

**Washoe County District Board of Health  
Videoconference Meeting Notice and Agenda**

**Members**

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

**Thursday, May 28, 2020  
1:00 p.m.**

**Washoe County Health District  
Commission Chambers, Building A  
1001 East Ninth Street  
Reno, NV**

TO COMPLY WITH SOCIAL DISTANCING PER  
THE EMERGENCY DIRECTIVE 006 SECTION 2

please be sure to attend this meeting via the link listed below or via phone.  
(be sure to keep your devices on mute, and do not place the meeting on hold)

<https://us02web.zoom.us/j/86324005661?pwd=MFp3VmZ0Q0tqdnJlZkhNSEY5MzRqQT09>

**Phone: 1-669-900-9128  
Meeting ID: 863 2400 5661  
Password: 936219**

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**An item listed with asterisk (\*) next to it is an item for which no action will be taken.**

**1:00 p.m.**

- \*Roll Call and Determination of Quorum**
- \*Pledge of Allegiance**
- \*Public Comment**

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.

**As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public may submit public comment by teleconference by logging into the ZOOM webinar by accessing the above link.**

NOTE: The zoom option will require a computer with audio and video capabilities.

**Public comment requests can be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. on Wednesday, May 27, 2020.**

- 4. Approval of Agenda – (FOR POSSIBLE ACTION)  
May 28, 2020**

**5. \*Recognitions**

**A. Retirements**

- i. Suzanne Dugger, Air Quality Specialist, retired May 1, 2020 – AQM
- ii. Carol Lynn Shore, Public Health Nurse II, retired May 1, 2020 – CCHS
- iii. Scott Baldwin, Air Quality Specialist, retired May 1, 2020 – AQM
- iv. Jacqueline Gonzalez, Advanced Practice Registered Nurse, retired May 1, 2020 – CHS
- v. Dr. Randall Todd, Epi Center Director, retired May 8, 2020 - EPHP

**B. Years of Service**

- i. Lilia Sandoval-Huffman, 25 years, hired May 15, 1995 – CCHS
- ii. Cindy Hawks, 20 years, hired May 1, 2000 – EPHP
- iii. Laurie Griffey, 15 years, hired May 9, 2005 - AHS

**C. Promotions**

- i. Kimberly Graham – promoted from Administrative Assistant I to Fiscal Compliance Officer - AHS

**D. New Hires**

- i. Vicky Olson, March 30, 2020, Emergency Medical Services Coordinator, ODHO
- ii. Lisa Sheretz, April 13, 2020, Health Educator II – CCHS
- iii. Liliana Wilbert, April 27, 2020, Epidemiologist – EPHP
- iv. Andrea Esp, April 13, 2020, Preparedness and EMS Program Manager – EPHP
- v. Christina Sheppard, Advanced Practice Registered Nurse, transferred on May 11, 2020 - CCHS

**E. Shining Star**

- i. Theresa Bennett

**F. Hero of the Day**

- i. Erick Lamun

**6. Proclamation (FOR POSSIBLE ACTION)**

Emergency Medical Services Week

Accepted by: Andrea Esp

**7. 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. March 26, 2020

**B. Budget Amendments/Interlocal Agreements – (FOR POSSIBLE ACTION)**

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 20, 2020 through March 15, 2021 in the amount of \$931,381.00 to support COVID-19 crisis response activities and authorize the District Health Officer to execute the Notice of Subaward and any future amendments. **(FOR POSSIBLE ACTION)**  
Staff Representative: Nancy Kerns-Cummins
- ii. Approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide access to community and clinical public health opportunities for medical residents during their preceptorship experience for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year

periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. **(FOR POSSIBLE ACTION)**

Staff Representative: Kim Graham

- iii. Approve two Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. **(FOR POSSIBLE ACTION)**

Staff Representative: Kim Graham

- iv. Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to March 29, 2020 through April 28, 2020 in the amount of \$15,279 for a total revised award of \$117,577 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO#11559 and authorize the District Health Officer to execute the Subaward. **(FOR POSSIBLE ACTION)**

Staff Representative: Kim Graham

- v. Approve the Agreement between Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing, and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenburg juveniles for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. **(FOR POSSIBLE ACTION)**

Staff Representative: Kim Graham

- vi. Possible approval of the Amendment to Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 to allow transfer of delegation of authority and responsibility from Battalion Chief Sam Hicks to Aaron Kenneston, Washoe County Emergency Manager. **(FOR POSSIBLE ACTION)**

Staff Representative: Kevin Dick

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

Presented by: Dean Dow and Alexia Jobson

- A. Review and Acceptance of the REMSA Operations Report for March 2020 – (FOR POSSIBLE ACTION)**
- B. Review and Acceptance of the REMSA Operations Report for April 2020 – (FOR POSSIBLE ACTION)**
- C. \*Update of REMSA’s Public Relations during March 2020**
- D. \*Update of REMSA’s Public Relations during April 2020**

9. **PUBLIC HEARING - Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning. (FOR POSSIBLE ACTION)**  
Staff Representative: Francisco Vega
10. **Review and update on COVID-19 Emergency Response Activities. FOR POSSIBLE ACTION**  
Staff Representative: Kevin Dick
11. **Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2020. (FOR POSSIBLE ACTION)**  
Staff Representative: Anna Heenan
12. **\*Staff Reports and Program Updates**
  - A. **Air Quality Management, Francisco Vega, Division Director**  
Program Update – Maintenance of Essential Functions, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement
  - B. **Community and Clinical Health Services, Lisa Lottritz, Division Director**  
Divisional Update – Teen Pregnancy Prevention Month; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, 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 – **Consumer Protection** (Food, Food Safety, Permitted Facilities, and Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST, and Inspections).
  - D. **Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director**  
Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Vital Statistics
  - E. **Office of the District Health Officer, Kevin Dick, District Health Officer**  
District Health Officer Report – COVID-19 Response, COVID-19 Homelessness Response, COVID-19 Contact Tracing, and Health District Support.
13. **\*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)



#### 14. \*Public Comment

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.

As required by the Governor's Declaration of Emergency Directive 006 Section 2, members of the public may submit public comment by teleconference by logging into the ZOOM webinar by accessing the above link.

NOTE: The zoom option will require a computer with audio and video capabilities.

Public comment requests can be submitted to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. on Wednesday, May 27, 2020.

#### Adjournment. (FOR POSSIBLE ACTION)

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time, but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> Street, Building B, Reno, NV 89512, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment:** Members of the public may make public comment by submitting an email comment to [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us) no later than 4:00 p.m. the day before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. During the "Public Comment" items, emails may be submitted 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 emails 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.

**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 – 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)"

#### Posting of Agenda; Location of Website:

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

Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)

State of Nevada Website: <https://notice.nv.gov>

Pursuant to the Declaration of Emergency Directive 006 NRS241.023(1)(b), the requirement to physically post agendas is hereby suspended.

**How to Get Copies of Agenda and Support Materials:** Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Susy Valdespin, 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. Valdespin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

# *Proclamation*

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

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

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

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

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

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

WHEREAS, the members of emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

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

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim the week of May 17-23, 2018, as

## **Emergency Medical Services Week**

with the theme

### **Beyond the Call**

in Washoe County, Nevada.

**ADOPTED** this 28<sup>th</sup> day of May 2020

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

## Washoe County District Board of Health Teleconference Meeting Minutes

### Members

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

Thursday, March 26, 2020  
1:00 p.m.

Washoe County Health District  
Commission Chambers, Building B  
1001 East Ninth Street  
Reno, NV

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

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

The following members and staff were present:

Members present: Dr. John Novak, Chair  
Michael Brown, Vice Chair  
Kristopher Dahir  
Dr. Reka Danko  
Oscar Delgado  
Tom Young

Members absent: Marsha Berkgigler

**Mrs. Valdespin verified a quorum was present.**

Staff present: Kevin Dick, District Health Officer  
Dania Reid, Deputy District Attorney  
Anna Heenan  
Charlene Albee  
Lisa Lottritz  
Francisco Vega

### 2. \*Pledge of Allegiance

Vice Chair Brown led the pledge to the flag.

### 3. \*Public Comment

**Chair Novak opened the public comment period.**

No public Comment.

**Chair Novak closed the public comment period.**

### 4. Approval of Agenda

March 26, 2020

**Vice-Chair Brown moved to approve the agenda for the March 26, 2020, District**

**Board of Health regular meeting. Dr. Danko seconded the motion which was approved unanimously.**

**5. 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.

**Chair Novak inquired if there were any items the Board wanted to add and/or pull from the Consent agenda.**

A. Approval of Draft Minutes

- i. February 27, 2020

B. \*Recognitions

Years of Service

- i. Richard Sanchez, 20 years, Hired 03/27/2000 – EHS
- ii. Brenda Wickman, 20 years, Hired 03/27/2000 – EHS

Promotions

- i. Kristen DeBraga from Environmental Health Trainee to Environmental Health Specialist – EHS

New Hires

- i. Julia Ratti, 03/16/2020, Health Educator II, part time, ODHO
- ii. Alejandra Rosales, 03/16/2020, Community Health Aide - CCHS

Accomplishments

- i. Maricela Caballero – ALTA Certificate of Qualification as a Beginner Spanish Medical Interpreter

C. Budget Amendments/Interlocal Agreements

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective April 1, 2020 through March 31, 2021 in the total amount of \$168,633.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Ryan White HIV/AIDS –Part B Early Intervention Services Program and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns-Cummins

- ii. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health retroactive to February 1, 2020 through August 31, 2020 in the total amount of \$142,124.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program for opioid overdose prevention; authorize the creation of a 1.0 FTE, fully benefitted, full-time Health Educator position as evaluated by the Job Evaluation Committee; and authorize the District Health Officer to execute the Notice of Subaward.

Staff Representative: Nancy Kerns Cummins

D. Acceptance of the Air Quality Management Division portion of the Truckee Meadows Regional Plan Annual Report for Calendar Year 2019.

Staff Representative: Francisco Vega

E. Acceptance of the 2019 Annual Report to the Truckee Meadows Regional Planning Agency by the Washoe County Health District as the Solid Waste Management Authority.

Staff Representative: James English

F. Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 2-20FP Levy Premium Food Service Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the regulations of the Washoe County District Board of Health Governing Food Establishments.].

Staff Representative: Charlene Albee

G. Affirm the recommendation by the Food Protection Hearing and Advisory Board for the Approval of Variance Case No. 1-20FP Rocky Mountain Chocolate Factory Application for Variance to Sections 200.005 (Outdoor food establishment, applicable requirements), 060.205(A) (Food equipment, certification and classification) and 070.020 (Plumbing system) of the Regulations of the Washoe County District Board of Health Governing Food Establishments.

Staff Representative: Charlene Albee

**Council Dahir moved to accept Consent Agenda items A through G. Dr. Danko seconded the motion which was approved unanimously.**

**6. Possible approval of the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.**

Staff Representative: Kevin Dick

Mr. Dick stated that the Health District began Emergency Operations Response as they worked with the increased need in the community to address COVID-19.

Mr. Dick informed the Governor decided to only allow essential businesses to operate and has made further directives for social distancing under his Emergency Declaration. As a result of this Declaration, City of Reno, City of Sparks, and Washoe County along with the Health District developed the immediate Interlocal Agreement to delegate authorities operation and procurement authorities, to work together as a region under one instant command to address the needs in the response to COVID-19.

Mr. Dick informed that the agreement has been signed by City Managers, County Manager, and Health Director, Kevin Dick as well as Instant Commander, Sam Hicks as of March 20, 2020. Mr. Dick also informed that operations under this new contract began on Saturday, March 21, 2020.

Mr. Dick explained that the agreement is laid out to show how the agencies are working together. Mr. Dick informed that this agreement is designed to preserve the health authorities of the Health District as per the Nevada Revised Statutes. Mr. Dick added that regarding regional costs, a cost sharing agreement must still be developed to determine how those costs will be distributed. This immediate item is seeking approval of the Interlocal Agreement; however, this agreement will be brought forward to the Board in the future for final approval.

Councilman Dahir commented on the good work the Health District has done, as it is crucial that entities work together. He thanked everybody for working hard.

**Vice Chair Brown moved to approve Interlocal Agreement for Coordinated Response to COVID-19. Dr. Danko seconded the motion which was approved unanimously.**

7. **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 040.037 Prescribed Burning 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 April 23, 2020 at 1:00 pm.**

Staff Representative: Francisco Vega

Mr. Vega informed he did not have anything to add to his report but was available to answer questions.

Vice Chair Brown requested confirmation regarding the reference of alternatives being consider before a permit is issued. Julie Hunter clarified that this Impact Statement serves the purpose of directing all those seeking these services to provide a brief description of the alternatives before burning, when filling out an application.

**Vice Chair Brown moved to adopt the Business Impact Statement regarding Prescribed Burning. Councilman Dahir seconded the motion which was approved unanimously.**

8. **Discussion and possible direction regarding potential deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for the Environmental Health Services and Air Quality Management Divisions.**

Staff Representative: Charlene Albee and Francisco Vega

Ms. Albee stated she is looking for guidance from the Board regarding annual renewal permit fees, as a result of the Governor's directive to suspend a lot of the special events that are permitted through Environmental Health Services. Ms. Albee provided some examples of permits that will be affected by the Governor's directive, in order to further describe the immediate item.

Ms. Albee explained that business owners would like to get clarification as to when they'll need to pay their fees, considering their businesses are not operating. Ms. Albee's recommendation is to provide some time after the directive is lifted, before fees are collected from business owners.

Mr. Dick followed Ms. Albee's recommendations by highlighting that it would be prudent to start a 60-day deferral, as per the recommendation in the Staff Report presented to the Board. The only exception would be that the deferral shall come into effect after the State's lift on their directive.

Councilman Dahir voiced his concerns regarding the effects this deferral would bring to staff. Mr. Dick informed that the process to attain said deferral would involve businesses describing the impact on their business due to COVID-19 when formally requesting the deferral.

Chair Novak clarified that this item will not impact their due date but their payment date. Ms. Albee clarified that the fee amount will not change, but it will have to collected.

**Chair Novak moved to allow a 60-day referral to renewal fees based on the Governor's lift of restrictions on the State. Vice Chair Brown seconded the motion which was approved unanimously.**

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

A. **Air Quality Management, Francisco Vega, Division Director**



Program Update – EPA Comments, RENOVation, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement.

Mr. Vega noted that he did not have anything to add to his report but is ready to answer questions. Councilman Dahir asked if a meeting has been set for an Air Quality conversation. Mr. Vega stated the meeting scheduled on April 2, 2020 has been postponed; however, a meeting can be set in May 2020.

**B. Community and Clinical Health Services, Lisa Lottritz, Division Director**

Divisional Update – 2020 World TB Day; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children.

Ms. Lottritz stated that she had nothing to add to her report, but she was ready to answer questions. The Board thanked Ms. Lottritz for her report.

**C. Environmental Health Services, Charlene Albee, Division Director**

Environmental Health Services (EHS) Division Program Updates – Consumer Protection (Food, Food Safety, Permitted Facilities, Commercial Plans) and Environmental Protection (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

Ms. Albee updated on Environmental Health activity. Ms. Albee mentioned that Land Development Group is in conversations with all the building departments on a plan review process. Environmental Health will be picking up plans at the Building Department on a reduced schedule as well as meeting weekly to get plans processed and reviewed.

Ms. Albee informed that discussions have been had about how to get back to her department's routine work, such as restaurant inspections. Ms. Albee commented that volunteers are essential to cover the COVID-19 related work that Environment Health staff is performing currently. The more volunteers the department has, the sooner Environmental Health can get back to performing their assigned jobs in protecting the community.

Mr. Young asked Ms. Albee to provide an expected time frame for restaurant inspections to resume. Ms. Albee stated a date is not set; however, notifications will be sent with a proposed schedule and notices will be sent to businesses.

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

Communicable Disease, Public Health Preparedness, Emergency Medical Services

Dr. Todd was not available to present and/or respond to questions. Report was accepted by Board.

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

District Health Officer Report – COVID-19, Ozone Advance, Community Health Improvement Plan, and Family Health Festival.

Mr. Dick commended Health District staff involved in COVID-19 response. Mr. Dick also acknowledged regional partners that are supporting the Health District through the Incident Command structure. He also provided an update on COVID-19 cases in the community. Thus far, Washoe County reported 57 COVID-19 cases in

the community as of yesterday, March 25, 2020. Additional cases will be communicated via a press release later today.

Mr. Dick informed that communications are being coordinated with other regional entities; therefore, a variety of updates will be provided via the Regional Information Center.

In reference to the Health District efforts, Mr. Dick reported that a call center was created and launched and is now operating in conjunction with REMSA, where numerous staff members are collaborating in operating this center, outside of their normal work duties. He also clarified that the purpose of the call center is to interview and identify risk factors to determine priority for testing. As callers meet criteria, sample collections are scheduled for testing.

Mr. Dick informed a sample collection has been set up with Health District nurses and UNR med school students assisting in collecting samples on a 6-day schedule. Mr. Dick stated one of the obstacles is the availability of sample swab collection kits, so efforts have been put in place to identify sources. As of this morning, the Health District has 415 sample collection kits. Mr. Dick noted that the State Lab has been a tremendous help in responding to the Health District's requests. Mr. Dick informed that the Health District is receiving Personal Protective Equipment (PPE) from the Strategic National Stockpile (SNS) via the State. However, the State informs that SNS has not fulfilled their resource requests fulfilled at the level requested.

Mr. Dick states the Health District is working on identifying sources for PPE and sample collection kits; however, the supplies are limited. A task force has been developed to spearhead efforts for commercial procurement, as it is very competitive including local entities and hospitals. Mr. Dick also explained that the Health District is coordinating every weekday with the Governor's office and other health authorities as well as the Nevada Hospital Association, as an effort to obtain supplies. Mr. Dick informed that the Nevada Hospital Association reported they are working on identifying commercial suppliers and price lists in order to obtain supplies.

Mr. Dick also informed that the Health District is joining efforts with hospitals on search capacity. Although hospitals have plans to assist in this matter, the groups are also exploring alternative care sites. Mr. Dick highlighted the plans that have been developed for preparedness planning are largely based on alternative care sites because hospital infrastructure was lost due to an earthquake.

Mr. Dick explained that the health care provided in the alternative care sites would be limited. It is important to take into consideration that these sites will not be providing hospital level care, but rather it would be a location where people that have been diagnosed positive for COVID-19 could receive care and recover without the acute care that they would receive directly from a hospital.

Mr. Dick informed that the State has activated their crisis standards of care plan, which establishes the criteria to be used if the need for medical care and resources exceeds the current capacity. This plan would allow for allocation of the limited resources in the most beneficial way for the entire population. This process has been developed in anticipation of continued increase in cases. The Health District is focused on suppressing the spread of the disease by promoting social distancing, self-isolation for those who travel, staying home, etc.

Mr. Dick opened the conversation for questions from the Board.

Mr. Young commended Mr. Dick on accepting the challenges that come with the situation. He continued to ask about the number of hospitalizations in Washoe County.

Mr. Dick did not have an exact number, but stated he communicates with the Hospital Association to receive updates of bed availability, key medical resources such as Intensive Care Units. Mr. Dick informed that the Health District knows where they stand as far as capacity; however, it is not public information that can be shared over the phone due to confidentiality.

Mr. Dahir asked if there's a count for the kits needed to take care of the community's needs.

Mr. Dick spoke as to the limited capacity of the Health District, as he referred to the number of tests that can be performed by the State Lab and Renown. Mr. Dick also reported the national testing capacity commercially available through Lab Corp and Lab Quest is 25,000/day or less.

Mr. Dick stated that while it is a struggle to have enough supplies to continue testing, caution must be practiced as companies reach out and make offers that do not seem credible. He also noted that this is a consequence of not having the federal government engaged in providing that supply chain for the Health District.

#### **10. \*Board Comment**

**Chair Novak opened the Board comment period.**

**Councilman Dahir took the time to encourage people to visit the Stuff-A-Bus event for seniors, to donate bleach, toilet paper, etc. No additional comments were made, so Chair Novak closed the Board comment period.**

**Mr. Dick followed with a request for PPE type equipment or other resources that could benefit that community, they can call 311. He also reminded everyone about Census 2020.**

**Chair Novak spoke about the communication efforts of the Health District in collaboration with the Incident Command. He assured of the transparency in communicating public information.**

**Chair Novak thanked and commended everyone for the adaptability as a result of the current situation.**

#### **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 1:49 p.m.**

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**Possible Changes to Agenda Order and Timing:** Items on the agenda may be taken out of order, combined with other items, withdrawn from the agenda, moved to the agenda of another later meeting; moved to or from the Consent section, or they may be voted on in a block. Items with a specific time designation will not be heard prior to the stated time but may be heard later. Items listed in the Consent section of the agenda are voted on as a block and will not be read or considered separately unless withdrawn from the Consent agenda.

**Special Accommodations:** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9<sup>th</sup> 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](http://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. 9<sup>th</sup> Street, in Reno, Nevada. Susy Valdespin, 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 [svaldespin@washoecounty.us](mailto:svaldespin@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 20, 2020 through March 15, 2021 in the amount of \$931,381.00 to support COVID-19 crisis response activities and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

**SUMMARY**

The Washoe County Health District received a Notice of Subaward on March 26<sup>th</sup> from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health to support COVID-19 Public Health Emergency Preparedness and Response activities. The funding period is retroactive to January 20, 2020 and extends through March 15, 2021. A copy of the Subaward is attached.

**District Health Strategic Priority supported by this item:**

- 5. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

No previous action.

**BACKGROUND/GRANT AWARD SUMMARY**

On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. The act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). As a result, the Centers for Disease Control and Prevention (CDC) activated the Public Health Crisis Response notice of funding opportunity and awarded eligible jurisdictions, which included the State of Nevada and Washoe County. This Subaward provides funding to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

**ADMINISTRATIVE HEALTH SERVICES**

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

AHS Office: 775-328-2410 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)

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



**FISCAL IMPACT**

Should the Board approve this subaward, a request will be made to the Board of County Commissioners to amend the adopted FY20 budget, increasing it by \$846,710.00 (no increase for \$84,671.00 indirect) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11686 -431100	Federal Grants	\$ 846,710.00
2002-IO-11686 -701412	Salary Adjustment	\$ 460,000.00
2002-IO-11686 -710100	Professional Services	\$ 52,000.00
2002-IO-11686 -710110	Contractual/Temp Services	\$ 50,000.00
2002-IO-11686 -710300	Operating Supplies	\$ 211,000.00
2002-IO-11686 -710350	Office Supplies	\$ 50,000.00
2002-IO-11686 -710334	Copy Expenses	\$ 3,060.00
2002-IO-11686 -710508	Telephone Expense	\$ 2,500.00
2002-IO-11686 -710512	Auto Expense	\$ 1,150.00
2002-IO-11686 -710571	Safety Expense	\$ 12,000.00
2002-IO-11686 -711011	Waste Removal	\$ 5,000.00

**RECOMMENDATION**

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 20, 2020 through March 15, 2021 in the amount of \$931,381.00 to support COVID-19 crisis response activities and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to January 20, 2020 through March 15, 2021 in the amount of \$931,381.00 to support COVID-19 crisis response activities and authorize the District Health Officer to execute the Notice of Subaward and any future amendments."





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

Agency Ref. #: **HD 17631**  
 Budget Account: 3218  
 Category: 28  
 GL: 8516  
 Job Number: 9335420C

**NOTICE OF SUBAWARD**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / <a href="mailto:msouthard@health.nv.gov">msouthard@health.nv.gov</a>	<b>Subrecipient's Name:</b> Washoe County Health District (WCHD)  Andrea Esp / <a href="mailto:AEsp@washoecounty.us">AEsp@washoecounty.us</a>
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845-
<b>Subaward Period:</b> January 20, 2020 through March 15, 2021	<b>Subrecipient's:</b> EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

**Purpose of Award:** Funds are intended to demonstrate achievement in the following Public Health Emergency Response activities for COVID-19 Public Health Emergency Preparedness and Response activities, according to the CDC Cooperative Agreement for Emergency Response Public Health Crisis Response Grant Guidance.

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

<b>Approved Budget Categories:</b>	
1. Personnel	<b>\$460,000.00</b>
2. Travel	<b>\$1,150.00</b>
3. Supplies	<b>\$261,000.00</b>
4. Equipment	<b>\$0.00</b>
5. Contractual/Consultant	<b>\$102,000.00</b>
7. Other	<b>\$22,560.00</b>
<b>TOTAL DIRECT COSTS</b>	<b>\$846,710.00</b>
8. Indirect Costs	<b>\$84,671.00</b>
<b>TOTAL APPROVED BUDGET</b>	<b>\$931,381.00</b>

<b>FEDERAL AWARD COMPUTATION:</b>	
Total Obligated by this Action:	\$ 931,381.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 931,381.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
<b>Federal Budget Period:</b> March 16, 2020 through March 15, 2021	
<b>Federal Project Period:</b> March 16, 2020 through March 15, 2021	

**FOR AGENCY USE, ONLY**

<b>Source of Funds:</b> Centers for Disease Control and Prevention (CDC)	<b>% Funds:</b> 100%	<b>CFDA:</b> 93.354	<b>FAIN:</b> NU90TP922107	<b>Federal Grant #:</b> 1 NU90TP922107-01-00	<b>Grant Award Date by Federal Agency:</b> 3/16/2020
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**Agency Approved Indirect Rate:** 10.3% **Subrecipient Approved Indirect Rate:** 10%

**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 15th 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.

<b>Incorporated Documents:</b> Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum
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Name	Signature	Date
Kevin Dick District Health Officer		
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 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).

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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  
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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 January 20, 2020 to March 15, 2021 and is broken down by domain, goals, objectives, capabilities and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of domain objectives for this budget period are to be completed by March 15, 2021. Outcome of the funded domain will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded domain 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:
  - July 14, 2020                      1<sup>st</sup> Quarter Progress Report                      (For the period of 1/20/20 to 6/14/20)
  - October 14, 2020                      2<sup>nd</sup> Quarter Progress Report                      (For the period of 1/20/20 to 9/14/20)
  - January 14, 2021                      3<sup>rd</sup> Quarter Progress Report                      (For the period of 1/20/20 to 12/14/20)
  - April 14, 2021                      4<sup>th</sup> Quarter Progress Report                      (For the period of 1/20/20 to 3/14/21)

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

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SECTION B Cont.

**Description of Services, Scope of Work and Deliverables**

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

**Scope of Work for Washoe County Health District**

**Goal 1:** Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

Domain 1: Incident management for early crisis response.			
Planned activity(s)	Activity Documentation	Due Date	
Objective 1: Emergency Operations and Coordination	1) Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> <li>• Staff the EOC with the numbers and skills necessary to support the response, assure worker safety</li> <li>• Use established systems to ensure continuity of operations and implement COOP plans as needed.</li> </ul>	Incident Action Plans (IAPs), Quarterly Progress Reports	Quarterly Q1: Due July 15, 2020 Q2: Due October 15, 2020 Q3: Due January 15, 2021 Q4: Due April 15, 2021
	2) Establish call centers or other communication capacity for information sharing, public information, and directing residents to available resources. <ul style="list-style-type: none"> <li>• Activate emergency hiring authorities and expedited contracting processes.</li> </ul>	Quarterly Progress Reports	Q1, Q2, Q3, Q4
	3) Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
<b>Output(s) for planned activities:</b>			
1) Update plans and jurisdictional response actions incorporate the latest CDC guidance and direction.			
2) Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response.			



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**Domain 1: Incident management for early crisis response.**

Objective 2: Responder Safety and Health	Planned activity(s)	Activity Documentation	Due Date
<p>1) Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs and responder mental health support. Determine gaps and implement corrective actions.</p> <p>2) Purchase required PPE</p> <p>3) Implement personal protective equipment (PPE)- sparing strategies for public health workforce in accordance with federal guidelines.</p> <p><b>Output(s) for planned activities:</b></p> <p>1) Update plans and jurisdictional response actions.</p> <p>2) Procurement of PPE, safety equipment and supplies.</p>	<p>1) Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs and responder mental health support. Determine gaps and implement corrective actions.</p> <p>2) Purchase required PPE</p> <p>3) Implement personal protective equipment (PPE)- sparing strategies for public health workforce in accordance with federal guidelines.</p>	<p>Incident Action Plans (IAPs), Quarterly Progress Reports</p>	<p>Quarterly Q1: Due July 15, 2020 Q2: Due October 15, 2020 Q3: Due January 15, 2021 Q4: Due April 15, 2021</p>

**Domain 2: Support local jurisdiction recovery.**

Objective 1: Jurisdictional Recovery	Planned activity(s)	Activity Documentation	Due Date
<p>1) Maintain situation awareness to support local jurisdictional recovery efforts to restore pre-event functioning.</p> <p>2) Conduct a Hotwash/After Action Review and develop an improvement plan.</p> <p><b>Output(s) for planned activities:</b></p> <p>1) Provide organization guidance to continue and/or resume the functions required by law, statute or for which their customers depend.</p> <p>2) Develop plans to restore core public health services to pre-event functioning.</p> <p>3) Restore medical material supplies storage (i.e. PPE, gloves, disinfectants) to pre-event levels.</p>	<p>1) Maintain situation awareness to support local jurisdictional recovery efforts to restore pre-event functioning.</p> <p>2) Conduct a Hotwash/After Action Review and develop an improvement plan.</p>	<p>IAPs, Quarterly Progress Reports Hotwash/AAR report, Improvement Plan</p>	<p>Q1, Q2, Q3, Q4 Q1, Q2, Q3, Q4</p>



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Domain 3: Provide information management.			
Planned activity(s)	Activity Documentation	Due Date	
Objective 1: Ensure information sharing among public health staff, healthcare personnel, EMS providers, and the public.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
1) Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
2) Develop new systems or utilize existing systems to rapidly report public health data.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
3) Develop community messages are accurate, timely and reach at-risk populations.	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
<b>Output(s) for planned activities:</b>			
1) Disseminate accurate community messaging and adjust as needed.			
2) Update scripts for jurisdictional call centers with specific COVID-19 messaging.			
3) Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages focused on risk-reduction behaviors.			
4) Identify if new technology is available to rapidly manage and disseminate information.			

Domain 4: Countermeasures and mitigation in the community.			
Planned activity(s)	Activity Documentation	Due Date	
Objective 1: Quarantine and Isolation Support	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
1) Collaborate with community partners to develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> <li>• Provision of lodging and wrap-around services, including food and beverage, cleaning and waste management for individuals in isolation orders</li> <li>• Identify and secure safe housing options for persons subject to restricted movement</li> <li>• Develop and implement behavioral health strategies to support affected populations.</li> </ul>	IAPs, Quarterly Progress Reports	Q1, Q2, Q3, Q4	
<b>Output(s) for planned activities:</b>			
1) Documentation of implementing mitigation strategies for populations at risk of morbidity, mortality, and other adverse outcomes.			
2) Update response and recovery plans to include populations at risk.			

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<b>Domain 5: Surge management.</b>			
<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Due Date</b>	<b>Due Date</b>
Objective 1: Provide Surge Staffing	1) Activate mechanisms for surging public health responder staff. IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4	Q1, Q2, Q3, Q4
2) Activate volunteer organizations including but not limited to Medical Reserve Corps.	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4	Q1, Q2, Q3, Q4
3) Identify alternate staffing options to existing public health staff resources to include overtime, on-call hourly staff, temporary staff and contractual staff	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4	Q1, Q2, Q3, Q4
<b>Output(s) for planned activities:</b>			
1) Implement crisis management staffing plans.			
2) Activate volunteer organizations.			
Objective 2: Public Health Coordination with Healthcare Systems	1) Design, set-up and execute an alternate care medical facility for community COVID surge. 2) Establish and coordinate a medical care team to care for community COVID patients. 3) In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. 4) Coordinate with HPP, health care coalitions, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. 5) Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs.	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4
<b>Output(s) for planned activities:</b>			
1) Alternate Care Medical Facility Implementation.			
2) Update plans and jurisdictional response actions.			
Objective 3: Infection Control			
<b>Planned activity(s)</b>	<b>Activity Documentation</b>	<b>Due Date</b>	<b>Due Date</b>

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	IAP, Quarterly Progress Reports	Q1, Q2, Q3, Q4
1) Follow updated CDC guidance re: infection control/prevention and personal protective equipment.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
2) Ensure Health District staff, to include on-call, temporary staff, volunteers and on-site response partners, have access to PPE, hand hygiene and sanitizing supplies.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
3) Provide opportunities and supplies for essential public health staff to practice social distancing at work and/or work remotely.	Quarterly Progress Reports	Q1, Q2, Q3, Q4
<b>Output(s) for planned activities:</b>		
1) Update plans and jurisdictional response actions.		

**Domain 6: Enhance bio surveillance.**

Planned activity(s)	Activity Documentation	Due Date
<p><b>Objective 1:</b> Epidemiological activities to support response</p> <p>1) Conduct surveillance and case identification (including but not limited to, public health epidemiological investigation activities such as contact follow-up).</p> <p>2) Enhance surveillance systems to provide case-based and aggregate epidemiological data</p> <p>3) Implement analysis, visualization, and reporting for surveillance and other available data to support understanding of the outbreak, transmission, and impact of interventions.</p> <p><b>Output(s) for planned activities:</b></p> <p>1) Coordinate data systems for epidemiologic and laboratory surveillance.</p> <p>2) Data exchange with public health partners.</p> <p>3) Research, and procure if appropriate, new technology options for bio surveillance</p>	<p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>IAP, Quarterly Progress Reports</p>	<p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q1, Q2, Q3, Q4</p>
<p><b>Objective 2:</b> Provide COVID testing</p> <p>1) Establish testing protocols and safe and secure site management for the collection of clinical laboratory specimens.</p> <p>2) Ensure safe and proper test collection methods are implemented.</p> <p>3) Ensure safe and proper handling and transport of specimens to the NSPHL or alternative site, if necessary.</p>	<p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>Quarterly Progress Reports</p> <p>IAP, Quarterly Progress Reports</p>	<p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q2, Q3, Q4</p> <p>Q1, Q2, Q3, Q4</p>

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	<p>4) In coordination with NSPHL, determine appropriate testing method and required supplies, maximum lab test capacity, establish prioritization criteria and contingency plans.</p> <p>5) Develop testing criteria and provide testing for individuals.</p> <p><b>Output(s) for planned activities:</b></p> <p>1) Update plans and jurisdictional response actions.</p>		
<p>Objective 3: Data Management</p>	<p>1) Ensure data management systems are adequate and in place to meet the needs of the jurisdiction.</p> <p>2) Ensure efficient and timely data collection.</p> <p><b>Output(s) for planned activities:</b></p> <p>1) Research, and procure if appropriate, new technology options for testing criteria and testing logistics</p> <p>2) Process improvement documentation.</p>	<p>Quarterly Progress Reports</p>	<p>Q2, Q3, Q4</p>

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 NU90TP922107-01-00 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 NU90TP922107-01-00 from the Centers for Disease Control and Prevention (CDC).

Subrecipient agrees to adhere to the following budget:

**BUDGET NARRATIVE**

<b>Total Personnel Costs</b>						
				including fringe	Total: <b>\$460,000.00</b>	
			Months	Annual % of Months worked	Amount Requested	
<u>Overtime for WCHD staff at all levels</u>			12	100%	\$300,000	
Health District surge staffing for all aspects of COVID response to include: Incident Command; call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, patient interviews and contact investigations/contact tracing; public communications and outreach; logistics and procurement of necessary supplies; response planning.						
			Months	Annual % of Months worked	Amount Requested	
<u>Per diem (hourly-on-call) staff Registered Nurses, Health Educators, Community Health Aides</u>			12	100%	\$60,000	
Surge staffing for COVID response to include call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, patient interviews and contact investigations/contact tracing, translation of documents (i.e. English to Spanish).						
			Months	Annual % of Months worked	Amount Requested	
<u>Surge staffing – redirecting program – specific staff funded by dedicated grant dollars (non-Public Health Service Act) to include but not limited to EPA, FDA, State General Funds, etc.</u>			12	100%	\$100,000	
Surge staffing for COVID response to include various ICS positions, call center operations (COVID risk assessments, test scheduling and follow-up results); patient testing (POST) and specimen handling; epidemiological assessment, data entry, patient interviews and contact investigations/contact tracing.						
<b>Total Fringe Cost</b>			\$	-	<b>Total Salary Cost: \$ 460,000.00</b>	
<b>Travel</b>						
						Total: <b>\$1,150.00</b>
<b><u>Out-of-State Travel</u></b>						
						<b>\$0.00</b>
<b><u>In-State Travel</u></b>						
						<b>\$1,150.00</b>
<u>Washoe County, NV</u>		<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	<u>Total</u>
Mileage: (0.575 x 10 miles per r/trip) x 50 trips x 4 staff		\$5.75	50		4	\$1,150
<b><u>Justification:</u></b> Local mileage reimbursement for staff related to COVID-response activities.						
<b>Supplies</b>						
						Total: <b>\$261,000.00</b>
Office supplies:		\$50,000				
Operating Supplies:		\$211,000				
Justification: Emergency operations, staff safety and health, remote work technology, testing supplies and infection control. Office Supplies: surge capacity – to include but not limited to VoIP phones, laptops, cell phones, headsets, paper & basic office supplies. Operating Supplies: to include but no limited to PPE – masks, gloves, gowns – for staff for testing and storage replenishment, CAPR/PAPRs and PPR chargers, disinfection/cleaning supplies, safety equipment, testing supplies						

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<b>Equipment</b>		<b>Total:</b>	<b>\$0.00</b>
<b>Contractual/Contractual and all Pass-thru Subawards</b>		<b>Total:</b>	<b>\$102,000.00</b>
Magenheimer		<b>Total</b>	<b>\$ 52,000</b>
<b>Method of Selection:</b> sole source			
<b>Period of Performance:</b> April 1, 2020 – December 31, 2020			
<b>Scope of Work:</b> Chris Meganheimer as Planning Section Chief for ongoing COVID-19 response activities for WCHD Health Branch. The WCHD will most likely assume the role of the lead agency for the ongoing response. Meganheimer's expertise in planning and ongoing Emergency Management allows other highly trained WCHD staff to return to their normal day to day activities. Ongoing planning for the event and writing/compiling the final report for this emergency event. Additionally, Chris can assist with updating current response plans based on utilization and lessons learned from this event. \$43/hr. x average 32 hrs./wk. x 38 weeks.			
<b>*Sole Source Justification:</b> Mr. Magenheimer recently provided PHEP planning support, documentation and the after-action report, specific to public health, for the full-scale stateside exercise Silver Crucible CCTA. His knowledge and skills can immediately be applied to Washoe County's response efforts. He is a Certified Plan Section Chief (Red Card) and has a master's degree in Crisis & Emergency Management.			
<b>Budget</b>			
Personnel		\$52,000.00	
Travel		\$0.00	
<b>Total Budget</b>		<b>\$52,000.00</b>	
<b>Method of Accountability:</b> Incident Command Staff will develop scope of work for Chris Meganheimer with timeline and specified deliverables.			
<b>Temporary Staffing Agency</b>		<b>Total</b>	<b>\$ 50,000</b>
<b>Method of Selection:</b> competitive bid			
<b>Period of Performance:</b> April 1, 2020 – March 15, 2021			
<b>Scope of Work:</b> Temporary staffing to include clerical, data and report writing support. Actual costs will vary based on position, skillset, etc.			
<b>Budget</b>			
Personnel		\$50,000.00	
Travel		\$0.00	
<b>Total Budget</b>		<b>\$50,000.00</b>	
<b>Method of Accountability:</b> Incident Command Staff will transition oversight of contractual staff to the Preparedness and EMS Program Manager as appropriate.			
<b>Other</b>		<b>Total:</b>	<b>\$22,560.00</b>
Copier/Printer Lease		\$3,060	
Waste Disposal (hazardous waste)		\$5,000	
Security (contractual guards at worksite and testing sites)		\$12,000	
Conference Calls (response related and remote staff call-in)		\$2,500	
<b>Justification:</b> Emergency operations and coordination, staff safety and health, infection control and data management.			
<b>TOTAL DIRECT CHARGES</b>		<b>\$</b>	<b>846,710.00</b>
<b>Indirect Charges</b>	<b>Indirect Rate:</b>	<b>10.0%</b>	<b>\$84,671.00</b>
<b>Indirect Methodology:</b> An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A. Rates are set by Health District Division and since this is a cross-divisional response, Washoe County Health District is requesting 10%.			
<b>TOTAL BUDGET</b>		<b>Total:</b>	<b>\$931,381.00</b>



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Form 2

Applicant Name: Washoe County Health District - COVID19  
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	PHP	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$931,381	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$931,381

EXPENSE CATEGORY

Personnel	\$460,000							\$460,000
Travel	\$1,150							\$1,150
Supplies	\$261,000							\$261,000
Equipment	\$0							\$0
Contractual/Consultant	\$102,000							\$102,000
Other Expenses	\$22,560							\$22,560
Indirect	\$84,671							\$84,671

TOTAL EXPENSE	\$931,381	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$931,381
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These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$84,671
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Total Agency Budget	\$931,381
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:


C. Program Income Calculation:


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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

**The Subrecipient agrees:**

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

- Total reimbursement through this subaward will not exceed **\$931,381**.
- 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% (**\$93,138.10**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than January 15, 2021 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- 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 Department.

Additionally, the Subrecipient agrees to provide:

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

**The Department agrees:**

- 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.

**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:

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- 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.

**Additional Term and Condition:**

- A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) agrees to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.
- If recipient disburses any funds received pursuant to this award to a local jurisdiction, recipient shall ensure that the local jurisdiction complies with the terms and conditions of this award
- Consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322) and the purpose of this award and the underlying funding, Recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds. CDC will specify in further guidance and directives what is encompassed by this requirement

**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 15<sup>th</sup> 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.

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SECTION D**

Agency Ref. #: **HD 1763**  
 Budget and Cat: 3218/28  
 GL: 8516  
 Job #: 9335420C  
 Draw #: \_\_\_\_\_

**Request for Reimbursement**

<b>Program Name:</b> Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009:	<b>Address:</b> 1001 East Ninth Street / PO Box 11130 Reno, Nevada 89512-2845
<b>Subaward Period:</b> January 20,2020 through March 15, 2021	<b>Subrecipient's:</b> EIN: 88-60000138 Vendor #: T40283400Q

**FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT**

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

Approved Budget Category	Month(s)		Calendar year			
	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$460,000.00	\$0.00	\$0.00	\$0.00	\$460,000.00	0.0%
2. Travel	\$1,150.00	\$0.00	\$0.00	\$0.00	\$1,150.00	0.0%
3. Supplies	\$261,000.00	\$0.00	\$0.00	\$0.00	\$261,000.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$102,000.00	\$0.00	\$0.00	\$0.00	\$102,000.00	0.0%
3. Other	\$22,560.00	\$0.00	\$0.00	\$0.00	\$22,560.00	0.0%
7. Indirect	\$84,671.00	\$0.00	\$0.00	\$0.00	\$84,671.00	0.0%
<b>Total</b>	<b>\$931,381.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$931,381.00</b>	<b>0.0%</b>

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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SECTION E

**Audit Information Request**

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).
2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year?  YES  NO
3. When does your organization's fiscal year end? June 30<sup>th</sup>
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? August 2019
7. What time-period did your last audit cover? July 2018 - June 2019
8. Which accounting firm conducted your last audit? Eide Bailly

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

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**SECTION F**

**Current or Former State Employee Disclaimer**

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.

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14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summonses 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.

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

**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide access to community and clinical public health opportunities for medical residents during their preceptorship experience for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000 per contractor; over \$100,000 would require the approval of the Board.

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

The Washoe County District Board of Health approved a similar agreement on June 22, 2017.

**BACKGROUND**

This agreement provides for utilizing the Washoe County Health District's facilities for opportunities for medical residents during their clinical rotation. Students are not considered employees of either party under this Agreement.

University shall select, in consultation with the Health District, learning experiences to which the residents will be assigned from among those learning opportunities made available by the District. University and the District shall mutually determine dates and times for the use of these facilities by such residents. University agrees to prepare residents schedules and other plans for instruction the primary view of obtaining maximum educational benefit from the District's programs.

The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Each resident will identify areas of interest from those available and a mutually agreed upon plan for educational experience will be developed.

### **FISCAL IMPACT**

Should the Board approve these Agreements, there is no additional impact to the adopted FY21 budget as students and faculty will not receive compensation in connection with the Agreements.

