that he received an award just that morning on REMSA's behalf from the American Heart Association. He informed that REMSA is being recognized as a Mission Lifeline Gold Plus Member for the way in which they provide care to their STEMI patients, explaining that is specific type of heart attack. He opined it is a true testament to the men and women on the front lines that provide great care and their hospital partners to give those patients time, stating that time is muscle.

Mr. Heinz informed that this week, REMSA launched a monthly email designed to share important information with recipients about high-performance EMS care, public safety, and wellness in the pre-hospital environment, stating the Board, Mr. Dick and staff would be included in the mailing list and that they would be welcome to forward the email to colleagues and constituents.

Chair Novak wished to comment on a portion of the report concerning REMSA having earned a second place award at the 2019 National Tactical Medic Competition. He opined that this was a tremendous accomplishment, explaining that these are the medics that work with SWAT Teams. He commended them for the rapid critical thinking required, noting that they place their lives in danger in the course of their work. He requested that Mr. Heinz extend congratulations to the winners of the award.

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)

Mr. Inouye reminded the Board of the emphasis placed on Ozone in the past few years in relation to attainment of the Ozone standards. He informed that the standard for

Ozone set by the EPA is currently 70 parts per billion and Washoe County is at 71 parts per billion, so does not currently meet the Ozone standard. He explained that area is very auto-dependent and the situation developed over decades that give us today's land use patterns. Mr. Inouye informed the largest factor in Ozone concentrations is motor vehicle activity, with business activity and energy use also contributing to the area's Ozone concentrations. He stated that business as usual growth is not meeting today's Ozone standard.

Since 2016, Mr. Inouye informed that the Health District has been participating in the EPA's Ozone Advance Program which is voluntary and encourages voluntary strategies targeting five categories: on road motor vehicles, off road vehicles, energy efficient construction, urban heat island and educating and empowering Boards such as this to make good decisions about air quality. He opined the success of the Ozone Advance Program will rely on the collective impact of master plans, transportation plans, and urban forestry management plans.

What does not meeting the Ozone standard mean from an Air Quality Management perspective? Mr. Inouye informed that AQM will have to require progressively stricter requirements on industries that they have jurisdiction over, which is about five percent of the emissions that contribute to Ozone formation.

From a public health standpoint, Mr. Inouye stated they expect to see increases in chronic disease rates such as obesity, asthma, COPD and diabetes; from an economic perspective, other counties and states may look more attractive than Washoe County for businesses that want to expand locally or relocate to this area.

Mr. Inouye informed the takeaways are that business as usual growth is not meeting the Ozone standard, and that there is an opportunity to educate and empower fellow councilmembers and board members in the area to make good decisions for a healthy community.

Councilman Delgado inquired if there are direct dollar issues in terms of federal funds or grants that will impact Washoe County for noncompliance with the Ozone standard. Mr. Inouye stated that initially there are no direct financial impacts, but there will be indirect financial impacts related to healthcare costs. In the future, he informed that there could be some withholding of federal highway dollars if compliance has not been attained with the Ozone standard. As well, he stressed that the overall quality of life will degrade and will make our area not as attractive as is we would want.

Mr. Dick informed that, if Washoe County is classified as nonattainment for exceeding the Ozone standard in the future, it would require the Health District to take more measures to work toward gaining attainment. This would include adopting more stringent regulations to demonstrate to the EPA that emissions are being reduced with those new regulations to bring Washoe County back into attainment. He stated those regulations would impose additional costs on business due to having to install additional control technology. He explained there may need to be an emission offset program developed to include regulation of off road motor vehicles which is primarily construction equipment.

Councilman Dahir noted that with the pattern of growth, this issue will get worse and will require either more stringent regulations that will be unpopular, or opined there is an opportunity to work toward positive growth in the sense of recognizing those construction companies that utilize best practices to reduce emissions. He stated the timeframe will be short for this window of opportunity before it becomes necessary to increase regulations.

Chair Novak inquired if there would be any allowance given for Washoe County by the EPA in regards to its being geographically located in a bowl and neighbor to the pollution source of California, as well as I-80 being a major thoroughfare for semi trucks en route to California. Mr. Inouye informed the allowances that are able to be used for exceptional events are primarily impacts from wildfires; there are currently no formal paths to exclude daily impacts, although it is an ongoing discussion with the EPA to underscore these are additional challenges for attainment.

Mr. Inouye informed that trucks that travel through Nevada to California have to meet California's emission standards, and that does positively impact Washoe County.

B. Community and Clinical Health Services, Steve Kutz, 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

Ms. Lottritz informed she had no other information to add to her report, but would be happy to answer questions.

Councilman Dahir inquired how Ms. Lottritz liked her new job. Ms. Lottritz stated she liked her new job, and informed it was a big learning curve.

C. Environmental Health Services, Charlene Albee, 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.

Ms. Albee highlighted a section of her Division Director report regarding a story ran by KOLO on July 22nd on substandard living conditions at the Ace Motel in downtown Reno. She informed the story highlights the Memorandum of Understanding (MOU) recently completed with the City of Reno that gives them jurisdiction over the non-transient, long-term resident hotels.

Ms. Albee informed that she received a call from KOLO on the 24th requesting an interview, at which time she explained the MOU and provided history on the inspections and corrective action notices at the Ace Motel over the past two years that demonstrate EHS' work to rectify living condition issues. She explained that a number of facilities in the area have a cycle in which an issue is found during inspection, a corrective action notice is issued that takes the facility between one and three months to come into compliance, and by the time of the next inspection, conditions often have reverted to noncompliance. She acknowledged it is a challenge that the City of Reno has undertaken and informed EHS will be working with them with the provision that allows joint inspections, but stated the City of Reno's new Neighborhood Services Department will take the lead on these issues. She opined their codes are stronger than those EHS had in place and will be an improvement for the community.

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

Dr. Todd informed of another suspected case of measles in the area reported on July 24th and that results of the lab report may be received on the 26th. He opined it would likely be disproved. He stated the patient is a one-year old female who had not been

vaccinated and is a low-level suspect, but does have a travel history to Mexico. He informed there have been no confirmed cases of measles in 2019 which is very good compared to other parts of the country, and he expressed hope it would remain that way.

Councilman Dahir requested Dr. Todd to inform on West Nile Virus in the area. Dr. Todd stated there was a positive test from a mosquito pool in Washoe County which shows the virus is in this area. He noted there have been no human cases as of this point and hoped that would remain so. He stated these events are used as an opportunity to educate the public on precautions to take to minimize the risk of being bitten.

Chair Novak inquired if this test pool was located in an area that had been treated. Dr. Todd deferred to Ms. Albee for information on the locations of mosquito abatement activities. Ms. Albee stated the test pool was located in an area at Rosewood Lakes on the eastern side of town by Veteran's Parkway and is part of the aerial application area. She informed the samples were taken of the larvae in the ponds and West Nile Virus was found in the sample, stating EHS did a fogging application the following morning in the area to provide additional control for those mosquitos that have matured and are flying.

Councilman Delgado inquired if fogging occurred all the way down Steamboat Creek along the southeast connector. Ms. Albee stated she had not received a map, but would provide one to the Board.

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

Mr. Dick expressed how much he appreciates being able to work with Washoe County's new Sheriff Balaam. He informed Sheriff Balaam is now Chair of the County Substance Abuse Task Force and that he had requested Mr. Dick to serve as Vice Chair, stating he was honored to do so.

Mr. Dick informed he and the Sheriff had a good discussion around the many initiatives occurring among groups working together, including the Substance Abuse Task Force, Regional Behavioral Health Policy Board, the Health District's Community Health Improvement Plan along with those partners, the collaboration with TMHC, Join Together Northern Nevada and the State Division. Sheriff Balaam is supportive of working to pull all of those initiatives together into the Community Health Improvement Plan as the hub for tracking activities, communication and connecting resources.

Mr. Dick stated he had the pleasure of traveling and attending the NACCHO Conference earlier in July with Chair Novak, and expressed how impressed he was with Chair Novak's level of engagement in public health. He stated the Chair started early and charged hard all day, attending all of the sessions and optional early morning breakfast events. He expressed how much he appreciates Chair Novak's engagement and enthusiasm, and noted it was a very good conference.

Chair Novak expressed that he enjoyed the conference very much and learned even more.

10. *Board Comment

Chair Novak opened the Board comment period.

Commissioner Berkbigler requested a full discussion on CBD products be agendized and brought before the Board, aside from the instance of Dorinda's Chocolates until it has gone

through the administrative process. She stated she has observed edible CBD infused products for sale in Douglas County and has difficulty understanding the regulations, so is requesting a broad explanation to clarify the situation and prevent potential liability for the County and Health District. She also requested a report on how this issue is being addressed in the other counties with regard to legislation that did pass in this last session.

Commissioner Berkbigler requested the section of the agenda on Board Comment not be limited to announcements or issues for future agendas. With that limitation removed, she stated it would allow Board Members the ability to put items on the record and suggested it be patterned after city or County agenda verbiage. Chair Novak agreed that would be a beneficial adjustment to allow for compliance with open records, suggesting Council assist in the wording.

Regarding the request for an item on CBD products to be agendaized, Chair Novak requested it be postponed until the administrative process was complete on the Dorinda's Chocolate case. Ms. Reid, Deputy District Attorney, agreed. Chair Novak agreed it is a valid future item. Commissioner Berkbigler opined it is important to understand the issue clearly as soon as allowable.

Councilman Dahir informed of a State Health Department survey that is underway, and that the information will be used to help dictate the needs of the residents of Nevada. He stressed it important to be involved as much as possible.

Councilman Dahir stated he is also on the State Board Census for the Governor, and of the importance of the count of residents being accurate for funding purposes. He informed that in approximately two months, information would be ready for a speaker to come and share with the Board at a DBOH meeting. He opined it may need to be on the agenda for several meetings in order to keep the message active of the importance of the census.

Chair Novak closed the Board comment period.

11. *Public Comment

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

12. Adjournment

Chair Novak adjourned the meeting at 2:08 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: August 22, 2019

TO: District Board of Health

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

SUBJECT: Accept cash donation in the amount of \$4,500 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,500 in both revenue and expense to the FY20 Burning Man Donation budget, IO# 20471.

SUMMARY

Pursuant to Chapter 15 of Washoe County Code, specifically section 15.160, cash donations must be reported to the board and expenditure authorization obtained.

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

No previous action this fiscal year.

BACKGROUND

Washoe County Health District’s Family Planning Program received a \$4,500 donation on July 16, 2019 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates.

FISCAL IMPACT

Should the board accept this cash donation, the adopted FY20 budget will be increased by \$4,500 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002 - IO20471 - 484000	Donations	\$4,500.00
2002 - IO20471 - 710703	Biologicals	\$4,500.00

RECOMMENDATION

Staff recommends the District Board of Health accept cash donation in the amount of \$4,500 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,500 in both revenue and expense to the FY20 Burning Man Donation budget, IO# 20471.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept cash donation in the amount of \$4,500 from the Burning Man Project to purchase birth control methods to help decrease unintended pregnancy rates; approve amendments totaling an increase of \$4,500 in both revenue and expense to the FY20 Burning Man Donation budget, IO# 20471."

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 (with \$93,133.00 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 in support of the CDC Public Health Preparedness Grant Program, IO TBD. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency. This item will also support any memorandum of understandings between the local government agencies such as local law enforcement, local fire departments, public and private schools and the Washoe County Health District as outlined in the scope of work; by authorizing the District Health Officer to execute the MOU agreements with the partnering agencies.

PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2018 through June 30,

2019 in the total amount of \$920,693 on August 23, 2018.

BACKGROUND

Project/Program Name: CDC Public Health Preparedness Program

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

- Community Preparedness
- Community Recovery
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Fatality Management
- Information Sharing
- Medical Countermeasure Dispensing
- Medical Material Management and Distribution
- Public Health Surveillance and Epidemiological Investigation
- Responder Safety and Health
- Volunteer Management
- Program Administration

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

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

Award Amount: Total award is \$931,330 (\$846,664 direct/\$84,666 indirect)

Grant Period: July 1, 2019 – June 30, 2020

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

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

CFDA Number: 93.069

Grant ID Number: 1NU90TP922047-01-00

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

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

FISCAL IMPACT

As the FY20 budget in Internal Order 10713 was adopted with a total of \$920,693 in revenue (includes \$83,699 of indirect) and \$836,994 in expenditure authority, a budget amendment in the amount of \$9,670 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. Should the Board approve the budget amendments, the FY20 budget will be increased by \$9,670 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002-IO-TBD -431100	Federal Revenue	\$9,670
	Total Revenue	\$9,670
2002-IO-TBD -710100	Professional Services	\$3,667
2002-IO-TBD -710529	Dues	\$2,675
2002-IO-TBD -710500	Other Expenses	\$3,328
	Total Expenditures	\$9,670

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 (with \$93,133 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$931,330 (with \$93,133 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies”



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

Agency Ref. #: **HD 17250**
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306920

SUBNOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Christina Conti / cconti@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 through June 30, 2020	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to demonstrate achievement in the Public Health Emergency Preparedness (PHEP) program domains according to the PHEP Cooperative Agreement.

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:	
1. Personnel	\$580,116.00	Total Obligated by this Action:	\$ 931,330.00
2. Travel	\$4,083.00	Cumulative Prior Awards this Budget Period:	\$ 93,635.00
3. Supplies	\$22,750.00	Total Federal Funds Awarded to Date:	\$ 1,024,965.00
4. Equipment	\$5,000.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
5. Contractual/Consultant	\$153,000.00	Amount Required this Action:	\$ 93,133.00
6. Other	\$81,715.00	Amount Required Prior Awards:	\$ 9,363.50
TOTAL DIRECT COSTS	\$846,664.00	Total Match Amount Required:	\$ 102,496.50
7. Indirect Costs	\$84,666.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
TOTAL APPROVED BUDGET	\$931,330.00	Federal Budget Period: July 1, 2019 through June 30, 2020	
		Federal Project Period: July 1, 2019 through June 30, 2020	

FOR AGENCY USE, ONLY

Source of Funds: Centers for Disease Control and Prevention (CDC)	% Funds: 100%	CFDA: 93.069	FAIN: NU90TP92204 7	Federal Grant #: 1 NU90TP922047-01-00	Federal Grant Award Date by Federal Agency: 6/30/2019
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Agency Approved Indirect Rate: 7.5 % **Subrecipient Approved Indirect Rate:** 10.0%

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; and Section H: Matching Funds Agreement
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Kevin Dick District Health Officer	Signature	Date
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Administrator, DPBH		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
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
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
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

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

- The attached detailed Work Plan is for Budget Period 1, July 1, 2019 to June 30, 2020 and is broken down by domains, capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2020. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 7/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 7/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 7/1/19 to 6/30/20)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 10/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/20)

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

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WASHOE COUNTY HEALTH DISTRICT

CDC Public Health Emergency Preparedness (PHEP)

Detailed Work Plan

July 1, 2019 through June 30, 2020 (BP1)

DOMAIN 1: PHEP STRENGTHEN COMMUNITY RESILIENCE

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 1 Activity 1: Partner with Stakeholders by Developing & Maturing Health Care Coalitions (HCC)

Objective 1: *By June of 2020, the PHEP program will improve regional planning initiatives through the use of plan updates and programmatic activities from identified issues from the 2019 CASPER or JRA/NVPHRAT crosswalk.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction
- Function #2: Build community partnerships to support health preparedness
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify outreach opportunities based on the 2019 CASPER survey results.	Meeting notes, list of project opportunities	Q1
2) As able, pre	Public information pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities)	Q4
3) As able, create outreach materials to be utilized for public education and/or information and/or activities.	Outreach materials	Q2
4) Distribution of outreach materials for public education and/or information and/or activities.	Purchasing documents	Q3/Q4
5) Review rankings/ratings in the Robert Wood Johnson Foundation study and	List of potential opportunity(ies)	Q1

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identify opportunity(ies) to improve as able.		
6) Identify project leads for the RWJF Study identified opportunities for projects or program activities.	Meeting notes	Q2
7) Project leads create work plan for projects or program activities for the identified opportunities within RWJF Study.	List of potential opportunity(ies) linked to activity(ies)	Q2/Q3
8) As able, begin work on identified opportunities within RWJF Study.	Meeting notes	Q4
9) Review and identify WCHD specific items addressed within the 2019 Washoe County Hazard Mitigation Plan.	Identify recommendations	Q1
10) Meet with appropriate division personnel to discuss implementation of mitigation activities.	Meeting Notes	Q2
11) Follow up and report on the implementation of mitigation strategies outlined from the meeting.	Documentation of completed activities for FY20	Q4
12) Provide support to Washoe County School District (WCSD) for new and ongoing preparedness activities.	Emails, correspondence	Q1/Q2/Q3/Q4
13) (Joint) Review JRA conducted during BP1 SUPP and identify any potential gaps to public health services.	Identified potential gaps	Q1
14) Presentation of JRA potential gaps to confirm gaps and draft mitigation strategies for impact to public health	Meeting notes	Q2/Q3
15) Update WCHD Continuity of Operations Plan to ensure procedures are in place with regards to community recovery.	Updated COOP plan	Q4
16) Facilitate discussion with HCC to develop a catalog of what members within Washoe County can provide with regards to medical/mental health services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog the HCC members resources	Q3
17) Facilitate discussion with VOAD and other identified sectors and partners to develop a catalog of what members within Washoe County can provide with regards to health/medical services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog of VOAD member resources	Q3
Output(s) for planned activities in Domain 1 Activity 1:		
1) Public information/educational materials based on CASPER survey findings		
2) List of opportunity(ies) to improve rankings in the RWJ Foundation study		
Domain 1 Activity 2: Characterize the Probable Risks to the Jurisdiction and the HCC		

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Objective 1: *By June 30, 2020, WCHD will engage multiple community stakeholders and identify engagement plan to increase preparedness in the aging community.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
- Function #2: Build community partnerships to support health preparedness**
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks**
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts**

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
- Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Identify community partners connected to services for the aging to address public health emergency preparedness, response, and recovery needs of older adults.	Contact list	Q1
2) Develop concepts on engagement with community partners on the aging community involvement specific to communication and preparedness as able.	Agendas, sign in sheets, meeting notes	Q2/Q3
3) Develop preparedness engagement activities for aging community, as able.	Agendas, sign in sheets, meeting notes	Q4
4) (Joint) Utilize EMPOWER data provided by HPP/IHCC to inform potential educational outreach activities for community outreach for at-risk citizens.	EMPOWER data	Q1/Q2/Q3/Q4

Output(s) for planned activities in Domain 1 Activity 2:

- 1) List of activity(ies) for BP2

Domain 1 Activity 3: Characterize Populations at Risk

Statewide Objective: By June 30, 2020 Nevada PHP and LHAs will include at-risk populations into planning and exercise activities.

Objective: By June 30, 2020, WCHD will work to include at-risk populations into planning and exercise activities.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction**
- Function #2: Build community partnerships to support health preparedness.**
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks**
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts**

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CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
- Function #3: Implement corrective actions to mitigate damages from future incidents**

Planned activity(s) for Domain 1 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Washoe County will participate in the Nevada led workgroup to identify a subset of access and functional need populations to focus on in relation to planning and exercise objectives by July 31, 2019. WCHD will participate as able.	Meeting agenda, meeting notes	Q1
2) Washoe County will participate in the Nevada led workgroup to create a checklist related to the targeted AFN population, to be available as a resource for exercise planning by August 31, 2019. WCHD will participate as able.	Checklist	Q1
3) (State-led) Exercise after-action reports will include analysis of AFN populations by June 30, 2020.	AAR/IP with AFN analysis	Q4
5) Coordinate an Emergency Alert System (EAS) presentation for NNAFN workgroup to learn how communication with AFN population currently occurs.	Meeting agenda	Q1
6) Review and assess regional EAS plan to identify any recommendations for messaging and/or technological methodology to notify the access and functional needs population during an emergency.	Meeting Notes	Q2
7) If needed, prepare a document that will propose recommendations for messaging to be more suitable for the AFN population.	List of emergency messages selected	Q3
8) If appropriate, distribute the document to Washoe County Emergency Management Homeland Security and Public Information/Public Warning Workgroup for possible implementation of recommendations during next plan revisions.	Distribution list	Q4
9) The NNAFNW will review current WCHD incident emergency messaging for appropriateness and reliability of content and distribution methods for the AFN population.	Meeting notes of recommendations for messaging improvements	Q3
10) If needed, prepare a document that will propose recommendations for WCHD messaging to be more suitable for the AFN population.	List of recommendations	Q4
11) NNAFN will assess evaluate the evacuation preparedness of selected health care facilities for the AFN population.	Health care facilities selected	Q1
12) WCHD's EHS & PHP will collaborate to educate students on the importance of hand washing and how to properly cough to keep from spreading germs by introducing appropriate guidance documents e.g. educational literature.	List of schools that receive the information	Q1

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13) Identify and compile the information to be distributed.	Information selected	Q1
14) Distribute the appropriate educational materials to schools.	Distribution of appropriate educational materials throughout WCSD schools, elementary-HS	Q1
15) WCHD's EHS & PHP will collaborate and identify 4 elementary schools, 2 middle schools and 1 high school for in person training on hand washing and reduction of illness.	School list	Q1
16) Meet with appropriate school officials to arrange cooperation and establish timeframe for presenting educational information.	Meeting notes	Q1
17) WCHD's EHS & PHP will collaborate and present to identified schools on hand washing techniques and tips on how to reduce the spread of illness.	School agendas	Q2

Output(s) for planned activities in Domain 1 Activity 3:

- 1) AFN checklist
- 2) AAR/IP with AFN analysis
- 3) Guidance documents/Educational Literature

Domain 1 Activity 4: Engage Communities and Healthcare Systems

Statewide Objective: Nevada will include at-risk populations into planning and exercise activities by June 30, 2020.

Objective: By June 30, 2020, WCHD will include at-risk populations into planning and exercise activities

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 1: Community Preparedness

- Function #1: Determine risks to the health of the jurisdiction
- Function #2: Build community partnerships to support health preparedness.
- Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery

- Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD in conjunction with the State of Nevada will identify a subset of access and functional need populations to focus on in relation to planning and exercise objectives by July 31, 2019.	Identified citizen subset	Q1
2) WCHD in conjunction with the State of Nevada will create a checklist related to	Checklist for inclusion in exercise planning	Q1

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the targeted AFN population, to be available as a resource for exercise planning by August 31, 2019.		
3) Exercise after-action reports will include analysis of AFN populations by June 30, 2020.	AFN evaluation in AAR-IP	Q4
4) As able, in coordination with IZNV, identify and/or create educational information pushout on pandemic and/or seasonal influenza.	Educational material, handouts, flyers	Q1
5) As able, in coordination with IZNV, distribute identified information to community partners such as schools, childcare providers, seniors, low income households and/or other identified AFN or high-risk groups.	Invoices, educational materials	Q2
6) Evaluate reach of information pushout as able.	Data comparison of flu shots provided to WCSD students FY19 and FY20	Q3
7) As able, in coordination with WCSD, develop a closed-POD plan for a school.	School closed-POD plan	Q4
8) NNAFN workgroup will revise, update and/or develop a more inclusive vision, mission statement to protect this population from being disproportionately impacted by emergency incidents or activities.	Meeting notes, updated vision, mission statement	Q1
9) Incorporate new revised, updated information into the NNAFN workgroup strategy and outline workgroup path to be a resource to the WCHD in its emergency preparedness activities.	Workgroup strategy	Q2
10) Identify and invite new agencies and/or disciplines that will help meet the objectives of the NNAFN workgroup strategy.	New committee members	Q2, Q3, Q4
11) Facilitate quarterly NNAFN workgroup meetings.	Meeting agenda, notes attendance sheets and the trainings and activities participation.	Q1,Q2,Q3,Q4
12) As able, identify opportunities for NNAFN workgroup to participate in preparedness exercises and/or training to support community preparedness for the AFN population.	Training and exercise information	Q1,Q2,Q3,Q4
13) Develop a bi-yearly tribal workgroup to review current exercises, training opportunities and emergency preparedness plans as able.	Agendas, meeting notes, list of coordinated trainings	Q2 & 4
14) (Joint) Coordinate Psychological first aid training and offer to community stakeholders and HCC.	Training materials	Q2
Output(s) for planned activities in Domain 1 Activity 4:		
1) Pandemic/seasonal flu education material		
2) Distribution schedule for materials		
3) Completed school closed POD plan/s		
Domain 1 Activity 5: Operationalize Response Plans		

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Statewide Objective: Nevada will participate in the Nevada Division of Emergency Management (NDEM) sponsored full scale exercise Silver Crucible (Complex Coordinated Terrorism Attack (CCTA)), statewide exercise by February 29, 2020.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)
CAPABILITY 1: Community Preparedness
 Function #1: Determine risks to the health of the jurisdiction
 Function #2: Build community partnerships to support health preparedness
 Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
 Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts

CAPABILITY 2: Community Recovery
 Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs
 Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations
 Function #3: Implement corrective actions to mitigate damages from future incidents

Planned activity(s) for Domain 1 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) (State-led & Joint) At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health.	Sign-in sheets	Q1
2) (State-led & Joint) Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019.	Meeting minutes, sign-in sheets	Q1
3) (State-led) After-Action Report will be developed, specific to public health (ESF 8) and HCC involvement, to identify opportunities for improvement by February 29, 2020—WCHD will provide feedback on exercise	AAR/IP	Q3

Output(s) for planned activities in Domain 1 Activity 5:
 1) State provided AAR/IP for CCTA

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DOMAIN 2: PHEP STRENGTHEN INCIDENT MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 2 Activity 1: Coordinate Emergency Operations

Statewide Objective: During revision cycles, Nevada LHAs will provide the opportunity to jurisdictional HCC to conduct a review and add input into identified emergency preparedness and response plan.

Objective: By June 30, 2020, WCHD will conduct exercises on identified plans plan, and will update plans including feedback from community partners and after-action reviews.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation**
- Function #2: Activate public health emergency operations**
- Function #3: Develop incident response strategy**
- Function #4: Manage and sustain the public health response**
- Function #5: Demobilize and evaluate public health emergency operations**

Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will identify a plan to be reviewed by HCC to provide feedback for revision by August 31, 2019.	IHCC meeting minutes	Q1
2) As able, feedback from HCC will be integrated into identified plan revisions by June 30, 2020.	IHCC meeting minutes, finalized plans	Q4
3) Develop HSEEP game to test EMS responders and hospitals on response to a chemical/nerve agent.	Situation Manual, Facilitator Guide	Q2
4) Conduct game.	Sign in sheets	Q3
5) Evaluate results.	AAR-IP	Q4
6) Present Pandemic Influenza Plan to HCC and request recommendations (create subcommittee if needed).	Agendas, sign in sheets, meeting minutes.	Q2
7) (Joint) Update Pandemic Influenza plan with focus on continuous operations and repeating medical administration of vaccine (i.e. 21-day separation between vaccines).	Updated Pandemic Influenza plan.	Q4
8) (Joint) Update Pandemic Influenza plan in accordance with HCC recommendations.	Updated Pandemic Influenza plan.	Q4
9) Update MCM plan with focus on continuous operations and repeating medical administration of countermeasures (i.e. 50-day supply).	Updated MCM plan.	Q4

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10) Update WCHD Biohazard Detection System response plan, in collaboration with USPS.	Updated BDS plan	Q2
11) If applicable, coordinate full scale exercise of BDS plan with USPS representatives.	Exercise plan, AAR/IP	Q4
12) Update WCHD Continuity of Operations Plan to ensure procedures are in place with regards to community recovery.	Updated COOP plan	Q4

Output(s) for planned activities in Domain 2 Activity 1:

- 1) Revised plans
- 2) AAR-IP from EMS/hospital game
- 3) AAR-IP for communication drills
- 4) Updated Pandemic Influenza plan
- 5) Updated MCM plan
- 6) Updated BDS plan
- 7) Updated COOP plan

Statewide Objective: Nevada State PHP Program and LHAs will maintain emergency operations coordination and communication through drills and exercises to improve implementation of the incident command structure as it applies to responding to public health threats and emergencies throughout the budget period.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation
- Function #2: Activate public health emergency operations
- Function #3: Develop incident response strategy
- Function #4: Manage and sustain the public health response
- Function #5: Demobilize and evaluate public health emergency operations

Planned activity(s) for Domain 2 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will maintain its allocation of active Satellite Phones.	Satellite phone minutes purchased amount documented on activation and renewal invoice.	Q1
2) WCHD will conduct communications with their allocated satellite phones at least Semi-annually in conjunction with its quarterly communications drills.	Communications drills AARs.	Q2, Q4

Output(s) for planned activities in Domain 2 Activity 1:

- 1) Current satellite phone subscription minutes.
- 2) Completed Communications Drill AARs.

Domain 2 Activity 2: Standardize Incident Command Structures for Public Health

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Statewide Objectives: Annually, Nevada will provide ICS/NIMS/HICS training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2019.

Objective 1: *By June 30, 2020 the WCHD will provide training opportunities for personnel assigned to respond during an emergency activation and create a reference document within applicable plans identifying available personnel that may be activated in a public health emergency,*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 3: Emergency Operations Coordination

- Function #1: Conduct preliminary assessment to determine need for public activation**
- Function #2: Activate public health emergency operations**
- Function #3: Develop incident response strategy**
- Function #4: Manage and sustain the public health response**
- Function #5: Demobilize and evaluate public health emergency operations**

Planned activity(s) for Domain 2 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will identify personnel within jurisdiction that may be activated during a public health emergency.	List of agencies/organizations with contact information linked to appropriate plan/s	Q1/Q2/Q3/Q4
2) (State-led) ICS/NIMS/HICS training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.	Course flyers, sign-in sheets	Q1/Q2/Q3/Q4
3) Coordinate ICS 300 & 400 training and offer to WCHD personnel and community members.	Training attendance sheets	Q4
4) Retain instructor capability within Washoe County Health District for ICS training	Certification	Q4
5) Add a second trainer capability within Washoe County Health District	Certification	Q4
6) Coordination of Planning Section training, focusing on development of incident action plans, to include personnel coverage for multi-operational periods. (PIO/JIC, operations, logistics, etc.)	Training materials	Q4
7) Coordination of Logistics Section training, focusing on the software system that will be utilized to track inventory	Training materials	Q4
8) Update Emergency Operations Plan or Public Information Communication Plan to include template for incident closeout briefing for the public.	Template	Q2

Output(s) for planned activities in Domain 2 Activity 2:

- 1) List of identified groups/organizations/personnel to be contacted/activated in public health emergency.
- 2) Trained staff on ICS protocol
- 3) Template for public incident closeout briefing

Domain 2 Activity 3: Establish Incident Command Structures for Health Care Organizations & HCC

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Objective 1: <i>By December 31, 2019, WCHD will conduct a test on the emergency operations plan activation decision tree.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Emergency Operations Coordination		
<input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation <input checked="" type="checkbox"/> Function #2: Activate public health emergency operations <input type="checkbox"/> Function #3: Develop incident response strategy <input type="checkbox"/> Function #4: Manage and sustain the public health response <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) No-notice exercise to test Emergency Operations Plan activation decision tree.	Exercise documents	Q2
Output(s) for planned activities in Domain 2 Activity 3:		
1) Exercise documents		
Domain 2 Activity 4: Ensure HCC Integration & Collaboration with ESF-8		
Objective 1: <i>By June 30, 2020, WCHD PHEP program will collaborate with IHCC on response planning.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 3: Emergency Operations Coordination		
<input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation <input type="checkbox"/> Function #2: Activate public health emergency operations <input checked="" type="checkbox"/> Function #3: Develop incident response strategy <input type="checkbox"/> Function #4: Manage and sustain the public health response <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) As requested, WCHD will participate in HCC response planning and emergency plan revisions.	Meeting agendas, notes	Q3
Output(s) for planned activities in Domain 2 Activity 4:		
1) Updated HCC response plans		
Domain 2 Activity 5: Expedited Fiscal Procedures are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members During an Emergency Response		
Objective 1: <i>In BP1, WCHD will participate in a State-led fiscal exercise if conducted.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		

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CAPABILITY 3: Emergency Operations Coordination		
<input type="checkbox"/> Function #1: Conduct preliminary assessment to determine need for public activation <input type="checkbox"/> Function #2: Activate public health emergency operations <input checked="" type="checkbox"/> Function #3: Develop incident response strategy <input type="checkbox"/> Function #4: Manage and sustain the public health response <input type="checkbox"/> Function #5: Demobilize and evaluate public health emergency operations		
Planned activity(s) for Domain 2 Activity 5:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) When requested, WCHD will participate in a State-led exercise in fiscal and emergency processes.	State provided documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities in Domain 2 Activity 5:		
1) State created AAR/IP for exercise.		

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DOMAIN 3: PHEP STRENGTHEN INFORMATION MANAGEMENT

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 3 Activity 1: Share Situational Awareness Across the Health Care & Public Health Systems

Statewide Objective: Nevada will create essential elements of information to be shared bi-directionally during real-world events between ESF 8 representatives and HCC.

Objective: By June 30, 2020, WCHD will improve communications through drills and the creation of public messaging templates.

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

- CAPABILITY 4: Emergency Public Information & Warning**
- Function #1: Activate the emergency public information system
 - Function #2: Determine the need for a joint public information system
 - Function #3: Establish and participate in information system operations
 - Function #4: Establish avenues for public interaction and information exchange
 - Function #5: Issue public information alerts, warnings and notifications

- CAPABILITY 6: Information Sharing**
- Function #1: Identify stakeholders to be incorporated into information flow
 - Function #2: Identify and develop rules and data elements for sharing
 - Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) The Nevada State PHP program will create an EEI document and provide it to LHAs by August 31, 2019.	EEI document,	Q1
2) The Nevada State PHP program will host quarterly meetings and highlight the individual ESF 8 processes for information sharing and resource requesting during real-world events, beginning in July 1, 2019. WCHD will participate as able.	Agendas, sign-in sheets	Q1/Q2/Q3/Q4
3) Conduct WCDH quarterly communications drills to test redundant communication modalities.	Drill documentation	Q1/Q2/Q3/Q4
4) Conduct WCHD semi-annual call-down drills of personnel utilizing Communication NXT.	Drill documentation	Q1/Q2/Q3/Q4
5) (Joint) Participate in Federal health care situational awareness initiatives as able.	Meeting notes	Q1/Q2/Q3/Q4
6) Update the Public Information Communication Plan to include message templates for identified high probability exposure hazards, risks and	Message Templates	Q2

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vulnerabilities.		
7) Translation of message templates into identified languages to ensure dissemination of information to the public will reach citizens with limited English proficiency.	Translated messages	Q4
8) Development of procedures for notification of personnel to report for duty, to include notification methods, notification time frame and reporting times.	Procedure	Q2
9) Partner with WC Emergency Management Homeland Security to further develop call center capabilities within the region, to be utilized during a public health emergency or mass casualty.	call center process	Q4
10) Development of standard operating procedures for activation of call center during public health emergency.	SOP	Q4
Output(s) for planned activities in Domain 3 Activity 1:		
1) Drill documentation 2) EEI document 3) Message templates 4) Notification procedure		
Domain 3 Activity 2: Share Emergency Information & Warnings Across Disciplines & Jurisdictions & HCCs & their Members		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 4: Emergency Public Information & Warning		
<input type="checkbox"/> Function #1: Activate the emergency public information system		
<input type="checkbox"/> Function #2: Determine the need for a joint public information system		
<input type="checkbox"/> Function #3: Establish and participate in information system operations		
<input type="checkbox"/> Function #4: Establish avenues for public interaction and information exchange		
<input type="checkbox"/> Function #5: Issue public information alerts, warnings and notifications		
CAPABILITY 6: Information Sharing		
<input type="checkbox"/> Function #1: Identify stakeholders to be incorporated into information flow		
<input type="checkbox"/> Function #2: Identify and develop rules and data elements for sharing		
<input type="checkbox"/> Function #3: Exchange information to determine a common operating picture		
Planned activity(s) for Domain 3 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Domain 3 Activity 3: Conduct External Communication with the Public		
Objective 1: <i>By June 30, 2020, WCHD will provide external communication with the Public on any exercises conducted throughout the fiscal year.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		

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CAPABILITY 4: Emergency Public Information & Warning

- Function #1: Activate the emergency public information system
- Function #2: Determine the need for a joint public information system
- Function #3: Establish and participate in information system operations
- Function #4: Establish avenues for public interaction and information exchange
- Function #5: Issue public information alerts, warnings and notifications

CAPABILITY 6: Information Sharing

- Function #1: Identify stakeholders to be incorporated into information flow
- Function #2: Identify and develop rules and data elements for sharing
- Function #3: Exchange information to determine a common operating picture

Planned activity(s) for Domain 3 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Communication plans for Public Health Preparedness exercise plans or real event.	Communication plan	Q1/Q2/Q3/Q4
2) If able, establish Joint Information Center to support any planned exercises or real event.	JIC documentation	Q1/Q2/Q3/Q4
3) Disseminate information to the public regarding exercises or real-world events.	Media impressions and related documentation	Q1/Q2/Q3/Q4

Output(s) for planned activities in Domain 3 Activity 3:

- 1) Communication plan
- 2) JIC documentation

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DOMAIN 4: PHEP STRENGTHEN COUNTERMEASURES & MITIGATION

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 4 Activity 1: Manage Access to & Administration of Pharmaceutical & Non-pharmaceutical Interventions

Objective 1: *By June 30, 2020, WCHD will provide opportunities for community partners (EMS, hospitals, LE, NNG) to develop and participate in Medical Counter Measure response activities.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

- CAPABILITY 8: Medical Countermeasure Dispensing**
- Function #1: Identify and initiate medical countermeasure dispensing strategies
 - Function #2: Receive medical countermeasures
 - Function #3: Activate dispensing modalities
 - Function #4: Dispense medical countermeasures to identified populations
 - Function #5: Report adverse events

- CAPABILITY 9: Medical Materiel Management & Distribution**
- Function #1: Direct and activate medical materiel management and distribution
 - Function #2: Acquire medical materiel
 - Function #3: Maintain updated inventory management and reporting system
 - Function #4: Establish and maintain security
 - Function #5: Distribute medical materiel
 - Function #6: Recover medical materiel and demobilize distribution operations

- CAPABILITY 11: Non-Pharmaceutical Interventions**
- Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions
 - Function #2: Determine non-pharmaceutical interventions
 - Function #3: Implement non-pharmaceutical interventions
 - Function #4: Monitor non-pharmaceutical interventions

- CAPABILITY 14: Responder Safety & Health**
- Function #1: Identify responder safety and health risks
 - Function #2: Identify safety and personal protective needs
 - Function #3: Coordinate with partners to facilitate risk-specific safety and health training
 - Function #4: Monitor responder safety and health actions

Planned activity(s) for Domain 4 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Develop documentation for coordinated Pharmacy Cache Plan/MCM game.	Game documents	Q2
2) Conduct coordinated Pharmacy Cache Plan /MCM game.	PPT presentation, sign-in sheets, evaluations	Q3
3) Evaluate coordinated Pharmacy Cache Plan /MCM game.	AAR/IP	Q4

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4) Integrate ICANS Just-In-Time training into MCM plan update.	Updated MCM plan, ICANS user manual	Q4
5) Coordinate with Nevada National Guard in development of Anthrax and Smallpox administration training for community partners as able.	Agenda, meeting notes.	Q3
6) If able, conduct smallpox and/or anthrax training with Nevada National Guard	Training material, sign in sheets	Q4
7) Conduct operational review of ORR planning elements and identify areas for improvement within MCM response plans.	ORR spreadsheet, improvement list	Q1/Q2
8) Create list of mitigation opportunities for two identified gaps from the ORR analysis as able.	Two identified gaps with mitigation strategy	Q3/Q4
9) Mitigate two gaps identified in ORR as able.	Activity documentation	Q4
10) Coordination of Logistics Section training, focusing on the software system that will be utilized to track inventory, i.e. ICANS.	Training materials	Q4

Output(s) for planned activities in Domain 4 Activity 1:

- 1) Updated MCM plan
- 2) Training documents for ICANS
- 3) Training documents for anthrax/smallpox

Domain 4 Activity 2: Ensure Safety & Health of Responders

Objective 1: *By June 30, 2020, WCHD will develop PPE recommendations for multi-hazard response and provide it to community stakeholders.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 8: Medical Countermeasure Dispensing

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

CAPABILITY 9: Medical Materiel Management & Distribution

- Function #1: Direct and activate medical materiel management and distribution
- Function #2: Acquire medical materiel
- Function #3: Maintain updated inventory management and reporting system
- Function #4: Establish and maintain security
- Function #5: Distribute medical materiel
- Function #6: Recover medical materiel and demobilize distribution operations

CAPABILITY 11: Non-Pharmaceutical Interventions

- Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions
- Function #2: Determine non-pharmaceutical interventions
- Function #3: Implement non-pharmaceutical interventions

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Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 14: Responder Safety & Health

Function #1: Identify responder safety and health risks

Function #2: Identify safety and personal protective needs

Function #3: Coordinate with partners to facilitate risk-specific safety and health training

Function #4: Monitor responder safety and health actions

Planned activity(s) for Domain 4 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Convene a workgroup from EHS, CCHS & Epi representatives to review the Outbreak Response Standard Operating Procedures Plan, Respiratory Protection Plan and other identified plans. Review will include appropriate PPE information and PPE should be donned.	Meeting notes, agenda	Q1
2) Identify recommendations for update and/or plan elements to test on the Outbreak Response SOP, Respiratory Protection Plan and other identified plans based.	Recommendations	Q1
3) Create committee to assist with development of an exercise plan to test Outbreak Response SOP, Respiratory Protection Plan, and other identified plans from an emerging infectious disease incident.	Committee	Q1
4) Develop exercise plan.	Exercise Plan	Q2
5) Conduct the exercise.	Exercise documentation	Q2
6) Conduct debrief of Exercise and draft After-Action Review/Improvement Plan (AAR/IP).	AAR/IP	Q3
7) Provide recommendations to EHS/Epi from AAR/IP to include information in the update of the Outbreak Response Standard Operating Procedures Plan, Respiratory Protection Plan and other identified plans.	Distribution of information	Q4
8) Coordinating Stop-the-Bleed Training for Washoe County Employees and other invited community partners.	Training attendance sheet	Q3
9) Purchase identified supplies to support Stop-the-Bleed training initiatives.	Purchasing documents	Q1
10) If appropriate, provide input and recommendations for installation of Stop-the-Bleed kits within Washoe County government offices	Installation documents	Q2
11) (Joint) Review existing hazard/risk emergency response PPE recommendations for EMS and hospital personnel (Communicable Disease Manual, OSHA	List of recommendations	Q3

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requirements, Triad Team processes, etc.) and recommend updates, if applicable, based on national standards.		
12) (Joint) If applicable, identify top 6 high probability exposure hazards and create PPE recommendation document for community stakeholders.	Recommendation document	Q4
13) (Joint) If applicable and financially feasible, purchase PPE for community cache based on recommendations.	Purchasing documents	Q4
Output(s) for planned activities in Domain 4 Activity 2: 1) PPE recommendations for emergency response 2) Additional STB kits 3) Recommendation document		
Domain 4 Activity 3: Operationalize Response Plans		
Objective 1: <i>By June 30, 2020, WCHD test pandemic flu and anthrax point of dispensing operational pushout in multiple events and modalities.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 8: Medical Countermeasure Dispensing		
<input checked="" type="checkbox"/> Function #1: Identify and initiate medical countermeasure dispensing strategies		
<input type="checkbox"/> Function #2: Receive medical countermeasures		
<input checked="" type="checkbox"/> Function #3: Activate dispensing modalities		
<input checked="" type="checkbox"/> Function #4: Dispense medical countermeasures to identified populations		
<input type="checkbox"/> Function #5: Report adverse events		
CAPABILITY 9: Medical Materiel Management & Distribution		
<input type="checkbox"/> Function #1: Direct and activate medical materiel management and distribution		
<input type="checkbox"/> Function #2: Acquire medical materiel		
<input type="checkbox"/> Function #3: Maintain updated inventory management and reporting system		
<input type="checkbox"/> Function #4: Establish and maintain security		
<input type="checkbox"/> Function #5: Distribute medical materiel		
<input type="checkbox"/> Function #6: Recover medical materiel and demobilize distribution operations		
CAPABILITY 11: Non-Pharmaceutical Interventions		
<input type="checkbox"/> Function #1: Engage partners and identify factors that impact non-pharmaceuticals interventions		
<input type="checkbox"/> Function #2: Determine non-pharmaceutical interventions		
<input type="checkbox"/> Function #3: Implement non-pharmaceutical interventions		
<input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 14: Responder Safety & Health		
<input type="checkbox"/> Function #1: Identify responder safety and health risks		
<input type="checkbox"/> Function #2: Identify safety and personal protective needs		
<input type="checkbox"/> Function #3: Coordinate with partners to facilitate risk-specific safety and health training		

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<input type="checkbox"/> Function #4: Monitor responder safety and health actions		
Planned activity(s) for Domain 4 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Establish planning teams for two WCDSD POD drills.	Agenda, sign-in sheets	Q1
2) Develop planning documents for all identified POD exercises (i.e. WCDSD, Project Homeless Connect, or community PODs).	Extent of play, exercise plan, EEG	Q1/Q2/Q3
3) Integrate POD cages into any drill design with WCDSD.	ExPlan	Q1/Q2/Q3
4) As able, support the inclusion of primary care service providers to increase range of services at Homeless Connect POD, as identified in BP1 Supp exercise.	ExPlan or AAR/IP participant list	Q1/Q2/Q3
5) Integrate MRC volunteers, NNAFN representatives and CERT into POD Exercises.	ExPlan, Sign-in sheets	Q1/Q2/Q3
6) Present fall flu POD planning and training schedule to HCC.	IHCC minutes	Q1/Q2/Q3
7) Provide training for fall flu PODs to private POD partners and/or provide resources for autonomous operations (sign kits, vests, misc. POD supplies) as able.	Sign in sheets, agendas	Q1/Q2
8) Conduct any scheduled POD exercises and/or drills.	Sign-in sheet, media releases	Q1/Q2/Q3
9) Evaluate scheduled POD exercises and/or drills.	AAR/IP, participant feedback	Q2/Q3/Q4
10) Update pandemic flu plan with AAR/IP items and CDC priorities, e.g. school closure and quantifiable vaccine push out, PPE, etc.	Updated pandemic flu plan	Q4
Output(s) for planned activities in Domain 4 Activity 3:		
<ul style="list-style-type: none"> 1) Exercise documentation for exercises (AAR/IP, ExPlan etc.) 2) Updated pan flu plan 		

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DOMAIN 5: PHEP STRENGTHEN SURGE MANAGEMENT – MANAGE PUBLIC HEALTH SURGE

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 5 Activity 1: Management of Public Health Surge - Address mass care needs

Objective 1: *By June 30, 2020, WCHD will work to identify the role of public health in congregate locations and update processes as necessary.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

- CAPABILITY 5: Fatality Management**
- Function #1: Determine role for public health in fatality management
 - Function #2: Activate public health fatality management operations
 - Function #3: Assist in the collection and dissemination of ante-mortem data
 - Function #4: Participate in survivor mental/behavioral health services
 - Function #5: Participate in fatality processing and storage operations

- CAPABILITY 7: Mass Care**
- Function #1: Determine public health role in mass care operations
 - Function #2: Determine mass care needs of the impacted population
 - Function #3: Coordinate public health, medical, and mental/behavioral health services
 - Function #4: Monitor mass care population health

- CAPABILITY 10: Medical Surge**
- Function #1: Assess the nature and scope of the incident
 - Function #2: Support activation of medical surge
 - Function #3: Support jurisdictional medical surge operations
 - Function #4: Monitor non-pharmaceutical interventions

- CAPABILITY 15: Volunteer Management**
- Function #1: Coordinate volunteers
 - Function #2: Notify volunteers
 - Function #3: Organize, assemble, and dispatch volunteers
 - Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Review and update MRC database with active members to ensure volunteer base is credentialed and engaged.	Comparative database report	Q1/Q2/Q3/Q4
2) If new volunteers for Washoe County are identified through ESAR/VHP, provide training.	Sign in sheet, training documents	Q1/Q2/Q3/Q4
3) Create and distribute bi-annual MRC newsletter as able.	Newsletters	Q2/Q4

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4) Notify MRC members of opportunities to support and participate in activities and exercises coordinated by WCHD as able.	Emails, notification pushouts	Q1/Q2/Q3/Q4
5) Determine public health role in mass care operations to address needs of those impacted by an incident at congregate locations, to include consideration of isolation/quarantine area.	Regional planning documents and expectations	Q1
6) Collaborate with Environmental Health Services to adapt existing procedures for reducing the spread of disease to be used for shelter operations.	Shelter operation recommendations	Q2
7) Develop, if necessary, response plan or operating procedure for public health role in mass care operations to meet regional expectations.	Response plan or operating procedure	Q2
8) Facilitate discussion with HCC to develop a catalog of what members within Washoe County can provide with regards to medical/mental health services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog the HCC members resources	Q3
9) Facilitate discussion with VOAD and other identified sectors and partners to develop a catalog of what members within Washoe County can provide with regards to health/medical services for a congregate location, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by an emergency.	A catalog of VOAD member resources	Q3
10) Distribute catalog of services to agencies responsible for mass care.	Distribution list	Q4
11) Participation in regional VOAD committee meetings.	Meeting roster	Q1/Q2/Q3/Q4
12) Presentation to VOAD members on AAR/IP recommendations from BP1 ARC Shelter exercise.	VOAD meeting minutes, presentation documents	Q1
13) Facilitation of improvement items to address gaps in assistance for VOAD and Washoe County Health District, as identified in BP1 ARC Shelter Exercise AAR/IP.	Meeting notes and completed I/P items	Q2/Q3
14) Development of regional VOAD TTX to test improvement item processes to ensure viability, ensuring a module specifically for health and medical services.	Exercise Plan	Q3
15) Conduct the VOAD TTX exercise.	Exercise documentation	Q4
16) Conduct debriefs and draft After-Action Review/Improvement Plans (AAR/IP).	AAR/IP	Q4
17) Partner with community organizations and obtain agreement to be able to	Agreement with community organization	Q1

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provide or translate culturally and linguistically appropriate information during public health activation.		
18) Make updates to environmental health tracking system process, as exercised during BP1 Supp exercise.	Updated tracking form	Q2

Output(s) for planned activities in Domain 5 Activity 1:

- 1) Updated composite list of current, active MRC volunteers.
- 2) MRC newsletter.
- 3) Improvement item processes
- 4) Exercise documents
- 5) Agreement with community organization
- 6) Shelter operation recommendations

Domain 5 Activity 2: Management of Public Health Surge - Address surge needs

Statewide Objective: Nevada Public Health Partners will collaborate with regional partners, specifically emergency management, to create an algorithm for family information and reunification plans by June 30, 2020.

Objective 1: *By June 30, 2020, WCHD will work to improve plans related to family assistance and call centers.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 5: Fatality Management

- Function #1: Determine role for public health in fatality management
- Function #2: Activate public health fatality management operations
- Function #3: Assist in the collection and dissemination of ante-mortem data
- Function #4: Participate in survivor mental/behavioral health services
- Function #5: Participate in fatality processing and storage operations

CAPABILITY 7: Mass Care

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

CAPABILITY 10: Medical Surge

- Function #1: Assess the nature and scope of the incident
- Function #2: Support activation of medical surge
- Function #3: Support jurisdictional medical surge operations
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 15: Volunteer Management

- Function #1: Coordinate volunteers
- Function #2: Notify volunteers

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<input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will participate in the creation of a subcommittee by Nevada State PHP to develop algorithm will be created by August 31, 2019.	Meeting notes	Q1
2) WCHD will participate in the Nevada State PHP led subcommittee to clearly define family information and family reunification for purposes of planning, as well as responsible agency within each jurisdiction by September 30, 2019.	Meeting notes	Q1
3) WCHD will participate in the development of algorithm, to include considerations for AFN (Access and Functional Needs), CFAN (Children with Functional Access Needs), pediatrics, and those with disabilities, by February 29, 2020.	Algorithm	Q2
4) (State-led) If requested and applicable, provide Resilience Commission with developed algorithm for continued integration into recovery plans.	Meeting notes	Q4
5) Partner with WC Emergency Management Homeland Security to further develop call center capabilities within the region, to be utilized during a public health emergency or mass casualty.	call center process	Q4
Output(s) for planned activities in Domain 5 Activity 2: 1) Nevada PHP algorithm 2) Call center processes		
Domain 5 Activity 3: Management of Public Health Surge - Coordinate Volunteers		
Statewide Objective: Annually, volunteers will be included in training opportunities and incorporated into exercises sponsored by HCCs, LHAs and the Nevada State PHP Program.		
<i>Objective 1: By June 30, 2020, WCHD will work improvement education on spontaneous and government volunteer processing and will include volunteers within created exercises.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input type="checkbox"/> Function #1: Determine role for public health in fatality management <input type="checkbox"/> Function #2: Activate public health fatality management operations <input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data <input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		

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CAPABILITY 7: Mass Care

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

CAPABILITY 10: Medical Surge

- Function #1: Assess the nature and scope of the incident
- Function #2: Support activation of medical surge
- Function #3: Support jurisdictional medical surge operations
- Function #4: Monitor non-pharmaceutical interventions

CAPABILITY 15: Volunteer Management

- Function #1: Coordinate volunteers
- Function #2: Notify volunteers
- Function #3: Organize, assemble, and dispatch volunteers
- Function #4: Demobilize volunteers

Planned activity(s) for Domain 5 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will distribute training opportunities to volunteers as the trainings are identified as appropriate.	Distribution information	Q1/Q2/Q3/Q4
2) Nevada HCCs, LHAs and the Nevada PHP Program will include injects for the utilization of volunteers in the exercise design.	Exercise plans	Q1/Q2/Q3/Q4
3) Training of new MRC recruits as needed.	Completed training packets	Q1/Q2/Q3/Q4
4) Attend State MRC meetings as agency liaison.	Sign in sheet, minutes as available	Q1/Q2/Q3/Q4
5) Produce MRC newsletter bi-annually.	Newsletters	Q2/Q4
6) Develop training materials on Volunteer Donations Management Plan.	Training materials	Q1
7) Conduct training sessions to community stakeholder groups on the BP1 Volunteer Donation Management Plan e.g., the Salvation Army, Catholic Charities.	Training attendance sheets	Q2
8) Revise, if appropriate, Volunteer Donations Management plan based on feedback from training sessions.	Updated VDM plan	Q3
9) Develop training materials for processing of unaffiliated and/or government volunteers.	Training materials	Q1
10) Present processing of unaffiliated and/or government Volunteers to various	Meeting agendas	Q2/Q3

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community groups. E.g. VOAD members, EPC, HCC, LEPC, etc.		
Output(s) for planned activities in Domain 5 Activity 3: 1) Updated Volunteer Donations Management Plan 2) Training Materials		
Domain 5 Activity 4: Management of Public Health Surge – Prevent or Mitigate Injuries and Fatalities		
Objective 1: <i>By June30, 2020, WCHD will draft processes for disaster death reporting.</i>		
Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)		
CAPABILITY 5: Fatality Management		
<input checked="" type="checkbox"/> Function #1: Determine role for public health in fatality management <input type="checkbox"/> Function #2: Activate public health fatality management operations <input type="checkbox"/> Function #3: Assist in the collection and dissemination of ante-mortem data <input type="checkbox"/> Function #4: Participate in survivor mental/behavioral health services <input type="checkbox"/> Function #5: Participate in fatality processing and storage operations		
CAPABILITY 7: Mass Care		
<input type="checkbox"/> Function #1: Determine public health role in mass care operations <input type="checkbox"/> Function #2: Determine mass care needs of the impacted population <input type="checkbox"/> Function #3: Coordinate public health, medical, and mental/behavioral health services <input type="checkbox"/> Function #4: Monitor mass care population health		
CAPABILITY 10: Medical Surge		
<input type="checkbox"/> Function #1: Assess the nature and scope of the incident <input type="checkbox"/> Function #2: Support activation of medical surge <input type="checkbox"/> Function #3: Support jurisdictional medical surge operations <input type="checkbox"/> Function #4: Monitor non-pharmaceutical interventions		
CAPABILITY 15: Volunteer Management		
<input type="checkbox"/> Function #1: Coordinate volunteers <input type="checkbox"/> Function #2: Notify volunteers <input type="checkbox"/> Function #3: Organize, assemble, and dispatch volunteers <input type="checkbox"/> Function #4: Demobilize volunteers		
Planned activity(s) for Domain 5 Activity 4:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Research best practices for linking disaster fatalities to death reporting for the purposes of vital statistics and after action reviews	Research notes	Q2
2) Collaborate with Vital Statistics and medical community personnel to draft processes for disaster death reporting for Washoe County	Draft processes	Q4

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Output(s) for planned activities in Domain 5 Activity 4:

1) [disaster death reporting process](#)

DOMAIN 6: PHEP STRENGTHEN BIOSURVEILLANCE

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Domain 6 Activity 1: Conduct Epidemiological Surveillance & Investigation

Objective 1: *By June 30, 2020, WCHD will maintain disease surveillance mechanisms and communicate with reporting sources to ensure compliance.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- Function #1: Manage laboratory activities
- Function #2: Perform sample management
- Function #3: Conduct testing and analysis for routine and surge capacity
- Function #4: Support public health investigations
- Function #5: Report results

CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation

- Function #1: Conduct public health surveillance and detection
- Function #2: Conduct public health and epidemiological investigations
- Function #3: Recommend, monitor and analyze mitigation actions
- Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 1:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Monitor cases of reportable disease.	NEDSS Base System	Q4
2) Investigate individual cases and outbreaks.	NEDSS Base System	Q4
3) Implement control measures.	NEDSS Base System	Q4
4) Participate in Northern Nevada Infection Control (NNIC) meetings.	NNIC minutes	Q4
5) Coordinate with Environmental Health (weekly) and Community and Clinical Health Services (as needed) on outbreak investigations.	Epi Center weekly meeting notes	Q4
6) Contact poison control center to explore possibilities for routine (monthly) information sharing specific to Washoe County.	Poison control reports	Q4
7) Share epidemiological information with hospitals and other healthcare partners at the monthly Inter Hospital Coordinating Council (IHCC) meetings.	IHCC notes	Q4

Output(s) for planned activities in Domain 6 Activity 1:

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- 1) Data available for review in the NEDSS Base System.
- 2) Published issues of the EpiNews.
- 3) Outbreak investigation reports.
- 4) Annual disease reports.
- 5) Weekly influenza reports during flu season.

Domain 6 Activity 2: Detect Emerging Threats and Injuries

Statewide Objectives: Nevada’s public health jurisdictions will exercise mutual aid for epidemiological surge by June 30, 2020.

Objective 1: *By June 30, 2020, WCHD will monitor syndromic reporting systems to detect unusual cases and emerging disease.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

- CAPABILITY 12: Public Health Laboratory Testing**
- Function #1: Manage laboratory activities
 - Function #2: Perform sample management
 - Function #3: Conduct testing and analysis for routine and surge capacity
 - Function #4: Support public health investigations
 - Function #5: Report results

- CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation**
- Function #1: Conduct public health surveillance and detection
 - Function #2: Conduct public health and epidemiological investigations
 - Function #3: Recommend, monitor and analyze mitigation actions
 - Function #4: Improve public health surveillance and epidemiological investigation systems

Planned activity(s) for Domain 6 Activity 2:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) WCHD will collaborate with NDPBH in the Identification of LHA contacts for exercise planning team by October 31, 2019	WCHD staff assigned to exercise planning team	Q2
2) WCHD will collaborate with NDPBH in the Development of exercise materials, to include objectives and injects for personnel surge and laboratory services by March 29, 2020	Exercise Plan	Q3
3) WCHD will collaborate with NDPBH to ensure that an AAR will be developed to identify opportunities for improvement within 90 days of exercise	AAR/IP	Q4
4) Maintain syndromic reporting systems for influenza and schools.	Weekly influenza reports	Q4
5) Maintain antibiogram based on local data.	Published antibiogram	Q4

Output(s) for planned activities in Domain 6 Activity 2:

- 1) Data available for review to assist in the investigation of unusual occurrence if illness.

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Domain 6 Activity 3: Conduct Laboratory Testing

Statewide Objectives: Nevada's two LRN-B laboratories will conduct an exercise to test transportation of specimens and materials around the state by June 30, 2020.

Objective 1: *By June 30, 2020, WCHD will coordinate with Nevada State Public Health Laboratory for disease investigation.*

Check ALL Functions that are used to guide your Planned Activities. (Select all that apply)

CAPABILITY 12: Public Health Laboratory Testing

- Function #1: Manage laboratory activities**
- Function #2: Perform sample management**
- Function #3: Conduct testing and analysis for routine and surge capacity**
- Function #4: Support public health investigations**
- Function #5: Report results**

CAPABILITY 13: Public Health Surveillance & Epidemiological Investigation

- Function #1: Conduct public health surveillance and detection**
- Function #2: Conduct public health and epidemiological investigations**
- Function #3: Recommend, monitor and analyze mitigation actions**
- Function #4: Improve public health surveillance and epidemiological investigation systems**

Planned activity(s) for Domain 6 Activity 3:	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
1) Laboratory staff will collaborate with State PHP Program to develop exercise that tests specific elements of transportation of samples, specimens and materials.	Exercise Plan	Q2
2) WCHD will collaborate with other LHAs and will disseminate information to elicit participation from regional partners.	Meeting calendars	Q3
3) WCHD will collaborate on AAR that will be developed to identify opportunities for improvement within 90 days of exercise.	AAR/IP	Q4
4) Coordinate submission of specimens to the Nevada State Public Health Laboratory.	Laboratory results entered into NEDSS Base System	Q4

Output(s) for planned activities in Domain 6 Activity 3:

- 1) Laboratory data relevant to active disease investigations available for review.

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

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 NU90TP922047-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Centers for Disease Control and Prevention (CDC)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 NU90TP922047-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs	including fringe	Total:	\$580,116.00
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Dr. Randall Todd</u> Epi Center Director	\$187,142	45%	65%	12	100%	\$176,381

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community, and is the liaison between Public Health Preparedness and the medical community; designs and/or oversees the design and conduct of evaluations of the timeliness and completeness of reporting laboratory results, disease cases and outbreaks; and coordinates rapid and effective local epidemiological investigations and responses to outbreaks; assists in training public health staff and local health care providers on their role in responding to public health emergencies. During an event, assists with risk communication by providing technical expertise. The EPHP Director is an essential member of the WCHD leadership team (i.e. District Health Officer and Division Directors) and the ICS Command staff during an emergency response; ensures coordination, management and accomplishment of CDC PHP grant-funded activities.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Christina Conti</u> Preparedness and EMS Program Manager	\$106,634	45%	16%	12	100%	\$24,676

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; oversees all contractors and approves work product and financial payments; provides direct, consistent, timely and accurate communication and coordination with PHP Program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Stephen Shipman</u> Public Health Emergency Coordinator	\$94,881	45%	100%	12	100%	\$137,577

Public Health Emergency Response Coordinator: - Mass Illness Coordinator: Develops and maintains plans for responding to mass illness events such as smallpox, pandemic flu and infectious disease outbreaks and conducts exercises of these plans; assists in regional emergency planning of healthcare surge capacity, points of dispensing (PODs), and other healthcare services; develops MOUs with community partners to provide staff, facilities, supplies, equipment and volunteers to deliver prophylaxis, vaccines and other services during a public health emergency; coordinates with the Nevada State Health Division to distribute Strategic National Stockpile locally and regionally.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
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<u>Andrea Esp</u> <u>Public Health Emergency</u> <u>Coordinator</u>	\$93,044	45%	5%	12	100%	\$6,746
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Public Health Emergency Response Coordinator: Healthcare Coalition Liaison - Coordinate planning actions between the WCHD and local healthcare system. The Liaison will represent the WCHD on various boards and committees, research and write staff reports, make recommendations and presentations. The Liaison is also the division representative working the Public Health Accreditation Board.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of</u> <u>Months worked</u>	<u>Amount</u> <u>Requested</u>
<u>Phil Ulibarri</u> <u>Public Health Communication</u> <u>Manager</u>	\$95,669	45%	20%	12	100%	\$27,744

Public Health Communications Manager: Develops, implements and maintains strategic, crisis and emergency risk communications plans and ensures compatibility with corresponding crisis and emergency risk communications plans at the local and state levels; provides media/communications training for spokespersons and authorizes participation in communication with media representatives; fulfills role of Command Staff PIO in ICS incidents; serves as PHP ICS 300/400 instructor.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of</u> <u>Months worked</u>	<u>Amount</u> <u>Requested</u>
<u>David Gamble</u> <u>Program Coordinator</u>	\$79,717	45%	100%	12	100%	\$115,590

Program Coordinator: Facilitates several initiatives within WCHD, to include the respiratory protection program, mass care planning within a shelter operation, coordinates the Access and Functional need community. Coordinates Continuity of Operations Planning for the Health District, Biohazard Detection System planning, and environmental health tracking. Serves as liaison for regional hazard mitigation planning. Serves as PHP ICS300/400 instructor

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of</u> <u>Months worked</u>	<u>Amount</u> <u>Requested</u>
<u>Dawn Spinola</u> <u>Administrative Secretary</u>	\$71,389	45%	88%	12	100%	\$91,402

Administrative Secretary: Assists in financial administration of the grant, including the preparation of budgets, grant billings and reports; recommends, directs and participates in special projects, recommends and coordinates purchasing of supplies and equipment; provides contract administration services, researches and analyzes information to write reports and other documents; compiles spreadsheets, coordinates travel/training arrangements for staff; assists in personnel recruitment activities; coordinates usage and maintenance of equipment and storage; maintains division and department-wide emergency contact lists, coordinates PHP activities with other programs and within the department; provides administrative support for volunteer requests; coordinates Jurisdictional Risk Assessment.

	Total Fringe Cost	\$180,036.00			Total Salary Cost:	\$400,081
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Fringe includes insurance, retirement, incentive. WCHD uses direct expenditures for fringe and the percentage calculation above is for actual anticipated expenditures.

					Total:	\$4,803
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Out-of-State Travel **\$2,376**

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Preparedness Summit Conference: Dallas, TX</u>					
Airfare: \$601.00 cost per trip (Reno & Dallas, TX) x 1 trip x 2 staff	\$601.00	1		2	\$1,2020
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 2 staff x 3 days	\$66.00	1	3	2	\$396
Lodging: \$157.00 per day + \$17.50 tax = total \$177.00 x 1 trip x 2 nights x 2 staff	\$174.50	1	2	2	\$698
Ground Transportation: \$20 per r/trip x 2 trips x 2 staff	\$20.00	2	1	2	\$80

Justification:

Preparedness Summit Conference: presenting new research findings, sharing tools and resources, and providing a variety of opportunities for attendees to learn how to implement model practices that enhance the nation's capabilities to prepare for, respond to, and recover from disasters and other emergencies. WCHD PHP staff will be attending the training, specific staff to be identified when Summit course outline is

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published.

In-State Travel

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Public Health Partners: Las Vegas, NV</u> Airfare: \$350.00 cost per trip (Reno & Las Vegas) x – trip x 2 staff	\$350.00	1	1	2	\$700
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 2 staff	\$66.00	1	1	2	\$132
Motor Pool:(\$75.00 car/day) x 1 trip x 1 day	\$75.00	1	1	2	\$75

Justification:

Meeting with Public Health Partners throughout the State. One meeting in Las Vegas, other three in Northern Nevada. Staff members affiliated with this travel are anticipated to be Public Health Emergency Response Coordinator and the Preparedness & EMS Manager.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Regional Meetings</u> Mileage: (\$0.58 per mile x 46.0 miles per r/trip) x 30 trips x 1 staff	\$26.68	30		1	\$800

Justification:

Attendance at meetings around the region, working on Scope of Work initiatives. All WCHD PHP staff attend regional meetings and would be eligible for mileage reimbursement.

Supplies

Total: \$22,750

Office supplies: Office Supplies for day to day operations	\$1,000.00
Operating Supplies	\$21,750.00

Justification: Stop the bleed kits, radios, batteries and general supplies needed for Scope of Work deliverables.

Equipment

Total: \$5,000

CBRNE (Chemical, Burn, Radiation, Nuclear, Explosive) equipment such as but not limited to, PAPR's (powered air-purifying respirator), decontamination equipment, and CBRNE survey equipment.	\$5,000.00
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Contractual/Contractual

Total: \$153,000

<u>POD Activities:</u> drills, exercises, games and documentation	Total \$10,000.00
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Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractual support to provide training and exercise support to assist in meeting Scope of Work deliverables.

Budget

Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

<u>Contract support for CHEMPACK Initiative</u>	Total \$3,000.00
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Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractual support to perform CHEMPACK regional planning initiatives to assist in meeting Scope of Work deliverables.

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<u>Budget</u>	
Personnel	\$3,000.00
Travel	\$0.00
Total Budget	\$3,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

ICAMS/Inventor Management Support **Total** **\$5,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractual support to perform iCAMS inventory management planning to assist in meeting Scope of Work deliverables. iCAMS is the statewide inventory management system purchased for Strategic National Stockpile inventory management operations.

<u>Budget</u>	
Personnel	\$5,000.00
Travel	\$0.00
Total Budget	\$5,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Respiratory Protection Mass Drill **Total** **\$10,000.00**

Method of Selection: competitive bid and sole source.

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Medical clearances for all staff followed by mass fit testing. Testing the WCHD Respiratory Protection Plan, which will require using both ARC (contracted Washoe County medical provided) and internet medical clearance company, as well as the purchasing of masks.

* Sole Source Justification: Sole source on ARC as they are a Washoe County contracted medical service provider.

<u>Budget</u>	
Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

WebEOC Module Improvement **Total** **\$10,000.00**

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Update, develop and fix a variety of issues in WebEOC to make data boards (patient tracking/mass casualty etc.) more functional.

* Sole Source Justification: WebEOC is a proprietary system that Washoe County uses for emergency management.

<u>Budget</u>	
Personnel	\$10,000.00
Travel	\$0.00
Total Budget	\$10,000.00

Method of Accountability:

Lists of WebEOC problems and fixes will be tracked by WCHD Epi Center Director (Dr. Randall Todd).

POD Partner Support **Total** **\$25,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractual support to perform POD (Point of Dispensing) initiatives with local POD partners to establish autonomy including HSEEP (Homeland Security Exercise and Evaluation Program) paperwork to assist in meeting Scope of Work deliverables.

<u>Budget</u>	
Personnel	\$25,000.00
Travel	\$0.00
Total Budget	\$25,000.00

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Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Temporary Staff: Public Health Investigator (PHI) **Total** **\$65,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractor to provide exercise support for the Complex Coordinated Terrorist Attack exercise in November. Will represent WCHD PHP in planning meetings and coordinate with community partners to maximize exercise participation.

Budget

Personnel	\$65,000.00
Travel	\$0.00
Total Budget	\$65,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Temporary Staff: for statewide Full-Scale Exercise, Silver Crucible
Complex Coordinated Terrorist Attack. **Total** **\$25,000.00**

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Contractor to provide exercise support for the Complex Coordinated Terrorist Attack exercise in November. Will represent PHP in planning meetings and coordinate with community partners to maximize exercise participation.

* Sole Source Justification: Vendor was selected through competitive bid process in in previous Budget Period (BP1SUPP), and should be maintained for continuity of project.

Budget

Personnel	\$25,000.00
Travel	\$0.00
Total Budget	\$25,000.00

Method of Accountability:

Progress and performance of the consultant will be monitored through quarterly reports. WCHD EMS-PHP Manager is responsible for supervising the contractor's work.

Other	Total:	\$ 81,715
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Copier/Printer Lease: \$83.33/mo. x 12 mo.	\$1,000.00
Postage:	\$992.00
Printing: \$1,675.00/mo. x 12 mo.	\$20,100.00
Network data lines, landlines, long distance and cell phone: \$183.33/mo. x 12 mo.	\$2,200.00
PFA Seminars/Meetings: \$1,302.50/meeting x 4 meetings	\$5,210.00
Dues/Memberships:	\$3,125.00
Medical Services: \$16.67/mo. x 12 mo.	\$200.00
Advertising:	\$27,150.00
Satellite phone-subscription minutes: \$116.67/mo. x 12 mo.	\$1,400.00
Repairs and Maintenance: \$200.00/mo. x 12 mo.	\$2,400.00
Trailer/Vehicle Expenses (asset mgmt., o/m, fuel, lease) \$1,494.83/mo. x 12 mo.	\$17,938.00

Justification: Copy charges and lease allocation based on usage; Senior AFN pushout – mailer, general mailings; Senior AFN pushout, IZ (Immunize) Nevada Campaign to include WCSO (Washoe County School District) families and employees. General printing including emergency response plans or materials relating to educational campaign to the community; General day to day operational use of telephones, network and cellular phones; Planning Section/Psychological First Aid (PFA) classes, NACCHO Preparedness Summit Conference Registration, Training for volunteer management; Dues for Public Health Communications Manager for National Public Health Information Coalition (NPHIC) and Public Relations Society of America (PRSA) NACCHO Project Public Health Ready Accreditation; Medical Fit tests for staff; Survey Monkey subscription, CASPER (Community Assessment for Public Health Emergency Response) pushout utilizing the opportunities identified by the 2019 CASPER survey to educate and engage the public through but not limited to: public information pushouts (media, social media, printed materials and other means that may be identified) and preparedness activities (workshops, conferences, trainings, family health festivals), Public information pushout documentation (social media contacts/posts, advertising or other) and/or documentation from preparedness activities (such as agendas, meeting notes, exercise documents or activities); Required for PHEP Capability: Emergency Operations Coordination - two satellite phone subscription minutes; Trailer repairs to include but not limited to reader board trailers, POD trailers, communications trailer and hospital trailer; Maintain and operate trailers, signs and FY20 truck lease for 1 yr.

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TOTAL DIRECT CHARGES	\$ 846,664
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Indirect Charges	Indirect Rate:	10.00%	\$ 84,666
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Indirect Methodology: 10% of all direct expenses per Federally approved indirect agreement.

TOTAL BUDGET	Total:	\$931,330
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Applicant Name: Washoe County Health District - PHEP
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

Form 2

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

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$931,330								\$931,330

EXPENSE CATEGORY

Personnel	\$580,116	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$580,116
Travel	\$4,083	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$4,083
Operating	\$22,750	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$22,750
Equipment	\$5,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$5,000
Contractual/Consultant	\$153,000	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$153,000
Other Expenses	\$81,715	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$81,715
Indirect	\$84,666	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$84,666

TOTAL EXPENSE	\$931,330	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$931,330
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$84,666
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Total Agency Budget	\$931,330
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$93,133.00**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H. These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

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 **\$931,330.00**;
- ****Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.***
- Division of Public and Behavioral Health 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. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$93,133.00**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

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:

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
 - Provide technical assistance, upon request from the Subrecipient;
 - Provide prior approval of reports or documents to be developed;
- 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.

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Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The 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.

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

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Agency Ref. #: **HD 17250**
 Budget Account: 3218
 GL: 8516
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subaward Period: July 1, 2019 to June 30, 2020	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	\$580,116.00	\$0.00	\$0.00	\$0.00	\$580,116.00	0.0%
2. Travel	\$4,083.00	\$0.00	\$0.00	\$0.00	\$4,083.00	0.0%
3. Supplies	\$22,750.00	\$0.00	\$0.00	\$0.00	\$22,750.00	0.0%
4. Equipment	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0.0%
5. Contractual/Consultant	\$153,000.00	\$0.00	\$0.00	\$0.00	\$153,000.00	0.0%
6. Other	\$81,715.00	\$0.00	\$0.00	\$0.00	\$81,715.00	0.0%
7. Indirect	\$84,666.00	\$0.00	\$0.00	\$0.00	\$84,666.00	0.0%
Total	\$931,330.00	\$0.00	\$0.00	\$0.00	\$931,330.00	0.0%

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>	\$93,133.00	\$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 _____

FOR Department USE ONLY

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 _____

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Washoe County Health District (WCHD) PHEP

Reimbursement Worksheet

Month _____

HD 17250

Washoe County Health District (WCHD) PHEP							
Reimbursement Worksheet							
Month _____							
HD 17250							
Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)		Description					Amount
		TOTAL					
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)		Description (attach invoice copies for all items)					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

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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? _____

4. What is the official name of your organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time-period did your last audit cover? _____

8. Which accounting firm conducted your last audit? _____

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.

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16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
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.

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IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (referred to as "Subrecipient").

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	1 NU90TP922047-01-00	Subaward Number	HD 17250
Federal Amount	\$931,330.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$93,133.00	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$931,330.00		
Performance Period	July 1, 2019 to June 30, 2020		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$931,330.00**
Required Match Percentage 10%
Total Required Match **\$93,133.00**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	58,011.60
2	Travel	\$	408.30
3	Supplies	\$	2,275.00
4	Contract/Consultant	\$	15,300.00
5	Equipment	\$	0.00
6	Other	\$	8,171.50
7	Indirect Costs	\$	8,466.60
	Total	\$	93,133.00

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

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

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

SUBJECT: Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 (with \$39,234.60 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY20 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 in support of the ASPR Public Health Preparedness Grant Program, IO TBD. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency. This item will also support any memorandum of understandings between the local government agencies such as local law enforcement, local fire departments, public and private schools and the Washoe County Health District as outlined in the scope of work; by authorizing the District Health Officer to execute the MOU agreements with the partnering agencies.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



PREVIOUS ACTION

The Board approved the Notice of Subgrant Award for the period July 1, 2018 through June 30, 2019 in the total amount of \$365,687 on August 23, 2018.

BACKGROUND

Project/Program Name: ASPR Public Health Preparedness Program

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

- Foundation for Health Care and Medical Readiness
- Health Care and Medical Response and Recovery Coordination
- Continuity of Health Care Service Delivery
- Medical Surge
- Program Administration

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

On-Going Program Support: These funds support on-going activities in the Public Health Preparedness Program. A portion of the funds will be used to support the transition of the IHCC into a mature coalition as outlined in the Funding Opportunity Announcement and the completion of a Hazard Vulnerability Assessment (HVA) and resource assessment.

Award Amount: Total award is \$392,346 (\$356,678 direct/\$35,668 indirect)

Grant Period: July 1, 2019 – June 30, 2020

Funding Source: Assistant Secretary for Preparedness and Response (ASPR)

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

CFDA Number: 93.889

Grant ID Number: 1U3REP190613-01-00

Match Amount and Type: \$39,234.60 or 10% match is required and is met through Shared Services expenditures

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

FISCAL IMPACT

As the FY20 budget in Internal Order 10708 was adopted with a total of \$365,687 in revenue (includes \$33,244 of indirect) and \$332,443 in expenditure authority, a budget amendment in the amount of \$24,235 is necessary to bring the Notice of Subgrant Award into alignment with the direct program budget. Should the Board approve the budget amendments, the FY20 budget will be increased by \$24,235 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/Decrease</u>
2002-IO-10708 -431100	Federal Revenue	\$24,235
	Total Revenue	\$24,235
2002-IO-10708 -701412	Salary Adjustment	\$5,492.99
2002-IO-10708 -705360	Benefit Adjustment	\$1,994.32
2002-IO-10708 -710300	Operating Supplies	\$6,003.69
2002-IO-10708 -710350	Office Supplies	\$100
2002-IO-10708 -710509	Seminars/Meetings	\$4,931
2002-IO-10708 -711210	Travel	\$1,292
2002-IO-10708 -711213	Travel-Non County Pers	\$4,421
	Total Expenditures	\$24,235

RECOMMENDATION

Staff recommends that the District Board of Health retroactively approve Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 (with \$39,234.60 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY20 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

Subject: Retroactive approval of Notice of Subgrant Award –ASPR Public Health Preparedness Program

Date: August 22, 2019

Page 4 of 4

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to retroactively approve Notice of Subgrant Award from Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$392,346 (with \$39,234.60 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; Approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY20 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and if approved authorize the District Health Officer to execute the Subgrant Award and approve subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies."



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

Agency Ref. #: **HD 17249**
 Budget Account: 3218
 Category: 23
 GL: 8516
 Job Number: 9388920

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Christina Conti / cconti@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 through June 30, 2020	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to demonstrate achievement in the Hospital Preparedness Program (HPP) capabilities according to the HPP Cooperative Agreement.

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

Approved Budget Categories:	
1. Personnel	\$236,514.00
2. Travel	\$19,572.00
3. Supplies	\$37,505.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$51,403.00
6. Other	\$11,684.00
TOTAL DIRECT COSTS	\$356,678.00
7. Indirect Costs	\$35,668.00
TOTAL APPROVED BUDGET	\$392,346.00

FEDERAL AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 392,346.00
Cumulative Prior Awards this Budget Period:	\$ 27,500.00
Total Federal Funds Awarded to Date:	\$ 419,846.00
Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Amount Required this Action:	\$ 39,234.60
Amount Required Prior Awards:	\$ 2,750.00
Total Match Amount Required:	\$ 41,984.60
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

Federal Budget Period:
July 1, 2019 through June 30, 2020
Federal Project Period:
July 1, 2019 through June 30, 2024

FOR AGENCY USE, ONLY

Source of Funds: Assistant Secretary for Preparedness and Response (ASPR)	% Funds: 100%	CFDA: 93.889	FAIN: U3REP190613	Federal Grant #: 1 U3REP190613-01-00	Federal Grant Award Date by Federal Agency: 6/26/2019
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Agency Approved Indirect Rate: 7.5% **Subrecipient Approved Indirect Rate:** 10.0%

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; and Section H: Matching Funds Agreement
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Kevin Dick District Health Officer	Signature	Date
Karen Beckley, MPA, MS Bureau Chief, BHPP		
For Lisa Sherych Interim Administrator, DPBH		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
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 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).

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

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.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 1, July 1, 2019 to June 30, 2020 and is broken down by capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2020. Outcome of the funded capability will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 7/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 7/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 7/1/19 to 6/30/20)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - October 31, 2019 1st Quarter Progress Report (For the period of 7/1/19 to 9/30/19)
 - January 31, 2020 2nd Quarter Progress Report (For the period of 10/1/19 to 12/31/19)
 - April 30, 2020 3rd Quarter Progress Report (For the period of 1/1/19 to 3/31/20)
 - July 31, 2020 4th Quarter Progress Report (For the period of 4/1/19 to 6/30/20)

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

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD

Washoe County Health District
ASPR Hospital Preparedness Program (HPP)
Detailed Work Plan
July 1, 2019 through June 30, 2020 (BP1-1901)

All HCCs must fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the following two staffing requirements: Please see pg. 48-49 of the FOA for the HCC staffing support requirements.

CLINICAL ADVISOR

- Percentage of FTE supporting the HCC: 5%
- Is this position's HCC time paid by HPP funds, in-kind or other?
Match for grant and possible contract identified within HPP funds (\$10,000)
- Name of Advisor's agency and position (unrelated to coalition)
Preliminarily identified to be Renown, Director Infection Prevention and Control

HCC READINESS & RESPONSE COORDINATOR (RRC)

- Percentage of FTE supporting the HCC: 95%
- Is this position's time paid by HPP funds, in-kind or other? HPP Funds
- Name of RRC's agency and position (unrelated to coalition)
Washoe County Health District, Public Health Emergency Response Coordinator

CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Establish and Operationalize a Health Care Coalition			
Activity 1: Define Health Care Coalition Boundaries	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Updated information from all HCCs, as applicable, in the Coalition Assessment Tool (CAT) regarding HCC boundaries.	Coalition boundaries uploaded to the CAT	Q1
Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):			
1) Updated CAT			
Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2020.			
Local Objective: Throughout the budget period, the Inter-Hospital Coordinating Council (HCC) will maintain the requirements of a mature coalition as outlined in the FOA.			
Activity 2: Identify Health Care Coalition members *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) At least two HCC representatives will be included on at least one exercise planning team by March 31, 2020. <ul style="list-style-type: none"> • HCC will provide at least two representatives to exercise planning teams by March 31, 2020. 	Meeting notes	Q3
	2) Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)	Attendance log and meeting notes	Q4

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	<ul style="list-style-type: none"> Core membership will be tracked through the attendance log 		
3)	<p>Contact healthcare facilities for update of point-of-contact (POC) spreadsheet quarterly</p> <ul style="list-style-type: none"> For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, clinics 	POC forms	Q1/Q2/Q3/Q4
4)	As appropriate, core membership will sign all HCC plans and bylaws		Q4
5)	<p>Maintain a collaborative partnership with a variety of stakeholders to ensure the community has:</p> <ul style="list-style-type: none"> Medical equipment and supplies, Real-time information, Communication systems, and Trained and educated health care personnel to respond to an emergency. 	Agenda, meeting notes	Q4
6)	Local health department continued participation in the coalition.	Documented meeting attendance	Q1/Q2/Q3/Q4
7)	<p>As requested, HCC will provide representation at other HCC meetings and events.</p> <ul style="list-style-type: none"> For example, HCC meetings, PODs, trainings, and exercises. 	Meeting notes	Q4
<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 2 (PHASE 1):</p> <p>1) A list of core and additional members</p> <p>2) Bylaws</p> <p>3) HCC Plans</p>			
<p>Local Objective: Throughout the budget period, HCC will maintain the requirements of a mature coalition as outlined in the FOA.</p>			
Activity 3:	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Establish Health Care Coalition Governance *	1) HCC will update and maintain the information annually related to its governance and maintain updated documentation in the Coalition Assessment Tool (CAT). (see HPP FOA pg.47) <ul style="list-style-type: none"> For example, bylaws, Preparedness Planning Guidelines, Response Guide. 	Meeting notes	Q3
	2) HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget) <ul style="list-style-type: none"> The Coalition will identify and finalize Clinical Advisor Position to be to support the mission of the coalition. 	Meeting notes, CV and scope of practice	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):			
1) Bylaws 2) Clinical Advisor MOU/MOA or contract			
Objective 2: Identify Risks and Needs			
Statewide Objective: Nevada will include at-risk populations (HPP population is pediatrics for FY19) into planning and exercise activities by June 30, 2020.			
Local Objective: By March 30, 2020, the HCC, with leadership from WCHD, will complete a Hazard Vulnerability Assessment (HVA) and resource assessment.			
Activity 1: Assess Hazard Vulnerabilities and Risks *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49) <ul style="list-style-type: none"> Send out HVA template during first quarter. Collect partner HVAs during second quarter. Collate partner HVAs into one document during second quarter to create coalition HVA. Review and approve coalition HVA results during a second quarter HCC meeting. 	Meeting notes, calendar invites	Q2

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	2) As requested, HCC will provide feedback on the JRA.	Meeting notes	Q4
Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):			
1) HVA			
Local Objective: Throughout budget period, HCC in collaboration with WCHD, will continue to assess the coalition's inventory management			
Activity 2: Assess Regional Health Care Resources *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50) <ul style="list-style-type: none"> • HCC will maintain an inventory of the resources belonging to the coalition. 	Meeting notes	Q4
	2) HCC will review current inventory tracking mechanism and gap and resource survey to determine if the coalition maintains visibility on members' resources and resource needs such as personnel, facilities, equipment, and supplies. <ul style="list-style-type: none"> • For example: WebEOC board development, research tracking mechanisms, vendor support for tracking of resources. 	Meeting notes	Q1
	3) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool during. <ul style="list-style-type: none"> • Send out resource and gap analysis survey during second quarter. • Analyze survey results during the second quarter • Identify top goals by provider type for the calendar year in second quarter. <ul style="list-style-type: none"> ○ Conduct provider type meetings to identify goals. 	Agenda, meeting notes, resource and gap analysis	Q2
Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):			
1) Coalition resource and gap analysis			

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Local Objective: Throughout the budget period, HCC will continue to prioritize resource gaps and mitigation strategies.			
Activity 3: Prioritize Resource Gaps and Mitigation Strategies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Track HCC's 2019 and 2020 goals, objectives and activities. <ul style="list-style-type: none"> • For example, provide status at coalition meetings (anticipated to be monthly). 	Tracking sheet, meeting notes	Q1/Q2/Q3/Q4
	2) Present HCC's 2019 accomplishments as it relates to goals, objectives and activities <ul style="list-style-type: none"> a. For example, presentation by HCC Chair to the District Board of Health. 	Presentation	Q3
	3) Coordinate HCC's 2019 and 2020 goals, objectives and activities. <ul style="list-style-type: none"> • Schedule meetings with provider types to determine appropriate steps and activities to accomplish identified goals. <ul style="list-style-type: none"> ○ For example: assist in the facilitation of meetings, provide administrative support 	Meeting notes, tracking sheet	Q1/Q2/Q3/Q4
	4) Revise, if necessary, and distribute HCC annual evaluation for members.	Annual evaluation	Q3
Output(s) for planned activities for Capability 1, Objective 2, Activity 3 (PHASE 1):			
1) HCC Preparedness Plan			
2) District Board of Health presentation			
Statewide Objective: Each of Nevada's HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2020.			
Local Objective 1: Every six months, starting July 2019, WCHD will identify for HCC existing data sources and de-identified data from emPOWER and use for all-inclusive planning.			
Local Objective 2: Throughout the budget period, WCHD, on behalf of HCC, will continue to engage the community and health care partners.			
Activity 4: Assess Community	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with Disabilities, and Others with Unique Needs *	1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2019 during exercises or real-world events. <ul style="list-style-type: none"> • Obtain de-identified data from emPOWER (once every 6 months). <ul style="list-style-type: none"> ○ Example: Obtain in September for the revision of the HCC Preparedness Planning Guidelines and January for the grant planning purposes. 	De-identified data	Q1, Q3
	2) (Joint HPP/PHEP activity) HPP/HCC will share emPOWER data with PHEP for at-risk planning.	De-identified data	Q1, Q3
	3) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2020. <ul style="list-style-type: none"> • Update HCC Preparedness Planning guidelines with whole community data. <ul style="list-style-type: none"> i. For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index 	Meeting notes	Q4
	4) Continue to identify, as available, IT tools that can help identify children, seniors, pregnant women, people with disabilities, and other unique needs.	Research material	Q1/Q2/Q3
	5) If applicable, conduct training and exercises for identified tools and populations with unique needs. <ul style="list-style-type: none"> • For example: provide training and exercise assistance. 	Training and exercise documents	Q1/Q2/Q3/Q4

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	<p>5) If requested, provide emergency preparedness materials/education to healthcare partners.</p> <ul style="list-style-type: none"> • For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, and clinics. 	Meeting notes	Q1/Q2/Q3/Q4
	<p>6) As requested, work with organizations that work with at risk populations to prepare for emergencies.</p> <ul style="list-style-type: none"> • Examples: AFN training, education and exercising. 	Meeting notes	Q1/Q2/Q3/Q4
	<p>7) As appropriate, HCC will support member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification through training opportunities.</p>	Emails, meeting notes	Q1/Q2/Q3/Q4
	<p>8) HCC will review agencies trained to be part of the NNAFN Support Team and identify additional agencies, if needed, to reach out to that can help prevent stress on hospitals during a medical surge event.</p>	Meeting notes	Q1
	<p>9) If necessary, HCC representatives will provide NNAFN Support Team training.</p>	Training material	Q1/Q2/Q3/Q4
	<p>10) As requested, NNAFN Support Team representatives will participate in PODs and other exercise.</p>	Exercise documents	Q4
	<p>11) Reach out to at least one agency during quarters two through four.</p>	Agency information	Q2/Q3/Q4
	<p>12) HCC will continue to work with home health and hospice agencies to increase planning efforts, through education, for individuals to remain in their residences.</p>	Education material, meeting notes	Q1/Q2/Q3/Q4
	<p>13) During exercises or a real-world event, HCC will work with Health District to assess medical transport needs for home health and hospice populations if they are unable to stay with their residences.</p> <ul style="list-style-type: none"> a. Review the CMS Data Submission Quick Guide and determine if appropriate information is captured. 	Meeting notes, exercise or event after-action reports	Q4

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	Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):		
	<ol style="list-style-type: none"> 1) De-identified data sets 2) HCC Preparedness Planning Guidelines 3) Update health care delivery support agency list 		
Local Objective: Throughout the budget period, HCC will be resource for regulatory compliance and plan review.			
Activity 5: Assess and Identify Regulatory Compliance Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):		
	1) If requested, meeting notes to review, update and train of the Isolation and Quarantine Plan and Public Health/Legal Regulatory		
Objective 3: Develop a Health Care Coalition Preparedness Plan			
Local Objective: By March 2020, IHC will updated the HCC Preparedness Planning Guidelines in accordance with the FOA.			
Activity 1: Develop a Health Care Coalition Preparedness Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<ol style="list-style-type: none"> 1) HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan. (see HPP FOA pg.52) <ul style="list-style-type: none"> • Review and revise the HCC Preparedness Planning Guidelines. <ul style="list-style-type: none"> ○ Review guidelines during first quarter. ○ Update with annual HVA information from second quarter. ○ Update with annual coalition resource and gap analysis information in second quarter. ○ Approved by all core member organizations. All member organizations will be provided a final copy upon approval. 	Agendas, meeting notes	Q1/Q2/Q3

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	2) HCC will identify if the coalition is located within a Regional Disaster Health Response System and share the information with coalition members.	Meeting notes	Q1
Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):			
1) HCC Preparedness Planning Guidelines			
Objective 5: Ensure Preparedness is Sustainable			
Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.			
Local Objective: Throughout the budget period, HCC will participate in statewide exercises.			
Activity 1: Promote the Value of Health Care and Medical Readiness	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health. <ul style="list-style-type: none"> As requested, HCC will collaborate with public health to develop applicable objectives and injects. 	Meeting notes	Q1
	2) Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019. <ul style="list-style-type: none"> HCC will identify a coalition representative for the CCTA exercise. 	Meeting notes	Q1
Output(s) for planned activities for Capability 1, Objective 5, Activity 1 (PHASE 1):			
1) State developed exercise documents showing coalition input			
Local Objective: Throughout the budget period, HCC will continue to engage health care executives.			
Activity 2: Engage Health Care Executives	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	<p>1) HCC will continue to promote health care executive’s engagement in debriefs related to exercises, planned events, and real incidents.</p> <ul style="list-style-type: none"> Healthcare executives from the core leadership of the coalition will be represented by at least 50% in no-notice exercise debrief. 	Meeting notes	Q4
<p>Output(s) for planned activities for Capability 1, Objective 5, Activity 2 (PHASE 1):</p> <p>1) Sign-in sheets for debrief</p>			
<p>Local Objective: Throughout the budget period, HCC will engage clinicians in coalition activities.</p>			
Activity 3: Engage Clinicians *	<p style="text-align: center;">The Planned activity(s)</p>	<p style="text-align: center;">Activity Documentation</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) HCC Clinical Advisor will engage health care delivery system clinical leaders to provide input, acknowledgement, and understanding of their facility and regional strategic and operational roles in acute medical surge planning. (see HPP FOA pg. 52) Northern Nevada Emergency Physicians.</p> <ul style="list-style-type: none"> Clinical advisor will serve as a liaison between the coalition and medical directors/medical leadership to achieve the objectives of the HCC. 	CV/Resume of Clinical Advisor and scope of practice; meeting notes	Q1/Q2/Q3/Q4
	<p>2) Continue to reach out and engage champions among HCC members and other response organizations to promote HCC preparedness efforts to health care executives, clinicians, community leaders, and others as deemed appropriate.</p> <ul style="list-style-type: none"> Examples of organizations to reach out to include: Nevada Chapter of American Academy of Pediatrics, Nevada Nurses Association, Northern Nevada Emergency Physicians. 	Meeting notes, emails	Q1/Q2/Q3/Q4
	<p>3) Continue to engage with clinicians from Northern Nevada Infection Control (NNIC) Workgroup.</p> <ul style="list-style-type: none"> Attend NNIC Workgroup meetings. A member of NNIC Workgroup to continue to be a member of HCC. 	Meeting notes, emails	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 5, Activity 3 (PHASE 1):</p> <p>1) Clinical Advisor Scope of Practice</p>			

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Local Objective: Throughout the budget period, HCC will engage community leaders.			
Activity 4: Engage Community Leaders *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)</p> <ul style="list-style-type: none"> • The HCC Readiness and Response Coordinator will identify and engage at least three community leaders in health care preparedness planning and exercise to promote the resilience of the entire community. <ul style="list-style-type: none"> ○ Examples include: business, charitable organizations, media. 	Meeting notes	Q1/Q2/Q3/Q4
	<p>Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):</p> <p>1) List of community organizations</p>		
Local Objective: Throughout the budget period, HCC will promote sustainability of the coalition.			
Activity 5: Promote Sustainability of Health Care Coalitions *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	<p>1) Annually, HCCs should offer HCC members TA in meeting CMS Emerg. Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)</p> <ul style="list-style-type: none"> • HCC will to offer members technical assistance in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Participating Providers and Suppliers. <ul style="list-style-type: none"> ○ Example includes: trainings, exercise assistance, resource sharing. 	Meeting notes, calendar appointments	Q1/Q2/Q3/Q4
	<p>2) Revise, as appropriate, marketing materials will be developed to continue to share the benefits of HCC activities with members and additional stakeholders to promote HCC preparedness efforts.</p> <ul style="list-style-type: none"> • For example: website and video development, newsletter distribution. 	Meeting notes	Q1/Q2/Q3/Q4
	<p>3) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.</p>	Newsletter, email	Q1/Q2/Q3/Q4
	<p>4) HCC will explore ways to meet member’s requirements for tax exemption through community benefit.</p>	Meeting minutes	Q1/Q2/Q3/Q4
	<p>5) Continue to review and discuss the coalitions sustainability outside of grant requirements</p> <ul style="list-style-type: none"> • For example, administrative and financial support. 	Meeting notes	Q1/Q2/Q3/Q4
	<p>6) Review by-laws and Preparedness Planning Guidelines and update financial structure and funding sources, as appropriate.</p>	Meeting notes	Q1/Q2/Q3/Q4

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	<p>7) HCC will research ways to cost-share with other organizations with similar requirements</p> <ul style="list-style-type: none"> For example: Hazard Vulnerability Assessment, joint exercises and trainings. 	Meeting notes, emails	Q1/Q2/Q3/Q4
	<p>8) HCC will review succession planning in by-laws and update, if necessary.</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p>9) The HCC and subcommittees such as Supply Chain, will review current leverage group buying power to promote consistent equipment across the region to facilitate sharing in an emergency allocation.</p> <ul style="list-style-type: none"> For example: Alpha Kits, MCI/MAEA supplies. 	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):</p> <p>1) By-laws 2) Preparedness Planning Guidelines</p>			
<p>PHASE 2: Train and Equip</p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
<p>Statewide Objective: Annually, Nevada will provide ICS/NIMS/HICS training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2019. (see HPP FOA pg. 54)</p>			
<p>Local Objective: Throughout the budget period, HCC will promote ICS/NIMS/HICS training opportunities.</p>			
<p>Activity 1: Promote Role-Appropriate National Incident Management System Implementation *</p>	<p style="text-align: center;">Planned activity(s)</p>	<p style="text-align: center;">Activity Documentation</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) Provide information to HCC leadership on NIMS training opportunities based on evaluation of existing NIMS education and request certificates. For example: IS 100, 200, 700 and 800</p>	Training information, sign in sheets, certificates	Q1/Q2/Q3/Q4
	<p>2) ICS/NIMS/HICS training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request.</p> <ul style="list-style-type: none"> HCC will maintain sign-in sheets for sponsored trainings and provide to Nevada State PHP upon request. For example: Position specific training, ICS 300 and 400. 	Sign in sheets	Q1/Q2/Q3/Q4

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	3) Continue to promote NIMS training opportunities to HCC and request certificates.	Agendas, training information, sign in sheets, certificates	Q1/Q2/Q3/Q4
	4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. <ul style="list-style-type: none"> • For example: review of plans, trainings. 	Request for assistance	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2): 1) Certificates 2) Sign in sheets 3) Number of people trained			

Local Objective: By January 2020, HCC will develop a list of planned training activities for calendar year 2020.

Activity 2: Educate and Train on Identified Preparedness and Response Gaps *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55) <ul style="list-style-type: none"> • HCC will develop a list based on the 2019 and 2020 goals and objectives and appropriate improvement items from AARs. 	Meeting notes	Q1/Q2/Q3
Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2): 1) List of training activities (work plan)			

PHASE 3: Exercise and Respond

Objective 4: Train and Prepare the Health Care and Medical Workforce

Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.

Local Objective: During the budget period, HCC will participate in the CCTA statewide exercise.

Activity 3: Plan and Conduct	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
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Coordinated Exercises with Health Care Coalition Members and Other Response Organizations	1) (Joint HPP/PHEP activity) At least one public health representative will participate on planning team, providing objectives and injects for HCCs and public health. <ul style="list-style-type: none"> As requested, HCC will collaborate with public health to develop applicable objectives and injects. 	Meeting notes	Q1
	2) (Joint HPP/PHEP activity) Identify lead public health and/or HCC representative to document involvement in CCTA exercise by July 15, 2019. <ul style="list-style-type: none"> HCC will identify a coalition representative for the CCTA exercise. 	Meeting notes	Q1
	3) HCC will participate in DEM sponsored CCTA statewide full-scale exercise (FSE) based upon Extent of Play Agreement for HCC and must include a surge of patients into the health care system by November 30, 2019. (see HPP FOA pg. 55) <ul style="list-style-type: none"> HCC will participate in the CCTA statewide exercise per the Extent of Play Agreement. 	Meeting notes	Q1/Q2
	4) Exercise Evaluation Guide (EEG) for HCC for Silver Crucible FSE.	Silver Crucible EEG	Q2
Output(s) for planned activities for Capability 1, Objective 4, Activity 3 (PHASE 3):			
1) State produced CCTA exercise documents 2) Evaluation guides to inform CCTA Silver Crucible AAR/IP.			

Local Objective: Throughout the budget period, HCC will utilize HSEEP principles and other regulatory requirements when designing exercises.

Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will follow HSEEP fundamentals for coalition sponsored exercises	Exercise documentation	Q1/Q2/Q3/Q4
	2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises	Meeting notes	Q1/Q2/Q3/Q4
	3) As appropriate, HCC sponsored exercises will include health care accreditation requirements. <ul style="list-style-type: none"> For example: Joint Commission Emergency Management Standards, Emergency Preparedness requirements for CMS 	Exercise documentation	Q1/Q2/Q3/Q4

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	Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3): 1) Coalition exercise documents in HSEEP format 2) Where able, health care accreditation requirements within exercise documents will be provided		
PHASE 4: Evaluate and Share Lessons Learned			
Objective 4: Train and Prepare the Health Care and Medical Workforce			
Statewide Objective: Nevada will participate in the Division of Emergency Management (DEM) sponsored Complex Coordinated Terrorism Attack (CCTA) statewide exercise by February 29, 2020.			
Local Objective: During the budget period, HCC will participate in the CCTA statewide exercise.			
Activity 5: Evaluate Exercises and Responses to Emergencies	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) CCTA FSE After-Action Report will be developed, specific to public health (ESF 8) and HCC involvement, to identify opportunities for improvement by February 29, 2020. (see Cap 1, Objective 5, Activity 1 (PHASE 1)) <ul style="list-style-type: none"> AS requested, HCC will provide feedback for the AAR. 	Meeting Notes	Q2/Q3
	Output(s) for planned activities for Capability 1, Objective 4, Activity 5 (PHASE 4): 1) State produced exercise documentation		

CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans			
Statewide Objective: During revision cycles, Nevada LHAs will provide the opportunity to jurisdictional HCC to conduct a review and add input into identified emergency preparedness and response plan.			
Local Objective: Throughout the budget period, HCC will participate in the update of response plans within the jurisdiction.			
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) LHA identifies plan(s) being revised by August 31, 2019. <ul style="list-style-type: none"> • HCC, as requested, will assist Washoe County to identify plan(s) being revised by August 31, 2019. <ul style="list-style-type: none"> ○ For example, EOP and Annexes. 	Meeting notes	Q1
	2) HCC meeting agenda and notes documenting input provided on the plan by HCC by June 30, 2020. <ul style="list-style-type: none"> • If requested, HCC will help to develop plan to revise identified plans by the end of first quarter. • As requested, HCC will review and offer feedback of identified plans by June 30, 2020. 	Meeting notes	Q1/Q2/Q3/Q4
	3) HCC will promote healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) <ul style="list-style-type: none"> • Examples: HCC Meetings, HCC MOU (possible update) 	Meeting notes	Q1/Q2/Q3/Q4

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	<p>4) As requested, HCC will participate in the review, revision, and training/exercising of county response plans.</p> <ul style="list-style-type: none"> • HCC will participate in LEPC • For example: hazard mitigation, damage assessment, and behavioral health plans. 	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1): 1) Response Guide</p>			
<p>Local Objective: By March 2020, HCC will update the HCC Response guide.</p>			
Activity 2: Develop a Health Care Coalition Response Plan *	<p style="text-align: center;">Planned activity(s)</p> <p>1) HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC will update, as appropriate, the Response Guide, based on review, trainings/exercises, improvement plans, and lessons learned. 	<p style="text-align: center;">Activity Documentation</p> <p>Meeting notes</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3</p>

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	<p>2) HCC Response Plan describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC will review the Response Guide to make sure it meets the following requirements: <ul style="list-style-type: none"> ○ HCC integration with the jurisdiction’s ESF-8 lead agency to ensure information is provided to local, state, and federal officials. ○ The HCC's ability to effectively communicate and address resource needs requiring ESF-8 assistance. In cases where the HCC serves as the jurisdiction’s ESF-8 lead agency, the HCC response plan may be the same as the ESF-8 response plan. ○ The HCC's ability to support the increase of emergency and inpatient services to meet the demands of a medical surge event (with or without warning; short or long duration). All communities should be prepared to respond to conventional and mass violence trauma. ○ The HCC's ability to determine bed, staffing, and resource availability; identify patient movement requirements; support acute care patient management and throughput; initiate and support crisis care plans. ○ The provision of behavioral health support and services to patients, families, responders, and staff. ○ The incorporation of available resources for management of mass fatalities through ESF8. 	Meeting notes	Q1/Q2/Q3
	<p>3) (Joint HPP/PHEP activity) HCC will work with Public Health to specify coordination with the coalition within the all-hazards public health and medical preparedness and response plans.</p> <ul style="list-style-type: none"> • For example: MCM Plan, Pandemic Influenza Plan 	Meeting notes	Q4

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	Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1):		
	<ol style="list-style-type: none"> 1) Response Guide 2) MCM Plan 3) Pandemic Influenza Plan 		
Objective 2: Utilize Information Sharing Processes and Platforms			
Statewide Objective: Nevada will create essential elements of information to be shared bi-directionally during real-world events between ESF 8 representatives and HCC.			
Local Objective: Throughout the budget period, HCC will participate in the sharing of essential elements of information (EIs).			
Activity 1: Develop Information Sharing Procedures *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<ol style="list-style-type: none"> 1) (State-led) The Nevada State PHP program will create an EEI document and provide it to HCC liaisons and LHAs by August 31, 2019. <ul style="list-style-type: none"> • When received by Nevada State PHP Program, HCC will distribute the developed EEI document. 	Distribution method	Q1
	<ol style="list-style-type: none"> 2) (State-led) Nevada will host quarterly meetings and highlight the individual ESF 8 processes for information sharing and resource requesting during real-world events, beginning in July 1, 2019. <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC, in coordination with WCHD and State, will develop processes and procedures to rapidly acquire and share clinical knowledge between healthcare providers and between healthcare organizations during responses. 	Meeting notes	Q1/Q2/Q3/Q4
	<ol style="list-style-type: none"> 3) HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EIs). (see HPP FOA pg.58) <ul style="list-style-type: none"> • HCC will review procedures for sharing EIs and, if necessary, update in Response Guide and Preparedness Planning Guidelines. 	Meeting notes	Q1/Q2/Q3

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	4) HCC will review the ASPR provided coordinated pre-event, post-event, special event-specific EEIs and if necessary will revise HCC EEIs.	Meeting notes	Q2
	5) (State-led) Nevada State PHP Program will lead annual information sharing exercises with all LHAs and HCC jurisdictions to review and improve policies and procedures	Exercise documentation (ExPlan, IPM, MPM, FPM, AAR/IP)	Q3
Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1):			
1) Distribution documents showing State EEI document shared with HCC			
2) If necessary, updates to Response Guide and Preparedness Planning Guidelines			
3) Updated resource requesting procedures for emPOWER data			
Local Objective: Throughout the budget period, HCC will train and exercise on the collections of EEIs.			
Activity 2: Identify Information Access and Data Protection Procedures	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to provide training/exercising, as requested, and promote the coalition EEI collection form to provide situational awareness during emergencies.	Meeting notes, training materials	Q1/Q2/Q3/Q4
	2) HCC will exercise EEI collection form at least twice a year.	Exercise documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):			
1) AAR/IP			
Statewide Objective: Nevada's HCCs will develop or revise emergency preparedness and response plans, as appropriate, to identify situational awareness protocols and communication systems by June 30, 2020.			
Local Objective: Throughout the budget period, HCC will train and exercise redundant communications.			
Activity 3: Utilize	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Communications Systems and Platforms	1) Nevada HCCs will conduct call-down drills for membership utilizing information sharing platforms identified in individual emergency and response plans. <ul style="list-style-type: none"> HCC will conduct call-down drills for membership utilizing information sharing platforms identified in individual emergency and response plans. <ul style="list-style-type: none"> For example, WebEOC and Healthcare Operating Status Form 	Meeting notes/ exercise documentation	Q1/Q2/Q3/Q4
	2) Nevada HCCs will update, as appropriate, emergency preparedness and response plans based on drill lessons learned. <ul style="list-style-type: none"> HCC will update, as appropriate, emergency preparedness and response plans based on drill lessons learned, trainings, and exercises. <ul style="list-style-type: none"> HCC examples include: HCC Preparedness Planning Guidelines, HCC Response Guide, Alternate Care Site. 	Meeting notes, updated plans	Q1/Q2/Q3
	3) Coalition will conduct two redundant communication drills. <ul style="list-style-type: none"> For example: VESTA, WebEOC, 800 MHz, and Ham radio. 	Exercise documents	Q2/Q4
	4) Keep VESTA updated for redundant communications, based on updated Point of Contact quarterly information.	Calendar appointments	Q1/Q2/Q3/Q4
	5) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.	Net Control Log	Q1/Q2/Q3/Q4
	6) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.	Meeting notes	Q1/Q2/Q3/Q4

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Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):			
<ul style="list-style-type: none"> 1) HCC Preparedness Planning Guidelines 2) HCC Response Guide 3) Redundant Communication AAR/IPs 			
PHASE 2: Train and Equip			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Local Objective: Throughout the budget period, HCC and PHEP will determine type of information that will be disseminated to the public ensure information is accurate and consistent.			
Activity 4: Communicate with the Public during an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (Joint HPP/PHEP activity) Continue to collaborate with JIC, as appropriate, to determine type of information that will be disseminated to the public ensure information is accurate and consistent.	Meeting notes	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 4 (PHASE 2):		
<ul style="list-style-type: none"> 1) Hospital Net Script 2) AAR/IP 			
PHASE 3: Exercise and Respond			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Local Objective: Throughout the budget period, HCC will continue to train and exercise on redundant communications.			
Activity 1: Identify and Coordinate Resource Needs during an Emergency *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms.	Meeting notes, sign in sheets	Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form.	Training	Q2

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	<p>3) Conduct redundant communications exercise utilizing Healthcare Operating Status Form.</p> <ul style="list-style-type: none"> Examples include: redundant communications, WebEOC training, exercises 	Exercise documents	Q1/Q2
	<p>4) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.</p>	User information to platforms	Q1/Q2/Q3/Q4
	<p>5) (State-led) Nevada State PHP Program will lead an annual information sharing exercise, utilizing policies and procedures created for identified emPOWER data as well as state Medicaid data to better streamline data requesting and receiving between the Nevada State PHP Program, LHAs and HCC jurisdictions, and better understand situations requiring this type of data information exchange. Activities include development of planning team, planning meetings, exercise documentation including AAR.</p>	Exercise documentation (ExPlan, IPM, MPM, FPM, AAR/IP)	Q3
<p>Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3):</p> <p>1) AAR/IP</p> <p>2) Updated resource requesting procedures for emPOWER data</p>			
<p>Local Objective: By March 2020, HCC will update the HCC Response guide.</p>			
Activity 2: Coordinate Incident Action Planning During an Emergency *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) (Joint HPP/PHEP activity) HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)</p>	Meeting notes	Q1/Q2/Q3
	<p>Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3):</p> <p>1) Response Guide</p>		
<p>Local Objective: Throughout the budget period, HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency.</p>			
Activity 3: Communicate	Planned activity(s)	Activity Documentation	Completion Quarter

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with Health Care Providers, Non- Clinical Staff, Patients, and Visitors during an Emergency			(Q1, Q2, Q3, Q4)
	1) HCC will continue to assist those members without the capability to alert and notify staff, patients and visitors during an emergency, if requested. <ul style="list-style-type: none"> • For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and visitors to better understand members' needs. 	Request for assistance	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3):		
1) As necessary, meeting notes reviewing the resource gap analysis questions			

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CAPABILITY 3: Continuity of Health Care Service Delivery

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Identify Essential Functions for Health Care Delivery			
Local Objective: Bu June 2020, HCC will identify the essential functions for health care delivery.			
Activity 1: Identify Essential Functions for Health Care Delivery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will begin researching essential functions for health care delivery. (page 32-33 Capabilities Guide)	Research notes	Q1/Q2/Q3
	2) If necessary, HCC will incorporate essential functions for health care delivery into coalition plans.	Meeting notes/ plans (if appropriate)	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 1, Activity 1 (PHASE 1):			
1) Response Guide (if appropriate) 2) Preparedness Planning Guidelines (if appropriate)			
Objective 2: Plan for Continuity of Operations			
Local Objective: By June 2020, HCC will update the HCC Response guide.			
Activity 2: Develop a	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Health Care Coalition Continuity of Operations Plan	<p>1) HCC will review the Continuity of Operations section of the HCC Response Guide to determine the necessity of the following components based on level of coalition response:</p> <ul style="list-style-type: none"> ○ Activation and response functions, ○ Multiple points of contact for each HCC member, ○ Orders of succession and delegations of authority for leadership continuity, ○ Immediate actions and assessments to be performed in case of disruptions, ○ Safety assessment and resource inventory to determine whether or not the coalition can continue to operate, ○ Redundant, replacement, or supplemental resources, including communication systems, and ○ Strategies and priorities for addressing disruptions to mission critical systems that include but not limited to electricity, water, and medical gases. 	Meeting notes, to include identified potential updates	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):			
1) HCC Response Guide			
Activity 4: Plan for Health Care Organization Sheltering- in-Place	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) If requested, HCC will provide technical assistance and training on sheltering-in-place.	Meeting notes/training materials	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 2, Activity 4 (PHASE 1):			
1) If available, training documents			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Local Objective: By March 2020, HCC will develop an activation policy for stockpiles.			

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Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds, and upload documentation into the CAT. (see HPP FOA pg. 63)</p> <ul style="list-style-type: none"> • HCC will continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regards to purchasing pharmaceuticals and identify strategies for other medical material. • Review HCC Inventory Tracking Policy and make identified updates. <ul style="list-style-type: none"> ○ For example: Determine if mention of MOU needs to be included and if language pertaining to the disposal of expired materials is sufficient. 	Meeting notes	Q1
	<p>2) Develop policy for the activation and deployment of coalition stockpiles.</p>	Meeting notes	Q1
	<p>3) HCC will complete the resource and gap analysis to continue assessing the integrity assessment to evaluate equipment and supply needs that will be in demand during an emergency.</p> <ul style="list-style-type: none"> • The results from the analysis will be given to the Supply Chain Subcommittee to further support efforts. 	Resource and gap analysis	Q1/Q2/Q3
	<p>Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):</p> <p>1) Coalition stockpile activation policy</p> <p>2) Resource and gap analysis</p>		
<p>Objective 4: Develop Strategies to Protect Health Care Information Systems and Networks</p>			
<p>Local Objective: Throughout the budget period, HCC will provide technical assistance on information systems and networks.</p>			
Activity 1: Develop	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Strategies to Protect Health Care Information Systems and Networks	1) If requested, HCC will provide technical assistance and training on information systems and networks.	Meeting notes/training documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 4, Activity 1 (PHASE 1): 1) If available, training documents			
Objective 6: Plan for Health Care Evacuation and Relocation			
Local Objective: By June 2020, HCC will update the HCC Response Guide.			
Activity 1: Develop and Implement Evacuation and Relocation Plans *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63) <ul style="list-style-type: none"> • HCC will revise the Response Guide as identified. 	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1): 1) Response Guide			
Local Objective: BY June 2020, HCC will provide MAEA training to increase evacuation capability.			
Activity 2: Develop and Implement Evacuation Transportation Plans	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will be prepared to engage, if necessary, when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation. <ul style="list-style-type: none"> • Examples include: alternate care site, evacuation, emergency credentialing, MAEA. 	Meeting notes	Q1/Q2/Q3/Q4
	2) HCC will provide MAEA training and purchase supplies as identified.	Training documents	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1): 1) Alternate Care Site 2) Emergency Credentialing 3) MAEA			

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Objective 7: Coordinate Health Care Delivery System Recovery			
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Local Objective: By March 2020, HCC will update the HCC Preparedness Planning Guidelines.			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 65) <ul style="list-style-type: none"> HCC will review Preparedness Planning Guidelines and identify language to support and promote regional PPE procurement. 	Meeting notes	Q1/Q2/Q3
	Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2): 1) Preparedness Planning Guidelines		
Local Objective: Throughout the budget period, HCC will offer training and technical assistance to promote responders' safety and health.			
Activity 2: Train and Exercise to Promote Responders' Safety and Health *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65) <ul style="list-style-type: none"> (Joint HPP/PHEP activity) HCC will review previously identified equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations and make any relevant recommendations. 	Meeting notes	Q1/Q2/Q3
	2) Promote HCC involvement in PODS (joint activity with PHEP)	Meeting notes	Q2

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	<p>3) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC, in collaboration with PHEP, will identify policies and practices regarding the type of PPE necessary for various pathogens. <ul style="list-style-type: none"> • For example: Pharmaceutical Cache Plan, activation of coalition stockpiles. 	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2): 1) Training Plan</p>			
<p>PHASE 3: Exercise and Respond</p>			
<p>Objective 7: Coordinate Health Care Delivery System Recovery</p>			
<p>PHASE 4: Evaluate and Share Lessons Learned</p>			
<p>Objective 3: Maintain Access to Non-Personnel Resources during an Emergency</p>			

CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Plan for a Medical Surge			
Statewide Objective: Annually, volunteers will be included in training opportunities and incorporated into exercises sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)			
Local Objective: Throughout the budget period, HCC will offer training and exercise opportunities to volunteers.			
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate. <ul style="list-style-type: none"> HCC will distribute training opportunities to volunteers as appropriate. 	Meeting notes/emails	Q1/Q2/Q3/Q4
	2) Nevada HCCs, LHAs and the Nevada PHP Program will include injects for the utilization of volunteers in the exercise design. <ul style="list-style-type: none"> As appropriate, HCC will include injects for spontaneous volunteers (can be a request). 	Meeting notes	Q1/Q2/Q3/Q4
	3) (Joint HPP/PHEP activity) Review and update, as appropriate, the HCC agreed upon rapid emergency credentialing from exercise in previous budget period for situations requiring supplemental staffing in healthcare facilities.	Meeting notes	Q1

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	<p>4) (Joint HPP/PHEP activity) Review and update, as appropriate, the HCC agreed upon emergency credentialing process to identify and address volunteer liability, licensure, workers comp, scope of practice, and third-party reimbursement issues, which could deter volunteer use, to include governmental and non-governmental volunteer registration programs (i.e. MRC, ESAR-VHP) and hospital, HCC, jurisdictional, or state-based assistance teams.</p> <ul style="list-style-type: none"> For example: development of a guideline addressing volunteer emergency credentialing. 	Meeting notes	Q1
	<p>5) HCC will promote coalition members eligible to participate in NDMS to enter into formal agreements with NDMS.</p>	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):</p> <p>1) Emergency Credentialing Guideline</p>			
<p>Local Objective: By September 2019, HCC will confirm with EMS coalition members that plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.</p>			
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.</p>	Meeting notes	Q1
	<p>Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1):</p> <p>1) If applicable, updated regional MCI plan</p>		
<p>Local Objective: By June 2020, HCC will have participated in the development of a pediatric annex in the MCIP.</p>			
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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	<p>1) HCC will develop complementary coalition-level Pediatric annex to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-71)</p> <ul style="list-style-type: none"> HCC will provide input on elements to be included in the MCIP Pediatric Response information. 	Meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1): 1) MCIP</p>			
<p>Objective 2: Respond to a Medical Surge</p>			
<p>Statewide Objective: Nevada will conduct an exercise, including all HCCs and LHAs, on Alternate Care Sites (ACS), focusing on the interaction between ACS and/or Federal Medical Station (FMS) and/or Disaster Medical Facility (DMF) by June 30, 2020.</p>			
<p>Local Objective: By June 2020, IHC will participate in an alternate care site exercise.</p>			
<p>Activity 3: Develop an Alternate Care System</p>	<p style="text-align: center;">Planned activity(s)</p>	<p style="text-align: center;">Activity Documentation</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p>
	<p>1) (State-led) Creation of a planning team for exercise by December 31, 2019.</p> <ul style="list-style-type: none"> As requested, HCC will participate in a planning team. 	Meeting notes	Q2
	<p>2) (State-led) Development of exercise materials, to include objectives and injects for HCCs and critical community partners by March 29, 2020.</p> <ul style="list-style-type: none"> As requested, HCC will participate in the development of objectives and injects. 	Meeting notes	Q3
	<p>3) (State-led) After-Action Report will be developed to identify opportunities for improvement within 90 days of exercise.</p> <ul style="list-style-type: none"> As requested, HCC will participate in the AAR. 	Meeting notes	Q4
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1): 1) State produced exercise documents</p>			

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PHASE 3: Exercise and Respond

Objective 2: Respond to a Medical Surge

Statewide Objective: Annually, each HCC will conduct a “low to no-notice” surge test exercise, including all core HCC members, by June 30, 2020.

Local Objective: By June 2020, HCC will conduct a low to no-notice exercise and hospital surge exercise.

	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response *	<p>1) Documented identification of “trusted insider” and planning committee.</p> <ul style="list-style-type: none"> HCC will identify a trusted insider and planning committee for the coalition surge exercise. 	Meeting notes	Q1/Q2/Q3
	<p>2) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes.</p> <ul style="list-style-type: none"> If appropriate, HCC will use licensed bed count, as this is a higher number than the census. 	Meeting notes	Q1/Q2/Q3
	<p>3) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise.</p> <ul style="list-style-type: none"> HCC will provide exercise documentation within 90 days of the exercise. 	Exercise documentation	Q4
	<p>4) HCC will complete the HCC Surge Estimator Tool by January 1, 2020, to support determination of their surge capacity; must be uploaded into the CAT. (see HPP FOA pg. 78)</p> <ul style="list-style-type: none"> The HCC will utilize the completed HCC Surge Estimator Tool. 	Completed documents	Q2
	<p>5) HCC will conduct an exercise using the “Hospital Surge Test”.</p>	Exercise documentation	Q1/Q2/Q3/Q4

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	6) As appropriate, purchase supplies to be utilized by the HCC for medical surge, healthcare facilities evacuation or mass casualty training and/or response.	Meeting materials, purchasing documents	Q1/Q2/Q3/Q4
	7) As necessary, HCC will participate in the update of the Mass Casualty Incident Plan and Alpha Mass Casualty Incident Plan. <ul style="list-style-type: none"> • For example: planning meetings, training and exercising. • As able, purchase supplies as identified 	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3): 1) AAR/IP 2) Updated MCIP 3) Updated Alpha MCIP			

Local Objective: Throughout BP1 Supplement, HCC will be available to assist, as appropriate or requested by WCHD, in addressing health issues by those in congregate locations.