### **RECOMMENDATION**

Approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide access to community and clinical public health opportunities for medical residents during their preceptorship experience for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Agreement between Washoe County Health District and the Board of Regents of the Nevada System of Higher Education to provide access to community and clinical public health opportunities for medical residents during their preceptorship experience for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. "



Agreement Between Washoe County Health District  
(hereinafter referred to as the DISTRICT)  
1001 East Ninth Street  
Reno, Nevada 89512

and

THE BOARD OF REGENTS  
OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF  
NEVADA, RENO SCHOOL OF MEDICINE  
(hereinafter referred to as University)  
University of Nevada, Reno  
Reno, Nevada 89557

WHEREAS, the University of Nevada School of Medicine desires to have access to community and clinical public health opportunities for medical residents during their preceptorship experience; and

WHEREAS, the DISTRICT conducts several community and clinical public health programs which would be enhanced by the services of medical residents; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the parties;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

**AGREEMENT TERM.** This Agreement shall be effective July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties. This agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same term unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the DISTRICT or the University to terminate the Agreement as provided below.

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

**NOTICE.** All notices or other communications required or permitted to be given under this Agreement shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

**INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Agreement incorporates the following attachments:

ATTACHMENT A: SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION (See Attachment A)

ATTACHMENT B: WASHOE COUNTY DISTRICT HEALTH DEPARTMENT VACCINE AND TB SCREENING REQUIREMENTS (See Attachment B)

ATTACHMENT C; PROGRAM LETTER OF AGREEMENT CONCERNING THE FAMILY MEDICINE RESIDENCY PROGRAM (See Attachment C)  
EXHIBIT A: EDUCATIONAL GOALS AND OBJECTIVES – COMMUNITY AND PREVENTIVE MEDICINE (see Exhibit A)

BREACH; REMEDIES. Failure of either party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

LIMITED LIABILITY. The parties will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Agreement liability of both parties shall not be subject to punitive damages. To the extent applicable, actual Agreement damages for any breach shall be limited by NRS 354.626.

INDEMNIFICATION.

a. Consistent with the Limited Liability provision stated above, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise exist as to any party or person, described in this paragraph.

b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action.

FORCE MAJEURE. Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.

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

to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other party.

PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Agreement.

PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the service set forth in this agreement.

GOVERNING LAW; JURISDICTION. This Agreement and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Washoe County, Nevada district courts for enforcement of this Agreement.

ENTIRE AGREEMENT AND MODIFICATION. This Agreement and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Agreement specifically displays a mutual intent to amend a particular part of this Agreement, general conflicts in language between any such attachment and this Agreement shall be construed consistent with the terms of this Agreement. Unless otherwise expressly authorized by the terms of this Agreement, no modification or amendment to this Agreement shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by Washoe County's legal advisor.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed and intend to be legally bound thereby.

APPROVED BY BOARD OF HEALTH

\_\_\_\_\_  
Washoe County Board of Health

On \_\_\_\_\_  
Date

Chairman  
Title

APPROVED BY BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION  
ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE

*TL Schwenk*  
[T L Schwenk \(May 13, 2020\)](#)

On \_\_\_\_\_  
Date

By: Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine

ATTACHMENT A  
SCOPE OF COMMUNITY AND PREVENTIVE MEDICINE ROTATION  
UNIVERSITY OF NEVADA SCHOOL OF MEDICINE

**Responsibilities of the Parties**

1. The parties agree to jointly plan for the utilization of the DISTRICT's facilities for opportunities for medical residents during their clinical rotation. The maximum number of residents and the specific period shall be jointly determined after consideration of the DISTRICT's facilities and adequacy, extent and variety of learning experiences available.
2. Both parties agree that residents are not considered employees of either party under this Agreement.

**Responsibilities of the University**

1. University shall designate a lead faculty person for oversight of all residents during their Community and Preventive Medicine rotation.
2. University shall require residents to review and comply with DISTRICT policies regarding infection control, blood borne pathogen exposures, TB exposures, confidentiality of records, and to practice standard precautions while on site at the DISTRICT's facilities.
3. University shall ensure that all residents carry and have evidence of adequate group medical insurance prior to the participation in any clinical rotation at the DISTRICT.
4. University shall ensure that vaccine and TB screening requirements have been met for all residents prior to the beginning of their clinical rotation on site at the DISTRICT based on individual resident activities. These requirements are contained in Attachment B: WASHOE COUNTY HEALTH DISTRICT VACCINE AND TB SCREENING REQUIREMENTS FOR STUDENTS/INTERNS/RESIDENTS.
5. University shall comply with all applicable laws, ordinances and regulations of governmental entities having jurisdiction over matters, which are the subject of this Agreement. Further, pursuant to NRS Chapter 239B, University shall require background checks for residents participating in the activities covered by this Agreement. The University or resident will pay any cost associated with the background investigation. The results of these background checks may result in removal of a participant from the program, at the DISTRICT'S discretion, or termination of this Agreement.
6. University shall immediately upon notice remove any medical resident from the DISTRICT program under this Agreement whom the DISTRICT determines, in its reasonable discretion, imposes an unreasonable risk of harm to the DISTRICT'S

personnel, clients, property or to him/herself, or who violates the DISTRICT'S policies, regulations or procedures despite warning.

### **Responsibilities of the DISTRICT**

1. DISTRICT shall allow the UNSOM utilization of the DISTRICT's programs during each preceptor rotation.
2. DISTRICT shall be responsible for providing clinical environment for learning and evaluation of the residents while performing their Community and Preventive Medicine rotation.
3. DISTRICT shall not compensate residents for services provided.
4. DISTRICT will provide physical facilities as necessary to the administration of this Agreement and to the conduct of the learning experiences conducted under the auspices of this Agreement, within the limits of the DISTRICT.
5. DISTRICT administration and personnel recognize their responsibility to maintain a learning environment of high quality in which sound educational experiences can occur.
6. DISTRICT will provide learning opportunities for residents within the limits of DISTRICT. The emphasis shall be on education rather than services without disruption of usual DISTRICT activities.
7. DISTRICT shall appoint a liaison officer and notify University of same. Such officer shall be the principal contact between DISTRICT and University for purposes of administration of this Agreement.
8. DISTRICT may remove and restrict from entry upon its premises University personnel or residents who it determines, in its reasonable discretion, impose an unreasonable risk of harm to DISTRICT personnel, clients, property of him/herself, or who violates DISTRICT policies, regulations or procedures despite warning. DISTRICT shall exercise reasonable efforts under the circumstances to notify University of its intent to remove or restrict prior to taking action and shall notify University as soon thereafter as is reasonable.

DISTRICT personnel shall not be obligated to participate in the learning experiences of residents referred to DISTRICT hereunder except to the extent agreed between University and DISTRICT. To the extent DISTRICT personnel are engaged in the supervision of resident learning experiences they shall adhere to the learning experience requirements established under the authority of this Agreement and shall make such reports and provide such information specified therein.



### **Scheduling and Tracking Resident Placements**

University shall select, in consultation with the DISTRICT, learning experiences to which the residents will be assigned from among those learning opportunities made available by the DISTRICT. University and the DISTRICT shall mutually determine dates and times for the use of these facilities by such residents.

University agrees to prepare residents schedules and other plans for instruction with the primary view of obtaining maximum educational benefit from the DISTRICT's programs.

### **Communication between School and DISTRICT Program Staff**

The resident's instructor will provide a copy of the course syllabus, which includes the evaluation form(s) and expectations. Each resident will identify areas of interest from those available and a mutually agreed upon plan for educational experience will be developed.

School and the DISTRICT have appointed the following principal contacts for all communications in connection with this Agreement:

Contact for the DISTRICT:

Lisa Lottritz, MPH, RN  
Division Director

Community and Clinical Health Services  
1001 East Ninth Street  
Reno, NV 89512  
775-328-6159

Email: [llotritz@washoecounty.us](mailto:llotritz@washoecounty.us)

Contact for University of Nevada

School of Medicine:

Richard D. Williams, M.D.

Dept. of Family Medicine  
Brigham Building/316  
Reno, NV 89557-0046  
775-784-6180

Email: [rwilliams@washoecounty.us](mailto:rwilliams@washoecounty.us)

ATTACHMENT B

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
VACCINE AND TB SCREENING REQUIREMENTS\* FOR  
STUDENTS/INTERNS/RESIDENTS

	<b>9<sup>th</sup> Street and Off-site Clinical Areas</b>	<b>9<sup>th</sup> Street Non-Clinical Areas</b>	<b>Off-site Non-Clinical Areas</b>
MMR	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Required (1 dose or immunity to Measles, Mumps and Rubella if born before 1957, 2 doses if born during or after 1957)	Recommended (2 doses if born during or after 1956)
Tdap	Required if 2 or more years since last Td booster	2007 – Recommend for next Tetanus booster	2007 – Recommend for next Tetanus booster
Varicella	Required (vaccine or history of chicken pox)	Recommended	Recommended
Influenza	Required during October – March	Recommended	Recommended
Approved TB Screening	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	Required (for example Quantiferon within 30 days prior to rotation or 2-step TST with second TST placed and read within 30 days prior to rotation)	N/A
Hepatitis B	If possible human blood exposure during rotation	If possible human blood exposure during rotation	If possible human blood exposure during rotation

\* Requirements are based on student activities and location.

PROGRAM LETTER OF  
AGREEMENT

ATTACHMENT C to the AGREEMENT  
between WASHOE COUNTY HEALTH DISTRICT (District) and the  
BOARD OF REGENTS of the NEVADA SYSTEM OF HIGHER EDUCATION on behalf of the  
UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE  
concerning the  
THE FAMILY MEDICINE RESIDENCY PROGRAM  
FORTHE PERIOD JULY 1, 2020 to June 30, 2023

- A. Officials at the participating institution or the DISTRICT who will assume administrative, educational, and supervisory responsibility for the residents.
1. It is agreed that Richard D. Williams, M.D. shall serve as residency program director. Dr. Williams will have full authority to direct and coordinate the program's activities in all participating institutions, including all responsibilities designate to the program director in the ACGME's Institutional and Program Requirements. Should it be necessary to appoint a new residency program director, the appointment will be made by the Chair of the School's responsible academic department with the concurrence of the Facility's Director and the School's Dean.
  2. Richard D. Williams, M.D. shall have administrative, educational and/or supervisory responsibility for residents at the DISTRICT during rotations to the DISTRICT.
  3. All teaching staff participating in the clinical training of residents at the DISTRICT must have faculty appointments in a Department of the School and must have clinical privileges at the DISTRICT. Participation in resident teaching also requires the concurrence of the residency program director. Faculty is appointed following Board of Regents of the Nevada System of Higher Education Handbook. DISTRICT policies control the granting of clinical privileges at the DISTRICT.
- B. Educational goals and objectives are attached hereto as Exhibit A and incorporated herein by this reference.
1. The DISTRICT will provide the educational setting in which the goals and objectives of the curricular elements of Community and Preventive Medicine are accomplished.
- C. Period of assignment of the residents to the DISTRICT.
1. Residents' assignments for the academic year will be set forth in Exhibit A and incorporated herein by this reference.
- D. Financial Arrangements, insurance and benefits.
1. All residents will be University employees and will receive employee benefits as approved by the Board of Regents. The School will obtain malpractice coverage for the Residents as well as State Industrial Insurance.

- E. The DISTRICT'S responsibilities for teaching, supervision, and formal evaluation of the residents' performance.
  - 1. The DISTRICT agrees to cooperate with School in the appointment of clinical faculty as described in paragraphs 1.A., B., and C., above, who will have teaching, supervision, and evaluation responsibilities in the clinical training of residents at Facility. Formal evaluations must be completed at the end of each rotation based on the Educational Goals and Objectives published in the program's Resident Handbook and Exhibit A, attached hereto and incorporated herein by this reference, and returned to the program administration office.
  - 2. Supervision will be accomplished according to the guidelines established in the program's Resident Handbook, the DISTRICT'S approved guidelines for resident supervision, DISTRICT bylaws, and in the ACGME Program Requirements.
- F. Policies and procedures that govern the residents' education while rotating to the DISTRICT.
  - 1. Policies and procedures that govern the residents' education while rotating to the DISTRICT are stated in the DISTRICT'S Bylaws, Rules and Regulations, and Resident Supervision Policy, in the ACGME Program Requirements, the Program's Resident Handbook, the Processes, Procedures, Rules for GME and the Nevada System of Higher Education Board of Regents Handbook.
- G. Special program requirements.
  - 1. The DISTRICT will make available the space, equipment, supplies, and support staff necessary to carry out the resident's patient care responsibilities and education while at the Facility.
  - 2. While assigned to the DISTRICT, residents will attend their continuity clinics and core conferences.

**WASHOE COUNTY DISTRICT  
BOARD OF HEALTH**

By: \_\_\_\_\_  
Its Chairperson

\_\_\_\_\_  
Date

**BOARD OF REGENTS OF THE NEVADA  
SYSTEM OF HIGHER EDUCATION ON  
BEHALF OF THE UNIVERSITY OF  
NEVADA, RENO SCHOOL OF MEDICINE**

By: *Richard Williams, MD*  
[Richard Williams, MD \(May 13, 2020\)](#)

Richard D. Williams, MD  
Program Director  
Department of Family Medicine

May 13, 2020

\_\_\_\_\_  
Date

By: *David L Carlson, MD*  
[David L Carlson, MD \(May 13, 2020\)](#)

David L. Carlson, MD  
Associate Dean of Graduate Medical Education

May 13, 2020

\_\_\_\_\_  
Date

By: *T.L. Schwenk*  
[T.L. Schwenk \(May 13, 2020\)](#)

Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine

May 13, 2020

\_\_\_\_\_  
Date



**Exhibit A**  
**Educational Goals and Objectives**

**COMMUNITY MEDICINE**

**1. GENERAL DESCRIPTION**

- A. The rotation in Community and Preventive Medicine is somewhat unique in our residency in that not only is it part rotational and part longitudinal, but is also involves doing independent discovery to answer specific cases with an associated written summary. Family Physicians actual practices may vary to the extent that they are involved in public and community health care. This portion of the curriculum is designed to provide residents with the skills and expertise expected of family physicians with active practices involving this area. This rotation will provide a concentrated experience in the field of Community Medicine.
- B. The two week rotation in Community and Preventive Medicine is centered on experiences offered by the Washoe County Health District. You should meet with the Division Director, Community and Clinical Services, to discuss the time you will be spending with the Health District. Assigned readings are also a part of the learning process. Prior to starting your Community and Preventive Medicine rotation please review the list of cases and questions that are listed one value. Please select three cases that you wish to explore and let Dr. Blake know of your choices. Your written assignment on this rotation is a one page write up for each case or personnel/functions question that you select (five pages total). You should answer each question posed and list the people you have spoken to in researching the questions. Independent research is also encouraged.
- C. The longitudinal aspect of Community and Preventive Medicine involves multiple components. As with nearly all aspects of our training in Family Medicine, we cannot completely compartmentalize our learning. It is expected that you will learn content and philosophy pertinent to Community and Preventive Medicine throughout your residency and beyond. To encourage this, each resident is required to attend *at least* one UNSOM Student Outreach Clinic by April of their third year. Additionally, each class is to select a community project that they are interested in and in which each resident will participate.
- D. Residents are expected to follow their patients in the Family Medicine Center during this rotation.
- E. Level – (PGY)-111
- F. Location – Community Medicine is an office/health department based rotation.
- G. Duration – One two week block.
- H. Community Medicine is a full time rotation.
- I. Three to four half days per week will be spent in the Family Medicine Center.
- J. Participation in the Family Medicine call pool is required during this rotation.
- K. Work hour form submission is required at the completion of this rotation during work hour tracking months.
- L. Evaluation of Rotation
  - a. The evaluation of the resident on this rotation will be done by the completion of an evaluation form by the attending physician at the end of the rotation.
  - b. The resident will fill out a rotation evaluation for at the end of the rotation.

- c. The knowledge, skills and competencies acquired during this rotation will be evaluated by a Family Medicine attending as the resident provides care to patients in the Family Medicine Center.
- d. The resident's performance on the American Board of Family Medicine In-Training examination will also be used to assess knowledge in this area.

2. **PATIENT CARE** and **MEDICAL KNOWLEDGE** skills to be mastered

- A. Learn to assess and understand the important health needs of the community in which they work.
- B. Understand and be able to interact with community health resources that may be utilized in the care of patients and their families, including school health services and public health services.
- C. Understand and be able to implement disease prevention/health promotion, including appropriate strategies and behaviors such as immunizations and healthful lifestyle changes that will protect children, adults, and families from illness or injury.

3. **PRACTICE BASED LEARNING AND IMPROVEMENT**

- A. This competency is addressed longitudinally throughout the rotation.
  - a. Scientific evidence will be reviewed by the resident and supervisors.
  - b. The practical implementation of evidence-based medicine will be discussed as the medical decision making and public health decision making is reviewed.
  - c. Information technology will be utilized by the resident as he or she is required to research topics for completing the community medicine cases.

4. **INTERPERSONAL AND COMMUNICATION SKILLS**

- A. This competency is addressed longitudinally throughout the rotation by helping the resident improve his or her ability to communicate effectively with public health workers at all levels. Written communication will also be evaluated by review of the case write-ups.

5. **PROFESSIONALISM**

- A. This competency is addressed longitudinally throughout the rotation.
  - a. The resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress will be observed and evaluated.
  - b. Ethical and legal practice skills will be taught.
  - c. Respect for cultural, gender and age, differences will be taught, observed and evaluated.
  - d. The resident is expected to treat patients, families, public health workers and colleagues with respect, understanding, sympathy and honesty.

6. **SYSTEMS BASED PRACTICE**

- A. This competency is addressed longitudinally throughout the rotation.

- a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options from a public health point of view.
- b. The resident will gain an increasing understanding of the role of the patient, physician, support staff, public resources and insurer in the health care environment.
- c. The resident will become aware of the available resources in our community as well as to the limitations of the resources in our community that our available.

**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve two Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000 per contractor; over \$100,000 would require the approval of the Board.

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

The District conducts several clinical public health programs including a Family Planning Clinic which requires the services of a Medical Director. MEDSchool Associates North (MSAN) has agreed to provide consultative services to Family Planning Clinic Advanced Practice Registered Nurses onsite and via phone and to provide clinical services as necessary. Physicians review and approve clinical protocols and provide written evaluations of services and assist in evaluating staff performance. Coverage is made available 52 weeks a year.

**ADMINISTRATIVE HEALTH SERVICES**

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520  
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.

MSAN is also agreeing to provide colposcopy and biopsy services for clients. Uninsured clients are provided these services at a discounted rate.

### **FISCAL IMPACT**

Should the Board approve these Agreements, there is no impact to the adopted FY21 budget as the cost of these agreements were included as follows:

<u>Account Number</u>	<u>Description</u>	<u>FY21 Budget</u>
2002-IO-11570 -710108	MD Consultants	\$ 9,000.00

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve two Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve two Interlocal Agreements between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Director to the District for the Family Planning Clinic and to provide colposcopy and/or biopsy services to clients referred by the Clinic for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year."

## INTERLOCAL AGREEMENT

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

### WITNESSETH:

WHEREAS, the District conducts the clinical public health programs, including the Family Planning Program, which requires the services of a physician; and

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

WHEREAS, the School agrees to provide colposcopy services for referred Family Planning clients;

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

The School agrees to:

1. Schedule appointment for colposcopy and biopsy.
2. Provide colposcopy and/or biopsy services.
3. Collect payment on the day of service or bill insurance plan. For insured patients, UNRMED's usual and customary fee schedule will apply. Copays must be made at time of service and third party payers will be billed. If the client does not have insurance, the fee for service will be based on a 50% discount rate off of the current billable fee schedule.
4. Subject to any restrictions under HIPAA, fax colposcopy and/or biopsy results, with recommendations, to the WCHD.
5. If further gynecological follow up is required, refer client back to WCHD promptly.

The District agrees to:

1. Maintain a list of clients referred to UNRMED.
2. Fax colposcopy referral form, recent pertinent exams and pap results to UNRMED.
3. Provide clients with a copy of faxed documents
4. Provide clients with the name of the contact person at UNRMED that will assist the client in scheduling a colposcopy appointment.
5. Inform the client that services will require insurance coverage or full payment to UNRMED is due on the day of service.
6. Inform the client additional separate lab fees may be charged if applicable.



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

INDEMNIFICATION.

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

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.360 and NRS 354.626.

CONTRACT TERM. This Contract shall be effective July 1, 2020, through June 30, 2021 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each

year. The automatic renewal provision of this section shall not affect the right of the Health District or UNRMED to terminate the Agreement as provided below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse School for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

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

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

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

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

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

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

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

Notices to School shall be addressed to:

Susan Minton Poore  
Assistant General Counsel  
UNR–UNRMED  
1664 North Virginia Street  
Penn Bldg, M/S 1332  
Reno, Nevada 89557-1332

Notices to the District shall be addressed to:

Kevin Dick, District Health Officer  
Washoe County Health District  
1001 East Ninth Street  
Reno NV 89512

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

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dr. John Novak, DMD, Chairman

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

By: TL Schwenk Date: May 13, 2020  
TL Schwenk (May 13, 2020)

Thomas Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, University School of Medicine  
President, Integrated Clinical Services, Inc.

**AGREEMENT/CONTRACT ROUTING SHEET**  
**UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE**  
 MSAN (  ) ICS (  ) UNR Med (  )  
 (PLEASE CHECK ONE OF THE ABOVE ENTITIES)

**INSTRUCTIONS: THIS ROUTING FORM MUST BE COMPLETED AND ATTACHED TO ALL CONTRACTS, LEASES AND PURCHASE AGREEMENTS THAT ARE TO BE EXECUTED BY THE SCHOOL OF MEDICINE. PLEASE INITIAL AND DATE AFTER YOU HAVE REVIEWED.**

**Type of Contract (please check what applies):**

- Independent Professional Services Contractor Agreement (Contractor provides service)
- Independent Professional Services Contractor Agreement (UNR Med or entities provide service)
- Equipment Lease Agreement
- Space Lease Agreement
- Equipment and Supplies Purchase Agreement
- Independent Contractor Agreement-Other Services (Contractor provides service)
- Independent Contractor Agreement-Other Services (UNR Med or entities provide service)
- Interlocal Agreements/Contracts (County or State)
- Affiliation Agreement for GME
- Cooperative/Affiliation Agreements for Student Education/OME
- Memorandum of Agreement/Memorandum of Understanding
- Inter-Institutional Agreements
- Savitt Medical Library
- Third Party Payer
- Exceeds \$1,000,000.00 (effective 1/1/2008)
- Exceeds Five (5) Years (effective 1/1/2008)
- Open Ended/Indefinite Period of Time
- Other (Describe) \_\_\_\_\_

**Contract Term Dates:**

Beginning Date: July 1, 2020 Ending Date June 30, 2023  
 (contains 2 auto renew 1 year terms)

**Contract Value:**

Fixed Price/Compensation \$ 750 per month (\$9,000) plus one (1) \$1500 training class  
 Per Unit of Service (i.e., \$/hour) \$ \_\_\_\_\_  
 Funds were budgeted and approved from (when & where): \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

**DESCRIPTION OF SERVICES/LEASE/PURCHASE:** Family Planning Medical Director Services between MSAN-ICS and Washoe County Health Dept. for 2020-2023

<u>DESIGNATED OFFICIAL</u>	<u>INITIALS</u>	<u>DATE</u>	<u>COMMENTS</u>
ASSISTANT GENERAL COUNSEL Please review, initial & date:	<u>SD</u>	<u>4.27.2020</u>	
SENIOR DIRECTOR CLINICAL OPERATIONS & ADMINISTRATION Please review, initial & date:			____ signature(s) ____ date(s) ____ Initial: ____ Notarize & Date
SENIOR ASSOCIATE DEAN FOR LEGAL AFFAIRS Please review, initial & date:	<u>MTM</u> MTM	<u>Apr 27, 2020</u>	____ signature(s) ____ date(s) ____ Initial: ____ Notarize & Date
SENIOR ASSOCIATE DEAN FOR ADMIN & FINANCE Please review, initial & date:	<u>MAH</u> MAH	<u>Apr 27, 2020</u>	____ signature(s) ____ date(s) ____ Initial: ____ Notarize & Date
DEAN, UNR Med/VP FOR HEALTH SCIENCES/ICS PRESIDENT (or signature authority) Please initial and date:	<u>ILS</u> ILS	<u>Apr 27, 2020</u>	____ signature(s) ____ date(s) ____ Initial: ____ Notarize & Date
Please initial & date	Initials:	Date:	____ signature(s) ____ date(s) ____ Initial: ____ Notarize & Date

SEE PAGE 2 FOR ADDITIONAL UNR Med INTERNAL ROUTING INFORMATION & APPROVAL IF NEEDED

DATE IN: \_\_\_\_\_

RETURN TO: SUSAN POORE, 1664 N. VIRGINIA ST., PMB, MS-1332, RENO, NV 89557-1332

DATE SENT OUT: \_\_\_\_\_

RETURN TO: \_\_\_\_\_

**AGREEMENT/CONTRACT ROUTING SHEET**  
**UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE**  
**PAGE 2**

				COMMENTS:
DEPARTMENT CHAIR (or signature authority)	Please review, initial and date:	Initials:	Date:	
ASSOCIATE DEAN FOR GME (or signature authority)	Please review, initial and date:	Initials:	Date:	
GME COORDINATOR (or signature authority)	Please review, initial and date:	Initials:	Date:	
RESIDENT PROGRAM CHAIR/DIRECTOR (or signature authority)	Please review, initial and date:	Initials:	Date:	
ASSOCIATE DEAN FOR MEDICAL EDUCATION (or signature authority)	Please review, initial and date:	Initials:	Date:	
ASSOCIATE DEAN FOR ACADEMIC AFFAIRS (or signature authority)	Please review, initial and date:	Initials:	Date:	
IT DEPARTMENT (or signature authority)	Please review, initial and date:	Initials:	Date:	
DIRECTOR OF REAL ESTATE (or signature authority)	Please review, initial and date:	Initials:	Date:	

## INTERLOCAL AGREEMENT

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

### WITNESSETH:

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

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

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

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

MSAN agrees to:

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



baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30 days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

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

The District agrees to:

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

#### HIPAA.

To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive

provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

INDEMNIFICATION.

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

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

CONTRACT TERM. This Contract shall be effective July 1, 2020, through June 30, 2021 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District or MSAN to terminate the Agreement as provided below.

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

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

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

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

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

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

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

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

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

Notices to the District shall be addressed to:  
Kevin Dick, District Health Officer  
Washoe County Health District  
1001 E 9<sup>th</sup> St  
Reno NV 89512-2845

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

District Board of Health

By: \_\_\_\_\_  
Dr. John Novak, DMD, DBOH Chairman

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

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

By: *TL Schwenk*  
T L Schwenk (Apr 27, 2020)  
Thomas L. Schwenk, MD  
Vice President, Division of Health Sciences  
Dean, School of Medicine  
President Integrated Clinical Services, Inc.

Date: Apr 27, 2020

## **Collaborating Physician Job Description**

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

### **Essential Functions:**

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

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

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











# New Family Planning Med Director Interlocal Agreement with WCHD

Final Audit Report

2020-04-27

Created:	2020-04-27
By:	Susan Poore (spoore@med.unr.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAA75ishvFPm9ifb3wedSO9TDmpxnaG-7WD

## "New Family Planning Med Director Interlocal Agreement with WCHD" History

-  Document created by Susan Poore (spoore@med.unr.edu)  
2020-04-27 - 5:14:11 PM GMT- IP address: 71.11.185.180
-  Document emailed to Matthew Milone (mmilone@med.unr.edu) for approval  
2020-04-27 - 5:16:01 PM GMT
-  Email viewed by Matthew Milone (mmilone@med.unr.edu)  
2020-04-27 - 5:46:26 PM GMT- IP address: 134.197.85.71
-  Document approved by Matthew Milone (mmilone@med.unr.edu)  
Approval Date: 2020-04-27 - 5:48:42 PM GMT - Time Source: server- IP address: 134.197.85.71
-  Document emailed to Michael A Herbert (mherbert@med.unr.edu) for approval  
2020-04-27 - 5:48:43 PM GMT
-  Email viewed by Michael A Herbert (mherbert@med.unr.edu)  
2020-04-27 - 5:54:23 PM GMT- IP address: 134.197.0.23
-  Document approved by Michael A Herbert (mherbert@med.unr.edu)  
Approval Date: 2020-04-27 - 8:06:24 PM GMT - Time Source: server- IP address: 12.238.92.70
-  Document emailed to T L Schwenk (tschwenk@med.unr.edu) for signature  
2020-04-27 - 8:06:27 PM GMT
-  Email viewed by T L Schwenk (tschwenk@med.unr.edu)  
2020-04-27 - 8:07:03 PM GMT- IP address: 71.93.88.189
-  Document e-signed by T L Schwenk (tschwenk@med.unr.edu)  
Signature Date: 2020-04-27 - 8:07:36 PM GMT - Time Source: server- IP address: 71.93.88.189

✔ Signed document emailed to Susan Poore (spoore@med.unr.edu), haleyb@med.unr.edu, T L Schwenk (tschwenk@med.unr.edu), Matthew Milone (mmilone@med.unr.edu), and 3 more

2020-04-27 - 8:07:36 PM GMT



Adobe Sign



**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to March 29, 2020 through April 28, 2020 in the amount of \$15,279 for a total revised award of \$117,577 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO#11559 and authorize the District Health Officer to execute the Subaward.

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000; over \$100,000 would require the approval of the Chair or the Board designee.

The Community and Clinical Health Services Division received Subaward Amendment #1 from the State of Nevada to extend funding Community and Clinical Health Services Division Tobacco Prevention and Control Grant Program. The funding period is March 29, 2020 through April 28, 2020. A copy of the Subaward Amendment #1 is attached.

**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 February 28, 2019, the Board approved a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period March 29, 2019 through March 28, 2020 in the total amount of \$102,298 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program.

## **BACKGROUND**

The Subgrant scope of work includes the following strategies: educate stakeholders and the general public on policies supporting clean indoor air; increase referrals and promote the Quitline; develop and maintain partnerships to improve tobacco control program activities.

The Subgrant provides funding for personnel and indirect expenditures to support tobacco education and prevention activities.

## **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY20 budget. As such, there is no fiscal impact to the FY20 adopted budget should the Board approve the Subaward Agreement #1.

## **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to March 29, 2020 through April 28, 2020 in the amount of \$15,279 for a total revised award of \$117,577 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO#11559 and authorize the District Health Officer to execute the Subaward.

## **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to March 29, 2020 through April 28, 2020 in the amount of \$15,279 for a total revised award of \$117,577 in support of the Community and Clinical Health Services Division (CCHS) Tobacco Prevention and Control Grant Program, IO#11559 and authorize the District Health Officer to execute the Subaward."



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

Agency Ref. #: HD 17043  
 Budget Account: 3220  
 Category: 10  
 GL: 8516  
 Job Number: 9330519

## SUBAWARD AMENDMENT #1

<b>Program Name: Tobacco Control Program</b> Chronic Disease Prevention and Health Promotion (CDPHP) Bureau of Child, Family and Community Wellness (CFCW)	<b>Subrecipient Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009	<b>Address:</b> P.O. Box 11130 Reno, NV 89520
<b>Subaward Period:</b> March 29, 2019 through April 28, 2020	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

- Scope of Work
  Term
 Budget

**Reason for Amendment:** The federal grant was extended until April 28, 2020. The subrecipient will increase measures on existing activities and receive funding to cover the additional month of the grant.

**Required Changes:**

**Current Language:** Total reimbursement through this subaward will not exceed \$102,298.00. See Section B, C and D of the original subaward.

**Amended Language:** Total reimbursement through this subaward will not exceed \$117,577.00. See attached Section B, C and D revised on 08/20/19.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$97,085.00	\$14,500.00	\$111,585.00
2. Travel	\$0.00		\$0.00
3. Operating	\$0.00		\$0.00
4. Equipment	\$0.00		\$0.00
5. Contractual/Consultant	\$0.00		\$0.00
6. Training	\$0.00		\$0.00
7. Other	\$0.00		\$0.00
<b>TOTAL DIRECT COSTS</b>	<b>\$97,085.00</b>	<b>\$14,500.00</b>	<b>\$111,585.00</b>
8. Indirect Costs	\$5,213.00	\$779.00	\$5,992.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$102,298.00</b>	<b>\$15,279.00</b>	<b>\$117,577.00</b>

**Incorporated Documents:**

- Section B: Description of Services, Scope of Work and Deliverables revised on 08/20/19
- Section C: Budget and Financial Reporting Requirements revised on 08/20/19
- Section D: Request for Reimbursement revised on 08/20/19
- Exhibit A: Original Notice of Subaward and all previous amendments

**By signing this Amendment, the Authorized Subrecipient Official or their designee, Bureau Chief and DPBH Administrator acknowledge the above as the new standard of practice for the above referenced subaward. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the original subaward and all of its attachments.**

Kevin Dick District Health Officer, WCHD	Signature	Date 9/26/19
Candice McDaniel, MS Bureau Chief, CFCW		9/30/19
for Lisa Sherych Administrator, DPBH		10/2/19

**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health

**FROM:** Kim Graham, Fiscal Compliance Officer  
775-328-2418, kgraham@washoecounty.us

**SUBJECT:** Approve the Agreement between Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing, and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenburg juveniles for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

---

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf up to \$100,000 per contractor; over \$100,000 would require the approval of the Board.

**District Board of Health strategic priority:**

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

**PREVIOUS ACTION**

The Washoe County District Board of Health approved a similar agreement on May 26, 2016.

**BACKGROUND**

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



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

### **FISCAL IMPACT**

Should the Board approve these Agreements, there is no additional impact to the adopted FY21 budget.

### **RECOMMENDATION**

Approve the Agreement between Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing, and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenburg juveniles for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Agreement between Washoe County Health District and Washoe County through its Department of Juvenile Services to provide consultative and clinical services, Tuberculosis (TB) testing, and Sexually Transmitted Disease (STD)/TB treatment medications for Wittenburg juveniles for the period July 1, 2020 through June 30, 2021 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year."

## **Exhibit A**

### **To the interlocal agreement between the Washoe County Department of Juvenile Services and the Washoe County Health District**

#### **Medication List**

1. Azithromycin 1gm (500mg x2)
2. Bicillin LA 1.2mu (Dose is 2.4 mu) IM
3. Ceftriaxone 250/125mg IM
4. Isoniazid
5. PPD vials (Tubersol)
6. Alternative TB medications to Isoniazid if deemed necessary for treatment by the TB clinic

## INTERLOCAL AGREEMENT

Between Washoe County Health District

And

Washoe County through its  
Department of Juvenile Services

A. The District agrees to:

1. Provide, at no charge to the County, PPD solution for Tuberculosis testing, and STD/TB treatment medications to be utilized per medical protocol to treat Wittenberg juveniles. (See Exhibit A for list of medications for chlamydia, gonorrhea, and syphilis and TB treatment).
2. Provide diagnostic services per medical protocol or consultant physician order when indicated to screen for active tuberculosis (Chest X-Rays, CT, or IGRA) for juveniles supervised by the Washoe County Department of Juvenile Services.
3. Provide the services of the District's contract pharmacist to prepare medications for APRN to administer and dispense per APRN protocol signed by collaborating physician.
4. Make available minor acute care medications, at the County's cost, which would include pharmacy time and materials.
5. Pay for chlamydia, gonorrhea, HIV and syphilis screening as itemized on the State Lab invoice.
6. Sterilize the County's medical equipment on an as-needed basis.
7. Community and Clinical Health staff will provide training or technical assistance for topics related to this agreement as indicated and deemed necessary by the District.
8. Store vaccine for the County during emergency situations (dependent on refrigerator space availability).
9. Provide County staff access to the vaccine during business hours.
10. Maintain refrigerated vaccine at an acceptable temperature range of 36-46°F and frozen vaccine below 5°F in a secure location.
11. Submit a monthly invoice to the County itemizing the costs of minor acute care medications, laboratory consultant time and pharmacy time and materials.

B. The County agrees to:

1. Screen juveniles supervised by the Washoe County Department of Juvenile Services for tuberculosis, chlamydia, gonorrhea, HIV and syphilis and forward applicable tests to the Nevada State Lab.
2. Work with the District to obtain IGRA testing of juveniles supervised by the Washoe County Department of Juvenile Services that may have a suspected false positive Tuberculin Skin Test as a result of previous administration of the Bacillus Calmette-Guerin (BCG) vaccine.
3. Provide Medicaid information, if applicable, to allow for direct Medicaid billing by NSPHL and diagnostic facilities.



4. Complete and forward Sexually Transmitted Infection Survey forms (STIS) for every patient screened for chlamydia/gonorrhea and HIV. These forms and number of tested juveniles will also be utilized by the District to verify testing numbers billing accuracy.
5. Complete HIV/STD Outreach Testing Form for every HIV test provided,
6. Forward updated/revised APRN protocol to the District annually.
7. Reimburse the District upon receipt of invoice for minor acute care medications, laboratory consultant time and pharmacy costs and materials as per Journal Entry.
8. Pick-up medications from the District within mutually agreed time frame.
9. Transport vaccine to and from the District for storage.
10. Maintain inventory of vaccine stored at the District.

### C. Terms

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect July 1, 2020 through June 30, 2021, unless extended by the mutual agreement of the Parties. The Interlocal Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Interlocal Agreement as provided below.

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

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

County: Frank Cervantes, Division Director  
Washoe County Department of Juvenile Services  
650 Ferrari-McLeod Blvd.  
Reno, Nevada 89512

District: Kevin Dick, District Health Officer  
Washoe County Health District  
1001 East Ninth Street  
Reno, Nevada 89512

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

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

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

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Director of Juvenile Services

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairman

**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Possible approval of the Amendment to Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 to allow transfer of delegation of authority and responsibility from Battalion Chief Sam Hicks to Aaron Kenneston, Washoe County Emergency Manager.

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**SUMMARY**

The Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 was amended to transfer Incident Command from Sam Hicks to Aaron Kenneston on May 13, 2020.

**District Health Strategic Priorities supported by this item:**

- 1. **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.
- 2. **Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.
- 4. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 5. **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

**PREVIOUS ACTION**

The representatives of the Cities of Reno and Sparks, Washoe County, and the Washoe County Health District have met and discussed the public health, safety and welfare issues and concerns presented by COVID-19 and have determined that a unified response by the Parties to the emergency situation created by COVID-19 is beneficial to the health, safety and welfare of the citizens within the territorial limits of Washoe County. The City and County Managers and District Health Officer signed the agreement on March 20, 2020. The Washoe County District Board of Health approved the Agreement during their March 26, 2020 meeting.

**BACKGROUND**

The U.S. President, the Governor of Nevada, the Cities of Reno and Sparks, and Washoe County have all issued emergency declarations regarding COVID-19. In order to coordinate a regional response to COVID-19 in

OFFICE OF THE DISTRICT HEALTH OFFICER  
1001 East Ninth Street, Building B, Reno, Nevada 89512  
ODHO Office: 775-328-2416 | Fax: 775-328-3752 | [washoecounty.us/health](http://washoecounty.us/health)  
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer



Date: May 28, 2020

Subject: DBOH possible approval of Interlocal Agreement for Incident Command and Coordination for COVID-19

Page: 2 of 2

Washoe County the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 was established to allow the parties to operate in a unified response under one Incident Command in alignment with the National Incident Management System (NIMS). The Incident Commander shall conduct all duties delegated by this Agreement consistent with the following objectives for the management of this incident:

- A. Public and Responder Safety
- B. Protecting public health and mitigating impacts of a COVID-19 outbreak
- C. Serve as central point to coordinate emergency management disciplines to include- legal, fire, EMS, health, public-private partners and volunteer agencies.
- D. Providing daily updates
- E. Providing robust, coordinated public affairs as necessary

The original interlocal agreement designated Sam Hicks as the Incident Commander. As initial response objectives were accomplished the size of the Incident Management Team was reduced and it was determined that the response could be managed under the Command of Aaron Kenneston, Washoe County Emergency Manager, and allow Chief Hicks to return to his normal duties. As a result the interlocal agreement was amended to release Battalion Chief Sam Hicks as Incident Commander, and to delegate the authority and responsibilities of the Incident Commander to Aaron Kenneston. Each party is presenting the agreement to their governing boards at the earliest practical opportunity for approval.

#### **FISCAL IMPACT**

There is no fiscal impact to the Health District. The cost-share agreement developed for the interlocal agreement provided for costs to be shared by Reno, Sparks, and Washoe County.

#### **RECOMMENDATION**

Staff recommends the Board approve the Amendment to Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.

#### **POSSIBLE MOTION**

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

“Move to approve the Amendment to Interlocal Agreement for Incident Command and Coordinated Response to COVID-19.”

**AMENDMENT TO INTERLOCAL AGREEMENT FOR INCIDENT COMMAND AND  
COORDINATED RESPONSE TO COVID 19**

WHEREAS the Parties to this Amendment are Parties to an Interlocal Agreement For Incident Command And Coordinated Response To Covid 19 (“The Interlocal Agreement”) entered into on March 20, 2020, in furtherance of the goal of a unified response to the COVID 19 coronavirus pandemic;

WHEREAS through the Interlocal Agreement the Parties described and delegated authority and responsibility granted to them by NRS Chapter 414 and any other applicable laws relevant to COVID 19 incident, with certain limitations noted in the Interlocal, for the operational control and management of the response to the COVID 19 coronavirus pandemic to Truckee Meadows Fire Protection District Battalion Chief Sam Hicks, who agreed to serve as Incident Commander;

WHEREAS Battalion Chief Sam Hicks provided notice he no longer desired to serve as the Incident Commander and the Parties hereto accepted his notice with heartfelt gratitude and appreciation for the work he performed in managing the Region’s response to the COVID 19 pandemic;

WHEREAS the Parties to the Interlocal now seek to amend the Interlocal Agreement to delegate the authority and responsibilities delegated to Battalion Chief Sam Hicks in the Interlocal Agreement to Aaron Kenneston, Washoe County Emergency Manager;

WHEREAS the Parties seek to maintain all other terms, conditions and limitations described in the Interlocal

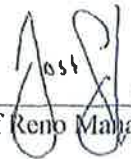
NOW THEREFORE in consideration of the foregoing premises and the following covenants, terms and conditions, the Parties do hereby agree as follows:

1. The Parties hereby amend the Interlocal Agreement to release Battalion Chief Sam Hicks as Incident Commander, and to delegate the authority and responsibilities of the Incident Commander as described and limited in the Interlocal Agreement to Aaron Kenneston.

2. There are no other changes to the Interlocal Agreement not described in this Amendment.

3. This Amendment shall be effective upon the signatures of all Parties to the Interlocal Agreement, who certify and affirm they have been duly authorized by express act of their governing bodies whether by public body action, or county or municipal ordinance or other applicable law to enter into this Agreement and to delegate the powers and duties described herein. The Parties shall each present this Agreement to their governing boards at the earliest practicable opportunity for approval. If a governing body does not approve the Agreement the relevant signatory shall immediately notify the other Parties and the Agreement shall have no effect as to that Party.