Activity 3: Develop an Alternate Care System *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79) <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) As requested, HCC will coordinate with PHEP to address public health, medical and mental health needs of those impacted by an incident at congregate locations. <ul style="list-style-type: none"> ○ For example: Serve as a subject matter expert. 	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 2 (PHASE 3): 1) As requested, meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations.			

Local Objective: By June 2020, HCC will exercise its pediatric care surge annex.

Activity 4: Provide Pediatric Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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*	<p>1) HCC will validate their Pediatric Care Surge Annex via a standardized tabletop/discussion exercise format and submit results and data sheet to ASPR via the CAT. (see HPP FOA pg. 79)</p> <ul style="list-style-type: none"> • Upon request of local Public Health, HCC will participate in a tabletop/discussion exercise to validate the Pediatric Care Surge planning. 	Meeting notes; exercise documents	Q3
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):</p> <p>1) After action report</p>			
<p>Local Objective: Throughout the budget period, HCC will enhance burn surge capacity through training and plan development.</p>			
Activity 6: Provide Burn Care during a Medical Surge Response	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC will participate in burn surge training</p> <ul style="list-style-type: none"> • For example: UMC burn surge training and Utah burn surge training. 	Training documents, meeting notes	Q2
	<p>2) Evaluate if HCC member hospitals are able to receive, stabilize, and manage burn patients.</p> <ul style="list-style-type: none"> • Example: no-notice coalition surge exercise, hospital surge exercise. 	Exercise documents	Q1/Q2/Q3/Q4
	<p>1) As identified in BP1 as a need within the region’s MCI Plan, HCC will participate in the update of the Mass Casualty Incident Plan and serve as subject matter experts to expand the burn response section within the plan.</p>	MCIP	Q1/Q2/Q3/Q4
	<p>2) Continue to include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels in coalition activities.</p>	Meeting notes	Q1/Q2/Q3/Q4
	<p>1) As appropriate, HCC will work to enhance burn and trauma response capability within the region.</p> <ul style="list-style-type: none"> • Example: training, exercising, plan updates, purchasing of supplies. 	Meeting notes	Q1/Q2/Q3/Q4

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Output(s) for planned activities for Capability 4, Objective 2, Activity 6 (PHASE 3): 1) AAR/IP 2) MCIP 3) Number of people trained			
Local Objective: During the budget period, HCC will be prepared to collaborate with PHEP if there was an infectious disease outbreak.			
Activity 9: Enhance Infectious Disease Preparedness and Surge Response *	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) During an infectious disease outbreak, HCC will coordinate required activities to ensure the ability to surge to meet the demands during a highly infectious disease response. (see HPP FOA pg. 80) <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response: <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging 	Meeting notes	Q1/Q2/Q3/Q4
	2) As requested, HCC will provide technical assistance or training for infectious disease plans.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 2, Activity 9 (PHASE 3): 1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a highly infectious disease response			

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

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 1 U3REP190613-01-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 1 U3REP190613-01-00 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE-SFY20

Total Personnel Costs	including fringe	Total:	\$236,514.00
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Randall Todd</u> <u>Epi Center Director</u>	\$187,142.00	43.00%	15.00%	12	100.00%	\$40,012

Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes healthcare emergency preparedness, emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community, and is the liaison between Public Health Preparedness and the medical community; During an event, assists with risk communication by providing technical expertise. The EPHP Director is also a partner of the healthcare coalition, provides technical expertise on emergency planning for communicable disease as well as provides technological support in the designing of functional processes for emergency response and reporting.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Christina Conti</u> <u>Preparedness and EMS</u> <u>Program Manager</u>	\$106,364.00	43.00%	16.00%	12	100.00%	\$24,336

Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives and activities, to include healthcare coalition identified activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; provides direct, consistent, timely and accurate communication and coordination with PHP program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality. Specific to the healthcare coalition, the Program Manager participates on the development and/or revision of emergency plans, is the primary planner for mass fatality initiatives, is a responder to the Emergency Operations Center facilitating communication with the coalition membership during an emergency. With the Health District being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
<u>Andrea Esp</u> <u>Public Health Emergency</u> <u>Response Coordinator (HCC</u> <u>Readiness Response)</u>	\$93,044.00	43.00%	95.00%	12	100.00%	\$126,400

Public Health Emergency Response Coordinator (HCC Readiness and Response Coordinator): Specifically identified to work with the coalition as the Healthcare Coalition Readiness and Response Coordinator. Work is achieved by coordinating planning actions between the WCHD and local healthcare system and emergency response professionals; through the coalition, develops and strengthen partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiner's office, and healthcare organizations; through the coalition, collaborate with healthcare system leaders on disaster preparedness planning, training and exercises. With approval from the coalition, the coordinator is able to represent the coalition on various boards and committees, research and write staff reports, make recommendations and presentations to the healthcare coalition leadership and financial sub-committee.

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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Annual % of Months worked</u>	<u>Amount Requested</u>
Jackie Lawson Office Support Specialist	\$62,688.00	43.00%	50.00%	12	100.00%	\$45,636

Office Support Specialist (OSS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with required explanation of coalition or department processes; performs support services to management and the coalition through preparation of agendas, transcribes minutes, maintains records and updates contact lists; processes paperwork for purchases that support coalition initiatives and maintains the all related documentation and records.

Total Fringe Cost	\$ 71,120.00	Total Salary Cost:	\$ 165,394.00
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Fringe includes insurance, retirement, incentive. WCHD uses direct expenditures for fringe and the percentage calculation above is for actual anticipated expenditures.

Travel	Total:	\$ 19,572.00
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Out-of-State Travel	\$16,422.00
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<u>National Healthcare Coalition Preparedness Conference: Houston, TX</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>	
Airfare: \$602.00 cost per trip (Reno & Houston, TX) x 1 trip x 3 staff	\$602.00	1		3	\$1,806.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 3 staff x 3 days	\$66.00	1	3	3	\$594.00
Lodging: \$157 per day + \$30 tax = total \$187 x 1 trip x 2 nights x 3 staff	\$187.00	1	2	3	\$1,122.00
Ground Transportation: \$20 per r/trip x 2 trips x 3 staff	\$20.00	2	1	3	\$120.00

Justification:

National Healthcare Coalition Preparedness Conference: Attendance at a national conference increase knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

<u>NACCHO Preparedness Summit: Dallas, TX</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$700.00 cost per trip (Reno & Houston, TX) x 1 trip x 7 staff	\$700.00	1		7	\$4,900.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 7 staff x 3 days	\$66.00	1	3	7	\$1,386.00
Lodging: \$157 per day + \$30 tax = total \$187 x 1 trip x 2 nights x 7 staff	\$187.00	1	2	7	\$2,618.00
Ground Transportation: \$20 per r/trip x 3 trips x 2 staff	\$20.00	3	1	2	\$120.00

Justification:

NACCHO (National Association of State and Territorial Health Officials) Preparedness Summit: Attendance at a national conference increases knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

<u>AHEPP Conference: Orlando, FL</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$640.00 cost per trip (Reno & Orlando, FL) x 1 trip x 3 staff	\$640.00	1		3	\$1,920.00
Per Diem: \$66.00 per day per GSA rate for area x 1 trip x 3 staff x 3 days	\$66.00	1	3	3	\$594.00
Lodging: \$152 per day + \$35 tax = total \$187 x 1 trip x 2 nights x 3 staff	\$187.00	1	2	3	\$1,122.00
Ground Transportation: \$20 per r/trip x 2 trips x 3 staff	\$20.00	2	1	3	\$120.00

Justification:

AHEPP (Association of Healthcare Emergency Preparedness Professionals): Attendance at a national conference increases knowledge of coalitions across country and how to increase coalition preparedness and response capabilities. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes. (3 coalition members)

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In-State Travel

\$3,150.00

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Coalition Partners: Northern Nevada</u> Per Diem: \$47.00 per day per GSA rate for area x 3 trips x 1 staff	\$47.00	3	1	1	\$141.00
Motor Pool:(\$100 car/day) x 3 trips x 1 days	\$100.00	3	1	1	\$300.00

Justification:

Meeting with coalition partners throughout the State. Staff member affiliated with this meeting is the Public Health Emergency Response Coordinator.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meeting with Coalition Partners: Las Vegas, NV</u> Airfare: \$350.00 cost per trip (Reno & Las Vegas) x 1 trip x 1 staff	\$350.00	1	1	1	\$350.00
Per Diem: \$69.00 per day per GSA rate for area x 1 trip x 1 staff x 1 day	\$69.00	1	1	1	\$69.00
Motor Pool:(\$100 car/) x 1 trip x 1 day	\$100.00	1	1	1	\$100.00

Justification:

Meeting with coalition partners throughout the State. One meeting in Las Vegas. Staff member affiliated with this meeting is the Public Health Emergency Response Coordinator.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>Meetings on behalf of Coalition</u> Mileage: (\$0.58 per mile x 45.40 miles per r/trip) x 19 trips x 1 staff	\$26.322	19		1	\$500.00

Justification:

Attendance at meetings around the region, on behalf of the Coalition.

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
<u>UMC Burn Center: Washoe County, Nevada</u> Airfare: \$249.00 cost per trip (Las Vegas & Reno) x 1 trip x 5 staff	\$249.00	1	1	5	\$1,245.00
Per Diem: \$69.00 per day per GSA rate for area x 1 trip x 5 staff x 1 day	\$69.00	1	1	5	\$345.00
Motor Pool:(\$100 car/) x 1 trip x 1 day	\$100.00	1	1	1	\$100.00

Justification:

UMC (University Medical Center of Southern Nevada) Burn Center staff to travel to Washoe County to provide education to regional hospitals and first responders. The participants in this information exchange would be coalition members, to be identified during a coalition meeting and included in the official meeting minutes.

Supplies

Total:

\$37,505.00

General Office Supplies	\$500.00
General Operating Supplies	\$1,217.00
Coalition Emergency Preparedness Supplies	\$20,000.00
Bleed Control Kits, MCI/MAEA tags, MCI/MAEA Supplies	\$13,873.00
Bleed Control Kits, MCI/MAEA tabs, MCI/MAEA Supplies	\$1,915.00

Justification: Office supplies for day to day operations; operating supplies for day to day operations; Supplies to support coalition emergency preparedness efforts, to include but not limited to 800 MHz radios and radio supplies to support redundant communications during emergency or disaster incidents. Medical Tent to support MCI at special events.

Equipment

Total:

\$0.00

Contractual/Contractual

Total:

\$51,403.00

Contract to provide custom WebEOC Board Updates
Method of Selection: sole source

Total: \$1,000.00

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Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Provide support to make updates to one or more healthcare boards in WebEOC. WebEOC health boards are essential to achieving goals and objectives of the subgrant.

* Sole Source Justification: The company that owns WebEOC is the sole entity to make certain changes to the boards in WebEOC.

Budget

Personnel	\$1,000.00
Travel	\$0.00
<hr/>	
Total Budget	<hr/> \$1,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and Public Health Emergency Response Coordinator (PHERC) will be responsible for supervising the consultant's work.

Support for Emergency Plan Development **Total: \$4,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Assist in the coordination of plan development and/or revision to include: coordination of planning meetings and preparing document. Per federal grant requirements, the coalition is required to develop and maintain plans and is outlined in the subgrant.

Budget

Personnel	\$3,250.00
Travel	\$750.00
<hr/>	
Total Budget	<hr/> \$4,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Support for Exercise Development **Total: \$7,000.00**

Method of Selection: competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Assist in the development of an exercise to include: planning meetings, planning documents, exercise coordination, and evaluation documents. All documents to be HSEEP (Homeland Security Exercise and Evaluation Program) compliant. Per federal grant requirements, the coalition is required to develop and/or participate in a variety of exercise to include but not limited to: coalition surge, hospital surge, pediatrics surge, and burn surge. Without the execution of these exercises, the coalition would not meet federal grant requirements.

Budget

Personnel	\$5,500.00
Travel	\$1,500.00
<hr/>	
Total Budget	<hr/> \$7,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Moulage Exercise/Training **Total: \$3,000.00**

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Provide moulage for exercises. Per federal grant requirements, the coalition is required to develop and/or participate in a variety of exercise to include but not limited to: coalition surge, hospital surge, pediatrics surge, and burn surge. Without the execution of these exercises, the coalition would not meet federal grant requirements. Moulage helps exercises to be more realistic providing a greater benefit to the healthcare preparedness community and as a result contribute to the successful completion of grant goals and objectives.

* Sole Source Justification: Other options were researched on the internet and only one additional perspective company was located within the United States, but unable to provide the services.

Budget

Personnel	\$2,500.00
Travel	\$500.00
<hr/>	
Total Budget	<hr/> \$3,000.00

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Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Clinical Advisor Contract Services

Total: \$10,000.00

Method of Selection: sole source

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work:

1. Provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities (e.g., blood banks), and EMS agencies.
2. Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
3. Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
4. Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with health care facilities to understand their capabilities and capacity.
5. Assure that subject matter experts are available, and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable).

Per federal grant requirements, the coalition must have a clinical advisor. Without a clinical advisor, the coalition is in violation of grant requirements.

* Sole Source Justification: At this time, only one person in the region meets the grant requirements to fill the role of the clinical advisor for the healthcare coalition.

Budget

Personnel	\$9,900.00
Travel	\$100.00
Total Budget	\$10,000.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Training Support: Radiation, Bleeding Control, HICS, Decontamination, Emergency Operations Planning, MCIP, MAEA. Contractual Support: exercises and/or emergency response plan development as identified by Coalition membership

Total: \$26,403.00

Method of Selection competitive bid

Period of Performance: July 1, 2019 - June 30, 2020

Scope of Work: Develop training material and execute training. Per federal grant requirements, the coalition needs to provide training to its coalition members. The coalition identified a variety of trainings needed among the healthcare preparedness community. If these types of trainings do not occur, it would be out of compliance with federal grant requirements.

Budget

Personnel	\$22,403.00
Travel	\$4,000.00
Total Budget	\$26,403.00

Method of Accountability:

The consultant will be held to the scope of work outlined the contract. The EMS and PHP Manager and PHERC will be responsible for supervising the consultant's work.

Other

	Total:	\$11,684.00
Conference Registration: National Healthcare Coalition Preparedness Conference \$595.00 x 3 attendees	\$1,785.00	
Conference Registration: NACCHO Preparedness Summit \$644.00 x 7 attendees	\$4,508.00	
Conference Registration: AHEPP Conference \$695.00 x 3 attendees	\$2,085.00	
Seminars-Meetings: Healthcare Disaster/Emergency Management Certification for Advisors; \$2,370.00 x 1 meeting	\$2,370.00	
Minor Furniture and Equipment: As needed to replace printer, fax, office chair, etc. \$12.50/mo. x 12 months	\$150.00	
Telephone: Phone for staff (2 landlines, long distance, & conference calls) \$31.17/mo. x 12 months	\$374.00	
Postage: \$1.00/mo. x 12 months	\$12.00	
Copy Machine Expenses: \$33.33/mo. x 12 months	\$400.00	

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TOTAL DIRECT CHARGES		\$356,678.00
Indirect Charges	Indirect Rate: 10.00%	\$35,668.00
Indirect Methodology: 10% of all direct expenses per Federally approved indirect agreement.		
TOTAL BUDGET		Total: \$392,346.00

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Applicant Name: Washoe County Health District - HPP
PROPOSED BUDGET SUMMARY
(Form Revised May 2019)

Form 2

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

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED		n/a	n/a	n/a	n/a	n/a	n/a	n/a	
ENTER TOTAL REQUEST	\$392,346								\$392,346

EXPENSE CATEGORY

Personnel	\$236,514	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$236,514
Travel	\$19,572	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$19,572
Operating	\$37,505	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$37,505
Equipment	\$0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$0
Contractual/Consultant	\$51,403	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$51,403
Other Expenses	\$11,684	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$11,684
Indirect	\$35,668	n/a	n/a	n/a	n/a	n/a	n/a	n/a	\$35,668

TOTAL EXPENSE	\$392,346	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$392,346
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$35,668
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Total Agency Budget	\$392,346
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

n/a

C. Program Income Calculation:

n/a

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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).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$39,234.60**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H. These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

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 **\$392,346.00**:
- Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.
- Division of Public and Behavioral Health 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. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$39,234.60**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2020 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

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:

- Identify specific items the program or OCPG must provide or accomplish to ensure successful completion of this project, such as:
 - Provide technical assistance, upon request from the Subrecipient;
 - Provide prior approval of reports or documents to be developed;
- 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.

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Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The 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.

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

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SECTION D**

Agency Ref. #: **HD 17249**
 Budget Account: 3218
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Subaward Period: July 1, 2019 to June 30, 2020	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	\$236,514.00	\$0.00	\$0.00	\$0.00	\$236,514.00	0.0%
2. Travel	\$19,572.00	\$0.00	\$0.00	\$0.00	\$19,572.00	0.0%
3. Supplies	\$37,505.00	\$0.00	\$0.00	\$0.00	\$37,505.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$51,403.00	\$0.00	\$0.00	\$0.00	\$51,403.00	0.0%
6. Other	\$11,684.00	\$0.00	\$0.00	\$0.00	\$11,684.00	0.0%
7. Indirect	\$35,668.00	\$0.00	\$0.00	\$0.00	\$35,668.00	0.0%
Total	\$392,346.00	\$0.00	\$0.00	\$0.00	\$392,346.00	0.0%

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>	\$39,234.60	\$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 _____

FOR Department USE ONLY

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 _____

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Washoe County Health District (WCHD) HPP

Reimbursement Worksheet

Month _____

HD 17249

Personnel	Title	Description					Amount
TOTAL							
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.58/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
TOTAL							
Supplies (Items under \$5,000 & consumed within 1 yr)	Description					Amount	
TOTAL							
Equipment (Items over \$5,000 or <u>not</u> consumed within 1 yr)	Description (attach invoice copies for all items)					Amount	
TOTAL							
Contract / Consultant	Description					Amount	
TOTAL							
Other	Description					Amount	
TOTAL							
Indirect	Description					Amount	
TOTAL							
TOTAL EXPENDITURES							

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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? _____

4. What is the official name of your organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time-period did your last audit cover? _____

8. Which accounting firm conducted your last audit? _____

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.

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16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

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

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to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
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.

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

V. **TERM AND TERMINATION**

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

VI. **MISCELLANEOUS**

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

**SECTION H
Matching Funds Agreement**

This Matching Funds Agreement is entered into between the Nevada Department of Health and Human Services (referred to as "Department") and Washoe County Health District (referred to as "Subrecipient").

Program Name	Public Health Preparedness (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	1 U3REP190613-01-00	Subaward Number	HD 17249
Federal Amount	\$392,346.00	Contact Name	Christina Conti
Non-Federal (Match) Amount	\$39,234.60	Address	1001 East Ninth Street / PO Box 11130 Reno, Nevada 89520
Total Award	\$392,346.00		
Performance Period	July 1, 2019 to June 30, 2020		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and submitted with the Monthly Financial Status and Request for Funds Request and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$392,346.00**
Required Match Percentage 10%
Total Required Match **\$39,234.60**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	23,651.40
2	Travel	\$	1,957.20
3	Supplies	\$	3,750.50
4	Equipment	\$	0.00
5	Contractual/Consultant	\$	5,140.30
6	Other	\$	1,168.40
7	Indirect Costs	\$	3,566.80
	Total	\$	39,234.60

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

AHSO	AP	—
DHO		—

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health
FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us
SUBJECT: Approve FY20 Purchase Requisition (#TBD) issued to Adapco Inc. (Bid#3049-18) in the amount of \$158,885.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District.

SUMMARY

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

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 9, 2018 the Board of County Commissioners awarded bid #3049-18 for Mosquito Abatement Products for the Environmental Health Services Division of the Washoe County Health District.

BACKGROUND

On October 9, 2018, the Board of County Commissioners approved the Award of Invitation to Bid #3049-18 for Mosquito Abatement Products on behalf of the Environmental Health Services Division of the Washoe County Health District, on a multiple award basis, to the lowest, responsive, responsible bidders (Adapco Inc. – Bid items #1, #2, #5, #7, #10, #13, #14, #15, #17, #18, #19, #20 and #21) (Clarke Mosquito Control Products items #8 and #9); (Valent Biosciences item #12); (Rentokil North America items #3, #6 and #16). All four (4) responsive, responsible bidders were awarded various bid items based on the lowest cost pricing and/or rebates offered. Adapco Inc. was awarded the bid on the basis that they were the only supplier to offer a rebate in their bid documentation. This award recommendation is made on a requirements basis with an adopted annual

Subject: Approve Purchase Requisition to Adapco for Vector Chemicals

Date: August 22, 2019

Page 2 of 2

base budget of \$231,500. The term of the award shall be from the date of bid approval through December 31, 2021 with the County retaining the option for a one (1) year extension.

The proposed purchase of larvicide product is enough to treat 3,000 acres. Cost estimates are based on a target of 1000 acres per treatment. It is recommended to rotate/alternate products for each application to avoid building larvicides resistance. Estimated costs for products are based on vender contract pricing and recommended application rates by Washoe County Health District Staff.

FISCAL IMPACT

As the FY20 budget in the Vector Cost Center 172100 was adopted with a total of \$231,500 in expenditure authority and \$95,910 has already been spent, a budget adjustment in the amount of \$75,000 from Community Health Initiative funding will be submitted to the County Budget Division so that full funding will be available for all anticipated chemical costs in FY20.

RECOMMENDATION

Staff recommends that the District Board of Health approve the FY20 purchase requisition (#TBD) issued to Adapco Inc. (Bid #3049-18) for Mosquito Abatement Products in an amount of \$158,885.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve FY20 purchase requisition (#TBD) issued to Adapco Inc. (Bid#3049-18) in the amount of \$158,885.60 for Mosquito Abatement Products, on behalf of the Environmental Health Services Division of the Washoe County Health District.

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Rigoberto S. Uribe, Case No. 1213, Notice of Violation Citation No. 5770 with a \$390.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5770 be **upheld** and a fine in the amount of **\$390.00** be levied against Rigoberto S. Uribe for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This 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 June 27, 2019 Air Quality Specialist Trainee (AQST) Brittney Osborn was on routine patrol in the area of Lemmon Valley in Reno, Nevada when she observed a dust generating activity involving the clearing of land and the application of asphalt grindings on a parcel at 9105 Lemmon Valley Drive. Upon further inspection, AQST Osborn determined that the project had exceeded one acre in size. The specialist contacted the owner of the parcel, Maria Herrera, by telephone stating that all work was to cease until a Dust Control Permit was obtained for the dust generating activity. AQST Osborn documented her observations with photographs.

On July 1, 2019 AQST Osborn returned to the site and observed new piles of asphalt grindings. On July 3, 2019 the Specialist returned to the site and observed additional work had been completed. AQST Osborn again called the owner, Maria Herrera and reiterated that no further work was to be completed until the required Dust Control Permit was obtained. Ms. Herrera stated that she would not be able to submit an application for the Dust Control Permit until July 5, 2019. Specialist Trainee Osborn measured and verified the disturbed area to be greater than an acre. A Stop Work Order was posted at the site.

On July 8, 2019, AQST Osborn returned to the site and verified that no further work had been completed. The AQST contacted Ms. Herrera and again instructed her to obtain a Dust Control Permit for the dust generating activity.

On July 9, 2019, the owner of the property, Rigoberto S. Uribe, submitted an application and obtained a Dust Control Permit for the dust generating activity.

Notice of Violation – Citation (NOV) No. 5770 was issued to Rigoberto Uribe on July 11, 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 C. 3.

On July 12, 2019 Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQST Osborn, Mr. Rigoberto S. Uribe and Jorge Cruz, construction consultant for Mr. Uribe regarding NOV No. 5770. Sr. AQS Restori explained to Messrs. Uribe and Cruz that NOV No. 5770 was issued 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 clearing and grading one acre or more of land, requires a Dust Control Permit prior to commencement of that dust generating activity. After the discussion, Messrs. Uribe and Cruz acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on July 12, 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 Rigoberto S. Uribe, Case No. 1213, Notice of Violation Citation No. 5770, with a \$390.00 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. 5770.

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. The Board may determine to uphold Notice of Violation Citation No. 5770 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, the motion would be:

1. "Move to uphold an uncontested citation issued to Rigoberto S. Uribe, Case No. 1213, Notice of Violation Citation No. 5770 with a \$390.00 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. 1213, Notice of Violation Citation No. 5770, 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 Rigoberto S. Uribe 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 5770

DATE ISSUED: 7/11/2019

ISSUED TO: Rigoberto S. Uribe PHONE #: 530.386-5080

MAILING ADDRESS: PO Box 96 CITY/ST: Truckee, CA ZIP: 96160

NAME/OPERATOR: Rigoberto S. Uribe PHONE #: _____

COMPLAINT NO. WCMP19-00931e

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7/11/2019 (DATE) AT 14:20 (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 a dust-generating activity, per 040.030(c)(3).

LOCATION OF VIOLATION: 9105 Lemmon Drive

POINT OF OBSERVATION: On site

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

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

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

Signature _____

CITATION: You are hereby notified that effective on 7/11/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 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: Rigoberto Uribe Date: 7/11/19

Issued by: Brittney Osborn Title: AQST

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: July 12, 2019

Company Name: Rigoberto S. Uribe

Address: PO Box 96 Truckee CA 96160

Notice of Violation # 5770 Case # 1213

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 \$ 390.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 22, 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.

Rigoberto Uribe

Signature of Company Representative

J. Clark

Signature of District Representative

Rigoberto Uribe

Print Name

Joshua C. Restori

Print Name

Title

Sr. AQS

Title

Witness

[Signature]

Witness

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

Company Name Rigoberto S. Uribe
Contact Name Rigoberto S. Uribe

Case 1213 NOV 5770 WVIO-AQM 19-0005

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

I. Recommended/Negotiated Fine = \$ 390

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 = \$ 390



Air Quality Specialist


Senior AQ Specialist/Supervisor

7/12/2019

Date
7-12-19

Date

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

Company Name Rigoberto S. Uribe
 Contact Name Rigoberto S. Uribe

Case 1213 NOV 5770 WVIO-AQM 19-0005

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

I. Base Penalty as specified in the Penalty Table = \$ 550.00

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 \$ 550.00 x Adjustment Factor 0.5 = \$ 275.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 275.00 x Number of Days or Units 1 = \$ 275.00

Comment: (1) Dust Control Permit

D. Economic Benefit

Avoided Costs \$ 324.00 + Delayed Costs \$ 0.00 = \$ 324.00

Comment: Cost to obtain a Dust Control Permit for (1.25) acres of disturbance

Penalty Subtotal

Adjusted Base Penalty \$ 275.00 + Economic Benefit \$ 324.00 = \$ 599.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>15%</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>-35%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>599.00</u>	x	<u>-35%</u>
Penalty Subtotal		= <u>-209.65</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>599.00</u>	+/-	<u>\$ -209.65</u>	=	<u>\$ 390</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine



Air Quality Specialist

7/12/2019

Date



Senior AQ Specialist/Supervisor

7-12-19

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

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Cemex Construction Materials Pacific Inc., Case No. 1214, Notice of Violation Citation No. 5609 with a \$1,750.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5609 be **upheld** and a fine in the amount of **\$1,750.00** be levied against Cemex Construction Materials Pacific Inc. for operating a concrete batch plant contrary to Permit to Operate conditions. This action is a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit.

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 at this location while under the ownership of Cemex Construction Materials Pacific Inc.

BACKGROUND

On July 12, 2019 at approximately 12:01 p.m, Senior Air Quality Specialist (Sr. AQS) Restori received a phone call from former Air Quality Management Division Director Charlene Albee regarding dust emissions from a concrete batch plant at Cemex Construction Materials Pacific LLC (Cemex) located at 333 Galletti Way in Reno, Nevada. The Specialist recorded the concern and immediately left the Washoe County Air Quality Management Division office and drove toward the Cemex facility. The Specialist was familiar with the facility and the associated Stationary Source Permit to Operate No. AAIR16-0151.

While driving toward the location, Sr. AQS Restori observed the dust emissions being generated from the top of the Stephens BDM dry mix concrete plant at 333 Galletti Way in Reno, Nevada. Sr. AQS Restori walked into the main office for Cemex and requested to speak with the plant manager but was told that he was in a meeting and would be notified that a representative of the Washoe County Air Quality Management Division was onsite. Sr.AQS Restori then walked to the public sidewalk adjacent to the Cemex office and started video recording the dust emissions from the silo. The video started at approximately 12:17 p.m. and verified dust emissions from the bin vent on the top of the Portland cement silo associated with the Stephens BDM plant. Sr.

AQS Restori also observed a truck driver unloading Portland cement from a dry bulk guppy trailer into the silo for the Stephens BDM plant.

Mr. Nick Cefalu, Plant Manager for Cemex, met with Sr. AQS Restori to discuss the issue while the dust emissions were being recorded. Mr. Cefalu stated that they had cleaned the bin vent the day prior and was investigating why the bin vent was not operating correctly and creating the emissions. Mr. Cefalu stated that the batch plant and Portland cement transfer was being shut down to eliminate the dust emissions and to investigate the cause. Mr. Cefalu stated that he spoke with the main batch plant operator and determined that there were issues with the electricity to the silo's high-low light causing a failure in the signal equipment to notify the truck driver that the silo was full. Mr. Cefalu stated that he was having his mechanic continue to investigate the issue and the plant would not operate until the issue was determined and repaired.

Sr. AQS Restori and Mr. Cefalu walked into the main office and reviewed Stationary Source Permit No. AAIR16-0151 and discussed the Permit to Operate conditions regarding loading the silos. Sr. AQS Restori stated that he would like to meet with Cemex on Monday, July 15, 2019 to discuss the cause of the dust emissions and any violations that would result due to the dust emissions. The Sr. AQS left Cemex at approximately 12:30 p.m.

On July 15, 2019, at 8:00 a.m. Sr. AQS Restori met with Mr. Nick Cefalu and Mark McKenna, Environmental Manager for Cemex. During the meeting, the cause of the dust emissions was discussed. Mr. Cefalu stated that after recent maintenance work was conducted on the Stephens BDM plant, the overfill notification lights were not reconnected and therefore the truck driver loading the silo was not aware that the silo was full. Mr. Cefalu stated that they are continuing to investigate the issue to ensure that it does not occur again and to gain a complete understanding of all of the areas where the system failed. Sr. AQS Restori stated that the emissions were first observed at approximately 12:01 p.m. on July 12, 2019 and they continued to originate from the silo for approximately twenty-five minutes afterward without any corrective action from Cemex personnel or the truck driver loading the silo. Sr. Specialist Restori then issued Notice of Violation Citation (NOV) No. 5609 to Cemex Construction Materials Pacific LLC for violation of Section 030.2175 of the Washoe County District Board of Health Regulations Governing Air Quality Management for operations contrary to Permit to Operate conditions, specifically Stationary Source Permit to Operate No. AAIR16-0151 Condition No. 4: The operator will not allow the silo to become overfilled during loading, such that material dust escapes from the pressure relief valve. After issuing the NOV, the Sr. AQS provided Messrs. Cefalu and McKenna an Appeal Petition to the Air Pollution Control Hearing Board and were instructed to contact Branch Chief Michael Wolf to schedule a negotiated settlement meeting and discuss the appeal process.

On July 17, 2019 Branch Chief Michael Wolf conducted a negotiated settlement meeting attended by Sr. AQS Joshua Restori and Mr. Nick Cefalu, Mr. Brandon Kingsolver, Cemex District Manager, and Mr. Mark McKenna regarding NOV No. 5609. The Branch Chief explained to Messrs. Cefalu, Kingsolver and McKenna that Cemex was issued NOV No. 5609 per Section 030.2175 for operating a concrete batch plant contrary to Permit to Operate conditions. The Branch Chief explained that operating the plant contrary to any of the Permit to Operate conditions is a major violation of the District Board of Health Regulations Governing Air Quality Management. After the discussion regarding the regulations and the requirements of Stationary Source Permit to Operate AAIR16-0151, Messrs. Cefalu, Kingsolver and McKenna

acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on July 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 Cemex Construction Materials Pacific Inc., Case No. 1214, Notice of Violation Citation No. 5609, with a \$1,750.00 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. 5609.

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. The Board may determine to uphold Notice of Violation Citation No. 5609 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Cemex Construction Materials Pacific Inc., Case No. 1214, Notice of Violation Citation No. 5609 with a \$1,750.00 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. 1214, Notice of Violation Citation No. 5609, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Cemex Construction Materials Pacific Inc. to be properly noticed."



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



NOTICE OF VIOLATION

NOV 5609

DATE ISSUED: 07/15/2019

ISSUED TO: Cemex Construction Materials Pacific PHONE #: (775)359-1730

MAILING ADDRESS: 333 Galletti Way CITY/ST: Reno, NV ZIP: 89512

NAME/OPERATOR: Nick Cofala PHONE #: (702)581-3403

COMPLAINT NO. WCMP19-00952 PTO# AAIR16-0151

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 07/15/2019 (DATE) AT 9:00 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

MINOR VIOLATION OF SECTION:

040.030 DUST CONTROL

040.055 ODOR/NUISANCE

040.200 DIESEL IDLING

OTHER _____

MAJOR VIOLATION OF SECTION:

030.000 OPERATING W/O PERMIT

030.2175 VIOLATION OF PERMIT CONDITION

030.105 ASBESTOS/NESHAP

OTHER _____

VIOLATION DESCRIPTION: Loading of cement into silo associated with the Stephens BDM Plant such that cement over filled the silo, blinded the binnet filter and caused excess emissions - Condition #4

LOCATION OF VIOLATION: 333 Galletti Way - Stephens BDM Plant.

POINT OF OBSERVATION: @ sidewalk adjacent to site office

Weather: Clear @ 88°F - No wind Wind Direction From: N E S W

Emissions Observed: _____
 (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 7/15/2019 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 9:00 a.m. 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: _____ Date: 7-15-19

Issued by: Joshua C. Restori Sr. AQS Title: Sr AQS

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: July 17, 2019

Company Name: Cemex Construction Materials Pacific LLC
Address: 333 Galletti Way Reno, Nevada 89512
Notice of Violation # 5609 Case # 1214

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operations contrary to Permit to Operate conditions ; Permit to Operate AAIR16-0151 Condition #4: The operator will not allow the silo to become overfilled during loading, such that material dust escapes from the pressure relief valve.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1,750.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 22, 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.

Tony Skulick

Signature of Company Representative

Tony Skulick

Print Name

VP/GM Sac/Reno/CV

Title

Brandon Kingsolver

Witness

Michael Wolf

Signature of District Representative

Michael Wolf

Print Name

Branch Chief

Title

[Signature]

Witness

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

Company Name Cemex Construction Materials Pacific LLC
Contact Name Mark McKenna

Case 1214 NOV 5609 WVIO-AQM 19-0006

I. Violation of Section 30.20175 Operations contrary to Permit to Operate conditions

I. Recommended/Negotiated Fine = \$ 1750

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 = \$ 1750



Air Quality Specialist

7/17/19

Date



Senior AQ Specialist/Supervisor

7/17/19

Date

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

Company Name Cemex Construction Materials Pacific LLC
 Contact Name Mark McKenna

Case 1214 NOV 5609 WVIO-AQM 19-0006

Violation of Section 30.20175 Operations contrary to Permit to Operate conditions

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

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** 1.0

Comment: Violation of Section 030.2175 constitutes a major violation per Section 020.040

2. Toxicity of Release

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

Comment: PM10 is considered 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: Negligible environmental/public health risk/occurred in a light industrial area

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

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1 = \$ 2500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: Observed (1) incident of Section 030.2175

D. Economic Benefit

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

Comment: There were no avoided or delayed costs associated with the violation.

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 0.00 = \$ 2500.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 10%

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

Comment Completed a negotiated settlement

C. Compliance History

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

Comment No previous violations issued to Cemex

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

Comment: _____

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

Comment: _____

Previous Unrelated Violation (5 – 25%) + _____

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -30%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 2500.00</u>	x	<u>-30%</u>	=	<u>-750.00</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)		Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:


<u>\$ 2500.00</u>	+/-	<u>\$ -750.00</u>	=	<u>\$ 1750</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

7/17/19

Date



Senior AQ Specialist/Supervisor

7/17/19

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	_____	_____
DA	NA	_____
Risk	NA	_____

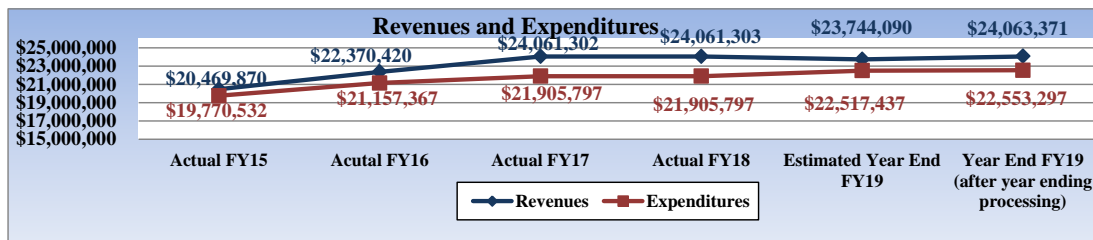
Staff Report
Board Meeting Date: August 22, 2019

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 July, Fiscal Year 2020

SUMMARY

Update for Fiscal Year 2019 (FY19):

Total FY19 revenues reported as of June 30, 2019 were \$23,744,090 and expenditures were \$22,517,437 reflecting a surplus of \$1,226,652. With the year-end processing of grant reimbursements, as of August 7, 2018, the FY19 revenues are at \$24,063,371 and the expenditures are at \$22,553,297 for a surplus of \$1,510,074 and a fund balance of \$7,846,476 or 34.8% of total expenditures for FY19.



Fiscal Year 2020 (FY20):

The first month of FY20 ended with a cash balance of \$7,616,864. The total revenues of \$1,395,905 were an increase over FY19 by \$862,566 mainly due to the delay in receipt of the \$793,071 monthly County General Fund support in FY19 not delayed in FY20. The expenditures totaled \$1,981,435 up \$256,077 compared to FY19 mainly due to the cost of negotiated labor agreements between the County and the Health District staff, employee retirement payouts for accrued vacation and sick leave, chemical supplies for the mosquito abatement program, and increased overhead charges from the County General Fund.

District Health Strategic Priority supported by this item:

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

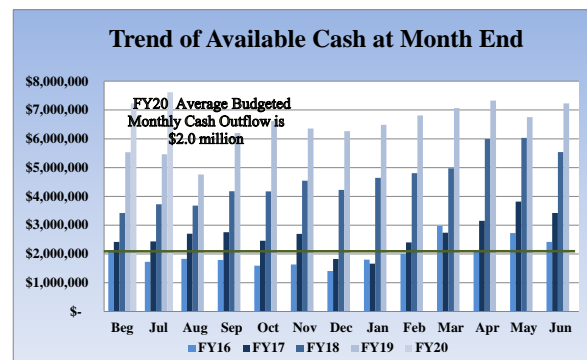
PREVIOUS ACTION

Fiscal Year 2020 Budget was adopted May 21, 2019.

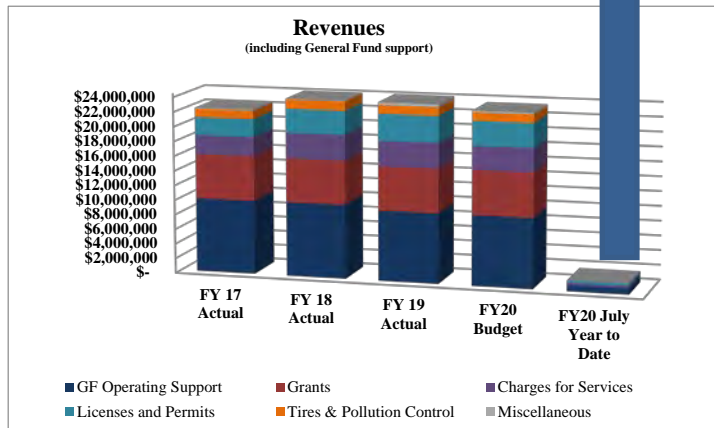
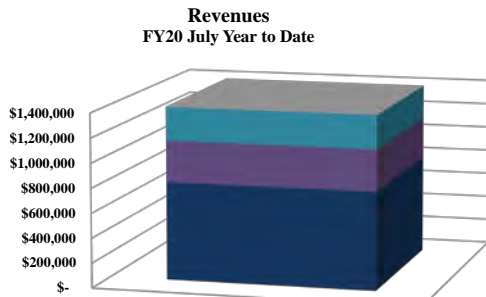
BACKGROUND

Review of Cash

The available cash at the end of July FY20 was \$7,616,864, which is enough to cover approximately 3.8 months of expenditures. The encumbrances and other liability portion of the cash totals \$1.3 million; the cash restricted as to use is also approximately \$1.3 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 \$5.0 million.

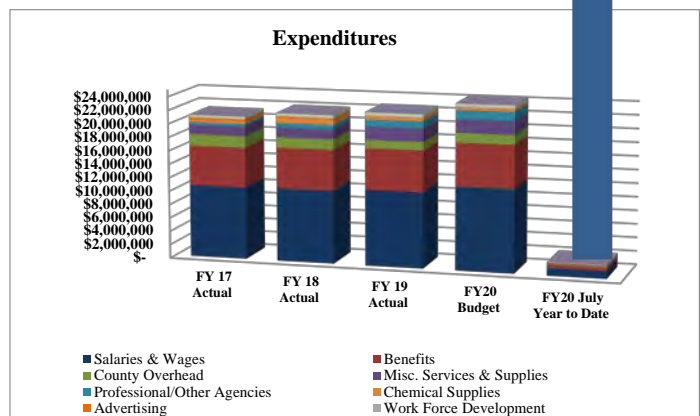
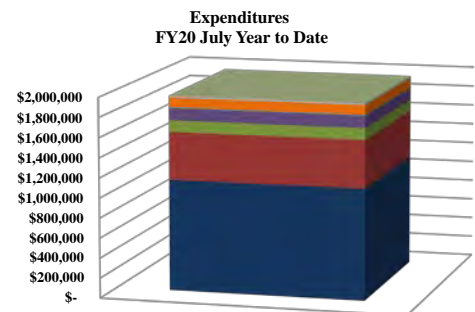


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$1,395,905 up \$862,566 or 161.7% compared to July FY19 mainly due to a delay in the County General Fund support in FY19. The revenue categories up over FY19 includes the charges for services of \$336,105 up \$72,780 or 27.6% mainly in notice of exemptions for wood burning stoves and development plan reviews and miscellaneous revenues of \$4,727 up \$4,188. The revenue category down compared to FY19 was licenses and permits of \$306,463 down \$18,162 or 5.6%. The first receipt of intergovernmental revenues for grants, tire fees, and pollution control fees will be in August. The County General Fund support of \$793,071 is up over last year due to the delay in funding from the County in FY19.

The total year to date **expenditures** of \$1,981,435 increased by \$256,077 or 14.8% compared to FY19. Salaries and benefits for the fiscal year were \$1,598,771 up \$141,231 or 9.7% over the prior year with the majority of the increase \$96,785 due to employee retirement payouts for accrued vacation and sick leave, the balance of the increase is from the increases due to County labor negotiations. Total services and supplies of \$382,664 were up \$119,075 compared to FY19 due to a \$95,910 purchase of chemicals not required in FY19 and \$54,360 paid for the Regional Permitting licensing costs not paid in FY19. The major expenditures included in the services and supplies were; the professional/other agency services, which totaled \$8,319 down \$13,369 or 61.6% over FY19; chemical supplies of \$95,910; biologicals of \$17,383 down \$49,778 or 74.1%; and, County overhead charges of \$116,733 up \$15,226 or 15.0%. No capital expenditures have occurred in FY20.



Review of Revenues and Expenditures by Division

ODHO has spent \$84,350 up \$5,255 or 6.6% over FY19 mainly due to the cost of County labor negotiation increases and County overhead charges.

AHS has spent \$99,716 up \$6,214 or 6.6% compared to FY19 mainly due to County labor negotiation increases, County overhead charges and increased utilities costs for the District.

AQM revenues were \$216,953 up \$57,535 or 36.1% mainly due to an increase in the notice of exemptions for wood burning stoves and dust plan reviews from the development community. The Division spent \$240,557 down \$7,245 or 2.9% over FY19.

CCHS revenues were \$31,750 down \$15,869 or 33.3% over FY19 due to accruals that have been posted in FY20 for revenues that had been book in FY19 but will be received in FY20; without the grant accruals, the revenue is up \$8,293 over FY19. The division spent \$671,924 or \$50,853 more than FY19 with \$30,573 of the increase due to employee retirement payouts for accrued vacation and sick leave.

EHS revenues were \$312,921 up \$21,767 or 7.5% over FY19 mainly in plan review charges for services. EHS spent \$686,172 an increase of \$211,537 over last year with \$61,418 due to employee retirement payout of accrued sick leave and vacation and \$95,910 spent for chemicals for the mosquito abatement program not needed in FY19 due to sufficient inventory.

EPHP revenues were \$41,209 up \$6,062 or 17.2% over last year due to grant accruals, posted in FY19 but not needed in FY20. With removing the accruals, the birth and death certificate revenues were down \$4,928. The division spent \$198,716 down \$10,537 over FY19.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through July Year to Date Fiscal Year 2019/2020 (FY20)									
	Actual Fiscal Year			Fiscal Year 2018/2019		Fiscal Year 2019/2020			
	2015/2016	2016/2017	2017/2018	Actual Year End	July Year to Date	Adjusted Budget	Unaudited Year End	Percent of Budget	FY20 Increase over FY19
Revenues (all sources of funds)									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	159,418	3,516,618	216,953	6.2%	36.1%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	47,619	3,874,690	31,750	0.8%	-33.3%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	291,154	4,365,196	312,921	7.2%	7.5%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	35,147	2,140,911	41,209	1.9%	17.2%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	-	9,516,856	793,071	8.3%	-
Total Revenues	\$20,469,870	\$22,370,420	\$24,061,302	\$24,063,371	\$ 533,338	\$23,414,271	\$ 1,395,905	6.0%	161.7%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	79,095	1,821,022	84,350	4.6%	6.6%
AHS	996,021	1,119,366	1,016,660	1,059,669	93,502	1,355,359	99,716	7.4%	6.6%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	247,802	3,501,793	240,557	6.9%	-2.9%
CCHS	6,880,583	7,294,144	7,538,728	7,695,600	621,071	7,900,031	671,924	8.5%	8.2%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	474,635	6,806,576	686,172	10.1%	44.6%
EPHP	2,688,659	2,616,411	2,557,352	2,855,924	209,253	2,956,018	198,716	6.7%	-5.0%
Total Expenditures	\$19,770,532	\$21,157,367	\$21,905,797	\$22,553,297	\$ 1,725,358	\$24,340,800	\$ 1,981,435	8.1%	14.8%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	(79,095)	(1,821,022)	(84,350)		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	(93,502)	(1,355,359)	(99,716)		
AQM	(150,184)	122,763	607,078	507,427	(88,384)	14,824	(23,604)		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,590,726)	(573,452)	(4,025,341)	(640,173)		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	(183,481)	(2,441,379)	(373,251)		
EPHP	(547,325)	(589,169)	(702,490)	(729,344)	(174,106)	(815,106)	(157,507)		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	-	9,516,856	793,071		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,510,074	\$ (1,192,019)	\$ (926,529)	\$ (585,530)		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,846,476		\$ 6,919,947			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		28.4%			

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 July, Fiscal Year 2020.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for July, Fiscal Year 2020.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 1 2020 P&L Accounts
 Accounts: GO-P-L Health Fund
 Business Area: * Functional Area: 000
 Fund Center: 000
 Standard Functional Area: 000
 Default Washoe County
 Standard Functional Area: 000

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
460530 Inspector Registr-	3,328-	73,529-	3,328-	11	4,175-	61,589-	4,175-	17
460531 Dust Plan-AQM	659,365-		585,836-		362,521-		300,932-	
460532 Plan Rvw Hotel/Mot								
460534 Child Care Inspect	23,234-	2,833-	20,401-	12	22,470-	2,183-	20,287-	10
460535 Pub Accomod Inspec	29,345-	2,971-	26,374-	10	28,380-	5,371-	23,009-	19
460570 Education Revenue								
460723 Other Fees	208,183-	22,040-	186,144-	11	193,032-	29-	193,003-	0
* Charges for Services	3,228,052-	336,105-	2,891,947-	10	2,906,932-	263,325-	2,643,607-	9
481150 Interest-Non Poole								
484000 Donation,Contrib.		4,500-	4,500	3	10-	10-	5,972-	100
484050 Donation Fed Pgm I	6,721-	227-	6,494-		6,500-	528-	5,972-	8
484195 Non-Govt'l Grants								
484197 Non-Gov. Grants-In	14,969-	2,991	17,960-	20-	143,838-		143,838-	
485100 Reimbursements	48,854-	2,991-	45,862-	6	26,311-		26,311-	
485300 Other Misc Govt Re	150,000-	0-	150,000-		48,283-		48,283-	
* Miscellaneous	220,543-	4,727-	215,816-	2	258,426-		258,426-	
** Revenue	13,897,415-	602,833-	13,294,582-	4	483,368-	539-	482,830-	0
701110 Base Salaries	10,815,100	857,721	9,957,379	8	10,335,661	848,556	9,487,105	8
701120 Part Time	351,414	41,725	309,689	12	245,924	21,567	224,358	9
701130 Pooled Positions	470,335	43,627	426,708	9	546,723	47,397	499,326	9
701140 Holiday Work	4,319	131	4,188	3	4,319	32	4,287	1
701150 xContractual Wage								
701199 Lab Cost Sav-Wages								
701200 Incentive Longevit	157,065	363	156,702	0	160,607	665	159,942	0
701300 Overtime	63,517	6,539	56,978	10	114,569	9,125	105,444	8
701403 Shift Differential	300	35	265	12	300	28	272	9
701406 Standby Pay	38,000	3,344	34,656	9	38,000	2,763	35,237	7
701408 Call Back	5,000		5,000		5,000	363	4,637	7
701412 Salary Adjustment	129,473	43,720	85,754	34	526,768		526,768	
701413 Vac Payoff Sick Te	228,970	97,263	131,707	42	67,722	21,143	46,579	31
701414 Vac Denied-Payoff								
701417 Comp Time								
701419 Comp Time - Transf								
701500 Merit Awards		23,119	23,119-		16,320	2,455	13,865	15
* Salaries and Wages	12,263,494	1,117,587	11,145,907	9	12,061,912	954,094	11,107,818	8
705110 Group Insurance	1,477,850	114,066	1,363,784	8	1,611,044	129,570	1,481,474	8
705115 ER HSA Contribs	149,160		149,160		85,200		85,200	
705190 OPEB Contribution	1,118,614	93,218	1,025,396	8	1,286,542	107,212	1,179,330	8
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	252,671	3,051,075	8	3,016,966	244,584	2,772,382	8
705215 Retirement Calc								
705230 Medicare Apr 86	157,253	15,260	141,993	10	147,346	13,231	134,115	9
705240 Insur Budgeted Inc	36,465		36,465		47,094		47,094	

Period: 1 thru 1 2020 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705320 Workmens Comp	77,087	5,485	71,602	7	97,909	8,495	89,414	9
705330 Unemploy Comp	9,982	484	9,498	5	9,361	354	9,008	4
705360 Benefit Adjustment	69,486		69,486		229,230		229,230	
* Employee Benefits	6,399,643	481,184	5,918,459	8	6,530,691	503,446	6,027,245	8
710100 Prof Services	870,663	3,273	867,390	0	604,188	6,450	597,738	1
710105 Medical Services	9,773	266	9,507	3	10,421	3,319	7,102	32
710108 MD Consultants	51,211	500	50,711	1	54,311	500	53,811	1
710110 Contracted/Temp Sv	118,423	4,280	114,142	4	128,538	5,418	123,119	4
710119 Subrecipient Payme								
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	68,935	3,651	65,285	5	92,962	2,512	90,451	3
710201 Laundry Services	650	230	420	35	650	90	560	14
710205 Repairs Maint	11,800		11,800		9,145	800	8,345	9
710210 Software Maintenan	6,151	300	5,851	5	3,000		3,000	
710215 Operating Contract					25-		25-	
710300 Operating Supplies	126,414	1,573	124,841	1	216,000	504	215,496	0
710302 Small Tools & Allo	1,000		1,000		1,435		1,435	
710308 Animal Supplies	1,535		1,535		1,600		1,600	
710319 Chemical Supplies	232,700	95,910	136,790	41	392,700		392,700	
710323 Asphalt					16,000		16,000	
710325 Signs and Markers								
710334 Copy Mach Exp	25,903		25,903		23,175		23,175	
710335 Copy Mach-Copies	8,585		8,585		7,642		7,642	
710350 Office Supplies	32,500	65	32,435	0	52,476	1,407	51,069	3
710355 Books/Subscription	6,440	549	5,891	9	7,508	154	7,354	2
710360 Postage	15,984		15,984		16,656		16,656	
710361 Express Courier	100		100		100		100	
710391 Fuel & Tube	125		125		125		125	
710400 Pmts to O Agencies	253,350		253,350		743,421	6,000	737,421	1
710412 Do Not Use								
710500 Other Expense	139,030	594	138,436	0	186,491	50	186,441	0
710502 Printing	34,200	560	33,640	2	30,484		30,484	
710503 Licenses & Permits	7,830	1,540	6,290	20	7,195	665	6,530	9
710504 Registration						100	100-	
710505 Rental Equipment	200		200		200		200	
710506 Dept Insbeductible								
710507 Network Data Lines	6,440	801	5,639	12	6,540		6,540	
710508 Telephone Land Lin	33,473	3,079	30,394	9	34,645	2,784	31,861	8
710509 Seminars Meeting	50,973	575	50,398	1	72,883	1,410	71,473	2
710512 Auto Expense	11,728	347	11,381	3	11,346	199	11,147	2
710514 Reg Assessments	25,000		25,000		20,000		20,000	
710519 Cellular Phone	17,194	2,552	14,642	15	14,697	750	14,697	
710529 Dues	21,005	435	20,570	2	20,855		20,105	4

Period: 1 thru 1 2020 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
* Transfers In								
812230 To Reg Permits-230	9,516,856- 73,123	793,071- 54,360	8,723,785- 18,763	8 74	9,516,856- 73,123		9,516,856- 73,123	
* Transfers Out	73,123	54,360	18,763	74	73,123		73,123	
** Other Financing Src/Use	9,443,733-	738,711-	8,705,022-	8	9,443,733-		9,443,733-	
** Total	926,529	585,530	340,998	63	1,733,291	1,192,019	541,272	69

Proclamation

INTERNATIONAL OVERDOSE AWARENESS DAY

WHEREAS, International Overdose Awareness Day is recognized around the world as a day to acknowledge individual loss and family grief for people who have suffered an overdose; and

WHEREAS, in 2018 there were 170 drug overdose deaths in Washoe County, 741 in Nevada and 67,744 in the United States; and

WHEREAS, Overdose Awareness Day recognizes overdoses from legal and illicit drugs because it echoes the tragedy of the overdose crisis, allowing us to speak and educate more about the issue; and

WHEREAS, Overdose Awareness Day raises awareness of and reduces the stigma of drug-related deaths and is an opportunity to honor those who lost their loved one to an overdose; and

WHEREAS, Overdose Awareness Day celebrates those who have survived an overdose; and

WHEREAS, Overdose Awareness Day sends a strong message to support those suffering from a substance use disorder to acknowledge they are loved and valued; and

WHEREAS, Overdose Awareness Day will bring attention to the struggle of addiction in our community while making a commitment to preventing loss of life;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim August 31, 2019, as

**“INTERNATIONAL OVERDOSE AWARENESS DAY”
In Washoe County, Nevada**

ADOPTED this 22nd day of August 2019

Dr. John Novak, Chair
Washoe County District Board of Health

Resolution

VISION ZERO TRUCKEE MEADOWS ACTION PLAN and SUPPORT OF GOAL TO ELIMINATE PEDESTRIAN DEATHS

WHEREAS, over the past 10 years, 327 people have died while walking, biking, or driving on Washoe County roadways; and

WHEREAS, between 2012-2017, 28% of the fatalities in Washoe County were pedestrians; and

WHEREAS, traffic deaths and serious injuries in the United States have disproportionately impacted low-income households, older adults and youth, people with disabilities, people of color and households with limited vehicle access; and

WHEREAS, Vision Zero Truckee Meadows provides a framework for reducing traffic deaths and serious injuries through a comprehensive and data-driven approach; and

WHEREAS, in October, 2017, the region initiated on its commitment for a greater culture of safety and formed a Vision Zero Partnership through the Vision Zero Truckee Meadows Task Force; and

WHEREAS, the Vision Zero Truckee Meadows Task Force implemented a pedestrian safety campaign in 2019 to engage the local community and partners with meaningful outreach and messaging and activate everyone to take ownership and participate in saving lives on our roadways through the Don't Kill A Dream awareness campaign; and

WHEREAS, the Vision Zero Truckee Meadows has completed an Action Plan with the support of local leaders, city, county, state and federal agencies, community stakeholders, the public and private sector to identify solutions for the Truckee Meadows to make equitable data-driven decisions to improve safety throughout our community;

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby adopt and endorse the Vision Zero Action Plan and the goal to eliminate pedestrian deaths in Washoe County by the year 2030.

ADOPTED this 22nd day of August 2019

Dr. John Novak, Chair
Washoe County District Board of Health



VISION  **TRUCKEE** 
MEADOWS 

ZERO

DRAFT ACTION PLAN • 2019

ZERO FATALITIES BY 2030

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DEAR MEMBERS OF THE COMMUNITY,

We are working to make our roads safer for everyone. Over the last 10 years, 327 people have died while walking, biking, or driving in our community. These are our friends, our families and our neighbors. The number of fatalities in our community has been on the rise recently and we are taking action to bring the number of traffic fatalities and serious injuries to zero by the year 2030 by implementing Vision Zero Truckee Meadows. The only acceptable number of traffic deaths in our community is zero.

The Vision Zero Truckee Meadows task force was established to take equitable, data-driven and transparent actions to improve safety throughout our community. By working together to make roads and sidewalks safer for pedestrians, we will make our roads safer for everyone. Our community is made stronger by increasing the safe connectivity of our residents and visitors.

Now, more than ever, we must make our streets safe for everyone, no matter where they go, or how they get there. Safety must be our most important consideration and highest priority moving forward.

The Vision Zero Truckee Meadows task force is currently comprised of members from the City of Reno, City of Sparks, Washoe County, the Regional Transportation Commission of Washoe County, Washoe County Health District, the Federal Highway Administration, the Nevada Department of Transportation, Office of Traffic Safety, Reno Bike Project, The Chamber, Renown Health, the University of Nevada, Las Vegas, the University of Nevada, Reno, the Washoe County School District and members of the community who have been impacted by traffic fatalities. Through our shared regional commitment to safety, we are committed to changing the rising trend of traffic deaths in our community.

The task force has created an action plan to bring the number of traffic fatalities to zero. We cannot achieve this goal alone. This plan unites us around this common goal as we work together to make our community a stronger and safer place for everyone. We are hoping you will be interested in joining us after reading this plan.

Respectfully,



Hillary L. Schieve
Mayor
City of Reno



Ron Smith
Mayor
City of Sparks



Vaughn Hartung
Chair
Washoe County



Bob Lucey
Chair
RTC Washoe

VISION ZERO TRUCKEE MEADOWS GOAL: ZERO PEDESTRIAN FATALITIES BY 2030

The Vision Zero Truckee Meadows will reach the goal of zero pedestrian fatalities by 2030 and reduce critical and fatal crashes overall. Vision Zero uses a unique data-driven approach to eliminate all traffic fatalities and serious injuries.