  
District Health Officer      5/12/2020  
Date

  
City of Reno Manager      5/13/2020  
Date

  
Washoe County Manager      5/08/2020  
Date

  
City of Sparks Manager      5/12/20  
Date

Accepted by Incident Commander, Sam Hicks:

  
Date 5-13-20



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

# **REMSA**

# **FRANCHISE COMPLIANCE REPORT**

## **MARCH 2020**





**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October	4235	\$5,485,083.60	\$1,295.18	\$1,292.93	\$ 452.53
November	4130	\$5,370,933.20	\$1,300.47	\$1,294.43	\$ 453.05
December	4301	\$5,582,149.20	\$1,297.87	\$1,295.02	\$ 453.26
January	4376	\$5,982,665.80	\$1,367.15	\$1,367.15	\$ 478.50
February	4203	\$5,778,739.20	\$1,374.91	\$1,370.95	\$ 479.83
March					
April					
May					
June					
<b>Totals</b>	<b>33,706</b>	<b>\$44,301,301</b>	<b>\$1,311.804</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: March 2020**

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	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19	6 Minutes 00 Seconds	90%	91%
Nov-19	6 Minutes 01 Seconds	90%	92%
Dec-19	5 Minutes 53 Seconds	90%	94%
Jan-20	5 Minutes 44 Seconds	91%	94%
Feb-20	5 Minutes 57 Seconds	90%	93%
Mar-20	5 Minutes 56 Seconds	92%	91%
Apr-20			
May-20			
Jun-20			



**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 56 Seconds	91%	93%

**Year to Date: March 2020**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1	5:17	6:25	8:53
	P-2	5:31	6:51	8:35
Nov-19	P-1	5:24	5:50	8:23
	P-2	5:27	6:33	8:24
Dec-19	P-1	5:13	6:12	8:30
	P-2	5:25	6:21	8:29
Jan-20	P-1	5:11	5:55	8:11
	P-2	5:32	6:36	8:29
Feb-20	P-1	5:11	6:13	8:26
	P-2	5:46	6:18	8:29
Mar-20	P-1	5:05	6:10	8:16
	P-2	5:27	6:12	8:10
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

**Fiscal Year to Date: March 2020**

Priority	Reno	Sparks	Washoe County
P1	0:05:05	0:06:10	0:08:16
P2	0:05:32	0:06:25	0:08:29



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 03/01/2020 THRU 03/31/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	3/1/20 10:53	3/1/20 11:02	1C30	0:14:00	0:08:43
Zone A	3/3/20 4:40	3/3/20 4:46	1C45	0:20:01	0:05:06
Zone A	3/3/20 14:56	3/3/20 14:56	1C37	23:58:52	0:00:21
Zone B	3/5/20 8:15	3/5/20 8:22	1C41	0:23:07	0:07:31
Zone A	3/5/20 16:06	3/5/20 16:06	1C02	-0:00:36	0:00:20
Zone A	3/7/20 9:16	3/7/20 9:23	1C41	0:09:13	0:07:29
Zone A	3/7/20 15:38	3/7/20 15:44	1C03	0:19:58	0:06:05
Zone A	3/7/20 21:52	3/7/20 21:52	1C26	-0:00:26	0:00:20
Zone A	3/8/20 8:14	3/8/20 8:15	1C36	-0:01:37	0:00:23
Zone A	3/9/20 17:57	3/9/20 17:58	1C02	23:59:51	0:01:00
Zone A	3/11/20 6:24	3/11/20 6:32	1C45	0:09:33	0:07:43
Zone A	3/12/20 16:49	3/12/20 16:49	1C44	-0:00:09	0:00:10
Zone A	3/15/20 18:43	3/15/20 18:51	1P29	0:08:41	0:08:41
Zone A	3/16/20 13:12	3/16/20 13:12	1X20	-0:00:29	0:00:12
Zone A	3/16/20 16:58	3/16/20 16:57	1C04	-0:00:26	0:00:12
Zone A	3/24/20 18:27	3/24/20 18:27	1C24	-0:00:45	0:02:46
Zone A	3/25/20 18:36	3/25/20 18:36	1C32	-0:00:24	0:00:43
Zone A	3/25/20 20:22	3/25/20 20:22	1C13	-0:00:03	0:00:52
Zone A	3/30/20 19:46	3/30/20 19:46	1C29	-0:00:05	0:01:22

<b>UPGRADE REQUESTED</b>				
Zone	Clock Start	Clock Stop	Unit	Response Time
Zone A	3/7/20 9:16	3/7/20 9:23	1C41	07:29
Zone A	3/7/20 15:38	3/7/20 15:44	1C03	06:05



EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
3/16/20 23:10	Exemption Approved	Weather	Zone A	0:09:25	0:00:26
3/17/20 1:20	Exemption Approved	Weather	Zone A	0:09:55	0:00:56
3/17/20 1:50	Exemption Approved	Weather	Zone A	0:12:31	0:03:32
3/17/20 5:58	Exemption Approved	Weather	Zone A	0:15:18	0:06:19
3/17/20 6:34	Exemption Approved	Weather	Zone B	0:19:12	0:03:13
3/18/20 7:19	Exemption Approved	Weather	Zone A	0:09:31	0:00:32
3/19/20 4:48	Exemption Approved	Weather	Zone A	0:10:13	0:01:14



## GROUND AMBULANCE OPERATIONS REPORT MARCH 2020

### 1. Overall Statics

- a) Total number of system responses: 6719
- b) Total number of responses in which no transports resulted: 2583
- c) Total number of system transports (including transports to out of county):  
4136

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.5%
- b) Medical: 55%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 11.6%
- e) Transfers: 13.1%
- f) Trauma – MVA: 7.4%
- g) Trauma – Non MVA: 6.3%
- h) Unknown: 4.6%

### 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: 1,914

Total number of above calls receiving QA Reviews: 155

Percentage of charts reviewed from the above transports: 8%



**MARCH 2020 MONTHLY REMSA EDUCATION REPORT**

DISCIPLINE	CLASSES	STUDENTS
ACLS	11	46
BLS (CPR)	37	64
Heartsaver (CPR)	13	49
PALS	7	20

**COMMUNITY OUTREACH MARCH 2020**

Point of Impact		
03/1-31/2020	No office appointment for March	COVID
03/28/20	POI Checkpoint was cancelled due to COVID precautions.	
Cribs for Kids/Community		
03/04/20	Meet with production company Swizzle Story for Cribs for Kids brochures and posters.	
03/04/20	Held a booth at Truckee Meadows Family Health Festival at Boys and Girls club	350 participants
03/05/20	Attended Immunize Nevada community meeting	
03/05/20	Spoke with DCFS about the Cribs for Kids program and resurrecting the Statewide Safe Sleep subcommittee	
03/11/20	Presented Safe Sleep and Car seat safety to Community Services Agency Early Head Start	8 participants
03/11/20	Attended the Northern Nevada Maternal Child Health Coalition networking event	100 participants
03/17/20	Attended the Safe Kids Coalition meeting via Skype	
03/26/20	Attended NV SHSP Occupant Protection Task force meeting via Skype	
03/27/20	Attended the National Digital Car Seat Webinar	



REMSA

Reno, NV  
Client 7299



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

## EMS System Report

March 1, 2020 to March 31, 2020

Your Score

**95.90**

Number of Your Patients in this Report

**151**

Number of Patients in this Report

**7,833**

Number of Transport Services in All EMS DB

**164**







## Executive Summary

This report contains data from **151 REMSA** patients who returned a questionnaire between **03/01/2020** and **03/31/2020**.

The overall mean score for the standard questions was **95.90**; this is a difference of **2.39** points from the overall EMS database score of **93.51**.

The current score of **95.90** is a change of **-2.28** points from last period's score of **98.18**. This was the **18th** highest overall score for all companies in the database.

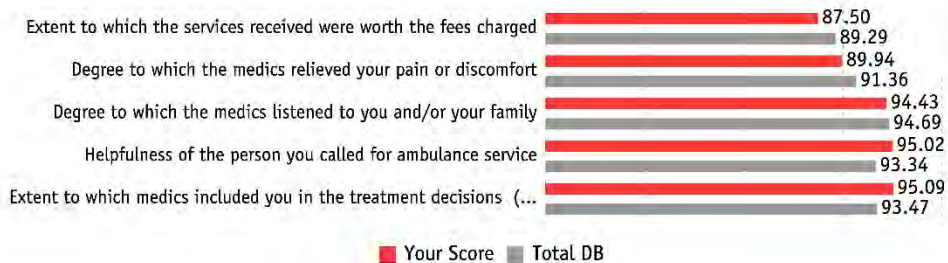
You are ranked **6th** for comparably sized companies in the system.

**88.76%** of responses to standard questions had a rating of Very Good, the highest rating. **98.56%** of all responses were positive.

### 5 Highest Scores



### 5 Lowest Scores

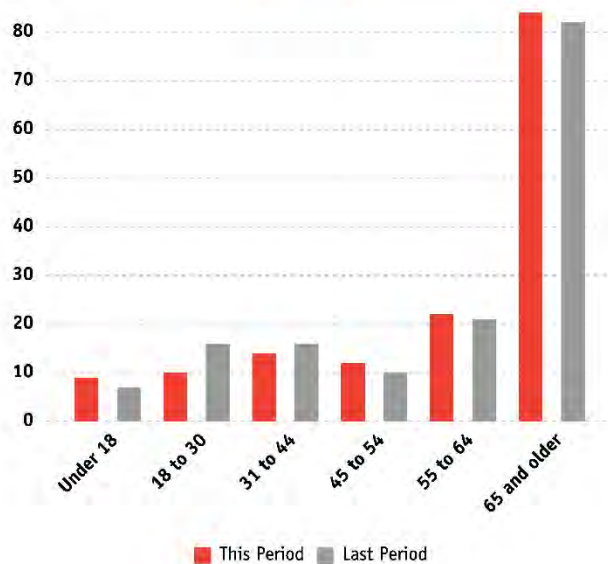




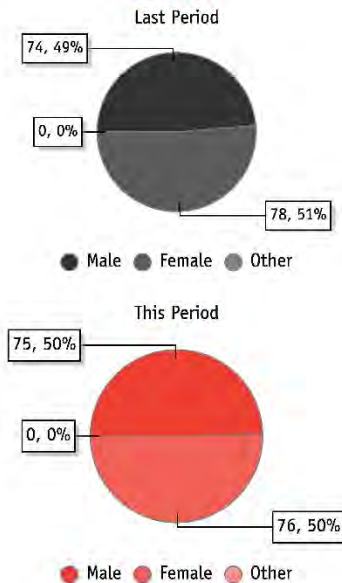
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	7	4	3	0	9	7	2	0
18 to 30	16	7	9	0	10	7	3	0
31 to 44	16	5	11	0	14	6	8	0
45 to 54	10	7	3	0	12	7	5	0
55 to 64	21	11	10	0	22	10	12	0
65 and older	82	40	42	0	84	38	46	0
<b>Total</b>	<b>152</b>	<b>74</b>	<b>78</b>	<b>0</b>	<b>151</b>	<b>75</b>	<b>76</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**March 1, 2020 to March 31, 2020**

**Monthly Breakdown**

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

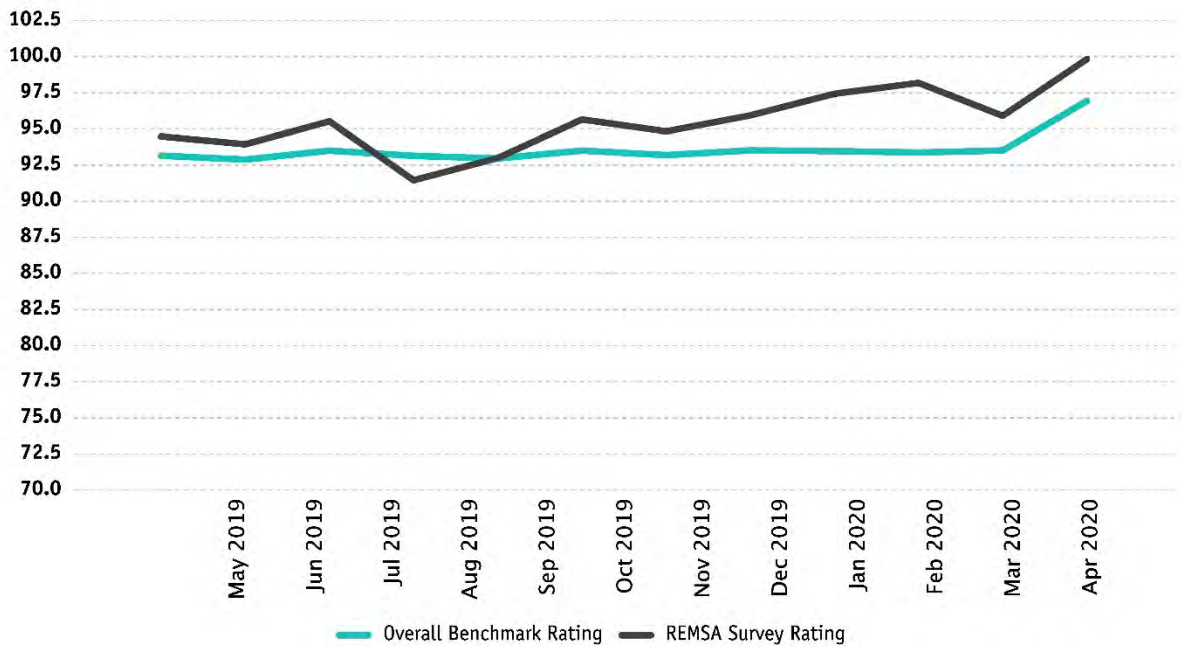
	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020
Helpfulness of the person you called for ambulance service	89.00	92.86	94.02	94.02	88.20	95.67	96.74	97.41	97.55	99.54	98.68	95.02
Extent to which you were told what to do until the ambulance arrived	89.56	91.98	93.33	95.65	87.75	95.50	95.65	97.41	97.00	99.54	98.68	95.85
Extent to which the ambulance arrived in a timely manner	90.70	93.18	92.81	94.70	90.91	93.01	97.14	93.20	95.48	96.63	96.33	96.80
Cleanliness of the ambulance	94.21	94.25	93.80	97.67	91.80	93.95	97.38	95.53	96.73	98.84	99.26	99.34
Skill of the person driving the ambulance	93.08	94.44	93.81	95.70	91.55	92.88	94.92	94.28	95.31	97.93	98.72	96.82
Care shown by the medics who arrived with the ambulance	93.69	95.17	95.00	96.12	92.35	93.18	96.32	95.28	96.51	97.33	98.68	96.67
Degree to which the medics took your problem seriously	93.14	95.01	94.93	95.59	92.52	93.18	95.64	96.15	96.67	97.00	98.36	96.98
Degree to which the medics listened to you and/or your family	92.97	94.47	93.49	95.64	91.85	92.30	95.45	95.45	96.32	96.72	97.68	94.43
Extent to which the medics kept you informed about your treatment	91.53	94.62	94.23	94.72	91.05	92.44	95.32	95.38	95.21	97.32	98.17	95.60
Extent to which medics included you in the treatment decisions (if	91.71	94.89	92.75	94.38	89.11	92.05	94.62	95.23	95.72	98.38	97.65	95.09
Degree to which the medics relieved your pain or discomfort	91.77	92.99	92.05	91.96	88.70	90.96	93.94	93.01	93.25	94.32	95.58	89.94
Medics' concern for your privacy	94.27	94.78	94.86	96.01	92.67	93.05	96.59	95.08	95.84	97.76	98.21	95.80
Extent to which medics cared for you as a person	93.78	95.55	95.10	96.27	92.65	94.23	96.27	95.14	96.73	97.50	98.84	96.43
Professionalism of the staff in our ambulance service billing office	91.67	93.33	91.18	97.22	90.63	90.00	91.07	80.00	87.50	100.00		100.00
Willingness of the staff in our billing office to address your needs	91.07	93.33	91.18	97.22	90.63	92.31	90.38	80.00	87.50	100.00		100.00
How well did our staff work together to care for you	93.37	95.38	95.10	96.31	92.80	93.59	96.34	94.97	96.73	98.12	99.32	97.07
Extent to which the services received were worth the fees charged	82.97	90.94	75.05	92.65	85.87	86.25	81.86	85.05	90.67	100.00	98.08	87.50
Overall rating of the care provided by our Emergency Medical Transportation	92.84	96.13	94.81	96.28	93.04	93.18	95.42	95.32	96.61	96.00	98.50	95.38
Likelihood of recommending this ambulance service to others	93.68	94.24	95.41	95.90	92.53	93.08	96.09	94.66	95.80	97.99	98.36	96.07
Your Master Score	92.59	94.48	93.94	95.52	91.45	92.99	95.65	94.83	95.93	97.43	98.18	95.90
Your Total Responses	150	150	150	150	150	150	150	150	150	150	152	151



REMSA  
March 1, 2020 to March 31, 2020



Monthly tracking of Overall Survey Score







### REMSA GROUND AMBULANCE MARCH 2020 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1	01/08/2020	"VERY RUDE WHEN SHE WAS TRYING TO TALK TO THEM."			C.BARTON 4.1.20 #7732
2	01/09/2020	"THE YOUNG MAN TALKED TO ME THE WHOLE TIME AND KEPT ME VERY COMFORTABLE. EVERYONE WORKED SO WELL TOGETHER."		"SEND STEVE HARVEY AND THE PUBLISHER'S CLEARING HOUSE, THAT WOULD BE THE ONLY WAY YOU COULD BE BETTER."	
3	01/09/2020	"THEY DID VERY WELL."		"EVERYTHING WAS FINE AND COULD NOT BE ANY BETTER."	
4	01/09/2020	THE PROBLEM IS THERE IS NO OTHER OPTION OF SERVICES.		"NO, THEY WERE VERY GOOD."	
5	01/10/2020		"THE MEDICS TREATED ME WITH HUMAN DIGNITY, RESPECT AND ANSWERED ALL OF MY QUESTIONS."		
6	01/10/2020		"PATIENT SAID THE MEDICS WERE KIND, CONSIDERATE AND RESPECTFUL."	"PLEASE LISTEN TO THE PATIENT WHEN THEY TELL YOU THEY HAVE POOR VEINS AND WHERE AN IV SHOULD BE STARTED. HE SAID HE WAS STUCK SEVEN TIMES BECAUSE THE MEDIC DIDN'T TAKE HIS ADVICE."	J.PARDINI AND SELMI 4.1.20 #7733
7	01/10/2020	"THEY TOOK EXCELLENT CARE OF ME."		"NO, THYE REALLY COULDN'T BE ANY BETTER."	
8	01/10/2020	"THEY TOOK VERY GOOD CARE OF HER		"THEY DID A GREAT JOB WITH MY WIFE	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		AFTER HSE LOST CONSCIOUSNESS. THE DISPATCHER DID A VERY GOOD JOB."		AND COULD NOT BE ANY BETTER."	
9	01/10/2020		"PATIENT'S FATHER STATED THE MEDICS WERE VERY PROFESSIONAL."		
10	01/11/2020	"PATIENT'S HUSBAND WAS WHO MADE THE PHONE CALL. HE WAS ALSO ON THE PHONE DURING THE SURVEY AND WANTED IT NOTED THE DISPATCHERS DID A GOOD JOB."	"PATIENT STATED EVERYTHING WAS DONE WELL."		
11	01/11/2020		"PATIENT STATED HE COULDN'T BREATHE AND THEY GOT HIM BREATHING AGAIN. HE SAID THEY ALSO TALKED TO HIM THE WHOLE WAY TO THE HOSPITAL AND THAT KEPT HIM CALM."		
12	01/11/2020		"PATIENT STATED SHE WAS VERY SCARED AND THE FEMALE MEDIC EASED HER TENSION AND HELPED HER TO CALM DOWN AND RELAX."	"MORE PAIN RELIEF."	
13	01/11/2020		"PATIENT STATED IT WAS A TEAM EFFORT BY THE PARAMEDICS AND THE AMBULANCE WAS CLEAN AND ORGANIZED. SHE ALSO NOTED THE PARAMEDIC WHO STARTED HER IV WAS SKILLFUL AS SHE BARELY FELT THE		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			NEEDLE GO IN."		
14	01/11/2020		"PATIENT'S MOTHER STATED HER YOUNG SON WAS SCARED DUE TO THE ACCIDENT AND THE MEDICS PUT HIM AT EASE AND WERE VERY COMPASSIONATE. BOTH PARENTS ARE VERY PLEASED WITH THE CARE THEIR SON RECEIVED."		
15	01/11/2020		"THE MEDICS WORKED WELL TOGETHER TO GET HIM LOADED AND UNLOADED, PLUS THEY HAD A TEAM THERE WAITING FOR HIM AT THE HOSPITAL."		
16	01/12/2020		"PATIENT STATED THE MEDICS TREATED HER WONDERFULLY AND SHE IS VERY PLEASED WITH EVERY ASPECT OF THE SERVICE SHE RECEIVED."		
17	01/12/2020		"PATIENT STATED THIS WAS A TRANSFER AND THE AMBULANCE WAS ALREADY WAITING FOR THE HELICOPTER TO LAND. THE MEDICS GAVE HIM A SMOOTH TRANSPORT."		
18	01/12/2020		"PATIENT STATED SHE WOULD NOT		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			WANT TO RIDE WITH ANYONE OTHER THAN REMSA AND EVERYTHING WAS DONE AS IT SHOULD HAVE BEEN. SHE IS VERY THANKFUL FOR THE CARE SHE RECEIVED THAT NIGHT."		
19	01/12/2020		"PATIENT STATED THE AMBULANCE WAS IMACULATE AND THE SERVICE WAS PERFECT. SHE ALSO NOTED THE SERVICE HAS BEEN SEAMLESS WITH HER MEDIC ALERT."		
20	01/12/2020		"PATIENT STATED THE MEDICS WERE KIND AND PERSONABLE."	"MAYBE LET THE PATIENT KNOW IT ISN'T IMPERATIVE THAT THEY GO TO THE HOSPITAL."	
21	01/12/2020		"PATIENT'S MEDICAL POA STATED EVERYTHING WAS DONE EFFICIENTLY AND IN A TIMELY MANNER."		
22	01/13/2020			"PATIENT DIDN'T LIKE THAT HIS JEANS WERE CUT OFF FROM HIM, HE COULDN'T WEAR THEM AGAIN."	
23	01/13/2020		"PATIENT STATED THEY GOT HIM SAFELY TO THE HOSPITAL."	"BETTER LISTENING WHEN THE PATIENT IS CONVEYING THEIR UNDERLYING MEDICAL ISSUES."	
24	01/13/2020		"PATIENT STATED THE MEDICS ARRIVED		





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			VERY QUICKLY, THOROUGHLY ASSESSED HIM AND THE SITUATION, HAD HIM LOADED AND ON THE ROAD IN A TIMELY MANNER. HE ALSO STATED IT WAS A SMOOTH TRANSITION INTO THE HOSPITAL."		
25	01/13/2020		"PATIENT STATED THE MEDICS PROBABLY SAVED HIS ARM. THEY ALSO PACKED UP HIS MOUNTAIN BIKE AND TRANSPORTED IT WITH THEM THEREFORE SAVING THE BIKE. HE IS VERY THANKFUL FOR THE CARE AND CONSIDERATION HE RECEIVED."		
26	01/13/2020		"PATIENT'S FATHER SAID THEY TREATED HIS SPECIAL NEEDS SON WITH HUMAN DIGNITY, KINDNESS AND COMPASSION. HE IS VERY PLEASED WITH THE CARE HIS SON RECEIVED."		
27	01/13/2020		"PATIENT STATED THAT EVERY EXPERIENCE WITH REMSA HAS BEEN POSITIVE EXCEPT FOR THE ONE MEDIC LISTED BELOW."	"PATIENT STATED THE TALLER MEDIC WAS KIND, HOWEVER THE SHORTER MEDIC ACTED PUT OUT TO HAVE TO CARE FOR HER AND DIDN'T LISTEN ATTENTIVELY	SELMI 4.1.20 #7734



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				WHEN SHE WAS TALKING TO THE POINT THAT SHE FELT CUT OFF MID-STREAM. SHE FEELS HE NEEDS SENSITIVITY TRAINING."	
28	01/13/2020		"PATIENT STATED THE MEDICS WERE COURTEOUS AND PROFESSIONAL."	"LOWER THE BILL."	
29	01/13/2020		"PATIENT'S MOTHER STATED EVERYTHING WAS DONE WELL. SHE IS PLEASED WITH THE CARE HER TEEN DAUGHTER RECEIVED."		
30	01/14/2020		"PATIENT STATED EVERYONE WAS KIND AND TOOK GOOD CARE OF HER, SHE HAS ABSOLUTELY NO COMPLAINTS."		
31	01/14/2020		"PATIENT STATED THE MEDICS WERE VERY THOUGHTFUL. A ROOM WASN'T IMMEDIATELY AVAILABLE, SO THE MEDICS WAITED WITH HIM UNTIL ONE WAS READY. HE IS VERY THANKFUL FOR THE CARE AND KINDNESS HE RECEIVED."		
32	01/14/2020		"PATIENT STATED THE MEDICS WERE PROMPT AND SAFELY TRANSPORTED HER TO THE HOSPITAL."		
33	01/14/2020		"PATIENT STATED THE AMBULANCE		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			DESERVES A PLUS RATING FOR THEIR PROMPTNESS AND EFFICIENCY. SHE ALSO NOTED THE MEDICS WORKED WELL TOGETHER."		
34	01/14/2020		"NO COMMENT"	"NO COMMENT"	
35	01/14/2020		"PATIENT STATED THE MEDICS SAVED HIS LIFE AND HE IS EXTREMELY GRATEFUL, AND PLEASE KEEP UP THE GOOD WORK."		
36	01/15/2020		"PATIENT STATED EVERYTHING WAS PERFECT, HE DOESN'T THINK THERE IS ANYTHING THAT COULD HAVE BEEN DONE BETTER."		
37	01/15/2020		"PATIENT STATED HE WAS VERY IMPRESSED WITH EVERY ASPECT OF HIS CARE AND TO PLEASE KEEP UP THE GOOD WORK."		
38	01/15/2020		"THE AMBULANCE ARRIVED IN A TIMELY MANNER."		
39	01/15/2020		"EVERYTHING WAS DONE WELL."	"LESS EXPENSIVE BILLING."	
40	01/16/2020		"PATIENT STATED TO HIS KNOWLEDGE AND BELIEF THE AMBULANCE CREW DID EVERYTHING TO THE BEST OF THEIR ABILITY AND THAT HIS CARE WAS ""PERFECT""."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
41	01/16/2020		"PATIENT STATED THE MEDICS REALLY WENT THE EXTRA MILE. THEY HAD TO CONTACT HER FAMILY TO GET A KEY TO ACCESS THE HOUSE. WHILE THEY WAITED FOR THE KEY THE WENT AROUND BACK AND TALKD TO HER THROUGH HER BEDROOM WINDOW AND KEPT HER COMPANY UNTIL THEY COULD GET INTO HER HOUSE. SHE SAID THEIR CARE MEANT THE WORLD TO HER."		
42	01/16/2020		"PATIENT STATED IT WAS A TRANSPORT AND THEY GOT HIM SAFELY TO WHERE HE NEEDED TO BE."		
43	01/16/2020		"PATIENT STATED THE MEDICS LISTENED WELL. SHE HAS A RARE DISORDER AND THE MEDICS REALLY LISTENED WHEN SHE SPOKE AND WERE ON TOP OF THE SITUATION."		
44	01/16/2020		"GOT ME TO THE HOSPITAL."	"DON'T STICK ME IN THE ELBOW", PATIENT WAS NOT PLEASED WITH THE IV PLACEMENT. HE ALSO SAID THE MEDICS SHOULD HAVE TAKEN A SHORTER ROUTE	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				TO THE HOSPITAL."	
45	01/16/2020		"PATIENT STATED SHE IS VERY THANKFUL FOR THE SERVICE. SHE NOTED THERE WASN'T MUCH THE MEDICS COULD DO TO RELIEVE HER PAIN BUT THEY DID MAKE SURE SHE WAS COMFORTABLE AS POSSIBLE ON THE RIDE TO THE HOSPITAL."		
46	01/16/2020		"PATIENT STATED THE MEDICS TREATED HER KINDLY AND KEPT HER UP-TO-DATE ON HER SITUATION. SHE DOESN'T THINK THERE IS ANYTHING THEY COULD HAVE DONE BETTER."		
47	01/17/2020		"PATIENT STATED THIS WAS A TRANSPORT TO ANOTHER HOSPITAL. THE AMBULANCE ARRIVED IN A TIMELY MANNER AND TRANSPORTED HER SAFELY THROUGH THE SNOW TO THE NEXT MEDICAL FACILITY. SHE SAID SHE FELT VERY SAFE DURING HER RIDE."		
48	01/17/2020		"PATIENT STATED THE SERVICE FROM START TO FINISH WAS EXCELLENT IN EVERY ASPECT."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
49	01/17/2020		"PATIENT STATED EVERYTHING WAS DONE WELL. HE HAS NO SUGGESTIONS FOR IMPROVEMENT."		
50	01/17/2020		"PATIENT STATED THE MEDICS WERE VERY CAREFUL LIFTING HER AFTER HER SERIOUS FALL AT WORK AND TRANSPORTING HER SAFELY TO THE HOSPITAL. SHE ALSO NOTED THE AMBULANCE ARRIVED QUICKLY AND THEY ASKED PERMISSION TO CUT OFF HER JACKET, SHE LIKED THE COURTESY."	"RELAY THE EXTENT OF ALL OF THE INJURIES TO THE ER STAFF."	
51	01/17/2020		"PATIENT'S MEDICAL POA STATED THE MEDICS DID A GOOD JOB OF KEEPING THE PATIENT CALM AND INFORMED. THE FAMILY IS PLEASED WITH THE CARE SHE RECEIVED."		
52	01/17/2020		"PATIENT COMPLIMENTED THE MEDICS ON HOW CLEAN AND ORGANIZED THE AMBULANCE WAS AND ALSO HOW WELL INFORMED THEY KEPT BOTH HIM AND HIS WIFE DURING THE SITUATION."	"HAVE A ""PEE JUG"" ONBOARD THE AMBULANCE. THE PATIENT NEEDED TO URINATE AND HE SUGGESTS TO HAVE THE SAME TYPE OF URINE RECEPTICAL AS THE HOSPITAL CARRIES WHERE MEN CAN BE	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				LAYING DOWN AND STILL RELIEVE THEMSELVES."	
53	01/17/2020		"PATIENT STATED THE TRANSPORT WAS VERY SMOOTH. HE ALSO WANTED IT NOTED THAT REMSA HAS BEEN USED BY HIS WIFE AND THAT HE IS IMPRESSED WITH HOW THE MEDICS CONDUCT THEIR INITIAL ASSESSMENT OF HER AND THEIR KNOWLEDGE. HE REALLY WANTED THAT LATER PART NOTED AND STATED HIS THANKS FOR ALL OF THE CARE HIS FAMILY HAS RECEIVED."	"SMOOTHER RIDE"	
54	01/17/2020		"PATIENT NOTED THE MEDICS WERE VERY COMPETENT BOTH IN THEIR JOB AND IN THEIR KNOWLEDGE."		
55	01/17/2020		"PATIENT STATED IT WAS A TRANSPORT BETWEEN FACILITIES, HE NOTED THAT THE MEDICS WORKED WELL TOGETHER AND WERE ABLE TO HOLD A GENERAL CONVERSATION WELL. HE ALSO WANTS IT WRITTEN IN THAT HE BELIEVES THE MEDICS DESERVE A RAISE."		
56	01/22/2020	"THEY WERE		"HAVE MORE	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		WONDERFUL!"		BLANKETS, IT GETS REALLY COLD."	
57	01/22/2020	"THEY MADE LIGHT OF MY ILLNESS AND THEY WERE NOT VERY NICE. THIS CREW WAS NOT PROFESSIONAL AND WAS NOT VERY GOOD AT ALL."		"BE TRAINED BETTER, I WAS REALLY SICK AND THEY DID NOT TAKE MY PROBLEM SERIOUSLY. A PROBLEM I WAS HOSPITALIZED FOR."	SELMI 4.1.20 #7735
58	01/22/2020	"THEY ARE THE BEST!" "SHE WAS WONDERFUL, AND EFFICIENT."		"THEY CAN UPGARDE THE AMBULANCE AND MORE TECHNOLOGY ON AMBULANCE."	
59	01/22/2020	"THE TRANSPORT WENT VERY WELL, AND THEY WERE VERY NICE."		"MAYBE CONVINCING MY INSURANCE COMPANY TO PAY FOR EVERYTHING. HAHA YOU'RE DOING GREAT!"	
60	01/22/2020			"THEY WERE VERY GOOD, AND I WAS HAPPY WITH THE SERVICE."	
61	01/22/2020	"I WAS OUT OF IT WHEN THEY ARRIVED."			
62	01/23/2020	"VERY SKILLED, AND CARING MEDICS, THEY REALLY WENT ABOVE AND BEYOND."		"THEY TOOK AMAZING CARE OF MY WIFE AND REALLY COULD NOT HAVE BEEN ANY BETTER."	
63	01/23/2020	"THEY WERE TRULY WONDERFUL, I CAN'T THANK THEM ENOUGH."	"EVERYTHING WAS DONE WELL, AND THEY COULD NOT BE ANY BETTER."		
64	01/23/2020	"VERY PROFESSIONAL, SKILLFUL MEDICS, WHO WERE VERY KIND. "THEY GOT HERE INSTANTLY."		"THEY ARE ALWAYS EXCELLENT, I AM VERY HAPPY WITH THE LEVEL OF SERVICE I RECEIVED."	





	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
65	01/23/2020	"ALL AROUND EXCELLENT SERVICE, THEY WERE COURTEOUS, EFFICIENT, KNOWLEDGABLE AND VERY CARING."		"JUST STAY THE SAME, YOU ARE ALREADY PERFECT!"	
66	01/23/2020	"IF I HAD ANY PAIN THEY WOULD HAVE RELIEVED IT VERY WELL. THEY WERE JUST DOWN RIGHT AMAZING. EXCELLENT MEDICS."		"I REALLY HOPE THERE ISN'T A NEXT TIME; BUT THEY COULD NOT BE ANY BETTER."	
67	01/23/2020	"THEY WERE OUTSTANDING AND DID EVERYTHING THEY WERE SUPPOSED TO DO."		"NO, THEY WERE EXCELLENT AND REALLY COULD NOT BE ANY BETTER."	
68	01/23/2020	"THESE MEDICS WERE GREAT. THEY TALKED TO ME THE WHOLE TIME."		"THEY REALLY COULD NOT HAVE BEEN ANY BETTER."	
69	01/23/2020	THE TRANSPORT WENT VERY SMOOTH AND WAS GARDE-A SERVICE.		"NO, I REALLY DON'T. THEY WERE REALLY VERY GOOD."	
70	01/23/2020	"THEY WERE AMAZING, THEY SAVED MY LIFE AND TREATED ME VERY WELL. THANK YOU SO MUCH! I AM SO THANKFUL FOR THEM THEY WERE FANTASTIC."		"YOU COULD NOT BE BETTER THAN PERFECT."	
71	01/23/2020	"I WAS VERY PLEASED WITH HOW YOU CARED FOR ME."	"EVERYTHING, THEY REALLY ARE CARING PEOPLE."	"NOTHING, YOU ALL DID AN ABSOLUTLE GREAT JOB."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
72	01/23/2020	"THESE PARAMEDICS WERE FANTASTIC. I WOULD GIVE THEM A 10 ON EVERYTHING."		"COULD NOT BE ANY BETTER."	
73	01/23/2020	"THESE MEDICS WERE VERY GOOD AND CARING. THEY ARRIVED VERY QUICKLY."		"THEY WERE HERE AND THEY DID A VERY GOOD JOB, COULD NOT BE ANY BETTER."	
74	01/24/2020	"IT WAS A SHORT TRIP AND THEY WERE VERY ATTENTIVE AND NICE."		"NO, IT WAS FINE THEY COULD NOT DO ANY BETTER."	
75	01/24/2020	"THEY KEPT ME CALM, AND WERE VERY KIND."		"NO, THEY WERE FAST AND VERY EFFICIENT. I REALLY DON'T THINK THEY COULD BE ANY BETTER."	
76	01/24/2020	"THESE ARE SOME OF THE BEST TRAINED MEDICS, VERY RESPECTFUL AND KNOWLEDGABLE. THEY WERE ABSOLUTLEY PROFESSIONAL AND CARING."		"THEY REALLY DID THE BEST THEY COULD AND I HAVE NEVER HAD AN ISSUE EVER."	
77	01/24/2020	"VERY PROFESSIONAL, AND INTELLEAGENT MEDICS."		"YOU REALLY COULD NOT BE ANY BETTER."	
78	01/24/2020	"THEY TOOK EXCELLENT CARE OF MY HUSBAND."		"THEY REALLY COULD NOT BE ANY BETTER."	
79	01/24/2020	"THEY WERE EXCELLENT!"	"REMSA IS THE BEST AMBUALNCE COMPANY, THEY TRAIN THEIR EMPLOYEES RIGHT."	"ALL ACROSS THE BOARD YOU ARE GREAT, AND COULD NOT BE ANY BETTER."	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
80	12/21/2019		"PATIENT STATED THE MEDICS WERE VERY KIND, CARING AND DID WHAT THEY WERE SUPPOSED TO DO."		
81	12/22/2019		"PATIENT STATED THAT EVERYTHING WAS DONE PROMPTLY AND EFFICIENTLY. HE ALSO NOTED THAT THE MEDICS WERE VERY KNOWLEDGABLE."		
82	12/22/2019		"PATIENT STATED THE MEDICS SAVED HIS LIFE. HE IS BOTH THANKFUL AND GRATEFUL FOR THE CARE HE RECEIVED."		
83	12/23/2019		"PATIENT STATED THE MEDICS WERE GREAT FROM START TO FINISH."		
84	12/23/2019	"MEDICAL POA COMPLETED SURVEY."	"NO COMMENT"	"NO COMMENT"	
85	12/23/2019		"PATIENT STATED THE MEDICS WERE VERY KIND TO HER AND AS SOON AS THEY FINISHED TAKING HER VITALS THEY WORKED ON RELIEVING HER PAIN."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
86	12/23/2019		"PATIENT STATED SHE LOVED HOW ATTENTIVE THE MEDICS WERE AND HOW QUICKLY THEY ASSESSED THE SITUATION."		
87	12/23/2019		"PATIENT STATED EVERYTHING WAS DONE WELL."		
88	12/23/2019		"PATIENT'S MOTHER STATED SHE FELT HER YOUNG SON WAS SAFE AND SECURE DURING HIS TRANSPORT."		
89	12/24/2019		"PATIENT STATED SHE THINKS EVERYTHING WAS DONE WELL AND HAS NO SUGGESTIONS FOR IMPROVMENT."		
90	12/24/2019		"PATIENT STATED EVERY ANSWER HE GAVE A FIVE ON WAS WHAT THEY DID WELL."	"USE SMALLER NEEDLES WHEN STARTING AN IV."	
91	12/24/2019		"THE MEDICS KEPT HER CALM."	"PATIENT STATED SHE THOUGHT SHE SHOULD HAVE BEEN GIVEN A MORPHINE SHOT FOR HER PAIN."	
92	12/24/2019		"THE MEDICS ACCURATELY ASSESSED HIM AND QUICKLY GOT HIM ON THE ROAD."	"BETTER RESPONSE TIME TO A RURAL AREA. PATIENT STATED HE LIVES 45 MINS OUT OF RENO AND FEELS THERE SHOULD BE ANOTHER FIRE	



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				STATION LOCATED CLOSER TO HIM. HE ALSO THOUGHT THE MILEAGE PRICES WERE A LITTLE HIGH."	
93	12/25/2019		"PATIENT'S MOTHER WANTS TO EXTEND A HEARTFELT THANK YOU TO THE MEDICS FOR ACTUALLY LISTENING TO HER SON AND TAKING HIM TO THE PEDIATRIC EMERGENCY ROOM. SHE SAID THEY PICKED UP ON THE FACT HE HAD A HEART ISSUE THAT WAS PREVIOUSLY UNKNOWN. SHE THANKS THEM FOR THEIR KNOWLEDGE AND FOR TAKING THE TIME TO LISTEN TO A TEENAGER."		
94	12/25/2019		"PATIENT STATED SHE WAS TRANSPORTED QUICKLY."	"BETTER PAIN RELIEF. LESS CHATTING AMONGST THE MEDICS ABOUT SUBJECTS UNRELATED TO WHAT IS AT HAND. PATIENT ALSO NOTED THAT THE FEMALE MEDIC DIDN'T SEEM TO TAKE THE SITUATION AS SERIOUSLY AS THE MALE PARAMEDICS."	SELMI 4.1.20 #7736



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
95	12/25/2019		"SMOOTH TRANSITION INTO THE HOSPITAL, A QUICK CHECK-IN."	"BETTER COMMUNICATION WITH THE HOSPITAL. PATIENT STATED SHE DOESN'T BELIEVE HER DOCTOR EVER GOT THE EKG RESULTS FROM THE PARAMEDICS."	
96	12/26/2019		"PATIENT STATED THE SERVICE WAS OVERALL EXCELLENT AND HE HAS NO SUGGESTIONS FOR IMPROVEMENT."		
97	12/26/2019		"PATIENT STATED THE MEDICS WERE KIND, CARING AND KNOWLEDGEABLE."		
98	12/26/2019	"MOTHER AND FATHER BOTH WERE IN ON THE SURVEY CALL."	"PATIENT'S MOTHER STATED THE MEDICS WERE VERY ENGAGING AND CARING OF HER YOUNG DAUGHTER."	"NOT HAVE THE DISPATCHER ASK SO MANY QUESTIONS BEFORE SENDING OUT AN AMBULANCE. PATIENT'S FATHER SAID HE FELT THE LESS IMPORTANT QUESTIONS COULD HAVE BEEN ASKED AFTER THE VEHICLE BEING DISPATCHED."	
99	12/26/2019		"PATIENT STATED EVERYTHING WAS DONE WELL FROM START TO FINISH."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
100	12/27/2019		"PATIENT'S FATHER SAID EVERYTHING WAS DONE WELL, HE HAS NO COMPLAINTS NOR OFFERS FOR SUGGESTIONS FOR IMPROVEMENT."		
101	12/27/2019		"PATIENT STATED THE AMBULANCE SERVICE GOT HIM TO THE HOSPITAL QUICKLY AND SAFELY."		
102	12/27/2019		"PROMPT ARRIVAL."	"SHOW MORE COMPASSION AND EMPATHY. LISTEN BETTER WHEN THE PATIENT IS DESCRIBING HOW THEY FEEL."	SELM I 4.1.20 7737
103	12/27/2019	"VERY POLITE, AND THEY WERE VERY ACCURATE AND GOOD."		"NO, THEY WERE PERFECT, AND COULD NOT HAVE BEEN ANY BETTER."	

**FOLLOW UP**

#1 - I have listened to the tapes a few times now. This was a first party caller complaining of having an asthma attack because she did not have a nebulizer. The pt was very clearly short of breath, only able to speak 2-3 word sentences. After listening to this call, I can see there being some issues with how the call was processed in regards to the Academy's Customer Service Standards. Customer Service Standard 1 (Call Taker Attitude) - "Although dealing with emergency calls may become "old hat" for many call takers, it is prudent to remember that an average person makes only one or two calls to 9-1-1 in a lifetime." I wouldn't go as far as saying that call taker was disrespectful towards the pt, but I think he could have done a better job in showing the pt he was there for her in her time of need. Customer Service Standard 2 (Use Correct Volume, Tone, and Rate) - "The call taker uses a calm, even voice. The volume of the call taker's speech stays at a normal level. The expression in the call taker's voice shows concern for the caller and patient/victim and lets the caller know that the problem is being handled by an experienced, competent dispatch professional." Throughout the call taker would either raise his volume or speed up what he was saying in an effort to get the pt to stop talking (which would have been beneficial to her). Towards the end of the call during PDI's call take appears to give all of them in one long breath, speaking as fast as he cannot allowing the pt to say anything. Customer Service Standard 8 (Prohibited Behaviors) - "The call taker will not employ any statement or action that may create feelings of anger, confusion, anxiety, or helplessness for the caller, family, patient, or victim." Throughout the call taker almost appears annoyed. I don't think it was necessarily in a disrespectful manner, but I would agree that



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		there was some perceived disdain. Towards the middle of the call, call taker reprimands the caller stating "Here's what I want you to do, I don't want you to speak, I don't want you to do anything, I want you to sit on your bed." in a condescending tone. Call taker will be counseled by Communications Manager on professionalism and customer service.			
		#8 - 4/4/20 1135, I spoke to the pt, he was very nice, just concerned he was stuck with a needle several times. I apologized to PT and told him I completely understand and would be writing a report on this. PT thanked me for calling him. No further. I spoke with paramedic this evening about this call. He stated that he vividly remembered this patient and did not attempt to get IV access at all due to the patient having history of IV drug use and patient report of "being a hard stick."			
		#29 - 4/2/20 1535, I left a message for the pt. 4/4/20, no call back from the pt. No further.			
		#59 - 4/3/20 1530, I left a message for the pt. I will have the crew complete occurrence reports ASAP. 4/4/20, no call back from the pt. No further.			
		#96 - 4/3/20 1145, I spoke with the pt. PT just felt the female crew member was too young and unprofessional. The pt. did not really want to complain and was very short with me. I thanked her for talking to me and I would be following up with this employee and writing a report. I will have AEMT complete an occurrence report ASAP			
		#104 - 4/4/20 1240, I spoke with the pt. PT was very nice she was surprised I was calling on this complaint during the pandemic. She told me if the crew could have shown a little more compassion she would have felt better. I apologized and agreed with her, I told her I would be writing a report and talking to the crew about this, she thanked me. No further.			





## MARCH 2020

# 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



### **REMSA OPENS SECONDARY COVID-19 TRIAGE LINE**

REMSA worked with the Washoe County Health District to open a secondary COVID - 19 call center to assist with the community's questions regarding the virus, social distancing, exposure, and symptoms. The call center is able to direct these callers to their options for appropriate care and available resources. This triage line is open 24/7 and staffed by REMSA personnel and UNR School of Medicine students.

### **AACT EMT STUDENTS HIGHLIGHTED AT REMSA**

Out of all of the seniors in Washoe County, a group of AACT EMT students were recorded during their lab activity at REMSA for a countdown to graduation feature. They were chosen for this highlight as they go above and beyond in their educational pursuits.

REMSA is happy to assist these students in accomplishing their dream careers!







## PUBLIC & COMMUNITY RELATIONS

### REMSA PARTICIPATES IN SOCIAL MEDIA CAMPAIGN

The American Ambulance Association invited REMSA to participate in a social media campaign for COVID-19. The purpose of this campaign was to remind our neighbors to #StayHomeForUs, #HelpUsHelpYou and that REMSA is #AlwaysOpen.





## SOCIAL MEDIA HIGHLIGHTS

March website referral sessions from social media had an increase of 76% from last year (March 2019). Social media drove 621 visitors to the REMSA website. Facebook, LinkedIn, Twitter, Instagram and Yelp drove the majority of the traffic to remsahealth.com.

### Facebook

Page likes to-date: 3,582 (+75 page likes this month)  
Followers to-date: 3,744 (+79 page followers this month)  
March posts: 30  
March post reactions: 1.91k  
March post comments: 123  
March post shares: 241



## Top Posts by Reach

1.

**3/19/2020 - Help Us Help You  
#StayHomeForUs Picture Campaign**  
4,913 people reached; 953 engagements  
(post clicks, likes, shares and comments)



**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by KPS3 (7) · March 19 at 8:06 PM · 🌐

Help us help you! REMSA and Care Flight's healthcare providers are the front line of the coronavirus pandemic. We ask you to #StayHomeForUs. Help us prevent the spread of COVID-19 so we can stay healthy to assist those who have a medical emergency and those who need our care and transport. We're #AlwaysOpen and #AlwaysReady.  
#WhenItMattersMost #SupportEMS #COVID19 #WashoeCounty




**Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

**4,913** People Reached      **953** Engagements      [Boost Post](#)

👍❤️ Melissa Mendoza, Lisa Estes and 89 others      42 Shares

👍 Like      💬 Comment      ➦ Share





2.

**3/29/2020 - Triage Line**  
3,424 people reached; 338 engagements (post clicks, likes, shares and comments)



The screenshot shows a Facebook post from the 'Regional Emergency Medical Services Authority - REMSA'. The post is dated March 29 at 8:30 AM and was published by Megan Duggan. The text of the post states that REMSA and the Washoe County Health District (WCHD) have opened a 24/7 COVID-19 Community Triage Line to respond to the influx of calls. It provides instructions for those with questions regarding symptoms, exposure, social distancing, and care resources, directing them to call 775-328-2427 and select Option 2. Below the text is a blue graphic with a 24/7 icon, the text 'Washoe County/REMSA COVID-19 Community Triage Line', the phone number '775-328-2427', and 'Select Option 2'. The footer of the post includes the REMSA and WCHD logos, a 'Get More Likes, Comments and Shares' prompt, and engagement statistics: 3,423 People Reached and 338 Engagements. A 'Boost Post' button is also visible. At the bottom, it shows 'Jessica Alent, Colleen Morissette and 18 others' and '1 Comment 66 Shares'.

**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by Megan Duggan (P) · March 29 at 8:30 AM · 🌐

REMSA and the Washoe County Health District (WCHD) have opened the 24/7 Washoe County/REMSA COVID-19 Community Triage Line to respond to the influx of calls related to COVID-19.

If you have any questions regarding symptoms, exposure, social distancing, where to seek care and community resources that are available for COVID-19, please call 775-328-2427 and select Option 2.

**Washoe County/REMSA COVID-19  
Community Triage Line**  
**775-328-2427**  
Select Option 2

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

👍 **Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

**3,423** **338**  
People Reached Engagements [Boost Post](#)

👤 Jessica Alent, Colleen Morissette and 18 others 1 Comment 66 Shares

3.

**3/28/2020 - Washoe Hands**  
2,559 people reached; 140 engagements  
(post clicks, likes, shares and comments)



**Regional Emergency Medical Services Authority - REMSA** \*\*\*  
Published by Megan Duggan · March 28 at 6:59 PM ·

While we #StayHomeForNevada, don't forget to #WashoeHands! Washing your hands is one of the best ways to protect yourself and others from getting sick. As you practice social distancing, remember to scrub your hands for at least 20 seconds and #StayHomeForUs. Stay healthy for us so we can take care of you now and in the future.



**REMEMBER TO WASHOE HANDS!**  
WASHOE COUNTY, NEVADA  
1861

**Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

**2,559** People Reached      **140** Engagements      [Boost Post](#)

Denise Fowler Roberts, Jill Andersen and 26 others      14 Shares

Like      Comment      Share



# LinkedIn

Followers to-date: 1,636  
(+146 followers)  
March Posts: 6

**REMSA**  
1,636 followers  
1mo · 🌐

It is our pleasure to announce that Adam Heinz has been promoted to Executive Director of Integrated Health at REMSA. In his new role, he will be responsible for advancing REMSA's innovative mobile health care projects, as well as overseeing the clinical division and prehospital education.

Adam has more than 18 years of emergency medical services (EMS) experience, and serves on the Clinical Practices and Standards and Mobile Integrated Health Committees of the National Association of EMS Physicians. He has also been recognized for his exceptional contributions to the mobile healthcare industry and is an honoree of the inaugural American Ambulance Association's 2020 Mobile Healthcare 40 Under 40 awards.

Congratulations, Adam!

[#AlwaysReady](#) [#WhenItMattersMost](#)

**REMSA Announces Executive Director of Integrated Health: Adam Heinz**  
[remsahealth.com](https://remsahealth.com)

👍👎 45 · 14 Comments

Reactions

The screenshot shows a LinkedIn post from the company page 'REMSA', which has 1,636 followers. The post, dated one month ago, announces the promotion of Adam Heinz to Executive Director of Integrated Health. It includes a professional headshot of Adam Heinz, a man in a suit and tie. The post has received 45 reactions and 14 comments. The reaction bar shows icons for Like, Dislike, Comment, Retweet, and Share, with a '+37' indicator next to the Like icon.


- Impressions: 787
- Clicks: 28
- Reactions: 45
- Comments: 14






REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.  
Subscribers to-date: 20



 **REMSA/Care Flight**  
20 subscribers




[CUSTOMIZE CHANNEL](#) [YOUTUBE STUDIO](#)

[HOME](#) [VIDEOS](#) [PLAYLISTS](#) [CHANNELS](#) [DISCUSSION](#) [ABOUT](#) [SEARCH](#) [MENU](#)

 **REMSA Winter Driving Safety Tips**  
REMSA/Care Flight • 13 views • 3 months ago  
Refresh your memory about how to drive safely in inclement weather with these tips. Increase stopping distance, slow down and leave extra time.

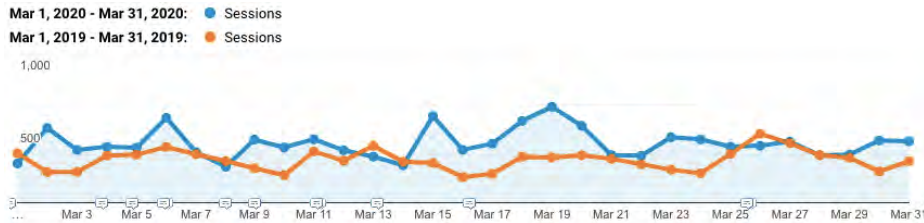
**Community Advisory** ▶ [PLAY ALL](#)

**FEATURED CHANNELS**

-  **City of Reno**  
[SUBSCRIBED](#)
-  **NWSReno**  
[SUBSCRIBED](#)
-  **RTC Regional Transportatio...**  
[SUBSCRIBED](#)



## REMSA Website Google Analytics



### March 2020 sessions vs March 2019 sessions

#### Overview of Site Data in March (Year-Over-Year Comparison)

- Sessions: 12,508 **39% increase**
- Users: 8,849 **41% increase**
- New Users: 8,158 **51% increase**
- Pageviews: 29,153 **33% increase**
- Avg. Session Duration: 01:45 **3% decrease**
- Bounce Rate: 50% **30% increase**

#### Traffic Sources

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

- **Organic search** is a 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

Here is how each channel performed year-over-year:

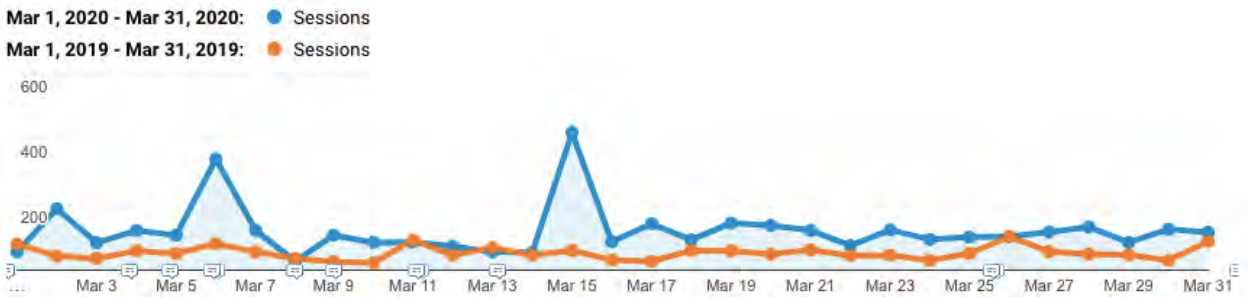
- Organic search sessions: 6,106 **11% increase**
- Direct traffic sessions: 3,723 **127% increase**
- Referral traffic sessions: 2,054 **32% increase**
- Email traffic sessions: 4 (no year-over-year comparison data)



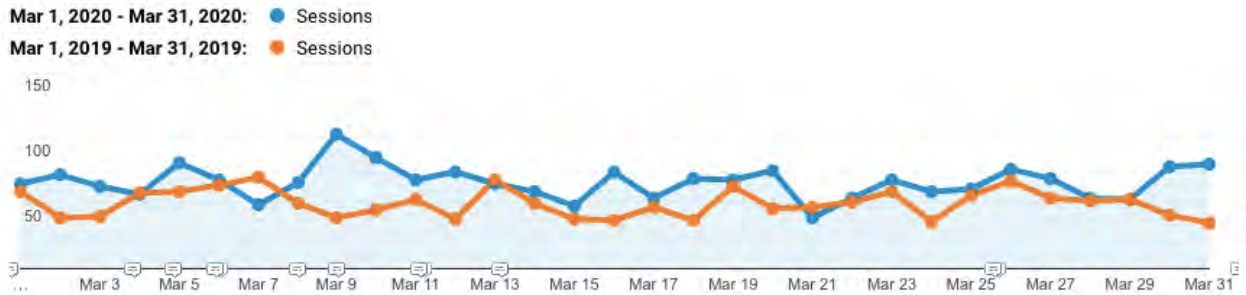
## Organic Sessions



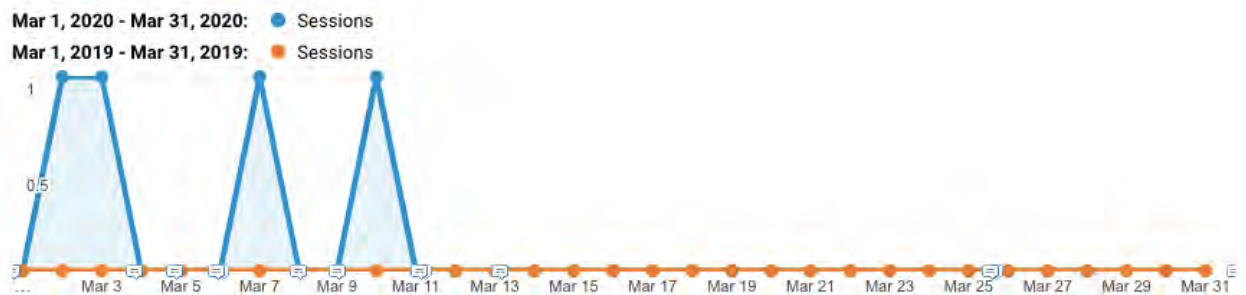
## Direct Sessions



## Referral Sessions



## Email Sessions





### **Top 5 Referral Sites:**

1. REMSA Enrollware
2. ADP
3. aamp.us
4. Pdh.org
5. truckeeffire.org

### **Top 5 Page Views:**

- Homepage - 3,407 views
- Education - 2,602 views
- Careers - 2,367 views
- Careers (All Jobs) - 1,356 views
- COVID-19 News Post - 991 views

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:
  - Flight Plan Membership form: 139 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 79 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 18 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 359
- Top 5 phone numbers that visitors clicked on (150 total phone call clicks in March):
  - 775-858-5700 - Main Phone Number - 108 clicks
  - 775-353-0739 - Private Insurance - 13 clicks
  - 775-858-5745 - Membership Questions - 5 clicks
  - 775-353-0760 - En Espanol - 4 clicks
  - 775-353-0765 - Medicare/Medicaid - 4 clicks



**REMSA 2019-20 Penalty Fund Reconciliation as of  
February 29, 2020**

---

**2019-20 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	9,775.68
November 2019	9,157.92
December 2019	10,025.76
January 2020	8,689.45
February 2020	9,927.81
March 2020	
April 2020	
May 2020	
June 2020	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$74,693.02</b>

**2019-20 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total Encumbered as of 02/29/2020**           **\$0.00**

**Penalty Fund Balance at 02/29/2020**           **\$74,693.02**

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**REMSA INQUIRIES  
MARCH 2020**

No inquiries for March 2020



*Regional Emergency Medical Services Authority*

*A non-profit community service using no taxdollars*

# **REMSA**

# **FRANCHISE COMPLIANCE REPORT**

## **APRIL 2020**





**REMSA Accounts Receivable Summary  
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September	4071	\$5,286,721.80	\$1,298.63	\$1,292.17	\$ 452.26
October	4235	\$5,485,083.60	\$1,295.18	\$1,292.93	\$ 452.53
November	4130	\$5,370,933.20	\$1,300.47	\$1,294.43	\$ 453.05
December	4301	\$5,582,149.20	\$1,297.87	\$1,295.02	\$ 453.26
January	4376	\$5,982,665.80	\$1,367.15	\$1,367.15	\$ 478.50
February	4203	\$5,778,739.20	\$1,374.91	\$1,370.95	\$ 479.83
March	4065	\$5,597,141.60	\$1,376.91	\$1,372.87	\$480.50
April					
May					
June					
<b>Totals</b>	<b>37,771</b>	<b>\$49,898,442.60</b>	<b>\$1,321.02</b>		

Current Allowable Average Bill: \$1,382.47

**Year to Date: April 2020**

<b>COMPLIANCE</b>			
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	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19	6 Minutes 00 Seconds	90%	91%
Nov-19	6 Minutes 01 Seconds	90%	92%
Dec-19	5 Minutes 53 Seconds	90%	94%
Jan-20	5 Minutes 44 Seconds	91%	94%
Feb-20	5 Minutes 57 Seconds	90%	93%
Mar-20	5 Minutes 56 Seconds	92%	91%
Apr-20	5 Minutes 40 Seconds	94%	93%
May-20			
Jun-20			





**Fiscal Year to Date**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 54 Seconds	91%	93%

**Year to Date: April 2020**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1	5:17	6:25	8:53
	P-2	5:31	6:51	8:35
Nov-19	P-1	5:24	5:50	8:23
	P-2	5:27	6:33	8:24
Dec-19	P-1	5:13	6:12	8:30
	P-2	5:25	6:21	8:29
Jan-20	P-1	5:11	5:55	8:11
	P-2	5:32	6:36	8:29
Feb-20	P-1	5:11	6:13	8:26
	P-2	5:46	6:18	8:29
Mar-20	P-1	5:05	6:10	8:16
	P-2	5:27	6:12	8:10
Apr-20	P-1	5:02	5:51	7:24
	P-2	5:19	5:44	7:33
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

**Fiscal Year to Date: April 2020**

Priority	Reno	Sparks	Washoe County
P1	0:05:15	0:06:04	0:08:15
P2	0:05:31	0:06:22	0:08:23



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 04/01/2020 THRU 04/30/2020**

<b>CORRECTIONS REQUESTED</b>					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	4/1/20 3:04	4/1/20 3:05	1C13	23:59:54	0:00:35
Zone A	4/2/20 18:26	4/2/20 18:25	1C34	23:59:08	0:00:34
Zone A	4/2/20 18:30	4/2/20 18:31	1C18	23:59:56	0:00:39
Zone A	4/3/20 23:23	4/3/20 23:25	1C05	-0:00:38	0:02:08
Zone A	4/9/20 21:13	4/9/20 21:14	1C43	-0:00:32	0:00:23
Zone A	4/12/20 1:07	4/12/20 1:08	1C13	-0:00:15	0:01:11
Zone A	4/23/20 7:23	4/23/20 7:30	1C42	-2303.17:03:06	0:06:55
Zone A	4/23/20 18:47	4/23/20 18:49	1C20	0:11:50	0:01:43
Zone A	4/24/20 13:04	4/24/20 13:04	1C36	-0:00:11	0:00:23
Zone A	4/26/20 17:48	4/26/20 17:49	1C18	23:59:49	0:00:34
Zone A	4/27/20 20:37	4/27/20 20:37	1C07	-0:00:11	0:00:19
Zone A	4/28/20 20:59	4/28/20 21:00	1C10	-0:00:03	0:00:59
Zone A	4/30/20 19:22	4/30/20 19:22	1C44	23:59:57	0:00:28

<b>UPGRADE REQUESTED</b>				
Zone	Clock Start	Clock Stop	Unit	Response Time
NONE				

<b>EXEMPTIONS REQUESTED</b>					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
4/6/20 3:37	Exemption Approved	Weather	Zone A	0:16:54	0:07:55
4/6/20 5:29	Exemption Approved	Weather	Zone A	0:09:34	0:00:35
4/6/20 6:48	Exemption Approved	Weather	Zone A	0:12:22	0:03:23



## **GROUND AMBULANCE OPERATIONS REPORT APRIL 2020**

### **1. Overall Statics**

- a) Total number of system responses: 5558
- b) Total number of responses in which no transports resulted: 2317
- c) Total number of system transports (including transports to out of county):  
3241

### **2. Call Classification**

- a) Cardiopulmonary Arrests: 1.8%
- b) Medical: 52.6%
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 12.2%
- e) Transfers: 13.7%
- f) Trauma – MVA: 6.7%
- g) Trauma – Non MVA: 7.1%
- h) Unknown: 5.4%

### **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: 1,640

Total number of above calls receiving QA Reviews: 164

Percentage of charts reviewed from the above transports: 10%



### APRIL 2020 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	7	28
BLS (CPR)	24	128
Heartsaver (CPR)	14	46
PALS	8	25

### COMMUNITY OUTREACH APRIL 2020

Point of Impact		
04/1-30/2020	No office appointment for March	COVID
04/18/20	POI Checkpoint was cancelled due to COVID precautions. * Donated 10 car seats to Renown as they are still taking appointments	
Cribs for Kids/Community		
04/09/20	Video called in on the Truckee Meadows Vision Zero Task Force	
04/28/20	Cribs for Kids Train the Trainer Via Zoom	11 participants
04/28/20	Cribs for Kids Train the Trainer Via Zoom	2 participants
04/29/20	Cribs for Kids Train the Trainer Via Zoom	6 participants



REMSA

Reno, NV  
Client 7299



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

## EMS System Report

April 1, 2020 to April 30, 2020

Your Score

**97.64**

Number of Your Patients in this Report

**150**

Number of Patients in this Report

**8,552**

Number of Transport Services in All EMS DB

**165**



REMSA  
**April 1, 2020 to April 30, 2020**



### Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **04/01/2020** and **04/30/2020**.

The overall mean score for the standard questions was **97.64**; this is a difference of **4.21** points from the overall EMS database score of **93.43**.

The current score of **97.64** is a change of **1.74** points from last period's score of **95.90**. This was the **7th** highest overall score for all companies in the database.

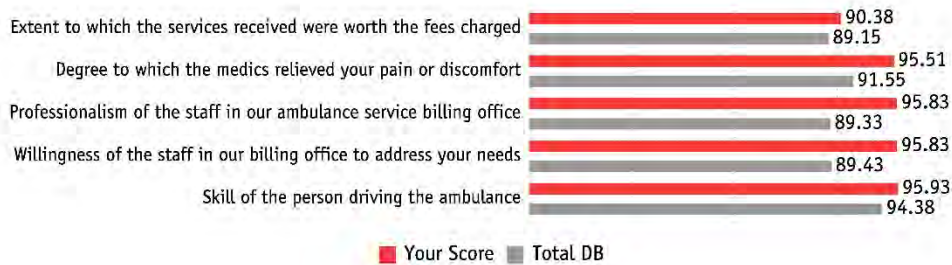
You are ranked **1st** for comparably sized companies in the system.

**91.33%** of responses to standard questions had a rating of Very Good, the highest rating. **99.81%** of all responses were positive.

#### 5 Highest Scores



#### 5 Lowest Scores

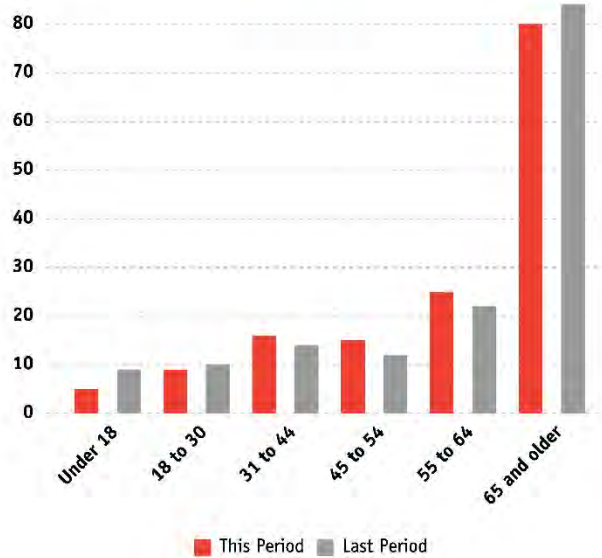




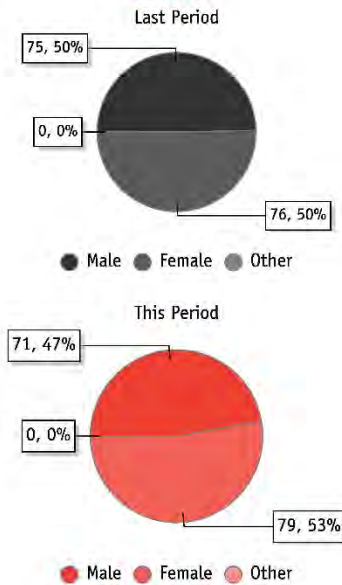
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	9	7	2	0	5	2	3	0
18 to 30	10	7	3	0	9	4	5	0
31 to 44	14	6	8	0	16	8	8	0
45 to 54	12	7	5	0	15	8	7	0
55 to 64	22	10	12	0	25	12	13	0
65 and older	84	38	46	0	80	37	43	0
<b>Total</b>	<b>151</b>	<b>75</b>	<b>76</b>	<b>0</b>	<b>150</b>	<b>71</b>	<b>79</b>	<b>0</b>

**Age Ranges**




**Gender**







REMSA  
**April 1, 2020 to April 30, 2020**



**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.

	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020
Helpfulness of the person you called for ambulance service	92.86	94.02	94.02	88.20	95.67	96.74	97.41	97.55	99.54	98.68	95.02	97.22
Extent to which you were told what to do until the ambulance arrived	91.98	93.33	95.65	87.75	95.50	95.65	97.41	97.00	99.54	98.68	95.85	97.22
Extent to which the ambulance arrived in a timely manner	93.18	92.81	94.70	90.91	93.01	97.14	93.20	95.48	96.63	96.33	96.80	96.35
Cleanliness of the ambulance	94.25	93.80	97.67	91.80	93.95	97.38	95.53	96.73	98.84	99.26	99.34	98.67
Skill of the person driving the ambulance	94.44	93.81	95.70	91.55	92.88	94.92	94.28	95.31	97.93	98.72	96.82	95.93
Care shown by the medics who arrived with the ambulance	95.17	95.00	96.12	92.35	93.18	96.32	95.28	96.51	97.33	98.68	96.67	98.67
Degree to which the medics took your problem seriously	95.01	94.93	95.59	92.52	93.18	95.64	96.15	96.67	97.00	98.36	96.98	99.00
Degree to which the medics listened to you and/or your family	94.47	93.49	95.64	91.85	92.30	95.45	95.45	96.32	96.72	97.68	94.43	98.28
Extent to which the medics kept you informed about your treatment	94.62	94.23	94.72	91.05	92.44	95.32	95.38	95.21	97.32	98.17	95.60	97.34
Extent to which medics included you in the treatment decisions (if	94.89	92.75	94.38	89.11	92.05	94.62	95.23	95.72	98.38	97.65	95.09	96.29
Degree to which the medics relieved your pain or discomfort	92.99	92.05	91.96	88.70	90.96	93.94	93.01	93.25	94.32	95.58	89.94	95.51
Medics' concern for your privacy	94.78	94.86	96.01	92.67	93.05	96.59	95.08	95.84	97.76	98.21	95.80	98.16
Extent to which medics cared for you as a person	95.55	95.10	96.27	92.65	94.23	96.27	95.14	96.73	97.50	98.84	96.43	98.31
Professionalism of the staff in our ambulance service billing office	93.33	91.18	97.22	90.63	90.00	91.07	80.00	87.50	100.00		100.00	95.83
Willingness of the staff in our billing office to address your needs	93.33	91.18	97.22	90.63	92.31	90.38	80.00	87.50	100.00		100.00	95.83
How well did our staff work together to care for you	95.38	95.10	96.31	92.80	93.59	96.34	94.97	96.73	98.12	99.32	97.07	98.67
Extent to which the services received were worth the fees charged	90.94	75.05	92.65	85.87	86.25	81.86	85.05	90.67	100.00	98.08	87.50	90.38
Overall rating of the care provided by our Emergency Medical Transportation	96.13	94.81	96.28	93.04	93.18	95.42	95.32	96.61	96.00	98.50	95.38	97.99
Likelihood of recommending this ambulance service to others	94.24	95.41	95.90	92.53	93.08	96.09	94.66	95.80	97.99	98.36	96.07	98.06
Your Master Score	94.48	93.94	95.52	91.45	92.99	95.65	94.83	95.93	97.43	98.18	95.90	97.64
Your Total Responses	150	150	150	150	150	150	150	150	150	152	151	150

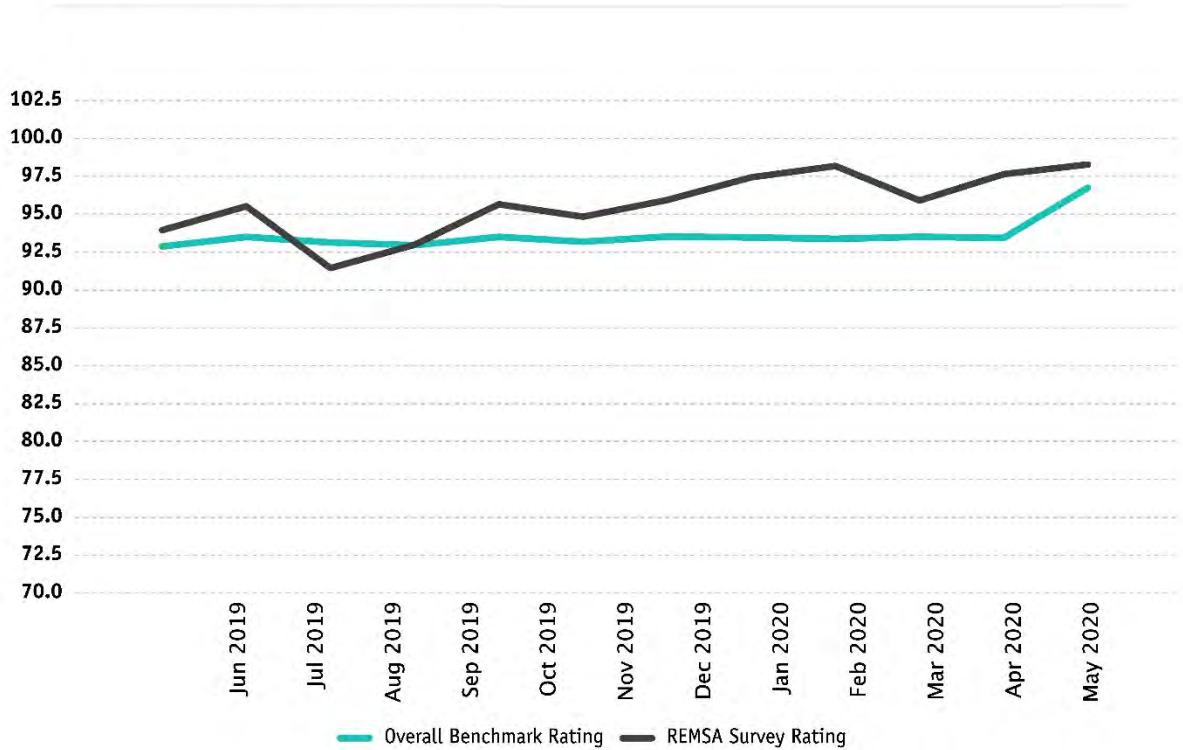




REMSA  
April 1, 2020 to April 30, 2020



Monthly tracking of Overall Survey Score





### REMSA GROUND AMBULANCE APRIL 2020 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1	01/22/2020	"I WAS OUT OF IT WHEN THEY ARRIVED."			
2	01/23/2020	"VERY SKILLED AND CARING MEDICS, THEY REALLY WENT ABOVE AND BEYOND."		"THEY TOOK AMAZING CARE OF MY WIFE, AND REALLY COULD NOT HAVE BEEN ANY BETTER."	
3	01/23/2020	"THEY WERE TRULY WONDERFUL, I CAN'T THANK THEM ENOUGH."	"EVERYTHING WAS DONE WELL, AND THEY COULD NOT BE ANY BETTER."		
4	01/23/2020	"THEY GOT HERE INSTANTLY." "VERY PROFESSIONAL, SKILLFUL MEDICS, WHO WERE VERY KIND."		"THEY ARE ALWAYS EXCELLENT, I AM VERY HAPPY WITH THE LEVEL OF SERVICE I RECIEVED."	
5	01/23/2020	"ALL AROUND EXCELLENT SERVICE, THEY WERE COURTEOUS, EFFICIENT, KNOWLEDGABLE, AND VERY CARING."		"JUST STAY THE SAME, YOU ARE ALREADY PERFECT!"	
6	01/23/2020	"EXCELLENT MEDICS." "IF I HAD ANY PAIN THEY WOULD OF RELIEVED IT VERY WELL. THEY WERE JUST DOWN RIGHT AMAZING."		"I REALLY HOPE, THERE ISN'T A NEXT TIME; BUT THEY COULD NOT BE ANY BETTER."	
7	01/23/2020	"THEY WERE OUTSTANDING, AND DID EVERYTHING THEY WERE SUPPOSE TO DO."		"NO, THEY WERE EXCELLENT, AND REALLY COULD NOT BE ANY BETTER."	
8	01/23/2020	"THESE MEDICS WERE GREAT THEY TALKED TO ME THE WHOLE TIME."		"THEY REALLY COULD NOT HAVE BEEN ANY BETTER."	
9	01/23/2020	"THE TRANSPORT		"NO, I REALLY	



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		WENT VERY SMOOTHLY, AND WA GARDE-A SERVICE."		DON'T. THEY WERE REALLY VERY GOOD."	
10	01/23/2020	"THANK YOU SO MUCH!!!!!" "THEY WERE AMAZING, THEY SAVED MY LIFE AND TREATED ME VERY WELL." "I AM SO THANKFUL FOR THEM, THEY WERE FANTASTIC."		"YOU COULD NOT BE BETTER THAN PERFECT."	
11	01/23/2020	"I WAS VERY PLEASED WITH HOW YOU CARED FOR ME."	"EVERYTHING, THEY REALLY ARE CARING PEOPLE."	"NOTHING, YOU ALL DID AN ABSOLUTLEY GREAT JOB."	
12	01/23/2020	"THESE PARAMEDICS WERE FANTASTIC." "I WOULD GIVE THEM A 10 ON EVERYTHING."		"COULD NOT BE ANY BETTER."	
13	01/23/2020	"THEY ARRIVED VERY QUICKLY." "THESE MEDICS WERE VERY GOOD, AND CARING."		"THEY WERE HERE AND THEY DID A VERY GOOD JOB, COULD NOT BE ANY BETTER."	
14	01/24/2020	"IT WAS A SHORT TRIP AND THEY WERE VERY ATTENTIVE AND NICE."		"NO, IT WAS FINE THEY COULD NOT DO ANY BETTER."	
15	01/24/2020	"THEY KEPT ME CALM, AND WERE VERY KIND."		"NO, THEY WERE FAST, AND VERY EFFICIENT I REALLY DON'T THINK THEY COULD BE ANY BETTER."	
16	01/24/2020	"THESE ARE SOME OF THE BEST TRAINED MEDICS, VERY RESPECTFUL, AND KNOWLEDGABLE." "THEY WERE ABSOLUTLEY PROFESSIONAL, AND CARING."		"THEY REALLY DID THE BEST THEY COULD AND I HAVE NEVER HAD AN ISSUE EVER."	
17	01/24/2020	"VERY PROFESSIONAL,		"YOU REALLY	



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		AND INTELLEAGENT MEDICS."		COULD NOT BE ANY BETTER."	
18	01/24/2020	"THEY TOOK EXCELLENT CARE OF MY HUSBAND."		"THEY REALLY COULD NOT BE ANY BETTER."	
19	01/24/2020	"THEY WERE EXCELLENT!"	"REMSA IS THE BEST AMBULANCE COMPANY, THEY TRAIN THEIR EMPLOYEES RIGHT."	"ALL ACROSS THE BOARD YOU ARE GREAT, AND COULD NOT BE ANY BETTER."	
20	01/24/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
21	01/24/2020		"PATIENT STATED THIS WAS HIS FIRST AMBULANCE RIDE AND HE WAS VERY IMPRESSED WITH THE THOROUGHNESS. HE WAS ALSO HAPPY WITH HOW WELL HIS WIFE WAS KEPT INFORMED DURING THE SITUATION."		
22	01/24/2020		"PATIENT STATED EVERYTHING WAS DONE WELL BY THE PARAMEDICS. HE NOTED THEIR TEAMWORK TOGETHER AS THEY LOADED HIM INTO THE AMBULANCE."		
23	01/24/2020		"PATIENT STATED THE MEDICS STRONG POINTS WERE THEIR COMMUNICATION WITH HER AND ALSO THEIR PATIENCE."		
24	01/24/2020		"PATIENT STATED THE MEDICS SHOWED KINDNESS AND COMPASSION."		



	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
25	01/24/2020		"PATIENT STATED SHE WAS TAKEN TO THE HOSPITAL IN A TIMELY MANNER."		
26	01/24/2020		"PATIENT STATED THE MEDICS GREATLY HELPED WITH THE PAIN."		
27	01/25/2020		"PATIENT STATED THE MEDICS WERE UPBEAT, KIND, AND COMPASSIONATE AND THEY FULFILLED THEIR MISSION IN CARING FOR AND TRANSPORTING HER."		
28	01/25/2020		"MOTHER STATED THE AMBULANCE ARRIVED IN A TIMELY MANNER. SHE NOTED THAT THE BIGGEST ASSET WAS THE COMMUNICATION SKILLS AND SHE KNEW EXACTLY WHAT TO EXPECT WHEN HER DAUGHTER GOT CHECKED IN AT THE HOSPITAL."		
29	01/25/2020		"EVERYTHING WAS DONE WELL."		
30	01/26/2020		"PATIENT STATED HER MEDICAL CARE WAS PERFECT."		
31	01/26/2020		"PATIENT STATED THE MEDICS WERE VERY KIND, CARING AND PROFESSIONAL."		
32	01/26/2020		"PATIENT'S MOTHER WANTS TO COMMEND THE PARAMEDICS WHO CARED FOR		



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			HER SON. SHE SAID THEY WENT ABOVE AND BEYOND AND EVEN CHECKED ON HIM LATER. SHE SAID SHE IS SO VERY HAPPY WITH THE CARE HER SON RECEIVED."		
33	01/29/2020	"THE TEAM WAS WONDERFUL AND MADE HER FEEL SAFE AND CARED FOR"			
34	01/30/2020	"THE DISPATCHER WAS DOWN RIGHT EXCELLENT."		"NO, I BELIEVE YOU WERE VERY CARING AND GOOD, THUS YOU COULD NOT BE ANY BETTER."	
35	01/30/2020	"THEY REALLY ARE INCREDIBLE MEDICS YOU HAVE WORKING FOR YOU. PLEASE THANK THEM ALL."		"WHEN MY HUSBAND WAS ALIVE, THEY TREATED HIM WITH THE BEST CARE POSSIBLE."	
36	01/30/2020		"OVERALL SHE WAS PLEASED WITH THE CARE SHE RECEIVED."	"KEEP THE PATIENT BETTER INFORMED ABOUT WHAT IS GOING ON. SHE SAID SHE DIDN'T FEEL LIKE THEY EXPLAINED THINGS WELL ENOUGH SO SHE COULD UNDERSTAND. SHE ALSO FELT THE DRIVER TOOK CORNERS A LITTLE FAST."	ASSIGNED TO MONICA TEVES
37	01/30/2020		"PATIENT'S MEDICAL POA STATED IT WAS RECOMMENDED THAT SHE BE TAKEN TO THE HOSPITAL,		



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			AND IT TURNED OUT TO BE THE CORRECT ASSESSMENT. IT WAS ALSO NOTED THAT THE DRIVER WAS VERY CAREFUL AS THEY FOLLOWED BEHIND THE AMBULANCE ON THE WAY TO THE HOSPITAL."		
38	01/30/2020		"PATIENT STATED THEY FULFILLED HER NEEDS."		
39	01/31/2020		"PATIENT STATED THAT THE CARE WAS GREAT."		
40	01/31/2020		"PATIENT STATED THEY HELPED HIM UP OUT OF HIS CHAIR AND QUICKLY GOT HIM TO THE HOSPITAL."		
41	01/31/2020		"PATIENT STATED THE MEDICS ARRIVED IN A TIMELY MANNER AND IMMEDIATELY GOT HER ON THE WAY TO THE HOSPITAL. SHE SAID THEY WERE CLEAN, EFFICIENT, AND KNOWLEDGEABLE AND LIKELY SAVED HER LIFE."		
42	01/31/2020		"PATIENT STATED THE MEDICS WERE PROFESSIONAL AND WORKED WELL TOGETHER. IT WAS ALSO NOTED THAT THEY MUST HAVE HAD EXCELLENT TRAINING TO BE SO		





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			COMPETENT."		
43	01/31/2020		"PATIENT'S MOTHER STATED THE MEDICS WERE VERY ENGAGING WITH HER YOUNG DAUGHTER AND SUCCESSFULLY DISTRACTED HER FROM THE SITUATION AT HAND. SHE IS VERY HAPPY WITH THE CARE AND KINDNESS HER DAUGHTER RECEIVED."		
44	01/01/2020		"PATIENT STATED THE MEDICS KEPT HER MOM INFORMED ON HER SITUATION OVER THE PHONE, AND THAT BROUGHT HER COMFORT AND CALMED HER."		
45	01/02/2020	"THANK YOU SO MUCH, YOU SAVED MY LIFE!"	"THESE MEDICS WERE AMAZING!"	"THEY SAVED MY LIFE, HOW COULD THEY EVER BE BETTER?"	
46	02/02/2020		"PATIENT STATED THE MEDICS WERE ABLE TO GET HER UP AND GET HER LOADED DESPITE HER BACK. SHE SAID THEY WERE VERY CAREFUL WITH HER."		
47	02/03/2020		"PATIENT STATED THE PARAMEDICS WERE VERY SYMPATHETIC AND CARING."		



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48	02/01/2020		"PATIENT STATED THE PARAMEDICS COMMUNICATED WELL WHEN THEY SPOKE WITH HER."		
49	02/01/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
50	02/01/2020		"PATIENT STATED THE MEDICS COMFORTED HIM ALL OF THE WAY TO THE HOSPITAL."		
51	02/01/2020		"PATIENT STATED HE WAS ON A MINUTE PHONE SO HE WOULD ONLY ANSWER FOUR QUESTIONS, BUT HE WANTED IT NOTED THAT THE MEDICS DID A WONDERFUL JOB."		
52	02/01/2020		"PATIENT STATED THE PARAMEDICS WERE VERY CONSCIENTIOUS AND CARING."		
53	02/02/2020		"PATIENT STATED THE PARAMEDICS TOOK EXCELLENT CARE OF HIM, HE HAS NO COMPLAINTS AND DOESN'T THINK THERE IS ANYTHING THAT COULD HAVE BEEN DONE BETTER."		
54	02/02/2020		"PATIENT STATED THE MEDICS HELPED HER WITH HER BREATHING, SHOWED COMPASSION AND		



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			SMOOTHLY TRANSITIONED HER INTO THE MEDICAL FACILITY."		
55	02/02/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
56	02/02/2020		"IT WAS A SMOOTH TRANSFER BETWEEN HOSPITALS."	"PLEASE RECONFIRM THAT THE TRANSPORT IS INDEED NEEDED PRIOR TO SHOWING UP."	
57	02/02/2020		"PATIENT STATED SHE COULDN'T REALLY PUT INTO WORDS WHAT WAS DONE WELL BECAUSE OVERALL IT WAS ALL DONE WELL."		
58	02/03/2020		"PATIENT STATED THEIR COMMUNICATION WITH HIM AND KEEPING HIM UP TO DATE ON THEIR WHOLE PROCESS IN CARING FOR HIM."		
59	02/03/2020		"EVERYTHING WAS DONE WELL."		
60	02/03/2020			"DO A BETTER JOB OF RELIEVING PAIN."	ASSIGNED TO MONICA TEVES



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61	02/03/2020		"PATIENT STATED HER TWO PARAMEDICS WERE WONDERFUL WITH THEIR CARE AND IN PARTICULAR HELPING HER TO GET INTO THE AMBULANCE."		
62	02/04/2020		"PATIENT STATED HE WAS TRANSPORTED SMOOTHLY, QUICKLY AND WITHOUT ANY PAIN DURING LOADING AND UNLOADING."	"LOWER THE PRICE FOR A TRANSPORT."	
63	02/04/2020		"PATIENT STATED HE WAS IN EXTREME PAIN WHEN THE AMBULANCE SHOWED UP AND THE MEDICS WERE ABLE TO HELP RELIEVE THE PAIN AND MAKE HIM FEEL COMFORTABLE. THEY WERE VERY PROFESSIONAL."		
64	02/04/2020		"PATIENT STATED THE MEDICS WERE ABLE TO CALM HIM DOWN AND HELP HIM BREATHE."	"PATIENT STATED HE WANTED TO GO TO THE VA HOSPITAL AND WAS TAKEN TO A DIFFERENT HOSPITAL."	ASSIGNED TO MONICA TEVES
65	02/04/2020		"PATIENT STATED EVERYTHING WAS DONE WELL BY REMSA, THEY GAVE 100%."		