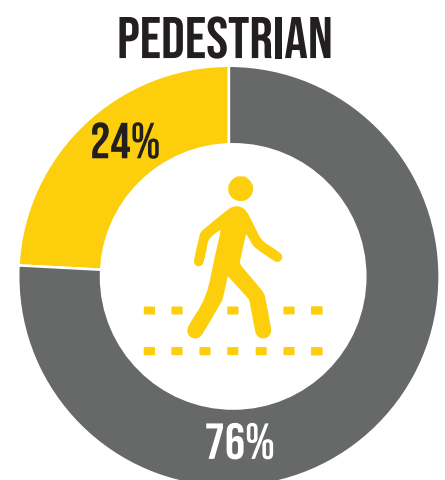
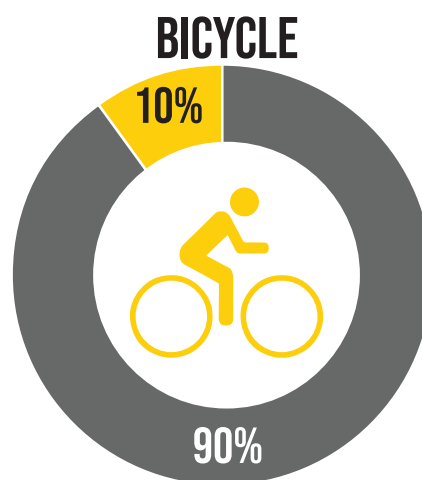
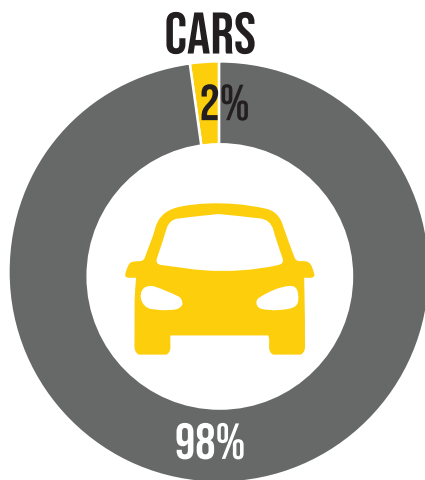
TRADITIONAL APPROACH

Traffic deaths are **INEVITABLE**
PERFECT human behavior
 Prevents **COLLISIONS**
INDIVIDUAL responsibility
 Saving lives is **EXPENSIVE**

VISION ZERO APPROACH

Traffic deaths are **PREVENTABLE**
 Integrate **HUMAN FAILING** in approach
 Prevent **FATAL AND SEVERE CRASHES**
SYSTEMATIC approach
 Saving lives is **NOT EXPENSIVE**

Share of Victims who were killed or seriously injured by mode between 2013 - 2017



VISION ZERO TRUCKEE MEADOWS TASK FORCE MEMBERS

City of Reno

Neighborhood Services

Public Works/Traffic Engineering

Reno Police Department (RPD)

City of Sparks

Community Relations

Public Works

Sparks Police Department

Federal Highway Administration (FHWA Nevada Division)

Nevada Department of Transportation (NDOT)

Bicycle and Pedestrian Division

Traffic Safety Division

Nevada Highway Patrol (NHP)

Office of Traffic Safety (OTS)

Regional Transportation Commission of Washoe County (RTC)

Communications and Public Affairs

Engineering

Metropolitan Planning

Reno Bike Project

Reno Emergency Medical Services Authority (REMSA)

Reno & Sparks Chamber of Commerce

Renown Hospital, Trauma Center

University of Nevada, Reno

Department of Engineering

Police Department

University of Nevada, Las Vegas

Vulnerable Road Users Project

Washoe County

Community Development

Washoe County Health District, Air Quality Management Division

Washoe County School District

Safe Routes to School

Washoe County Sheriff's Office

Members of the Public

OUR SAFETY CULTURE

During the Nevada Transportation Conference in May 2017, a group of professionals identified the need for the Vision Zero Truckee Meadows Task Force. The multidisciplinary task force began meeting in October 2017 when northern Nevada partners joined forces. The Vision Zero Truckee Meadows (VZTM) Task Force formed and set the goal to reach zero pedestrian fatalities within the region by the year 2030. Achieving zero fatalities requires leadership and commitment from city and county agencies, elected officials, community stakeholders, and the public and the private sectors to find the right solutions for Truckee Meadows. These resolutions are supported by a new level of energy and commitment to teamwork for addressing road-safety issues.

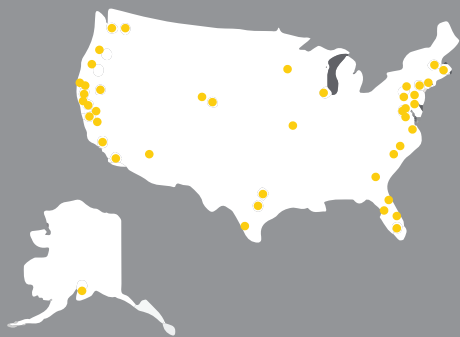
Over the last 10 years, there have been 327 traffic fatalities in Washoe County. Eighty-seven of these being pedestrian fatalities. Everyone agrees that even one fatality is too many. The foundation of the task force is to explore a different approach to eliminate pedestrian fatalities in Washoe County. The VZTM is working together to keep everyone safe on our roads. The task force, with the support of local leaders, has made a commitment to change our culture regarding safety in the Truckee Meadows. Vision Zero Truckee Meadows is working together to bring the number of fatalities on our roadways to zero; following the principle that if you make a road safer for a pedestrian, the most vulnerable road user, the road will be safer for everyone.

VISION STATEMENT

Northern Nevadans working together to keep everyone safe on our roads.

MISSION STATEMENT

Northern Nevadans, with the support of elected leaders, have made a commitment to take action to bring the number of fatalities on our roadways to zero. We will make equitable, data-driven, and transparent decisions to improve safety throughout our community. By partnering together to make roads and sidewalks safe for pedestrians, we make our roads safer for everyone. We will actively implement measures proven to reduce serious injuries and fatalities. Through collaboration we will make our community a safe and healthy place, no matter where you go or how you get there.



OTHER VISION ZERO CITIES

Since 2014, Vision Zero has been gathering momentum across the U.S. As of June 2019, 43 cities across the United States have committed to Vision Zero.

The number of traffic deaths in New York City fell in 2018 to the lowest level in more than a century to 200, which is down from 222 deaths in 2017.

WHAT IS VISION ZERO?

Vision Zero is a concept that road users can coexist on our street network without losing their lives. It is an overarching concept. A concept that can be achieved. Progress toward zero fatalities has been happening across Europe, and has begun to manifest in the United States as well.

Vision Zero views traffic crashes as opportunities to fix potential safety risks: assign no blame, evaluating what happened with the understanding that there is a mitigation that could have helped avoid the crash or lessen the severity of the crash. The solution can be engineering based or behavioral-based, but most solutions involve both.

Vision Zero is a community working together to identify solutions to designing safer roads. Vision Zero is welcoming new ideas and non-traditional approaches to assuring roads are safer for all, by focusing on making roads safer for the most vulnerable user.

WHY HAVEN'T I HEARD OF VISION ZERO?

Vision Zero began in Sweden in 1996, and within five years the movement had spread to the Netherlands; and in 20 years, across Europe. Since its inception, Swedish fatalities for all road users has dropped by more than 50 percent! While they have not yet achieved Zero Fatalities, the fatality rate per 100,000 people has dropped from 10.3 to less than two. Similar results have also occurred across other Vision Zero European countries.

Vision Zero has spread to the United States and was adopted most aggressively in New York City (NYC) in 2013, with its first year of operation in 2014. The results have been amazing in NYC too, where bicycling trips have risen by more than 50

percent and fatalities are down close to 50 percent (preliminary 2018 fatality numbers). In fact, in 2017, the fourth year of the program, fatalities in NYC were the lowest they have been since they began to keep records in 1910.

As of June 2019, there are 43 cities across the US that have made the commitment and pledge to Vision Zero to enhance and improve their quality-of-life.

What all the cities have in common is they have made a commitment to the following tenants of Vision Zero:

- People are more important than cars
- Integrate human failing in approach
- Getting there safely is more important than getting there quickly
- Saving lives is inexpensive

Vision Zero also states that if we improve our roads for the most vulnerable road user, we have improved that road for every road user. NYC data supports this fact. Often, the perceived cost of improvements is an obstacle to change, but the cost of doing nothing is far greater than a steady budget that improves roads and mitigates crash outcomes; which will begin to reap immediate rewards in fewer lives lost, fewer severe injuries and less time for emergency responders in the field.

WHY VISION ZERO?

Traffic fatalities are a quality-of-life issue; if we don't feel safe using our roads, how does the community thrive? What things do you change in your life because you don't feel safe traveling by your preferred means? As a business, the best way for customers to find you is on foot or on bike. How many businesses fail simply because the traffic outside moves too fast for people to notice them? As a society, beginning with the end of WWII, we have had a love affair with our cars. In the Southwest, which has been built mostly post-WWII, we have a network of streets that are built for

automobiles. As vehicles became more affordable, streets were built for the onslaught: wide, flat, fast and for the most part, dark.

When you consider a reluctance to establish crosswalks at reasonable distances, streets without adequate space for a cyclist to feel safe, and laws that are unclear, there exists a quality-of-life issue for everyone.

Human behavior complicates this situation. The imperfect human being, using streets that demand perfection, leads to the result observed in Washoe County: In the past five years (2012-2017) pedestrians have made up 27.8 percent of Washoe County's traffic fatalities; which is ample justification

to incorporate Vision Zero. This is the disproportion seen for vulnerable road users.

In many neighborhoods people would allow their children to walk and bike, but they lack sidewalks, or their neighborhood is walled in, adding travel distance to what would be a short trip "as the crow flies." A lunchtime stroll for workers becomes dangerous in parts of the city and people avoid walking because it is uncomfortable and does not feel safe.

Looking at every crash as a resource to prevention allows engineers, planners and advocates to work together to bring streets back for all to use.



HOW MUCH IS SPEED AN ISSUE?

The one constant in all Vision Zero programs is speed reduction, and for good reason! Speed is a factor in more than a third of all Nevada fatalities, surpassing all other potential factors such as impairment, seat belt use, distracted driving, etc. When we look at pedestrian fatalities, speed is even more critical. Crashes that involve vehicles traveling at posted speed limits is deadly to many pedestrians, meaning speed is a factor, but isn't reported as one.

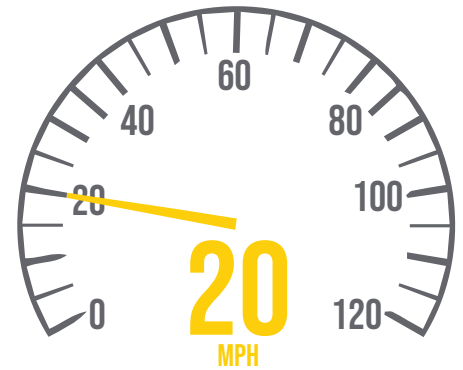
The sad fact is that at **30 miles-per-hour, half of pedestrians struck by a vehicle will not survive.**

Bodies without the benefit of seat belts, air bags and 3,000 pounds of steel surrounding them do not fare well when struck by cars, or motorcycles, or even bikes; this is why Vision Zero aims to make roads safer for the most vulnerable users, which, in turn, makes the road safer for all.

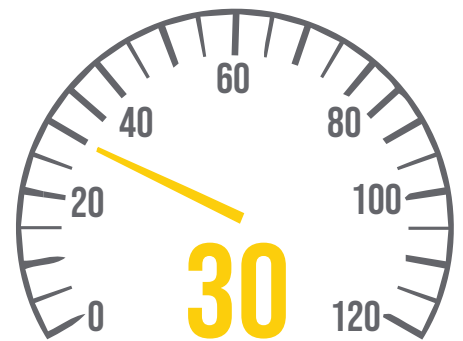
Vision Zero speed limit research shows at 20 mph, one in 10 pedestrians will not survive. This applies mostly to small children because they have no body mass to absorb the crash force and to the elderly because of their fragility; they either don't survive being put under anesthesia or they languish after breaking a femur or hip and simply don't move again.

At 30 mph, half the population will not survive, and at 40 mph we tragically see only one in ten people struck by a vehicle while walking will survive. Speed plays a huge role in survivability, no matter how you travel.

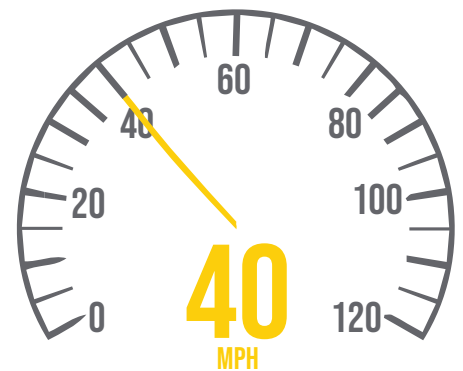
Lowering speeds is often seen unfavorably by many because they equate lower speeds with longer travel times. In reality, if you had a five-mile trip to work and the speed limit was dropped from 45 mph to 30 mph, the difference in time is only three minutes and twenty seconds. Travel times are mostly impacted by poor signal timing and congestion .



10% LIKELIHOOD OF FATALITY OR SEVERE INJURY



50% LIKELIHOOD OF FATALITY OR SEVERE INJURY



90% LIKELIHOOD OF FATALITY OR SEVERE INJURY

SPEED: THE FACTS



A 5% cut in average speed can result in...

30%

reduction in the number of fatal crashes.

When motorized traffic mixes with pedestrians and cyclists, the speed limit should be under 30km/h.



47
countries

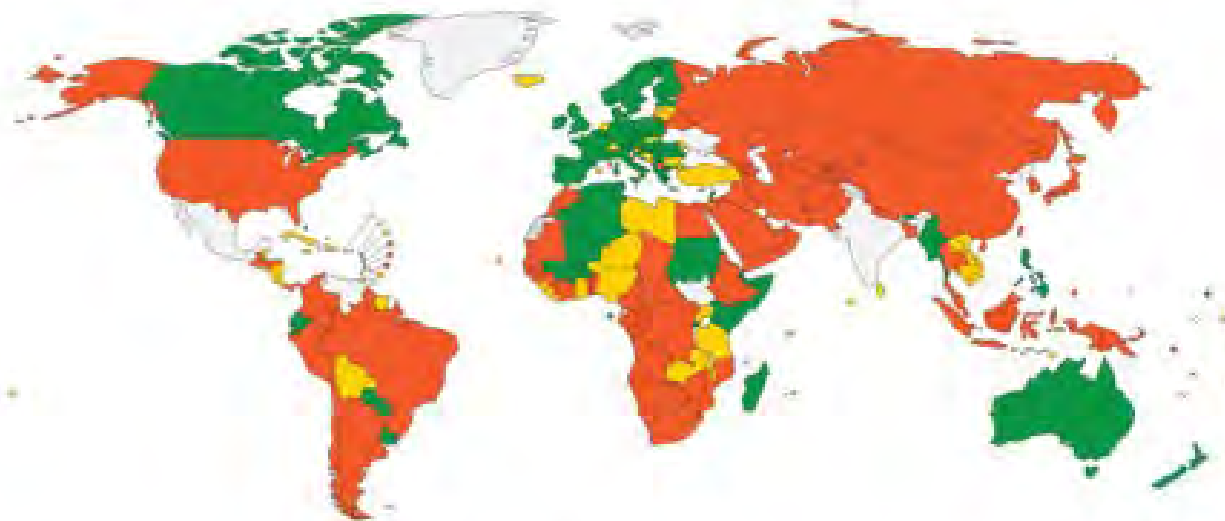


have implemented an urban speed limit of 50km/h or less...



...and allow local authorities to reduce these limits.

Urban speed laws by country



- Speed limits on urban roads ≤ 50 km/h and can be modified
- Speed limits on urban roads ≤ 50 km/h but cannot be modified
- No speed law or speed limit on urban roads > 50 km/h
- Data not available
- Not applicable



World Health Organization

Global status report on road safety 2015

www.who.int/violence_injury_prevention/road_safety_status/2015/en/



IDENTIFYING THE PROBLEM

Vision Zero Truckee Meadows Task Force has evaluated crash trends in the region. First, crash data for the region indicates that, between 2012 – 2017, 28% of the fatalities on our roadways were pedestrian fatalities.

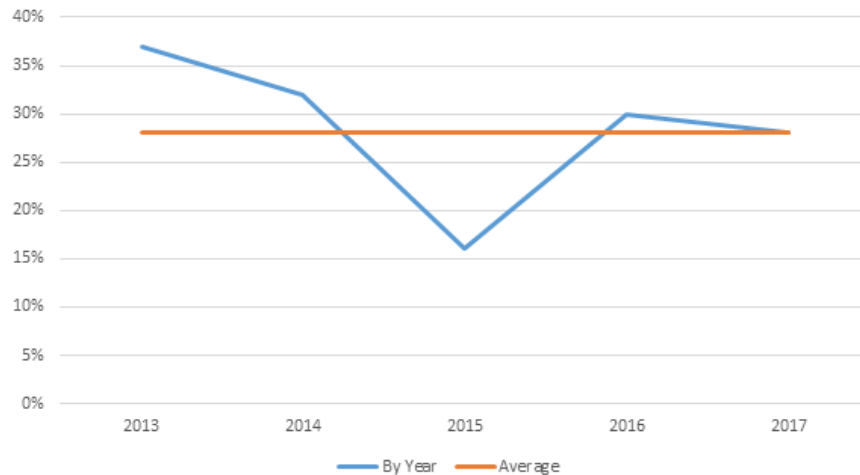
The highest year of pedestrian fatalities during this 5-year period was 2013 with 37% of the fatalities in Washoe County. In comparison, 2015 was the lowest year for pedestrian fatalities at 16%.

The Vision Zero Truckee Meadows Task Force believes that one fatality is too many. The commitment to be pedestrian fatality-free by 2030 has been made by the regional task force and in order to get there the approach on how we look at fatal crashes needs to change.

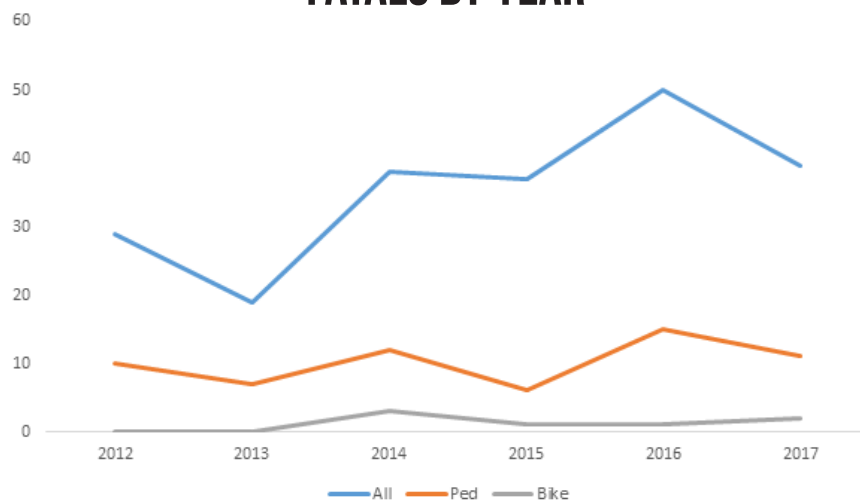
28%

OF THE FATALITIES OVER THE FIVE-YEAR PERIOD WERE PEDESTRIAN FATALITIES

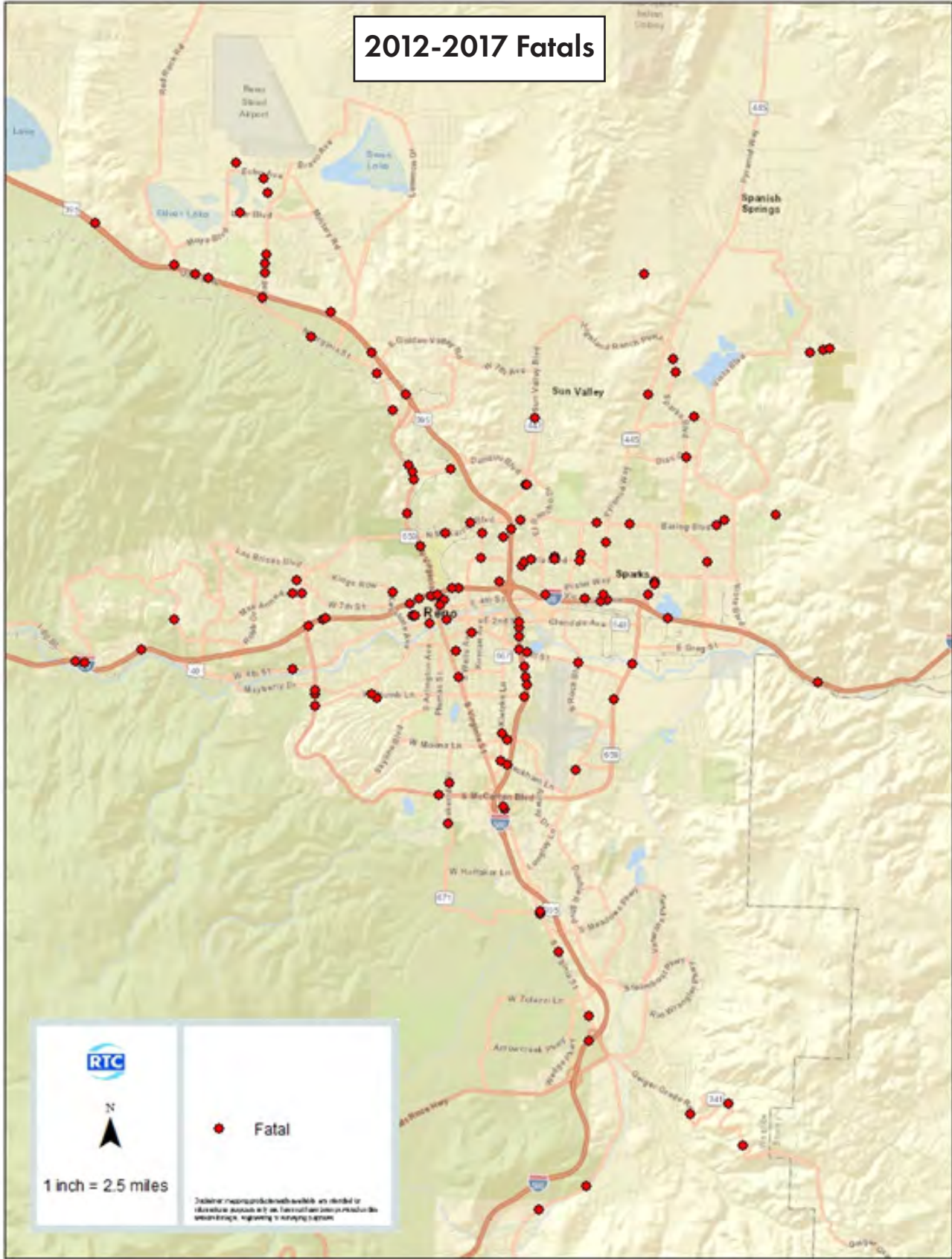
PERCENT OF TOTAL FATALS PEDESTRIANS



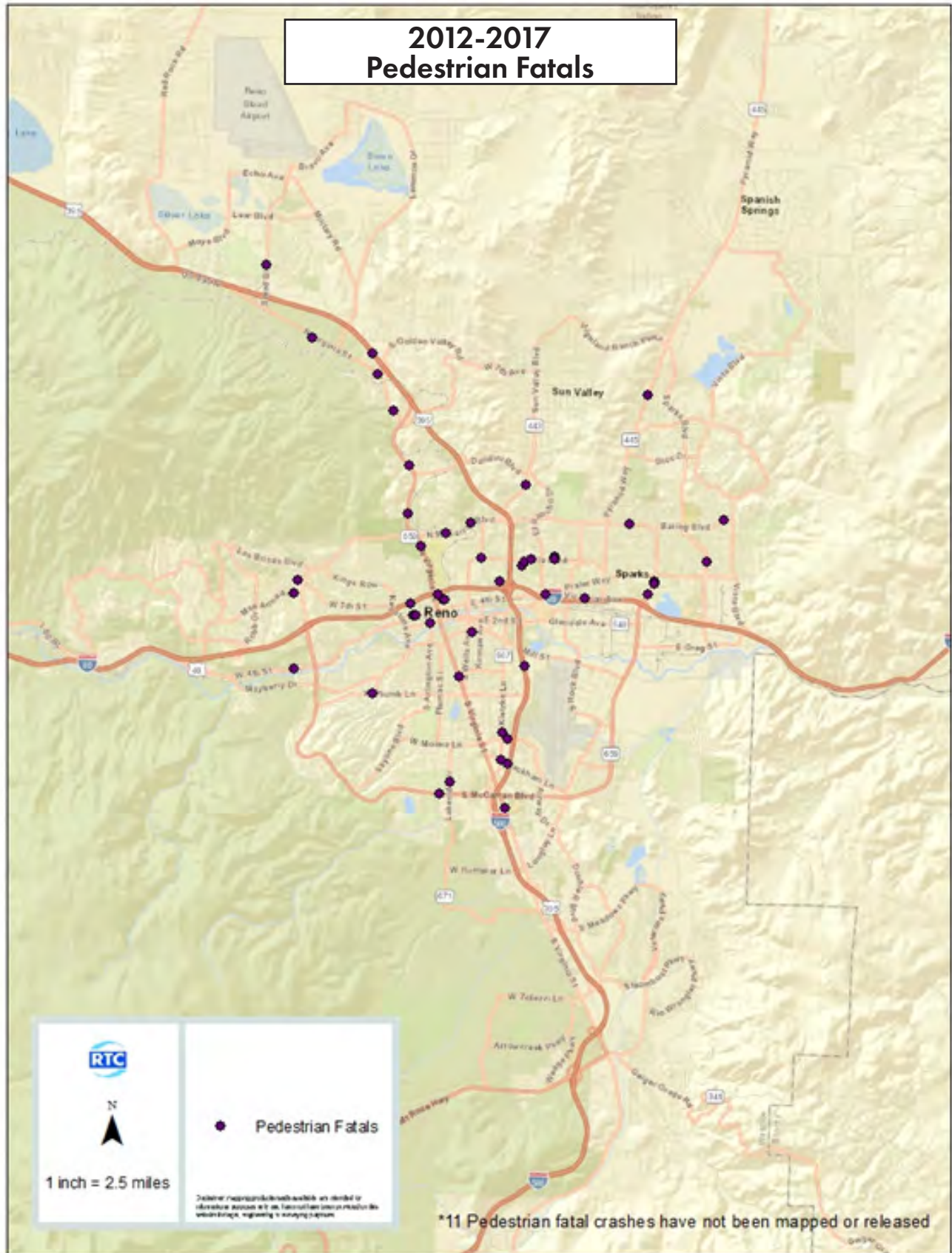
FATALS BY YEAR



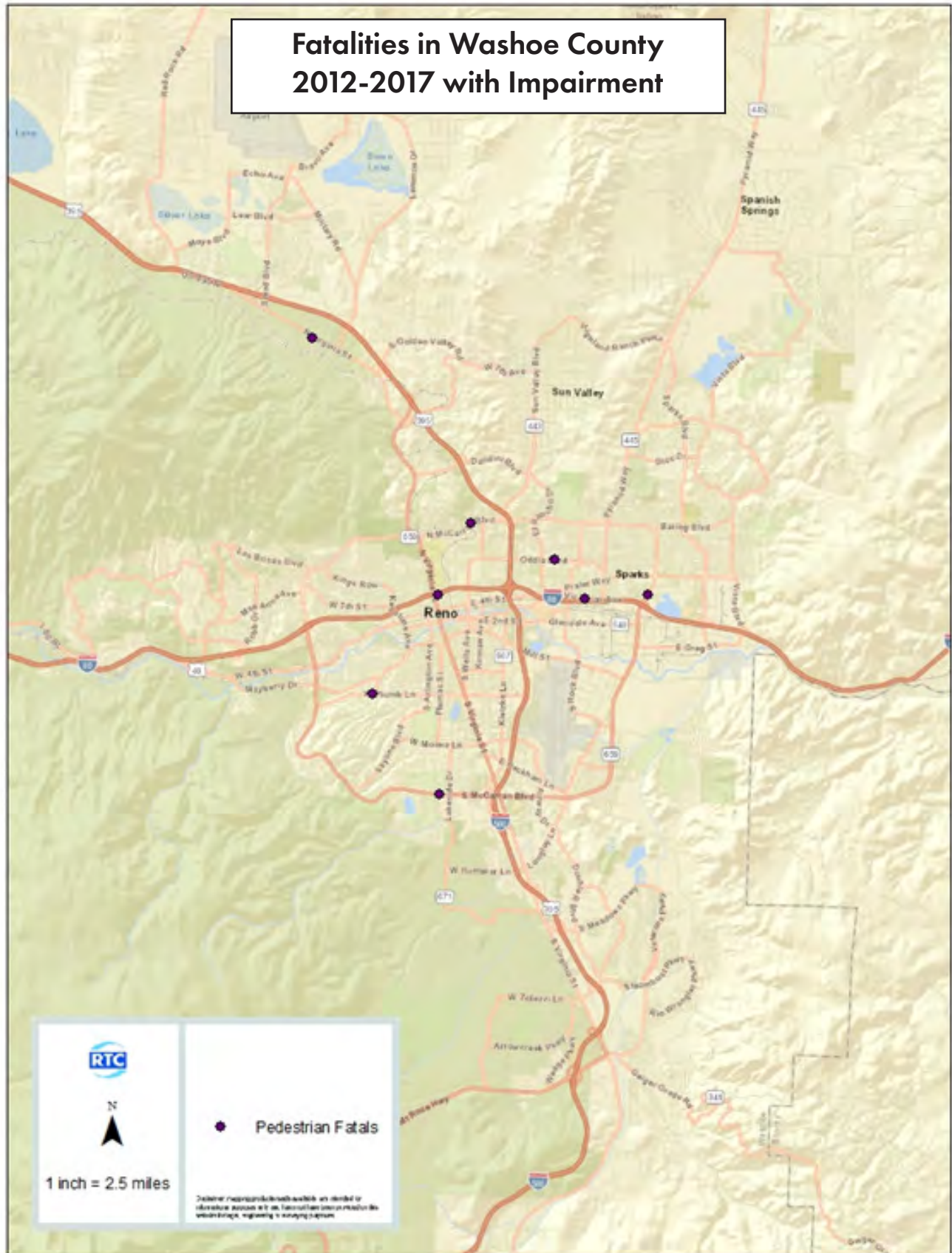
ALL ROAD FATALITIES IN WASHOE COUNTY 2012-2017



PEDESTRIAN FATALITIES IN WASHOE COUNTY 2012-2017



FATALITIES IN WASHOE COUNTY 2012-2017



FATAL PEDESTRIAN CRASHES AGED 60+



VISION ZERO TRUCKEE MEADOWS RESPONDS TO CRASH TRENDS

For the year 2019, data indicates that between January 1 and May 31, there have been five pedestrian fatalities in Washoe County. Trends indicate that these fatalities have the following common factors:

- Crashes occurred at night
- All pedestrians were outside a marked crosswalk or crossing against the traffic signal
- Pedestrians were wearing dark colors without any reflectivity
- One pedestrian was 55 years old and the others were all seniors 60+
- All pedestrians were homeless or in transition
- Crashes occurred in low-light areas

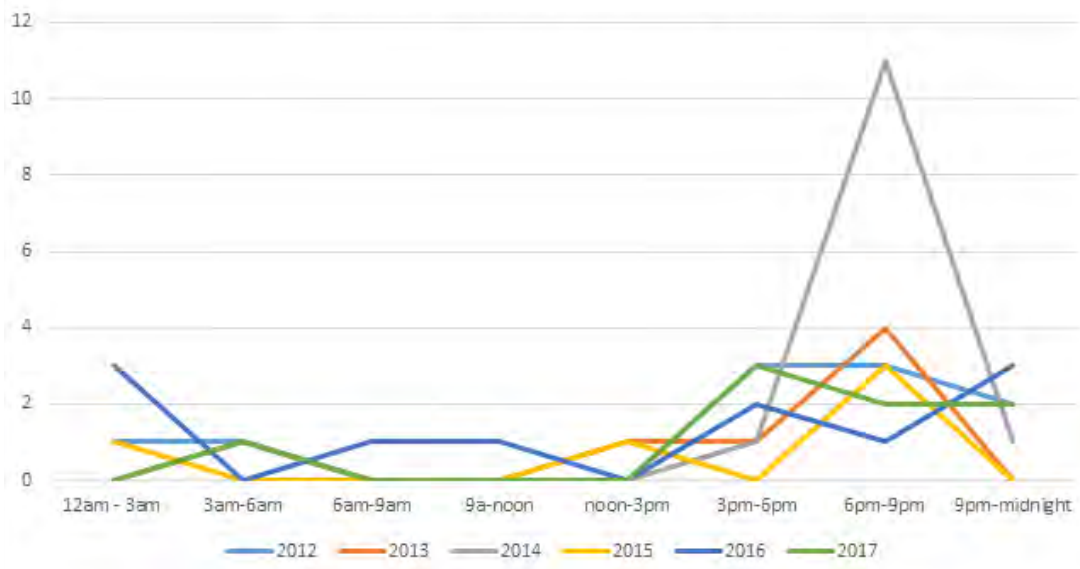
The Vision Zero Truckee Meadows Task Force responded to this by receiving more than 4,000 free backpacks, high-visibility slap bracelets and reflective tape from both the Nevada Office of Traffic Safety and Nevada Department of Transportation as well as Pedestrian Safety Tips brochure from the Regional Emergency Medical Services Agency. The VZTM distributed them to regional partners that work with this vulnerable population, Reno and Sparks Police Departments, RTC Mobility Center, Northern Nevada HOPES Clinic, Community Assistance Center, Catholic Charities, Washoe County Senior Center, and Downtown Reno Ambassadors. The purpose of this community engagement was to distribute the safety material to individuals in high-risk areas of our community to help people be safe and seen by drivers.

This example of pulling resources together and quickly engaging the community is an example of how the Vision Zero Task Force has already made an impact in the Truckee Meadows.

The following line chart demonstrates that crash trends show fatalities for vulnerable road users increase in low-light situations (between 3:00pm – 6:00am they peak).

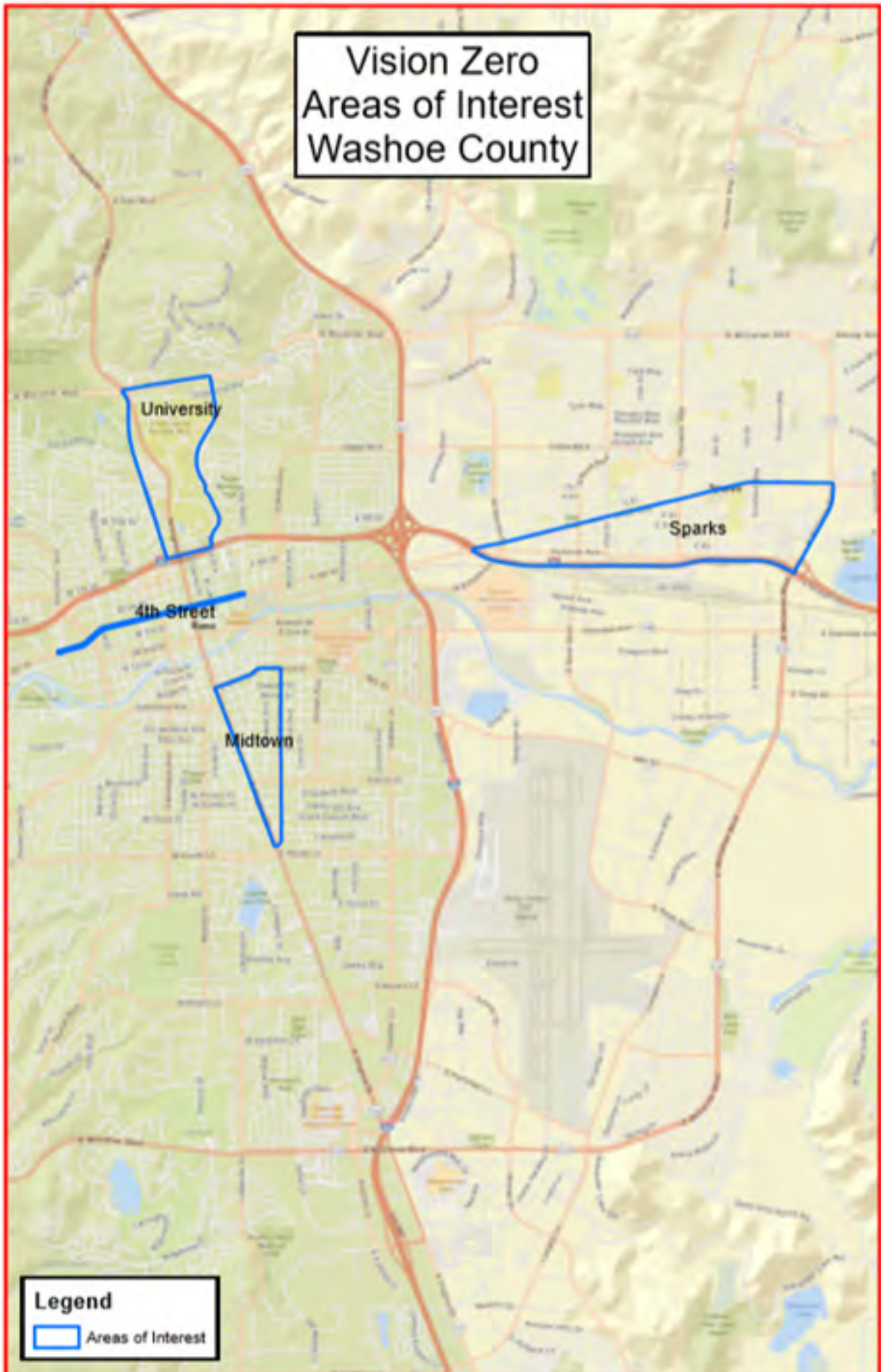


PEDESTRIAN AND BICYCLIST FATALS BY HOUR



Early on, the VZTM identified four areas of focus. Although the intent for Vision Zero is regionally, the task force began working in the Downtown Sparks, Midtown Reno, W. 4th Street Reno, and University of Nevada, Reno areas.





Vision Zero Truckee Meadows strategies emphasize the need for data-driven strategies that prioritize effective solutions for stopping fatalities on roadways. Pedestrian crash data in the Truckee Meadows between 2011 – 2017 has been collected and analyzed.

THE FOLLOWING CRASH TRENDS FOR EACH FOCUS AREA HAS BEEN COLLECTED:

- Time of day and season
- Pedestrian Actions
- Driver Actions
- Serious and Fatal Injury Crash locations
- Lighting Conditions
- Pedestrian Crashes by Age Group
- Driver Impairment
- Pedestrian Impairment

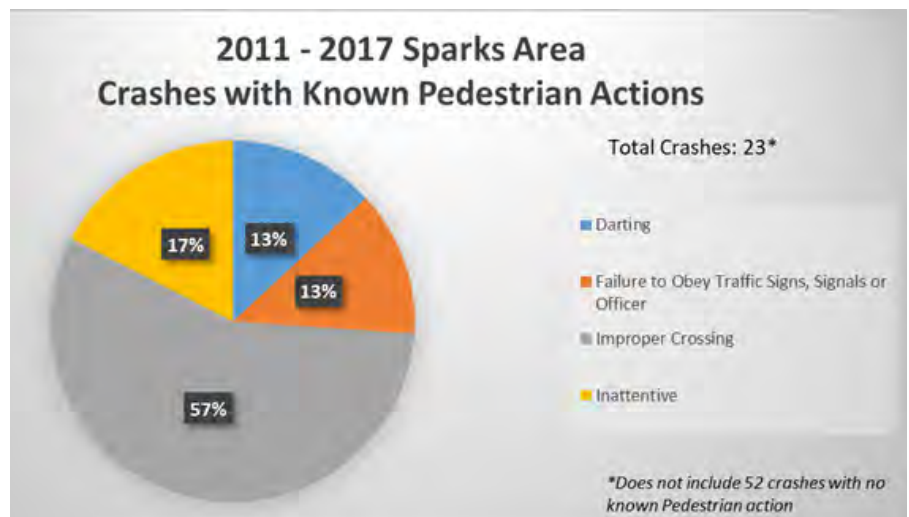
All maps and charts are available on www.visionzerotruckeemeadows.com website.



Vision Zero Task Force Meeting

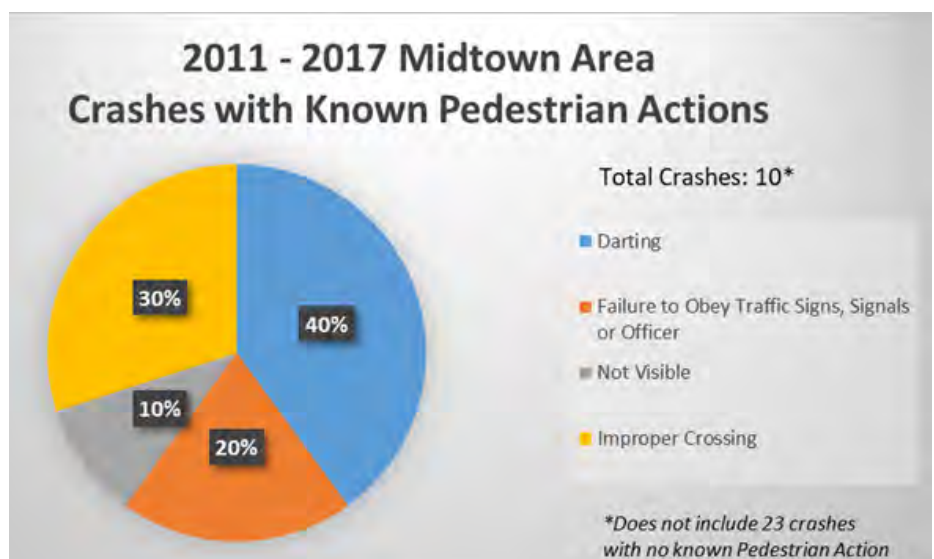
DOWNTOWN SPARKS

Sparks data revealed that winter was the highest crash season with 35% of the crashes occurring between 6-9pm and 28% of the crashes occurring between 3-5pm. There were four pedestrian fatalities that occurred at night in this focus area. Twenty-one injury crashes occurred at night and 19 crashes occurred during the day. 51% of the pedestrians involved in crashes in the Sparks focus area were 40 years of age and older while one senior 60+ was involved in a midblock crossing. Impairment appeared to be an issue with 3 of the 4 fatalities involving driver impairment while two impaired pedestrians were involved in crashes.



MIDTOWN, RENO

The crash data from Midtown in Reno revealed that 40% of the crashes occurred in the winter between 6-9pm. Intersection crashes were most common with three to one crashes occurring in intersections rather than mid-block. It is noteworthy that triple the number of crashes occurred in low-light settings in Midtown compared to the other three focus areas. The highest age group involved in pedestrian crashes (40%) in Midtown was 40-59 years of age while one crash involved a senior aged 60+.



UNIVERSITY OF NEVADA, RENO

The University focus area revealed that more than 50% of the crashes occurred in the winter between 6-9pm and spring between 9am-noon. This observation tells us that crashes are occurring when it's darker and colder. The majority of the crashes in this focus area occurred at intersections while three were mid-block. The University had the highest number of fatalities with two occurring at the same location (McCarran and Evans/Socrates, one at Virginia and 8th and 1 at Virginia near 15th. This focus area also differed from the other three focus areas with regards to age of the pedestrian. 60% of the crashes occurred with pedestrians between 18-25 years of age while 20% were 40-59 years of age. The number of impaired drivers was low; however, the fatalities in this area involved impairment of both the drivers and pedestrians.



WEST 4TH STREET, RENO

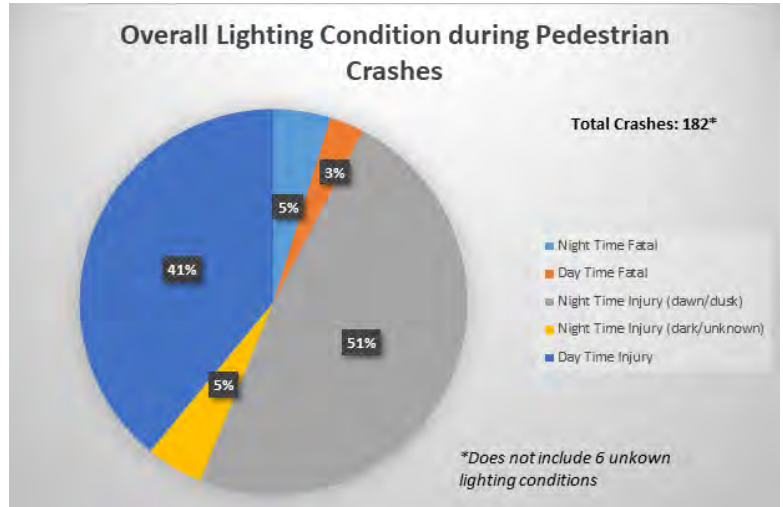
Thirty three percent (33%) of crashes occurred in the winter in the W. 4th Street focus area. Ten of the 34 crashes were due to pedestrian actions. There were 17 crashes that occurred in intersections and eight of the injury crashes occurred during the day and in intersections. The age group with the highest pedestrian crashes involved 40-59-year olds and there was one crash that involved a senior 60+. Three crashes involved driver impairment and data revealed that pedestrian impairment is also a concern within this focus area.



OVERALL FINDINGS AMONG THE FOCUS AREAS

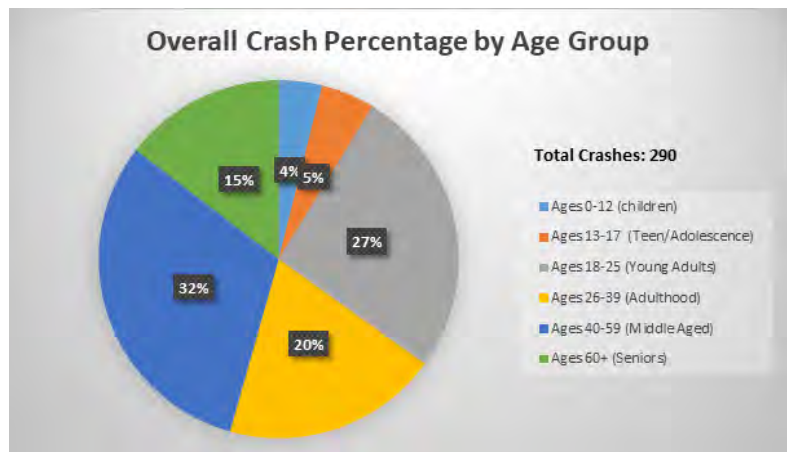
LIGHTING CONDITIONS:

Lighting conditions play a factor in pedestrian fatalities and injury crashes. Within the four focus areas between 2011 -2017, 61% of the crashes including injury and fatalities occurred during low-light settings while there were 44% of the fatalities and injury crashes that occurred during the daytime.



CRASH PERCENTAGE BY AGE GROUP:

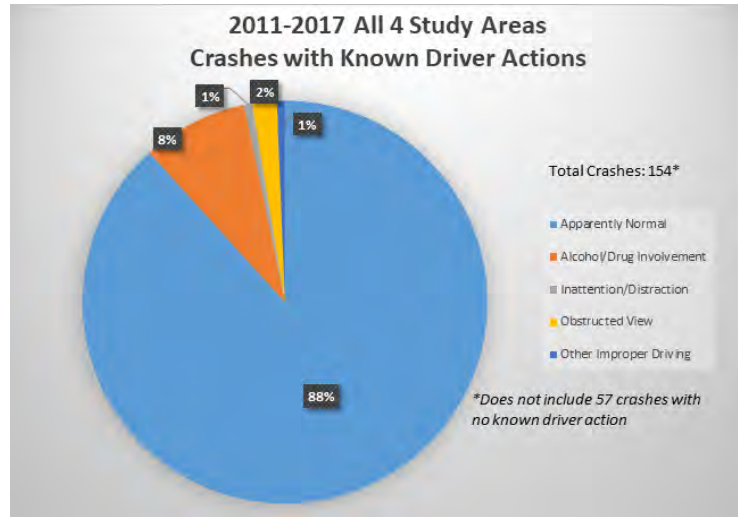
Within the four focus areas, data revealed that middle-aged pedestrians (ages 40-59) were the highest age group involved in pedestrian crashes. There were 32% of the crashes that occurred in this age group. The next highest age group involved in pedestrian crashes were young adults (ages 18-25) at 27%. Pedestrians between the ages of 26-39 (adulthood) were the third highest group with 20% of the pedestrian crashes. Seniors (60+) made up 15% of the pedestrian crashes while 5% were within the teen/adolescence (ages 13-17) group and 4% were children (ages 0-12).



CRASHES WITH KNOWN DRIVER ACTIONS:

ACTIONS:

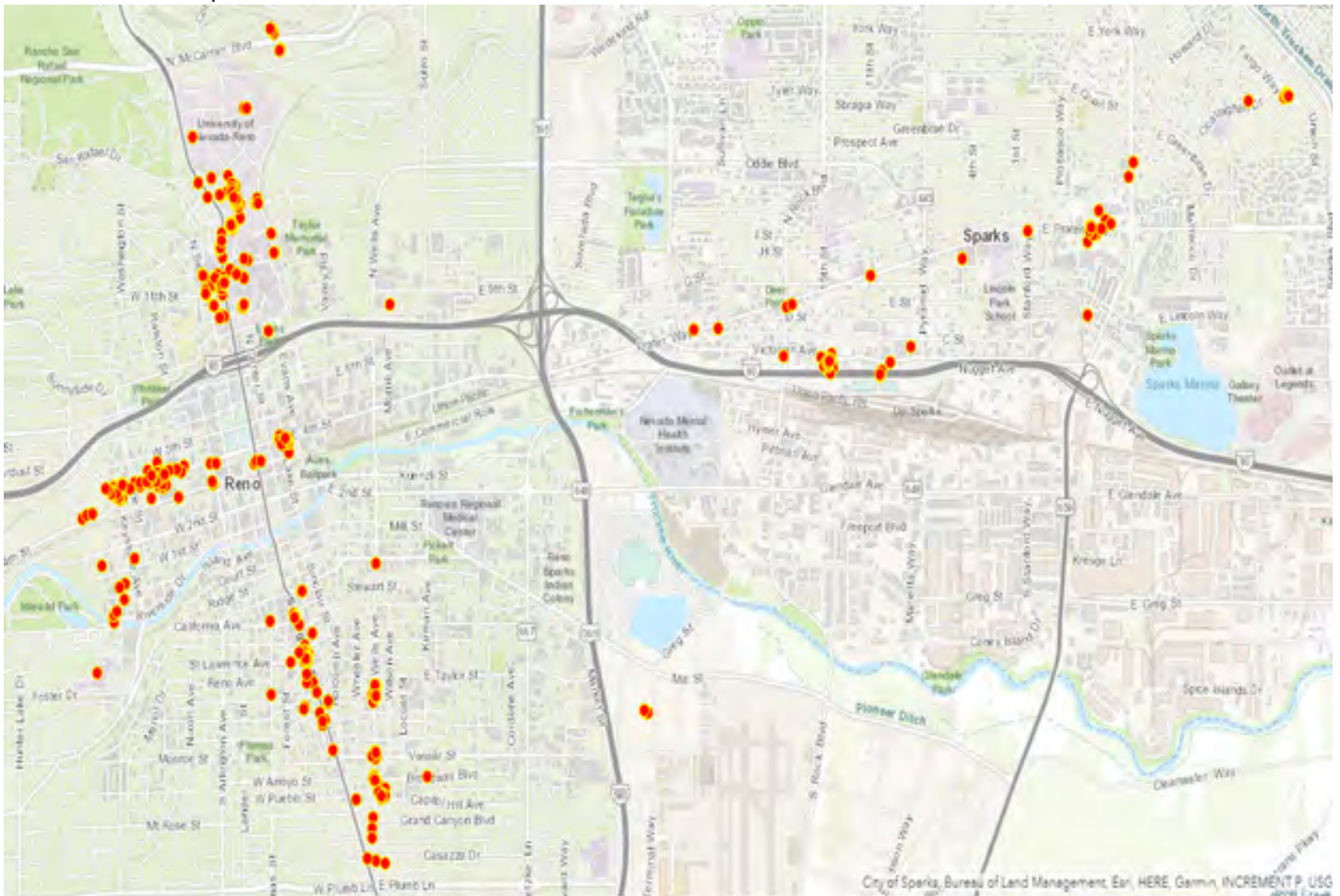
When evaluating the crash trends of the four focus areas the Vision Zero Truckee Meadows Task Force discovered that early-year data didn't identify distractions as well as it does in the later years. VZTM has made data collection one of its actions. The benefits of the Task Force is being able to communicate with law enforcement the importance of collecting this information. Although there were 57 crashes with unknown driver actions out of 154 crashes, it did reveal that 8% of the crashes had alcohol or drugs as a contributing factor. Impaired driving is another focus of the Task Force based on this data.



PEDESTRIAN SURVEY

During the week on November 26-30, 2018, the Vision Zero Task Force canvassed the four focus areas and interviewed pedestrians. During the week there were interviews with 576 pedestrians. The map below shows the points of contact where the pedestrian interactions occurred.

Locations where pedestrians were interviewed:



An online survey occurred between November 26, 2018 and January 4, 2019. The online and in-person interviews were available in English and Spanish. Online surveys submitted totaled 1,001.

There were three main sections to the survey, concerning sidewalks, concerning street crossing and roadways, and concerning drivers and safety.

Questions included:

- Purpose of travel?
- Why do you not walk more frequently?
- Condition of sidewalks?
- Width of sidewalk?
- Obstacles in sidewalk? Are crosswalks clearly marked?
- Obstructions blocking view of approaching vehicles?
- Adequate lighting?
- Use of pedestrian push button at traffic signals?
- Ample time to cross the street at intersection?
- When crossing is not available, do you walk to the nearest intersection or cross at another location?
- Are pedestrian signs appropriate?
- Posted speed limit appropriate?
- Do drivers engage in reckless driving?
- Appropriate signage to alert drivers of pedestrians?
- Are drivers attentive of pedestrians?
- Do drivers engage in reckless driving?
- Appropriate signage to alert drivers of pedestrians?
- Are drivers attentive of pedestrians?

The online surveys revealed that 47% of the participants lived outside the Vision Zero focus areas, 35% lived within the University focus area, 11% in Midtown, Reno, 4% W. 4th Street, and 3% lived in Downtown Sparks. Of the 575 one-on-one pedestrian surveys, there were 278 individuals (48%) in the University focus area, 96 or 17% in Midtown, 110 pedestrians in the W. 4th Street area (19%) and 92 or 16% interviewed in Downtown Sparks.

Surveyors inquired why pedestrians were walking. The online surveys revealed that the majority of

1,001
ONLINE SURVEYS

575
ONE-ON-ONE SURVEYS

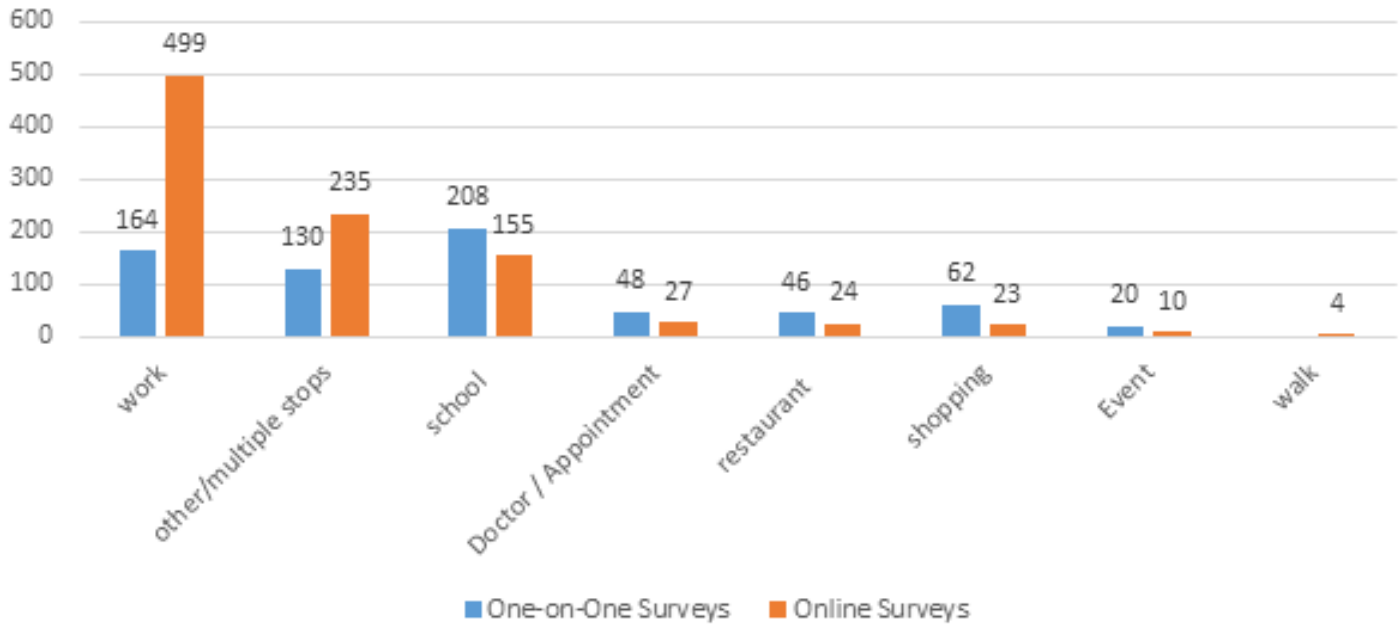
pedestrian generators were for work, multiple stops or other, and school. The one-on-one surveys similarly indicated that school was a high-pedestrian generator as well as work and other/multiple stops.

SIDEWALK CONDITIONS:

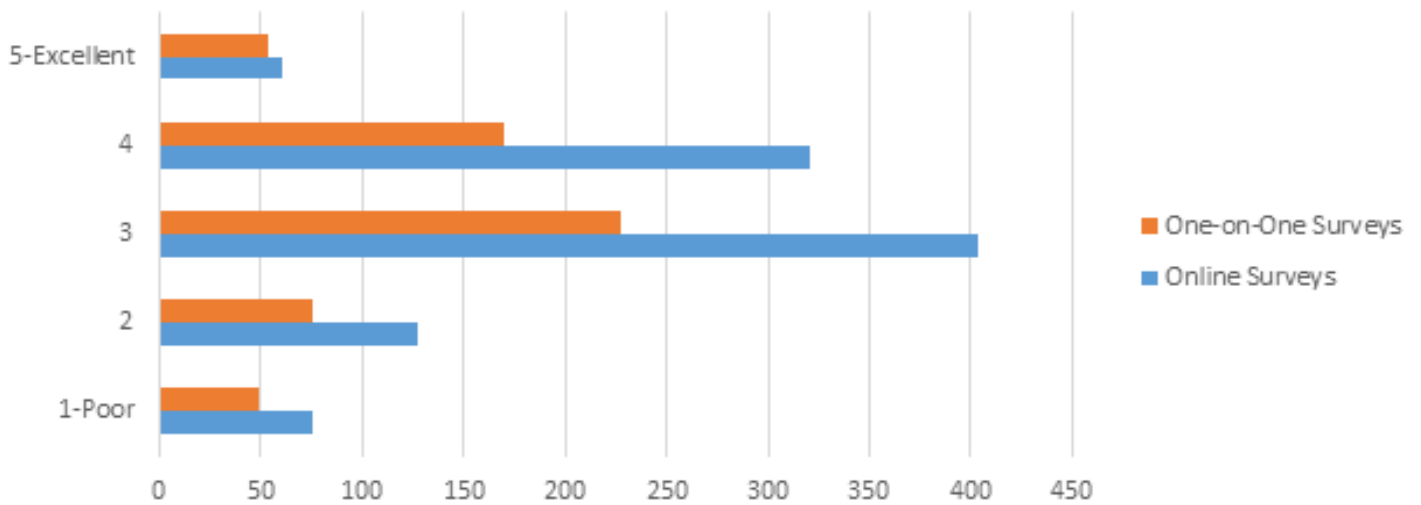
Overall, both groups surveyed felt the sidewalk conditions were ranked a 3 or 4 on a scale from 1-5 with 1 being poor and 5 being excellent. The sidewalk condition was ranked a 3 by approximately 40% of both groups. Then roughly 30% of both groups stated they ranked sidewalks at a 4 with 13% of each group surveyed ranking them a 2.

PEDESTRIAN GENERATORS:

REASON FOR PEDESTRIAN TRIP



RATING OF SIDEWALK CONDITION

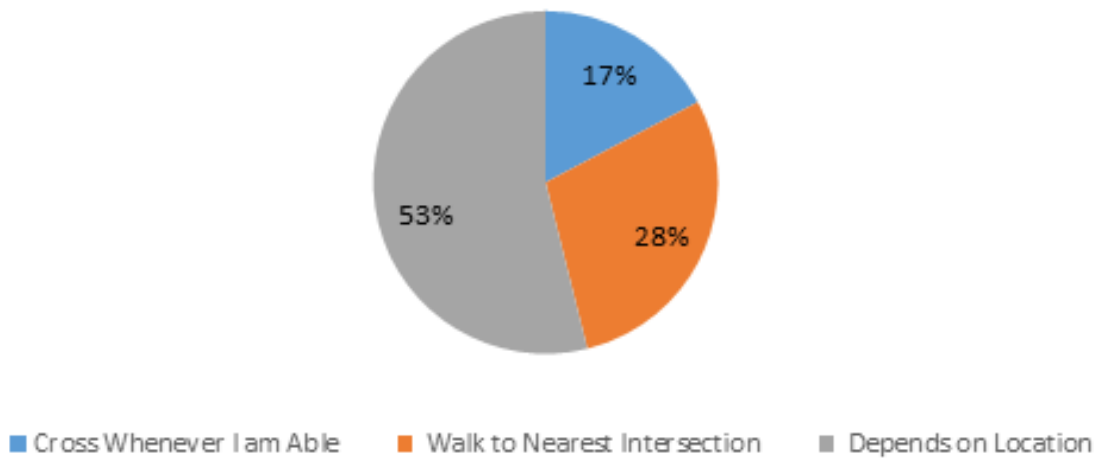


UNSIGNALIZED INTERSECTIONS:

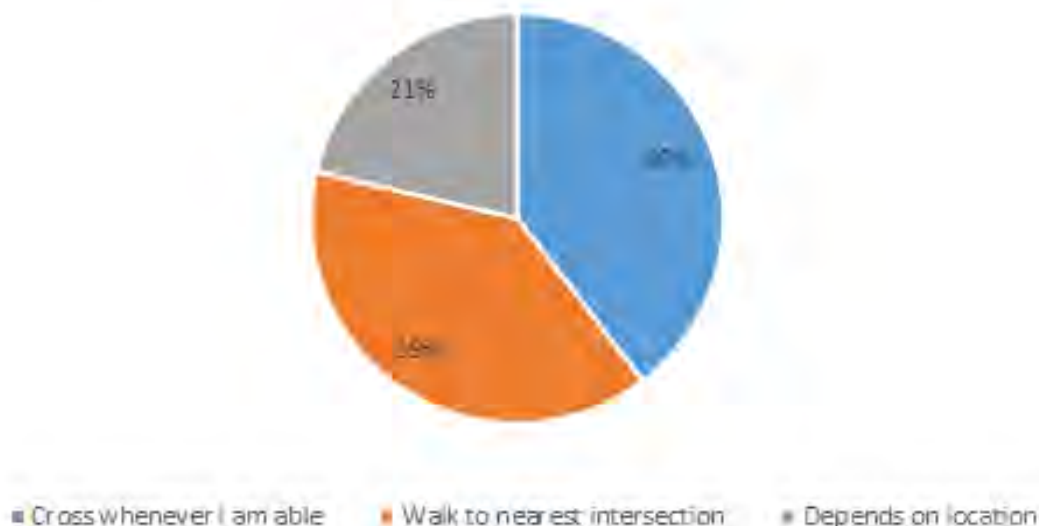
There was a contrast of data between the online survey and one-on-one surveys regarding crossing the street when there isn't a traffic signal. The online surveys revealed that 53% will consider crossing the street without a signal depending on the location they are crossing. While only 21% of in-person pedestrians interviewed stated they would cross when a signal isn't provided depending on the location. This group also stated that 40% of them would cross whenever they are able, whereas only

17% of online responses indicated they would cross whenever they are able. Lastly, 39% of pedestrians interviewed in-person replied that they would walk to the nearest intersection and only 28% of the online pedestrian surveyed stated they would walk to the nearest intersection. This contrast in responses may be an area the Vision Zero Truckee Meadows may want to evaluate and focus on educational opportunities with engineers, planners, and pedestrians alike.

CROSSING AT AN INTERSECTION WITHOUT A TRAFFIC SIGNAL ONLINE SURVEY



CROSSING AT AN INTERSECTION WITHOUT A TRAFFIC SIGNAL ONE-ON-ONE

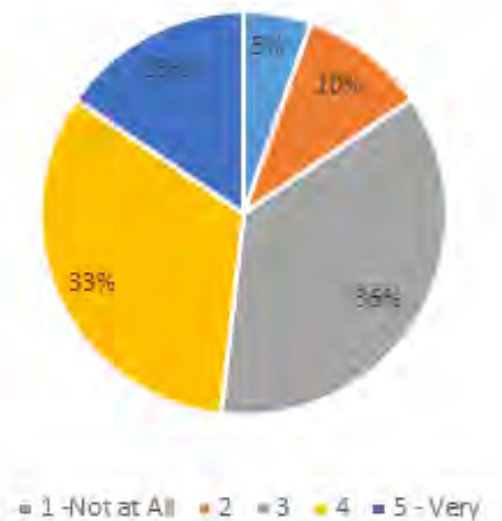


COMFORT LEVEL CROSSING THE STREET:

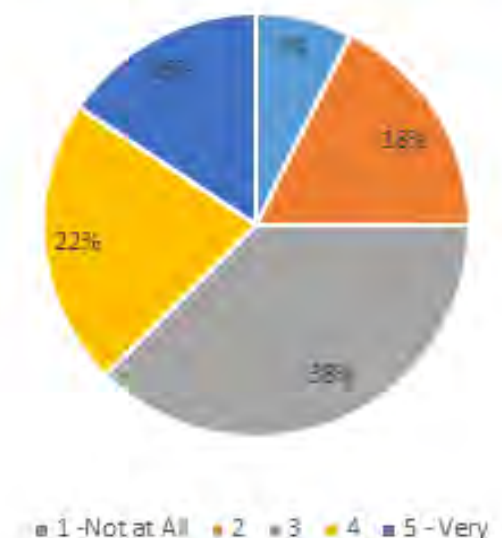
The University, which is composed of a younger demographic than the other three focus areas, revealed that 84% of the individuals interviewed in-person had a comfort level between a 3-5, compared to Midtown with 76%, Sparks with 74% and West 4th Street with 72% in this range. Utilizing this data for outreach and education efforts will

be used for the Vision Zero Task Force because the pedestrians in the University focus area shows that approximately 10% of pedestrians feel more comfortable crossing the street than the other three focus areas. See charts below that has only the one-on-one surveyed results for each focus area.

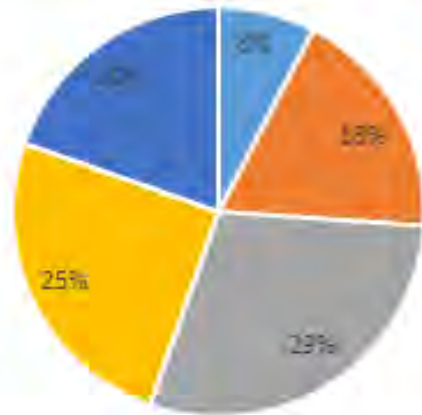
COMFORT LEVEL CROSSING THE STREET UNIVERSITY FOCUS AREA (ONE-ON-ONE SURVEYS)



COMFORT LEVEL CROSSING THE STREET MIDTOWN FOCUS AREA (ONE-ON-ONE SURVEYS)

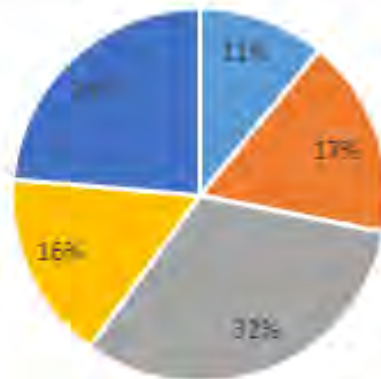


COMFORT LEVEL CROSSING THE STREET SPARKS FOCUS AREA (ONE-ON-ONE SURVEYS)



■ 1 - Not at All ■ 2 ■ 3 ■ 4 ■ 5 - Very

COMFORT LEVEL CROSSING THE STREET W. 4TH STREET FOCUS AREA (ONE-ON-ONE SURVEYS)



■ 1 - Not at All ■ 2 ■ 3 ■ 4 ■ 5 - Very

VISION ZERO TRUCKEE MEADOWS – PEDESTRIAN SAFETY CAMPAIGN

Pedestrian safety is a top priority for the Vision Zero Truckee Meadows Task Force. While the number of pedestrian fatalities in Washoe County decreased from 15 to 12 year-over-year (2016 to 2017), each one of these fatalities was preventable.

The Vision Zero Truckee Meadows Task Force launched its pedestrian safety campaign in early January 2019 – mid-March 2019. The campaign aimed to engage the local community and partners with meaningful outreach and messaging and activate everyone to take ownership and participate in saving lives on our roadways.

As pedestrian safety affects everyone, it is also everyone's responsibility – both drivers and pedestrians. Therefore, the campaign spoke to both audiences. The message used in the campaign was, "Drivers. Pedestrians. Watch out for each

other. Don't Kill a Dream." Don't Kill a Dream was developed in Northern and Southern Nevada through the Nevada Office of Traffic Safety to heighten awareness of the issue of impaired driving. This campaign was expanded and utilized the same message for Vision Zero Truckee Meadows. Don't Kill a Dream was developed to be memorable, emotional and engaging. The premise of Don't Kill a Dream is that each time someone dies; his or her dream dies too.

The continuation of this movement was aimed to bring a personal connection to the issue of pedestrian fatalities, by championing the idea that everyone is responsible for their own behavior in saving lives. The goal is to go beyond a traditional awareness campaign and encourage conversation, participation and accountability.

**"WE'VE NEVER
SKIED
TAHOE
BUT THIS
WINTER"**

**Drivers. Pedestrians.
Watch out.
Don't kill a dream.**

RTC | **VISION ZERO** | **zero Fatalities**

Paid for by RTC Washoe and the Departments of Public Safety and Transportation

VISION ZERO TRUCKEE MEADOWS ACTION PLAN

There are three main components to the action plan, 1) Programmatic; 2) Street Design/Infrastructure Improvement; and 3) Community Engagement/Outreach. The task force established the Plan by creating equitable, data-driven, and transparent actions and decisions to improve safety throughout our community. By working together to make roads and sidewalks safer for pedestrians, we make our roads safer for everyone.

ACTION 1: VISION ZERO TRUCKEE MEADOWS PROGRAM	LEAD AGENCY	OTHER
Action 1a: Build the Vision Zero Task Force Truckee Meadows membership through public/private partnerships with the community and continue to meet every other month. Task Force membership will include government agencies, emergency responders, hospitals and trauma center, planners, engineers, media partners, members of the business community, Chamber of Commerce and public.	Regional Transportation Commission	All Task Force Members
Action 2a: Convene regular steering committee meetings of executive-level representatives to coordinate the Vision Zero Truckee Meadows efforts.	Regional Transportation Commission	All Task Force Members
Action 3a: Adopt the goal of reaching zero fatalities by the year 2030. Based on the current trends, if we do nothing, we will have 87 more pedestrians die on Washoe County roads in the next 10 years.	Regional Transportation Commission	City of Reno, City of Sparks, Washoe County
Action 4a: Launch and maintain a website for Vision Zero Truckee Meadows and include information on focus areas and crash data maps, near miss map, outreach materials, planned projects and links to the Complete Streets Master Plan, Regional Transportation Plan, and RTC Bicycle and Pedestrian Master Plan, and safety material.	Regional Transportation Commission	All Task Force Members
Action 5a: Collaborate with the Nevada Strategic Highway Safety Plan to implement goals and objectives of their Plan.	Nevada Department of Transportation	All Task Force Members

ACTION 2

STREET DESIGN/INFRASTRUCTURE IMPROVEMENTS

LEAD AGENCY

OTHER

Action 2a:	. Integrate traffic calming and complete street measures into roadways to lower 85th percentile speeds and improve pedestrian safety. Work with local, state, and federal partners to update regulatory authority for setting speed limits and for implementing multimodal improvements included in the Complete Streets Master Plan as well as local jurisdiction Master Plans.	City of Reno	City of Sparks, Federal Highway Administration (best practices) Regional Transportation Commission, Nevada Department of Transportation
Action 2b:	Review jurisdiction codes to mandate sidewalk on both sides of the street to be implemented with new developments.	Regional Transportation Commission	City of Reno, City of Sparks, Nevada Department of Transportation, Washoe County
Action 2c:	Develop a regional lighting standard and enhance street lighting to improve visibility throughout the Truckee Meadows.	Regional Transportation Commission	City of Reno, City of Sparks, Nevada Department of Transportation, Washoe County
Action 2d:	Establish collaborative process to ensure that Vision Zero countermeasure options and multimodal transportation options are evaluated and implemented where feasible on projects.	Nevada Department of Transportation	City of Reno, City of Sparks, Regional Transportation Commission, Washoe County
Action 2e:	Work with local partners to require new development projects to build connectivity of sidewalks and bicycle network through the implementation of sidewalks, bike infrastructure, and roadway improvements identified in local master plans, RTC Bicycle and Pedestrian Master Plan, RTC Complete Streets Master Plan and the Regional Transportation Plan. Include evaluation and implementation of new crosswalks near transit, park and ride lots, and RTC ACCESS turn-around and parking as well as required school zones for new schools including charter schools.	City of Reno, City of Sparks, Washoe County	Regional Transportation Commission, Washoe County School District
Action 2f:	Update regional signal timing to improve safety for all modes.	Regional Transportation Commission	City of Reno, City of Sparks, Nevada Department of Transportation, Washoe County
Action 2g:	Add reflective yellow backplates on signal head for higher visibility in low-light settings.	Nevada Department of Transportation	All Task Force Members

ACTION 2

STREET DESIGN/INFRASTRUCTURE IMPROVEMENTS

LEAD AGENCY

OTHER

Action 2h:	Utilize RTC’s Bicycle, Pedestrian and Wheelchair count data for trends and increase the number of vulnerable road users through implementation of Vision Zero Truckee Meadows action items and outreach.	Regional Transportation Commission	All Task Force Members
Action 2i:	RTC and local jurisdictions will work together to implement ADA and sidewalk improvements through the 3-year RTC Bus Stop Improvement and Connectivity Program.	Regional Transportation Commission	City of Reno, City of Sparks, Nevada Department of Transportation, Washoe County


ACTION 3 COMMUNITY ENGAGEMENT/OUTREACH

LEAD AGENCY

OTHER

Action 3a:	Vision Zero Task Force of the Truckee Meadows will recommend, pursue and establish Pedestrian Safety Zones.	Nevada Department of Transportation	All Task Force Members
Action 3b:	Partner with the City of Reno’s Anti-Speeding Campaign to encourage drivers to slow down in neighborhoods, and educate residents on how to submit traffic-calming petitions in applicable neighborhoods.	City of Reno	All Task Force Members
Action 3c:	Partner with the Office of Traffic Safety’s “Don’t Kill A Dream” campaign to eliminate pedestrian fatalities in the Truckee Meadows by 2030. Use media partners to engage the public through TV, print, billboards, and social media and aim to increase safety for pedestrians.	Regional Transportation Commission	All Task Force Members
Action 3d:	Develop a workshop and outreach materials for media professionals and first responders on how to best communicate about traffic crashes and roadway safety	University of Nevada, Las Vegas	All Task Force Members
Action 3e:	Increase the use of speed feedback signs and other Intelligent Transportation System (ITS) devices to discourage speeding. Seek funding for a regional grant through the TA Set-Aside program to fund speed feedback signs for the jurisdictions and Safe Routes to School programs	City of Reno, City of Sparks, Washoe County, Washoe County School District	Regional Transportation Commission, Washoe County School District

ACTION 3 COMMUNITY ENGAGEMENT/OUTREACH	LEAD AGENCY	OTHER
<p>Action 3g: Engage and partner with the Safe Routes to School Program and Charter Schools to support parents, students, and school staff to educate students about walking and Develop a workshop to engage the community and businesses about pedestrian safety and the goal to reach zero pedestrian fatalities by 2030.</p>	<p>Regional Transportation Commission, University of Nevada, Las Vegas</p>	<p>All Task Force Members</p>
<p>Action 3h: Partner with local stakeholders such as law enforcement, Downtown Ambassadors, Community Assistant Center, HOPES Clinic, Eddy House, Catholic Community Services, Washoe County Senior Center, University of Nevada, Reno, Volunteers of America, and Veteran’s Affairs provide outreach efforts about pedestrian safety with vulnerable populations such as homeless, seniors, and low-income communities and geographic equity and disadvantaged communities</p>	<p>Regional Transportation Commission</p>	<p>All Task Force Members</p>

VISION TRUCKEE 
MEADOWS
ZERO

visionzerotruckeemeadows.com

DD	RT	__
DHO	__	__

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health
FROM: Christina Conti, Preparedness & EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us
SUBJECT: Regional Emergency Medical Services Advisory Board August Meeting Summary

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

BACKGROUND

The Regional EMS Advisory Board (Board) held its quarterly meeting on May 2, 2019. Below is a summary of items discussed.

Prehospital Medical Advisory Committee (PMAC) Update: PMAC has been working on collecting the annual fees for the members, which keeps the PMAC current on their insurance requirement and provides scholarship opportunities for paramedic students.

Updates to the EMSAB:

The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the following projects:

- EMS Program staff met with Washoe County Sheriff's Office personnel to discuss the jail as an identified "super utilizer." The outcome of the meeting was the EMS Program Statistician will annually send jail personnel data and if requested, the jail will provide data on the number of admits seen monthly, to ensure a denominator is available.
- The EMS Regional Protocols were updated and implemented on July 1, 2019, with Storey County joining the protocols task force and implementing the protocols in their jurisdiction.
- The Mutual Aid Evacuation Agreement was approved at the June 2019 District Board of Health meeting.

Subject: EMSAB Meeting Summary

Date: August 22, 2019

Page 2 of 2

- The EMS Coordinator participated in a ride along with Sparks Fire Department and had the opportunity to observe and participate in a well-developed wildland fire training.

CAD-to-CAD Interface Update:

The Board heard an update on the status of the CAD-to-CAD project, to include the timelines being pushed back to January 27, 2020 for “go live.” Discussion by the Board ensued and a request was made to have Central Square come to Reno for a face to face with the EMS Advisory Board to discuss the project, the challenges and the timeline.

Data Reports:

The Board reviewed and approved the Washoe County EMS Oversight Program FY18 Annual Report. (Attached)

Five-Year Strategic Plan: The Board was received an update on the projects being worked on during year 1 of the Washoe County EMS Strategic Plan 2019-2023. Major projects include:

- The development of a regional team for continuous quality improvement to improve the system through examination of system performance.
- Collaboration with ED Consortium on data available for submission for cardiac, stroke and STEMI patients.
- The CAD-to-CAD implementation project.
- Development of a comprehensive migration interoperability plan for Washoe County Radio Communication System that outlines the enhancement of the radio communication system.

Community Assessment for Public Health Preparedness Presentation: The Board heard a presentation on the CASPER report and the results and recommendations for the region. Of specific relevance to the partners was the data relating to voluntary evacuations. During fire season, evacuations are discussed and are often implemented for the safety of the citizens and first responders. The data is able to provide regional partners with validated information on the community perspective when called to evacuate.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMS Oversight Program FY18 Annual Report

August 2019



Public Health
Prevent. Promote. Protect.

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Washoe County EMS Oversight Program

Christina Conti, MPPA

Preparedness and EMS Program Manager

Brittany Dayton, MPA

EMS Coordinator

Heather Kerwin, MPH, CPH

EMS Statistician

Jackie Lawson

Preparedness and EMS Program Administrative Support

Dawn Spinola

Preparedness and EMS Program Administrative Support

When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime that just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

When NOT to call 9-1-1

- ✗ Medical emergencies that do NOT require emergency department care.
- ✗ For information or directions.
- ✗ Earthquakes or power outages.
- ✗ Crimes when you have NO suspect information.
- ✗ Crimes that occurred hours or days before.
- ✗ Noise disturbances or parties.
- ✗ Lost or injured pets.
- ✗ Complaints against neighbors or businesses.

BUT **NOT** AN EMERGENCY

Don't let non-emergencies
compete with real ones.

**KNOW THE
DIFFERENCE**

**THINK
BEFORE YOU
DIAL⁹¹¹**

Introduction

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County EMS system from July 1, 2017 through June 30, 2018 (FY18). The report contains seven major sections highlighting the EMS system within Washoe County, these sections include how the Washoe County 9-1-1 EMS system is set up, the EMS response agencies and their jurisdictional boundaries, performance data, as well as EMS partner highlights, the EMS Oversight Program's accomplishments, and goals for FY19.



Washoe County is home to 439,220 residents

There were more than 70,887 EMS-related calls during FY18

There are approximately 8 EMS-related calls every hour in Washoe County, 24 hours a day

Washoe County's 9-1-1 and EMS System

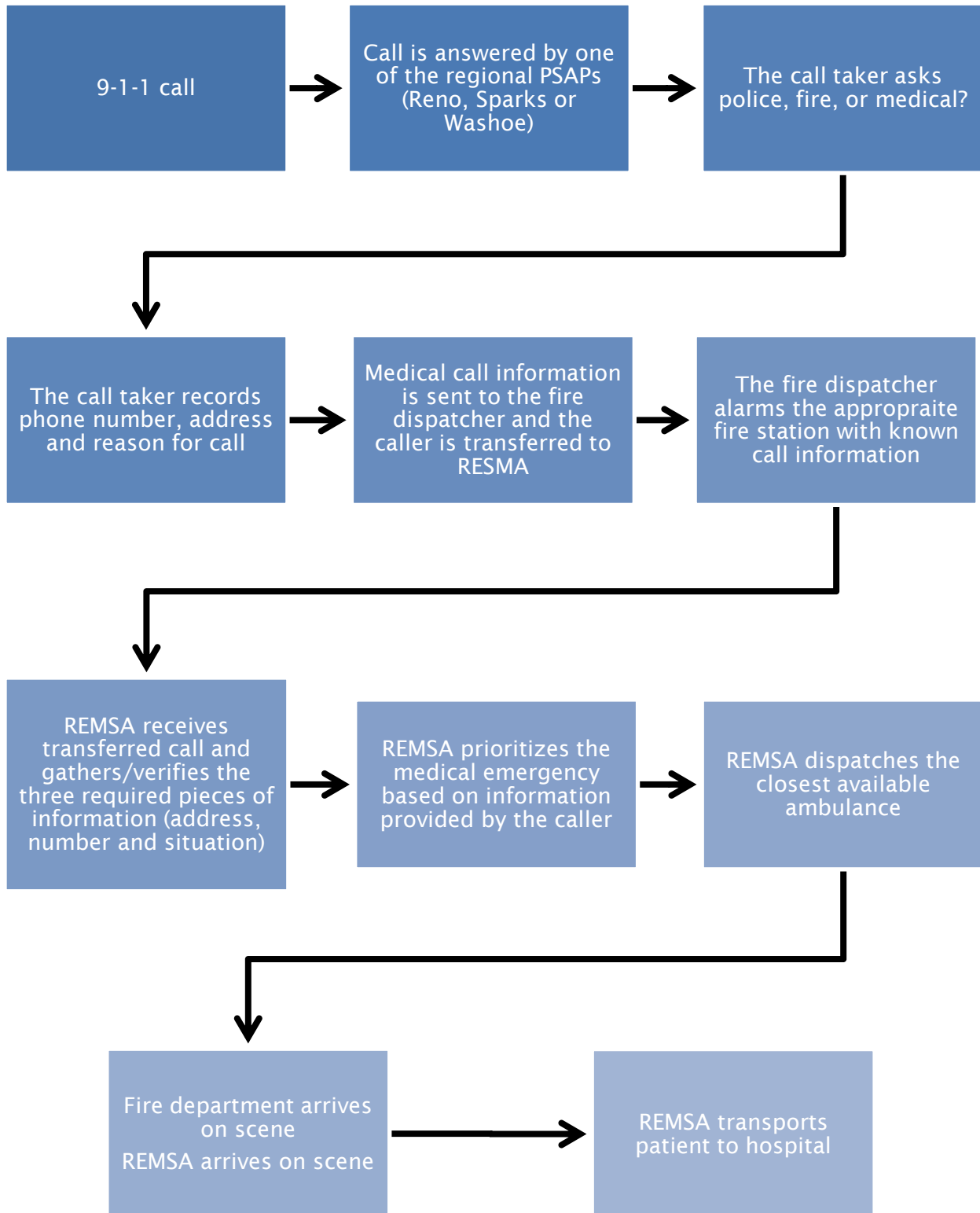
Washoe County has a two-tiered response system to emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP), to determine if a caller is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to REMSA dispatch for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the region. While fire is being dispatched, the caller is questioned by REMSA through a structured EMD process to determine the call priority and dispatch the closest ambulance. The performance of the EMS system within Washoe County is dependent on all parties working together.

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and REMSA transporting the patient to a hospital.



Figure 1: 9-1-1 Call Routing in REMSA Franchise Area*



*See REMSA Franchise area map on page 11

Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the EMS needs of the community are met. The EMS partner agencies include:

- City of Reno¹
- City of Reno Fire Department
- Reno Public Safety Dispatch
- City of Sparks¹
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- Mount Rose Ski Patrol
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District¹
- Washoe County¹
- Washoe County Health District¹
- Washoe County Sheriff's Office

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses unincorporated Washoe County south of the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay, and surrounding communities. The Mount Rose Ski Patrol was licensed as an advanced life support (ALS) provider in March of 2018, granting them jurisdiction within the Mount Rose Ski area. Pyramid Lake Fire Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

¹ Signatory of the ILA for EMS Oversight.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary is covered by Gerlach Volunteer Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach, Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute Tribal Lands, east to Wadsworth and west to the border of California (Figure 3). The most up-to-date Franchise map was approved in October of 2017 without changes.

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

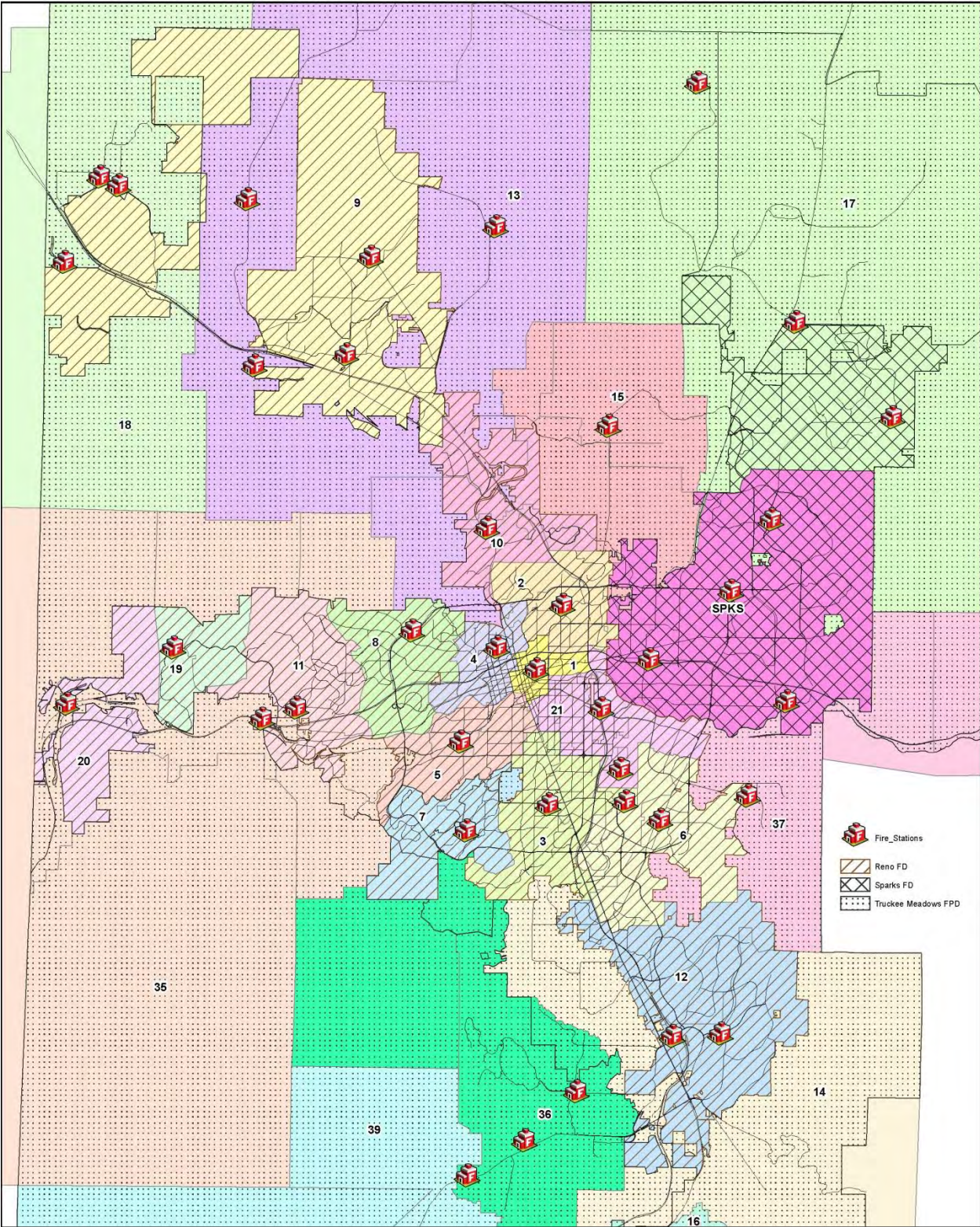
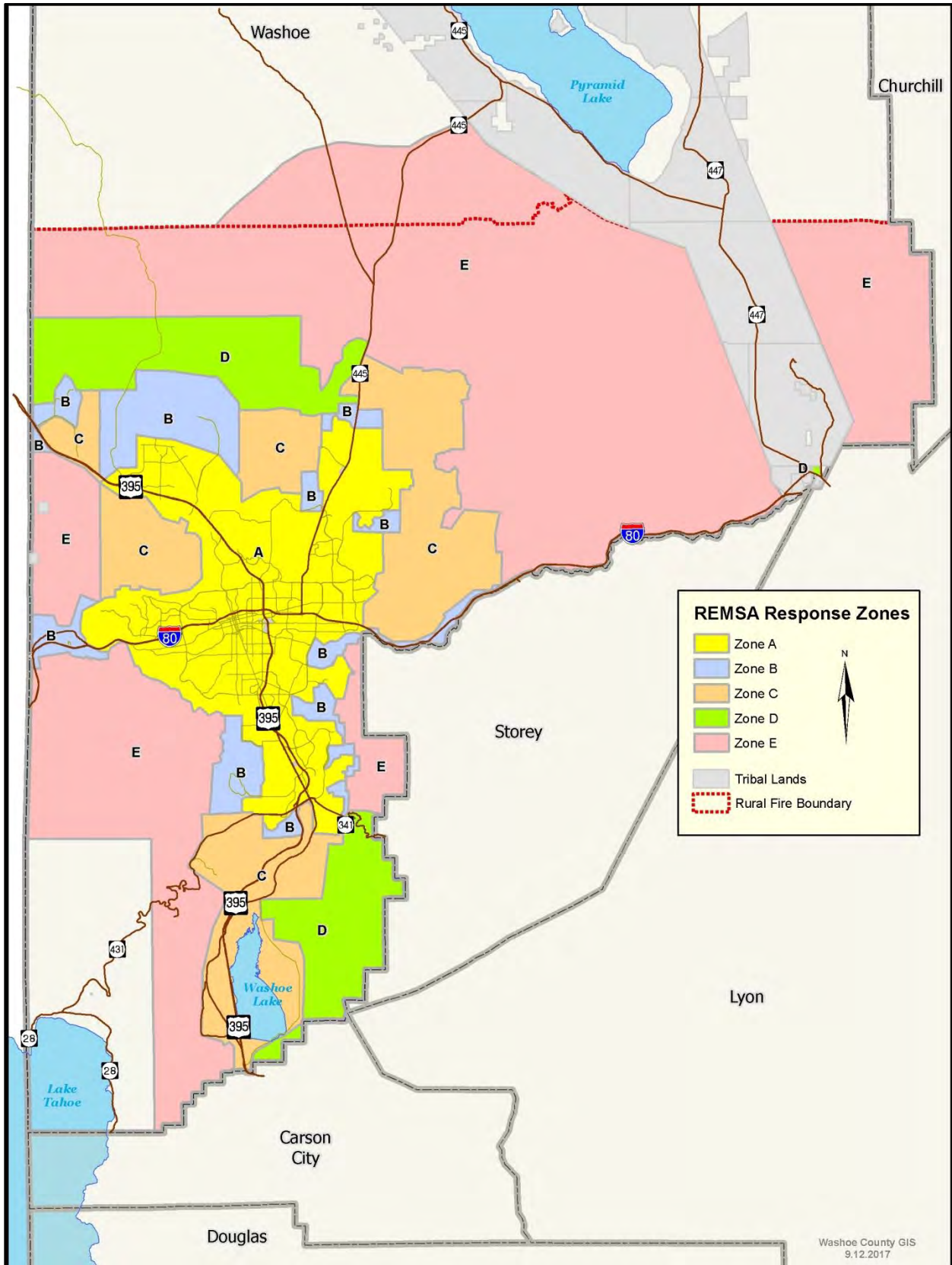


Figure 3: REMSA Franchise Response Map



Partner Agency EMS Highlights & Accomplishments FY18

Partner agencies provided their EMS related highlights for FY18, which include accomplishments such as trainings, certifications, committee accomplishments, services provided, and new programs implemented.

City of Sparks Fire Department Highlights for FY18

Paramedic Level Services

FY18 was the first full year that Sparks Fire Department (SFD) provided paramedic level services to residents and visitors of the City of Sparks. These services were available from Fire Stations 4 and 5 in the northern portion of the city. On May 6, 2018, paramedic services were expanded to include Engine 21 at Station 2. To date, patient care opportunities and feedback have been very positive.

New Hires

SFD filled two vacant positions with firefighter/paramedics, bringing the total number of paramedics in the department to 21. These paramedics are in addition to the 52 advanced EMTs currently in the department.

Trainings

Training and education of the department's EMS providers continues to be facilitated by the SFD Training Division through in-service skills training, online and classroom education, and by attending paramedic refreshers hosted by either the North Lake Tahoe Fire Protection District or REMSA. Additional training was achieved through multi-agency scenario-based training with REMSA.

SFD personnel also trained with members of the Sparks Police Department to staff Rescue Task Forces (RTFs) as a preparedness measure for a hostile medical event.

Implemented Washoe County's first Regional EMS Protocols

SFD participated in the development of regional EMS protocols. Ultimately, these new protocols, which were implemented by SFD in March, allow our employees to administer additional medications and utilize advanced procedures to improve patient outcomes.

Supplies and Equipment

With the expansion of paramedic level care at SFD and the introduction of the new protocols, additional equipment and supplies were needed. This included the procurement of four Zoll X-Series Cardiac Monitors/Defibrillators through an Assistance to Firefighters Grant. With common cardiac monitors being used by

regional partners, SFD is also participating in the sharing of cardiac data to provide for a better continuum of patient care.

During FY18, SFD also implemented a new electronic patient care reporting (ePCR) system. This system improved patient care documentation and resulted in a more consistent and constructive QA/QI process. As the ePCR program continues to be refined, we anticipate our ability to collect and better analyze patient data will continue to enhance SFD's EMS program.

SFD providers deployed on many wildland fire incidents throughout the west as Medical Unit Leaders.

Lastly, SFD has attended/participated in several regional committees including:

- Inter-Hospital Coordinating Council
- Low Acuity Work Group
- Emergency Department Consortium
- Regional Protocol Committee
- Northern Nevada EMS Chiefs Group
- Nevada State EMS Committee
- Washoe County MCI Plan Review and Update

In summary, the SFD continues to increase the level of EMS care provided to the citizens and visitors to the city while working collaboratively with our regional partners.

Truckee Meadows Fire Protection District Highlights for FY18

Implemented Washoe County's first Regional EMS Protocols

The TMFPD has worked diligently with all of the region's prehospital responders and the Washoe County Health District staff for over a year to design and implement joint Advanced Life Support EMS Protocols. This project will result in a higher level of medical care being provided to the citizens of Washoe County, as well as ensure consistency amongst providers until arrival at the hospital.

New Hires

The District has filled 14 new positions with State Certified Firefighter/Paramedics. All of these new recruits have completed the regional Fire Academy and made it to the line as part of our new training and development program.

82 Certified Paramedics now on staff

In a continual process of providing the most highly trained employees possible to the citizens of the Truckee Meadows Fire Protection District, the current count of State of Nevada certified Paramedics has increased to 82 personnel in various ranks throughout the district. The ability to have paramedics serving in

multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Deputy Chief positions filled

The TMFPD has increased its Administrative Staff with the additions of Scott Gorgon as Deputy Chief of Operations, and Lisa Beaver as Deputy Chief of Prevention.

Construction of new Fire Station

The district has completed construction of Station 33, at 470 Foothill Road. This Station houses the TMFPD Hazardous Response equipment, as well as a Battalion Chief to manage the South Battalion. The personnel assigned staff an Advanced Life Support Type-1 engine and a Type-3 brush engine for complete all-risk response capabilities.

Implemented a Fireline Paramedic Program

To expand our high level EMS service to the wildland firefighting realm, TMFPD has developed 19 Fireline Paramedics to provide Advanced Life Support medical care on the front lines of wildfires across the country, as well as here in Washoe County.

Increased Active Shooter / Hostile Threat Response Training

To prepare for the unfortunate increase in hostile events across the country, the TMFPD has trained its Firefighter/Paramedics in Tactical Emergency Casualty Care (TECC). This training has helped streamline the treatment of those suffering from life threatening injuries that would normally die on scene before responders could treat them. The addition of specially trained personnel coupled with the ballistic equipment and rapid trauma kits on every engine will give allow TMFPD to provide the most efficient care in these dangerous situations.

REMSA & Care Flight Highlights for FY18

REMSA Ground Operations

Field Ops

In early 2018, REMSA invested more than \$1 million in new Zoll X series monitors which are lighter weight and feature the latest technology such as continuous, See Thru CPR. In May, an additional capital investment of \$830,000 was made to outfit all ground ambulances with new Stryker gurneys which feature an enhanced cot locking mechanism and multi-point safety belts. The organization hired 31 paramedics, 33 AEMTs, promoted a paramedic to the role of a full-time supervisor and promoted two logistics technicians to the roles of Logistics Supervisors.

TEMS

In May, Tactical Emergency Medical Services Paramedics, Avery Baldwin and Cody Clifford placed fourth at the National Tactical Medic Competition in Charlotte, NC. Throughout the year, the TEMS team responded to 60 callouts/requests for services, participated in 127 SWAT trainings and added three medics to the team.

Wildland Fire

In early June 2018, REMSA launched a Wildland Fire Team. Ten Paramedics and AEMTs were trained and are considered fire line qualified to assist on fires across the country. Five requests for service for a total of 38 days on assignment.

Search and Rescue

Throughout the year, the Search and Rescue team responded to 125 callouts and participated in 102 trainings. In addition, they added two medics to the team.

Special Events

REMSA provides cost-effective medical and emergency coverage for special events of all sizes. Throughout the year, REMSA crews covered more than 650 events across the region, including major attractions such as Hot August Nights, Reno Rodeo, National Championship Air Races, Great Reno Balloon Races, Street Vibrations and the Nugget Rib Cook-off. In addition to these hallmark events, the special events team attends community walks and races, sporting events at the University of Nevada, Reno, safety expos and K-12 school events.

Emergency Management

REMSA remains an active participant in regional emergency preparedness. REMSA has a representative who serves on the following groups, coalitions and subcommittees: Local Emergency Planning Committee (plus the finance subcommittee), the Traffic Incident Management Coalition (plus the steering committee), the Inter Hospital Coordinating Council (finance subcommittee member and chair). Throughout the year, REMSA was involved in 16 table top exercises, two healthcare trainings and two full scale drills. Additionally, REMSA submitted for and was awarded a \$103,000 grant from the State of Nevada Department of Behavioral and Public Health to refurbish and update the Disaster Medical Facility tents that we store and maintain.

Safety

Safety remains a key cornerstone of REMSA's values; several efficiencies and updates were made to the safety program this year. Upon hire, new employees will participate in the full Emergency Vehicle Operations Course (EVOC); current employees will participate in an annual refresher regarding subject matter relevant to current trends. Six EVOC instructors were trained. The following plans were written, formalized, presented for training and made available to all employees on the organization's Intranet: Respiratory Protection, Emergency Action, Fire Prevention, Spill Prevention/Control/Countermeasures for a Tier 1 qualified agency. Safety Data Sheets were moved to an electronic repository and

can be accessed by all employees 24/7 via a link on the Intranet or by scanning a QR code from their smartphone. Regular facility safety inspections were implemented and conducted. Seventeen Business Office employees were trained on the revised Emergency Action Plan and fire extinguisher operation. Finally, a Health and Safety page was created on Google Sites. Forms for reporting vehicle accidents, and root cause analysis of accidents, injuries, and other concerns are accessible by supervisors. This will enable us to gather data to see where we need to make improvements to decrease accidents and injuries.

Fleet

REMSA welcomed seven new or refurbished ambulances and one new supervisor vehicle into its fleet.

Community Health

Nurse Health Line

One full time registered nurse and one full time call taker were hired and more than 27,200 calls were managed through the NHL. In addition, the Business Development department executed contracts with five rural hospital communities including (Tonopah, Eureka County, South Lyon Medical Center, Mount Grant General Hospital and Humboldt General Hospital), as well as with Community Health Alliance to offer the Nurse Health Line to pediatric patients/callers in Washoe County

Ace Re-Accreditation

In March 2018, the REMSA Nurse Health Line was the first ECNS Accredited Center of Excellence to receive re-accreditation, valid through 2021. ACE Accreditation demonstrates REMSA's commitment to evidence-based protocols and a standard of clinical excellence. REMSA remains the first in the world to have an ACE accredited EMS and Nurse Health Line co-located communications center.

Jeff Pierce, RN Selected as ECN of the Year

Jeff Pierce, RN joined REMSA's Nurse Health Line team in 2016. His vast clinical experience, professionalism, collaboration, and commitment to recommending a safe and appropriate level of care to callers using the Nurse Health Line, earned him a nomination from his colleague, Debra Aschenbrenner. Debra had this to say in Jeff's nomination form: "Jeff always shows concern for the caller. He conducts calls in a consistent, calm and supportive manner. Jeff is a leader on our team, demonstrates a commitment to the standards of our program and represents the Nurse Health Line to our callers in the best possible manner. Jeff shows, every day, his compassion for the caller in need." Jeff was honored at the 2018 Navigator conference with the Bill Boehly Award for Emergency Communication Nurse of the Year.

Community Paramedics

Throughout the year, 206 patients were enrolled and a total of 807 patient visits were completed. An additional 64 Workplace Medical Solutions visits were made (contracted partner). Nine Community Paramedics graduated from the class in

March. One of the program's long-time paramedics was awarded the One Team Award during EMS Week. One new contract was executed.

Care Flight

In early calendar year 2018, Care Flight transitioned its aviation vendor from Air Methods to Med-Trans Corporation and took delivery of its first helicopter under the Med-Trans contract - the new helicopter had an updated blue and silver paint scheme. New cardiac monitors were purchased for all bases including four rotor wing, one fixed wing, one ground critical care unit and two rapid response vehicles. In addition, Care Flight hired four flight nurses, three flight paramedics and two critical care transport technicians. The team conducted 14 safety landing zone training classes to public safety agencies across the region.

Care Flight Ground - Plumas, CA

Care Flight Ground continues to expand including the coverage for two wildland fires, the purchase of a new ambulance to cover out-of-town transports, the negotiation of a contract for emergency room staffing at Plumas District Hospital, the acquisition of three Zoll Series X monitors and upgraded ambulance stretchers. In addition, community involvement continues to be a cornerstone of this program's strengths including conducting 205 home wellness visits, providing CPR certification to 134 individuals, the development of a sentimental journey program for terminal patients' last wishes, the completion of a grant project on disaster management for the county's Public Health department, the donation of seven AEDs to Quincy - four to the sheriff's department, two to private businesses and one to a charter school.

Education/Outreach

New Staff/ Personnel Changes

REMSA Education hired an Education Support Specialist to provide administrative support across the department. The department's EMT/AEMT coordinator attended and successfully completed paramedic school while maintaining his full time position.

EMS Programs

Throughout the year, REMSA Education graduated 15 paramedic program students, 24 AEMT students, 17 EMT students and 38 EMR students. In addition, 28 EMT/AEMTs completed the EMT refresher and 33 Paramedics completed the paramedic refresher.

Bleeding Control Courses

More than 160 community members were trained in Bleeding Control and 200 bleeding control kits were provided across the community.

CPR/Community Classes

REMSA's Education department remains committed to training a CPR-ready community. This year's figures include: 1,212 CPR full course students, 1,460 CPR recertification students, 303 Heartsaver CPR AED students, 705 Heartsaver CPR & First Aid Students, 10 Hands-Only CPR education events and a full

calendar of community activities during CPR Week in June. In addition, the Community Classes taught 135 Kid Care students.

Classes for Medical Professionals

In addition to educating community members, REMSA offers a full curriculum for healthcare professionals as well. Full course and recertifications this year included: 390 ACLS Full Course Students, 528 ACLS Recert Students, 40 ITLS Full Course Students, 33 ITLS Recert Students, 219 PALS Full Course Students, 258 PALS Recert Students, 15 PHTLS Full Course Students, 22 PHTLS Recert Students.

Cribs For Kids

This grant-funded outreach program which focuses on safe sleep, participated in 18 community events, held 15 train-the-trainer classes with a total of 172 people in attendance and distributed more than 605 cribs.

Point of impact

This grant-funded outreach program which focuses on car seat installation safety held two Child Passenger Safety Technician classes with 15 students taught, attended 12 education and outreach events, conducted 13 community-wide checkpoints and inspected 464 seats.

Pedestrian Safety

This grand-funded outreach program launched this year as part of a coalition. Tactical efforts included attending seven events where related education items were distributed including Pedestrian Safety Tip sheets, *Clifford the Big Red Dog Takes a Walk* books and reflective stickers.

Center for Clinical Communications

PulsePoint Respond App

REMSA launched PulsePoint Respond - a smartphone app which alerts CPR-certified or hands-only CPR trained citizens that someone within a quarter mile, in a public place, is having a cardiac emergency and may require CPR. REMSA's launch of the app allows for all of Washoe County - including Reno, Sparks and the unincorporated areas to be covered. The PulsePoint app works through the REMSA Clinical Communications Center. While the app is notifying citizens of the cardiac emergency, REMSA paramedics are simultaneously dispatched to the medical emergency. The app also directs citizen rescuers to the exact location of the closest publicly accessible AED.

CAD-to-CAD Project

Efforts between Reno and REMSA continue to move toward having an integrated Computer Aided Dispatching technology that will allow for seamless and near real-time sharing of information between agencies. This project will also create efficient communication between agencies and share response information with the fire service and REMSA field providers.

Omega / Alpha / Low Acuity / Non-Urgent Task Force

REMSA and its regional partners continue to collaborate to reduce full responses to no or low acuity medical calls for service. This approach provides innovative

pathways for community members to access health care through REMSA's Nurse Health Line. An additional set of Omega and Alpha determinants have been approved to be safely routed to a registered nurse for alternative care options, including access to transportation.

Mobile Dispatching

REMSA Clinical Communications deployed its mobile dispatching infrastructure to different events, including New Years Eve, Santa Pub Crawl, University of Nevada Football games, Hot August Nights and Rib Cook Off. Having a mobile presence allows dispatchers to be stationed at or near the event, and dedicate resources to supporting the units in the field. In addition, this model provides an intimate understanding of the dynamics and challenges units in the field, covering the venue, may encounter. This allows for tailored dispatching services.

Hospice Registry

Infinity Hospice and REMSA Emergency Medical Dispatch (EMD) partnered to bring 911 EMD Registry to Hospice Patients (Washoe County only).

Community Relations

Digital Media

Throughout 2017-2018, REMSA committed resources to strengthening and amplifying its digital presence including launching a YouTube channel, claiming its Yelp and Google My Business pages for REMSA and Care Flight, optimizing its REMSA and Care Flight LinkedIn pages and creating more robust content for the website through safety, health and wellness articles and videos. Additionally, the website is now viewable in more than 100 different languages.

Media Relations

REMSA continues to build and maintain strong, balanced relationships with the local media. Throughout the year, key coverage included: ongoing interest in REMSA's partnership with flu precautions, winter wellness (frostbite, hypothermia, etc.), opioid epidemic, CPR awareness and education, bleeding control, summer safety (hot cars, water safety, first aid), back to school, career and technical education and training, NPR's Next Gen radio program ridealong, ride-sharing versus ambulance transport and air quality health guidelines during wildland fire season.

Partnerships

WCHD for "Not An Emergency Campaign"

REMSA and the Washoe County Health District partnered to curb the misuse of the 9-1-1 system. The campaign rolled out locally and included a Facebook campaign, TV spots on KRNV and RTC bus interior and tail ads. The advertisements directed the public to visit a webpage with educational information about when to use 9-1-1 and when to seek alternative services.

Flirtey - Delivering AEDs via Drone

In October, REMSA and Flirtey, partnered to launch the first drone delivery program in the United States. When REMSA's 9-1-1 communications center

receives a cardiac arrest call, in addition to dispatching an ambulance, a Flirtey drone, carrying an AED will also be dispatched to the scene of the emergency.

Donor Network West - Donate Life Month Kick-Off Event

In April, REMSA and Donor Network West partnered to kick-off National Donate Life month in recognition of organ and tissue donation. Part of the celebration included recognizing Kyle Cobb, AEMT, for his work on a call in 2011. The patient, a three-day-old infant, became the state's youngest organ donor. The patient's mother met Kyle for the first time since the day of the call. The event received coverage in the Reno Gazette-Journal and on all three local television stations.

Tours

Throughout the year, REMSA welcomes various Girl Scout troops, as well as members of the FAA and other AED drone delivery project partners, political candidates and leaders from other high performance EMS systems and air ambulance providers across the country.

Employee Initiatives

EMS Week

REMSA hosted EMS Week celebrations across its organization recognizing the hard work of EMS providers and staff throughout the year. In addition to emotional and physical health and wellness events offered throughout the week, REMSA hosted an awards event that drew elected officials, community influencers and members of the District Board of Health. REMSA also coordinated a video series that was featured on social media which highlighted departments across the organization. Finally, an editorial submission to the Reno Gazette-Journal, co-authored by its CEO and the chiefs of the three other Washoe County fire agencies celebrating the contributions of first responders and prehospital providers across the region.

Conducted Annual Employee Engagement Survey

In August, REMSA launched an employee survey. It ran for two weeks and evaluated categories including communications, retention, value and leadership. More than 80% of the full time workforce participated.

Gerlach Volunteer Fire & EMS Department Highlights for FY18

The Gerlach Combination Fire Department (GFD) is a unique fire station operated by Washoe County. The fire department serves the areas north of Township 22, generally from Pyramid Lake to the Oregon border covering an area nearly 5,400 square miles. GFD is charged with providing fire and emergency medical services 24/7 to the surrounding areas, and is primarily focused on the Empire and Gerlach communities. The GFD has four fire trucks and two ambulances.

Two fire protection officers (FPO), who hold advanced emergency medical technician certificates, staff the station full time and provide oversight to six part-time

firefighters, and seven volunteer firefighters. The part-time and volunteer personnel, with administrative oversight from Truckee Meadows Fire Protection District, are trained for emergency medical services (EMS), and structure and wildland fires. While the station exists to serve Washoe County, the department is busy during the Burning Man season, as burners and visitors make their way in out and out of the County. In addition to fire suppression, the GFD fire and rescue crews respond to automobile accidents and other life safety emergencies and can transport patients. The Bureau of Land Management has a seasonal station close by, and both work together during the summer fire season.

One volunteer and two intermittent employees completed the Pyramid Lake Advanced EMT class and are awaiting their NREMT testing completion.

EMS Performance Analyses

EMS-related calls are reported by REMSA and three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County). Gerlach Volunteer Fire and EMS Department data are provided through Truckee Meadows Fire Protection District’s data reporting. The EMS-related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. This allows EMS partners to better assess opportunities for improvement.

The regional analyses presented in this section utilize the EMS calls for service, reported in SFD’s, RFD’s, or TMFPD’s jurisdictions from July 1, 2017 through June 30, 2018. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

REMSA Call Priority

- Priority 0: Priority Zero, or an unknown priority, occurs when the emergency medical dispatching (EMD) questioning process has begun. However, either A) REMSA was cancelled prior to arriving on scene before the EMD process was completed; or B) REMSA arrived on scene prior to the EMD process being completed.
- Priority 1: High acuity calls, deemed life-threatening.
- Priority 2: Medium acuity calls, no imminent danger.
- Priority 3: Low acuity calls, no clear threat to life.
- Priority 9: Also referred to as Omega calls, are the lowest acuity call.

Table 1 - Total number and percent of fire calls matched to REMSA calls by REMSA priority.

REMSA Priority	Fire Agency							
	RFD		SFD		TMFPD		Total	
0	256	1%	60	1%	46	1%	362	1%
1	17,515	51%	5,057	49%	3,313	44%	25,885	50%
2	12,175	36%	3,450	33%	2,684	36%	18,309	35%
3	4,102	12%	1,717	17%	1,333	18%	7,152	14%
9	220	1%	100	1%	89	1%	409	1%
Total	34,268	100%	10,384	100%	7,465	100%	52,117	100%

Table 2 - Travel time for fire (time from when fire goes en route to fire arrives on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Table 2: Fire Travel Time: Enroute to Arrival		
Median	Mean	90th Percentile
04:19	05:03	07:51
Used N = 37,046		

Table 3 - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. *Only REMSA priority 1 and 2 calls were used for this analysis.*

Table 3: REMSA Travel Time: Enroute to Arrival		
Median	Mean	90th Percentile
05:52	06:56	11:29
Used N = 51,796		

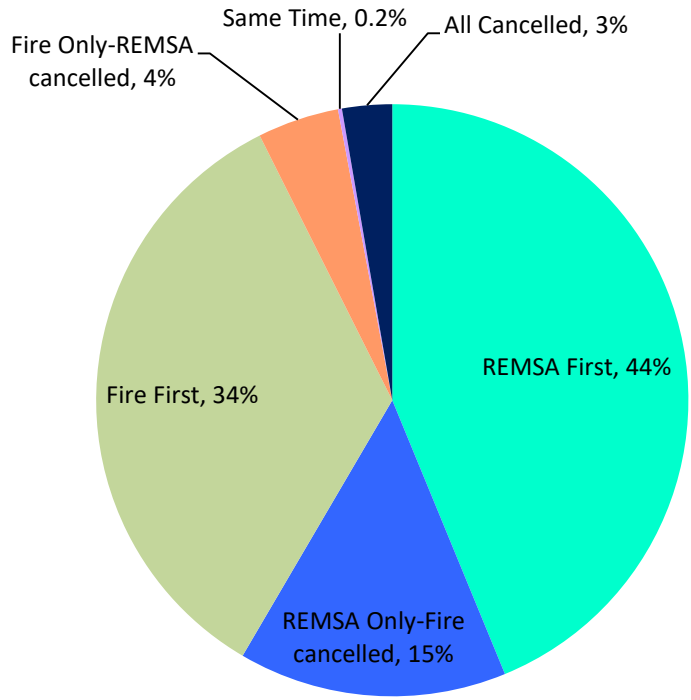
Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

Table 4: Patient perspective from time call answered to first arriving agency	
REMSA Priority	Patient Perspective
	Median Time
0	06:26
1	05:52
2	06:25
3	07:13
9	07:51
All	06:14
N = 50,680	

Table 5 - Arrival on scene depicts the various possible combinations for the arrival of first responders to an EMS call. This analysis included all REMSA call priorities for all calls matched to Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District.

Arrival On Scene	REMSA Priority										Total	
	0		1		2		3		9			
	#	%	#	%	#	%	#	%	#	%	#	%
REMSA First	10	3%	13,183	51%	7,553	41%	1,994	28%	79	19%	22,819	44%
REMSA Only-Fire cancelled	10	3%	3401	13%	2,662	15%	1,469	21%	93	23%	7,635	15%
Fire First	9	2%	8543	33%	6,264	34%	2,840	40%	155	38%	17,811	34%
Fire Only-REMSA cancelled	173	48%	370	1%	949	5%	780	11%	49	12%	2,321	4%
Same Time	0	0%	73	0%	33	0%	5	0%	1	0%	112	0.2%
All Cancelled	160	44%	315	1%	848	5%	64	1%	32	8%	1,419	3%
Total	362	100%	25,885	100%	18,309	100%	7,152	100%	409	100%	52117	100%

Figure 4: Arrival on Scene, All Matched Calls, FY18



Jurisdictional Performance

As outlined within the Inter-Local Agreement for EMS Oversight, the EMS Program is tasked with “Monitoring the response and performance of each agency providing EMS in the region.”

The Washoe County EMS Five-Year Strategic Plan includes Objective 2.4 “Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.” In accordance with this objective, each fire jurisdiction has defined standards to measure performance. Those performance metrics are presented within this section.

Gerlach Volunteer Ambulance & Fire Department

Due to the rural and frontier nature of the communities of Gerlach and Empire, the following jurisdictional response and travel time standards were identified accordingly.

Table 6 – Time intervals for PSAP to dispatch, dispatch to enroute, and enroute to arrival were measured and performance is illustrated below.

Table 6: Gerlach Volunteer Ambulance and Fire Department Performance, FY18						
Variables	Standard	Expected	Calls Used	Met Standard		Median Time
		%	#	#	%	
PSAP to Fire Dispatch	60 seconds or less	80%	83	49	59%	0:00:54
PSAP to Fire Dispatch	106 seconds or less	95%	83	69	83%	0:00:54
TURNOUT TIMES						
Fire Dispatch to Enroute, All Calls	2 minutes day/5 minutes night	90%	67	56	84%	01:16
Fire Dispatch to Enroute, Day Calls	2 minutes or less	90%	34	28	82%	00:46
Fire Dispatch to Enroute, Night Calls	5 minutes or less	90%	33	28	85%	01:36
RESPONSE & TRAVEL TIMES						
Gerlach/Empire, All Calls	~	90%	58	55	95%	3:06
Gerlach/Empire, Day Calls	~	90%	29	28	97%	1:39
Gerlach/Empire, Night Calls	~	90%	29	27	93%	5:46
Gerlach Proper, All Calls	10 minutes day/15 minutes night	90%	50	47	94%	2:32
Gerlach Proper, Day Calls	10 minutes or less	90%	24	23	96%	1:31
Gerlach Proper, Night Calls	15 minutes or less	90%	26	24	92%	5:36
Empire Proper, All Calls	20 minutes day/25 minutes night	90%	8	8	100%	6:55
Empire Proper, Day Calls	20 minutes or less	90%	5	5	100%	6:31
Empire Proper, Night Calls	25 minutes or less	90%	3	3	100%	8:44
Outside of Gerlach/Empire	~	~	9	~	~	0:36:44

Figure 5 illustrates the proportion of EMS calls that met call transfer and turnout times, while Figure 6 illustrates the proportion of EMS calls that met the travel time standards, and delineates calls by day and night.

Figure 5: Percent of Calls Meeting Call Transfer and Turnout Time Standards, Gerlach Fire, FY17 & FY18

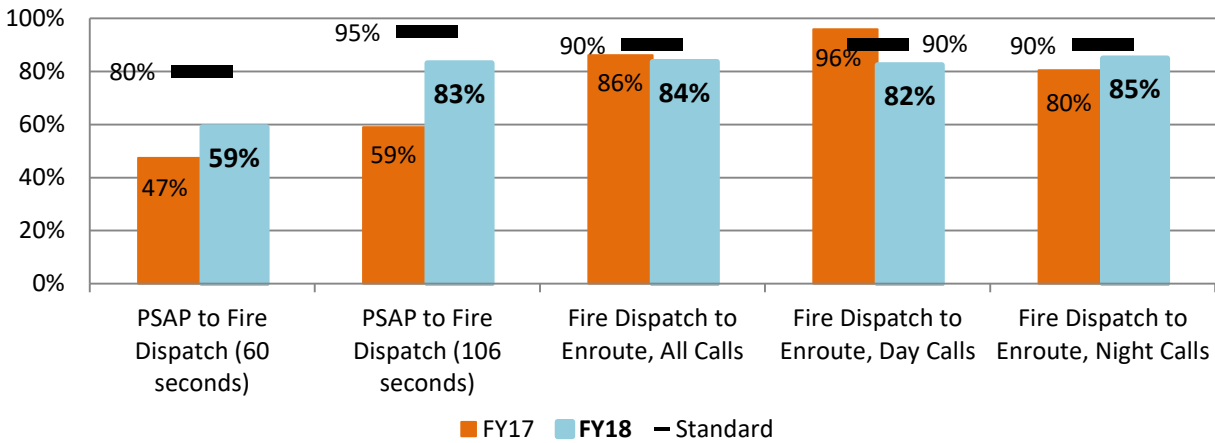
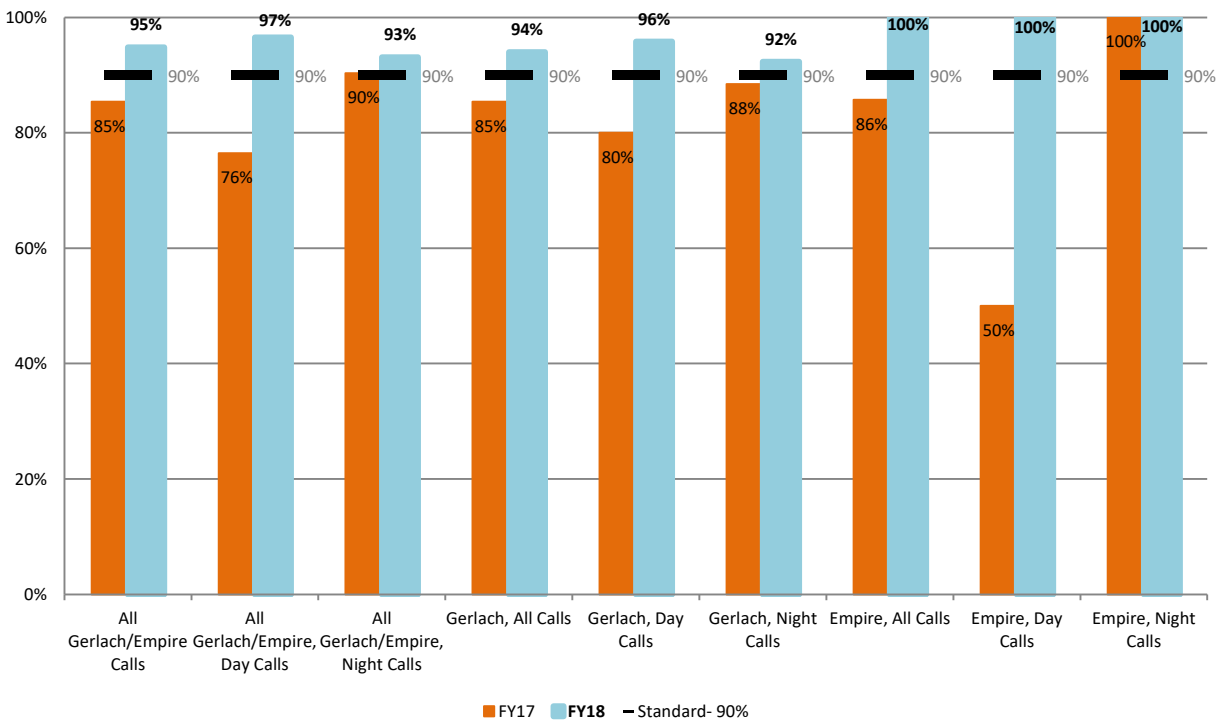


Figure 6: Percent of Calls Meeting Travel Time Standard All Calls by Day and Night, Gerlach and Empire, FY17 & FY18



Reno Fire Department

The City of Reno's Master Plan, approved December 13, 2017, provides definitions that can be utilized to assess performance relative to the identified measures, although the document states these are not performance standards.