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66	02/03/2020		"PATIENT STATED THAT OVERALL EVERYTHING WAS DONE WELL."	"PATIENT SAID IT TOOK THEM AWHILE TO GET TO HER ROOM."	
67	02/03/2020	"PATIENT STATED IT WAS A VERY SHORT BUT SMOOTH TRANSPORT. THE MEDICS WERE COURTEOUS AND GOT HIM APPROPRIATELY CHECKED IN AND WHERE HE NEEDED TO BE AT THE NEXT HOSPITAL."			
68	02/05/2020		"PATIENT'S MOTHER STATED IT WAS A SIMPLE TRANSFER TO ANOTHER FACILITY BUT HER DAUGHTER WAS VERY SCARED. SHE SAID THE MEDICS CALMED HER DAUGHTER AND ALSO PROVIDED THE EMOTIONAL SUPPORT SHE NEEDED AS A PARENT. SHE IS VERY THANKFUL FOR THE COMPASSION BOTH SHE AND HER DAUGHTER RECEIVED."		
69	02/05/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, IT WAS AN EXCELLENT EXPERIENCE."		



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70	02/03/2020		"PATIENT STATED FROM START TO FINISH THE CARE WAS EXCELLENT. ALSO, THE MEDICS TOOK HER TO THE HOSPITAL SHE REQUESTED. SHE THANKS THEM FOR THEIR CARE,"		
71	02/05/2020		"PATIENT STATED THE MEDICS ARRIVED PROMPTLY, DID THEIR BEST TO RELIEVE HIS PAIN AND GET HIM TO THE HOSPITAL. HE IS VERY PLEASED WITH THE CARE HE RECEIVED THAT DAY."	"BE ABLE TO START AN IV ON A HARD STICK PATIENT."	
72	02/05/2020		"PATIENT STATED THE PARAMEDICS WERE VERY PROFESSIONAL AND ALSO QUICKLY GOT HIM BUNDLED UP AND READY TO TAKE TO THE HOSPITAL. EVERYTHING WAS VERY TIMELY."		
73	02/05/2020		"PATIENT STATED THAT AS FAR AS AMBULANCE RIDES GO, IT WAS ABOUT AS AWESOME OF AN EXPERIENCE AS YOU COULD GET. EVERYTHING WAS DONE WELL."		



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74	02/04/2020		"PATIENT STATED THE MEDICS WERE VERY KIND AND PROFESSIONAL."		
75	02/05/2020		"PATIENT STATED THE PARAMEDICS HAD GOOD TEAMWORK TOGETHER."		
76	02/05/2020		"PATIENT'S MEDICAL POA COMPLETED THE SURVEY, SHE SAID THE CARE WAS FANTASTIC ALL OF THE WAY AROUND. SHE ALSO RODE ALONG IN THE AMBULANCE AND NOTED THE CLEANLINESS."		
77	02/05/2020		"PATIENT STATED THE PARAMEDICS WERE VERY CARING."		
78	02/05/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, THE CARE WAS QUITE REMARKABLE."		
79	02/05/2020	"PATIENT STATED HE GAVE A LOW DRIVING SCORE BECAUSE HE BELIEVES HE SHOULD HAVE BEEN TAKEN TO THE VA REGARDLESS OF WHETHER OR NOT THERE WAS ROOM FOR HIM, THAT'S HIS ENTITLEMENT."		"PATIENT STATED HE IS VERY ANGRY AT THE VA HOSPITAL THAT THE PARAMEDICS WOULD HAVE TO CALL FIRST TO SEE IF THERE IS AVAILABILITY, AND HE BELIEVES THE MEDICS SHOULD HAVE HEADED THAT WAY	ASSIGNED TO MONICA TEVES



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				REGARDLESS OF WHETHER OR NOT THAT THEY HAD BEEN GIVEN PERMISSION FROM THE VA."	
80	02/05/2020		"PATIENT STATED THEY TRANSPORTED HIM SAFELY TO THE VA HOSPITAL."	"PATIENT SAID HE FELT THE COST WAS A BIT MUCH CONSIDERING HE WAS TAKEN LESS THAN A MILE."	
81	02/06/2020		"PATIENT STATED IT WAS A TRANSPORT BETWEEN FACILITIES AND HE ARRIVED SAFELY."		
82	02/06/2020		"PATIENT STATED SHE COULD NOT BE MORE PLEASED WITH HER SERVICE. SHE SAID IT WAS A TRANSPORT TO ANOTHER HOSPITAL AND THE AMBULANCE ARRIVED QUICKLY AND THE ATTENDANTS WERE CLEAN AND PROFESSIONAL LOOKING."		
83	02/05/2020		"PATIENT STATED THE MEDICS WERE EMPATHETIC, CARING AND KIND. SHE NOTED THEY WERE EMPHATIC THAT SHE GO TO THE HOSPITAL AND THAT WAS THE RIGHT PATH TO TAKE, SHE IS THANKFUL."		





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84	02/05/2020		"PATIENT'S MOTHER STATED HER INFANT SON RECEIVED VERY GOOD CARE."		
85	02/05/2020		"PATIENT STATED THERE WERE A LOT OF OBSTRUCTIONS TO MANEUVER AROUND TO GET HIM LOADED."		
86	02/05/2020		"THE PARAMEDICS ADMINISTERED ANTI-NAUSEA MEDICATION. THE PATIENT STATED THAT MEDICATION COMPLETELY CHANGED HER SITUATION FOR THE BETTER."		
87	02/06/2020	"THE TRANSPORT WENT SMOOTHLY."		"NOTHING, EVERYTHING WENT WELL AND THEY BROUGHT HIM SAFELY BACK."	
88	02/06/2020	"THEY WERE PUNCTUAL, THOROUGH, AND VERY POLITE AND KIND. I'M HIS WIFE AND THEY WERE EVEN WONDERFUL TO ME."	"THIS CREW OF MEDICS WAS TRAINED VERY WELL."	"NO, I THINK THEY WERE FANTASTIC AND COUOLD NOT BE ANY BETTER."	
89	02/07/2020	"THE DISPATCHER WAS EXTREMELY HELPFUL." "THEY GOT THERE IN A MATTER OF SECONDS." "EVERYTHING WAS 5 STARS OF EXCELLENCE, THEY REALLY WERE JUST GREAT."	"YOU HAVE TRAINED YOUR STAFF TO EXCELLENCE."	"YOU CAN'T BE BETTER THAN PERFECT."	



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90	02/07/2020	"THEY TRIED TO MAKE SURE HE WAS AS COMFORTABLE AS POSSIBLE."		"THEY WERE VERY GOOD, AND I CAN'T SEE HOW THEY COULD BE ANY BETTER."	
91	02/07/2020	"THEY ARE ALWAYS SO CONCERNED AND VERY HELPFUL." "YOU HAVE THE BEST TRAINED MEDICS, AND YOUR STAFF IS SO VERY CARING." "EVERY TIME ME OR MY HUSBAND HAVE USED YOUR SERVICES IT HAS ALWAYS BEEN A VERY GOOD EXPERIENCE."	"REMSA IS SIMPLY THE BEST."		
92	02/07/2020	"THEY MADE EVERYTHING AS COMFORTABLE AS POSSIBLE." "THEY EVEN HELPED ME ON THE AMBULANCE BECAUSE I WAS SHORT. THESE MEN AND WOMEN DID A PHENOMINAL JOB!" "THEY DESERVE A 10 OR A 20. THEY WERE FANTASTIC."	"YOUR MEDICS ARE TRAINED SO WELL, AND THEY ARE ALL AROUND AMAZING."	"THEY COULDN'T BE ANY BETTER, THE WAY THEY TOOK CARE OF MY SON WAS EXCELLENT."	
93	02/07/2020	"THEY WERE VERY ATTENTIVE AND SKILLED."		"NO, THEY WERE VERY GOOD AND REALLY COULD NOT BE ANY BETTER."	
94	02/07/2020	"THE MEDICS SHOWED SO MUCH CARE, AND CONCERN AFTER THE ACCIDENT."		"THEY DID A VERY EXCELLENT JOB, AND COULDN'T BE BETTER."	
95	02/08/2020	"EVERYTHING WAS DONE RIGHT."		"MEDICS WERE EXCELLENT, AND THEY REALLY COULD NOT BE ANY BETTER."	



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96	02/08/2020	"THEY WERE VERY QUICK, AND PROFESSIONAL." "I WAS VERY SATISFIED WITH HOW WELL I WAS TREATED BY YOUR MEDICS."		"NO, THEY COULD NOT BE ANY BETTER."	
97	02/08/2020	"THEY GOT HERE SO QUICKLY." "THEY WERE VERY GOOD, I COULDN'T IMAGINE ANYONE SAYING OTHERWISE."		"NOTHING, THEY WERE PERFECT."	
98	02/09/2020	"FELT A LITTLE PRESSURE FROM THE BILLING OFFICE."			
99	02/09/2020		"PATIENT STATED EVERYTHING WAS EXCELLENT."		
100	02/10/2020		"PATIENT STATED THEY WORKED WELL WITH THE FIREMEN AND HE WAS OVERALL VERY PLEASED WITH EVERYTHING."		
101	02/10/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
102	02/23/2020	"THE RIDE WAS REALLY BUMPY, BUT THAT WAS DUE TO BEING ILL."		"NO, I REALLY CAN'T THINK OF ANYTHING THEY WERE REALLY VERY GOOD."	
103	02/23/2020	"THEY TREATED ME WITH CARE, AND PROFESSIONALISM."		"EVERYTHING WAS FINE, AND COULD NOT HAVE BEEN ANY BETTER."	



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104	02/23/2020	"DRIVER WENT FAST AROUND THE CORNERS, I HAD TO TELL HIM TO GO SLOW." "THEY WERE VERY GOOD, AND ALWAYS ARE VERY FRIENDLY, NICE PEOPLE."		"WHEN A WOMAN WITH A HEART CONDITION SAYS GO SLOWLY AROUND THE CORNERS, GO SLOWLY, IT IS ALREADY SCARY TO BE IN AN AMBULANCE."	ASSIGNED TO MONICA TEVES
105	02/24/2020	"THEY TREATED ME VERY WELL, AND I WAS WELL TAKEN CARE OF BY SKILLED MEDICS."		"NO, NOT THAT I CAN THINK OF. EVERYTHING WENT VERY WELL."	
106	02/24/2020	"THEY WERE VERY EFFICIENT AND SKILLED."		"THEY WERE EXCELLENT, AND COULD NOT HAVE BEEN ANY BETTER."	
107	02/24/2020	"THOSE PARAMEDICS WERE EXCELLENT, SO PROFESSIONAL, AND SKILLED."		"NOTHING THAT COMES TO MIND, YOUR SERVICE IS ALREADY EXCELLENT."	

**FOLLOW UP**

79- THE CREW WAS CONTACTED AND AS WHAT WAS DOCUMENTED ON THE CHART, THERE WAS NOT A DELAYED SCENE TIME REQUESTING PERMISSION TO GO TO THE VA. WHEN I SPOKE WITH THE PATIENT HE WAS VERY UPSET ABOUT THE VA PROCESS FOR AMBULANCE ACCEPTANCE (WHICH WAS RE-EXPLAINED BY ME AND CONFIRMED TO HAVE BEEN EXPLAINED BY THE CREW AT THE TIME OF CALL), DELAY THAT WAS UNACCEPTABLE WHEN HE ARRIVED TO AN EMPTY ER AND HE THEN AGAIN HAD DELAYS WHEN THEY HELD HIM IN THE ER BEFORE SENDING HIM TO THE ICU (DESPITE THERE ONLY BEING ONE OTHER PERSON IN THE ICU WHEN HE MOVED UP THERE). HE FEELS THAT THE ADMINISTRATION OF THE VA NEEDS TO REALIZE THAT THE PATIENTS IN WASHOE COUNTY SHOULD NOT HAVE DELAYED TRANSPORT WAITING FOR A DOCTOR TO ANSWER THE PHONE. HE ADVISED ME THAT HE HAD ALSO MADE COMPLAINTS WITH THE NURSES WHICH IN TURN PROMPTED A DOCTOR TO COME SEE HIM, BUT THEN DID NOT STAY TO HEAR WHAT HE HAD TO SAY ABOUT HIS CONCERNS. HE WAS VERY APPRECIATIVE OF MY PHONE CALL AND UNDERSTANDS THE BARRIERS WITHIN THIS SYSTEM COME FROM THE ADMINISTRATION OF THE VA AND HE HOPES THAT HIS CONCERNS WILL BE HEARD BY THEM SO THAT HE AND OTHER VETS DO NOT GET DIVERTED OR HAVE DELAY IN CARE DUE TO THIS PROCESS.



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		64- MESSAGE LEFT FOR THE PATIENT TO DISCUSS HIS CONCERNS WITH BEING DIVERTED FROM THE VA. THE CHART IS DOCUMENTED APPROPRIATELY AS TO HIM BEING DIVERTED BY THE VA MD AND THE MEDIC NO LONGER WORKS HERE SO I CANNOT CONTACT HIM TO GET ANY FURTHER INFORMATION. WILL UPDATE TICKET WHEN I HEAR BACK FROM THE PT.			
		104- IT IS NOTED THAT THIS PATIENT HAS BEEN TRANSPORTED SEVERAL TIMES AND IT DOES NOT APPEAR THAT SHE WAS TRANSPORTED EMERGENTLY DURING ANY OF THE RECENT TRANSPORTS. I SPOKE WITH THE CREW INVOLVED ON THIS TRANSPORT AND THEY DO NOT RECALL THE PATIENT STATING ANYTHING ABOUT ISSUES WITH THE DRIVER AND WHEN THE DRIVER GREETED THEM AT THE BACK DOOR UPON ER ARRIVAL NOTHING WAS SAID AND THE PATIENT HAD SIGNIFICANT IMPROVEMENT. I HAVE LEFT A MESSAGE FOR THE PATIENT OR HER DAUGHTER (POA) TO CALL ME TO DISCUSS THIS FURTHER. I WILL UPDATE TICKET UPON CALLBACK.			
		60- I WAS UNABLE TO REACH PATIENT WITH NUMBER ON HER CHART. SHE HAS BEEN TRANSPORTED NUMEROUS TIMES FROM MULTIPLE HOTELS AROUND TOWN, BUT I WAS UNABLE TO CONNECT WITH HER FOR FURTHER DETAILS ON HER COMPLAINT. I SPOKE WITH THE CREW AND THE CHART WAS VERY WELL DOCUMENTED AS TO WHAT PRESENTATION THEY WERE DEALING WITH AND APPROPRIATE CARE DECISIONS WERE MADE. WHEN TALKING FURTHER WITH THE CREW THEY DO RECALL THAT SHE REQUESTED DILAUDID, BUT WAS ADVISED THAT WE DO NOT CARRY THAT MEDICATION AND IT IS NOT APPROPRIATE TO TREAT DIARRHEA WITH THIS MEDICATION.			
		36- THIS PATIENT HAD TWO TRANSPORTS THIS DATE WITH THE FIRST BEING FROM HER COUNSELORS OFFICE WHERE SHE WAS PUT ON A LEGAL 2000 AND THEN A SECOND TRIP WITH THE ILS CAR TO THE ELDERLY PSYCH FACILITY (THAT SHE ADAMANTLY DID NOT WANT TO GO TO). THE PATIENT WAS CALM AND COOPERATIVE FOR BOTH TRIPS PER THE CREWS AND THE SECOND TRIP MAY HAVE HAD MORE OPPORTUNITIES FOR HER TO FEEL THE CORNERS WERE TAKEN TOO FAST SINCE IT WAS A LONGER TRANSPORT, BUT THE ILS CREW DOES NOT RECALL ANY INCIDENTS THAT OCCURRED DURING THE TRIP. THE PATIENT FELT UPSET THAT THE FIRST DOCTOR OFFICE DID NOT EXPLAIN THAT AN AMBULANCE WAS COMING AND DESPITE THE THOROUGH EXPLANATION BY THE ILS CARE PROVIDER, SHE DID NOT FORESEE THAT HER INITIAL APPOINTMENT WOULD END UP WITH HER UPSTAIRS AT NORTHERN NEVADA.			



## APRIL 2020

# 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



**KTVN – ASK THE DOCTOR  
WITH DR. JENNY WILSON**

REMSA's Medical Director, Dr. Wilson, was interviewed by KTVN regarding when patients should call 911. Dr. Wilson reminded the community that people experiencing symptoms related to heart attack, strokes, appendicitis, or simply feel that they are experiencing a medical emergency and need an ambulance, to please dial 911. Dr. Wilson also shared information regarding REMSA's COVID-19 triage line.



## PUBLIC & COMMUNITY RELATIONS

### **DANNY MIRELES SHARES HOW REMSA IS ASSISTING & PROTECTING THEIR EMPLOYEES**

Danny Mireles, Director of Human Resources, shared with KTVN the different ways that REMSA is helping and protecting their employees during the pandemic. Additions include new COVID-19 safety protocols, health and temperature checks before every shift, plastic separators between the cab and patient area of each ambulance, uniform laundering, daily check-in meetings, immediate medical coverage for new employees, extra weeks of paid time off, free meals, help with childcare, and free online first responder yoga classes.







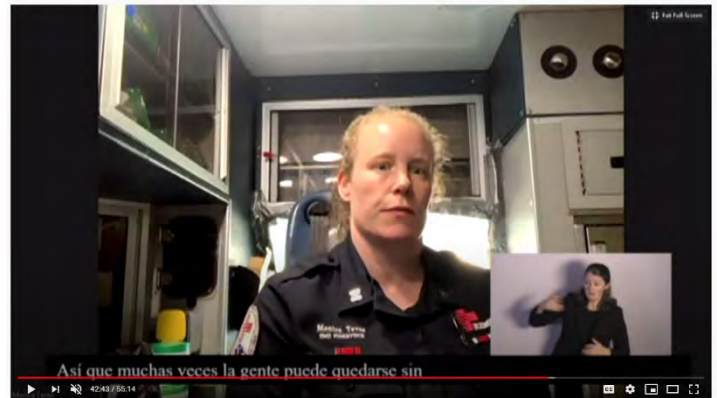
## PUBLIC & COMMUNITY RELATIONS

### ADAM HEINZ & MONICA TEVES PARTICIPATE IN WASHOE COUNTY'S FIRST COVID-19 VIRTUAL TOWN HALL

Adam Heinz, Executive Director of Integrated Health and Monica Teves, Ground Supervisor, both took part in Washoe County's first virtual town hall regarding COVID-19. Adam spoke about when 911 should be called, while Monica shared what REMSA ground crews are doing to stay safe during this time.



Virtual Town Hall Meeting - Regional Information Center | April 10, 2020



Virtual Town Hall Meeting - Regional Information Center | April 10, 2020

### AARON ABBOTT ANSWERS QUESTIONS DURING CITY OF SPARKS VIRTUAL TOWN HALL

Aaron Abbott, Executive Director of EMS Operations, participated in the City of Sparks COVID-19 virtual town hall. Questions were in reference to the safety of calling 911, which Aaron shared for the community not to be afraid to dial 911 if they are experiencing a medical emergency.





## SOCIAL MEDIA HIGHLIGHTS

April website referral sessions from social media decreased 22% from last year (April 2019). Social media drove 132 visitors to the REMSA website. Facebook, LinkedIn, Instagram, Twitter and Yelp drove the majority of the traffic to remsahealth.com.

### Facebook

Page likes to-date: 3,612 (+30 page likes this month)  
Followers to-date: 3,775 (+31 page followers this month)  
April posts: 38  
April post reactions: 2.33k  
April post comments: 135  
April post shares: 186



## Top Posts by Reach

1.

**4/5/2020 - Chalk Art**  
 3,618 people reached; 832 engagements  
 (post clicks, likes, shares and comments)



**Regional Emergency Medical Services Authority - REMSA**  
 Published by Megan Duggan · April 5 ·

We walked up to encouraging messaging in front of our REMSA building. We love our community and our colleagues!  
 #Community #ChalkYourWalk #SpreadPositivity




**Get More Likes, Comments and Shares**  
 When you boost this post, you'll show it to more people.

**3,618** People Reached      **832** Engagements      [Boost Post](#)

 155      5 Comments 24 Shares

[Like](#)      [Comment](#)      [Share](#)

2.

**4/2/2020 - Starbucks Coffee**  
3,583 people reached; 804 engagements (post clicks, likes, shares and comments)



Regional Emergency Medical Services Authority - REMSA  
Published by KPS3 on April 2

To all the medical professionals who are tirelessly working on the front lines of the COVID-19 pandemic – Coffeebar and Starbucks have you covered! Coffeebar Reno wants to thank you for keeping our community safe and healthy by serving you a free beverage and pastry. Starbucks is serving a free tall hot or iced brewed coffee through May 3. If you are in an ambulance, you can walk up to the drive-thru.

Here are a few of our team members enjoying a cup of joe from the Los Altos Starbucks! Thank you for your hard work.



**Get More Likes, Comments and Shares**  
When you boost this post, you'll show it to more people.

<b>3,583</b> People Reached	<b>804</b> Engagements	<a href="#">Boost Post</a>
--------------------------------	---------------------------	----------------------------

129      9 Comments 14 Shares

Like   Comment   Share

3.

**4/11/2020 - Lakeside Health and Wellness Donations**  
 1,980 people reached; 566 engagements (post clicks, likes, shares and comments)



**Regional Emergency Medical Services Authority - REMSA**  
 Published by Alexia Bratiotis Jobson (P) · April 11 at 6:17 PM · 🌐

We are proud to share that this morning when REMSA learned that a local healthcare partner needed assistance, we worked quickly to respond. Our Logistics department coordinated a donation of 200 respirator masks and 400 surgical masks to Lakeside Health and Wellness from our supply. We were happy to work with Councilwoman Naomi Duerr and are pleased that Reno Fire Department was also able to make a donation. #COVID19 #AlwaysReady



**Get More Likes, Comments and Shares**  
 When you boost this post, you'll show it to more people.

<b>1,980</b> People Reached	<b>566</b> Engagements	<a href="#">Boost Post</a>
--------------------------------	---------------------------	----------------------------

👍👤 119 3 Comments 9 Shares

👍 Like    💬 Comment    ➦ Share





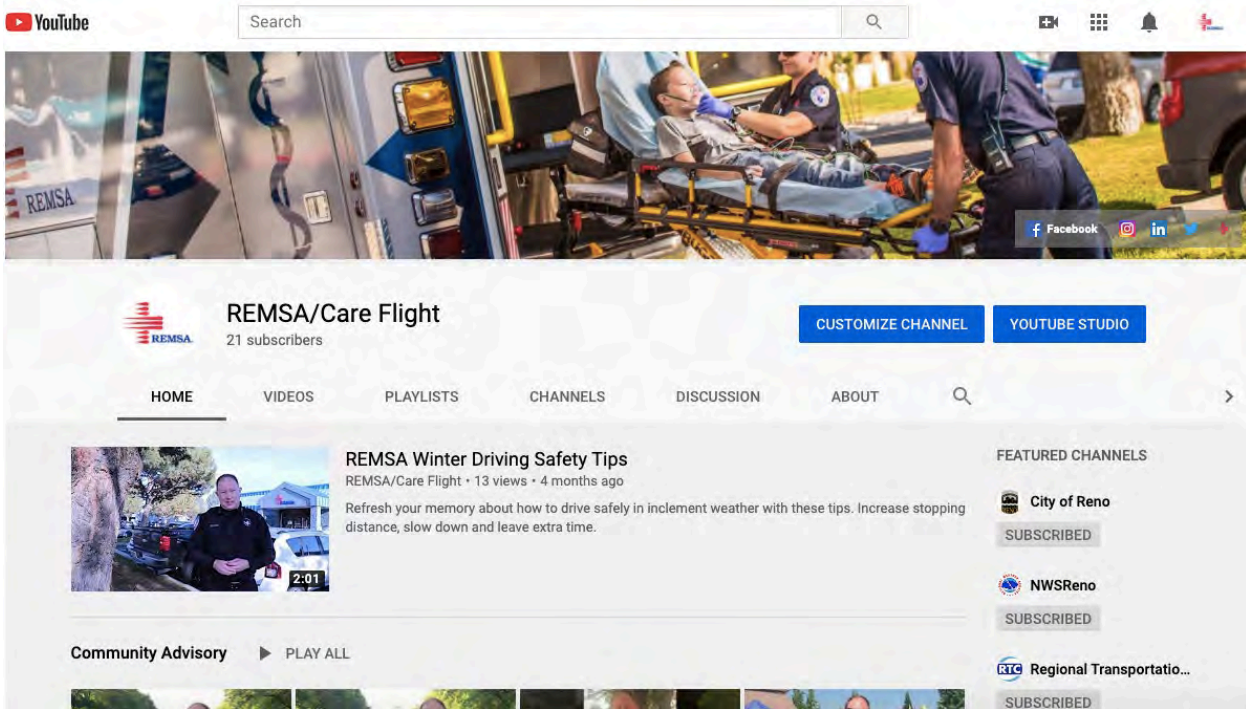
Followers to-date: 1,725 (+89 followers)  
April Posts: 2



- Impressions: 397
- Clicks: 10
- Reactions: 10
- Comments: 0



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information. Subscribers to-date: 21



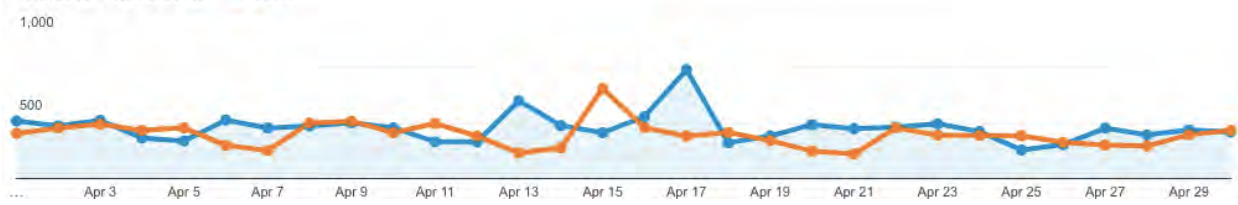




## REMSA Website Google Analytics

Apr 1, 2020 - Apr 30, 2020: ● Users

Apr 1, 2019 - Apr 30, 2019: ● Users



### April 2020 sessions vs April 2019 sessions

### Overview of Site Data in April (Year-Over-Year Comparison)

- Sessions: 10,610 **16% increase**
- Users: 7,363 **16% increase**
- New Users: 6,722 **22% increase**
- Pageviews: 25,004 **15% increase**
- Avg. Session Duration: 01:42 **5% decrease**
- Bounce Rate: 52% **24% increase**

### Traffic Sources

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

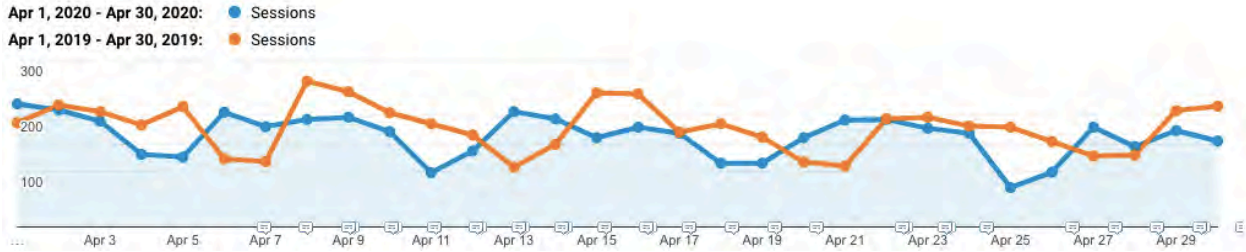
- **Organic search** is a natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral 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

Here is how each channel performed year-over-year:

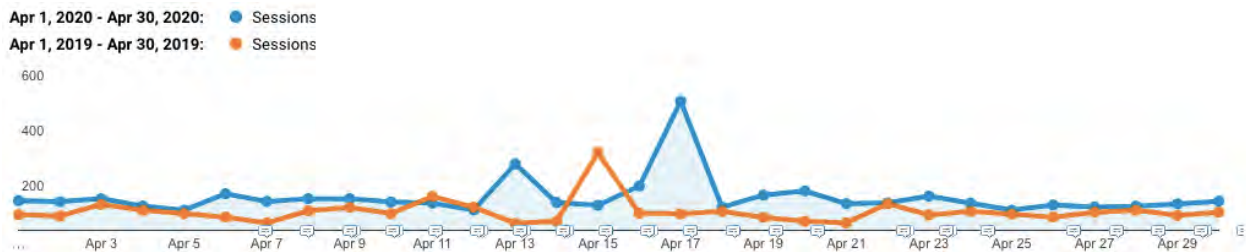
- Organic search sessions: 4,930 **9% decrease**
- Direct traffic sessions: 3,610 **75% increase**
- Referral traffic sessions: 1,937 **28% increase**



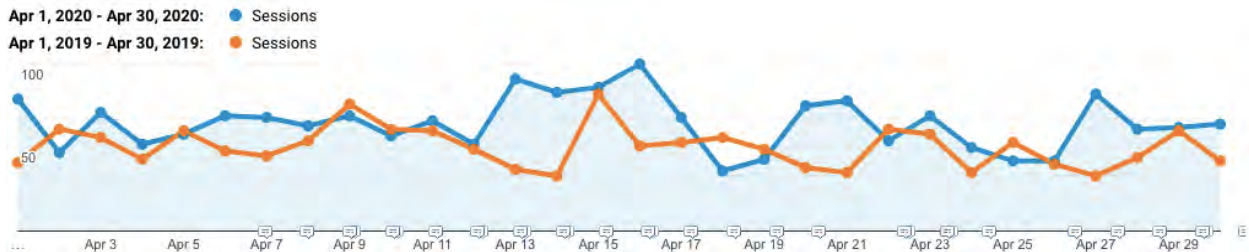
## Organic Sessions



## Direct Sessions



## Referral Sessions



## Top 5 Referral Sites:

1. REMSA Enrollware
2. covid19washoe.com
3. med.unr.edu
4. workforcenow.adp.com
5. kunr.org

## Top 5 Page Views:

- o Homepage - 2,524 views
- o Education - 1,998 views
- o Careers - 1,713 views
- o Careers (All Jobs) - 1,029 views
- o Care Flight - 966 views



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:
  - Flight Plan Membership form: 113 website visitors clicked the external link to fill out the Flight Plan Membership form
  - Silver Saver Membership: 66 website visitors clicked the external link to fill out the Silver Saver Membership form
  - Sierra Saver Membership: 14 website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 338
- Top 5 phone numbers that visitors clicked on (150 total phone call clicks in March):
  - 775-858-5700 - Main Phone Number - 71 clicks
  - 775-328-2427 - Triage Line - 12 clicks
  - 775-353-0739 - Private Insurance - 11 clicks
  - 775-353-0765 - Medicare/Medicaid - 5 clicks
  - 775-858-5745 - Membership - 5 clicks



**REMSA 2019-20 Penalty Fund Reconciliation as of  
March 31, 2020**

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**2019-20 Penalty Fund Dollars Accrued by Month**

<b>Month</b>	<b>Amount</b>
July 2019	7,130.32
August 2019	10,042.40
September 2019	9,943.68
October 2019	9,775.68
November 2019	9,157.92
December 2019	10,025.76
January 2020	8,689.45
February 2020	9,927.81
March 2020	6,962.72
April 2020	
May 2020	
June 2020	
<b>Total Penalty Fund Dollars Accrued</b>	<b>\$81,655.74</b>

**2019-20 Penalty Fund Dollars Encumbered by Month**

<b>Program</b>	<b>Amount</b>	<b>Description</b>	<b>Submitted</b>

**Total Encumbered as of 03/31/2020**           **\$0.00**

**Penalty Fund Balance at 03/31/2020**           **\$81,655.74**

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**REMSA INQUIRIES  
APRIL 2020**

No inquiries for April 2020

DD	<u>FV</u>
DHO	<u>    </u> <i>KD</i>
DA	<u>DR</u>
Risk	<u>    </u>

**STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2020**

**TO:** District Board of Health

**FROM:** Francisco Vega, Director, Air Quality Management Division  
775-784-7211, fvega@washoecounty.us

**SUBJECT:** Public Hearing - Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning.

**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**

Prescribed burning requirements were last revised on August 25, 1993 when they were part of Section 040.035 (Open Burning).

On March 26, 2020, the District Board of Health adopted the Business Impact Statement with a finding that the revised regulations do not impose a direct and significant economic burden on businesses; 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 April 23, 2020 that was cancelled and rescheduled for May 28, 2020 at 1:00 pm.

**BACKGROUND**

Prescribed burning requirements were originally part of Section 040.035 (Open Fires). Section 040.035 was revised and renamed on September 26, 2019 and removed the prescribed burning portions from the regulation. This revision of Section 040.037 (Prescribed Burning) creates a new rule for prescribed burning distinct from Section 040.035 (Open Burning). Below is a summary of the major revisions being proposed:

1. The regulation applies to any federal, state or local fire control agencies and land management agencies that conduct prescribed burns in Washoe County;
2. Agencies conducting prescribed burning in Washoe County shall consider all reasonable alternatives to prescribed burning prior to the issuance of a Smoke Management Permit;
3. Compliance with the Smoke Management Program;
4. A Smoke Management Permit (revised from “prescribed burning permit”) must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions;
5. All prescribed burns must follow the Smoke Management Permit conditions:
  - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the “District Board of Health Regulations Governing Air Quality Management” Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
  - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
  - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
  - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
  - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
  - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
  - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

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 January 3, 8, and 17, 2020, on February 7, 12, and 21, 2020, and April 16, 21, and 27, 2020.
2. The proposed revisions and workshop information was posted in the “Current Topics” section of the AQMD website (OurCleanAir.com).
3. The notifications were emailed to fire control agencies and land management agencies that conduct prescribed burning in Washoe County, canal and irrigation companies, and the Tahoe Sierra Clean Air Coalition.

One public workshop was held on January 15, 2020. Two individuals attended the workshop with comments related to the Open Burning regulation, Section 040.035. Two public workshops were held on February 19, 2020. Two individuals from a land management agency attended the morning



workshop for the presentation and discussion of the revisions. They did not provide public comment. One individual from a local fire protection district attended the afternoon workshop for the presentation and discussion of the revisions and did not provide public comment. Additional attendees at each meeting included AQMD staff. During the workshops, a presentation was prepared to discuss the background and proposed regulatory revisions. A sign-in sheet, hard copies of the proposed revision and public comment forms were available at the workshop and a link to the location of the draft Smoke Management Plan was provided. A copy of the workshop presentation and Smoke Management Plan is attached.

### **FISCAL IMPACT**

The fee for a Smoke Management Permit did not increase, therefore there are no fiscal impacts resulting from the Board accepting the Business Impact Statement.

### **RECOMMENDATION**

Staff recommends the District Board of Health adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning.

### **POSSIBLE MOTION**

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

“Move to adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning.”

040.037 PRESCRIBED BURNING (Revised from 040.035 adopted 05/28/20)

**SECTION A – GENERAL**

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any federal, state and local fire control agencies and land management agencies conducting prescribed burning within Washoe County.

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

1. **Allowable Vegetation.** Means only plant material that is identified in the burn plan or project where the burn is to be conducted.
2. **Fire Control Agency:** Agencies that are qualified to conduct prescribed burns.
3. **Land Management Agency:** Agencies that are qualified to conduct prescribed burns.
4. **Open Burning.** Means the burning of any allowable vegetation wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney. Open burning is defined in Section 040.035.
5. **Prescribed Burning.** Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
6. **Recreational Fires.** An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610mm) or less in height for pleasure, religious, ceremonial, cooking, warmth or similar purposes.
7. **Smoke Impacts.** Means anything that is causing pollution levels to be harmful to humans or become a safety hazard.

**SECTION C – STANDARDS:** The following standards shall apply:

1. Prescribed burns include all outdoor fires with the exception of:
  - a. Residential open burning (defined in Section 040.035);
  - b. Recreational fires; and
  - c. Fires set for training purposes as defined in Section 040.040.
2. Only allowable vegetation shall be burned. No other materials may be burned at any time within Washoe County.
3. Smoke from prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.

4. Prescribed burning is exempt from opacity standards as defined in Section 010.106.
5. If the concentrations of an air contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, all prescribed burning shall be suspended in accordance with the requirements of Section 050.001.C.

**SECTION D – ADMINISTRATIVE REQUIREMENTS:** The following administrative requirements shall apply:

1. Agencies conducting prescribed burning in Washoe County shall consider all reasonable alternatives to prescribed burning prior to the issuance of a Smoke Management Permit.

**SECTION E – COMPLIANCE AND RECORDS:** For the purpose of these regulations, the following compliance and record requirements shall apply:

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed during favorable air dispersion conditions. Prescribed burns shall not be subject to the burn limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least **fourteen (14)** calendar days in advance of the burn. The application shall include the agency overseeing the burn, a responsible person to be contacted in relation to the burn, the area to be burned, a copy of the burn plan and any other information as required by the Control Officer.
5. All prescribed burns must follow the following Smoke Management Permit conditions:
  - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
  - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
  - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
  - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
  - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
  - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
  - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to

revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

040.037 PRESCRIBED BURNING (Revised from 040.035)

**SECTION A – GENERAL**

1. **PURPOSE:** To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. **APPLICABILITY:** The provisions of this Rule shall apply to any federal, state and local fire control agencies and land management agencies conducting prescribed burning within Washoe County.

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

1. **Allowable Vegetation.** Means only plant material that is identified in the burn plan or project ~~grew on the property~~ where the burn is to be conducted.
2. **Fire Control Agency:** Agencies that are qualified to conduct prescribed burns.
3. **Land Management Agency:** Agencies that are qualified to conduct prescribed burns.
4. **Open Burning.** Means the burning of any allowable vegetation wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney. Open burning is defined in Section 040.035.
5. **Prescribed Burning.** Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
6. **Recreational Fires.** An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610mm) or less in height for pleasure, religious, ceremonial, cooking, warmth or similar purposes.
7. **Smoke Impacts.** Means anything that is causing pollution levels to be harmful to humans or become a safety hazard.

**SECTION C – STANDARDS:** The following standards shall apply:

1. Prescribed burns include all outdoor fires with the exception of:
  - a. Residential open burning (defined in Section 040.035);
  - b. Recreational fires; and
  - c. Fires set for training purposes as defined in Section 040.040.
2. Only allowable vegetation shall be burned. No other materials may be burned at any time within Washoe County.
3. Smoke from prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed burning is exempt from opacity standards as defined in Section 010.106.

5. If the concentrations of an air contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, all prescribed burning shall be suspended in accordance with the requirements of Section 050.001.C.

**SECTION D – ADMINISTRATIVE REQUIREMENTS:** The following administrative requirements shall apply:

1. Agencies conducting prescribed burning in Washoe County shall consider all reasonable alternatives to prescribed burning prior to the issuance of a Smoke Management Permit.
- ~~2. Prescribed burning within Washoe County is applicable to the following agencies:
  - ~~a. Divisions of federal, state, and local fire control agencies;~~
  - ~~b. Divisions of local municipalities; and~~
  - ~~c. Canal and irrigation companies.~~~~

**SECTION E – COMPLIANCE AND RECORDS:** For the purpose of these regulations, the following compliance and record requirements shall apply:

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed during favorable air dispersion conditions. ~~For the purposes of this regulation, a prescribed burn shall mean the controlled application of fire to natural vegetation under specified conditions.~~ Prescribed burns shall not be subject to the burn limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan and set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least fourteen (14) calendar days in advance of the burn. The application shall include the agency overseeing the burn, a responsible person to be contacted in relation to the burn, the area to be burned, a copy of the burn plan and any other information as required by the Control Officer.
5. All prescribed burns must follow the following Smoke Management Permit conditions:
  - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
  - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
  - c. To minimize smoke impacts and emissions, each land manager will apply the best smoke management and emission reduction techniques.
  - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available upon request of the Control Officer or their representative.
  - e. All prescribed burn operations shall be subject to inspection by the Control Officer.

- f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
- g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

DRAFT FEBRUARY 7, 2020



**PRESCRIBED BURN PERMIT APPLICATION AIR QUALITY  
MANAGEMENT DIVISION**

Return Notification to:

Washoe County Air Quality Management Division  
Attention: Smoke Management Coordinator  
1001 East Ninth Street, Suite B171  
Reno, NV 89512

Voice: (775) 784-7200

Email: [Prescribed Burn Permit](#)

**FEE as of July 1, 2019: \$144.00 per burn plan + \$35.00 per unit.**

NOTE: For prescribed burns located within Washoe County, Section 040.037 of the Washoe County District Board of Health Regulations Governing Air Quality Management allows prescribed burning in forest areas to be conducted only by local fire control authorities or managers. A copy of the Burn Plan must be submitted prior to this approval.

Applicant/Agency Overseeing Burn

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Burn Description

Location (Include APN): \_\_\_\_\_

Project Name: \_\_\_\_\_

Is this within 15 miles of an identified area (IA)? \_\_\_\_\_

Number of Acres: \_\_\_\_\_

Burn Phases/Sections \_\_\_\_\_ Burn Type: \_\_\_\_\_

Volume/Weight of Material: \_\_\_\_\_

Date(s) of burn: \_\_\_\_\_

Start Time: \_\_\_\_\_

Duration (hours): \_\_\_\_\_

Reason for Burn: \_\_\_\_\_

Justification for alternatives attached?: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1/31/2020 – GR

**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: 01/03/2020 - 01/17/2020, for exact publication dates please see last line of Proof of Publication below.

**Notice of Proposed Action**

The Director is proposing revisions to District Board of Health Regulations Governing Air Quality Management, Section 040.037, Prescribed Burning. The proposed revisions and public workshop schedule are available on the Washoe County Air Quality Management Division website (OurCleanAir.com).

A public workshop will be held on Wednesday, January 15, 2020. Additional workshops may be held upon receipt of a written request. In the event an additional public workshop is scheduled, the workshop date and 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, Branch Chief, by:

1) Mail to:  
Washoe County Health District, Air Quality Management Division  
1001 E. Ninth Street, B-171  
Reno, NV 89512, or  
2) Email to: [KeepItClean@washoecounty.us](mailto:KeepItClean@washoecounty.us), or  
3) FAX to: 775-784-7225.


Written comments will be accepted until the close of business on Monday, February 3, 2020, 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 Thursday, February 27, 2020 at the Board of County Commissioners Chambers, located at 1001 East Ninth Street, Building A, Reno, NV. 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 Thursday, March 26, 2020 at the same location. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.  
0003979133

Jan 3, 8, 17, 2020

01/03/20, 01/08/20, 01/17/20

  
Legal Clerk

Subscribed and sworn before me this  
17th of January 2020.

  
NOTARY PUBLIC RESIDING  
AT STATE OF WISCONSIN  
COUNTY OF BROWN

Notary Expires 8-25-23

SHELLY HORA  
Notary Public  
State of Wisconsin

Ad#:0003979133

P O :

# of Affidavits :1

This is not an invoice

**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: 02/07/2020 - 02/21/2020, for exact publication dates please see last line of Proof of Publication below.

**Notice of Proposed Action**

The Washoe County Health District (WCHD), Air Quality Management (AQM) Division Director is proposing revisions to District Board of Health (DBOH) Regulations Governing Air Quality Management, Section 040.037, Prescribed Burning. The proposed revisions and public workshop schedule are available at [OurCleanAir.com](http://OurCleanAir.com).

Public workshops are scheduled on Wed, Feb 19, 2020 from 10-12:30pm and 3-5pm at 1001 E. 9th St in Bldg B, South Auditorium. Additional workshops may be held upon receipt of a written request. In the event an additional public workshop is scheduled, the workshop date and location posted at [OurCleanAir.com](http://OurCleanAir.com). Interested persons wishing to comment or request an additional public workshop should submit them in writing to Daniel Inouye, Branch Chief via mail: WCHD, AQM, 1001 E. 9th St, B-171, Reno, NV 89512; email: [Kee@Cleanair.washoecounty.us](mailto:Kee@Cleanair.washoecounty.us); or fax: 775-784-7225.

Written comments will be accepted until the close of business on Mon, Mar 2, 2020, and 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 DBOH for consideration of acceptance of a public hearing to be held at 1pm on Thu, Mar 26, 2020 at the Board of County Commissioners Chambers, located at 1001 East 9th St, Bldg A, Reno, NV. If the Business Impact Statement is accepted, adoption of the proposed revisions will be considered at the next DBOH meeting scheduled for 1pm on Thu, Apr 23, 2020 at the same location. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.

0004042973

Feb 7, 12, 21, 2020

02/07/20, 02/12/20, 02/21/20

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this  
21st of February 2020.