The first definition is identified as a performance measure to gauge and measure progress toward the guiding principles and goals of the Master plan². The identified definition is to maintain or decrease the fire service average response time of 6 minutes 0 seconds.

Travel Time: Fire Enroute → Fire Arrival

There were 24,077 completed calls reported by the Reno Fire Department where at least one responding unit arrived on scene, resulting in an average call response time of 4 minutes 45 seconds.

Additionally, the concurrency management system ensures new development does not decrease existing levels of service targets. Specific to the Reno Fire Department, it states that fire stations should be distributed throughout the city and its sphere of influence (SOI) to provide adequate fire protection for the entire city and to provide any one area of the city with an adequate response time. While these are not performance measurement standards, the City of Reno strives for response times as follows³:

Urban: First fire department response unit will arrive at a fire emergency or medical emergency within four minutes 30 seconds from time of dispatch 85 percent of the time.

Suburban: First fire department response unit will arrive at a fire emergency or medical emergency within six minutes 30 seconds from time of dispatch 85 percent of the time.

Unable to perform due to lack of the designation "urban" or "suburban" in data received.

Sparks Fire Department

In the City of Sparks, the responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following SFD analyses only include those Sparks Fire Department calls designated as a Priority 1 per the responding captain.

City of Sparks has not conducted a Standards of Cover study and uses the National Fire Protection Association (NFPA) standards for response time. The NFPA creates and

² REIMAGINE RENO. (2017). The City of Reno Master Plan, page 13. Reno, NV.

³ REIMAGINE RENO. (2017). The City of Reno Master Plan, page 183. Reno, NV.

maintains private copyrighted standards and codes for usage and adoption by local governments.

Per NFPA 1710 4.1.2.1 (2016 Edition) *A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident” for 90 percent of incidents.*⁴

Table 7 – SFD travel time performance per NFPA Standards. Travel time is the time the responding unit leaves the station, or is enroute to the incident, to the time of arrival on scene. **Only SFD Priority 1 calls were used for this analysis.**

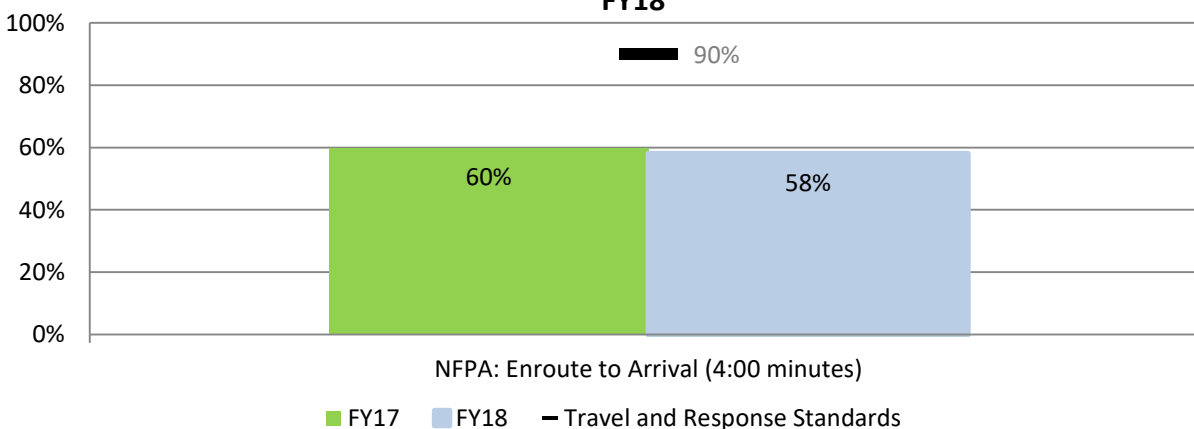
Table 7: Sparks Fire Department Travel Time Performance, SFD Priority 1 Calls, FY18

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
NFPA: Fire Enroute to Arrival	240 seconds or less (4:00 minutes)	90%	5,437	3,148	58%	3:44	4:17

Only Sparks Fire Department Priority 1 EMS related calls were used in the above analyses

Figure 7 illustrates the same information as Table 6 and compares FY17 performance to FY18 in graph form.

Figure 7: Travel Time Performance Relative to NFPA Standards, FY17 & FY18



⁴ NFPA 1710 Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments. 2016 Edition, page 6. Quincy, MA.

Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

Regional Standards of Cover Response Time Recommendations⁵

Turnout Time: Fire Dispatch → Fire Enroute

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

Table 8 – TMFPD performance per Regional Standards of Cover Tier One. Only REMSA priority 0, 1, and 2 calls were used for this analysis.

Table 8: TMFPD Performance Relative to Standards of Cover, REMSA Priority 0, 1 and 2 calls only, FY18							
Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Call Received to Arrival	8:00 minutes or less	85%	849	568	67%	6:43	9:14
SUBURBAN: Call Received to Arrival	10:00 minutes or less	85%	4,135	3,213	78%	7:30	9:06
RURAL: Call Received to Arrival	20:00 minutes or less	85%	627	548	87%	11:46	13:12
ALL: Call Received to Arrival	depends on density	85%	5,611	4,329	77%	4:43	9:38

* All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row

⁵ Emergency Services Consulting International. (2011). Regional Standards of Cover, page 2. Reno, NV.

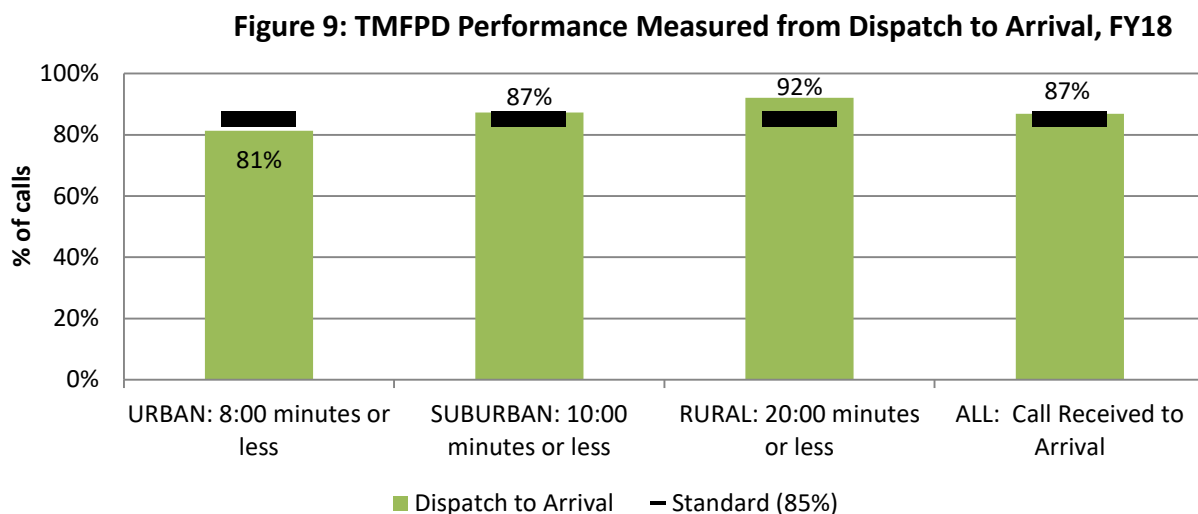
Additionally, Truckee Meadows Fire Protection District evaluates response times in close alignment with NFPA standards, measuring response time from time of dispatch to the time of arrival. This allows for independent measuring of the call processing time, which is handled by fire dispatchers.

Table 9 - Number and percentage of TMFPD EMS calls for service during FY18 that meet performance measures as measured from time of dispatch to time of arrival. These are only inclusive of calls that matched to REMSA and were categorized as a Priority 1 or Priority 2 through REMSA’s EMD process.

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch to Enroute	90 seconds or less	85%	5,574	4,086	73%	1:02	1:07
URBAN: Dispatch to Arrival	8:00 minutes or less	85%	828	673	81%	5:22	6:02
SUBURBAN: Dispatch to Arrival	10:00 minutes or less	85%	4,047	3,530	87%	6:12	6:46
RURAL: Dispatch to Arrival	20:00 minutes or less	85%	610	562	92%	10:04	11:18
ALL: Dispatch to Arrival	Depends on density	85%	5,485	4,765	87%	6:23	7:13

*All calls include calls occurring in the frontier which do not have a performance metric and are not included in the rows above the "All" row

Figure 9 illustrates the proportion of TMFPD EMS calls that met the performance standard when measured from dispatch to arrival on scene.



Special Area of Interest - Duck Hill

Duck Hill is located in Washoe County at the south end of Washoe Valley, bordering the east side of highway 580, just north of Carson City. There are 13 total addresses located within the defined area of interest. Duck Hill homes are within an 8-minute drive to the nearest hospital, Carson Tahoe Regional Medical Center. In the event of a medical emergency, phone towers connect a 911 call from that location to the Washoe County Sherriff’s Office dispatch center where the call would be answered by the dispatchers for Truckee Meadows Fire Protection District (TMFPD).

Table 10 - provides a summary of the number of calls each agency has responded to each year. Only EMS calls were included in the table below, there were too few calls to conduct statistically meaningful review of mean, median or 90th percentile response times.

Table 10: Number of EMS Calls for Service, Carson City Fire District, Truckee Meadows Fire Protection District, and REMSA, 2010-2017

Location	'10	'11	'12	'13	'14	'15	'16	'17	January- June 30, 2018	Total calls for service	Total calls arrived
CCFD Station 51	~	~	~	~	~	~	~	2	0	2	Unknown
CCFD Station 52	0	0	0	0	1	0	0	2	0	3	3
TMFPD Station 30	~	~	~	0	0	0	1	1	0	2	2
TMFPD Station 16	~	~	~	2	0	0	1	2	0	5	5
REMSA	1	2	0	2	2	1	1	1	2	12	7
~calls not available											

About the Washoe County EMS Oversight Program

On August 26, 2014 an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno, City of Sparks, Washoe County Board of Commissioners, Washoe County Health District, and Truckee Meadows Board of Fire Commissioners. The ILA created the EMS Oversight Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA, are provided on the following page.

The Program is tasked with the following:

1. Monitoring the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommending regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaboration with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identification on sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

The signatory partners are tasked with the following:

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS

3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface⁶
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submitting recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)⁷
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)²

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

⁶ CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

⁷ DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

EMS Oversight Program Accomplishments FY18

EMS Strategic Plan Objectives

Objective 1.2 Implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls.

Beginning in July 2017, a subcommittee began working on processes to determine service levels to low acuity Priority 3 calls. Calls reviewed included Omega determinants, Skilled Nursing and Urgent Care Facilities and Alpha determinants. Additional Omega determinants were activated in February 2018. An alternate response process will be implemented for Skilled Nursing/Urgent Care facilities on July 1, 2018.

Objective 2.4 Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements.

By the January 2018 EMS Advisory Board meeting, all agencies affiliated with the Inter-Local Agreement had identified response measurements.

Objective 5.1 Develop a regional set of protocols for the delivery of prehospital patient care.

In January 2018, the Washoe County EMS Protocols went into effect. This was the culmination of over a year of work with EMS partners, in reviewing all agencies' protocols already in place and creating one set for eight agencies to use. The first review of the protocols began in April 2018 and the revisions were approved by the Medical Directors in June 2018 with an effective date of July 1, 2018. The protocol committee will continue to meet on a quarterly basis to discuss possible revisions based on field crew experiences, data/trends and/or national studies.

Objective 5.2 Establish a regional process that continuously examines performance of the EMS system by December 31, 2018.

A Washoe County EMS Continuous Quality Improvement process has been drafted and was submitted to PMAC on June 13, 2018 for recommendations and approval. The mission of the Quality Improvement process is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards, recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS

care. The intent is to review and improve the process for first responders when an unusual circumstance occurs.

Additional Accomplishments

Re-establishment of the Emergency Department Consortium

The EMS Program made a concerted effort during the fiscal year to re-establish the Emergency Department (ED) Consortium. The ED Consortium has achieved active membership from Fire, EMS, acute care hospitals, mental/behavioral health hospitals, Naphcare and law enforcement agencies. The purpose of the ED Consortium is to discuss any topic that relates to the emergency departments within Washoe County.

The goal is to have the ED Consortium act as a venue for new procedures/policies and provide the environment for improvement planning with the ED as the focal point, but recognizing that all partners are impacted.

Statewide Training Developed for First Responders

Through a grant from the Nevada Governor's Council of Developmental Disabilities (NGCDD), the EMS Program worked in conjunction with the following partners to developed two training videos that include information for first responders about individuals with intellectual and/or developmental disabilities (I/DD):

- Nevada Center for Excellence in Disabilities
- Northern Nevada Center for Independent Living
- JUSTin Hope Foundation
- Nevada Aging and Disability Services Division
- CASAT at the University of Nevada, Reno
- REMSA Education and Training
- NGCDD Councilmembers

The videos provide basic information about a variety of disabilities, and strategies to use when responding to calls involving individuals with I/DD. One video is 11-minutes and designed for shift change trainings, while the second video is 30-minutes and includes a continuing education unit (CEU) for Fire/EMS personnel.

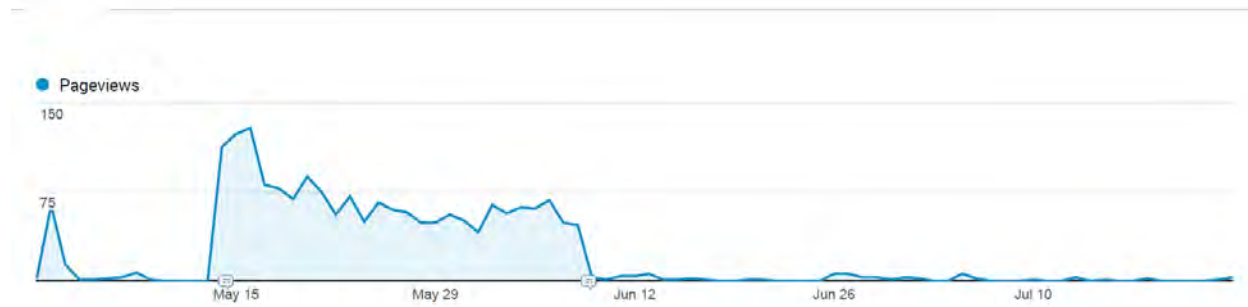
PSA for 911 Education

The EMS Program continued these efforts with a targeted marketing campaign to re-educate residents and visitors on the appropriate times to dial 911. The campaign included marketing images with the tag line “certainly a problem, but not an emergency” and a call to action to visit thinkbeforeyoudial.com for non-emergency numbers. The campaign images were posted in English and Spanish on social media, RTC interior and exterior advertisement space, and Channel 4 5-second commercials. REMSA provided in-kind support for the project by assisting with the media purchasing process through their vendor. The Program hopes to continue the messaging through the next fiscal year.

Table 11 – Illustrates the campaign evaluation measures for ad viewership and impressions.

Campaign	Ad Sets/Groups	Impressions	Link Clicks	CTR
<i>Facebook (May 14-June 8, 2018)</i>	<i>All</i>	<i>211,934</i>	<i>2,608</i>	<i>1.37%</i>
WCHD BNAE Traffic	Ad in Spanish	77,335	562	0.73%
WCHD BNAE Traffic	Ad in English	87,513	995	1.14%
WCHD BNAE Traffic	Video	47,086	1,051	2.23%

Figure 10 - Page Views for ThinkBeforeYouDial.com



thinkbeforeyoudial.com

**KNOW THE
DIFFERENCE**



Inclusion of Additional Facilities in the Mutual Aid Evacuation Annex (MAEA)

For multiple years, the EMS and Public Health Preparedness Programs have worked together to introduce the MAEA to skilled nursing, memory care and long term care facilities in Washoe County. At the end of FY18, ten of these facilities in Washoe County are members of the MAEA and are now more active members in emergency planning and preparedness. By these facilities becoming MAEA members, Washoe County has a more robust and inclusive response plan should a healthcare facility need to evacuate patients during a qualified disaster.

Multi-Causality Incident Plan (MCIP) and the Alpha MCIP

During any declared multi-casualty incident (MCI) in Washoe County, the MCIP is activated and followed by first responders and healthcare facilities. The fiscal year 2017-2018 revision process focused on refining plan details and enhancing specific plan sections to be more robust. Some revisions include the establishment of MCI levels, a change to the MCI declaration trigger and the addition of a section focused on patient considerations (burn patients, pediatrics and individuals with access and functional needs).

In addition, the EMS Program facilitated the development of a new plan for large-scale multi-location MCIs, called the Alpha MCIP. In 2016, EMS Program staff attended the EMS Today conference and heard a presentation on the Paris terror attacks that occurred in November 2015. The presenter described their “Alpha/Red Plan” which was specifically for multi-location incidents and included alternate response strategies and strategically placed medical equipment throughout the city. After the conference, the Program worked with Fire, EMS, law enforcement and hospitals to create a specific plan for large-scale MCIs or incidents that occur in multiple locations in the county. The plan allows for additional resources to activate in an emergency of this size, which is defined as 100 or more patients, or an MCI involving multiple locations.

EMS Oversight Program Goals for FY19

The EMS Oversight Program is aiming to work with regional partners to achieve the following goals within the next fiscal year.

1. Improve the continuity of care processes relating to information flow.
2. Continue the development of quality assurance program.
3. Revise the 5-year EMS Strategic Plan.
4. Continue the Public Service Announcement for appropriate uses of 9-1-1.



REMSA

**FRANCHISE COMPLIANCE
REPORT**

JULY 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
June	3949	\$5,123,182.20	\$1,297.34	\$1,257.51	\$ 440.13
Totals	48,703	\$61,244,597	\$1,257.51		

Current Allowable Average Bill: \$1,294.87

Year to Date: July 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19			
Sep-19			
Oct-19			
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			



Year to Date: July 2019

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 46 Seconds	92%	96%

Year to Date: July 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	0:05:13	0:05:57	0:07:40
	P-2	0:05:20	0:06:00	0:08:05
Aug-19	P-1			
	P-2			
Sep-19	P-1			
	P-2			
Oct-19	P-1			
	P-2			
Nov-19	P-1			
	P-2			
Dec-19	P-1			
	P-2			
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

Fiscal Year to Date: July 2019

Priority	Reno	Sparks	Washoe County
P-1	0:05:13	0:05:57	0:07:40
P2	0:05:20	0:06:00	0:08:05



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 7/31/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	7/1/19 11:19	7/1/19 11:28	1C43	0:22:29	0:08:44
Zone A	7/1/19 17:25	7/1/19 17:25	1C17	-00:00:08	0:00:34
Zone B	7/2/19 0:43	7/2/19 0:52	1N45	0:10:22	0:08:57
Zone A	7/2/19 9:02	7/2/19 9:09	1C44	0:06:28	0:06:28
Zone A	7/2/19 17:03	7/2/19 17:10	1C24	0:07:40	0:07:40
Zone A	7/3/19 4:17	7/3/19 4:22	1C23	0:13:23	0:05:21
Zone A	7/4/19 2:02	7/4/19 2:08	1N45	0:06:05	0:05:50
Zone A	7/4/19 22:19	7/4/19 22:23	1C01	0:04:39	0:04:39
Zone A	7/5/19 10:30	7/5/19 10:36	1N45	0:05:21	0:05:11
Zone A	7/5/19 15:00	7/5/19 15:00	1C30	-00:00:10	0:00:33
Zone A	7/5/19 23:28	7/5/19 23:32	1N45	0:05:10	0:04:31
Zone B	7/6/19 5:37	7/6/19 5:45	1N45	0:08:20	0:08:01
Zone B	7/7/19 11:09	7/7/19 11:17	1N45	0:08:15	0:07:34
Zone A	7/7/19 16:45	7/7/19 16:50	1N45	0:06:00	0:05:21
Zone B	7/8/19 3:37	7/8/19 3:50	1N45	0:12:30	0:12:23
Zone A	7/8/19 7:08	7/8/19 7:16	1N45	0:08:33	0:08:23
Zone A	7/8/19 12:50	7/8/19 12:51	1C38	0:00:00	0:00:12
Zone C	7/14/19 9:08	7/14/19 9:21	1C18	0:12:25	0:12:25
Zone A	7/15/19 19:27	7/15/19 19:28	1C33	-00:00:41	0:01:19
Zone A	7/17/19 9:40	7/17/19 9:48	1C23	-00:05:46	0:07:42
Zone A	7/17/19 16:22	7/17/19 16:22	1C25	-00:00:33	0:00:15
Zone A	7/19/19 2:07	7/19/19 2:09	1C21	1:10:50	0:01:11
Zone B	7/20/19 9:12	7/20/19 9:25	1M10	0:13:10	0:13:10
Zone A	7/25/19 3:42	7/25/19 3:43	1C02	-00:00:51	0:00:59
Zone A	7/26/19 12:44	7/26/19 12:44	1C42	-00:00:05	0:00:20
Zone A	7/26/19 18:55	7/26/19 18:55	1C31	-00:01:24	0:00:29
Zone A	7/28/19 18:03	7/28/19 18:09	1C17	0:35:35	0:05:43

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
None				



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



GROUND AMBULANCE OPERATIONS REPORT JULY 2019

1. Overall Statics

- a) Total number of system responses: 6727
- b) Total number of responses in which no transports resulted: 2567
- c) Total number of system transports (including transports to out of county):
4160

2. Call Classification

- a) Cardiopulmonary Arrests: 1.6%
- b) Medical: 54.3%
- c) Obstetrics (OB): 0.7%
- d) Psychiatric/Behavioral: 9.6%
- e) Transfers: 13.3%
- f) Trauma – MVA: 8.1%
- g) Trauma – Non MVA: 6.8%
- h) Unknown: 5.5%

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: 1,989

Total number of above calls receiving QA Reviews: 148

Percentage of charts reviewed from the above transports: 7.4%



JULY 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	26	84
BLS (CPR)	131	555
Heartsaver (CPR)	90	629
ITLS	4	10
PALS	15	66

COMMUNITY OUTREACH JULY 2019

Point of Impact		
07/1-31/2019	6 office installation appointments; 6 cars and 8 seats inspected.	
07/20/19	POI Checkpoint at REMSA. 12 cars and 13 seats inspected.	9 volunteers; 1 staff
Cribs for Kids/Community		
07/03/19	Spoke with Kim Neiman from the Washoe Tribe to ensure Car Seats purchased through the Cribs for Kids grant are properly distributed.	
7/9-10/2019	Flew to Las Vegas to conduct Cribs for Kids Train the Trainer at Children`s Cabinet	4 participants
07/11/19	Held a booth at Northern Nevada Medical Center Community Health Fair	50 participants passing through event
07/16/19	Meet with the new State of Nevada MCH Coordinator and Manager who oversee the Cribs for Kids grant	Over 150 employees pass through
07/18/19	Attended REMSA`s media day training.	
07/18/19	Drove to Hawthorne to conduct Cribs for Kids Train the Trainer at Consolidated Agency of Human Services	3 participants
07/19/19	Taught patients (mothers and family members) some basic infant and child CPR	5 participants
07/23/19	Attended Safe Kids Coalition at Renown	
07/24/19	Education Manager and I met with COAP Action Group new coordinator to discuss REMSA involvement with the action group	
07/30/19	Traveled to Winnemucca to conduct Cribs for Kids Train the Trainer at the local DCFS office	5 participants
07/31/19	Traveled to Elko (Patty Taylor) and Owyhee (Charlita Thacker) to meet with Tribal Site to conduct site visit in regards to Cribs for Kids.	



REMSA

Reno, NV
Client 7299



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

EMS System Report

July 1, 2019 to July 31, 2019

Your Score

95.37

Number of Your Patients in this Report

150

Number of Patients in this Report

7,037

Number of Transport Services in ALL EMS DB

154



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **07/01/2019** and **07/31/2019**.

The overall mean score for the standard questions was **95.37**; this is a difference of **1.89** points from the overall EMS database score of **93.48**.

The current score of **95.37** is a change of **1.73** points from last period's score of **93.64**. This was the **28th** highest overall score for all companies in the database.

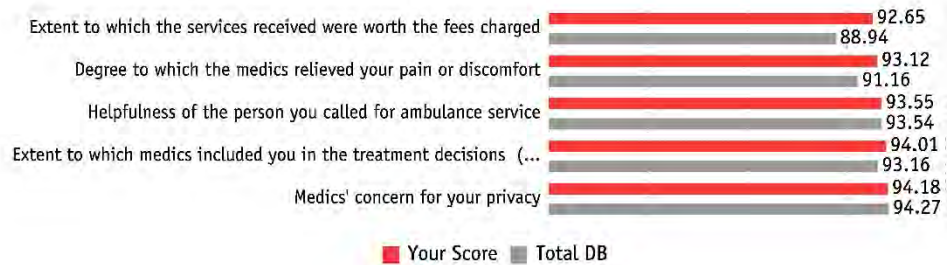
You are ranked **9th** for comparably sized companies in the system.

84.76% of responses to standard questions had a rating of Very Good, the highest rating. **99.32%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

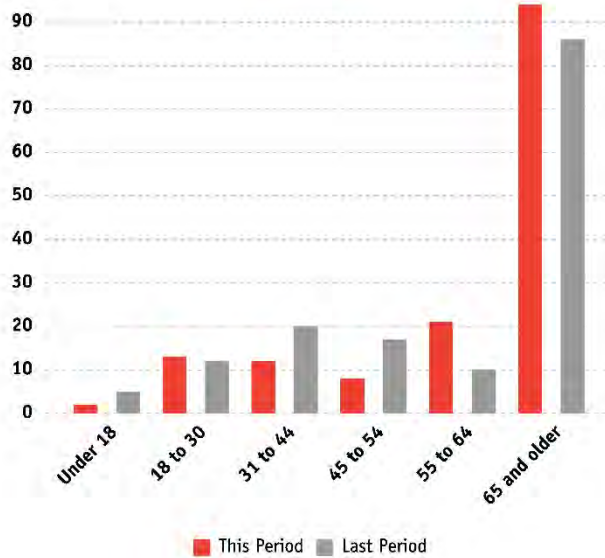




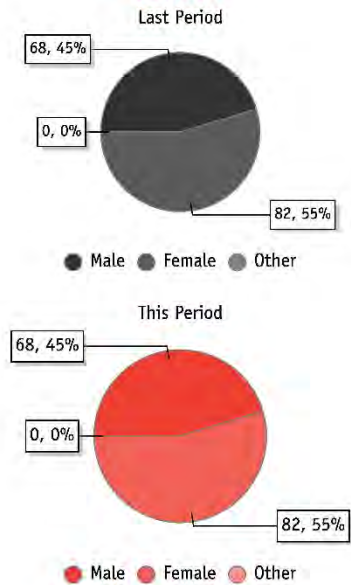
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	5	2	3	0	2	0	2	0
18 to 30	12	3	9	0	13	7	6	0
31 to 44	20	9	11	0	12	7	5	0
45 to 54	17	7	10	0	8	4	4	0
55 to 64	10	3	7	0	21	14	7	0
65 and older	86	44	42	0	94	36	58	0
Total	150	68	82	0	150	68	82	0

Age Ranges



Gender





REMSA
July 1, 2019 to July 31, 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.

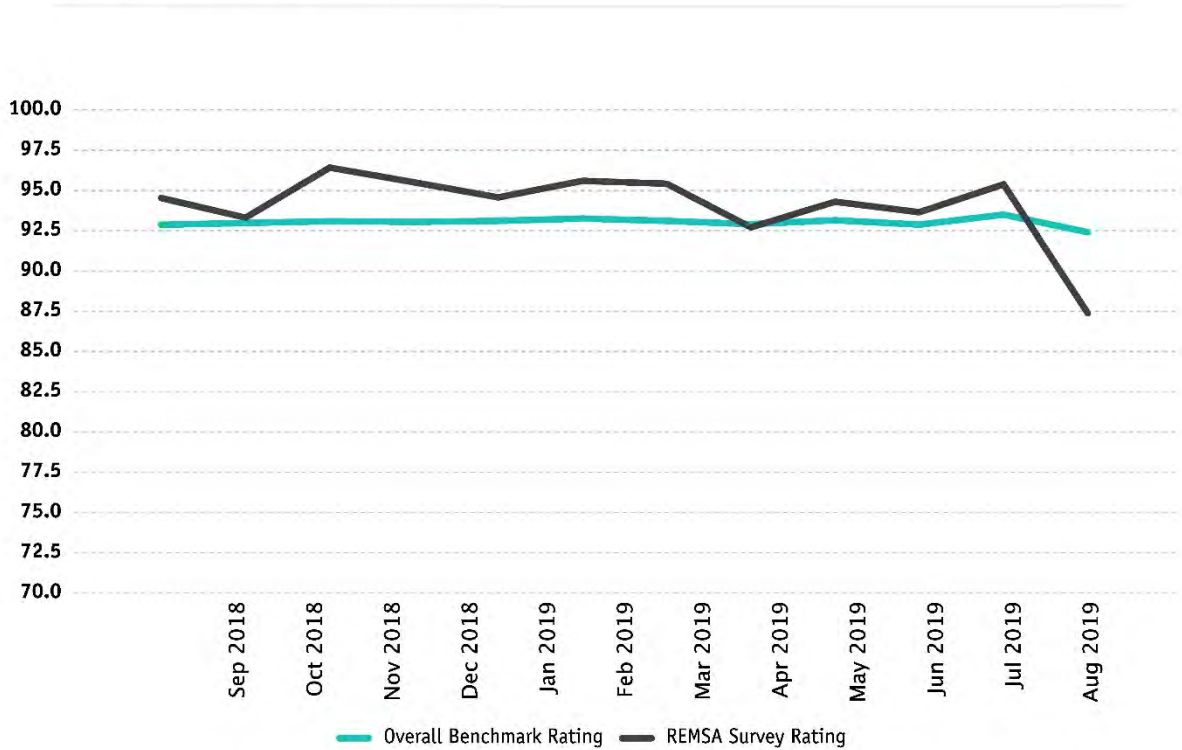
	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019
Helpfulness of the person you called for ambulance service	95.59	95.74	96.95	96.62	94.23	96.34	96.88	96.20	88.46	92.73	93.60	93.55
Extent to which you were told what to do until the ambulance arrived	94.15	96.59	96.88	93.38	92.79	96.98	97.28	95.56	88.78	91.83	92.86	94.35
Extent to which the ambulance arrived in a timely manner	96.06	95.54	93.39	95.60	95.57	95.16	94.23	94.26	91.49	93.18	92.41	95.40
Cleanliness of the ambulance	97.27	96.82	93.55	97.02	97.65	98.11	96.50	95.51	94.32	94.02	93.45	96.51
Skill of the person driving the ambulance	96.46	95.21	93.92	95.51	97.13	96.38	96.39	94.55	93.29	94.02	93.43	94.44
Care shown by the medics who arrived with the ambulance	95.84	94.64	94.11	97.72	95.99	94.53	96.60	97.22	93.18	94.67	94.67	95.33
Degree to which the medics took your problem seriously	97.73	94.02	94.07	97.91	95.15	94.86	95.61	96.83	93.87	94.77	94.62	97.54
Degree to which the medics listened to you and/or your family	96.41	93.51	93.99	97.56	95.64	95.13	95.11	96.74	93.52	94.36	93.80	96.12
Extent to which the medics kept you informed about your treatment	94.93	94.30	92.18	95.09	95.09	93.19	94.54	93.60	92.19	94.26	93.53	94.79
Extent to which medics included you in the treatment decisions (if	95.76	93.65	91.56	95.20	95.06	91.20	93.94	94.28	92.43	94.63	92.83	94.01
Degree to which the medics relieved your pain or discomfort	93.03	92.55	89.49	94.09	92.04	91.57	93.21	91.68	91.78	93.11	92.19	93.12
Medics' concern for your privacy	97.50	95.33	92.77	97.04	96.21	93.60	96.05	95.38	94.19	94.51	94.08	94.18
Extent to which medics cared for you as a person	96.20	94.67	93.90	96.01	96.28	95.43	97.20	96.07	93.93	95.37	94.28	95.95
Professionalism of the staff in our ambulance service billing office	95.72	94.79	97.00	95.83	90.00	100.00	96.59	99.24	91.00	96.30	94.68	95.69
Willingness of the staff in our billing office to address your needs	94.86	92.71	96.00	95.83	95.00	100.00	96.46	99.22	90.06	96.30	95.11	95.40
How well did our staff work together to care for you	96.44	95.90	94.67	96.79	96.95	95.23	97.60	96.40	94.02	95.00	94.28	95.77
Extent to which the services received were worth the fees charged	95.45	87.19	88.38	97.50	87.89	88.40	82.86	87.54	82.16	90.94	75.05	92.65
Overall rating of the care provided by our Emergency Medical Transportation	96.07	95.14	93.09	96.93	95.33	94.41	96.75	95.70	93.08	95.80	94.75	96.01
Likelihood of recommending this ambulance service to others	96.93	95.05	93.73	96.79	96.21	94.41	95.39	95.59	92.79	93.80	94.33	94.86
Your Master Score	96.11	94.52	93.30	96.41	95.50	94.56	95.59	95.41	92.70	94.29	93.64	95.37
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA
 July 1, 2019 to July 31, 2019



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE JULY 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	06/01/2019	"I love the guys and the girls!"	"Everything."	"I hope there is not a next time haha."		
2	06/01/2019	"REMSA medics are awesome."	"You guys need an 8 for brownie points haha. I liked the young gentlemen that picked me up too, they were both really nice."	"I got you guys when it was really crowded and everyone was in the hospital going crazy, but I think that everyone did an awesome job!"		
3	06/03/2019	"I guess 5... they were pretty good. The hospital made more decisions."	"Done well."	"I can't think of anything. They did real good...really good."		
4	06/03/2019		"Very polite. The both of them were very attentive."	"Nothing! You guys did a good job."		
5	06/04/2019		"Wonderful medics. I am very satisfied with everything."			
6	06/04/2019		"The professionalism they displayed was excellent. Very kind, nice, young, strong medics."	"Nothing I can think of sweetie, tell them to keep up the good work."		
7	06/03/2019	"They were at the house within 5 to 10 minutes. It was real quick."	"They're always the best. We have the Sliver Saver Plan, but we love it. Makes things a little easier."	"Nope, nothing! They did just fine."		
8	06/03/2019		"Patient stated the medics did a very good job transporting him out of a two story house."			
9	06/03/2019		"Got me to the hospital."			
10	06/03/2019		"Everything was done well."			
11	06/04/2019		"Great conversationalists and good care."			
12	06/05/2019		"Patient stated the paramedics were able to concentrate solely on him despite everything"			



	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
			else that was going on around them."			
13	06/05/2019		"Patient stated the medics took good care of him overall."			
14	06/06/2019		"The ambulance was waiting when the patient arrived. She was very impressed with the timeliness and the service itself."			
15	06/06/2019		"Took good care of me."			
16	06/06/2019		"All your people are good people."			
17	06/07/2019		"Timely arrival."			
18	06/07/2019		"Pt stated they talked him down from his nervousness and answered all of his questions thoroughly."			
19	06/08/2019	"They were very good."	"Well, I had a case of shivering and we needed to get that under control and they did."	"I'd call them again."		
20	06/08/2019		"Their generosity."	"I don't really think anything because it was such a short ride, but everyone was nice."		
21	06/08/2019	"I was told I needed to go to the hospital - I was at urgent care."	"Well, I don't know. They got me to the hospital- they did an iv and it was a good one that didn't hurt. They were very nice."	"I don't think anything."		
22	06/08/2019		"The speed in which they got to me was excellent."	"Talking more to me in the ambulance- I have a lot of anxiety and they could have talked to me more."		
23	06/08/2019		"Oh I think they did really well. Got me to the hospital and everything."	"Nothing really."		



	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
24	06/08/2019		"They made me feel safe and that I was going to be okay. The medic in the back with me talked to me the whole time."			
25	06/09/2019		"They got to my house fast and talked with me and my daughter. They were careful and caring."	"Not much more I could ask for. They're the best!"		
26	06/09/2019	"Some really good guys were helping that day."	"The teamwork was professional, but caring. And I think that's important in the ambulance/medical field in general."	"You know, I really can't think of anything that could have been done better that day. The medics were great."		
27	06/11/2019		"Competent and capable."	"Dispatch repeats questions, which was not helpful. Listen better."		
28	06/09/2019		"The care and compassion. That was very important to me. Medics were respectful and professional."	"Medics did an awesome job. No complaints at all!"		
29	06/09/2019		"Medics have always treated me kindly. I really appreciate their help."			
30	06/10/2019		"Pt stated the medics were kind and gave sufficient care, they were "100%"."			
31	06/10/2019		"Everything."			
32	06/11/2019		"Patient stated the medics made sure to take her to a facility that would best meet her needs."			
33	06/11/2019		"They were on time and explained everything well."			
34	06/11/2019		"Paid attention to detail and got me to the hospital."			



	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
35	06/10/2019		"Patient stated she had never been in an ambulance before, but everything seemed like it was done well and correctly."			
36	06/12/2019		"Patient stated they treated her with great respect and did an excellent job caring for her."			
37	06/12/2019		"Care, concern and overall the way they handled the situation at hand."			
38	06/14/2019		"Everyone was extremely helpful."			
39	06/14/2019		"The services was great."			
40	06/14/2019		"Everything was very good."			
41	06/14/2019			"Medic was putting an IV in my arm and was upset with other medics and was cussing. It made me feel uncomfortable."	Selmi 7.31.19 #7173	See follow up below
42	06/14/2019		"The best group of professionals the patient has ever experienced."			
43	06/14/2019		"Arrived quickly."			
44	06/15/2019		"Everything was done well."			
45	06/15/2019		"Prompt, efficient, courteous."			
46	06/15/2019		"Patient stated the medics did a good job getting him out of his house and into the ambulance."			



	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
47	06/15/2019		"Patient stated the medics kept her calm and talked with her the whole way to the hospital. She said the care was awesome."			
48	06/16/2019		"Patient stated she has always received the utmost care with REMSA."			
49	06/16/2019		"Patient stated he is a large fellow and the medics were able to get him down to the ambulance from the 2nd floor. He was very impressed with their care and professionalism."			
50	06/16/2019		"Arrived in a timely manner, were passionate and caring and they also listened well."			
51	06/17/2019		"Personable and professional at the same time. Patient stated his experience from start to finish was excellent."			
52	06/17/2019		"Patient stated she is still alive due to the paramedics and their timely arrival. She is extremely grateful for the care she received."			
53	06/17/2019		"Everything was done well."			
54	06/17/2019		"The driver was very careful not to take sharp turns and disrupt the gurney in the back."			
55	06/17/2019		"Quick response and assessment before leaving for the hospital."			
56	06/18/2019		"Patient stated she is			



	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
			very grateful for the service and everything was excellent."			
57	06/18/2019		"Patient stated the medics treated her as though she was important."			
58	06/18/2019		"Everything was done well."			
59	06/18/2019		"Patient stated carrying him out on the gurney."			
60	06/18/2019		"Arrived in a timely manner and were very professional."			
61	06/19/2019		"Very concerned for comfort during the transport."			
62	06/19/2019		"The ambulance got there fast."			
63	06/19/2019		"Patient stated the paramedics worked well amongst themselves and also with the firemen."			
64	06/19/2019		"Medics are all super!"			
65	06/20/2019		"They took very good care of me. Professional. The ride was uncomfortable."			
66	06/19/2019		"Medics were fast and took a quick assement and decided by appropriate questions."	"Medics have always be kind to our family. Professional."		
67	06/22/2019		"Very courteous, respectful and a prompt arrival."			
68	06/22/2019		"Everything was done well."			
69	06/22/2019		"No comment."			
70	06/22/2019		"Patients mother said they took her daughter's situation seriously and did a good job of keeping			



	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
			her up-to-date. Also, they helped keep her (mother) calm."			
71	06/22/2019		"Patient stated the paramedics had a lot of compassion."			
72	06/23/2019		"Helped get the patient's breathing back on track so she could be transported to the hospital."			
73	06/23/2019		"They took care of me."			
74	06/23/2019		"Good experience from the patient's perspective."			
75	06/23/2019		"Everything was done well and the ambulance ride to the hospital was very quick."			
76	06/24/2019		"Good care."			
77	06/24/2019		"Patient stated the ambulance service took good care of him and got him to a hospital that had space available for him."			
78	06/24/2019		"The patient stated she does not remember the actual ride itself, but the care she received prior to that she recalls as excellent."			
79	06/24/2019		"Basically everything was done well."			
80	06/24/2019		"Everything was satisfactory. The wife thinks so too."	"No, nothing I can think of."		
81	06/24/2019	"The medics were excellent- best I've ever had!"	"They always do a good job. But this last time was excellent. The medics were very personable and caring."			
82	06/25/2019	"They got to my house in a very timely manner. The	"I think it was all good. I mean for what it was. I	"Nothing really."		



	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
		medic in the back did a great job listening to me and talking with me. He talked to me a lot actually... it was comforting."	have no complaints"			
83	06/25/2019		"Everything! The medics were excellent."	"There's nothing I can think of. They got to my house quick and got me to the hospital in one piece."		
84	06/25/2019		"The REMSA people have always been very professional when they have to come out. And kind! You can tell they care about you and I think that helps the trip a lot."	"The rough ride, could be better haha."		
85	06/25/2019		"They were efficient and hard working. Very knowledgeable medics."	"The ambulance took longer than it should have to get here."		See follow up below
86	06/26/2019	"They listened to me!"	"They came in and lifted me onto the stretcher. They were very gentle with me and kept making sure I was comfortable. They were really kind men."	"There's not much more you could do! Tell them to keep up the good work."		
87	06/26/2019	"Excellent."	"I could tell they really cared about my wellbeing. They stayed with me until I was in the hospital room and were very professional."	"The service was good. No complaints here."		
88	06/26/2019	"They did well!"	"They asked my daughter and I different questions, they took my pulse and gave me oxygen. They didn't do much else besides taking me to the hospital after	"No, I think everything was done 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
			that. But everything was done well."			
89	06/26/2019		"My husband never complained about the ride down and everything I saw was good too. We were very pleased with the service and care."	"I don't think there's anything you could do better. The medics certainly know what they're doing."		
90	06/27/2019		"From everything that I remember, the medics were really nice to me and wanted to make sure I was doing okay."	"Something you could do better? I'm really not sure. I thought everything went smoothly. Maybe timeliness."		
91	06/27/2019	"They seemed to get there fast- I'm not sure how fast compared to the call. But it was quick."	"When I say everything was great... I mean it. And everything that day was great. Your medics were on their game that day."	"Nothing I can think of."		
92	06/27/2019	"I recommend the payment plan to me friends... I think it's called Silver Saver."	"The medics were kind and professional. They were very amazing and made sure to be gentle when carrying me."	"More blankets!"		
93	06/27/2019		"They're always good to me. They talk to me like I matter and they care for me."	"There's nothing I would have changed about that trip. Like I said, they're always so good to me whenever they come to the house. And always treat whoever else is here well too."		
94	06/28/2019	"Super nice guys."	"The medics worked well together. They got me on the stretcher alright too. They might have given me an IV that time... I'm not exactly sure. But I have no issues with the fellas."	"Not much more you could do! I think just keeping up the good work is what you can do."		
95	06/28/2019	"They got to the house	"I think the best thing	"Nothing. I'm grateful		



	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
		less than 15 minutes which I think is pretty good. So maybe a 5 for that."	they did that day was getting to the house as fast as they did. I think it helped the whole situation to not get out of hand."	for the support."		
96	06/28/2019	"He never had a complaint and I never had one either. Everything was good!"	"Everything. Those guys never do a bad job. They know how to treat people and act professional on the job. And always do."			
97	06/28/2019	"I remember the medics being real kind and soft."	"From the moment they got to me everything started to get better. I started to feel less panic and the way they talked to me and my husband helped calm me down as well."	"Nothing I can think of. Everything was great."		
98	06/28/2019	"I don't know if I got treatment in the ambulance, but overall they were great. I think more work was done in the hospital rather than the ambulance itself. But all in all, everything was professional."	"The professionalism and people skills. I was impressed."	"Um again, most things were done at the hospital, not in the ambulance. I'm completely satisfied!"		
99	06/29/2019		"Oh, I think they did a swell job. I've never had a bad experience and hope I never do! haha"	"They are already the best. Nothing they can do about it. haha"		
100	06/29/2019	"They tried to help my pain, but nothing could be done."	"Everything they did was fine. It really was. I just do wish medics were able to give pain meds. I understand why most are not, but it would be nice."	"Nothing besides something for helping people with their pain better."	Assigned Selmi 7.31.19 # 7174	See follow up below
101	06/29/2019	"They got here quick. I think that'd be a five as well."	"Everything the medics did with the ambulance went fine. It's just the prices."	"Lower the prices. An ambulance ride shouldn't be that much to go down the street a little ways."		



	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
102	06/29/2019		"I don't have much to say about the medics. But they were good. My wife and I are happy with how things were done. Very satisfied over here."			
103	06/29/2019	"I didn't have any treatment"	"The one medic there, did a good job with my IV. A lot of the time, they have a hell of a time getting the needle in my arm."	"I don't think there is anything better your guys can do."		
104	06/29/2019	"They were very serious the whole time. Very professional."	"The medics did a good job listening to me and where I wanted to be taken. I've had other medics not listen and not tell me why they couldn't take me to the hospital of my choice. Which I find strange, but I'm not going to fight with the people who are helping me."	"I think letting the patient pick there hospital is important unless they don't care. Or at least a reason why you can't be taken there."		
105	06/29/2019		"From what I remember they were nice medics and helped me the best they could. Not everything is clear from that day because I had hit my head really hard. But I didn't have any problem with them during or after."	"Nothing."		
106	06/30/2019		"Everything! Real great service and people. I mean it!"	"I think they did real well with me."		
107	06/30/2019		"I think the best thing they did that day was how fast they got to my house. They were able to work right away and get me to the hospital."	"Nope! That's about it."		



	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
108	06/30/2019		"I couldn't believe how caring the medics were. They went above and beyond for me. Tell them I'm thankful for me if you can!"	"I really don't what they could do better. I've always have been very satisfied with REMSA and their medics."		
109	06/30/2019		"Everything was outstanding."			
110	06/30/2019		"Everything was great."			
111	06/30/2019		"They did an alright job. There were sometimes that I didn't like how the medics were talking to me or my wife. But the actual work they were doing was fine."	"I understand people have a bad day. But it's different when you're a medic and patients play off your mood."	Selmi 7.31.19 #7175	See follow up below
FOLLOW UP						
41	7/31/19 1143,	I spoke with the pt, she was very nice but concerned. She told me the crew member that rode in the back with her was upset with his partner, cussing at him in the back of the ambulance which did not make her feel very comfortable. I apologized several times to her and told her I could understand that and I would be talking with the crew and writing a report on this incident. PT thanked me for calling her. I will have both crew member complete occurrence reports				
85		Call was EMD as a Priority 2. Per chart times are as follow: Recvd: 19:51 06-25-19 Dispatch: 19:51 06-25-19 En route: 19:53 06-25-19 At scene: 20:01 06-25-19 At patient: 20:03 06-25-19				
100	7/31/19 1120,	I contacted the PT, she said she was busy and would call me back. 8.1.19 Still no call back from PT.				
111		7/31/19 1105, called, voice mail has not been set up. 8/1/19 1227, called pt, no answer				



JULY 2019

REMSA AND CARE FLIGHT

PUBLIC RELATIONS REPORT

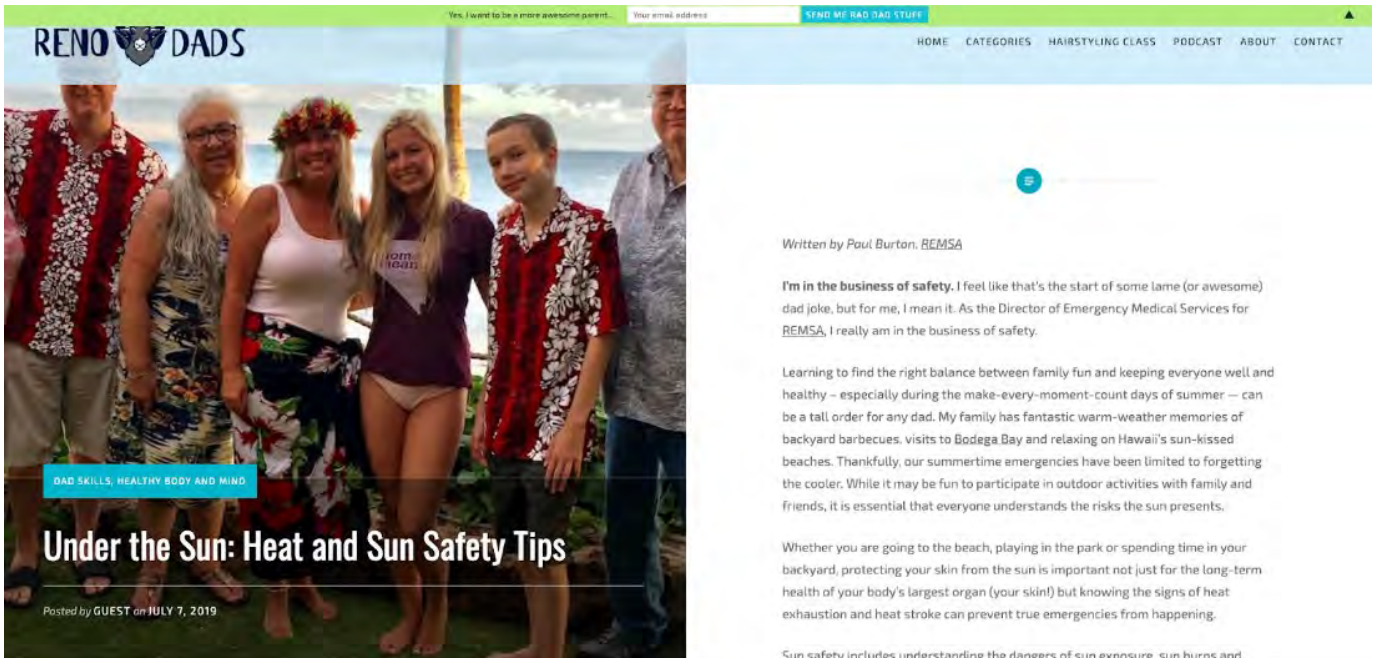


Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events 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 & COMMUNITY RELATIONS

Tanner Hood, a CPR Instructor at REMSA, reminds viewers there are just two steps for providing CPR: Call 9-1-1 and press hard and fast in the middle of the chest.

Yes, I want to be a more awesome parent. Your email address SEND ME RAD DAD STUFF

HOME CATEGORIES HAIRSTYLING CLASS PODCAST ABOUT CONTACT

RENO DADS

DAD SKILLS, HEALTHY BODY AND MIND

Under the Sun: Heat and Sun Safety Tips

Posted by GUEST on JULY 7, 2019

Written by Paul Burton, REMSA

I'm in the business of safety. I feel like that's the start of some lame (or awesome) dad joke, but for me, I mean it. As the Director of Emergency Medical Services for REMSA, I really am in the business of safety.

Learning to find the right balance between family fun and keeping everyone well and healthy – especially during the make-every-moment-count days of summer – can be a tall order for any dad. My family has fantastic warm-weather memories of backyard barbecues, visits to Bodega Bay and relaxing on Hawaii's sun-kissed beaches. Thankfully, our summertime emergencies have been limited to forgetting the cooler. While it may be fun to participate in outdoor activities with family and friends, it is essential that everyone understands the risks the sun presents.

Whether you are going to the beach, playing in the park or spending time in your backyard, protecting your skin from the sun is important not just for the long-term health of your body's largest organ (your skin!) but knowing the signs of heat exhaustion and heat stroke can prevent true emergencies from happening.

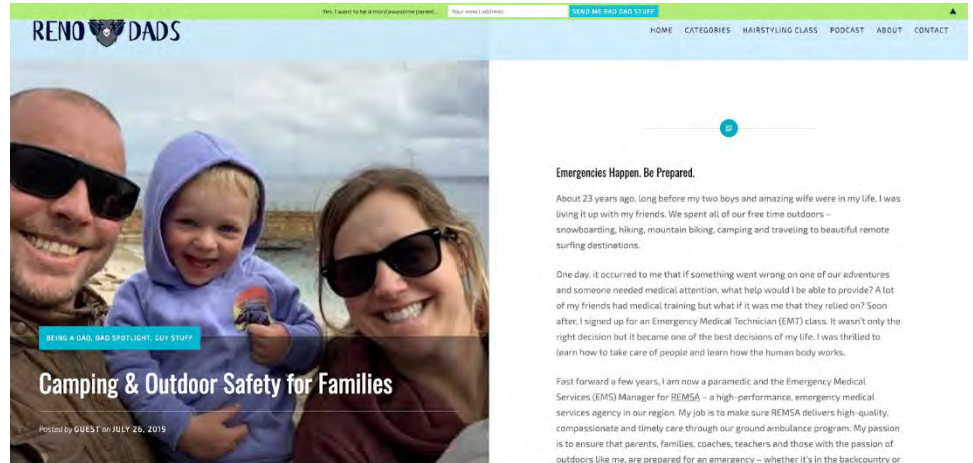
Sun safety includes understanding the dangers of sun exposure, sun burns and

Paul Burton, Director of EMS, was a guest contributor to Reno Dads Blog where he submitted a piece about sun and heat safety.



PUBLIC & COMMUNITY RELATIONS

Todd Kerfoot, Manager of EMS was also a guest contributor to Reno Dads Blog. His piece featured information on camping safety - including details about first aid kits and bleeding control equipment.



Adam Heinz provided an on-camera interview to KTVN about how to stay well and healthy during high-temperature days.



PUBLIC & COMMUNITY RELATIONS

REMSA Launches Email News and Information

In July, REMSA launched a new communication channel - an email with EMS news and information relevant for elected and appointed officials, as well as constituents. Watch for it monthly.



REMSA graduated 11 Paramedics from its July 2018 Paramedic Cohort.



SOCIAL MEDIA HIGHLIGHTS

Website referral sessions from social media decreased by 49% year-over-year. However, Facebook, LinkedIn, Instagram and Yelp all drove traffic back to the website.



Sessions via Social Referral: -48.50%

Facebook

Likes to-date: 3,250 +53 likes since June 2019
Followers to-date: 3,392 +54 followers since June 2019
July posts: 30
July post comments: 158
July post shares: 99
July post reactions: 2.08k



SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts by Reach

1.

2,104 people reached, 108 reactions, comments & shares
 Facebook engagement: 253 -
 Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA
 Published by Megan Duggan [?] · July 16 at 10:53 AM · 🌐

Congratulations to our valued partner, Saint Mary's Health Network, for being named Nevada's only accredited Geriatric Emergency Department by the American College of Emergency Physicians - ACEP!



Saint Mary's



AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
ACCREDITED
 GERIATRIC EMERGENCY DEPARTMENT

Nevada's **only** accredited Geriatric ED!

🟢 **Get More Likes, Comments and Shares**
 Boost this post for \$50 to reach up to 9,700 people.

2,104 People Reached	253 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

👤 Chris Prickett Palmquist, Matt Nissen and 40 others · 3 Comments · 5 Shares

👍 Like 💬 Comment ➦ Share ⋮



SOCIAL MEDIA HIGHLIGHTS

2.


1,964 people reached, 263 reactions, comments & shares
Facebook engagement: 585 -
Engagement is defined as post clicks, likes, shares and comments.



Regional Emergency Medical Services Authority - REMSA Published by Megan Duggan [?] · July 29 at 3:00 PM · 🌐

Aaron W. and Elijah W. recently treated a younger patient who was displaying stroke symptoms. Because of the patient's young age, some providers may have dismissed the symptoms as a migraine. But because of Aaron and Elijah's early detection, the patient received prompt and proper treatment at the hospital, was later discharged to go home and made a great recovery.

We'd like to commend you for a job well done. You spared this young patient from a lifelong disability. #WhenItMattersMost #AlwaysReady



Get More Likes, Comments and Shares
Boost this post for \$50 to reach up to 9,700 people.

1,964 People Reached	585 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

👍👍👍 Molly Walker, Kris Hansen and 144 others · 20 Comments 8 Shares


👍 Like 💬 Comment ➦ Share 🌐

SOCIAL MEDIA HIGHLIGHTS


3.

1,772 people reached, 208 reactions, comments & shares
 Facebook engagement: 354 -
 Engagement is defined as post clicks, likes, shares and comments.



 **Regional Emergency Medical Services Authority - REMSA** ...
 Published by Megan Duggan [?] · July 10 at 9:30 AM · 🌐


Paramedic Sam B. and [Care Flight](#) in Plumas County are making dreams a reality for terminally ill patients. The program is called Sentimental Journey and for one man, it meant taking a trip to Silver Lake, one of his favorite places, with his five children before he passed away the next morning. [#WhenItMattersMost](#)




PLUMASNEWS.COM
Sentimental Journey - Plumas News
 Steve Tolen's dream realized The ambulance doors opened and its...

 **Get More Likes, Comments and Shares**
 Boost this post for \$50 to reach up to 9,700 people.

1,772 People Reached	354 Engagements	Boost Post
--------------------------------	---------------------------	----------------------------

 John Costa, Sue Ballinger and 142 others 5 Comments 15 Shares

 Like  Comment  Share 



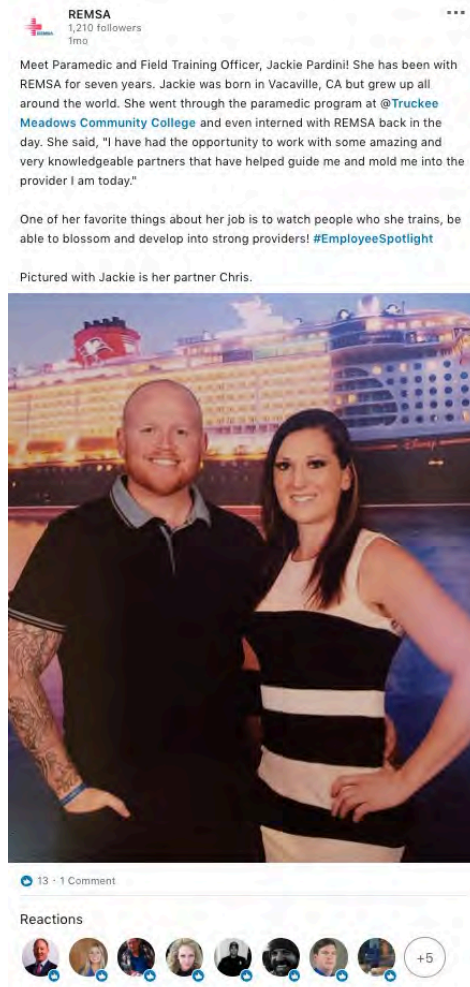
SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 1,210
+29 followers since June
2019

Top Post by Impressions

1,038 impressions, 34 clicks, 13 reactions and 1 comment

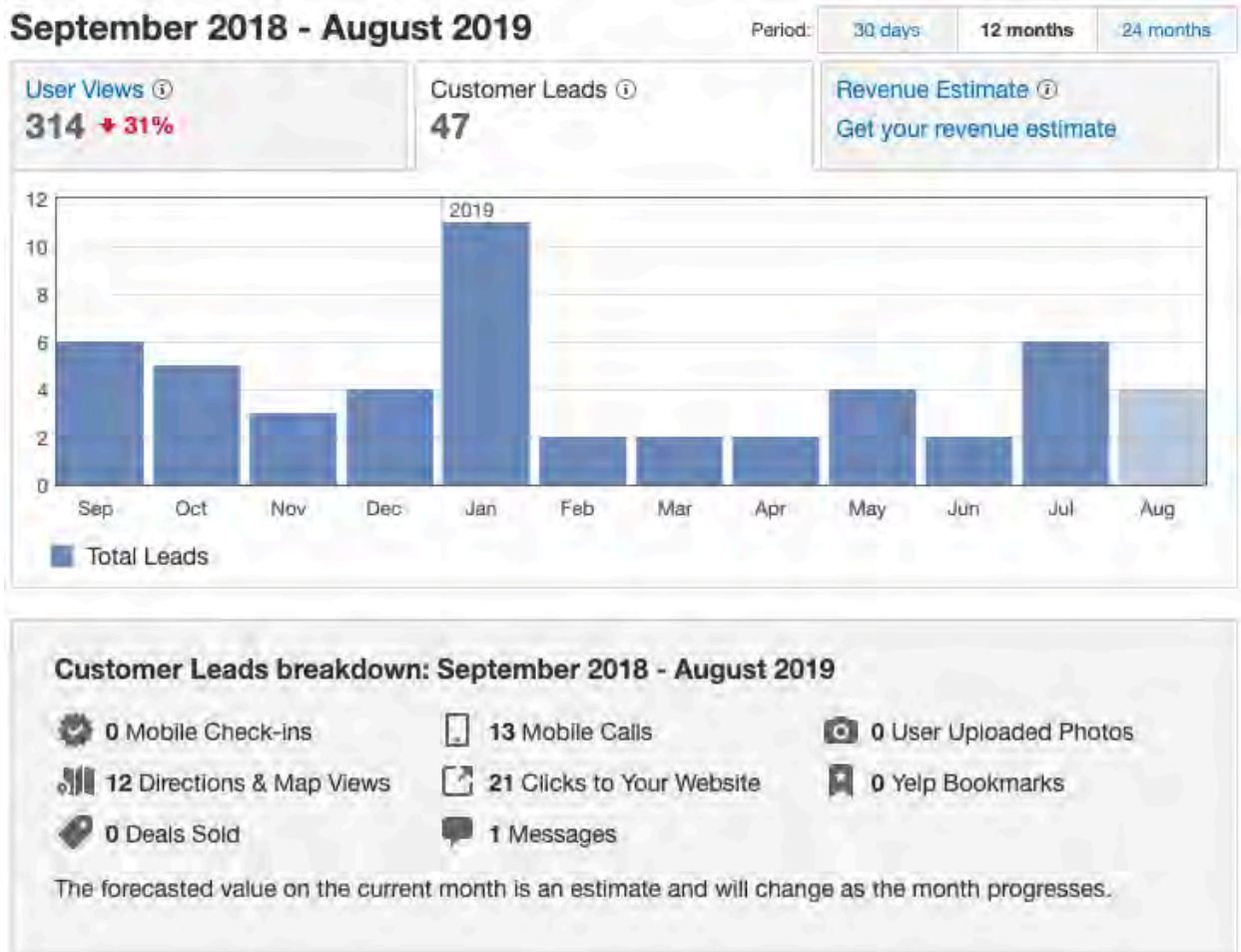




SOCIAL MEDIA HIGHLIGHTS

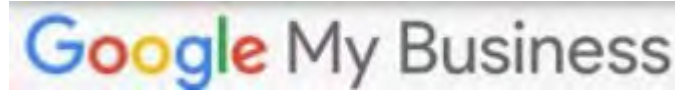


The information on Yelp pages is used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 47 leads come from Yelp between information pulled for September 2018 - August 7, 2019.





SOCIAL MEDIA HIGHLIGHTS



REMSA's Google My Business Insights

Top search queries to find your business (1-month snapshot)

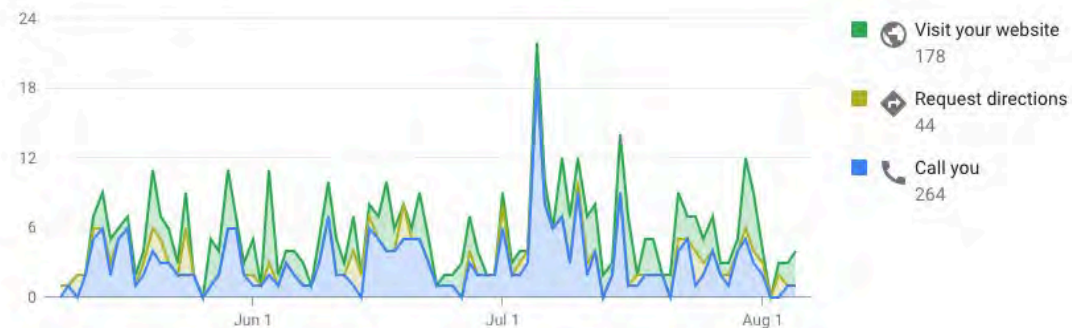
remsa	667
remsa reno	276
nevada ems	27
ambulance	24
ambulance paramedic	14
tri state medical	14
nv ems	13
regional	13
emergency	12
nurse hotline	11

Customer actions

The most common actions that customers take on your listing

1 quarter

Total actions 486





SOCIAL MEDIA HIGHLIGHTS

REMSA Education's Google My Business Insights

Top search queries to find your business (1-month snapshot)

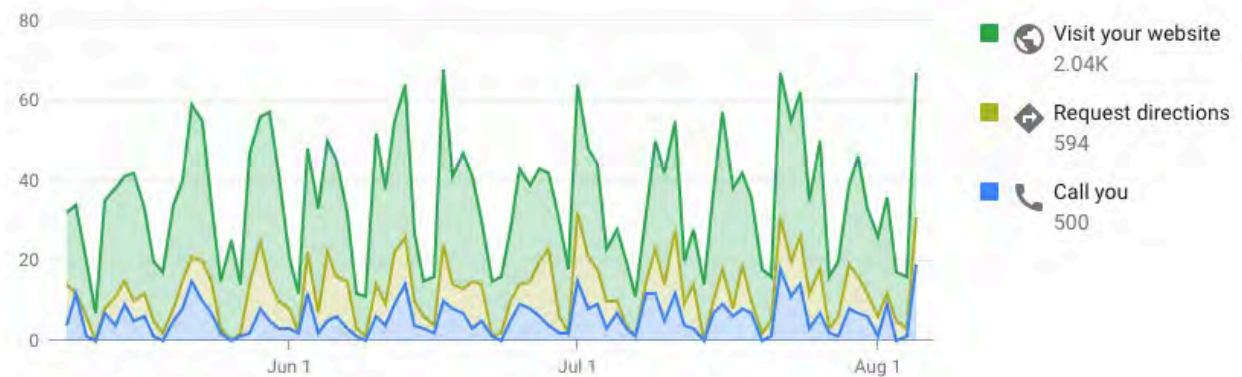
remsa	712
remsa reno	482
remsa education	111
cpr classes	85
cpr classes reno	78
remsa education and training, edison way, reno, nb	58
cpr classes near me	53
bls certification	35
paramedic school	33
phlebotomy	33

Customer actions

The most common actions that customers take on your listing

1 quarter ▾

Total actions 3.14K





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



REMSA/Care Flight
13 subscribers

CUSTOMIZE CHANNEL YOUTUBE STUDIO (BETA)

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT 🔍

REMSA Shares Water Safety Tips
REMSA/Care Flight • 7 views • 1 month ago
Stay safe this summer with these water safety tips from REMSA. Learn more safety and wellness here:
<https://bit.ly/2Y2Dv0m>

Community Advisory ▶ PLAY ALL

- Back the Pack Responsibly**
REMSA/Care Flight
35 views • 10 months ago
- Wolf Pack Back to School Wellness Tips**
REMSA/Care Flight
23 views • 11 months ago
- Back to School Safety Tips 2018**
REMSA/Care Flight
86 views • 1 year ago
- Nugget Rib Cook-Off Safety Tips**
REMSA/Care Flight
53 views • 11 months ago
- Hot August Nights Wellness and Special Event Info**
REMSA/Care Flight
35 views • 11 months ago

FEATURED CHANNELS

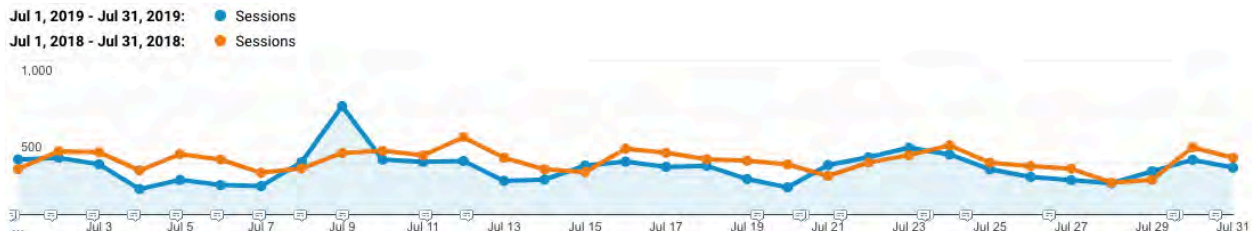
- City of Reno**
SUBSCRIBED
- NWSReno**
SUBSCRIBED
- Regional Transportatio...**
SUBSCRIBED
- American Heart Associ...**
SUBSCRIBED



SOCIAL MEDIA HIGHLIGHTS



REMSA Website Google Analytics



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

- Sessions: 13% decrease year-over-year
- Users: 17% decrease year-over-year
- Pageviews: 18% decrease year-over-year
- Pages / Session: 6% decrease year-over-year
- Avg. Session Duration: 9% increase year-over-year
- Bounce Rate: 14% 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:

- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.
- 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.
- 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.
- Paid traffic is any traffic that visits your site after a paid advertising promotion
- Email traffic is any traffic coming from email blasts (this is a new initiative that started in July 2019 using MyEmma email platform)

Here is how each channel performed year-over-year:

- Organic search increased by 8%
- Direct traffic increased by 16%
- Referral traffic decreased by 11%
- Paid traffic decreased by 95%
 - We are currently running a local paid campaign on Facebook for the Public Education Instructor role, however, at the same time last year, we were running a regional campaign to recruit Communications Specialists.

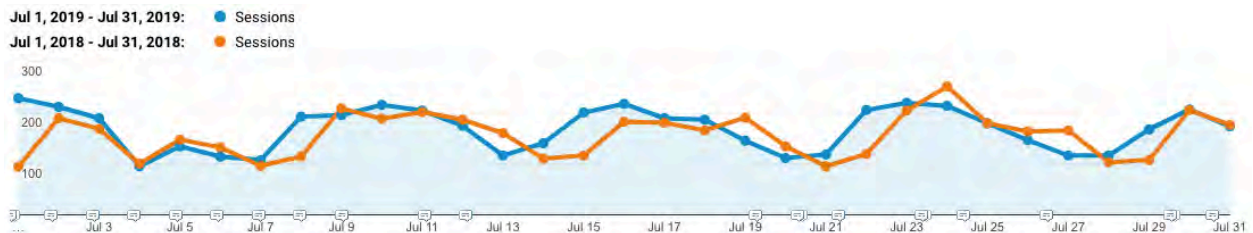


SOCIAL MEDIA HIGHLIGHTS



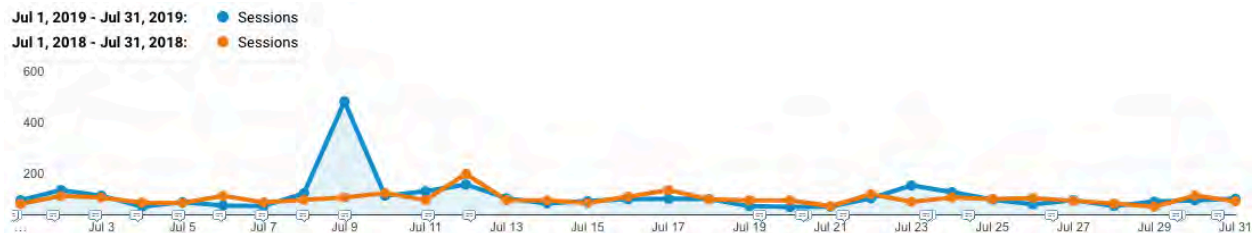
- Email traffic increased year-over-year since it is a new initiative. The email blast drove 10 sessions to the website.
 - The following REMSA links were clicked on the most (3 sessions each):
 - [Paramedic graduates blog post](#)
 - [Special Events Coverage form](#)
 - [Education landing page](#)

Organic Traffic

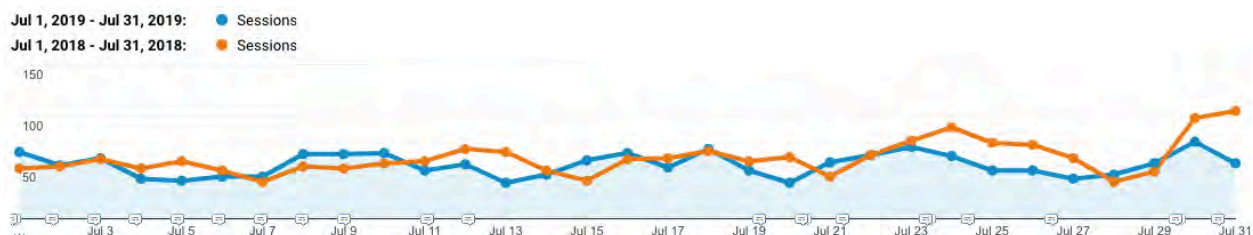


Direct Traffic

**Spike in traffic on July 9 can be attributed to the JEMS article for Patrick Smith*



Referral Traffic





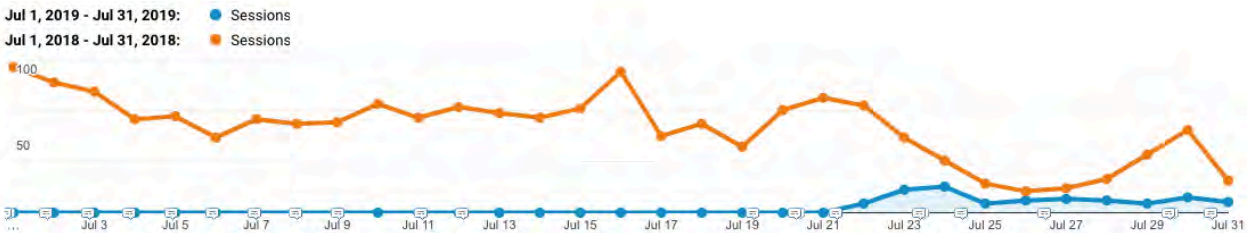
SOCIAL MEDIA HIGHLIGHTS



Top 3 Referral Sites:

1. REMSA Enrollware
2. KTVN (traffic was referred from the [Hands-Only CPR story](#))
3. 3Play (Burning Man Community site - <https://bbs.3playa.com/>)

Paid Traffic



Email Traffic

**Spike in traffic on July 30 is when we sent out the first email blast from MyEmma*



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:

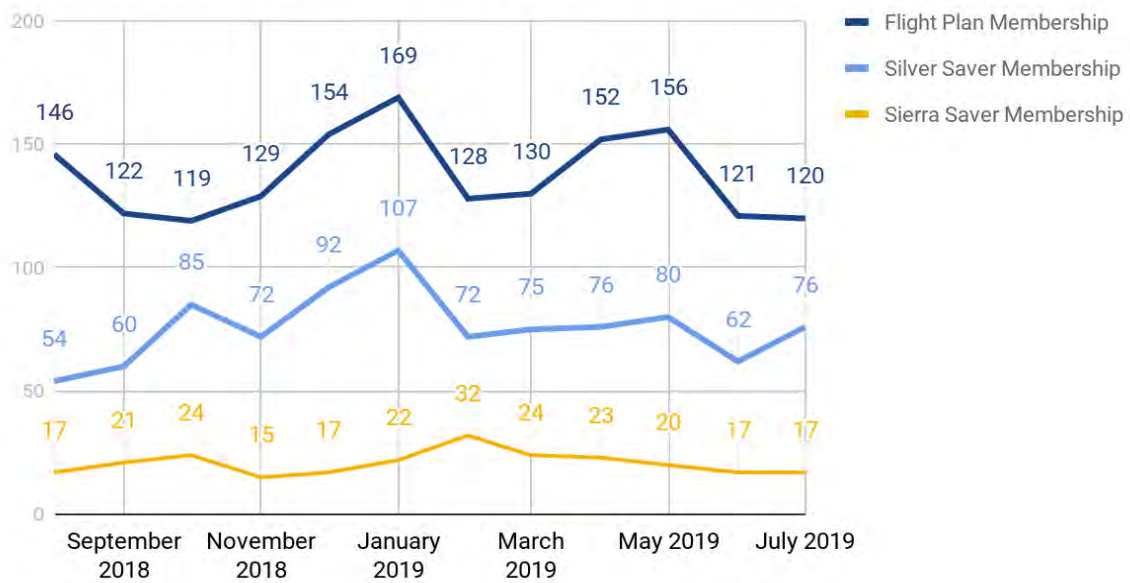
- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 120 website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 76 website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 17 website visitors clicked the external link to fill out the Sierra Saver Membership form



SOCIAL MEDIA HIGHLIGHTS



Website Clicks on Membership Plans



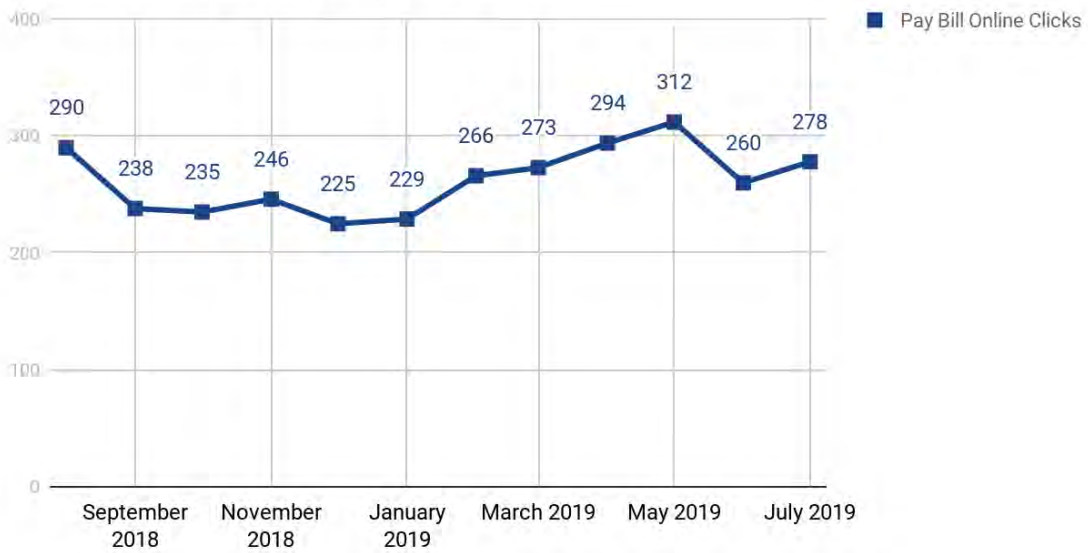
- Website visitors who clicked to pay their bill online: 278



SOCIAL MEDIA HIGHLIGHTS



Website Clicks to Pay Bill Online





- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 100 clicks
 - 775-858-5745 - Membership - 6 clicks
 - 775-353-0739 - Private Insurance - 5 clicks
 - 775-750-7313 - EMT Education - 5 clicks
 - 775-353-0772 - Point of Impact - 3 clicks



REMSA 2018-19 Penalty Fund Reconciliation as of June 30, 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	6,836.34
Total Penalty Fund Dollars Accrued	\$91,037.79

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
Washoe County Health District BLS/CPR Recertification Classes	1,525.00	REMSA Education Center class donations	June 2019
Washoe County Health District Bleeding Control Awareness	4,480.00	REMSA Education Center class donations	June 2019

Total encumbered as of 06/30/2019 **\$57,517.70**

Penalty Fund Balance at 06/30/2019 **\$33,520.09**



**REMSA INQUIRIES
July 2019**

No inquiries for July 2019

DD	DI	___
DHO	___	___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

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

SUBJECT: Review, discussion, and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires 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 September 26, 2019 at 1:00 pm.

SUMMARY

The Washoe County District Board of Health must adopt any revisions to the District Board of Health Regulations Governing Air Quality Management (Regulations). Per NRS 237, Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the proposed revisions.

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

Section 040.035 of the Regulations was last revised on August 25, 1993. That revision prohibited open burning throughout Washoe County from November through February. Between March and October, open burning is allowed throughout the county with additional requirements for exemptions fires within the Truckee Meadows Hydrographic Area.

BACKGROUND

Open Fires are currently prohibited throughout Washoe County from November through February, during peak wintertime inversion season and residential woodstove burning use. This prohibition is in place to help reduce pollution levels within the Truckee Meadows Hydrographic Area. Between March and October and based on approval from the local fire protection districts,

open burning is allowed in Washoe County, with the exception of the Truckee Meadows Hydrographic Area 87 (HA87). Open burning within HA87 between March and October is allowed if it meets at least one of the five exemptions. The most common exemption request is for having ditch or water delivery facilities on their property. In over 20 years, only one resident has requested an exemption due to a “public safety hazard” with no other reasonable alternatives for eliminating the hazard.

Based on meetings with the local fire protection districts and data collected in the spring of 2019, the proposed revision was developed allowing open burning under appropriate conditions year round in Washoe County, with limitations on properties on which open burning can occur in HA87. The proposed revision will allow for more opportunities for open burning year round within Washoe County during favorable weather conditions for both air quality and public safety. Below is a summary of the major revisions being proposed:

1. Renaming the regulation from “Open Fires” to “Open Burning”
2. Removal of the restriction to burning during November through February
3. Removal of the “Operators of ditches and water delivery facilities” exemption
4. Removal of the “Operators of agricultural facilities greater than 2 acres in size” exemption
5. The addition of “Properties 2 acres in size or greater” exemption within HA87
6. The addition of “Canal and irrigation companies” exemption within HA87
7. The addition of fire control agency considerations when allowing open burn days.

The irrigation and canal companies will not be affected by this regulation change and will still be allowed to open burn ditches and water delivery facilities. Each of the irrigation and canal companies were contacted and provided a copy of the notification and solicitation for comments.

The following methods were used to provide notice of the proposed revisions and public workshops:

1. A public notice of the proposed revisions was published in the Reno Gazette-Journal on July 5, July 10, and July 19, 2019
2. The proposed revisions and workshop information was posted in the “Current Topics” section of the AQMD website (OurCleanAir.com).
3. The notification was emailed to 577 residents who received burn permits from Truckee Meadows Fire Protection District (TMFPD) and five canal and irrigation companies
4. The notification was shared through various forms of social media including Facebook, Twitter, and Next Door
5. The AQMD Facebook page was utilized to create events for the three public workshops
6. AQMD social media posts were shared through TMFPD’s social media

Three public workshops were held on June 28, July 9, and July 11, 2019. A total of 11 residents attended the workshops - five (5) attendees on June 28, six (6) on July 9, and zero (0) on July 11. Additional attendees at each meeting included AQMD and TMFPD staff. During the workshops, a presentation was given on the background of the Open Fires regulation, specific proposed regulatory revisions, and the impacts to the proposed revisions. A sign-in sheet was available

during the workshops. Hard copies of the proposed revision, the presentation, and public comment forms were also available. A copy of the workshop presentation is attached.

Five individuals provided public comments which are included with this staff report. The comments were supportive of removing the county-wide prohibition of open burning from November through February. Comments were also related to the nexus between HA87 and air quality, especially between March and October. Two commenters requested reducing the property size minimum in HA87. HA87 is the federally enforceable geographic area that was designated "Serious non-attainment" for Particulate Matter. This area also has a federally enforceable maintenance plan to ensure that air pollution levels will continue to meet National Ambient Air Quality Standards (NAAQS). NAAQS are applicable year-round and to all portions of Washoe County.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board accepting the Business Impact Statement. No fees for on-site "public safety hazard" inspections will be assessed at this time. If inspections are requested and conducted, AQMD will assess the burden and, if necessary, propose an appropriate fee to recover expenses at a later date.

RECOMMENDATION

Staff recommends the District Board of Health approve and adopt the Business Impact Statement for the proposed revisions to District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires, and set a public hearing for possible adoption of said revisions for September 26, 2019 at 1:00 pm.

POSSIBLE MOTION

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

"Move to approve and adopt the Business Impact Statement for the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires. Further move to set a public hearing for possible adoption of the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires for September 26, 2019 at 1:00 pm".

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the revision to the DBOH Regulations Governing Air Quality Management, Section 040.035 (Open Fires).

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

Notifications of the proposed regulation revision were posted on the Air Quality Management Division website and emailed to Fire Protection Districts, irrigation companies, and citizens that applied for an Open Fire permit in 2018-2019. Notification of the public workshop and hearing to address the proposed revisions were published in the Reno Gazette-Journal on July 5, July 10, and July 19, 2019. Three public workshops were held on June 28, July 9, and July 11, 2019 to solicit feedback.

Written comments were received from five individuals. In summary, the comments were:

- Supportive of removing the county-wide open burning prohibition from November through February.
- Supportive of sub-county burn/no-burn areas determined by local fire agencies in cooperation with the AQMD.
- Opposed to fees for open burn permits.
- Supportive of alternatives to open burning such as TMFPD sponsored Green Waste Recycling Days.
- Proposing a smaller than 2 acre property size minimum within the Truckee Meadows Hydrographic Area (HA87), specifically in the southwest portion of HA87 along the Mount Rose Highway.
- Questioning the nexus between the HA87 and air quality.
- Questioning the air quality impacts from residential open burning, specifically between March and October.

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

Adverse effects: None.

Beneficial effects: The regulation has been modified to allow open burning throughout Washoe County year round based on approval from the fire control agency. Residents residing in the non-attainment/maintenance area (HA87) on properties 2 acres in size or greater are also allowed to burn year round based on approval from the local fire control agency. Canal and irrigation companies will be exempt and allowed to burn in HA87 year round, based on approval from the local fire control agency.

Direct effects: Residents have more opportunities to conduct open burning as allowed when conditions permit, based on the local fire protection agency's determination.

Indirect effects: The fire control agencies will be more involved in the allowing of open burning based on the consideration of weather and air quality conditions.

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

The rule was simplified to allow for more opportunities throughout the year for residents to burn green yard waste.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is:

There is no increase in anticipated annual cost as the work is already being conducted.

5. The proposed rule provides for a new fee or increases and existing fee and the total annual amount expected to be collected is: No new fees or increases are proposed at this time. If "public safety hazard" inspections are requested and conducted, AQMD will assess the burden and, if necessary, propose an appropriate fee to recover expenses.

6. The money generated by the new fee or increase in existing fee will be used by the local government to: N/A.

7. The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed change is not duplicative, nor more stringent than existing federal, state or local standards regulating the same activity.

8. The following constitutes an explanation of the reasons for the conclusions regarding the impact of the proposed rule on businesses: *The proposed rule will have no impacts on businesses.*

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

Kevin Dick, District Health Officer

Date

**PROOF OF
PUBLICATION**

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

ACCOUNTS PAYABLE
WASHOE CO
1001 E 9TH ST BLDG D

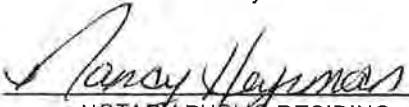
RENO NV 89512

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: 07/05/2019 - 07/19/2019, for exact publication dates please see last line of Proof of Publication below.

07/05/19, 07/10/19, 07/19/19


Legal Clerk

Subscribed and sworn before me this
19th of July 2019.


NOTARY PUBLIC RESIDING
AT STATE OF WISCONSIN
COUNTY OF BROWN

Notary Expires: 5.15.23

NANCY HEYRMAN
Notary Public
State of Wisconsin

Ad#:0003666021
P O :
of Affidavits : 1

Notice of Proposed Action

The Director is proposing revisions to District Board of Health Regulations Governing Air Quality Management, specifically Section 040.035, Open Fires, and related terms included in Section 010.000, Definitions. The proposed revisions and public workshop schedules are available on the Washoe County Air Quality Management Division website at OurCleanAir.com.

Public workshops will be held on July 9 and July 11, 2019. Additional workshops may be held upon receipt of a written request. In the event an additional public workshop is scheduled, the workshop location will be posted at OurCleanAir.com. Interested persons who may be affected, wish to comment, or request an additional public workshop should submit in writing to Daniel Inouye, Acting Division Director, by:

- 1) Mail to: Washoe County Health District, Air Quality Management Division
1001 E. 9th Street, Suite #B171
Reno, NV 89512, or
- 2) Email to: KeepItClean@washoecounty.us, or
- 3) FAX to: 775-784-7225.

Written comments will be accepted until the close of business on Monday, August 5, 2019, and will be considered prior to any final action being taken on the proposed revisions. Comments received will be included in the Business Impact Statement to be presented to the District Board of Health for consideration of acceptance at a public hearing to be held at 1:00 p.m. on August 22, 2019 at the Board of County Commissioners Chambers, located at 1001 East 9th Street, Building A. If the Business Impact Statement is accepted, adoption of the proposed revisions will be considered at the next District Board of Health meeting scheduled for 1:00 pm on September 26, 2019 at the same location. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.
0003666021

July 5, 10, 19, 2019



Public Health
Prevent. Promote. Protect.

Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop
 June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Name	Organization	E-mail
Clyde Suberpa		Suberpa @ Aol.com
M/M Jones		
Laney & Susan Jones		Laney@earthlink.net
Kerrie Moore	TM FIRE	C Moore go-fm@fox.com
Johel Hunter	AQM D	jdhunter@washoeconomy.us
Brandon Schieder	AQM D	bschieder@washoeconomy.us
SAY CUDYAK	TM FIRE	SCUDYAK@ TM TMFIRE.US
Daniel Inouye	WUSD-AQM D	dinoouye@washoeconomy.us



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Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop

July 9, 2019 · 6:00 – 8:00 PM · 470 Foothill Road, TMFPD Station 33

Name	Organization	E-mail
DANIEL INOUE	WKHD-AQMD	dinoque@washoecounty.us
Jillie Hunter	WKHD-AQMD	jdhunter@washoecounty.us
JAMES WADDE	TMFPD	jimbobv@aol.com
Jim Venner	Private	jvfireclerk@me.com
LISA MATTS		jeanne.walder@me.com
Joanne Walder		chalesc.jandee@gmail.com
Charlie Dandee	Private/public	jyclung@tmfpd.us
TOE SENUM	TMFPD	NUSHERO@WINTER@YHHD.COM
BOB MATTS	AKUMTE	



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Sign-In Sheet

Air Quality Management Division
040.035 Open Fire Revision Workshop

July 11, 2019 · 12:00 – 2:00 PM · 10201 W. 4th Street, Fire Station 40

Name	Organization	E-mail
Mokeef Yens	TFRPD	mkenry@tmfrpd.us
Jolie Hunter	WCHD-ARMO	johunter@washoecounty.us
Jessica Cabrales	WCHD-ARMO	Scabrales@washoecounty.us
DANIEL INOUYE	WCHD-ARMO	dinouye@washoecounty.us

District Board of Health Regulations Governing Air Quality Management Revision to 040.035 Open Fires

Daniel Inouye
Monitoring and Planning Branch Chief
&
Julie Hunter
Senior Air Quality Specialist

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HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

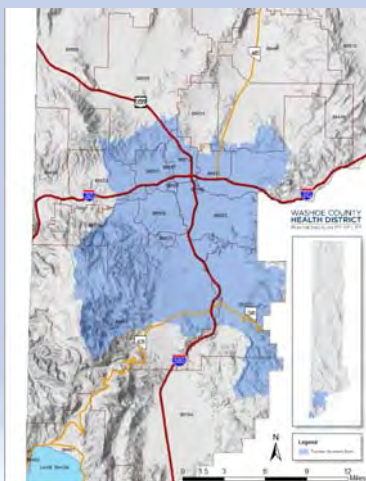
040.035 Current Open Fire Regulation

- No open fires allowed in Washoe County from November through February
- No open fires allowed in Hydrographic Basin 87 (HA87) without exemptions
- HA87 was a previous non-attainment area
- Control strategy to reduce pollution in HA87

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Hydrographic Basin 87 (Non-attainment/Maintenance Area)



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040.035 Revision Summary

- Referred to now as Open Burning
- Open burning allowed year round throughout Washoe County
- Exemptions to burning inside HA87
- All open burning shall meet fire control agency requirements

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040.035 Revision Summary Cont'd

- Open burning exemptions in HA87:
 - Properties 2 acres or larger
 - State and federal governments
 - Local municipalities
 - Canal and irrigation companies
 - No other reasonable alternative for eliminating hazard based on an on-site inspection
- Fees be may associated for some exemptions

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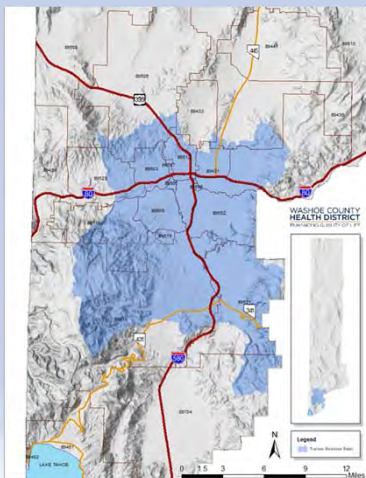
Regulation Change Benefits

- Takes advantage of favorable weather conditions during November through February
- Allowed on properties 2 acres or more in HA87 with/without surface irrigation
- Allows more open burning in Washoe County based on fire control agency approval

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Questions?



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Contact Information

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Monitoring and Planning Branch Chief
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dinouye@washoecounty.us
(775) 784-7214

Revised Regulation: OurCleanAir.com

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Air Quality Management Division

040.035 Open Fire Revision Public Comment

June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Contact Information

Name Cilia Suheyda
Address 5425 Mt Rose Hwy, Reno 89511
Phone 819-1944
Email Suheyda @ Aol.com

How did you hear about the workshop?

- Email
- Air Quality website
- Social Media
- Word of mouth
- Other Mail

Regulation revision comments:

fees: Landowners should not be charged fees.

Fines: Anyone without a permit must be fined.

Thank you -

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B-171, Reno, Nevada 89512

AQM Office: 775-784-7200 | Fax: 775-784-7225 | OurCleanAir.com

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Air Quality Management Division
040.035 Open Fire Revision Public Comment
June 28, 2019 · 12:00 to 2:00 · Health District, South Auditorium

Contact Information

Name Jerry J Lavender
Address 31300 Cantlon Dr. Wadsworth NV, 89442
Phone (775) 575-7387
Email jlavender@att.net

How did you hear about the workshop?

- Email
- Air Quality website
- Social Media
- Word of mouth
- Other _____

Regulation revision comments:

Will be good to be able to burn all
fall and winter when able?

Need a way to separate county areas
from city winds days.

Need more or quicker communication to
allow more notification of ~~burn~~ ^{greenup} drop off
days.

April 30, 2019

To: Charlene Abby, Director, Washoe County AQMD

From: William Verner

Re: Open Burning within Truckee Meadows Hydrographic Basin (HA 87)

After receiving your April 2 email I discussed this issue with a few of my acquaintances who have some expertise in this area, and also with officials from a number of governmental agencies. We reviewed your statements in detail and now submit a number of thoughts for your consideration in the following paragraphs.

1. The Washoe County AQMD has clearly and repeatedly stated that their major concern is “the *wintertime* pollution problem caused by fireplaces, woodstoves, and open burning.” *Wintertime* has been defined by AQMD as the period between November 1 and February 28. During those four months you control burning in fireplaces and woodstoves, via the Burn Code, in a large chunk of the county from Washoe Lake to Silver Knolls. This area includes all of the Truckee Meadows Hydrographic Basin (HA 87) and much more. Open burning is prohibited at all times throughout the entire above-mentioned area through the entire *wintertime* period. The italics are mine, but it would be an understatement to say that the main thrust of AQMD seems to be toward alleviating *wintertime* pollution. Air pollution from these sources during the other eight months of the year seems to be a minor issue, yet our whole discussion revolves around what is and is not allowable during this seemingly benign period.

2. Although the EPA monitors numerous pollutants - including particulate matter (PM), ozone, and oxides of carbon, sulfur, nitrogen and lead – it is clear from your email and other Division writings that you consider the bad actor in HA 87 to be particulate matter. These are the small, unhealthy, inhalable solid and liquid particles some of which, according to the EPA, come directly from a point source, such as construction sites, unpaved roads, fields, smokestacks, or *fires*, but most of which are formed in the atmosphere as a result of complex reactions of chemicals such as sulfur dioxides and oxides of nitrogen, which are pollutants emitted by power plants, industries and automobiles. Just from the general wording, which comes from the EPA itself, it seems that open burning in general is viewed as a tiny part of the whole; open burning by a small, closely-defined group within a small, vaguely-defined area appears to us to be a miniscule blip on the radar screen.

3. On March 1 the *summertime* season starts, and it lasts until October 31. During that eight month span, all controls on fireplaces and woodstoves are removed, and homeowners can burn anything they want to in their fireplaces and woodstoves,

anywhere in the county. Moreover, at that same point in time the official open burning season starts, and property owners can burn any matter of plant and shrub clippings (yard waste), anywhere in the county *except within the confines of HA 87*. Even within HA 87, generous allowances are made to allow open burning by divisions of local, state, or federal agencies, agricultural facilities greater than two acres in size, and properties containing water delivery facilities (ditches) – pretty much everybody is exempted except us ordinary residential property owners. The only general controls exercised over open burning in Washoe County during summertime are those imposed by the various fire protection districts, and they are related to fire safety and not relevant to this discussion. Again, we find it difficult to understand why the AQMD is expending so much time and effort on this teenybopper.

4. In the first paragraphs of your email you mention that a decision was made in the early 1970's to use the NV hydrographic basins as a "convenient" way to define the airsheds, since the basins and surrounding mountain ranges do a "reasonably good job" of delineating distinct air regions. This language alone would lead one to conclude that the decision was in fact arbitrary and not based on scientific evidence. This marriage of watersheds and airsheds might have seemed a reasonable assumption or hypothesis at the time, but in our view it is seriously flawed. First of all, the hydrologic basins are concerned not only with surface flow but also with underground flow and reservoirs, so they are not entirely defined by surface contours. Even if they were, the flow of surface water and surface air are not the same. The flow of surface water is controlled by gravity and gravity alone; the flow of air over the surface is affected by gravity, atmospheric pressure, temperature, and most importantly by wind.

5. We reviewed your CFR Title 40 link, and it did not really contain any definitive information pertaining to particulate matter. There is only one PM-10 entry, and it is blank; there are four PM-2.5 entries, two annual for 1997 and 2012 and two 24-hour for 1997 and 2006. All four show a Statewide designation of Unclassifiable/Attainment [whatever that means] and the Statewide designation in all cases refers to the "hydrographic areas" shown on a NV DWR map produced in 1971. Perhaps your intent was to show that the hydrographic areas in NV have been accepted by the feds as the equivalent of airsheds, and that that fact somehow validates the quick and dirty decision made back in the 1970's. I would guess the EPA pretty much accepted what NV recommended back in the early days, as long as it was not too far-fetched. I would submit that just because some assertion has enjoyed acceptance by the government or the general public for a long period of time does not make it correct. We now know the earth is not flat and that the sun does not revolve around the earth. These generally accepted claims were invalidated through scientific studies. A fair question might be what has the AQMD done over the last 45+ years to improve and sharpen the original assumption that the Truckee Meadows Hydrological Basin is identical to what could be called the Truckee Meadows Airshed? In our view it appears you have etched the original assumption in stone and removed any further discussion from the table.

6. You mentioned in your email that the Truckee Meadows Hydrologic Basin (HA 87) was designated non-attainment for particulate matter when the Clean Air Act was promulgated in 1970. That is a curious statement, since HA 87 was not designated and described by the Washoe County Engineer until March 1978, eight years later. You go on to imply that because of remediation efforts by AQMD, HA 87 achieved particulate matter attainment, as defined by the EPA, in 2016. This date is significant, since up to and including the 2015 season open burning was not controlled within the basin. Although listed in the statutes, the no-burn rule was not enforced, was not generally known, and was not shown on burn permit applications issued by the Truckee Meadows Fire Protection District. The point here being that PM attainment within HA 87 was reached despite the fact that open burning had gone on unabated during the 45 years from 1970 through 2015. Then, suddenly in 2016, it became a substantive issue, and we wonder why. From the outside it looks like you are straining to keep the PM attainment designation and will jump at anything that even hints at PM pollution. Perhaps we should be thankful that we can still drive our cars within HA 87.

7. In our view, before AQMD denied a particular practice to a particular group of people living in a particular area, certain conditions should have been met. First of all, the non-attainment designation must have meant that there was there a PM problem within HA 87 during the summertime seasons prior to the 2016 clampdown. Do you have historical data that show how much of the PM problem was due to open burning and how much originated from other sources? Within the open burning portion, do you know what percentage of the problem was attributable to homeowners conducting open burns versus those burning openly because they were exempt from the rule? Alternatively, since three open burn seasons have passed since the clampdown, you should be able to compare the gross PM counts attributable to open burning in, say, 2013, 14, and 15 vs. those in 2016, 17, and 18, perhaps adjusted by population growth. Has the AQMD collected these data, and are they available online? The point of these questions is, of course, can you show that open burning by non-exempted homeowners has ever played a significant part in the air quality within HA 87; and can you demonstrate that the prohibition of summertime open burning in HA 87 by non-exempted homeowners (that went into effect in 2016) has had any effect on PM counts attributable to open burning?

8. An issue that has not even been touched on to date is the question of the origin and final destination of the particulate matter. Just because a monitor within HA 87 picks up particles that are judged to have resulted from open burning, who is to say these particles originated within HA 87? They easily could have blown into HA 87 from another area. Likewise, any open burning within HA 87 could generate particles that are blown into adjacent areas or up into the atmosphere. Can the AQMD produce data, presumably based upon wind flow, which would demonstrate how particulate matter moved into, out of, and through HA 87? To us that would seem unlikely.

9. As an extension of Item 8, we would be interested in knowing the number and locations of your monitoring stations that detect particulate matter in HA 87 and the surrounding area. Is this information online? Are these stations maintained by you or by the EPA? Is this parameter measured continually or at specific intervals? Presumably, the monitors generate data in the form of x PM-10 particles or y PM-2.5 particles per cubic meter. How are you able to tell whether a given particle came from, say, a smokestack or an open burn, and how can you determine the point source of that particle?

Summarizing the preceding paragraphs, we feel that AQMD is targeting a minor source of air pollution (open burning) inside an arbitrarily defined area of Washoe County (HA 87) that was ginned together over 45 years ago and whose scientifically questionable boundaries have not been adjusted or even addressed ever since. We also submit that the Division is placing a burden on selected homeowners within that area who likely would have extremely limited impact on that minor pollution source no matter what they did. Moreover, you are imposing these restrictions during the summertime period, when all the burning rules are relaxed and by your own admission there does not seem to be an extant air pollution problem. We also suggest that the 2016 decision to crack down on open burning by non-exempt individuals within the Truckee Meadows Hydrographic Basin (HA-87) was made in the absence of reliable scientific data, and we question whether it can be shown that this decision has had any positive effect, or in fact any effect at all, on particulate matter pollution in Washoe County.

We are requesting that the AQMD revisit the above issues to determine if in fact open burning constitutes a threat to our air quality and, if so, what is the magnitude and scope of that threat and how should it be countered. If, through scientific studies, it is found that certain types of open burning in certain areas at certain times of the year pose a measurable threat to the quality of our air, then by all means those practices should be prohibited, and there should be no exemptions. In the interim we suggest that the AQMD rescind those provisions of Regulation 040.035 which refer to the Truckee Meadows Hydrological Basin (HA 87) and cease any ongoing enforcement attempts.

This dialog is important to us, and we look forward to your response.

August 5, 2019

Daniel Inouye
Monitoring and Planning Branch Chief
Washoe County Health District
1001 E. 9th Street – B171
Reno NV 89512

Re: Air Quality Management Regulations Revisions to 0.40.035 – Open Fires

Mr. Inouye:

Thank you to you and your staff for your presentation and discussion on the above referenced proposed regulatory rule changes which took place at Fire Station 33 on July 9th 2019.

I respect the efforts of the Bureau and support many of the proposed changes to the regulations. While I recognize that the proposed changes to code afford many landowners, with parcels that are 2 or more acres in size -Section D 2(a), to now open burn in Hydrographic Basin 87 and that this section also affords property owners a mechanism to work with the local fire control agency - Section D 2(e), I believe that the changes do not go far enough for many properties on the southern interior boundary of Basin 87 – south of the Mt Rose highway.

One of the reasons for not reducing the property size down to an acre exemption, as stated by Chief Moore, was the concern that such a reduction would result in a higher density of eligible properties that might contribute to air quality issues in the Basin and an elevated concern regarding escaped fires. I have overlaid the Basin 87 boundary spatial in GIS and analyzed the parcel size south of the Mt Rose Highway on Fawn Lane - please see attached aerial. I specifically limited the review to that area because many of the properties west and within the boundary have CCR in place that don't allow open burns.

The properties on Fawn Lane are comprised of both private and public lands and their sizes range from 1.12 acres to lots of 5 acres. There are approximately 38 properties on Fawn Lane that fall within Basin 87. Approximately 50% of this number would be exempt under the proposed rules because they are either public or in excess of 2 acres. If all properties that fall within Basin 87 south of the Mt Rose Highway along Fawn Lane were to be aggregated, the average lot size would be 2.04 acres.

The managing agency for the public lands, USFS, has indicated that they would not open burn these lands and has masticated the brush fields in the past. Many of these properties are "horse" properties and the brush has been cleared to create riding corrals so there isn't a lot of vegetative material to manage. My point is that while there are approximately 38 properties not all of them would choose to burn or have burned in the past.

I have previously worked with your staff and the local fire protection district to secure a one year exemption this previous year – I would hope that I wouldn't have to go through that process on an annual basis but I do acknowledge that you have included a mechanism for addressing cases where using fire is the most practicable alternative within the Basin.

My request is for the Health District Board to consider an additional exemption specifically for this area south of the Mt Rose Highway with the following “friendly” amendment language to Section D 2.

- f. properties located south of the Mt. Rose highway on Fawn Lane or
- f. properties located south of the Mt. Rose highway on Fawn Lane which have previously held open burn permits

I have included a map of the area I am discussing above as well as a photo of recently cut brush. The suggestions at the meeting of using more of the Waste Management free bag days in November and May just doesn't work from a practical sense – that bitterbrush piece is most likely in excess of one black construction grade bag. Nor does hauling to NDF on free dump days if you don't have the appropriate vehicle.

I would like to thank you for the opportunity to comment and your level of engagement during this process. I look forward to the Boards decision and hopefully an opportunity to manage my land with the tool of open pile burning to maintain the appropriate defensible space this coming year.

Respectfully –

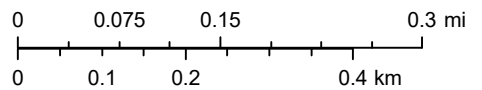
Charles Donohue
15445 Fawn Lane
Reno NV 89511

Fawn Lane



August 5, 2019

1:9,028



Washoe County
 Washoe County GIS
 Source: USGS, NGA, NASA, CGIAR, GEBCO, N
 Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen and the GIS User
 Community

This information for illustrative purposes only. Not be used for boundary resolution or location and not intended to be used for measurement, calculation, or delineation.



DD	_____	_____
DHO	_____	_____

Staff Report
Board Meeting Date: August 22nd, 2019

TO: District Board of Health

FROM: Catrina Peters, Director of Programs and Projects
775-328-2416, cpeters@washoecounty.us

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Presentation and possible acceptance of the annual progress report on the 2018-2021 Strategic Plan.

SUMMARY

Health District Staff continue to make progress toward goals, outcomes, and initiatives in the Washoe County Health District 2018-2021 Strategic Plan.

This Item addresses all Health District Strategic Priorities.

PREVIOUS ACTION

On February 19, 2019, a semi-annual progress report for the 2018-2021 Strategic Plan was presented and accepted by the DBOH.

A strategic planning retreat was held on November 1, 2018 to review current data, emerging community trends and to revise the strategic plan accordingly. The 2018-2021 Strategic Plan was presented and accepted at the December 13, 2018 DBOH meeting.

On February 22, 2018, a semi-annual progress report for the 2017-2020 Strategic Plan was presented and accepted by the DBOH and on August 23, 2018 the annual progress report was presented and accepted.

On November 2, 2017, the DBOH held a retreat to discuss preparation of a refreshed and updated 2017-2020 Strategic Plan. Based on DBOH input the plan was updated and the DBOH accepted the 2017-2020 Strategic Plan at the December 14, 2017 DBOH meeting.

On August 24, 2017 the DBOH accepted a semi-annual progress report on the 2016-2018 Strategic Plan.

On April 14, 2016, the DBOH conducted a Strategic Planning Meeting to discuss and provide input for the development of a 2016-2018 Strategic Plan. On June 23, 2016 the DBOH approved the 2016-2018 Strategic Plan which was developed from the input and direction provided during the April 14, 2016 DBOH meeting.

BACKGROUND

The 2018-2021 Strategic Plan includes Strategic Priorities, District Goals under these Priorities, and Community Outcomes for each of these District Goals. An Action Plan of specific initiatives or actions, which will be taken to achieve these outcomes, has been developed by Health District Staff in order to guide implementation and assess progress in implementing the plan.

Progress was tracked and reported in online system and summarized in the annual report.

FISCAL IMPACT

There is no additional fiscal impact to the FY20 budget should the Board accept the FY 2018-2021 Strategic Plan Progress Report.

RECOMMENDATION

Staff recommends the District Board of Health accept the progress report on the Strategic Plan implementation

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to accept the annual report of Strategic Plan implementation."

FY19 Strategic Plan Progress Report

The Health District has made significant progress implementing the Strategic Plan in FY19. Strategic Plan initiatives have guided our work to achieve goals established under the six strategic priorities. The information presented below describes the progress achieved in fiscal year 2018-2019 (July 1, 2018 to June 30, 2019). Additionally, this report reflects the progress on strategic plan items in the revised strategic plan approved by the District Board of Health at the December 13, 2018 meeting.

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

1.1 Reduce the negative health and economic impacts of obesity and chronic disease. This goal is on target for FY19.

The Chronic Disease Prevention Program (CDPP) continues to support school based wellness initiatives such as the Wolf Pack Coaches Challenge and WCSO Student Wellness Committee. Enrollment for participation in the Wolf Pack Coaches Challenge exceeded the goal of getting 50 classrooms to participate and enrolled 63 classrooms, 35 of which were Title I classrooms. CDPP staff has been working on a Healthy Vending initiative in collaboration with the Community Health Improvement Plan (CHIP) Nutrition and Physical Activity committee and has established guidelines for meeting the “Healthy Vending” criteria which aims to provide easier identification of healthier selections. Progress continues in the implementation of smoke and vape free park policies and signage was purchased and delivered for smoke free parks. Staff is also working with jurisdictions on joint press releases to further increase public awareness of smoke free park policies. A tobacco prevention media campaign was also launched which saw a total of 8,323,319 impressions in Washoe County. The ads generated 8,152 new website visits and those visitors spent an average of 2 minutes and 9 seconds on the website.

1.2 Promote preventive health services that are proven to improve health outcomes in the community. This goal has 100% of the outcomes on target for FY19.

Clinical and Community Health Services (CCHS) continues to have success with media and outreach campaigns for family planning and sexual health programs. The Sexual Health and Family Planning program had over 1 million points of engagement via social media in FY19. Other outreach campaigns for CCHS programs included the use of school newspapers, program promotion at Family Health Festivals and University of Nevada, Reno Community Health Sciences classes and through social media.

Family planning clinic staff continued to promote Long Acting Reversible Contraceptives which can be effective in reducing teenage pregnancy rates despite funding challenges in addition to implementing an outreach partnership with Washoe County Sherriff's Office which has resulted in 75 women who were formerly incarcerated receiving services. Our Immunization Program's rate of up-to-date 19-35 month olds for recommended immunizations dipped slightly to 76% for calendar year 2018 and remained at that rate at the last reporting period of April 2019, not quite at the 2020 goal of 80%. To increase immunization rates, CCHS staff provided vaccines at both the August Back to School and all four Family Health Festivals in FY19.

1.3 Improve access to health care so people of all means receive the health services they need. This goal has seen 60% completion towards the 5 year goal.

After extensive work with several entities, a Community Health Alliance enrollment assistant was at WCHD from October to December for the Medicaid open enrollment period. As a result of the agreement with the State of Nevada Department of Health and Human Services, an enrollment assistant was onsite weekly from March to the end of FY19. In the first half of FY19, CCHS participated in 239 offsite clinic events to provide services like vaccinations and STD screenings to some of our most vulnerable and at risk populations.

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

2.1 Protect people from negative environmental impacts. This goal is on target for FY19.

The Air Quality Management Division continues to successfully work to protect people from negative environmental impacts through effective ambient air monitoring and planning activities along with permitting and inspection of over 1,200 facilities located in Washoe County. For the FY19, 95% of all days were considered to be healthy, slightly lower than the goal of 98%. Planning for the installation of the West Reno air quality monitoring station was suspended in the first half of FY19 as a result of the relocation of the Reno3 station to the Libby Booth Elementary School, which is scheduled to start construction in July of 2019. Planning and permitting was completed in FY19, and a target for data collection at the new site has been set for December of 2019. The FY19 Ozone levels were slightly above the 70 parts per billion goal, at 71 parts per billion. An exceptional events demonstration package is being developed to submit to EPA in order to have wildfire smoke data removed from the calculation, which would likely result in meeting the target.

To reduce landfill waste in our community, the Environmental Health Services Division staff are attending all the regional recycling and waste diversion group meetings. Furthermore, staff has just begun to participate in a new GreenBiz program which will evaluate businesses for green practices. Recycling rates have declined, likely due to increased economic growth and lack of accessible and stable markets for recyclable commodities.

The Epidemiology and Public Health Preparedness Division has planned or participated in 29 exercises this fiscal year and continue to update plans including the Emergency Operations Plan.

2.2 Keep people safe where they live, work, and play. Progress was made on this goal and 100% of its initiatives are on target for FY19.

Efforts to implement risk-based inspection program standards continues. Of the 12 inspection programs, four have fully implemented risk based standards, one of which is the largest EHS inspection program (Food Safety). To reduce food-borne illness risk factors, intervention strategies continue to be implemented based on findings from the June 2017 Risk Factor Study. The next risk factor study will be conducted in 2021 to determine effectiveness of intervention strategies implemented.

In an effort to continue strategies to decrease the number of inappropriate 911 calls, funds were identified and a campaign was run in the spring of 2019. The “Know the Difference” campaign educated members of the community on the appropriate use of 911 in an effort to decrease the number of calls to 911 for non-emergency situations. This campaign is estimated to have provided 63 million impressions based on advertiser projections.

3 - Local Culture of Health: Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.

3.1 Raise awareness of the Washoe County Health District and the services it offers within our community. Progress was made on this goal and its initiatives for FY19.

In preparation for improving the overall appearance of the website, the Communications Manager and seven other WCHD staff received training on new website enhancements. During FY19, the average weekly visitors to the WCHD website peaked in August with just over 42,000 unique visits to the website however; five months in FY19 had over 30,000 unique visitors per month.

3.2 Work with others to establish policies that positively impact public health. For FY19, 100% of the annual goal has been accomplished for FY19.

The 2019 Nevada Legislative session included many wins for public health and four of five District Board of Health legislative priorities were achieved. Several of the policy items included in the Community Health Improvement Plan and other policy priorities related to smoking and vaping were passed into law this legislative session including subjecting E-cigarettes and vape products to the Other Tobacco Products wholesale tax, strengthening licensing and including vaping in the National Clean Indoor Air Act.

The Enterprise Community Partners Affordable Housing Strategy, which has identified several policy options to improve the current housing crisis was completed and accepted by the Truckee Meadows Regional Planning Authority Governing Board. The Health District participates in the

Washoe Regional Behavioral Health Policy Board which submitted a Bill Draft Request for Regional Crisis Stabilization Centers and services that resulted in AB 66 which was signed into law.

The Health District Government Affairs Liaison (a position established as a Strategic Plan objective) was active at the legislature throughout the session and the Health Officer and other Health District staff participated in policy development and testimony during the session.

3.3 Inform the community of important health trends by capturing and communicating health data. Progress was made on this goal and corresponding initiatives for FY19.

The Health District posted or conducted over 1,800 media interviews, press releases and social media postings in FY19. No significant public health emergencies occurred in FY19, reducing the number of media interviews compared to previous years. Across the Divisions approximately 200 press releases and social media posts were conducted, furthering our messages to the community on important public health information. Campaign topics included air quality during the wildfire season, efforts to manage mosquitos, influenza and new physical activity guidelines amongst other health-related topics.

3.4 Raise awareness of the benefits of a healthy community to build a local culture of health. This goal has 100% of its initiatives complete in FY19.

In addition to media efforts to promote a local culture of health, several events were held in FY19 to further promote the importance of improving health. Several well attended events were conducted including four Family Health Festivals, a very popular CHIP unveiling event in August of 2018 that was attended by over 100 community members and health stakeholders and two Behavioral Health Forums and a County Health Rankings event were held in Spring of 2019.

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

4.1 Lend support and accountability in childcare and educational settings to reduce outbreaks. This goal is 100% complete for FY19.

The Washoe County Health District continues to provide a toolkit for GI outbreaks and is also working with Childcare centers to prevent the spread of communicable diseases. The average duration of outbreaks for the 2018/2019 school year was 13 days, far below the target of 40 days.

4.2 Support and promote behavioral health. This goal is 100% complete for FY19.

Significant progress has been made in the implementation of the Behavioral Health portion of the CHIP. The Signs of Suicide Program has been continued in all 7th grade classrooms and in School year 2018/2019 the program was implemented at all Washoe County School District middle schools providing suicide prevention education to over 5,000 students. Over 1,200

students were screened and of the students screened 30% students were positive for high risk behaviors and referred to appropriate care. The Signs of Suicide program partnership between the Washoe County Health District, the Children's Cabinet and the Washoe County School District was highlighted during an October 23rd, 2018 news segment on local KTVN Channel 2. Other CHIP successes were seen with successful enactment of CHIP priorities around provider shortages and Medicaid reimbursement for tenancy support services to help keep those who are severely mentally ill housed.

4.3 Increase community participation in physical activity and nutrition programs. This goal is 75% complete for FY19.

Progress continues in the implementation of the Nutrition and Physical Activity portions of the CHIP and 16 community partners are engaged in efforts to meet the objectives of the plan. Significant progress was made in the efforts to improve the nutritional quality of vending and concession stand offerings and a significant amount of planning was done on how to implement the 5210 initiative in workplace settings including the completion of a revised toolkit and a quick start guide. In the school setting, Washoe County Health District partnered with Urban Roots Garden Classrooms to establish three school gardens, providing weekly or bi-weekly educational programming to over 1,800 Title I elementary school students and providing professional development to teaching staff. The 5-2-1-0 message was incorporated into Urban Roots' educational programming in addition to school garden hands-on learning activities to teach children healthier behaviors.

4.4 Enhance the Regional Emergency Medical Services (EMS) System. This goal is 75% complete for FY19.

Objectives for FY19 are steadily being worked on and are on target for the deadlines outlined within the 5-year EMS Strategic Plan. The EMS Advisory Board receives quarterly updates on the progress of the planning initiatives.

4.5 Engage the Community in Public Health Improvement. This goal is 100% complete for FY19.

As mentioned above, the 2018-2020 Community Health Improvement Plan was shared with the community at an unveiling event that was attended by over 100 community members and stakeholders. Since then, extensive work has been ongoing to implement the objectives in the community health improvement plan through expanded partnerships with agencies and non-profits all across the community. Across all three focus areas of the CHIP, 74% of the three year plan is complete.

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

5.1 Updating the Health District’s financial model to align with the needs of the community. This goal is 100% achieved for FY19.

Staff continues work to identify ways of increasing state funding support for Washoe County Health District which is currently at 1.8% of total WCHD funding for FY19. Discussions with the County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees have been deferred due to the current health fund balance and the financial position of the County. In collaboration with Southern Nevada Health District, Carson City Health and Human Services, and the State Division of Public and Behavioral Health, a bill was drafted for the 2019 Nevada Legislative session to appropriate increased funding for public health to be distributed to Health Districts based on population however; the bill was not signed into law.

5.2 Ensuring resources are spent where they can have the most impact by identifying opportunities for cost savings. This goal is 100% achieved for FY19.

Budget per capita was \$55.67 for FY19, above the target of \$49.88. However, efforts continue to identify cost savings through Quality Improvement projects, increased utilization of interns and volunteers and other means of cost savings.

6 - Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

6.1 Create a positive and productive work environment. This goal is on track and 100% complete for FY19.

Installation of security and facility enhancements continue in FY19, including painting of offices, the purchase of standing desks for staff and new furniture in several conference rooms. A total of seven facility enhancements were completed in FY19. The percent of annual performance reviews completed on time was 89.63% across the health district, which is above the 85% annual goal. The Quality Improvement team continues to meet and several small and large QI projects are underway. In FY19, four QI projects were completed, one large project, three small projects and one “rapid QI” project. The large project consisted of revising the process for building plan review to decrease the amount of time to complete plan reviews, small projects to improve the phone queue for the Environmental Health Services Division, WIC file client paperless client monitoring and various form visions.

In the spring of 2019, a Health District wide customer satisfaction survey was conducted. This resulted in valuable feedback and aided in the identification of customer service as a key topic for staff trainings.

6.2 Focus on continuing to build staff expertise. This goal is 100% complete for FY19.

In order to continue the momentum of the additional leadership/learning organization trainings provided in the summer of 2018, new training opportunities were identified and were provided in partnership with Washoe County Human Resources Department. Conversation skills for supervisors and managers, leadership skills and customer service trainings were provided to all staff in FY19, all in partnership with Washoe County Human Resources. In May of 2019, a workforce development survey was conducted in partnership with the University of Nevada, Reno Public Health Training Center. The results of the survey will be used to revise the Workforce Development Plan to best meet the needs of staff.

6.3 Achieve Public Health Accreditation. This goal is on track and 100% complete for FY19.

The Health District completed document submission for PHAB Accreditation on September 27th, 2018, slightly ahead of the October 1, 2018 goal. A site visit has completed on June 25th and 26th and we anticipate getting a determination from the Public Health Accreditation Committee by late August on the results of our accreditation submission.

Items not achieved or on target for FY19:

1.2.4—Increase the percentage of children 19-35 months old who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%.

As for April 2019, the immunization rate was just below the goal of 80% at 75.8%.

2.1.1—Reduce the ozone concentration.

We did not meet the design value target, submitted exceptional events demonstration data for wildfire smoke

2.1.1.2—Expand air monitoring network.

West Reno air monitoring station on hold pending full installation of Libby Booth Elementary monitoring site Reno4 to replace the Reno 3 monitoring station.

2.1.2—Increase the air quality index.

The percent of good and moderate air quality days was 3% lower than goal.

2.1.4—Meet and exceed the 35% goal recycling rate in Washoe County.

Likely due to economic growth and the lack of accessible and stable markets for recyclable commodities, the recycling rate was 5% short of the 35% goal rate.

3.1.4/3.1.4.3—Increase the percentage of permits applied for online in Washoe County.

A total permit applied for online was reported as less than 1%.

5.2.1.1—Establish an agreement with the County on adjusting general fund transfers to address COLAs.

Discussions with the County regarding the need to adjust the County General Fund support to include the cost of negotiated cost of living adjustments and benefits for employees have been deferred due to the current health fund balance and the financial position of the County.

6.1.4.1—Develop and approve an annual Quality Improvement Plan.

The Plan will be updated pending review of feedback on QI efforts from Public Health Accreditation site visit.

Strategic Plan FY 19 Progress Report

Catrina Peters MS, RD
Director of Programs and Projects
August 22, 2019

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



Vision & Strategic Direction

Vision Statement:

A healthy community

Strategic Direction:

Leaders in a unified community making measurable improvements in the health of its people and environment

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE



Mission & Values

Mission Statement:

To protect and enhance the well-being and quality of life for all in Washoe County.