  
\_\_\_\_\_  
NOTARY PUBLIC RESIDING  
AT STATE OF WISCONSIN  
COUNTY OF BROWN

Notary Expires: 8-25-23

**SHELLY HORA**  
Notary Public  
State of Wisconsin

Ad#:0004042973  
P O : Prescribed Burning Regs  
# of Affidavits : 1  
**This is not an invoice**

**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: 04/16/2020 - 04/27/2020, for exact publication dates please see last line of Proof of Publication below.

**Notice of Proposed Action**

The Washoe County Health District, Air Quality Management Division Director is proposing revisions to District Board of Health (DBOH) Regulations Governing Air Quality Management, Section 040.037, Prescribed Burning. The proposed revisions are available at OurCleanAir.com.

A Public Hearing for adoption of the proposed revisions will be held at 1pm on Thursday, May 28, 2020, at the Board of County Commissioners Chambers, located at 1001 East 9th St, Bldg A, Reno, NV. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.  
No 4152946

April 16, 21, 27, 2020

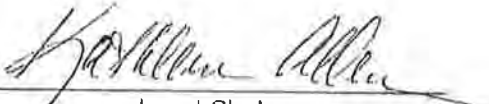
**Notice of Proposed Action**

The Washoe County Health District, Air Quality Management Division Director is proposing revisions to District Board of Health (DBOH) Regulations Governing Air Quality Management, Section 040.037, Prescribed Burning. The proposed revisions are available at OurCleanAir.com.


A Public Hearing for adoption of the proposed revisions will be held at 1pm on Thursday, May 28, 2020, at the Board of County Commissioners Chambers, located at 1001 East 9th St, Bldg A, Reno, NV. If adopted, these regulations will be submitted to the U.S. Environmental Protection Agency.  
No 4152946

April 16, 21, 27, 2020

04/16/2020, 04/21/2020, 04/27/2020

  
\_\_\_\_\_  
Legal Clerk

Subscribed and sworn before me this  
27th of April 2020.

  
\_\_\_\_\_  
NOTARY PUBLIC RESIDING  
AT STATE OF WISCONSIN  
COUNTY OF BROWN

Notary Expires: 8-25-23

W CONF NOV 4 2020 3:42

Ad#:0004152946  
P O : 172300-710546  
# of Affidavits 1

SHELLY HORA  
Notary Public  
State of Wisconsin

This is not an invoice

**From:** [Doug Flaherty](#)  
**To:** [KeepItClean](#); [Inouye, Daniel](#); [Vega, Francisco](#)  
**Subject:** Comments Regarding Washoe County Proposed Revisions to Section 040.037 Prescribed Burning  
**Date:** Monday, February 3, 2020 2:05:04 PM  
**Attachments:** [EZ Form Comments Proposed Washoe Prescribed Burn Ordinance 040.037\(2\).pdf](#)  
[040.037 PRESCRIBED BURNING Suggested Track Changes.doc](#)

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[**NOTICE:** This message originated outside of Washoe County -- **DO NOT CLICK** on **links** or open **attachments** unless you are sure the content is safe.]

Dear AQMD:

Please find attached, 2 files attached containing my comments regarding Washoe County's Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires).

My emphasis is on suggested improvements to help protect public health in [Residential Areas](#) during Agency Prescribed Burning.

One attached file contains suggested changes to your proposed ordinance in **WORD TRACK CHANGES**.

The second file contains a letter to your office containing comments and specifics regarding the proposed ordinance.

Along with all of the comments provided, I am concerned that your office did not take the time to revise current section 040.035. The proposed wording offered in 040.037 as written could serve to create some conflict on precisely what limitations may or may not apply to prescribed burns.

Therefore, I have offered suggested language in the WORD Track Changes document Line E 2. concerning this item.

Additionally, as an interested party and full time resident of Incline Village, NV I wish to be placed on any interested party list you may have concerning Washoe County prescribed burning discussions, meetings or notifications concerning this topic going forward.

Sincerely  
Doug Flaherty  
Resident  
774 Mays Blvd 10-691  
Incline Village, NV 89451

**To:** Washoe County Health District, Air Quality Management Division  
1001 East 9<sup>th</sup> Street, B-171  
Reno, NV 89512

KeepItClean@WashoeCounty.us

Fax: 775-784-7225

**RE:** Comments regarding Washoe County Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) - My emphasis is on basic Residential Area and Smoke Sensitive Site Health and Safety during Agency Prescribed Burning

Dear Washoe County AQMD,

In the spirit of helping to ensure public health and safety during agency prescribed burning in residential and smoke sensitive areas, the proposed Washoe County Prescribed Burn regulation 040.035 as written, is void of prescribed burn agency basic accountability and responsibility as follows:

- Void of a basic, reasonable and prudent requirement that prescribed burn agencies have the responsibility to adequately mechanically monitor, gather and record real time transparent smoke/emission data during prescribed burns in or near residential neighborhoods/areas and other smoke sensitive sites.
- Void of prescribed burn agency responsibility to ensure reasonable, timely and adequate advanced notification of potentially smoke impacted residential neighborhoods/areas and other smoke sensitive sites before a prescribed burn is carried out.

In the spirit of prioritizing public health and safety in and around residential neighborhoods/areas and other smoke sensitive sites before and during Public Agency prescribed burning, I am requesting that Washoe County add the following **prudent and very reasonable items** to the County's proposed Prescribed Burn Regulation 040.037.

1. Prescribed Burn agencies must record their reason(s) for choosing burning over other alternatives as part of their burn plan or smoke management plan in or within ¼ mile of residential neighborhoods/areas, schools, school bus stops, public transportation bus stops, businesses or other smoke sensitive sites. When vegetation can be reasonably chipped or removed within these areas utilizing close proximity transportation roadway access, or spread on site, cost shall not be considered to be a reasonable justification to burn over other alternatives.
2. Prescribed burn agencies shall be required to accurately and mechanically monitor and minimize smoke impact emissions that may potentially impact residential neighborhoods/areas and other smoke sensitive sites. Each land manager will apply the best and latest technology real time smoke management mechanical air monitoring and smoke/emission reduction techniques.

3. A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM10 and PM2.5 emissions in real and transparent time from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites potentially causing smoke impacts to residential neighborhoods/areas schools, school bus stops, public transportation bus stops, businesses or other smoke sensitive sites and shall be present and actively operational from the time of prescribed burn ignition and until burndown is complete.
  - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved agency prescribed burn smoke management plan and fire control agency representatives shall continually observe and record smoke impacts and immediately report those smoke impacts to the Washoe County Air Quality Control Officer as soon as possible.
  - b. If during agency prescribed burn operations including burndown, the direction of planned prescribed burn smoke emissions shifts away from the original smoke management plan projected locations, the required portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of residential neighborhood/area and other smoke sensitive site public health and safety.
  - c. Prescribed burn agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns potentially affecting residential neighborhoods/areas and other smoke sensitive sites in order to gather real time accurate smoke emissions data in the interest of public health and safety.
4. Prescribed burn agencies shall make a reasonable and good faith effort to notify the public within ¼ mile of all plan prescribed burns within 24 hr of planned ignition. Simply placing prescribed burn signs on roadways is to be considered as only one aspect of public notification but does not alone satisfy a reasonable and good faith effort to make public notifications.

Thank you for considering these prudent and very reasonable additions to your proposed Prescribed Burn regulation 040.035 in the interest of prioritizing public health and safety.

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Name	Date (MM/DD/YYYY)	Email Address
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SUGGESTED MODIFICATIONS TO PROPOSED 040.037

~~40.37~~ 040.037 PRESCRIBED BURNING (Revised from 040.035)

SECTION A – GENERAL

1. PURPOSE: To limit particulate material (PM) emissions and other pollutants released into the ambient air from prescribed burning.
2. APPLICABILITY: The provisions of this Rule shall apply to any persons conducting prescribed burning within Washoe County.

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

1. Allowable Vegetation. Means only plant material that grew on the property where the burn is to be conducted.
2. Open Burning. Means the burning of any allowable vegetation wherein the products of combustion are discharged directly into the atmosphere without passing through a stack or chimney.
3. Prescribed Burning. Means any fire purposefully ignited by land management agencies to meet specific land management objectives with controlled application under specified conditions. The definition does not include fire training, residential open burning, or any other type of burning that is not specifically listed in the applicability section of this rule.
4. Recreational Fires. An outdoor fire burning materials other than rubbish where the fuel being burned is not contained in an incinerator, outdoor fireplace, portable outdoor fireplace, barbeque grill or barbeque pit and has a total fuel area of 3 feet (914 mm) or less in diameter and 2 feet (610mm) or less in height for pleasure, religious, ceremonial, cooking, warmth or similar purposes.
5. Smoke Impacts. Means anything that is causing pollution levels to be harmful to humans, or become a safety hazard.

SECTION C – STANDARDS: The following standards shall apply:

1. Prescribed burns include all outdoor fires with the exception of:
  - i. Residential open burning;
  - ii. Recreational fires; and
  - iii. Fires set for training purposes as defined in Section 040.040.
2. Only allowable vegetation shall be burned. No other materials may be burned at any time within Washoe County.
3. Smoke from prescribed burning shall not contribute to exceedances or violations of any National Ambient Air Quality Standards (NAAQS). Prescribed burning will not be allowed if concentrations of any pollutant are exceeded or expected to exceed any NAAQS.
4. Prescribed burning is exempt from opacity standards as defined in Section 010.106.
5. If the concentrations of an air contaminant/pollutant reach or are predicted to reach levels that constitute a Stage 1 alert as defined in Section 050.001.C, all prescribed burning shall be suspended in accordance with the requirements of Section 050.001.C.

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**SECTION D – ADMINISTRATIVE REQUIREMENTS:** The following administrative requirements shall apply:

1. Agencies conducting prescribed burning in Washoe County shall consider reasonable alternatives to burning prior to conducting a prescribed burn. Agencies must record their reason(s) for choosing burning over other alternatives in their burn plan or smoke management plan. When vegetation can be reasonably chipped or removed utilizing close proximity transportation roadway access, or spread on site. Cost shall not be considered to be a reasonable justification to burn over other alternatives.
- a. 2. Mechanical smoke monitors as described below shall be deployed and utilized during all prescribed burns within residential areas or within ¼ mile of residential areas, schools, school or public transportation bus stops, businesses or smoke sensitive sites.
- b. 3. Prescribed burning within Washoe County is applicable to the following agencies:
  - e.a. Divisions of federal, state, and local fire control agencies;
  - d.b. Divisions of local municipalities; and
  - c. Canal and irrigation companies.
4. A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM10 and PM2.5 emissions from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites and shall be present and operational from the time of prescribed burn ignition and until burndown is complete.
  - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved prescribed burn smoke management plan and fire control agency representatives shall continually observe and record smoke impacts as defined herein from prescribed burns and report smoke impacts as defined herein to the Control Officer as soon as possible.
  - b. If during prescribed burn operations including burndown, the direction of planned prescribed burn emissions shifts away from the original smoke management plan projected locations, the portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of public health and safety.
  - c. Agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns in the interest of gathering accurate emissions data in the interest of public health and safety.

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**SECTION E – COMPLIANCE AND RECORDS:** For the purpose of these regulations, the following compliance and record requirements shall apply:

1. Prescribed burning within Washoe County shall comply with the Washoe County Health District, Air Quality Management Division's Smoke Management Program.
2. Prescribed burning is allowed during favorable air dispersion conditions. For the purposes of this regulation, a prescribed burn shall mean the controlled application of fire to natural vegetation under specified conditions. This ordinance supersedes the Prescribed burns shall not be subject to the burn limitations of Section 040.035.
3. A Smoke Management Permit must be obtained for all prescribed burns. Smoke Management Permits may only be issued to federal, state, and local fire control agencies and land managers for lands under their control and jurisdiction. The Control Officer shall review the burn plan ~~and including the Smoke Management Plan~~ set forth conditions of operation to limit the air quality impacts of prescribed burn related emissions.
4. Any application for a Smoke Management Permit must be submitted at least ten (10) calendar days in advance of the burn. The application shall include the agency overseeing the burn, a responsible person to be contacted in relation to the burn, the area to be burned, location and type of mechanical air monitoring devices, a copy of the burn plan and any other information as required by the Control Officer.

**From:** [Doug Flaherty](#)  
**To:** [KepttClean](#); [Inouye, Daniel](#); [Washoe311](#); [Vega, Francisco](#)  
**Subject:** Comments Washoe County Proposed Prescribed Burn Regulations and SMP  
**Date:** Monday, March 2, 2020 3:17:47 PM  
**Attachments:** [Washoe County NV Smoke Complaint Form.pdf](#)  
[Comments Proposed Washoe Cnty Prescribed Burn Regulation and SMT Feb 7 2020 040.037\(1\).pdf](#)

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[**NOTICE:** This message originated outside of Washoe County -- **DO NOT CLICK** on **links** or open **attachments** unless you are sure the content is safe.]

Dear AQMD:

As a resident of Incline Village, NV and outdoor enthusiast in Washoe County and the Lake Tahoe Basin, please find attached:

1. My comments in PDF regarding Washoe County's Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) and Smoke Management Plan both watermark dated February 7, 2020.

and

2. A sample of an EZ Citizen Smoke Pollution Complaint Form

Additionally, as an interested party and full time resident of Incline Village, NV I wish to be placed on any interested party

list you may have concerning Washoe County prescribed burning discussions, meetings or notifications concerning this topic going forward.

Please let me know if you have any questions.

Sincerely

Doug Flaherty

Resident

774 Mays Blvd 10-691

Incline Village, NV 89451

**To: Daniel Inouye, Branch Chief,**

**KeepitClean@Washoe.County.US**

Washoe County Health District, Air Quality Management Division  
1001 East 9<sup>th</sup> Street, B-171  
Reno, NV 89512

Comments Due By Close of Business Today 3/2/2020

**RE:** Comments regarding Washoe County Proposed Revision of Health Regulations Governing Air Quality Management, Section 040.037 Prescribed Burning (Revised from 040.035 Open Fires) and the Draft Washoe County Smoke Management Plan **both watermarked draft and both dated February 7, 2020**

Dear Washoe County AQMD,

Thank you for the revised copy of the Washoe County Health District proposed Prescribed Burn Regulation and Smoke Management Plan draft both watermark dated February 7, 2020.

These comments are being provided by me as a resident of Incline Village, NV and as a recreational enthusiast in and around Washoe County, NV and the Lake Tahoe Basin.

While I understand and appreciate your efforts regarding the complicated issues surrounding Burn Agency Managers created smoke management, unfortunately, the Washoe County Health District proposed Air Quality Regulation and Smoke Management Plan draft as written, is heavily weighted in favor of prioritizing government Burn Agency Managers created pollution and carbon production over the health and safety of our citizens here in Washoe County.

Unfortunately, the Washoe County Health District proposed Prescribed Burn and Smoke Management Plan regulations as written fall short when comes to protecting our health and clean air against unfortunate unhealthy agency created smoke generation as follows:

- Washoe County Health District and public Burn Agency Managers have known for quite some time that wildland fire smoke **in any amount, including smoke from agency created pile burning** contains dangerous levels of **PM1**. You are aware that **PM1** is proven to be even more invasive and dangerous than PM 2.5 and PM10. Yet, the Washoe County Health District refuses to provide adequate **PM1** mechanical government monitors throughout Washoe County including Incline Village, NV. The proposed documents as written are void of any requirements that agencies must educate the public on the heightened health dangers of **PM1** during agency created burning and provide adequate, real time mechanical smoke monitoring especially when burning in or near smoke sensitive areas including residential areas like Incline Village, NV and the Washoe County portions of the Lake Tahoe Basin.

The proposed “paper tiger” Regulation and Smoke Management Plan language purposely avoids discussion regarding any specific requirement that would require burn agencies to provide even the most basic adequate and prudent mechanical air quality monitoring of PM1, PM2.5, PM10 and ozone in or near smoke sensitive areas including residential areas like Incline Village, NV as well during agency created smoke generation affecting Washoe County portions of the Lake Tahoe Basin.

This lack of avoidance on the part of Washoe County Health District to provide a very basic and reasonable requirement that burn agencies provide mechanical smoke monitoring to help adequately monitor, measure and control public health exposure will continue to degrade our air quality, continue to release unnecessary dangerous and massive amounts of unhealthy PM1, PM2.5, PM10 and carcinogenic Carbon Black, all resulting in the purposeful release of 1000's of tons of **harmful carbon** within Washoe County, Washoe Valley and the Washoe County Portion of the Lake Tahoe Basin.

- Washoe County Health District's stated goals within your proposed Smoke Management plan are inadequate and heavily weighted in favor of Burn Agency Managers degradation of public health when burning in or near smoke sensitive areas.

As an example, the Washoe County Air Management District proposed Smoke Management Plan states two goals and two goals only (as follows):

1) **"to allow fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystem's, and**

2) **"to protect public health and welfare by mitigating the impacts of smoke on air quality and visibility"**

These two stated goals are interesting since the burning of slash piles has absolutely nothing to do with "allowing fire to function, as nearly as possible, in its "natural" role in maintaining wildland ecosystems".

A third goal should be added as a first line to the existing stated two goals of the Districts proposed Smoke Management Plan as follows: **"To protect the public from EPA pollution exceedance levels by prioritizing human air quality health over forest health whenever possible"**. Please add this language to your stated goals.

The Washoe County Health District has failed to recognize that the **subjective burning of slash piles, in or near smoke sensitive areas or not, including residential and recreational areas like Incline Village and the Washoe County portions of the Lake Tahoe Basin are not subject to the EPA "Exceptional Event" rule and are easily preventable and controllable.**

Additionally, the subjective burning of slash piles, especially in or near smoke sensitive areas where roadways and access provides for easy alternatives like chipping and removal (especially in residential and business parcels less than 5 acres in size) **do not fall within your first stated Smoke Management Plan goal and is actually contrary to your goal of:..... "Allowing fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystems".....**Subjective Agency Burning of slash piles, especially those within or near smoke sensitive areas including residential areas like Incline Village, NV and the Lake Tahoe Basin, have nothing to do with allowing fire to function "in it's natural role" and does not fit the often utilized theoretical concept of re-introducing a regimen of fire for forest health purposes.

**There is nothing natural about the subjective agency burning of slash piles especially in or near smoke sensitive areas, including recreation areas, scenic byways including neighborhoods like Incline Village, Nv. Once burned, this dangerous process promotes unhealthy extension of smoldering pollution for days and sometimes weeks polluting our communities including Incline**

**Village, NV, and the Lake Tahoe Basin. The agency burning of these slash piles are the number 1 Lake Tahoe Basin source polluter along with agency created and purposely grown managed burns.**

Further, the proposed Regulation and Smoke Management Plan completely avoids any discussion of the repeated and very real long and short term pollution health impacts from unmonitored extended burn down of agency created slash piles inside Washoe County and particularly Incline Village, Nv and Washoe County portions of the Lake Tahoe Basin.

This avoidance and failure on the part of the Washoe County Health District to acknowledge natural Lake Tahoe Basin inversion layering and the adverse effects on public health during and after pile burning burn down seems purposeful and seems to be a further indication of continued bias favoring Burn Agency Managers created slash pile burning pollution in or near sensitive areas over public health.

This type of agency burn down pollution abuse continues regularly in the Lake Tahoe basin without adequate regulation, required mechanical monitoring, data or any real accountability. Please ban agency created slash pile burning in Washoe County in or near Smoke Sensitive areas. If the forest can be chipped and piled safely and effectively by land management agencies, then most assuredly slash can be removed or chipped safely and effectively with fiscal planning, safety planning leadership and the acknowledgement that current slash pile burning is an unacceptable form of pollution and a dangerous choice.

Additionally, as far as forest health is concerned, the NWCG Smoke Management Guide for Prescribed Fires, **which the proposed Smoke Management Plan references**, states that **“the burning of piles and windrows also causes temperature extremes in the soils directly underneath (the burn) and can sterilize soil. If fuels in piles or windrows are wet or mixed with dirt, extended smoldering can result in residual smoke problems.....Note: This is especially true in the Lake Tahoe Basin.**

A Burn Agency Managers decision to burn slash piles after a forest area has been thinned **is simply a subjective pollution and carbon introducing choice pure and simple, not natural, not an exceptional event and easily preventable and controllable with options.** This choice is often made without considering the priority of public health, the damaging effects of releasing tons of particulate carbon over what amounts to be a budgetary consideration to be able to cheaply pollute rather than spending the money and providing necessary alternative to do what is right.

**In order then to accomplish the second stated goal of the Washoe County Health District proposed smoke management plan i.e. “to protect public health and welfare by mitigating the impacts of smoke on air quality and visibility”....please include in your proposed regulations that slash pile burning not be considered prescribed burning “for the purpose of allowing fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystems”.** And that slash pile burning either be banned or not be allowed within two miles of any smoke sensitive area and that “suppression” of out of control slash pile burning takes place in an aggressive and decisive manner and USFS MIST techniques not be considered as “suppression”.

We only need to look at the recent escaped Caples wildfire slash pile burning debacle in El Dorado County to validate the unacceptable results driven by the incompetent and dangerous “must burn”, “just burn”, “just let it burn” mindset of our El Dorado County burn agencies and Air Quality District. This tragic outcome, aided and abetted by weak and weakly enforced El Dorado County Air Pollution regulations continued to reveal a dangerous outcome promoted by theory and regulatory weakness.

The massive pollution from this “out of control” slash burning project heavily affected the Lake Tahoe Basin and Nevada.

Public records indicate that the firebombed burn piles resulted in USFS incompetent non responsibility immunity attitude memos like this one..... “Looks like the burn piles made a run last night”. This line speaks volumes in helping to define an out of control mindset of non-responsibility and accountability on the part of our “Must Burn”, “Just Burn”, and “Just Let It Burn” mindset of many of our burn agencies.

The same mindset by the way, that gave us the tragic Little Valley catastrophe and the recent “Baseball” fire last month on February 25, 2020 that took place on the Covelo Ranger District of the Mendocino National Forest **caused by a recent smoldering “pile burn” on the Baseball prescribed Fire Project.**

The proposed Washoe County Health District regulations as written do not in any way provide for a the prevention of a similar very real potential pile burning incident here in Washoe County.

The Washoe County Health District proposed regulations and Smoke Management Plan do not provide for adequate 24 hour visual specific monitoring, 24 hour mechanical air monitoring, size and scope limitations (i.e. Little Valley deficiencies) or suppression protection resource requirements needed to protect the public from the Burn Agency Managers reckless impunity mindset we are living with today.

To further demonstrate the Washoe County Health District regulatory shaped bias in favor of agency burning over public health, your regulations are however quick to give the burn agencies a pass to allow burn agencies to utilize Minimal Impact Suppression Tactics (MIST) as part of fire “suppression” by allowing natural barriers to be utilized during fire suppression rather than aggressive suppression action. We all know that MIST activities prolong smoldering prolong the fire size and burn time and create extensive additional dangerous regional pollution that would not have otherwise occurred with aggressive fire suppression. Yet, the Health Districts proposed Smoke Management Plan promotes this behavior.

- Additionally and unbelievably, in favor of the burn agencies agenda over public health and safety, the Washoe County Health District proposed regulations and Smoke Management Plan allow the Prescribed Burn Permit time period to run up to 18 months. This is purely unconscionable and diminishes any real control or accountability on the part of burn agencies or regulators over the scope and scale of near term agency burns created burns simply based on changing conditions and environments. The public expects this type of reasonable and responsible planning and accountability.

Please shorten your Prescribed Burn Permit language which now favors Burn Agency Managers “must burn” agendas In favor of public health and safety, to a six month to a one year Prescribed Burn Permit with a 10 day pre burn re-assessment addendum, that each burn agency should complete within 10 days. The 10 day advanced burn re-assessment for any agency created planned burn should contain written limitations regarding specific no go conditions, 24 hr mechanical and visual smoke monitoring, an updated SMP, specific discussions for prevention of escaped fire like slope topography for each burn project including specifics in burn size amounts tonnage, adequate 24 hr fire suppression resource standby as well as potential changing conditions.



During a recent public address to a governing body here in Washoe County a fire official indicated on the record something to effect that “We can’t do anything (during a fire) about slope and wind” conditions. If that is true, considering the potential of agency escaped burns, in the name of common sense public safety, why wouldn’t we simply update the agency burn permit concerning monitoring and escaped fire resource preparedness during any agency created burn. **If Washoe County Health District is going to address and bless fire tactics like MIST to support the burn agency managers “Must Burn” agenda, you may be negligent in your responsibilities not to address preparedness during near term upcoming agency created burns.**

- Language needs to be added and strengthened in the proposed Prescribed Burn Regulation and Smoke Management Plan that agency responsibility to ensure reasonable, timely and adequate advanced notification of potentially smoke impacted residential neighborhoods/areas and other smoke sensitive sites before a prescribed burn is successfully carried out.
- More space and emphasis on prescribed burning alternatives should be included in the proposed Burn Permit Application. Prescribed Burn agencies must provide an in depth record their reason(s) for choosing burning over other alternatives as part of their burn plan, permit application or Smoke Management Plan.
- Prescribed burn agencies shall be specifically required to accurately and mechanically monitor and minimize smoke impact emissions that may potentially impact any smoke sensitive areas. Each land manager will apply the best and latest technology real time smoke management mechanical air monitoring and smoke/emission reduction techniques.
- A minimum of two Washoe County Air Management Division approved mechanical air monitors or portable mechanical air monitors that have the capability to accurately measure PM1, PM10 and PM2.5 emissions in real and transparent time from prescribed burns shall be deployed in downwind proximity of all prescribed burn sites potentially causing smoke impacts to any smoke sensitive areas and shall be present and actively operational from the time of prescribed burn ignition and until burndown is complete.
  - a. Planned locations of the approved mechanical air monitors shall be included in and as part of the approved agency prescribed burn Smoke Management Plan and fire control agency representatives shall continually observe and record smoke impacts and immediately report those smoke impacts to the Washoe County Air Quality Control Officer as soon as possible.
  - b. If during agency prescribed burn operations including burndown, the direction of planned prescribed burn smoke emissions shifts away from the original smoke management plan projected locations, the required portable mechanical smoke monitors will be immediately re-positioned in anticipation of gathering more accurate smoke emission data in the interest of residential neighborhood/area and other smoke sensitive site public health and safety.
  - c. Prescribed burn agencies shall perform good faith efforts to deploy the approved portable mechanical air monitors during prescribed burns potentially affecting smoke sensitive areas in order to gather real time accurate smoke emissions data in the interest of public health and safety.
- Prescribed burn agencies shall make a reasonable and good faith effort to notify the public

within 1 mile of all plan prescribed burns within 24 hr of planned ignition. Simply placing prescribed burn signs on roadways is to be considered as only one aspect of public notification but does not alone satisfy a reasonable and good faith effort to make public notifications.

- And finally the mechanism for the public to easily access and completely described the impact from Burn Agency created smoke and carbon pollution is inadequate and undermines the ability of the public to make accurate smoke pollution complaints. I have attached a sample Citizen EZ Smoke Pollution Complaint for Washoe County. I understand that there are planned mechanism to distribute this form far and wide on Social Media to our fellow citizens to help describe and express the adverse impact of agency generated unhealthful smoke pollution, including those who must commute and travel on foot.

Thank you for considering these prudent and very reasonable additions to your proposed February 7, 2020 draft. Prescribed Burn regulation 040.035 and Smoke Management Plan in the interest of prioritizing public health over Agency Burn Managers “must burn”, “just burn” “just let it burn” agendas.

Doug Flaherty  
Resident  
Incline Village, NV  
TahoeBlue365@gmail.com

**Instructions:**

- Save Complaint form to your computer
- Complete form
- Click on save
- Email completed form to; [KeepItClean@washoecounty.us](mailto:KeepItClean@washoecounty.us)

**SMOKE POLLUTION COMPLAINT  
TO  
WASHOE COUNTY AIR QUALITY MANAGEMENT DISTRICT**  
(775) 784-7200 (24 hrs per day)  
FAX (775) 784-7225  
[KeepItClean@washoecounty.us](mailto:KeepItClean@washoecounty.us)

**Dear Washoe County Air Quality Management Officer:**

**As you know, Burn Agencies are required to comply with the Clean Air Act even during prescribed burn operations.**

Valid smoke pollution complaints are Important to protect our health and our families health from dangerous PM1, PM2.5 and PM10 smoke emissions. **Please help protect our health.**

Please consider this a **formal** smoke emission air pollution complaint in connection with the burning/smoldering that is being conducted, or has recently been conducted **in the vicinity of (check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Washoe Valley          | <input type="checkbox"/> Mt Rose Hwy                   | <input type="checkbox"/> North Valleys   |
| <input type="checkbox"/> Reno                   | <input type="checkbox"/> Sand Harbor                   | <input type="checkbox"/> Other location: |
| <input type="checkbox"/> Northern Washoe County | <input type="checkbox"/> Incline Village / Crystal Bay |  |

**Provide additional location information or comments:**

**The smoke is impacting and/or polluting (check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> My Health / My families health   | <input type="checkbox"/> Residential neighborhoods        | <input type="checkbox"/> Schools                         |
| <input type="checkbox"/> Bus stops  | <input type="checkbox"/> Businesses                       | <input type="checkbox"/> Recreation or recreation events |
| <input type="checkbox"/> Public streets, roadway or highways  | <input type="checkbox"/> Portions of the Lake Tahoe Basin | <input type="checkbox"/> My pets, livestock or wildlife  |
| <input type="checkbox"/> I am having a difficult time breathing.  |   |  |
| <input type="checkbox"/> The smoke is preventing me from going outside or recreating.   |   |  |
| <input type="checkbox"/> I am a COPD, heart lung, Asthma patient or disabled and the smoke is making it difficult or painful to breath.   |   |  |
| <input type="checkbox"/> The smoke has gotten into my house even though my windows are closed.  |   |  |
| <input type="checkbox"/> I do not have a car. I must walk or bicycle wherever I go. The smoke is making it hard for me to breathe, travel to my job, walk my kids to school, go to the store, or perform other daily tasks. |   |  |

I have attached a photograph(s)

I am unable to attach a photograph

_____	_____	_____	_____
Name	Date (MM/DD/YYYY)	Phone	Email Address
_____		_____	
Street address or PO Box		City/Zip Code	

**Please ensure that an Air Quality Notice of Violation is issued to the burn agency or persons responsible for this pollution/smoke emission event if they are found to be creating unhealthful smoke impacts to persons. Please keep me informed of the outcome of my formal smoke/pollution complaint. Please do not try to dissuade me that this is just a temporary prescribed burn and it's just something we need to live with. The human lung is not smoke adapted. We have a right to Clean Air.**

5. All prescribed burns must follow the following Smoke Management Permit conditions:
  - a. Permits will not be valid during an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Section 050.001.C.1, Emergency Episode Plan). At the determination of such an episode, the Control Officer shall notify each Permittee.
  - b. The land manager must notify the Control Officer on the calendar day preceding the burn before the prescribed burn can be ignited.
  - c. To more accurately monitor and minimize potential smoke impacts ~~minimize smoke impacts~~ and emissions, each land manager will apply the best and latest technology smoke management mechanical emission monitoring and emission reduction techniques.
  - d. The approved permit, or copy thereof, shall be kept at the prescribed fire site and made available to the public and upon request of the Control Officer or their representative.
  - e. All prescribed burn operations shall be subject to inspection by the Control Officer.
  - f. The permit is for compliance with Washoe County air pollution control requirements only and is not a permit to violate any existing state laws, rules, regulations, or ordinances regarding fire, zoning, or building.
  - g. If at any time the Control Officer determines that any condition of the permit is not being complied with, the permit may be revoked for the specific project where non-compliance is occurring. At such time, all burning activities at the site of non-compliance shall be terminated. In addition to revocation of the permit, the Control Officer may take any other enforcement action authorized under state statutes, rules and regulations.

Comments on: 040.037 PRESCRIBED BURNING (2/7/20 draft)

By: Anna Higgins, Resource Management Officer, Nevada Division of Forestry

Section C 2. What about soil, other debris, and/or organic matter that may be pushed into burn piles during logging operations?

Section D.1 – what does ‘consider’ cover?

Section E.2 – Definition of ‘favorable air dispersion conditions’?

Section E.2 – If the ‘Control Officer’ is adding ‘conditions’ to the burn plan is that then altering the burn plan? A burn plan is a legal document that sets the parameters for burning conditions as approved by the burn plan preparer, the agency administrator, and the technical reviewer. The ‘Control Officer’ is not a signature of an approved burn plan. Also, who is the ‘Control Officer’?

Section E.3 – Is there a time limit for the ‘Control Officer’ to request information related to the burn plan application?

Section E.4 – 2 weeks seems like a lengthy time to get a burn permit approved as NDEP sometimes approves a permit within 1 day & burn conditions may change drastically in 2 weeks.

Section E.5.a – ‘Permits will not be valid during an air pollution alert, warning, or emergency.’ What is the geographic range/area for the air pollution alert, warning, or emergency? When Reno has degraded air quality due to an inversion that should not affect prescribed burn operations in Lake Tahoe or northern Washoe County, especially if the areas outside of Reno have good dispersion conditions.

Section E.5.e – ‘All prescribed burn operations **shall** be subject to inspection by the Control Officer’ – Can a weekend burn occur if the ‘Control Officer’ is not available to inspect the operations? The ‘Control Officer’ may need to be escorted by a qualified firefighter during operations and this should be scheduled in advance of the prescribed burn.

# Proposed Revisions to District Board of Health Regulations Governing Air Quality Management Section 040.037 Prescribed Burning

January 15, 2020

Daniel Inouye  
Monitoring and Planning Branch Chief  
&  
Julie Hunter  
Senior Air Quality Specialist

# 040.037 Prescribed Burning

- Revised from 040.035 Open Fire Regulation (Section E)
  - Prescribed burning is allowed in forested areas during favorable air dispersion conditions
  - A prescribed burn permit shall be required for all prescribed burns
  - Permits may be issued to local fire control authorities or managers of the Forest Service, BLM, and NDF for lands under their control and jurisdiction
  - The smoke management portion of the burn prescription shall be reviewed and conditions set to limit air quality impacts
  - Applications for a prescribed burn permit and burn plan must be submitted at least 10 days prior to the burn

# 040.037 Prescribed Burning

- Agencies shall consider reasonable alternatives
- Regulations applicable to the following agencies
  - Divisions of federal, state and local fire control agencies
  - Divisions of local municipalities
  - Canal and irrigation companies
- Prescribed burning shall comply with the Division's Smoke Management Program
- A “smoke management” permit must be obtained for all prescribed burns
- Prescribed burns must follow the Smoke Management Permit Conditions



# Revision Summary

- Separated from Open Fires (040.035)
- Applies to federal, state, local fire control agencies, local municipalities, and canal and irrigation companies
- Compliance with Smoke Management Program
- Obtain a “Smoke Management” permit (previously called “prescribed burning”)
- Follow Smoke Management Permit conditions

# What's next?

- Public comments – Business Impact Statement
- Business Impact Statement
  - District Board of Health February 27, 2020
- Adoption of revised regulation
  - District Board of Health March 26, 2020

# Discussion and Questions

Contact Information:

Daniel Inouye

Monitoring and Planning Branch Chief

1001 E. 9<sup>th</sup> Street, B171

[dinouye@washoecounty.us](mailto:dinouye@washoecounty.us)

(775) 784-7214

Revised Regulation: [OurCleanAir.com](http://OurCleanAir.com)



# Sign-In Sheet

Air Quality Management Division  
**040.037 Prescribed Burning Regulation Revision Workshop**  
 January 15, 2020 12:30 to 2:30 · Health District, South Auditorium

Name	Organization	E-mail
Tony MACHABEK	HOME OWNER (SIERRA MANOR)	TMACHS30@GMAIL.COM
DANIEL INOYE	WCHD - AQMD	dinoye@washoecounty.us
Brendan Schneider	WCHD - AQMD	bschneider@washoecounty.us
Jolic Hunter	WCHD - AQMD	jdhunter@washoecounty.us

# Proposed Revisions to District Board of Health Regulations Governing Air Quality Management Section 040.037 Prescribed Burning

February 19, 2020

Daniel Inouye  
Monitoring and Planning Branch Chief  
&  
Julie Hunter  
Senior Air Quality Specialist

# 040.037 Prescribed Burning

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  - Prescribed burning is allowed in forested areas during favorable air dispersion conditions
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- Business Impact Statement
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- Adoption of revised regulation
  - District Board of Health April 23, 2020

# Discussion and Questions

Contact Information:

Daniel Inouye

Monitoring and Planning Branch Chief

1001 E. 9<sup>th</sup> Street, B171

[dinouye@washoecounty.us](mailto:dinouye@washoecounty.us)

(775) 784-7214

Revised Regulation: [OurCleanAir.com](http://OurCleanAir.com)



# Sign-In Sheet

Air Quality Management Division  
**040.037 Prescribed Burning Regulation Revision Workshop**  
 February 19, 2020 10:00 to 12:30 · Health District, South Auditorium

Name	Organization	E-mail
Anna Belle Monti	USFS	annabelle.monti@usda.gov
Steve Howell	USFS	Steven.Howell@usda.gov
Francisco Veiga	WCAQMD	fveiga@washoecounty.us
Daniel Nowye	WCAQMD	dnowye@washoecounty.us
Julie Hunter	WCAQMD	jdhunter@washoecounty.us



# Sign-In Sheet

Air Quality Management Division  
**040.037 Prescribed Burning Regulation Revision Workshop**  
 February 19, 2020 3:00 to 5:00 · Health District, South Auditorium

Name	Organization	E-mail
Isaac Poinning	NLTFRD	ipoinning@nltfrd.net
Brendan Schnieder	WCAQMD	bschnieder@washoe-county.us
Julie Hunter	WCAQMD	jdhunter@washoe-county.us
DANIEL MOURGE	WCAQMD	dmourge@washoe-county.us

**STAFF REPORT**  
**Board Meeting Date: May 28, 2020**

**DATE:** May 26, 2020  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** Review and update on COVID-19 Emergency Response Activities.

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Washoe County has been responding to the COVID-19 pandemic since January 2020. Throughout the response the performance of Health District staff has been exceptional. They have moved from conceptual plans for pandemic response to innovating, creating, and implementing response efforts on the fly for this first in our lifetimes event to reduce the spread of disease, while hoping for the best and planning and preparing for worst case scenarios.

The Washoe County Health District (“WCHD”) activated the Department Emergency Operations Plan (“DEOP”) Incident Command Structure at Level I on January 27, 2020. The Health District was engaged in tracking developments of the epidemic occurring in China and the spread of outbreaks to Europe and other countries. Staff were engaged with conducting interviews with individuals returning from China and instructing them on their isolation or quarantine and monitoring upon arrival in Washoe County.

On March 5, the situation changed dramatically with our first Washoe County resident testing positive. This person had traveled on the Grand Princess Cruise ship that had disembarked passengers in San Francisco prior to continuing to Hawaii. Family members of the first case included children that attended Huffaker Elementary School, and there was an outbreak of influenza like illness (ILI) occurring in a classroom attended by one of the children. The school was closed immediately and the Health District mobilized a drive-through testing protocol overnight to be able to test the children in the classroom that had the ILI outbreak occurring on March 6. Fortunately, none of the children tested positive for COVID-19. Heightened outreach and communication through the media occurred immediately to inform the community of COVID-19, mitigation measures to reduce transmission, and symptoms to monitor in order to be tested. On March 6, the DEOP activation was increased to Level II, the Regional Emergency Operation Center was activated at Level I and the pace of the response has been unrelenting since that date.

On March 15, the WCHD mobilized a team to meet the cruise ship passengers who flew from Marine Corps Air Station Miramar to Reno-Tahoe International Airport to safely transport them to their residences. All residents who returned were screened upon arrival and showed no symptoms of COVID-19. WCHD staff, who performed the screenings, drove the vehicles and wore personal protective equipment. Precautions were taken to ensure that the returning residents had no contact with any public spaces and those efforts were successful.



Date: May 28, 2020

Subject: COVID-19 Emergency Response Activities Update

Page: 2 of 3

By March 20, Washoe County had 21 cases of COVID-19 and the Health District was working to quarantine and monitor travelers from China, Japan, South Korea, Italy and Iran while conducting case investigations for isolation of positive cases and notification, quarantine, and monitoring of case contacts. On March 20 the Health District, Reno, Sparks and Washoe County signed an Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 which established a unified command structure and delegation of authority under Incident Commander Sam Hicks. Within this structure the Health District response occurred under the Operations Section primarily through the Health Branch and the Health District direction of the Homeless Services Branch until that Branch was consolidated with the Housing Branch in May. The Health District Communication Manager has played a key role in supporting the Joint Information Center (JIC)/Regional Information Center throughout the Response.

The attached reports provide additional information on the Health Branch, Homeless Services Branch, and Regional information Center activities through April of 2020. During May the WCHD has continued to operate the Call Center, POST testing, results notification and contact tracing efforts with support from the Nevada National Guard. An Accela platform for COVID-19 has been developed and implemented to support the call center risk assessment and scheduling activities and the testing results notification. Areas have been built out in the County Complex to house call center and contract tracing personnel.

Testing kits were distributed to first responders and long-term care facilities and testing was conducted of the population at the shelter. Unfortunately, use of test collection kits acquired by the Incident Management Team ("IMT") from a commercial lab and being used for these purposes has been suspended due to poor performance of the lab, and delays with receipt of test results that far exceed the contractually required 72-hour turnaround.

Due to the significant progress that had been achieved in the regional response the size of the IMT was reduced in early May and the unified command was transferred from Sam Hicks to Aaron Kenneston to serve as the Incident Commander.

The Nevada State Public Health Lab has worked throughout to ensure testing for the WCHD as well as to expand testing capacity. The Health District's priorities for testing has been symptomatic individuals and high risk and vulnerable populations such as those in long term care facilities, other congregant settings, first responders and healthcare workers. At the request of the State to provide community-based testing events for asymptomatic individuals in the general population the POST will be open for this testing to people making appointments for the week of June 1.

A Seroprevalence study has been designed and initiated with UNR epidemiology researchers and Health District staff to determine the percentage of the Washoe County population that has been exposed to and developed antibodies for COVID-19 to date. The study should be completed in June. Nearly 1,200 letters were sent to randomly selected households in Washoe County inviting them to participate in the study. They will provide a representative sample for the County.

The Health District is now working on long-term plans for the COVID-19 response. Federal funding is available to the Health District through the CARES and PPP Acts to support continued testing and contract tracing activities. The Health District is developing work plans and budgets to apply for the approximately \$10 million to be used for staffing and operations of the call center, scheduling, testing, results reporting, and contract tracing

Date: May 28, 2020

Subject: COVID-19 Emergency Response Activities Update

Page: 3 of 3

activities. Currently the National Guard is scheduled to step-down on June 24. Existing Health District staff that has been redeployed to support these functions will need to return to their normal duties in order to provide the Health District's traditional public health services as the economy re-opens.