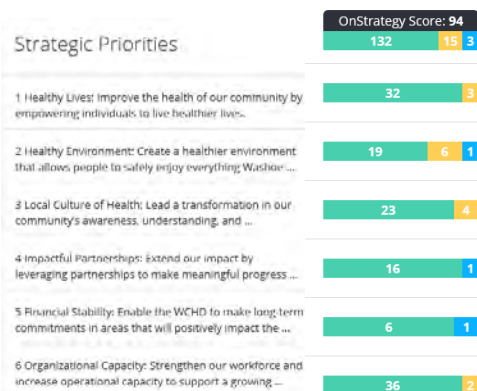
Values Statement:

- **Trustworthiness:** appropriate allocation of resources, spend prudently, stewardship
- **Professionalism:** ethics, education, accountability
- **Partnership-Collaboration:** be flexible, adapt, be accessible, be proactive, innovate and create

Strategic Plan Progress

Lots of accomplishments so far in FY 2019!

- This update covers July 1, 2018 to June 30, 2019
- 132 out of 143 items “achieved” or “on target”



Priority One

Healthy Lives

Improve the health of our community by empowering individuals to live healthier lives

Priority 1: Healthy Lives

- 32 out of 35 on track or achieved
- Key highlights
 - WPCC in 63 classrooms, 35 title I
 - Healthy Vending guidelines
 - Expansion of smoke and vape free park policies, signage installation
 - Outreach events to provide vaccines, enrollment assistant
 - Tobacco prevention Social media campaigns
 - Partnership w/ Washoe County Sheriff's Office

Priority Two

Healthy Environment

Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer

Priority 2: Healthy Environment

- 19 out of 26 on track or achieved
- Key highlights
 - 95% of all days “Healthy” air quality
 - Installation progress continues for Reno4 air quality monitoring station at Libby Booth Elementary
 - Slightly above Ozone standard, developing exceptional events package
 - Recycling rates are down, staff participating in GreenBiz programs to evaluate businesses for green practices

Priority Three

Local Culture of Health

Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action

Priority 3: Local Culture of Health

- 23 out of 27 on track or achieved
- Key highlights
 - Several legislative session wins
 - Weekly unique website visitors peaked in August, 42,000 visitors
 - Extensive media coverage and social media campaigns
 - 1,800 media interviews, press releases and social media postings

Priority Four

Impactful Partnerships

Extend our impact by leveraging partnerships to make meaningful progress on health issues

Priority 4: Impactful Partnerships

- 16 out of 17 on track or achieved
- Key highlights
 - Average duration of GI outbreaks in schools down to 13 days
 - Provided funding for the Signs of Suicide Program
 - Over 5,000 7th grade students educated, 1,200 screened, **30% positive for high risk behaviors**
 - Extensive Community partners working together on Housing/Homelessness, Behavioral Health and Nutrition/Physical activity CHIP efforts
 - 77% of the entire 3 year plan is complete

Priority Five

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

Priority 5: Financial Stability

- 6 out of 7 on track or achieved
- Key highlights
 - Continuing to engage the State to increase state funding
 - Budget per capita at \$55.67

Priority Six

Organizational Capacity

Strengthen our workforce and increase operational capacity to support a growing population

Priority 6: Organizational Capacity

- 36 out of 38 on track or achieved
- Key highlights
 - 89% of performance reviews completed on time
 - Completed Workforce Development survey
 - Provided new trainings topics identified based on employee engagement survey
 - Accreditation site visit complete

Items Not Achieved or On Target

- 1.2.4—Increase the percentage of children 19-35 months old who receive the recommended doses of vaccine, to Healthy People 2020 goal of 80%.
 - As for April 2019, the immunization rate was just below the goal of 80% at 75.8%.
- 2.1.1—Reduce the ozone concentration.
 - We did not meet the design value target, submitted exception events demonstration data for wildfire smoke
- 2.1.1.2—Expand air monitoring network.
 - West Reno air monitoring station on hold pending full installation of Libby Booth Elementary monitoring site.
- 2.1.2—Increase the air quality index.
 - The percent of good and moderate air quality days was 3% lower than goal.

Items Not Achieved or On Target

- 2.1.4—Meet and exceed the 35% goal recycling rate in Washoe County.
 - Likely due to economic growth and the lack of accessible and stable markets for recyclable commodities, the recycling rate was 5% short of the 35% goal rate.
- 3.1.4/3.1.4.3—Increase the percentage of permits applied for online in Washoe County.
 - A total permit applied for online was reported as less than 1%.
- 5.2.1.1—Establish an agreement with the County on adjusting general fund transfers to address COLAs.
 - Discussions with the County regarding the need to adjust the County General Fund support to include the cost of negotiated COLA and benefits for employees have been deferred
- 6.1.4.1—Develop and approve an annual Quality Improvement Plan.
 - The Plan will be updated pending review of feedback on QI efforts from Public Health Accreditation site visit.

Staff Report
Board Meeting Date: August 22, 2019

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist 1 / HR Rep
775-328-2403, lgriffey@washoecounty.us

SUBJECT: Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer's position in alignment with the other Unclassified Management positions

SUMMARY

The Washoe County District Board of Health approves all wage and salary adjustments, including Cost of Living Adjustments for the District Health Officer position. Recommend to approve a 3% Cost of Living Adjustment (COLA) in base wage for the District Health Officer position, retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wages; and update health plan changes to keep the District Health Officer position in alignment with other County Unclassified Management positions who were granted these same items by the Board of County Commissioners on June 11, 2019.

District Health Strategic Priority supported by this item:

6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

- On June 11, 2019, the Board of County Commissioners approved a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA in base wages effective July 1, 2020, a 2.5% COLA effective July 1, 2021; and updated health plan changes for Unclassified Management and Non-Represented Confidential employees, District Court employees, Justice Courts employees, Juvenile Services employees, and Truckee River Flood Management authority's Executive Director and General Counsel.

Subject: District Health Officer COLA

Date: August 2, 2019

Page 2 of 3

- On October 27, 2016, the District Board of Health approved a 3% Cost of Living Adjustment (COLA) in the base wage for the District Health Officer position, retroactive to July 1, 2016; a 3.5% COLA effective July 1, 2017, and a 2.5% COLA effective July 1, 2018 in base wage; and updated sick leave/bereavement calculations, holidays and health plans to keep the District Health Officer's position in alignment with the other Unclassified Management positions
- On September 13, 2016, the Board of County Commissioners approved a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2016, a 3.5% COLA in base wages effective July 1, 2017, a 2.5% COLA effective July 1, 2018; and updated sick leave/bereavement calculations, holidays and health plans for Unclassified Management and Non-Represented Confidential employees, District Court employees, Justice Courts employees, Juvenile Serves employees, and Truckee River Flood Management authority's Executive Director and General Counsel.
- The District Board of Health has, over the years, mirrored Cost of Living Adjustments and Wage/Insurance Reductions for the District Health Officer positions equal to what is approved by the Board of County Commissioners for the Unclassified Management positions. This process keeps the District Health Officer position in alignment with other Unclassified Management position.

BACKGROUND

- The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved and signed at the January, 23, 2014 meeting, states under Section 4 Item B: Employee's annual salary may be adjusted as follows, by a vote of the Board, pursuant to the provisions of Section 9:
 - a) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
 - b) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached."
- The Board of County Commissioners approved a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes for Unclassified Management at their June 11, 2019 meeting.
- To ensure the District Health Officer is granted the same benefits and compensation provided to other Washoe County Unclassified Management; the District Board of Health is requested to approve the same Cost of Living increases for the District Health Officer as approved for the Unclassified Management by the Board of County Commissioners.

- Upon approval, a letter will be sent to Washoe County Human Resources authorizing the necessary adjustments to the District Health Officer's wages, to align them with the COLA adjustments granted Unclassified Management by the BCC June 11, 2019.

FISCAL IMPACT

The 3% Cost of Living Adjustment (COLA) for the District Health Officer position was estimated and included in the FY20 budget. The 2.5% Cost of Living Adjustment (COLA) for July 1, 2020 and the 2.5% COLA for July 1, 2021 will be included in the FY21 and FY22 budgets.

RECOMMENDATION

Recommend to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer's position in alignment with the other Unclassified Management positions.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be **“Move to approve a 3% Cost of Living Adjustment (COLA) retroactive to July 1, 2019, a 2.5% COLA effective July 1, 2020, and a 2.5% COLA effective July 1, 2021 in base wage; and updated health plan changes to keep the District Health Officer's position in alignment with the other Unclassified Management positions.”**

**Air Quality Management
Division Director Staff Report
Board Meeting Date: August 22, 2019**

DATE: August 9, 2019
TO: District Board of Health
FROM: Daniel Inouye, Acting Division Director
775-784-7214; dinouye@washoecounty.us
SUBJECT: Program Update - Open Burning Revisions, Divisional Update, Program Reports
(Monitoring/Planning; Permitting/Enforcement)

1. Program Update

a. Proposed revisions to the Open Burning program

Earlier this year, the DBOH directed AQM staff to revisit the Open Burning program, specifically DBOH Regulations Governing Air Quality Management, Section 040.035. This regulation was last revised in 1993 which was at a time when the urban portions of Washoe County were designated “non-attainment” for the PM₁₀ standard. The urban portion is essentially the valley portion of the Reno/Sparks area. It’s referred to as the Truckee Meadows Hydrographic Area (HA87) as defined by the State of Nevada Division of Water Resources. The current Open Burning regulation prohibits burning from November through February throughout the entire county. From March through October, open burning is allowed outside HA87 subject to favorable weather conditions to protect public health and safety. Open burning within HA87 is only allowed for properties that qualify for specific exemptions. The most common exemption is for having a surface irrigation ditch on the property.

The proposed revisions will allow open burning year-round, county-wide subject to favorable weather conditions. It does not mean we’ll see 365 days of burning. Summers will still be unsafe because of the dry conditions. The coldest parts of winter will still be prohibited because of the temperature inversions trapping pollution in the valleys. This change will take advantage of the periods in November and February when the weather is favorable for both air quality and fire safety.



Because HA87 is more susceptible to higher pollution levels, it will have slightly more stringent requirements than the rest of the county. The surface irrigation ditch exemption is being removed and a 2 acre minimum property size requirement is being introduced. Nearly all the open burn permit applications in HA87 requesting the surface irrigation ditch exemption are on properties larger than 2 acres.

Fire control agencies, such as the Truckee Meadows Fire Protection District (TMFPD), will play a key role in implementing the new Open Burning program. The proposed regulation is very flexible and allows for each fire control agency to customize their programs to meet the needs of their jurisdiction. For example, a 1 acre minimum property size in one jurisdiction may not work in another area. The most flexible part of the program is how burn days will be determined. AQM and the fire control agencies are committed to work together to ensure these burn days will meet our goals to protect air quality and public safety.

Open burning is one way to remove vegetation and create defensible space, but our community has other options.

- TMFPD occasionally sponsors green waste collection days where the public can haul their yard waste. The waste is then chipped and used as mulch.
- Waste Management occasionally offers free dump days.
- Waste Management also provides stickers for additional curbside pickup.
- Living With Fire (<http://www.livingwithfire.info/>) is a resource to help you design your yard to be safe, attractive, and reduce the amount of green waste.

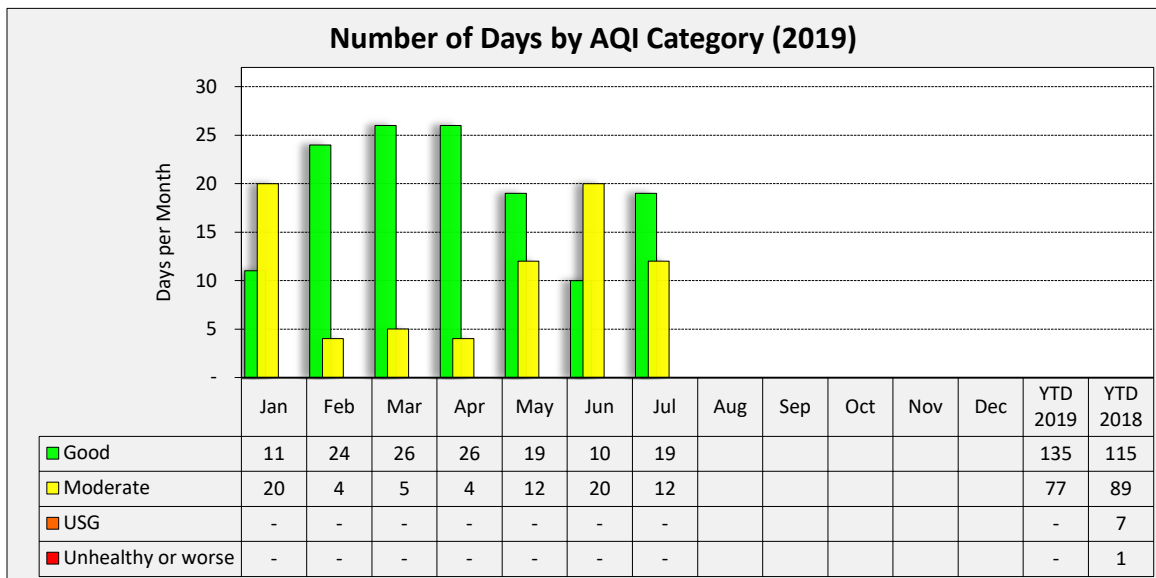
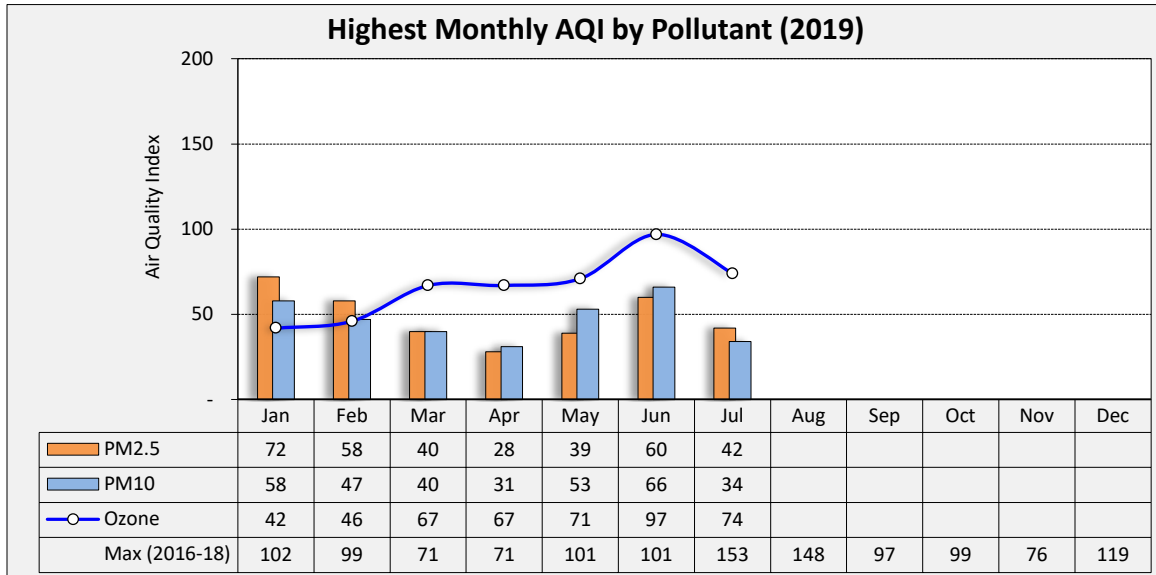


Open Burning is potentially an emission source that could cause harmful levels of air pollution. The proposed revision to the regulation and the fire control agencies commitment to air quality will help us continue to move us towards a Healthy Community!

Daniel K. Inouye, Acting Director

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

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

Reno4 Monitoring Station Update: Construction of the Reno4 monitoring station at Libby Booth Elementary School has begun after many months of searching, planning, and designing for a site to replace the existing Downtown Reno station. Trenching for the new electrical power service and installation of most of the six foot high security fencing were completed before students returned from summer break on August 12, 2019. The next big milestone will be construction and delivery of an 8' x 20' converted shipping container that will house the ambient air monitoring equipment. Final completion of Reno4 is anticipated to be late 2019.

Educate and Empower Citizens to Make Good Decisions: This is one of five Ozone Advance goals to protect public health. AQM pushes out regular Ozone Advance tips through social media to reduce emissions and reduce exposure. This Twitter post is an example of communicating that ozone concentrations are highest during the hot/sunny afternoons. The action that citizens can take is to plan outdoor activities during the morning or evening. You can find links to these social media posts at OurCleanAir.com.



Daniel K. Inouye, Acting 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 July 2019, Staff conducted thirty-seven (37) stationary source inspections; two (2) initial compliance inspections; and twenty-four (24) gasoline station inspections. Staff was also assigned seventeen (17) new asbestos abatement projects, overseeing the removal of over 21,000 square feet of asbestos-containing materials. Staff received fourteen (14) new building demolition projects to monitor. Further, there were twenty five (25) new construction/dust projects to monitor, totaling 313 new acres of land being worked for various projects. Staff documented fifty-seven (57) 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 twenty-eight (28) complaints.

Type of Permit	2019		2018	
	July	YTD	July	Annual Total
Renewal of Existing Air Permits	105	710	87	1064
New Authorities to Construct	2	31	1	50
Dust Control Permits	25 (313 acres)	117 (1416 acres)	25 (259 acres)	279 (3129 acres)
Wood Stove (WS) Certificates	45	261	42	403
WS Dealers Affidavit of Sale	3 (2 replacements)	36 (23 replacements)	2 (0 replacements)	84 (55 replacements)
WS Notice of Exemptions	893 (10 stoves removed)	4663 (42 stoves removed)	745 (7 stoves removed)	8334 (87 stoves removed)
Asbestos Assessments	92	663	100	1129
Asbestos Demo and Removal (NESHAP)	31	168	39	309

COMPLAINTS	2019		2018	
	July	YTD	July	Annual Total
Asbestos	1	10	0	16
Burning	3	6	0	11
Construction Dust	12	51	10	58
Dust Control Permit	1	4	1	2
General Dust	7	21	2	56
Diesel Idling	1	3	0	2
Odor	1	8	1	17
Spray Painting	0	3	1	6
Permit to Operate	2	6	0	4
Woodstove	0	2	0	6
TOTAL	28	110	15	178
NOV's	July	YTD	July	Annual Total
Warnings	0	11	3	16
Citations	2	6	1	13
TOTAL	2	17	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: August 22, 2019**

DATE: August 9, 2019
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – National Immunization Awareness Month; 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. National Immunization Awareness Month



August is National Immunization Awareness month (NIAM). The goal of NIAM is to communicate the importance of vaccination across the lifespan and celebrate the benefits of vaccination.

An assessment of vaccination coverage for 2018 showed that 75.8% of children aged 19-35 months had received age-appropriate vaccinations at the time of their visits to clinics or healthcare providers located in Washoe County. The Healthy People 2020 objective is 80% for children aged 19 to 35 months to have received the recommended doses of the childhood vaccines DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate.

Year	2018	2017	2016	2015	2014	2013	2012	2011
Rate (%)	75.8	77.4	80.2	79.0	75.6	74.2	73.6	71.2

Table 1: Washoe County 19-35 month old Immunization Rate (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 varicella, 4 PCV)
 Data source: NV WebIZ replica database, State of Nevada, 3/28/2019

Human Papillomavirus (HPV) vaccination rates for 2018 are steadily rising but continue to be well below the Healthy People 2020 objective of 80%. Nevada WebIZ statewide data shows only 24.3 percent of adolescents age 13-17 years old received the complete series of HPV, with a 29.2 percent 3 dose completion rate in Washoe County.

NV State Immunization Program, percent appropriately vaccinated, 13-17 years old

HPV Rates

	2018 Washoe County			2018 Nevada			2017 Washoe County			2017 Nevada			2016 Washoe County			2016 Nevada		
	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both
1 Dose	61.2	58.9	60	58.1	53.9	55.9	58.1	54.1	56.0	50.7	45.2	47.8	54	47.8	50.9	51.8	43	47.4
2 Doses	48.1	44.2	46.1	43.9	38.8	41.3	45.7	40.6	43.1	37.4	31.5	34.4	42.5	35.6	39	39	30.2	34.6
3 Doses	31.2	27.3	29.2	26.6	22.1	24.3	34.1	29.3	31.6	26.1	20.7	23.3	32.5	26.3	29.4	28.4	20.7	24.6

Numerator: Number of children in NV WebIZ in the selected age range who are up to date with the selected vaccinations and doses during the selected time frame
 Denominator: Number of children in NV WebIZ in the selected age range during the selected time frame.
 Data source: NV WebIZ replica database using SQL Studio on 6/10/2019

The Immunization Program continues to provide on-site clinic services five days a week. A total of 3,090 people (2,299 children & 791 adults) were served and 9,920 vaccine doses were administered during FY19.

Additionally, offsite clinics have provided immunizations through partnership with multiple community agencies to ensure vulnerable populations have access to immunizations.

Immunization Program Offsite Clinic Activities – July 1, 2018 to June 30, 2019				
# of Clinics	# of Adults Served	# of Children Served	Total # Vaccine Doses Administered	Collaborating Agencies
Back to School Offsite Clinics				
4 (including Gerlach Elementary School)	5	140	415	<ul style="list-style-type: none"> Washoe County School District Immunize Nevada Nevada State Immunization Program Truckee Meadows Healthy Communities-Family Health Committee Walmart Community Health Alliance
Flu Offsite Clinics				
4	148	163	311	<ul style="list-style-type: none"> Northern Nevada Children's Cancer Foundation Nevada Discovery Museum Mariposa Academy Northern Nevada Muslim Community Washoe County School District Immunize Nevada Nevada State Immunization Program

Flu Offsite Clinics targeting low income/high risk adults				
4	115	27	275	<ul style="list-style-type: none"> • Volunteers of America • Salvation Army • State of Nevada Day Labor Office • Mexican Consulate • Immunize Nevada • Nevada State Immunization Program • Community Health Alliance
Offsite Clinic targeting Children 0-4 years & Adults for flu & Tdap (National Infant Immunization Week)				
1	4	12	29	<ul style="list-style-type: none"> • Immunize Nevada • Meadwood Mall • Nevada State Immunization Program
Point of Dispensing (PODs) Clinic for mass flu immunization exercises				
3	284	111	395	<ul style="list-style-type: none"> • Washoe County EPHP • Washoe County School District • Truckee Meadows Healthy Communities-Family Health Committee • Project Homeless Connect • REMSA • Medical Reserve Corps (MRC) • Community Emergency Response Team (CERT)
Total Offsite Clinics	Total # of Adults Served	Total # of children served	Total # of Vaccine doses given	In partnership with multiple community agencies
16	564	445	1,425	

The School Located Vaccination Clinic (SLVC) program continued to focus on providing flu shots for children attending Title I schools. This program was held in partnership with Immunize Nevada and the Washoe County School District.

School Located Vaccination Clinics 2015-2016 through 2018-2019 Flu Seasons

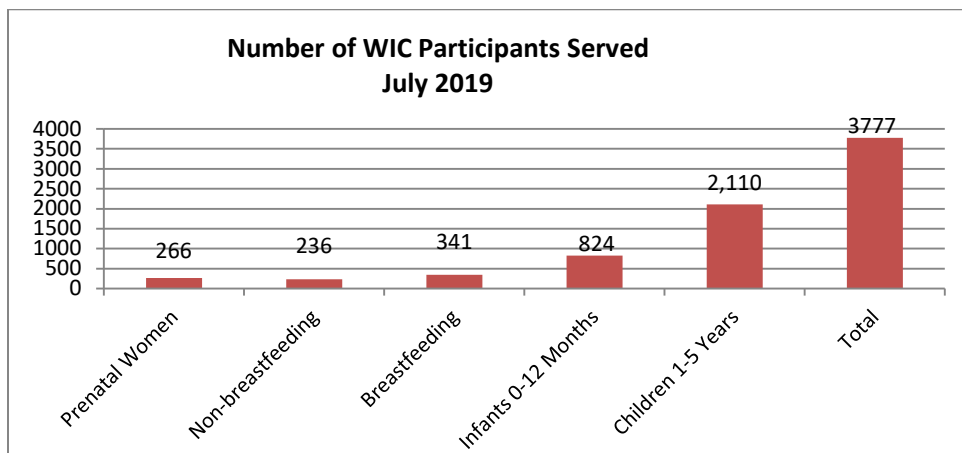
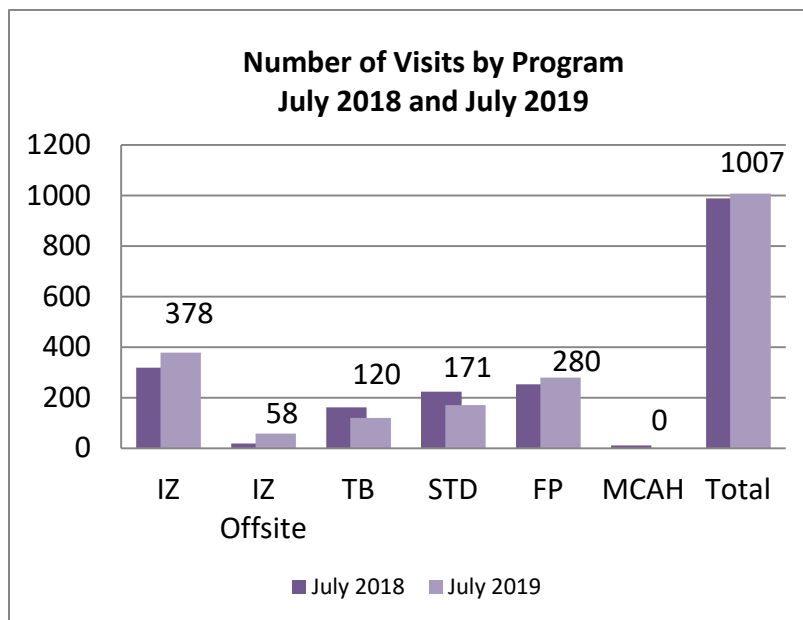
Flu Season	# of School Located Vaccination Clinics	IIV4 (Injectable)	LAIV Nasal Spray	Total Doses	Children	Adults	Total Served
2015-16	14	152	759	911	833	78	911
2016-17	15	1,047	0	1,047	869	178	1,047
2017-18	17	1,089	0	1,089	963	126	1,089
2018-19	20	1,427	0	1,427	1,170	257	1,427

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting provider visits to enhance stewardship and accountability for Vaccine for Children and 317 publicly purchased vaccines, provider education for improved immunization rates and program improvement. Perinatal hepatitis B surveillance and follow-up is another grant component that is carried out by the Epidemiology program.

Additional Accomplishments in Fiscal Year 2019 include:

- Immunization lectures for nursing students at University of Nevada, Reno
- Immunization panel discussion for Community Health Sciences class at the University of Nevada, Reno
- Immunization lecture for childcare providers at Head Start
- Seasonal and Pandemic Flu training including vaccine administration for Sparks Fire Department

b. 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 bi-directional connection with Nevada State Public Health Laboratory (NSPHL) went live August 5, 2019. Lab orders are now electronically transmitted to NSPHL and continue to be received electronically into Patagonia Health, improving efficiency in lab reporting.

Lisa Iacoboni is orienting to the Sexual Health program as a Disease Intervention Specialist. Staff will attend the 2019 Virtual National Reproductive Health Conference on August 14, 2019.

Mid-year reporting for the HIV prevention activities has been submitted. For the first half of 2019, 970 HIV tests were provided. Of those, 569 were provided through offsite events in the community. Rapid HIV tests, the standard for HIV testing that provides results in 20 minutes, were provided to 715 people. Of those tests, five people tested positive for HIV and were linked to HIV care. A total of 18 new HIV diagnoses were reported from community providers and an additional 41 cases of people living with HIV that moved to Washoe County were reported to WCHD. Staff ensure that new cases and people living with HIV that have moved to Washoe County are linked to HIV care. New cases are followed over the first year to support retention in HIV care with the goal of a person achieving viral suppression by being adherent to their medication. Staff also works with a newly diagnosed person to inform and test their sexual and needle sharing partners. Of the 26 cases referred to Partner Services (disease investigation), 20 were interviewed, with 31 partners named. Outcomes included discovery that the partner was already diagnosed with HIV, seven (7) were tested and four (4) were diagnosed with HIV. The remainder refused testing or were not located. The goal of HIV testing and Partner Services is for people to know their HIV status. If the result is positive, the client is linked to HIV care. A person with a negative result is educated about pre-exposure prophylaxis (PrEP) and offered referrals to the limited providers that are offering PrEP. An estimated 1 in 7 people that are HIV positive are undiagnosed or unaware of their infection in the United States. An estimated 80% of new HIV transmissions nationally were from people who are unaware of their HIV infection or are not receiving regular HIV care.

- b. **Immunizations** – Nursing staff, including the program supervisor, attended the annual Statewide Immunization meeting on July 9-10, 2019. Federal and state program updates were reviewed on day one and breakout sessions were held the second day to address specific grant objectives and leadership activities.

Program staff provided immunizations to children at the Family Health Festival on July 27th held at the Sun Valley Neighborhood Community Center. A total of 58 children were served and 187 doses of vaccine administered.

Give Kids a Boost, the annual Back to School immunization clinic will be held on August 10, 2019 at the Neil Road Recreation Center in partnership with Immunize Nevada and the Nevada State Immunization Program.

Nurses from the Immunization Program continue to provide monthly Cribs4Kids Safe Sleep training to expectant mothers.

Program staff coordinated and helped mentor a total of 18 Orvis School of Nursing students that rotated through the Immunization, TB and Sexual Health Clinics for their summer and fall rotations.

- c. **Tuberculosis (TB) Prevention and Control Program** – Holly McGee, PHN retired on August 1, 2019 with just short of 30 years of service. Sonya Smith, PHN has been working with the Health District in the HIV program for 3 ½ years, begins training in the TB program August 5, 2019, filling Holly's vacated position.

The TB program is currently busy with two new pulmonary TB cases and the associated investigations. One active case completed treatment on 8/4/2019. Staff currently have 5 patients receiving direct observation therapy (DOT). Paperwork for the evaluation of 12 new immigrants was received over the last 5 days. Civil surgeon referrals for immigration continue to flow in daily. TB clinic staff routinely provide education to Primary Care Providers (PCPs) assisting providers with the treatment of their patients for latent TB infection (LTBI). Additionally, TB clinic receives many referrals from local PCPs seeking services required to rule out active TB for clients.

- d. **Family Planning/Teen Health Mall** – Staff received education regarding the Title X Final Rule. The rule prohibits abortion referrals, requires additional adolescent counseling, and requires that pregnancy options counseling be performed by a physician or an advanced practice provider. Staff are preparing an action plan which includes policy changes, required documentation, and a letter of assurance for the Office of Population Affairs.

Sexual Health and Family Planning Community Health Aides and a Public Health Nurse attended Family Planning Health Worker Certification Training through Essential Access Health and are currently completing required testing and video production for the course.

Staff will attend the 2019 Virtual National Reproductive Health Conference on August 14, 2019.

- e. **Chronic Disease Prevention Program (CDPP)** – The CDPP held a programmatic strategic planning session on July 10th. Outcomes include plans for improving team communications and

mentoring, as well as ongoing team assessments for programmatic direction and focus.

As leaders for the Washoe County Chronic Disease Coalition, the CDPP hosted an educational training for the second annual meeting of the Coalition, focusing on health equity. The national group Human Impact Partners provided the training and related health inequities to chronic disease and the smoke free work place efforts in Washoe County.

The CDPP is working to strengthen and restructure the Food Policy Council (FPC), and in order to offer more leadership, staff has taken on the chair position of the Council. Updates on the Washoe County FPC are being given at the Governor's Council on Food Security, and a possible collaboration is being explored with the City of Reno's Sustainability efforts.

Staff has been collaborating with community partners to put on free park events to encourage physical activity and nutritious eating. Priority is given to parks in low income neighborhoods that have limited existing community events. Events, reaching approximately 1,250 community members were held at Ardmore/Deer Park (2 events), Cottonwood Park, Pat Baker Park (2 events) and Yori Park (3 events). The events held at Yori Park were in conjunction with the City of Reno Parks and Recreation Department, building upon the successes of last year's events. All three events included the showing family friendly movies.



- f. **Maternal, Child and Adolescent Health (MCAH)** – FIMR staff continue to prepare the annual program report and Executive Summary. Staff are now entering information into a new data base, the National Fatality Review Case Reporting System. Lisa Iacoboni, Public Health Nurse is orienting to the FIMR program.

- g. **Women, Infants and Children (WIC)** – WIC celebrated World Breastfeeding Week (August 1 – August 7) by sharing information at the Liquid Gold event, and the Big Latch On at UNR on August 3rd. Staff also designed and hung a breastfeeding bulletin board at one clinic and a breastfeeding wall with client comments at another clinic.

As part of WIC Clinic goals staff have been working to increase the breastfeeding rate among our WIC clients and staff have been successful. Rates have increased 2% in the past 6 months and staff are hoping to increase rates by another 1%. Currently 46% of Washoe County clients are exclusively or partially breastfeeding at 2 months compared to the State average of 37% for WIC clients.



DD	CA	___
DHO	___	___

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: August 22, 2019**

DATE: August 9, 2019
TO: District Board of Health
FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – North Valleys Closed Basins, Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Vector, Waste Management, and Inspections.

Program Updates

North Valleys Closed Basins

- This update is being provided to clarify some of the statements which were made at the joint meeting of the City of Reno Council, Board of County Commissioners and Board of Airport Trustees on August 6, 2019. EHS staff continue to be involved with different activities regarding the North Valleys Flood of 2017 and ongoing management of lakes and flood waters in the closed basins when asked. This includes sampling of water, review of water quality data and review for environmental and public health implications of potential options to manage the waters in the North Valleys. When evaluating any data or proposals related to the waters of the North Valleys closed basins, EHS reviews all data and proposals for the protection of public health and the environment which includes, whenever possible, the reduction of mosquito habitat.

In 2017, WCHD was requested to provide assistance in the sampling of all three lakes within the North Valleys Closed Basins. This sampling was twofold: 1) to determine if any contaminated waters were flowing into the lake, including from the failures of individual residential onsite sewage disposal systems; and 2) to determine if the water was safe for first responders and other workers to work in and around Whites, Silver and Swan Lakes. Samples were taken from March into May of 2017 of all three bodies of water. It was determined the waters in Whites Lake had no contamination and sampling there was quickly stopped. Silver Lake, based on the limited flooding and the test results, was also stopped in late spring of 2017. Swan Lake sampling was decreased over the course of the summer of 2017 until such time as it was ended. Sampling of this lake was continued longer than the other lakes based on the premise workers continued to come into contact with the water on a regular basis and the fact private residential properties were still impacted from lake levels.

In 2018 Washoe County Community Services Division (CSD) requested EHS take additional water samples of Swan Lake to determine the quality of the water and if it had changed over the year. In May, EHS staff pulled two samples from Swan Lake and one sample from Silver Lake and had the results sent directly to CSD. In June of 2018, EHS was asked to review the results of the data for water quality purposes. Since that time, EHS has completed no water sampling of any of the lakes in the North Valleys. It is the understanding of EHS that CSD has continued to sample Swan Lake since EHS stopped.

On August 8, 2019 EHS received four sets of analytical data from CSD for surface water sampling of Swan Lake. The results were reviewed on August 12, 2019 and, as in the past, the sampling results confirm Swan Lake continues to have safe water quality for recreational use and no untreated sewage or septic waste is entering the lake.

EHS is reviewing the sampling data on the criteria published by the United States Environmental Protection Agency (EPA) for recreational water quality. This criteria is based on E. coli bacterial levels in the lakes. To date, none of the samples taken have exceeded the EPA standard of 410 E. coli per 100mL sample. Therefore, this water is considered to pose no more public health risk to the general public than any other natural body of water. This testing does not sample for the various types of algae which may be growing in the water. It is the understanding of EHS that CSD has worked with other specialists to determine if the algae poses any risk and it has been determined these algae do not pose any more risk than they would in any other body of water. Therefore, this is the basis of the continued public health message which is the water is safe and if you come in contact with it, wash your hands or otherwise shower or rinse off as you would do after entering any other natural body of water.

EHS staff have also been approached by CSD to evaluate and provide comment and/or support of various engineering options to potentially safely move water or speed up the evaporation of water within Swan Lake. In June and July 2019, EHS met with CSD on a proposal to try aeration of Swan Lake water to speed up evaporation. That project was reviewed by EHS and determined it to be acceptable from a public health and environmental review. Prior to EHS approving the pilot project, EHS required CSD to get concurrence and approval from NDEP and the Nevada Division of Public and Behavioral Health as the proposal would not adversely affect the public or environment. EHS supports the concept of aeration to assist in water movement and evaporation as it will eliminate mosquito habitat.

EHS was not consulted on the land application of Swan Lake water in the American Flats area through a sprinkler type application for agricultural use.

Enclosed with this report are three documents which EHS has produced regarding either the review of sampling data or proposed plans for the pilot testing of misters for the aeration to possibly artificially increase evaporation of the lake waters.

Child Care

- Two additional EHS staff members were trained on child care inspections in July. Staff opened two new child care permits for operations in existing buildings.

Community Development

- The commercial plans inspectors have been working on outreach and education during inspections. REHS staff recently identified a backflow preventer incorrectly installed for a commercial facility. They worked with the facility and the City Building Inspectors to address the problem.

- The average 30 day plan review times are well below the regional goal of 10 business days. EHS is currently averaging 5.3 days for review and comment.
- 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	JUL 2019	2019 YTD	2018 TOTAL
Development Reviews	38	45	44	35	40	18	18	238	436
Commercial Plans Received	118	103	145	149	123	118	135	891	1,272
Commercial Plan Inspections	30	42	25	30	30	27	55	239	339
Water Projects Received	5	3	14	10	2	12	5	51	224
Lots/Units Approved for Construction	40	287	0	29	286	12	141	795	5,067

Epidemiology

- EHS Epidemiology staff conducted three site investigations for foodborne illness complaints in July. One of the investigations involved scombroid poisoning following consumption of raw fish at a local seafood restaurant. There were also two exclusions for ill food handlers based on confirmed diagnoses of referrals from the Communicable Disease (CD) Program.

Food

- The proposed amendments to the Washoe County District Board of Health Regulations Governing Food Establishments (food establishment regulations) were approved during the July Board meeting. The proposed amendments will be presented to the State Board of Health for approval during their September meeting. Adoption of the food establishment regulations will ensure consistency with the most recent version of the 2017 FDA Food Code. Revisions were 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 meet the requirement of Standard 1 – Regulatory Foundation.
- The Food Safety Program implemented a food inspection quality assurance program (program). The program will include three field evaluations of each staff member over an 18 month period to ensure uniformity and inspection quality among regulatory staff. The program also includes a post inspection survey that will be sent to each food establishment operator after routine food establishment inspections are conducted. Information gathered from the field evaluations and post inspection survey will be analyzed every 18 months and results will be used to identify and address Food Safety Program issues with the intent of improving the overall level of services provided. Implementation of a quality assurance program that uses data to demonstrate program effectiveness meets the criteria of Standard 4 – Uniform Inspection Program.
- Two staff members attended the joint Western Association of Food and Drug Officials and U.S. FDA Southwest Region Retail Food Seminar held in Salt Lake City, UT. The seminar provided the opportunity for participants to learn about changes to regulations, policies and recommendations that impact food safety, including changes to FDA Food Code, changes to the Program Standards, federal, state and local regulatory agency initiatives to enhance food safety, industry initiatives to enhance food safety, available funding opportunities and emerging science and technology related to food safety. Participation in regional food protection seminars meets the criteria of Standard 2 – Trained Regulatory Staff, and Standard 7 – Industry and Community Relations.

- **Special Events** – July began with multiple large events around the 4th of July holiday in Star Spangled Sparks and The Biggest Little City Wingfest, closing with the Barracuda Championship at the end of the month. Staff continue to handle the large events in addition to the many farmer's markets, food truck events and smaller scale happenings throughout Washoe County. August continues with two of Washoe County's largest special events in Hot August Nights and the Nugget Best in the West Rib Cook-off.

Land Development

- Septic plan review intake numbers slowed over the last month but remain up year over year. Year to date in 2019, 533 plans were taken in compared to 466 in the same period of 2018, representing a 14% increase. The team has used this downtime to catch up on plan reviews.
- The team is also utilizing the reduced plan review time to work on internal procedures and customer hand-outs. Individual team members are working on different projects. The website is being looked at to direct property record requests more easily, which should dramatically reduce the number of phone calls fielded. The website review will also begin to look at how to incorporate new hand-outs and make the general viewing more user friendly.
- The plan review space is being reorganized to be consistent with Commercial Development. Aside from having a consistent professional look, the project will also yield forward efficiencies.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	88	107	69	557	890
Residential Septic/Well Inspections	71	20	77	100	98	114	114	594	987
Well Permits	11	3	4	4	6	9	5	41	108

Safe Drinking Water

- Only two sanitary surveys remain for the rest of 2019. Reports are mostly written, with just a few outstanding. The goal is to finish all reports by the end of August.
- EHS is currently reviewing the costs associated with the Safe Drinking Water program to determine appropriate staffing levels and to prepare for future contract negotiations with the State. This has been a productive effort, allowing for increased understanding of existing and future needs of the program.
- All water haulers were inspected in plenty of time for their permits to be issued prior to Burning Man. EHS has historically had three water haulers that frequently applied last minute. Ensuring that the inspection and their permit issuance were done in a timely manner reduces stress on both the customers and staff.

Vector-Borne Diseases (VBD)

- The program conducted their fifth aerial larviciding application on August 7, 2019 from the Stead airport. The product used was Altosid P35, a biological larvicide that exists naturally in the environment which specifically targets mosquito larvae with no effects to humans, fish, water fowl, or other non-targeted insects such as bees. Future applications coincide with the effectiveness of the product in order to interrupt the lifecycle of mosquitos at the larvae stage, killing larvae before they become flying, biting, disease-transmitting adult mosquitoes.
- Staff identified the first West Nile virus-positive mosquitoes of the season from samples taken in the Hidden Valley and Rosewood Lake area. No human cases have been reported this year in

Washoe County. Sixteen (16) human cases of West Nile Virus were confirmed in Clark County this season as of August 8th. Program staff increased mosquito surveillance and have been conducting early morning fogging applications in the Hidden Valley and Rosewood Lakes areas since July 25, 2019.

- VBD continues their adult mosquito trapping and surveillance activities. Program staff and public health interns also take water samples to test marsh, area wetlands, meadows and pastures, as well as storm drains, culverts and ditches in Washoe County. Traps are placed in areas where mosquito activity is a concern for both humans and domestic animals. When high mosquito activity is observed, staff coordinates and conducts early-morning fogging operations in specifically targeted areas using documented laboratory-confirmed intelligence, as well as individual citizen, neighborhood and community calls received by the program.
- The program responded to a recent high volume of bat and potential rabies exposures for both humans and pets (dogs and cats). VBD and Washoe County Regional Animal Control Services (WCRAS) have been working jointly to transport rabies susceptible bats and wild mammals involved with possible human exposure to the Nevada State Department of Agriculture Animal Diseases Laboratory for rabies testing.

Waste Management

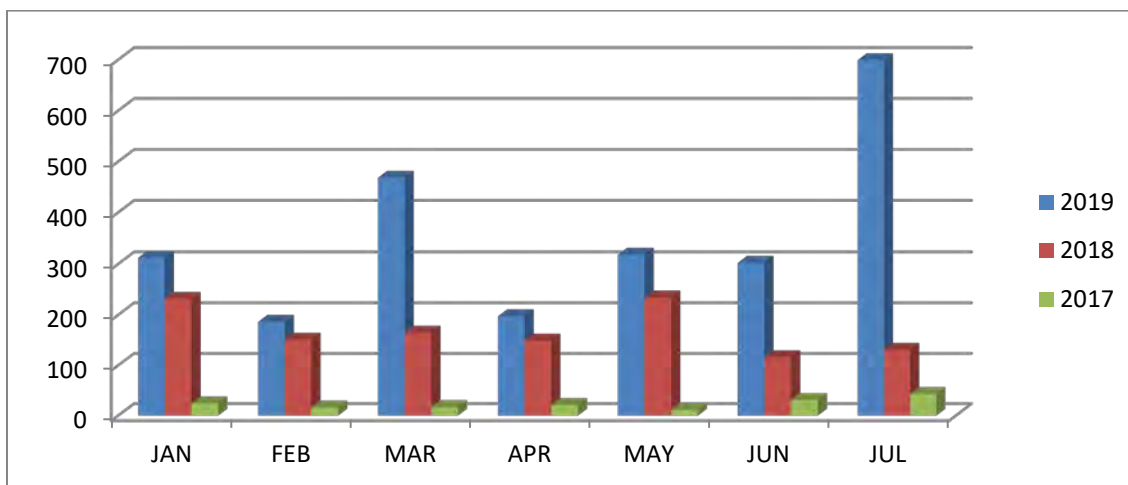
- EHS issued seven exemptions through July; only one was issued last year. Staff issued a citation on August 6th for improper storage of solid waste. Front desk support staff have been inundated with calls and questions regarding exemptions.
- The Sheriff's office, Sparks Public Works, Washoe County and Bureau of Land Management (BLM) coordinated a clean-up of a homeless camp off Larkin Circle in Sparks on August 9th.

EHS 2019 Inspections

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	12	71	116
Complaints	57	34	69	75	73	68	76	452	756
Food	477	596	863	409	464	626	277	3,712	5,810
General*	65	97	97	90	405	159	291	1,204	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	154	553	1,630
Temporary IBD Events	0	4	0	76	0	0	0	80	99
Waste Management	10	25	16	13	4	13	7	88	141
TOTAL	634	778	1,070	700	1,061	1,100	817	6,160	10,806
EHS Public Record Requests	313	186	468	197	318	302	699	2,483	2,123

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

Public Record Requests



WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

DATE: July 10, 2019

TO: Dave Solaro, Recovery Director, North Valleys Flood 2017 and Interim County Manager

FROM: James English, Environmental Health Supervisor

EC/CC: Dwayne Smith, Community Services Department
Dylan Menes, Community Services Department
Ben Jesch, Community Services Department

SUBJECT: Swan Lake Aeration/Evaporation Project

The Washoe County Health District (WCHD) has met with Washoe County Community Services Department (CSD) regarding various ways to mitigate or possibly artificially reduce the level of Swan Lake within Lemmon Valley Nevada. One such option being investigated is the evaporation through industrial misters.

The WCHD has reviewed this option as proposed and does not see it as having any adverse effects on public health or the environment. Currently Swan Lake's water quality is tested on a regular basis for bacteria levels and no results have shown water quality unsafe for human contact or recreation. WCHD concurs with the Nevada Division of Public and Behavioral Health (DPBH) that possible aeration of algae, whether viable or not through the misters will also not have an adverse effect on public health or the environment. WCHD would be supportive of the aeration option as it will help reduce water levels, possibly reduce mosquito habitat and also provide for some additional movement and aeration of the water thus possibly reducing algae blooms.

WCHD recommends CSD move forward with a pilot test using misters at the lake for additional evaporation. During such testing, water quality sampling should continue and if possible a sample should be collected from a mister to compare to actual lake levels. WCHD also recommends CSD come up with a plan to stop or halt aeration through misters if indeed the lake's water quality deteriorates to levels which are unsafe for human contact.

WCHD will continue to provide input and review water quality test results or operational plans as requested by CSD for the basis of protecting public health and the environment if requested.

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Public Health

DATE: June 27, 2018

TO: Dave Solaro, Recovery Director: North Valleys Flood 2017

FROM: James English, Environmental Health Supervisor 

SUBJECT: Review of analytical results for surface water testing of Swan and Silver Lakes

The Washoe County Health District was requested to conduct surface water sampling of Swan and Silver Lakes as a part of the ongoing recovery efforts of the 2017 North Valleys Flooding by the Washoe County North Valleys Incident Command. Two surface water samples were pulled from Swan Lake and one Surface water sample was pulled from Silver Lake on May 7, 2018. Samples were submitted to the Nevada State Public Health Laboratory requesting testing for quantitative E. coli and total coliforms. Results were provided to you on May 8, 2018.

On June 26, 2018 WCHD was asked to analyze the results to determine if bacterial contamination exceeded limits for lakes which are used for recreation. A review of the data shows both Swan and Silver Lake are well below the limits for bacterial contamination to close a body of water to recreational use. The highest result was 18.9 colony forming units per 100mL (cfu/100ml) whereas the Environmental Protection Agency's (EPA) recommended guidance for the geometric mean (GM) and statistical threshold value (STV) should not exceed 126 and 410 cfu/100mL respectively.


If you have any questions regarding the interpretation of this analytical data, please contact me at jenglish@washoecounty.us.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

DATE: August 12, 2019

TO: Dave Solaro, Recovery Director: North Valleys Flood 2017 and Interim County Manager

FROM: James English, Environmental Health Supervisor 

SUBJECT: Review of analytical results for surface water testing of Swan Lake

On August 8, 2019, the Washoe County Health District (WCHD) was sent and requested to review analytical sample results from various sampling events of Swan Lake in the late spring/early summer of 2019. The review was requested by the Washoe County Community Services Division and as part of the review, these samples were compared with sample results taken in 2018. Samples were reviewed and evaluated based on guidance documents developed by the United States Environmental Protection Agency (EPA) for recreational bodies of water and surface water standards for bodies of water not used as potable water supplies. Samples taken on 4/17/2019, 5/23/2019 and 6/25/2019 were tested for Total Coliform, E. Coli, water quality parameters, anions, flow injection analysis, trace metals and Mercury. Additionally, samples were collected on 05/06/2019 which were only tested for Total Coliform and E. Coli. Review of the submitted results show proper chain of custody and associated Quality Control Reports with the results.

Review of the ten samples taken over the four sampling events show a range of Total Coliforms from 8.4 to greater than 2419.6 MPN/100ml. These results only demonstrate the presence of potential bacteria in the water. The sample results for E. Coli had a range of non-detect (ND) to 71.7 MPN/100ml (ND, ND, ND, 2.0, 3.1, 4.0, 5.2, 9.7, 24.3 and 71.7). Therefore, the results are well below the limits for bacterial contamination for a recreational water body. The highest test result for E. Coli reviewed by the WCHD in 2018 was 18.9 colony forming units per 100mL (cfu/100ml) whereas the Environmental Protection Agency's (EPA) recommended guidance for the geometric mean (GM) and statistical threshold value (STV) should not exceed 126 and 410 cfu/100mL respectively. For clarity, CFU refers to "colony forming units" which is the actual count of the test plate whereas MPN refers to "most probable number" and is the statistical probability of the number of organisms on the plate.

A review of the non-microbiological sample results demonstrate no analytes of concern for which WCHD would recommend people or pets stay out of the water. Recently the public has been concerned with arsenic levels in Swan Lake. The submitted analytical results for Arsenic in Swan Lake ranged from 0.019-0.040 mg/L, whereas the maximum contaminate level of arsenic allowed in drinking water is 0.010 mg/L and in surface bodies of water the EPA guidance is for less than or equal to 0.050 mg/L total arsenic.

As in the past, WCHD continues to recommend and support CSD continuing a proactive routine sampling schedule for Swan Lake to continue to demonstrate the water is not detrimental to public health or the environment. If you have any questions regarding the interpretation of this analytical data, please contact me at jenglish@washoecounty.us.

ENVIRONMENTAL HEALTH SERVICES

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Public Health
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DHO	_____
DA	_____
Risk	_____

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: August 22, 2019**

DATE: August 8, 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 July of 2019, the Communicable Disease (CD) Program has been investigating one outbreak of hand, foot, and mouth disease (HFMD) at a daycare. This investigation is ongoing. Also, five cases of *Salmonella* serotype Enteritidis have been linked to a multi-state outbreak associated with backyard poultry, such as chicks and ducklings. A total of 768 people from 48 states have been linked to this outbreak. These are the first cases identified in Nevada.

Mumps – A single case, probable for mumps was reported and the CD Program initiated a mumps contact investigation. Exclusions from work, school and social gatherings are in place for a household contact (the mother of the probable case) and three siblings of the case. All contacts have been assessed for immunization status. No additional cases have been identified at this point.

Plague suspect – A single case, suspected of pneumonic plague, was reported. This is a very low suspect and other potential etiologies are being explored as well. This case has not been laboratory confirmed. Laboratory tests are pending. The investigation is ongoing.

Measles – Since the last District Board of Health meeting in July of 2019, the CD Program initiated one new investigation of suspect measles. This investigation ruled out measles. The CD Program has investigated a total of 18 suspect measles cases so far this year. We continue to have no confirmed cases of measles in Washoe County in 2019. In contrast, in the United States, from January 1 to August 1, 2019, 1,172 individual cases of measles have been confirmed in 30 states. This represents an increase of 8 cases from the previous week and the greatest number of cases reported in the U.S. since 1992.

Public Health Preparedness (PHP)

Grants - FY19 grant funds were utilized to purchase radiological detection and protection equipment to be loaned to the City of Reno PD and the CLEAR team. In January, Reno RPD took possession of four lead shielding blankets, and in July, they picked up 1,200 pairs of safety goggles, one Ludlum Radiation Monitor, one MultiRAE Gas Monitor, one MetRad hand-held Metal and Gamma Detector, and one AM-801 Radiation Detection Portal with Vehicle Kit.

IHCC has approved the purchase of additional Command Vehicle Kits, in order to place more in hospitals and medical facilities. The Coalition would also like to provide kits for all law enforcement and EMS vehicles. The purchase of these additional kits will be reviewed in future finance meetings.

Pandemic Flu Planning - The CDC has defined new vaccine distribution strategies in the event of a declared pandemic flu outbreak. In response, staff is updating the Pandemic Flu plan, including the sections that address Private PODs. In addition to the standard training that will be provided to the Private PODs in advance of the Fall Flu POD exercise that will be held late September through early October, the Private PODs will also receive updated instructions and training on the new distribution strategy.

Upcoming Exercises

Preparedness Fair, September 20: PHP, in conjunction with staff from Living with Fire, the Washoe County Emergency Manager's Office, WCSO, and other partner agencies are planning a Preparedness Fair to showcase the preparedness capabilities of the region. The Fair will be held at Idlewild Park.

CHEMPACK Game, September 26: PHP staff is working with Fire, Law Enforcement, GIS, National Guard and other local agencies to prepare a Chempack Game. The scenario provides response agency participants an opportunity to address an accident that includes a chemical spill.

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.

Emergency Medical Service (EMS)

Trainings/Exercises – The EMS Coordinator and REMSA Emergency Manager conducted a tabletop exercise for the Cascades of the Sierra on August 6. The facility had reached out after the Jasper fire, because they did not have a complete evacuation plan. The tabletop was designed to get the leadership staff thinking about disaster preparedness. They signed on to the Mutual Aid Evacuation Agreement (MAEA) and will be more active in County preparedness activities.

Emergency Planning - Multi-Casualty Incident (MCI) Workshop was held on July 31. This was the initial workshop to discuss plan revisions for the fiscal year. Some suggestions included, revising the language of a MCI pre-alert verse a full MCI activation, developing a HazMat section and adding information about Recuse Task Force (RTFs).

ED Consortium held its quarterly meeting on August 8. The meeting included presentations on the legislative updates to the Legal 2000 processes and peer led mobile team in the Emergency

Departments. The group also discussed blood borne pathogens process and the creation of a patient destination workgroup.

**REMSA Percentage of Compliant Responses
FY 2019 -2020**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2019	92%	96%	94%	100%	96%	92%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2019	8:37	14:00	16:46	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: August 22, 2019**

DATE: August 22, 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), Workforce Development, Accela Regional Permitting and Business License Platform, Community Health Improvement Plan, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Public Health Accreditation (PHAB)

We have received the summary of the results from our site visit; out of the 100 measures, we received one “not demonstrated,” six “slightly demonstrated” and the remaining 93 items were either “largely” or “fully” demonstrated, which is a very positive result. We have received confirmation that we are on the August 20th agenda for the Accreditation Committee, during which a determination will be made on our accreditation status.

Workforce Development

The training on empathetic communications scheduled for August 27th is at full capacity, a good indication of interest in the topic. We also received the results of the Workforce Development survey that we deployed in April/May in conjunction with the Nevada Public Health Training Center. We will be analyzing those results and revising our Workforce Development Plan accordingly.

Accela Regional Permitting and Business License Platform

A meeting of the Regional Oversight Group is scheduled for August 21. The agenda will include discussion of joinder onto City of Reno contracts for implementation, hosting, and on line and credit card payment processing for the Accela platform.

Community Health Improvement Plan

The Family Health Festival conducted on July 27th at the Sun Valley Family Neighborhood Center was very successful, serving 635 people. New for this event, dental screenings were provided in addition to immunizations that have been provided at past events. Progress has continued with the 5210 initiative; the 5210 Healthy Washoe page has been developed on the “Get Healthy Washoe” website with toolkits, quick start guides and a registration link for entities that are interested in participating. A focus group

was held at the Reno + Sparks Chamber of Commerce with members of the business community on August 9th to solicit feedback on implementation strategies that will be used to shape a larger community rollout of the 5210 Healthy Washoe worksite initiative.

The bulk of the CHIP Behavioral Health items are complete. A Behavioral Health Committee meeting was held August 8th to review the progress and consider further items for addition to this focus area. Several additions were suggested and smaller groups are working on drafting content for action plan additions.

Substance Abuse Task Force

The Substance Abuse Task Force met on August 5. Catrina Peters organized a presentation provided by Nisha Garimalla, of GoodGrid to provide information to the group on the free software platform and the upcoming rollout of the Phase 1 pilot implementation in Washoe County. Ms. Peters and Kim Schweickert of the Washoe County Human Services Program had led the development of this community case-management initiative, which intends to provide linkages between case managers in various organizations and the clients they serve to assure communication on client needs, services available, and services accessed in order to optimize the performance of limited case manager personnel and programs in delivering needed services to clients.

Lori Fralick of the District Attorney's office provided an update on work she has performed to collect information on the types of insurance providers substance abuse services accept to allow improved referral of clients to these programs. The information will be shared and added to Capacitytype, which is an Internet platform funded by the Stacey Mathewson Foundation to provide geographically focused information on substance abuse services. Ms. Fralick and Ms. Garimalla will explore development of an interface to allow access to the Capacitytype information through GoodGrid.

Representatives from the U.S. Drug Enforcement Agency provided an update of their activities related to drug enforcement and education.

Truckee Meadows Healthy Communities (TMHC)

Truckee Meadows Healthy Communities worked with numerous community partners to further develop and submit a second round BUILD Health grant proposal to the Robert Wood Johnson foundation for a Senior Suicide Prevention initiative in the 89512 zip code area. Kindle Craig, Renown Health, took the lead in organizing partners and writing the second round proposal which was submitted on July 26. The proposal had twenty-four letters of support. Funding decisions will be announced on September 30, 2019.

The Board of Directors met on August 7. Sharon Chamberlain, CEO of N.NV HOPES was appointed to the Board at the meeting. Chuck Duarte, CEO of Community Health Alliance (CHA) resigned from the Board when he resigned from CHA.

The Regional Strategy for Housing Affordability is planned to be presented to the Reno and Sparks City Councils on September 24, and to the Washoe County Commissioners on September 25. I encourage

the appointed members of the Board to attend one of these meetings to be briefed on the strategy which was developed by TMHC and TMRPA as a key deliverable of the housing priority of the Health District's Community Health Improvement Plan.

Other Events and Activities

7/26/19	REMSA Board Meeting
7/26-8/3/19	Kevin Dick – Leave
8/5/19	Substance Abuse Task Force Meeting
8/6/19	UNR Health Policy Class, Guest Presenter
8/7/19	TMHC Board of Directors Meeting
8/7/19	Monthly Meeting w/Dave Solaro
8/8/19	AQM - DHO/DD/Board Member Meeting with Councilman Dahir
8/8/19	AHS – DHO/AHSO/Board Member Meeting with Councilman Delgado
8/8/19	WCHD/NV Office of Minority and Health and Equity Meeting
8/9/19	Communications Program Manager Interviews
8/9/19	UNR SCHS Advisory Board Meeting
8/12/19	UNR Coop Extension Area Director Introductory Meeting
8/13/19	NALHO Teleconference
8/14/19	Department Heads Meeting
8/15/19	5210 Healthy Washoe Workplace Pilot Meeting with Washoe County HR
8/16/19	NPHA Advocacy Call
8/16 - 19/19	Kevin Dick - Leave
8/20/19	5210 Healthy Washoe Meeting with SNAP – Ed Program
8/20/19	EPHP – DHO/DD/Board Member meeting with Dr. Novak and Mike Brown

Health District Media Contacts: July 2019

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
7/25/2019	KOLO	Able Garcia	West Nile Virus - Todd
7/24/2019	KRNV	Kim Burrows	Squatters - English, J
7/24/2019	KOLO	Bridgett	Ace Motor Lodge - Albee
7/24/2019	KTVN	Marisol Bragg	FHFI-Back to School Immunizations - Shore & LaVoie
7/18/2019	RGJ	Jenny Kane	Air Quality at Burning Man - Schneider
7/10/2019	News 4 On Your Side	Samantha Smerechniak	CBD in Food Products - English, A
7/9/2019	RGJ	Jenny Kane	CBD in Food Products - English, A
7/9/2019	KRNV News 4 & Fox 11	Anna Kintzer	Health Concerns(UNR Explosion)-Schneider & Dayton

Press Releases/Media Advisories/Editorials/Talking Points

7/24/2019	West Nile Virus Confirmed in WC	Franchi
7/15/2019	HD to Conduct 4th Mosquito Aerial Larviciding	Dayton

Social Media Postings**Facebook**

AQMD/CCHS/ODHO/EHS 59
(CCHS 14, EHS 13, AQM 12, WCHD 20)

Twitter

AQMD/CCHS 52
(AQM 39, CCHS 13)