# WASHOE COUNTY HEALTH DISTRICT

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ENHANCING QUALITY OF LIFE

## Health Branch COVID-19 Status Report

May 1, 2020



**Public Health**  
Prevent. Promote. Protect.



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



## **VISION**

*A healthy community*

## **MISSION**

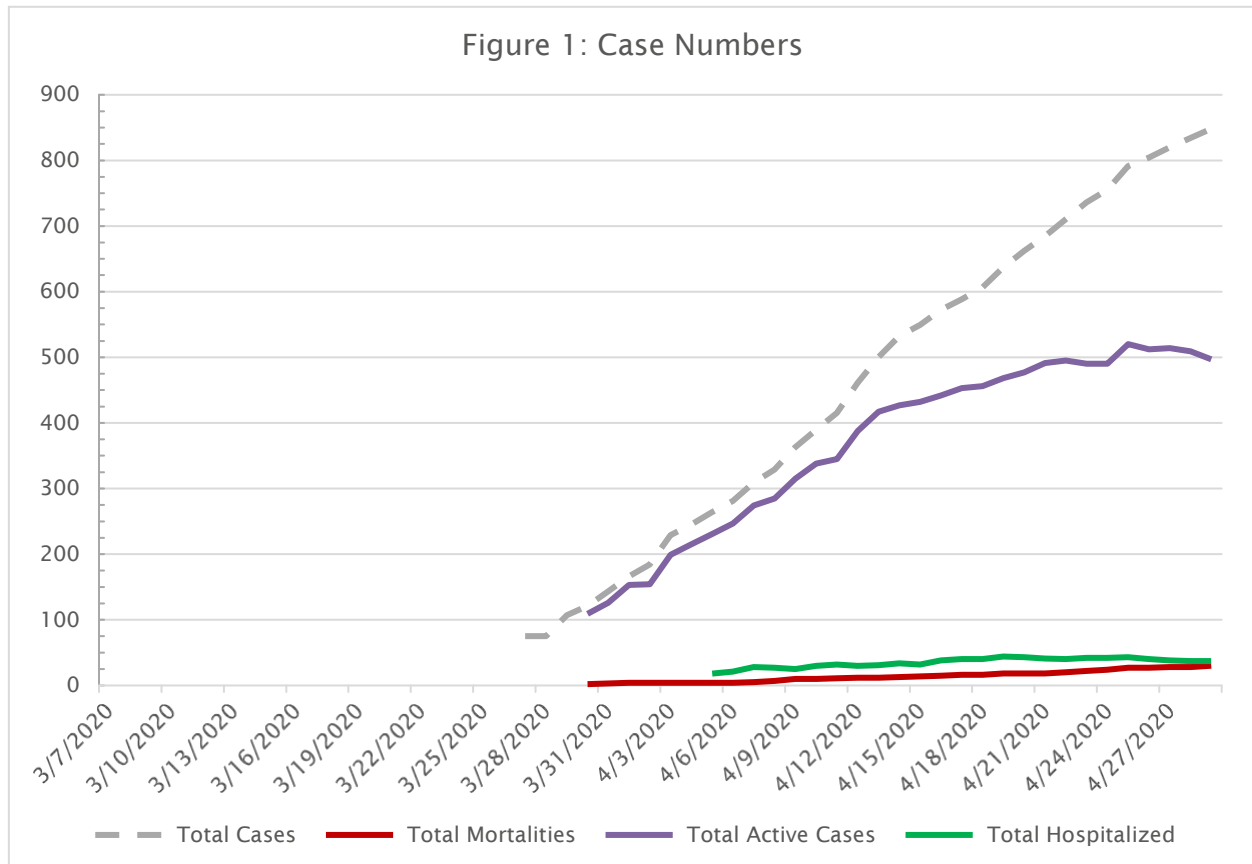
**To protect and enhance the well-being and quality of life  
for all in Washoe County.**

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## Introduction

On January 27, 2020, the Health District activated the COVID-19 Department Emergency Operations Division (DEOD) and initiated an Incident Command Structure (ICS) in anticipation of the COVID-19 pandemic. The first presumptive positive COVID-19 case in Washoe County was discovered on March 5. A Point of Screening and Testing (POST) site became operational on March 6 at the Washoe County Tuberculosis Clinic. Figure 1 illustrates the rapid growth in COVID-19 cases in less than two months. All ICS operations have also ramped up to address the increased workload.



\*Data compiled from Incident Status Summary ICS 209 Forms after Incident Management Team (IMT) fully mobilized

The Health District continues to be heavily involved with this resource intensive incident. Every Health District employee and Division has stepped up to be an important part of the ICS. Following is a timeline and summary of the critical ICS Sections/Units during the first four month of this incident.

## Timeline of Events During the COVID-19 Incident

Following are important dates influencing the Health District's involvement with the COVID-19 incident.

### January 2020:

- 19 First media inquiry
- 21 Epidemiology (EPI) began monitoring and tracking with Centers for Disease Control
- 27 Health District activation of the COVID-19 Department Emergency Operations Division (DEOD) and initiated Incident Command Structure
- 30 Public Information about COVID-19 was published on [www.washoecounty.us/health](http://www.washoecounty.us/health)

### February 2020:

- 20 Health District launched COVID-19 webpage, [www.washoecounty.us/covid19](http://www.washoecounty.us/covid19)
- 26 First COVID-19 sample collected by Washoe County Health District
- 28 Activation of Level 1+ and Incident Command System at the Regional Level
- 28 Joint Information Center (JIC) Activated
- 28 COVID-19 Activation Objectives issued
- 28 First Health District press release

### March 2020:

- 2 First operational period
- 4 Call Center established (5 staff)
- 5 First presumptive positive case
- 5 CDC permitted jurisdictions to assign own PUI numbers and begin testing through public health laboratories
- 6 First day of Washoe County Health District's drive-through testing operation at the TB Clinic
- 6 First Incident Action Plan (IAP)
- 13 Level 2+ Activation of the Regional Emergency Operations Center
- 15 Health District staff assisted with Northern Nevada passengers of the Grand Princess cruise ship returning to the Reno-Tahoe International Airport
- 15 First day with multiple positive cases reported
- 16 Full Level 3 Activation of the Regional Operations Center
- 20 First recovered case
- 20 First press release as a regional response team
- 20 Washoe County went into Unified Command and integrated in an Incident Command Team
- 24 Renamed regional response team to Regional Information Center
- 26 Launched the regional information website, [www.COVID19Washoe.com](http://www.COVID19Washoe.com). The first day had 2,500 unique users. By March 30, 7,800 users per day were visiting this site. Since then, the site has averaged 4,800 users per day.
- 29 First COVID-19 related death in Washoe County

- 29 Homeless Branch stood up
- 31 Washoe County declares a state of emergency

April 2020:

- 1 POST expanded and relocated to the Reno Livestock Events Center
- 8 REMSA takes all in-coming calls to Call Center
- 11 All Risk Assessments completed online through Survey Monkey
- 20 National Guard joins Health Branch ICS
- 24 47 Health District Staff assisting with disease investigation and contact tracing

### Epidemiology (EPI)

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The Washoe County Health District Epidemiology Program (EPI) began monitoring and tracking the Novel Coronavirus with the Centers for Disease Control (CDC) five days per week beginning January 21, 2020. At that time, the EPI team consisted of three people. EPI staff monitored and tracked hundreds of travelers returning from China, then expanded to other countries and national outbreaks and clusters associated with conferences, as well as cruise ships and domestic flights. The group also fielded up to 200 calls per day from the public, healthcare providers, schools, etc, and worked to provide a weekly EPI call for the community's healthcare section/IPs/First Responders to identify issues and facilitate communication in the community.

Call volume increased and beginning February 10, EPI began to utilize staff from the Health District's Public Health Preparedness program. The extra staff was needed for fielding and triaging calls, conducting Risk Assessments (RA's), and determining if persons who were exhibiting sign of illness met the CDC criteria for testing. During this phase, EPI called the State Department of Health and Human Services to put in a request to CDC to discuss 15 different cases to request permissions to test, only two of these 15 were approved and both were found to be negative. On March 5, CDC permitted jurisdictions, such as the Health District, to assign their own Person Under Investigation (PUI) numbers and begin testing through public health laboratories. The Nevada Public Health State Laboratory had cleared the CDC validation process and was an eligible lab.

A Call Center was established and went live on March 4 to assist with conducting RA's. Scheduling of patients for testing was based on the RA's with final review and approval of the scheduled appointment and assignment of a PUI number by an epidemiologist. The RA consisted of interviewing the individual to determine if symptoms and recent travel history placed the individual in a Low, Medium, or High Risk category. Individuals in the High Risk category were given priority for testing at the Washoe County Tuberculosis (TB) Clinic at 2<sup>nd</sup> Street and Kirman Avenue in Reno. The first presumptive positive COVID-19 case was tested on March 5.

On March 6, the first drive through Point of Screening and Testing (POST) began operations at the TB Clinic. The first patients tested were 11 Huffaker Elementary School students and family members of the first presumptive positive case. They were all tested within an 8-hour window. By March 9, this POST was able to accommodate 75 tests per day with samples being delivered to the Nevada State Health Laboratory three times per day.

By March 15, the Health District was reporting multiple cases every day. The EPI Team was conducting all disease investigation and data entry on positive and negative tests. During this time the Call Center was receiving up to 300 call per day varying from sick persons to doctors, providers all over the region, hospitals, and telemedicine providers.

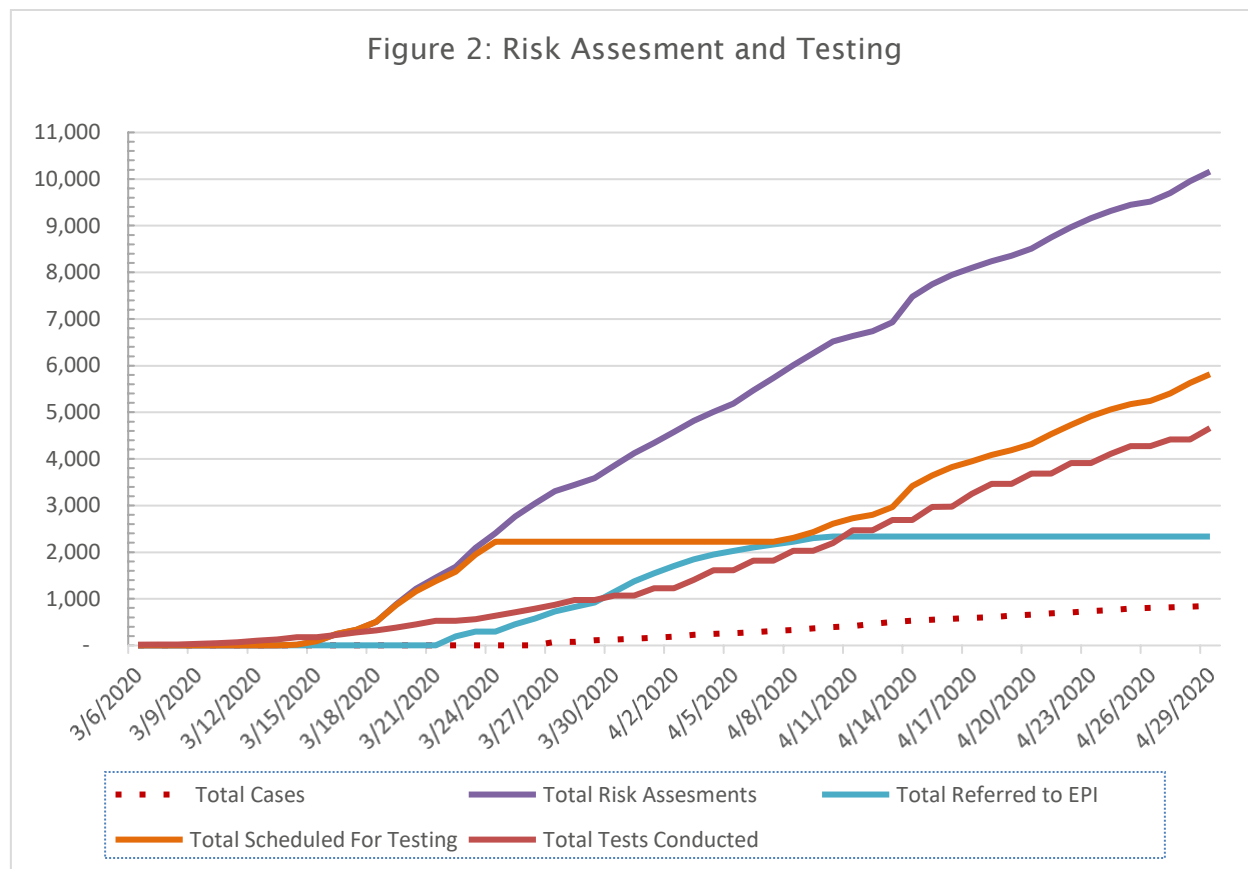
Practices and high-risk criteria were changing daily and messaging had to be changed

accordingly. Testing kits, supplies, and PPE were still limited. RA's were triaged based on risk, which included being a frontline healthcare provider or first responder, over the age of 65, or those with underlying conditions. The Call Center transitioned from filling out paper RA's to an online system that increased the accuracy and efficiency of the RA process.

On March 20, REMSA was integrated into the Health District and began taking overflow incoming calls for RA's. In early April, REMSA took over all initial in-coming calls to the Call Center.

On April 1, POST was expanded and relocated to the Reno Livestock Events Center. The POST expansion allowed for the ability to test 300 individuals per day. Due to increased testing and positive cases, there became a critical need to increase EPI staff for disease investigation and contact tracing. On April 9, several Health District staff were trained for notification of positive cases, disease investigation, and contact tracing. On April 20, 36 members of the National Guard were incorporated into the Health Branch ICS to assist in all operations including contact tracing.

Today, the EPI Team has grown to 47 staff to assist with disease investigation, contact tracing, and data management. The new EPI Team members are in various stages of onboarding and training.





## Call Center

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The Health District Call Center was established to provide the community with COVID-19 information, screening for symptoms, scheduling tests, and follow-up calls of test results. It went live on March 4<sup>th</sup> with five telephone lines and housed in the EPHP area in Building B. In late March the Call Center began to relocate to the vacated office space of the Truckee Meadows Fire Protection District. The relocation of the Call Center allowed for the expansion to 20 staff to field calls with the proper space to allow for social distancing. The Call Center is staffed seven day per week (8:00 am to 5:00 pm Monday through Friday, and 9:00 am to 5:00 pm on Saturdays and Sundays). As demand for this service increased, the Call Center responded by:

- Partnering with REMSA. REMSA initially began taking overflow calls. REMSA now receives all initial incoming calls.
- Using Survey Monkey to automate risk assessments.
- Relocating the Outgoing Call staff to Building D to improve social distancing.
- Expanding the Call Center staff bench by including volunteers from other County departments and the National Guard.
- Automating processes to provide patients with a negative results email that can be provided to an employer.

Below is a weekly summary of Call Center activity since going live in March.

Week of:	Risk Assessments	High Risk or Scheduled for Testing
March 2*	---	---
March 9*	89	89
March 16	1,597	1,487
March 23	1,905	1,272
March 30	1,601	1,069
April 6	1,547	884
April 13	1,624	1,380
April 20	1,159	1,060
April 27-30	862	768
Total	11,025	8,680

\*Data not available for March 4-13.

Moving forward, the Call Center is researching ways to further improve efficiency of the screening, test scheduling, and test results processes using Accela.

## Deployment

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A critical function taken on by the Health District in responding to the COVID-19 response has been the acquiring and deployment of medical supplies and other resources to areas of need. This task has been overseen by the Deployment Branch under the Health District Field Operation Section. Deployment Branch staff has been able to secure multiple shipments of personal protective equipment (PPE) from the Strategic National Stockpile (SNS) as well as various other sources. The PPE has been distributed by Deployment staff to community partners including Renown Regional Medical Center (RRMC), Saint Mary's Medical Center (SMMC), Northern Nevada Medical Center (NNMC), the VA Hospital, the Community Health Alliance (CHA), and various other organizations. Below is a summary of what has been deployed, to date, to the community partners listed above in addition to acute care hospitals WCHD POST, Skilled Nursing, Long Term Care, EMS and Tribal partners.

From the Strategic National Stockpile (SNS):

- Faceshields: 91 cases (8,736 masks)
- Gloves (various sizes): 472 boxes
- Isolation gowns (various sizes): 279 cases (7,146 gowns)
- Coveralls (various sizes): 154 pieces
- N-95 masks (various brands): 533 cases (120 to 240 masks per case)
- Surgical masks: 106 cases (53,000 masks)
- Ventilators: 35

The Health District received a donation from Harbor Freight that included the following (delivered to Acute Care hospitals):

- Gloves (various sizes): 83 boxes
- Faceshields: 2 cases
- N-95 masks: 1 case

The Health District received a donation from the Truckee Meadows Community College:

- Gloves (various sizes): 320 pieces

Deployment staff also received a shipment of thirty-five (35) - LTV Series Mechanical Ventilators from the SNS. Fifteen of these ventilators were delivered to the NNMC and the remaining 20 were delivered to SMMC. Once these ventilators are no longer required, Deployment staff will also be responsible for retrieving the ventilators and returning them to the SNS. Additionally, four Abbott ID NOW instruments were received and distributed to SMMC, RRMC, NNMC, and CHA. The Abbott ID NOW instruments allow these facilities to conduct rapid molecular tests that target COVID-19. In addition to the

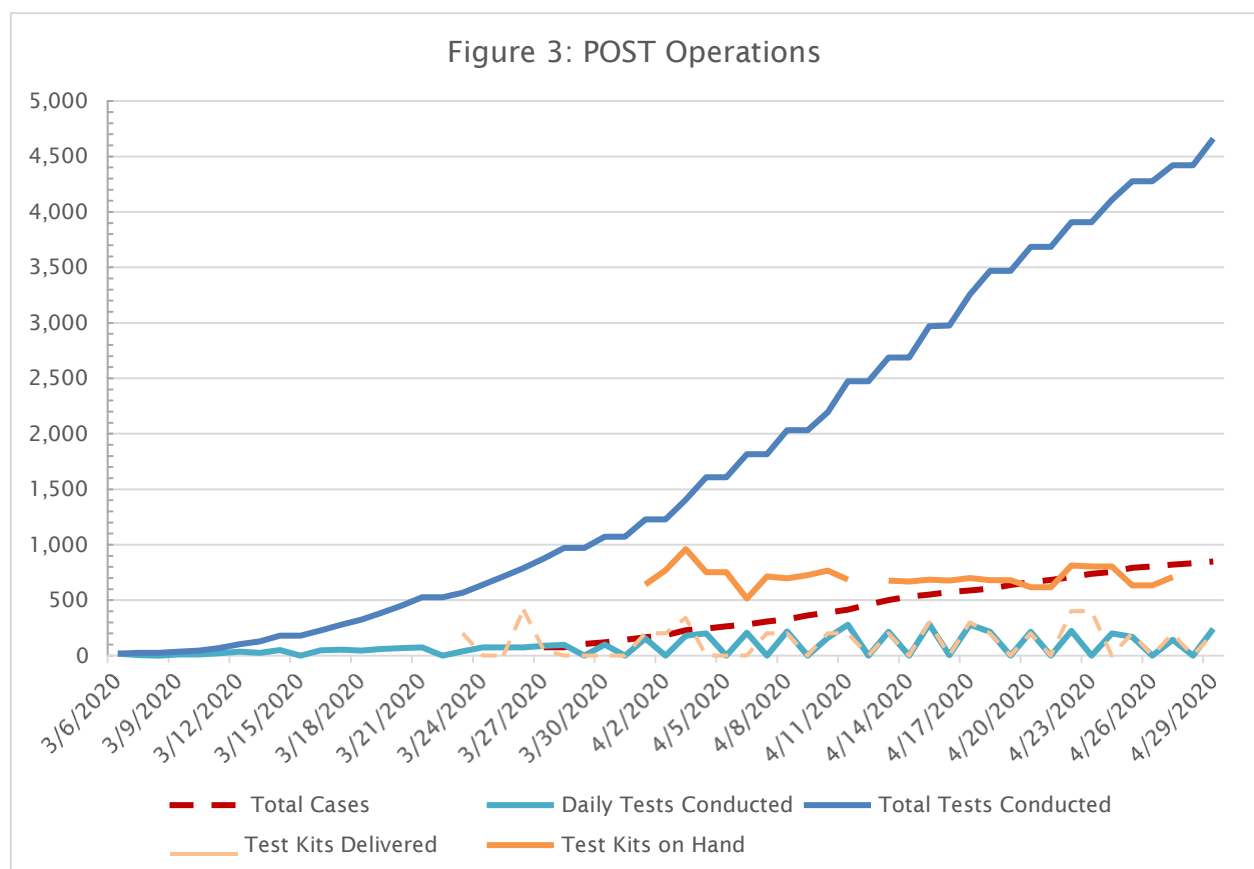
deployment of these critical resources to community partners, Deployment staff also maintains an inventory of the Health District's supply of PPE and makes distributions to support regular daily Health District and POST operations.

Finally, with the assistance of REMSA, the Health District deployed Disaster Medical Facility (DMF) tents to Renown and NNMC.

## Point of Screening and Testing (POST)

Point of Screen and Testing (POST) has been a critical part of the Health District's response to COVID-19 by identifying those who are positive for the virus. The first POST was set up on March 6 as a limited capacity drive through service at the Washoe County TB Clinic. Testing capacity increased on March 9 to 75 tests per day. Throughout March, POST operated on a Monday through Saturday schedule.

On April 1, POST relocated and expanded to the Reno Livestock Events Center. The testing schedule was also modified to Monday, Wednesday, Friday, and Saturday. Testing capacity increased to 300 tests per day. The four days per week schedule also provided important downtime to disinfect and restock supplies. Beginning April 16, test kits were supplied to REMSA for conducting limited homebound testing.



Moving forward, POST is expecting to expand and increase testing capacity by May 4. April 3 marked the highest number of test kits the Health District had in stock. Since then, the number of test kits on hand has remained between 600 and 700, which is only a 2-3 testing day supply. New test kit deliveries roughly track the number of tests conducted as seen in the figure above. Any disruption in this supply chain can shut down, or greatly reduce testing at POST.

## Volunteer Coordination

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The COVID-19 pandemic has presented an enormous challenge for incident response efforts throughout the country and that is especially true here in Washoe County. The Volunteer Coordination Unit, consisting of approximately two Health District staff, are tasked with identifying possible sources of volunteers and then once identified they are required to vet the volunteers, provide any necessary training and asses where they may be best utilized. The table below provides a summary of the different groups that volunteered and the number of hours they have worked in total and per week, to date.

Organization	Total Number of Active Volunteers	Approximate Volunteer Hours Total*	Approximate Volunteer Hours Per Week
Medical Reserve Corps (MRC)	11	960	120
Washoe County School District Registered Nurses	10	360	90
University of Nevada, Reno Medical School Students	68	873	52
Team Rubicon	13	900	150
CERT	23	960	120
TMCC EMS Students	5	240	60
Washoe County Non-essential Employees	33	5,082	847
<b>Totals</b>	<b>163</b>	<b>9,375</b>	<b>1,466</b>

\* Since activation on March 3, 2020.

Below is additional information on the different groups and how they assisted in the COVID-19 response

Medical Reserve Corps (MRC's) are for the most part, medically trained personnel. The Washoe County Health District MRC's were called to activation on March 3, 2020. The primary focus for the WCHD was bringing in Registered Nurses to assist with COVID-19 testing. Eleven RN's from the MRC pool have staffed the testing clinic since its inception at the TB Clinic on Kirman through its transfer to the POST at the Reno Livestock Events Center. Since early March, the Volunteer Coordination Unit has worked diligently to vet hundreds of individuals through the State of Nevada's ServNV online system. Currently, there are 135 individuals who are considered vetted MRC volunteers ready to be called into action for surging in testing, contact tracing, etc.

Washoe County School District RN's volunteered their time to work at the POST to perform COVID-19 testing.

University of Nevada, Reno Medical School students were a large presence throughout the WCHD and staffed many positions including COVID-19 testing clinic, Call Center, and screeners (of employees for symptoms of illness at the employee entrances).

Team Rubicon volunteers are military veterans who respond in the wake of disasters. Their team from Northern Nevada volunteered to assist with POST operations through a variety of positions. This is the longest deployment they have ever completed at one time, normally the deployments are one to two weeks.

Washoe County Community Emergency Response Team (CERT) volunteers stepped up early in the COVID-19 response efforts providing staffing for traffic control at the testing clinic since its inception at the TB Clinic on Kirman through its transfer to the POST at the Reno Livestock Events Center.

TMCC students enrolled in the EMS Certification Program volunteered to monitor vitals for the POST personnel outfitted in PAPR PPE.

Washoe County Employees who were not designated as essential employees and placed on administrative leave, volunteered to work in various positions throughout the Call Center. The employees came from a variety of departments including Libraries, County Manager's Office, Human Services Administration, Community Services Department, and Alternative Sentencing.

As described above, the Volunteer Coordination Unit was tasked with providing testing, training and assist in other areas of the response. Below is a description of the other duties completed by the Volunteer Coordination Unit.

- **Fit Testing** - Throughout the COVID-19 response the Volunteer Unit has coordinated Fit Testing of N-95 respirators for approximately 147 Washoe County Health District employees and volunteers.
- **Training** - Three in-person trainings with approximately 32 total in attendance, were conducted in early March for volunteers to orient them to general COVID-19 information and provide an overview of Call Center and POST operations. Just-in-time training was conducted as volunteers started new positions.
- **Public Information** - An MRC Spring 2020 COVID-19 Newsletter was distributed to all WCHD MRC's. Media covered the UNR Med School Student Volunteer efforts.
- **Alternate Care Facility** - Vetted and processed approximately 72 MRCs (including physicians, RNs, respiratory therapists, etc.) for the Alternate Care Facility (at the Reno-Sparks Convention Center) coordinating with the ACF to communicate with the volunteers regarding possible activation.

## Summary

The Health District is committed to minimizing the local impacts of the COVID-19 pandemic. This will require reprioritizing each Division's goals and staff assignments. Reopening Washoe County and Nevada will also require a long-term plan for continued risk assessments, contact tracing, and testing.



Please contact Kevin Dick for  
questions or comments at  
[kdick@washoecounty.us](mailto:kdick@washoecounty.us)



## Accomplishments and Activities of the Homeless Branch

The Homeless Branch within the COVID-19 emergency response was established on March 18, 2020 as part of the Incident Management Team. The branch was led by Washoe County Health District personnel but includes accomplishments attributed to many individuals and entities across the region. The WCHD role has been to facilitate and coordinate activities. Accomplishments and activities include:

### **Provide guidance to homeless services providers based on CDC recommendations.**

Health District Environmental Health staff have provided and updated guidance to community providers. Our epidemiologists continue to interpret CDC guidance specific to addressing individuals experiencing homelessness.

### **Establish a working group of government/nonprofit professionals to coordinate response.**

The Unsheltered Task Force includes representation from Washoe County Health District, Washoe County, City of Reno, City of Sparks, Volunteers of America, Catholic Charities, Reno-Sparks Gospel Mission, Community Health Alliance, Foundation for Recovery, Reno Initiative for Shelter and Equity and the Downtown Partnership.

### **Reduce risk among the population housed in congregate shelter.**

City of Reno, Volunteers of America and the RSCVA opened Reno Events Center for socially distanced sleeping quarters for 375 individuals on March 20. Community Health Alliance and VOA initiated screening and quarantine for symptomatic individuals and a safety plan for staff. Additional sanitation practices were also implemented.

### **Separate and house symptomatic and positive individuals to decrease spread.**

Washoe County Human Services Agency secured supported housing through a contract with WellCare and developed a process for appropriate placement until an individual can be safely cleared for discharge. The Incident Management team secured 300 individual units known as the Edison trailers for additional capacity.

### **Provide support to unsheltered individuals.**

Local governments working together through the Regional Emergency Operations Center placed portable restrooms with hand sanitizer, provided for the distribution of drinking water and increased the shower capacity to accomplish greater social distancing. Foundation for Recovery and Downtown Reno Ambassadors distributed information about COVID-19 and services as well as water, food and other supplies throughout the community.

### **Adapt to maintain essential services.**

Catholic Charities of Northern Nevada, Reno-Sparks Gospel Mission and Reno Initiative for Shelter and Equity modified food service from sit down dining to meals to go to reduce congregating. Several partners worked together to accomplish social distancing within lines for services.

### **Solve logistical issues specific to individuals experiencing homelessness.**

The IMT and REMSA worked together to provide for non-emergency transport for individuals from shelters, hospitals and the community to placement in isolated housing. The Health District branch continues to work through issues unique to testing the shelter population and individuals living in encampments in the community.

### **Provide updates to the public and governing bodies**

The homeless branch participated in a press conference to update the community on April 1 and presented to the Community Housing Advisory Board on May 4.

**COVID-19 WASHOE JOINT INFORMATION CENTER**  
**Summary of operations and activities**  
**March through May, 2020**

The Joint information Center (JIC) is a group of communications professionals that form a regionalized unit to gather and disseminate information in a clear and streamlined manner. The public and entities benefit from a JIC because the message is vetted through proper channels and is delivered jointly and directly to the community. This eliminates repetitive and disjointed messages. The JIC supported the Incident Management Team (IMT) for the COVID-19 Pandemic in Washoe County stood up formally on March 20, 2020. A virtual JIC was stood up Feb. 27 by the Washoe County Health District but was only for notification of news and events to the regional partners.

Truckee Meadows Fire Protection District Communications Manager Adam Mayberry served as the Lead Public Information Officer (PIO) for the JIC. The Deputy PIO role was filled by Washoe County Health District Communications Manager Scott Oxarart. The core team of the JIC included the primary local jurisdictional PIOs from Washoe County, City of Reno, City of Sparks, Washoe County Health District, and Washoe County Sheriff's Office.

Other important partners and active participants of the JIC included: North Lake Tahoe Fire Protection District, Regional Transportation Commission of Washoe County, Reno/Sparks Convention and Visitors Authority, REMSA, Saint Mary's Regional Medical Center, Northern Nevada Medical Center, Renown Health, Nevada Hospital Association, University of Nevada, Reno Medical School, University of Nevada, Reno, Washoe County School District, and Reno-Sparks Indian Colony. The Washoe County District Attorney's Office and the Reno-Tahoe Airport Authority also provided support.

The JIC consisted of two divisions with eight primary branches:

**Information Gathering Division:**

- *Research Branch:* monitored, tracked, and compiled "frequently asked questions" that were shared with the media and the COVID-19 Health Call Center staffed 24/7, as well as call centers operated by Washoe County and City of Reno.
- *Media Monitoring:* Daily news clips of the COVID-19 response in Washoe County was disseminated to the JIC and their stakeholders daily.
- *Message Strategy:* Jurisdictional PIOs with support from other JIC members crafted daily messages, and strategy of emerging issues that could create concern or controversy in the community.

**Information Dissemination Division:**

- *Press Release Branch:* At least one joint message was issued daily and included weekends. Additional messages were issued based new developments such as COVID-19 related deaths. On some days, as many as three messages were pushed out to the community and media. Every message from the JIC was reviewed and approved by the Incident Commander.

- *Video Branch:* Created videos to help improve and enhance COVID-19 messages and awareness.
- *Social Media Branch:* Administered the use of Twitter and encouraged followers.
- *Website Branch:* Allowed for the creation, multiple daily updates and additions to the primary source of news and information of COVID-19 news in Washoe County.
- *Special Needs Branch:* Assured that the needs of the Spanish speaking community, hard-of-hearing population, homeless, and other special needs and hard to reach audiences were addressed.

### **Health District's Role in the JIC**

WCHD Communications Manager Scott Oxarart performed perhaps the most vital role in the JIC. Because this is a public health crisis communications event, Scott served as the lead content gather, writer, webmaster, media relations contact, dashboard maintainer and social media coordinator. A typical day, which included weekends, included gathering information on total case counts, active case counts, fatalities, recoveries, currently hospitalized, hospital discharges, hospital bed counts, ventilator usage and more from the statistician. He would then write the press release, run it for approvals (the Health District, JIC and IMT), enter the message into our distribution software and send to media, post the press release on the website in English and Spanish, and send out the release on social media. On top of that, he entered information into the COVID-19 Dashboard, verified the data set and published the updated information which was displayed on multiple website.

Much of the knowledge on the COVID19Washoe.com website came from the Health Branch and the gathering of information had to go through Scott and the Health District.

Scott juggled many roles in this pandemic from the public's perspective and as of May 5, 2020 he wrote 65 COVID-19 press releases since Feb. 27.

### **JIC Operations & Multimedia**

JIC members met daily for a 6-week period virtually, to address emerging issues and coordinate regional messaging. By late April through May, the JIC reduced their briefings to twice a week.

The JIC established a Twitter Handle immediately (@covid19Washoe). Within the following week, the JIC established a regional website ([www.covid19washoe.com](http://www.covid19washoe.com)) that remains a key community source of COVID-19 information for the media and public in Washoe County, Nevada. The website allowed users to subscribe to news and information from the JIC.

The JIC created public information infrastructure to communicate the importance of social distancing and the stay-at-home orders through tools and tactics such as a robust regional website with outreach messages (including Spanish), an active Twitter handle with more than 1,700 followers, PSAs to include graphic and videos, and hosted dozens of media interviews and press conferences (face-to-face and virtual).

Press conferences include a standing three-times-a-week virtual press conferences that included the Incident Commanders, County District Health Officer, local elected leaders, health care workers, and

other community leaders to address timely issues that are important to the community. Kevin Dick, the District Health Officer, has been at each of the thrice-weekly press events and has been the calming voice of leadership to the public and media throughout this pandemic. We've been praised on several occasions by the media and public about our accessibility for answering questions and being upfront and transparent about evolving issues. In addition, we've been told that our virtual press conferences are superb compared to those in the state and no major issues with connectivity or sound have been experienced. All of these elements continue to be utilized and enhanced, and all of our press briefings are archived on the COVID19washoe.com site for historical reference. The JIC also coordinated messaging to include conference calls with the local Chamber of Commerce to ensure the business community was kept informed and updated on COVID-19 impacts.

The JIC also coordinated and made possible a series of four COVID-19 virtual town hall meetings that appeared LIVE on the local governmental social media platforms such as YouTube and Facebook. The local ABC affiliate also broadcasted the feed live. Once a week in April, a one hour program was aired focused on key topics:

- COVID-19 health response and how to protect yourself
- COVID-19 impacts on the business community
- Public Safety & Health and Wellness
- Town hall featuring all topics in Spanish

Each town hall consisted of subject matter experts that would provide timely public information to the local citizenry in Washoe County.

The town halls and virtual press conferences were recorded and linked to the covid19washoe.com website to access and review.

It is expected that the COVID-19 Washoe JIC can demobilize fully on June 1. However, this will be based on the current COVID-19 status in Washoe County.

**Board Update  
Financial Information as of April 29, 2020**

**TO:** District Board of Health  
Kevin Dick, District Health Officer

**FROM:** Anna Heenan, Administrative Health Services Officer  
328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)

**SUBJECT:** Financial impact due to COVID-19 and a review of the Health Fund for financial information as of April 29, 2020 through FY2024

**EXPENDITURE IMPACT OF COVID-19**

As of April 29, 2020, the total cost for the Unified Command, Washoe County and the Washoe County Health District is approximately \$5,743,025 with another \$6,156,879 encumbered for future purchases for a total commitment of \$11,899,904.

**COVID-19 expenditures by the Unified Command**

The Unified Command expenditures for COVID-19 are allowed through a cost sharing agreement between the County, City of Reno and City of Sparks. The Washoe County Health District will not be required to pay for expenditures by the Unified Command. The following is a brief overview of the Unified Command expenditures as of April 29<sup>th</sup>. The total expenditures are \$3,281,549 with an additional \$5,883,927 committed to be spent for a total of \$9,165,476. To date the actual expenditures, include:

- \$1,663,539 for Edison Housing
  - \$450,309 for water, sewer and electrical work
  - \$302,548 for 60 - 5-man sleeper trailers, 300 beds to include laundry services
  - \$281,566 for labor and build out for decking at the temporary trailers
  - \$278,244 for office trailers
  - \$225,000 for laundry service
  - \$65,297 miscellaneous construction supplies for build out of housing
  - \$48,840 for 24/7 security coverage
  - \$11,735 for project management for the construction of site
- \$825,000 for 5000 COVID test kits and testing
- \$236,670 for personnel protective equipment, mask, gloves and industrial sanitizer
- \$148,610 for folding cots and cleaning of mattresses at Reno Sparks Convention Center
- \$146,200 for a Private Entity for professional services associated with providing 43 temporary housing beds including primary care, psychiatric medication management, women's health, mental health, case management, transportation, and pharmacy services
- \$95,022 for miscellaneous items for housing and testing
- \$79,286 for a medical response trailer package that includes medical shelter, electrical outlets, lighting, environmental control units and a generator
- \$29,302 portable restrooms and canopies in various locations
- \$35,763 for barricades and signs at the Reno Livestock Events center for the Point of Screening and Testing
- \$22,157 for call center work by REMSA

Date: April 30, 2020

Subject: Fiscal Year to date as of April 29, 2020 financial review

Page 2 of 6

**Expenditures that the County has recorded for COVID-19**

Washoe County has recorded a total of \$991,756 in actual expenditures for the response with \$903,829 being for salaries and benefits for staff deployed to the emergency response and \$87,927 in services and supplies for items required such as: sanitizer, gloves and other supplies required for the Detention facility; supplies required for the Alternative Sentencing Department/Drug and Alcohol testing service; support to Food Bank of Northern Nevada; and, additional computers required for the Human Services Indigent Assistance program.

**Washoe County Health District Special Revenue Fund Impact from COVID-19**

Total expenditures year to date on the COVID-19 has been \$1,469,720 this includes \$526,825 that will be reimbursed with grant funding and \$942,895 that the existing general fund transfer will support for reassigning staff to focus on the emergency response. Opportunities for FEMA reimbursement and other sources of funding are being explored to help offset the impact on the Health Fund.

With the Environmental Health Services and Air Quality Management Division deferral of annual renewal fee collection for businesses impacted and the reduction in charges for services both in EHS, AQM and CCHS, due to clients cancelling appointments the revenue is down over FY19 by \$79,840 or 12.8% for March and \$332,850 or 48.1% for April. Overall the Health Fund revenues from all sources year to date are \$18,178,388 a \$402,998 or 2.2% decline from FY19. With a hiring and spending freeze in place for non-mission critical expenditures there should be offsetting savings to compensate for the revenue loss; however, the expenditures year to date are \$18,868,743 up \$568,705 or 3.1%. The FY20 expenditures were budget to be \$1,346,398 greater than the revenues and they are currently \$690,355 greater than revenues.

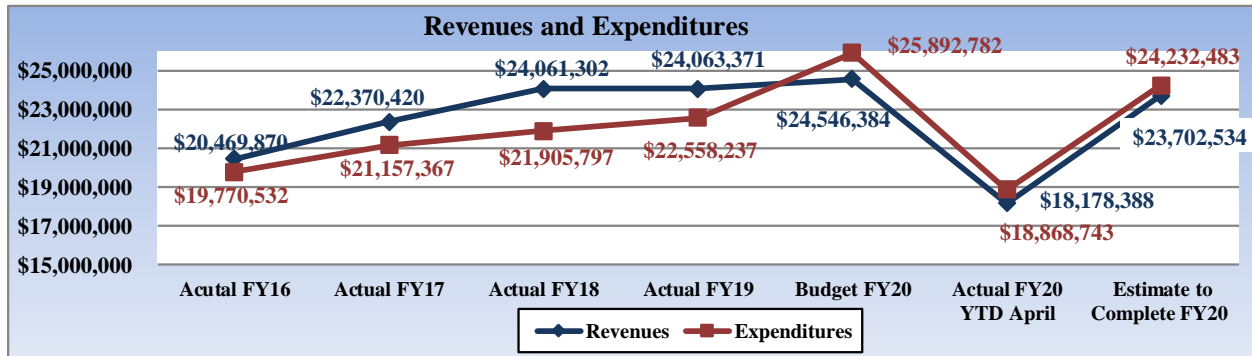
Because of the anticipated impact on FY20 budget due to the cost of COVID-19 the Board of County Commissioners (BCC) approved a hiring freeze (includes all currently vacant positions, positions in recruitment, and positions that do not have accepted employment offers as well as contractual temporary employees), purchasing freeze, and no carryforward of FY20 appropriations, including purchase orders, into FY21. Not yet acted upon by the BCC but recommended by the County Manager for FY21, no above base requests will be recommended.

As outlined in the Health District Interlocal agreement, the Washoe County Health District is a Special Revenue Fund within the books of Washoe County. All revenues and expenditures associated with the health function of the Washoe County Health District are accounted and budgeted for within the Health Fund. The Interlocal Agreement concerning the Washoe County Health District requires the BCC to adopt a final budget for the Health District, which must be prepared using the same time frames and format used by other County Departments. Given this, the Health District would be under the same restrictions that are being requested by the County Manager for FY21.

**The Health District has requested that our FY21 budget move forward as approved by the District Board of Health in February 2020 with the understanding that we follow the mitigation actions approved by the BCC for FY20 and anticipated for FY21. As mentioned above the mitigation measures include a hiring freeze and purchasing freeze for non-mission critical expenditures and no carryforward of funding from FY20 into FY21.**

**Overall review of Health Fund FY20**

As of April 29, 2020, the cash balance is \$7,784,177. Total revenues of \$18,178,388 were 74.1% of budget and a decrease of \$402,998 over FY19. The expenditures totaled \$18,868,743 or 72.9% of budget and up \$568,705 compared to FY19.



**PREVIOUS ACTION**

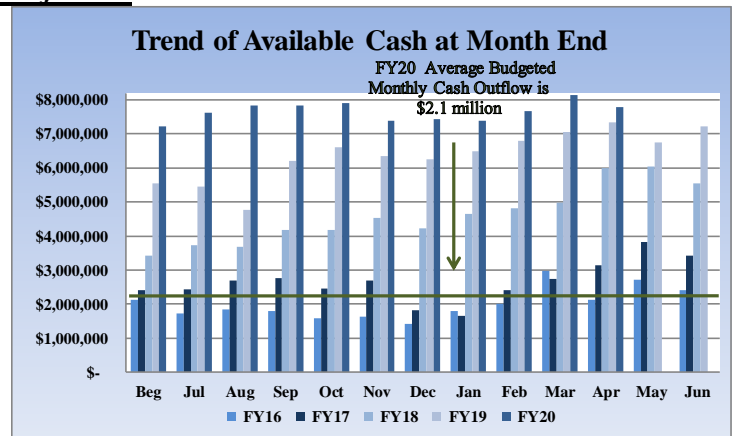
March 26, 2020 the Board approved a deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for both Environmental Health Services and Air Quality Management Divisions. The deferral is for 60 days after the Governor lifts restrictions on the State.

Fiscal Year 2020 Budget was adopted May 21, 2019.

**BACKGROUND**

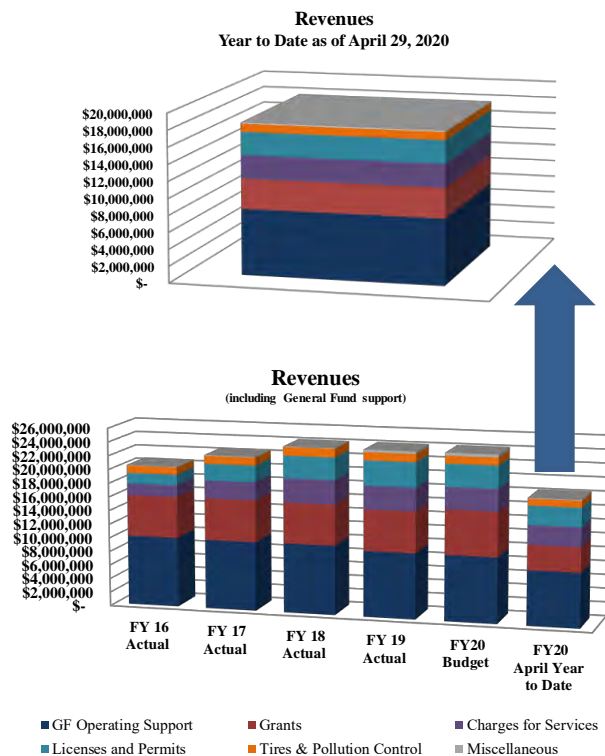
The available cash as of April 29, 2020 is \$7,784,177 which is enough to cover approximately 3.7 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.8 million; the cash restricted as to use is approximately \$1.7 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.3 million.

**Review of Cash**



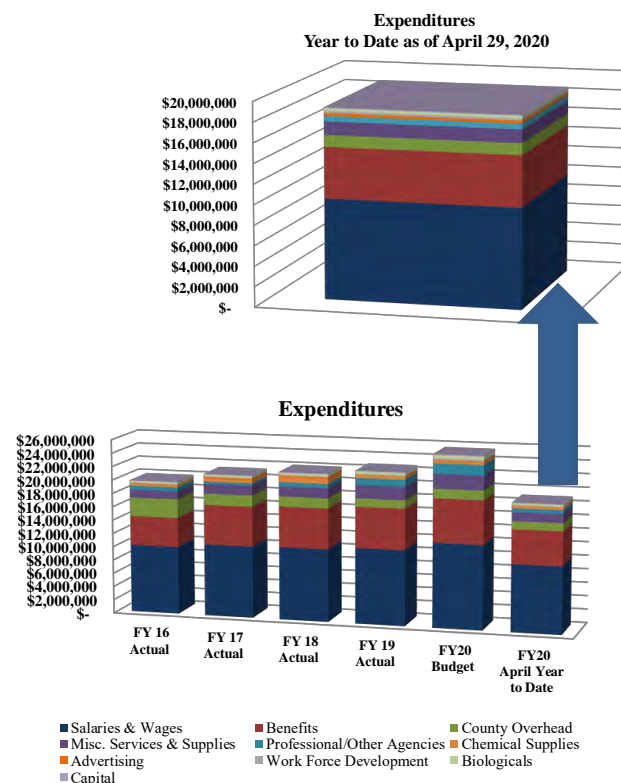


***Review of Revenues (including transfers from General Fund) and Expenditures by category***



The total **revenues** year to date were \$18,178,388 down \$402,998 or 2.2% compared to April FY19. All sources of revenue except for the County General Fund support are down compared to FY19. The licenses and permits of \$2,763,113 down \$201,974; charges for services of \$2,790,084 down \$37,809; tire and pollution control funding of \$960,037 down \$90,361 mainly due to pollution control funds being down the tire funds are up \$17,554; Federal and State grants of \$3,610,371 down \$35,833; and, miscellaneous revenues of \$124,070 down \$37,013. The County General Fund support of \$7,930,713 is level at the FY19 funding.

The total year to date **expenditures** of \$18,868,743 increased by \$568,705 or 3.1% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$15,017,815 up \$492,916 or 3.4% over the prior year and 79.1% of budget. The total services and supplies of \$3,773,348 up \$52,697 or 1.4% compared to FY19 and 60.6% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$554,782 up \$44,905 over FY19; chemical supplies of \$294,835 down \$97,682; the biologicals of \$219,906, were down \$25,683; and, County overhead charges of \$1,167,327 were up \$152,261. There has been \$77,580 in capital expenditures up \$23,092 compared to FY19.





**Review of Revenues and Expenditures by Division**

All divisions have deployed staff to the COVID-19 response, so that note will not appear in each section below. Due to the staff deployment an increase in costs will be found in the EPHP division and what appears to be a lower than usual year over year expenditure increase is reported in the other divisions. EPHP reflects an overbudget situation in expenditures due to a \$931,381 COVID-19 grant yet to be posted in the financial system and the cost of deployment of other division staff time charged to the emergency response in EPHP.

**ODHO** has spent \$991,844 down \$45,319 or 4.4% over FY19 due to salary savings from the vacant Director of Programs and Projects position.

**AHS** has spent \$940,872 up \$11,198 or 1.2% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs.

**AQM** revenues were \$2,507,977 down \$58,191 or 2.3% mainly in the DMV pollution control funds. The Division spent \$2,400,512 down \$33,447 or 1.4%.

**CCHS** revenues were \$2,740,778 up \$5,046 or 0.2% over FY19. The division spent \$6,273,471 up \$42,629 or 0.7% more than FY19.

**EHS** revenues were \$3,530,935 down \$351,277 or 9.0% over FY19. The decline is mainly due to a decline in licenses and permits of \$207,356 and charges for services of \$48,103. The largest single item decline is in the food service permits of \$96,817; sewer and pool permits have dropped \$27,471 and \$24,499, respectively. Total expenditures were \$5,011,904 down \$445,536.

**EPHP** revenues were \$1,467,985 up \$1,425 or 0.1%. The division spent \$3,250,140 up \$1,039,180 or 47% over FY19 due to increased expenditures from the deployment of staff to EPHP for the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through April 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	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY20 Increase over FY19
<b>Revenues (all sources of funds)</b>									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	<b>2,566,168</b>	3,581,031	<b>2,507,977</b>	70.0%	-2.3%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	<b>2,735,732</b>	4,869,064	<b>2,740,778</b>	56.3%	0.2%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	<b>3,882,212</b>	4,379,323	<b>3,530,935</b>	80.6%	-9.0%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	<b>1,466,560</b>	2,200,110	<b>1,467,985</b>	66.7%	0.1%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	<b>7,930,713</b>	9,516,856	<b>7,930,713</b>	83.3%	0.0%
<b>Total Revenues</b>	<b>\$ 20,469,870</b>	<b>\$ 22,370,420</b>	<b>\$ 24,061,302</b>	<b>\$ 24,063,371</b>	<b>\$ 18,581,386</b>	<b>\$ 24,546,384</b>	<b>\$ 18,178,388</b>	74.1%	-2.2%
<b>Expenditures (all uses of funds)</b>									
ODHO	594,672	904,268	826,325	1,336,494	<b>1,037,163</b>	1,555,329	<b>991,844</b>	63.8%	-4.4%
AHS	996,021	1,119,366	1,016,660	1,059,669	<b>929,674</b>	1,312,474	<b>940,872</b>	71.7%	1.2%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	<b>2,433,959</b>	3,842,317	<b>2,400,512</b>	62.5%	-1.4%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	<b>6,230,842</b>	8,928,920	<b>6,273,471</b>	70.3%	0.7%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	<b>5,457,460</b>	7,148,095	<b>5,011,904</b>	70.1%	-8.2%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	<b>2,210,960</b>	3,105,647	<b>3,250,140</b>	104.7%	47.0%
<b>Total Expenditures</b>	<b>\$ 19,770,532</b>	<b>\$ 21,157,367</b>	<b>\$ 21,905,797</b>	<b>\$ 22,558,237</b>	<b>\$ 18,300,038</b>	<b>\$ 25,892,782</b>	<b>\$ 18,868,743</b>	72.9%	3.1%
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	<b>(1,037,163)</b>	(1,555,329)	<b>(991,844)</b>		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	<b>(929,674)</b>	(1,312,474)	<b>(940,872)</b>		
AQM	(150,184)	122,763	607,078	507,427	<b>132,209</b>	(261,286)	<b>107,465</b>		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	<b>(3,495,110)</b>	(4,059,856)	<b>(3,532,693)</b>		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	<b>(1,575,228)</b>	(2,768,772)	<b>(1,480,969)</b>		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	<b>(744,400)</b>	(905,537)	<b>(1,782,155)</b>		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	<b>7,930,713</b>	9,516,856	<b>7,930,713</b>		
<b>Surplus (deficit)</b>	<b>\$ 699,338</b>	<b>\$ 1,213,053</b>	<b>\$ 2,155,505</b>	<b>\$ 1,505,134</b>	<b>\$ 281,348</b>	<b>\$ (1,346,398)</b>	<b>\$ (690,355)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 6,336,402</b>	<b>\$ 7,841,536</b>		<b>\$ 6,495,138</b>			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		25.1%			

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

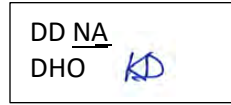
**Review of Future Projections given the Impact of COVID-19**

It is too early to know the true impacts of the COVID-19 emergency. However, if the revenue trends over the last couple of months continue into FY21, then have a slow to no growth potential for the next several years the following has been put into the forecast to maintain financial stability:

- Spending freeze for non-mission critical expenditures in FY20
- \$500,000 community support funding has been removed from the forecast for FY21-FY24
- Current vacant positions have been frozen except for nursing and COVID-19 response
- Anticipated and froze Air Quality Specialist and Environmental Health Specialist vacancies
- Removed from the future projections the Behavioral Health/Injury prevention program
- Removed above base request for biologicals and grant funded positions shifting to local support for Immunizations program
- Continued to fund the Public Health Communications Program Manager on the current grants
- Chemical supplies for the Vector program have been reduced by 50% for FY21 and FY22
- No implementation of the lawn mower rebate program, restricted funds used for staffing costs
- For non-grant funded expenditures: 100% reduction in overtime, surge capacity, and security funding; 50% cut in intermittent hourly positions; and, 75% reduction in travel and training
- An additional reduction in expenditures of \$1,000,000 or an increase in County General Fund support will need to happen in FY22 to continue a fund balance within 10%-17%

Due to a short turn-around time for monitoring the financial impact of COVID-19 the above reductions should be revisited in FY21. This illustrates what level of reductions will be needed if revenues continue to decline.

	Pre COVID	COVID-19	Pre COVID	COVID-19	Projected Based on Historical Trends		
	ETC FY19-20	ETC FY19-20	FY 2020- 2021	FY 2020- 2021	FY 2021- 2022	FY 2022- 2023	FY 2023- 2024
<b>SOURCES OF FUNDS:</b>							
Opening Fund Balance	\$ 7,841,536	\$ 7,841,536	\$ 7,552,452	\$ 7,311,586	\$ 4,906,381	\$ 4,142,044	\$ 3,076,805
<b>Revenues:</b>							
Licenses and Permits	3,610,780	3,056,506	3,626,311	1,994,702	1,954,808	2,003,678	2,065,792
Federal & State Grants	5,542,810	5,914,773	5,615,455	6,090,203	5,696,094	5,795,813	5,885,745
Federal & State Indirect Rev.	577,837	613,117	548,311	597,702	520,499	529,814	538,186
Tire Fees (NRS 444A.090)	540,064	540,064	525,000	525,000	535,500	546,210	557,134
Pollution Control (NRS 445B.830)	628,105	628,105	628,105	628,105	615,543	630,931	650,490
Dust Plan	572,234	546,868	578,414	444,298	435,412	446,297	460,133
Birth & Death Certificates	568,467	537,066	589,467	400,345	404,348	408,392	416,560
Other Charges for Services	2,190,289	2,122,112	2,151,925	1,597,106	1,565,164	1,604,293	1,654,027
Miscellaneous	227,067	227,067	209,074	209,074	209,087	213,093	216,878
Total Revenues	14,457,653	14,185,678	14,472,062	12,486,534	11,936,455	12,178,521	12,444,944
Total General Fund transfer	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856	9,516,856
Total Revenues & General Fund transfer	23,974,509	23,702,534	23,988,918	22,003,390	21,453,311	21,695,377	21,961,800
<b>Total Sources of Funds</b>	<b>31,816,044</b>	<b>31,544,069</b>	<b>31,541,370</b>	<b>29,314,976</b>	<b>26,359,692</b>	<b>25,837,421</b>	<b>25,038,605</b>
<b>USES OF FUNDS:</b>							
<b>Expenditures:</b>							
Salaries & Wages	12,080,993	12,231,917	13,111,153	12,545,296	11,971,017	12,090,727	12,211,635
Group Insurance	1,636,184	1,626,335	1,806,389	1,726,561	1,763,118	1,823,900	1,886,778
OPEB Contribution	1,118,614	1,118,614	1,113,772	1,113,772	1,160,503	1,200,511	1,241,898
Retirement	3,235,176	3,220,948	3,599,449	3,423,199	3,308,478	3,341,563	3,374,979
Other Employee Benefits	246,460	245,435	259,171	244,765	251,834	260,516	269,497
Professional/Other agencies	1,426,874	1,269,374	1,419,952	979,452	866,062	883,036	898,083
Advertising	183,898	183,898	108,949	108,949	60,883	62,076	63,134
Chemical Supplies	297,250	297,250	236,200	118,700	118,700	236,791	237,382
Biologicals	305,134	305,134	344,177	324,177	329,228	335,681	341,401
Fleet Management billings	190,209	190,209	189,836	189,836	191,736	193,573	196,949
Workforce training & development	274,459	134,104	268,793	75,354	75,057	75,620	76,187
Other Services and Supplies	1,703,094	1,844,017	1,686,441	1,897,623	1,429,575	1,480,593	1,505,822
Indirect cost allocation	1,400,792	1,400,792	1,610,911	1,610,911	1,691,456	1,776,029	1,864,831
Capital	164,455	164,455	100,000	50,000	-	-	-
Total Expenditures	24,263,593	24,232,483	25,855,192	24,408,595	23,217,649	23,760,616	24,168,575
<b>Additional reductions required</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(1,000,000)</b>	<b>(1,000,000)</b>	<b>(1,000,000)</b>
Total Uses of Funds	24,263,593	24,232,483	25,855,192	24,408,595	22,217,649	22,760,616	23,168,575
Net Change in Fund Balance	(289,084)	(529,950)	(1,866,275)	(2,405,205)	(764,338)	(1,065,239)	(1,206,775)
<b>Ending Fund Balance (FB)</b>	<b>\$ 7,552,452</b>	<b>\$ 7,311,586</b>	<b>\$ 5,686,177</b>	<b>\$ 4,906,381</b>	<b>\$ 4,142,044</b>	<b>\$ 3,076,805</b>	<b>\$ 1,870,030</b>
<b>FB as a percent of Uses of Funds</b>	<b>31.1%</b>	<b>30.2%</b>	<b>22.0%</b>	<b>20.1%</b>	<b>18.6%</b>	<b>13.5%</b>	<b>8.1%</b>
Reported to the DBOH in February, 2020 - Pre COVID-19							
Ending Fund Balance (FB)					5,062,341	4,162,960	3,017,139
FB as a percent of Uses of Funds					20.3%	16.3%	11.6%
Variance between Pre-Covid and Covid-19 projections							
Ending Fund Balance (FB)					(920,297)	(1,086,155)	(1,147,109)
FB as a percent of Uses of Funds					-1.7%	-2.8%	-3.5%

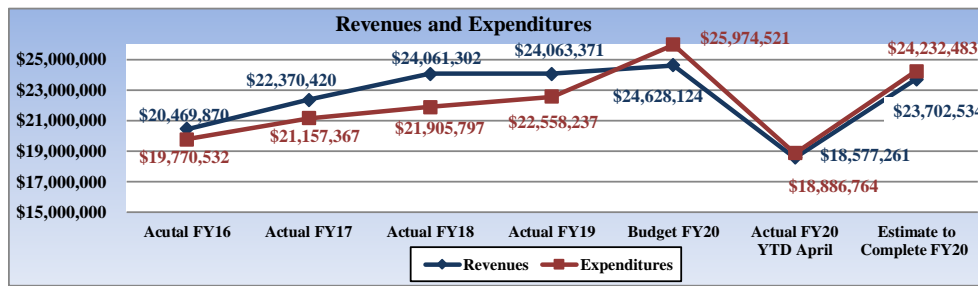


**Staff Report**  
**Board Meeting Date: May 28, 2020**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2020

**SUMMARY**

With ten months or 83.3% of the fiscal year 2020 (FY20) completed the cash balance was \$7,897,442; 7.7% greater than FY19 but down \$254,739 or 3.1% over last month. Total revenues of \$18,577,261 were 75.4% of budget and a decrease of \$4,125 over FY19, with the largest decline in food service permits of \$95,775 with most of that decline, \$79,941, in April. The expenditures totaled \$18,886,764 or 72.7% of budget and up \$586,726 or 3.2% compared to FY19.



**District Health Strategic Priority supported by this item:**

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

**PREVIOUS ACTION**

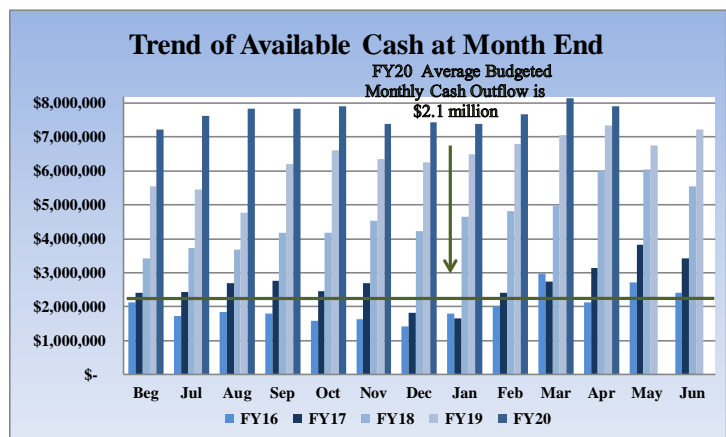
March 26, 2020 the Board approved a deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for both Environmental Health Services and Air Quality Management Divisions. The deferral is for 60 days after the Governor lifts restrictions.

Fiscal Year 2020 Budget was adopted May 21, 2019.

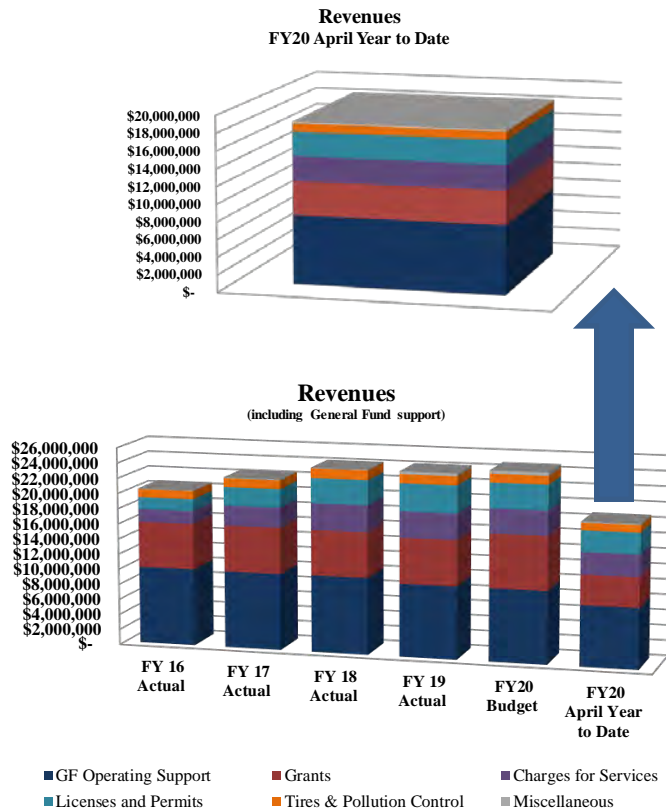
**BACKGROUND**

**Review of Cash**

The available cash at the end of April, FY20, was \$7,897,442 which is enough to cover approximately 3.6 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.8 million; the cash restricted as to use is approximately \$1.7 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.4 million.

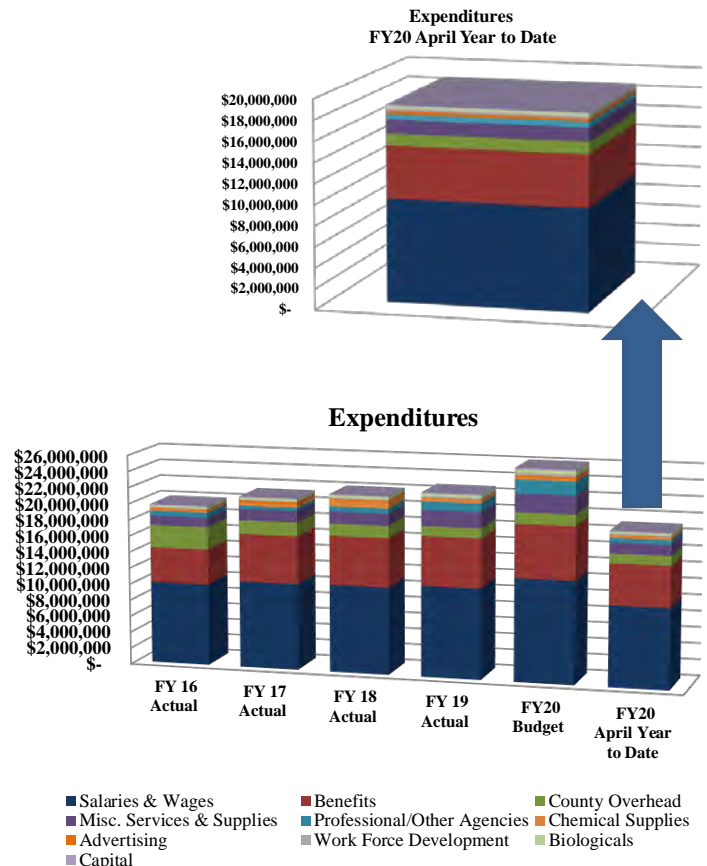


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$18,577,261 down \$4,125 compared to April FY19. The revenue categories up over FY19 were: Federal and State grants of \$3,912,589 up \$266,385, mainly due to the Family Planning grant of \$243,855 posted on April 30<sup>th</sup>; and, charges for services of \$2,874,627 up \$46,734. The revenue categories down compared to FY19 were licenses and permits of \$2,766,319 down \$198,768; and tire and pollution control funding of \$960,037 down \$90,361 mainly due to the pollution control April distribution not yet received; and, miscellaneous revenues of \$132,976 down \$28,115. The County General Fund support of \$7,930,713 is level at the FY19 funding.

The total year to date **expenditures** of \$18,886,764 increased by \$586,726 or 3.2% compared to FY19. Salaries and benefits expenditures for the fiscal year were \$15,017,815 up \$492,916 or 3.4% over the prior year and 78.0% of budget. The total services and supplies of \$3,791,369 up \$70,718 or 1.9% compared to FY19 and 58.0% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled \$555,836 up \$45,959 over FY19; chemical supplies of \$294,835 down \$97,682; the biologicals of \$233,074, were down \$12,515; and, County overhead charges of \$1,167,327 were up \$152,261. There has been \$77,580 in capital expenditures up \$23,092 compared to FY19.





**Review of Revenues and Expenditures by Division**

All divisions have deployed staff to the COVID-19 response, so that note will not appear in each section below. Due to the staff deployment an increase in costs will be found in the EPHP division and what appears to be a lower than usual year over year expenditure increase is reported in the other divisions. EPHP reflects an overbudget situation in expenditures due to a \$931,381 COVID-19 grant yet to be posted in the financial system and the cost of deployment of other division staff time charged to the emergency response in EPHP.

**ODHO** has spent \$990,523 down \$46,640 or 4.5% over FY19 due to salary savings from the vacant Director of Programs and Projects position.

**AHS** has spent \$940,998 up \$11,324 or 1.2% compared to FY19 mainly due to County overhead charges, safety expenditures and increased utilities costs.

**AQM** revenues were \$2,529,993 down \$36,175 or 1.4% mainly in the DMV pollution control funds not yet received for April. The Division spent \$2,400,647 down \$33,312 or 1.4%.

**CCHS** revenues were \$3,046,852 up \$311,120 or 11.4% over FY19 with the largest increase of \$272,761 in grants and \$44,314 in insurance reimbursements. The division spent \$6,289,222 up \$58,379 or 0.9% more than FY19.

**EHS** revenues were \$3,586,580 down \$295,632 or 7.6% over FY19. The decline is mainly due to a decline in licenses and permits of \$203,739 and the one-time funding in FY19 of \$108,426 for the payment from closing a bank account previously set up for hazardous mitigation issues. The largest single item decline is in the food service permits of \$95,775. Total expenditures were \$5,011,778 down \$445,663 or 8.2%.

**EPHP** revenues were \$1,483,123 up \$16,563 or 1.1%. The division spent \$3,253,597 up \$1,042,637 or 47.2% over FY19 due to increased expenditures from the deployment of staff to EPHP for the COVID-19 response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2015/2016 through April 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	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY20 Increase over FY19
<b>Revenues (all sources of funds)</b>									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	<b>2,566,168</b>	3,581,030	<b>2,529,993</b>	70.6%	-1.4%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	<b>2,735,732</b>	4,869,064	<b>3,046,852</b>	62.6%	11.4%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	<b>3,882,212</b>	4,379,323	<b>3,586,580</b>	81.9%	-7.6%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	<b>1,466,560</b>	2,281,850	<b>1,483,123</b>	65.0%	1.1%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	<b>7,930,713</b>	9,516,856	<b>7,930,713</b>	83.3%	0.0%
<b>Total Revenues</b>	<b>\$ 20,469,870</b>	<b>\$ 22,370,420</b>	<b>\$ 24,061,302</b>	<b>\$ 22,063,371</b>	<b>\$ 18,581,386</b>	<b>\$ 24,628,124</b>	<b>\$ 18,577,261</b>	<b>75.4%</b>	<b>0.0%</b>
<b>Expenditures (all uses of funds)</b>									
ODHO	594,672	904,268	826,325	1,336,494	<b>1,037,163</b>	1,555,329	<b>990,523</b>	63.7%	-4.5%
AHS	996,021	1,119,366	1,016,660	1,059,669	<b>929,674</b>	1,312,474	<b>940,998</b>	71.7%	1.2%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	<b>2,433,959</b>	3,842,317	<b>2,400,647</b>	62.5%	-1.4%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	<b>6,230,842</b>	8,928,920	<b>6,289,222</b>	70.4%	0.9%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	<b>5,457,440</b>	7,148,095	<b>5,011,778</b>	70.1%	-8.2%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	<b>2,210,960</b>	3,187,386	<b>3,253,597</b>	102.1%	47.2%
<b>Total Expenditures</b>	<b>\$ 19,770,532</b>	<b>\$ 21,157,367</b>	<b>\$ 21,905,797</b>	<b>\$ 22,558,237</b>	<b>\$ 18,300,038</b>	<b>\$ 25,974,521</b>	<b>\$ 18,886,764</b>	<b>72.7%</b>	<b>3.2%</b>
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	<b>(1,037,163)</b>	(1,555,329)	<b>(990,523)</b>		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	<b>(929,674)</b>	(1,312,474)	<b>(940,998)</b>		
AQM	(150,184)	122,763	607,078	507,427	<b>132,209</b>	(261,287)	<b>129,346</b>		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	<b>(3,495,110)</b>	(4,059,856)	<b>(3,242,370)</b>		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	<b>(1,575,228)</b>	(2,768,772)	<b>(1,425,198)</b>		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	<b>(744,400)</b>	(905,536)	<b>(1,770,474)</b>		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	<b>7,930,713</b>	9,516,856	<b>7,930,713</b>		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	<b>\$ 281,348</b>	(\$ 1,346,397)	<b>\$ (309,503)</b>		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536		\$ 6,495,138			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		25.0%			

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

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for April, Fiscal Year 2020.

**POSSIBLE MOTION**

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

Attachment:  
Health District Fund financial system summary report







Period: 1 thru 10 2020  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202  
 Fund Center: 000  
 Functional Area: 000  
 Health Fund  
 Default Washoe County  
 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705230 Medicare April 1986	157,625	137,402	20,223	87	147,346	129,406	17,940	88
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	
705320 Workmens Comp	77,087	59,893	17,194	78	97,909	83,883	14,026	86
705330 Unemply Comp	9,982	11,397	1,415-	114	9,361	10,118	757-	108
705360 Benefit Adjustment	253,842	39	253,802	0	229,230	229,230		
Employee Benefits	6,584,370	5,081,571	1,502,799	77	6,530,691	5,139,562	1,391,129	79
710100 Prof Services	733,294	157,217	576,078	21	604,188	205,759	398,430	34
710101 Lab Testing Services		277	277-					
710103 Radiology		37	37-					
710105 Medical Services	12,948	4,322	8,626	33	10,421	6,310	4,111	61
710108 MD Consultants	51,211	42,407	8,804	83	54,311	41,539	12,772	76
710110 Contracted/Temp Svcs	271,145	113,488	157,657	42	128,538	34,376	94,162	27
710119 Subrecipient Payment								
710155 Lobbying Services	600		600		600	600		100
710200 Service Contract	80,047	40,452	39,596	51	92,962	40,460	52,503	44
710201 Laundry Services	1,850	1,065	785	58	650	1,401	751-	216
710205 Repairs Maint	13,450	6,967	6,483	52	9,145	8,600	545	94
710210 Software Maintenance	11,151	8,396	2,755	75	3,000	1,698	1,302	57
710215 Operating Contracts					25-		25-	
710300 Operating Supplies	180,389	161,088	19,301	89	216,000	115,625	100,375	54
710302 Small Tools & Allow	1,300	1,293	7	99	1,435	434	1,001	30
710308 Animal Supplies	1,535		1,535		1,600	880	720	55
710319 Chemical Supplies	297,250	294,835	2,415	99	392,700	392,517	183	100
710323 Asphalt					16,000		16,000	
710325 Signs and Markers						8,336	8,336-	
710334 Copy Machine Expense	26,968	14,681	12,286	54	23,175	14,428	8,747	62
710335 Copy Mach-Copies	10,555	7,611	2,944	72	7,642	6,944	698	91
710347 Medical Supplies		248	248-					
710350 Office Supplies	33,521	32,168	1,353	96	52,476	40,042	12,434	76
710355 Books/Subscriptions	6,940	6,940	0-	100	7,508	9,355	1,847-	125
710360 Postage	18,269	16,715	1,554	91	16,656	16,170	486	97
710361 Express and Courier	100		100		100	35	65	35
710391 Fuel & Lube					125		125	
710400 Fmts to O Agencies	606,085	238,088	367,997	39	743,421	221,894	521,526	30
710412 Do Not Use								
710500 Other Expense	141,366	47,031	94,334	33	186,491	76,834	109,657	41
710502 Printing	42,450	23,519	18,931	55	30,484	22,532	7,952	74
710503 Licenses & Permits	8,480	3,841	4,639	45	7,195	8,837	1,642-	123
710504 Registration		706	706-			750	750-	
710505 Rental Equipment	200	76	124	38	200	200	200	
710506 Dept Insdeductible	150	800	650-	533		750	750-	
710507 Network,Data Lines	12,730	13,461	731-	106	6,540	10,590	4,050-	162
710508 Telephone Land Lines	35,311	30,024	5,287	85	34,645	30,612	4,033	88

Period: 1 thru 10 2020  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*

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

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
710509 Seminars Meeting	80,259	43,552	36,707	54	72,883	56,198	16,685	77
710512 Auto Expense	12,153	4,522	7,631	37	11,346	7,094	4,252	63
710513 Property Losses		3,321	3,321					
710514 Reg Assessments	25,000	23,392	1,608	94	20,000	29,488	9,488	147
710519 Cellular Phone	15,279	13,210	2,069	86	14,697	12,802	1,895	87
710529 Dues	25,080	14,707	10,373	59	20,855	14,066	6,789	67
710535 Credit Card Fees	67,640	52,437	15,203	78	51,981	51,433	548	99
710546 Advertising	233,981	81,202	152,779	35	174,637	49,975	124,662	29
710551 Cash Discounts Lost		5	5			48	48	
710563 Recruitment		978	978			280	280	
710571 Safety Expense	74,611	73,168	1,443	98	56,279	30,726	25,553	55
710577 Uniforms & Special C	3,200	2,300	900	72	2,700	2,098	602	78
710585 Undesignated Budget	553,436	5,605	553,436		543,923	5,605	543,923	
710594 Insurance Premium	5,815	59,860	210	96	5,815	5,605	210	96
710600 LT Lease-Office	70,532		10,672	85	75,813	63,839	11,974	84
710620 LT Lease-Equipment								
710701 Emerg. Shelter Care		61	61					
710703 Biologicals	371,940	233,074	138,866	63	325,190	245,589	79,601	76
710713 Post Adoption Refer								
710714 Referral Services	6,780	4,972	1,808	73	9,068	9,040	28	100
710721 Outpatient	91,275	83,481	7,795	91	99,424	82,916	16,508	83
710852 Investigation		882	882					
710872 Food Purchases	22,910	9,070	13,840	40	3,170	2,281	889	72
711008 Combined Utilities	105,282	87,735	17,547	83	71,118	59,265	11,853	83
711010 Utilities								
711011 Waste Removal		1,807	1,807					
711100 ESD Asset Management	44,980	41,920	3,060	93	50,274	42,836	7,439	85
711113 Equip Srv Replace	58,429	39,254	19,174	67	60,891	38,967	21,924	64
711114 Equip Srv O & M	52,608	40,513	12,095	77	61,103	46,721	14,382	76
711115 Equip Srv Motor Pool	5,000	5,469	469	109	5,000	6,750	1,750	135
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,193	20,860	8,333	71	31,839	23,547	8,292	74
711119 Prop & Liab Billings	95,845	79,871	15,974	83	79,274	68,339	10,934	86
711210 Travel	198,584	89,743	108,841	45	186,847	78,864	107,982	42
711212 Meals and Lodging								
711213 Travel-Non Cnty Pers	15,827	5,447	10,380	34	32,500	5,444	27,056	17
711300 Cash Over Short						3	3	
711399 ProCard in Process						10	10	
711400 Overhead - GenFund	1,400,792	1,167,327	233,465	83	1,218,080	1,015,066	203,014	83
711410 Overhead - Admin								
711502 Build Imp nonCapital		598	598					
711504 Equipment nonCapital	123,548	120,400	3,148	97	155,459	164,845	9,386	106
711508 Computers nonCapital	56,517	14,987	41,530	27	220,130	94,855	125,275	43

Period: 1 thru 10 2020 P&L Accounts Fund: 202 Health Fund  
 Accounts: GO-P-L 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%
* 711509 Comp Sftw nonCap	16,281	43,527	27,246-	267	4,281	42,148	37,867-	985
* Services and Supplies	6,462,072	3,737,009	2,725,063	58	6,312,759	3,669,436	2,643,323	58
781001 Land Imprv Capital		12,383	12,383-					
781002 Build Imprv Capital	16,000		16,000		35,000		35,000	
781004 Equipment Capital	154,413	65,197	89,216	42	100,000	54,538	45,462	55
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000		25,000		45,000	50-	45,050	0-
* Capital Outlay	195,413	77,580	117,833	40	180,000	54,488	125,512	30
** Expenses	25,901,397	18,832,404	7,068,993	73	25,085,362	18,248,823	6,836,539	73
* 485192 Surplus Equip Sales						8-	8	
* Other Fin. Sources						8-	8	
621001 TF General	9,516,856-	7,930,713-	1,586,143-	83	9,516,856-	7,930,713-	1,586,143-	83
* Transfers In	9,516,856-	7,930,713-	1,586,143-	83	9,516,856-	7,930,713-	1,586,143-	83
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
814430 To Reg Permits-Capit								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	7,876,353-	1,567,380-	83	9,443,733-	7,879,507-	1,564,226-	83
*** Total	1,346,397	309,503	1,036,894	23	1,733,291	281,348-	2,014,639	16-

**Air Quality Management  
Division Director Staff Report  
Board Meeting Date: May 28, 2020**

**DATE:** May 28, 2020  
**TO:** District Board of Health  
**FROM:** Francisco Vega, P.E., Division Director  
 775-784-7211; fvega@washoecounty.us  
**SUBJECT:** Program Update – Maintenance of Essential Functions, Divisional Update,  
 Program Reports, Monitoring and Planning, Permitting and Enforcement

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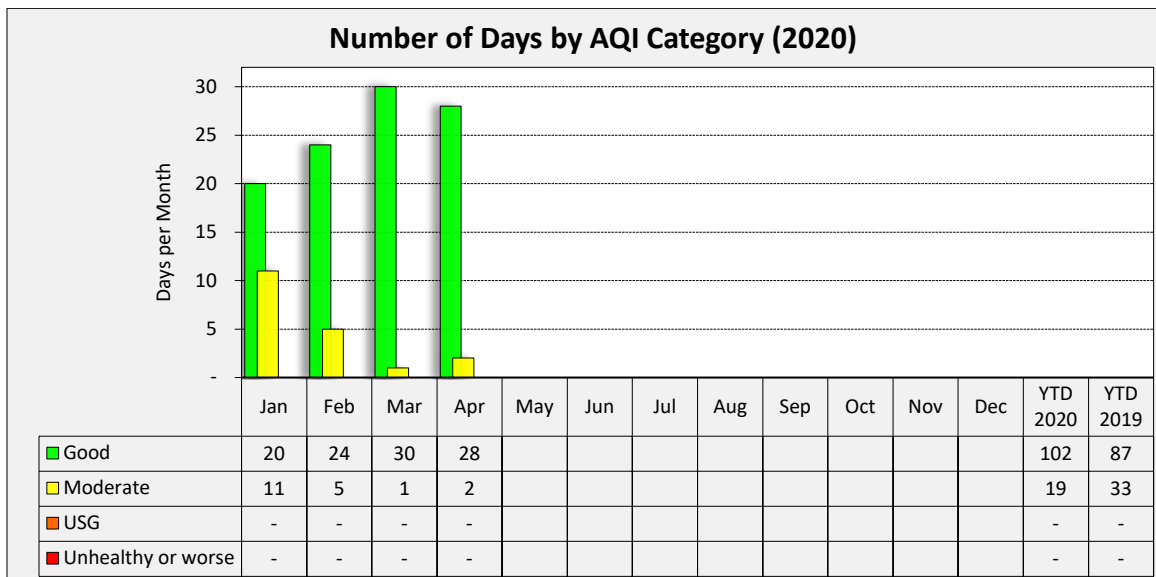
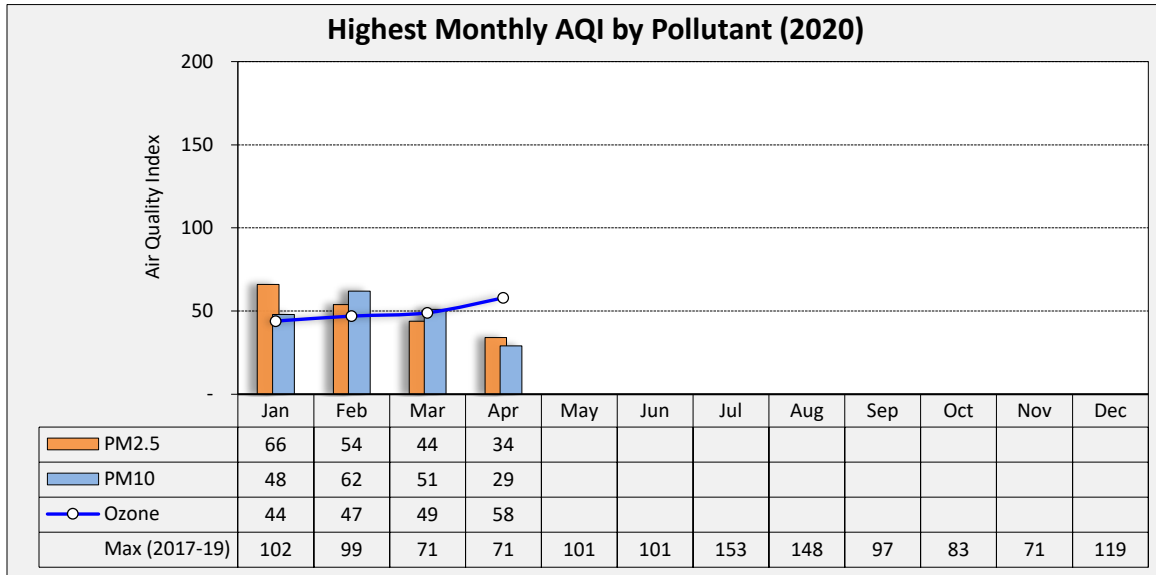
**1. Program Update**

- a. While contributing to the COVID-19 response efforts, the Air Quality Management Division (AQMD) has also been maintaining several essential functions. Essential functions include maintaining the counties ambient monitoring network, responding to and investigating citizen complaints and the processing of permits and other approvals. I applaud all AQMD staff for their understanding and flexibility under these difficult times. Many of the staff have been required to assist in areas not accustomed to, had to adjust to working remotely and in general have been asked to work under extremely different circumstances than they are accustomed to. Because of the amazing efforts of all the AQMD staff, the division is in a good place to serve our community once the offices are re-opened to the community.

Francisco Vega, P.E., MBA  
 Division 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](http://OurCleanAir.com).

### 3. Program Reports

#### a. Monitoring and Planning

March and April Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the months of March and April.

Long and Short-Term Ambient Air Monitoring Network Plans: The DRAFT "2020 Ambient Air Monitoring Network Assessment" and DRAFT "2020 Ambient Air Monitoring Network Plan" are available for public inspection at OurCleanAir.com. The Network Assessment is essentially the Monitoring Branch's 5-year strategic plan and prioritizes network resources. The Annual Network Plan summarizes monitoring network operations in 2019 and includes proposed modifications for 2020-2021. These plans are required by 40 CFR 58.10 and will be formally submitted to EPA by July 1, 2020.



Data Certification: Air monitoring data for calendar year 2019 was certified on April 28, 2020. Certification means that the Environmental Protection Agency can make regulatory decisions based on the data such as NAAQS "attainment" and "nonattainment" designations.



Prescribed Burning Rule: In October 2019, the DBOH adopted revisions to the Open Burning rule (Section 040.035). The purpose of this rule revision was to address residential open burning. AQM staff will be developing a companion rule to address all the other agencies that put fire on the ground. The Prescribed Burning rule (New Section 040.037) will require specific conditions to ensure that smoke from the project will not cause air quality and public health issues. The public hearing for the proposed rule is on this month's DBOH agenda.

Daniel Inouye  
Chief, Monitoring and Planning

b. Permitting and Compliance

**March**

Staff reviewed fifty-one (51) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In March 2020, Staff conducted thirty-three (33) stationary source inspections with one initial compliance inspection and fifteen (15) gasoline station inspections and two (2) initial compliance inspections. Staff was also assigned twenty (20) new asbestos abatement projects, overseeing the removal of approximately 130,000 square feet of asbestos-containing materials. Staff received eighteen (18) new building demolition projects to monitor. Further, there were thirty-five (35) new construction/dust projects to monitor. and Staff documented twenty-two (22) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to nine (9) complaints.

Type of Permit	2020		2019	
	March	YTD	March	Annual Total
<b>Renewal of Existing Air Permits</b>	93	171	95	1,086
<b>New Authorities to Construct</b>	8	12	3	52
<b>Dust Control Permits</b>	35 (221 acres)	57 (423 acres)	24 (243 acres)	197 (2436 acres)
<b>Wood Stove (WS) Certificates</b>	32	110	42	442
<b>WS Dealers Affidavit of Sale</b>	4 (2 replacements)	30 (22 replacements)	6 (6replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	566 (4 stoves removed)	1,559 (8 stoves removed)	676 (7 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	86	136	95	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	30	40	27	300

COMPLAINTS	2020		2019	
	March	YTD	March	Annual Total
Asbestos	1	1	0	11
Burning	0	6	0	14
Construction Dust	5	12	6	74
Dust Control Permit	0	0	0	6
General Dust	2	6	4	35
Diesel Idling	0	0	1	4
Odor	1	0	2	31
Spray Painting	0	3	0	3
Permit to Operate	0	0	1	8
Woodstove	0	0	0	2
<b>TOTAL</b>	<b>9</b>	<b>28</b>	<b>14</b>	<b>188</b>
NOV's	March	YTD	March	Annual Total
Warnings	0	0	1	27
Citations	0	0	0	15
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>42</b>

**April**

Staff reviewed fifty-one (51) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In April 2020, Staff conducted sixteen (16) stationary source inspections with four initial compliance inspection and sixteen (16) gasoline station inspections with five (5) initial compliance inspections. Staff was also assigned five (5) new asbestos abatement projects, overseeing the removal of approximately 24,000 square feet of asbestos-containing materials. Staff received two (2) new building demolition projects to monitor. Further, there were twenty-eight (28) new construction/dust projects to monitor, and Staff documented nineteen (19) construction site inspections. Each asbestos, demolition and construction notification project are monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to twenty-two (22) complaints.



Type of Permit	2020		2019	
	April	YTD	April	Annual Total
<b>Renewal of Existing Air Permits</b>	102	273	96	1,086
<b>New Authorities to Construct</b>	9	21	5	52
<b>Dust Control Permits</b>	38 (367 acres)	95 ( 790 acres)	15 (162 acres)	197 (2436 acres)
<b>Wood Stove (WS) Certificates</b>	22	132	43	442
<b>WS Dealers Affidavit of Sale</b>	0 (0 replacements)	30 (22 replacements)	17 (9 replacements)	118 (83 replacements)
<b>WS Notice of Exemptions</b>	539 (3 stoves removed)	2,098 (11 stoves removed)	749 (5 stoves removed)	8,353 (80 stoves removed)
<b>Asbestos Assessments</b>	74	210	102	1,034
<b>Asbestos Demo and Removal (NESHAP)</b>	19	59	22	300

COMPLAINTS	2020		2019	
	April	YTD	April	Annual Total
Asbestos	1	2	0	11
Burning	1	7	1	14
Construction Dust	14	26	7	74
Dust Control Permit	0	0	0	6
General Dust	5	11	5	35
Diesel Idling	0	0	0	4
Odor	1	1	1	31
Spray Painting	0	3	3	3
Permit to Operate	0	0	2	8
Woodstove	0	0	0	2
<b>TOTAL</b>	<b>22</b>	<b>50</b>	<b>19</b>	<b>188</b>
NOV's	April	YTD	April	Annual Total
Warnings	0	0	1	27
Citations	0	0	1	15
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>42</b>

Mike Wolf  
 Chief, Permitting and Enforcement

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: May 28, 2020**

**DATE:** May 15, 2020

**TO:** District Board of Health

**FROM:** Lisa Lottritz, MPH, RN  
775-328-6159; llottritz@washoecounty.us

**SUBJECT:** Divisional Update – Teen Pregnancy Prevention Month; Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

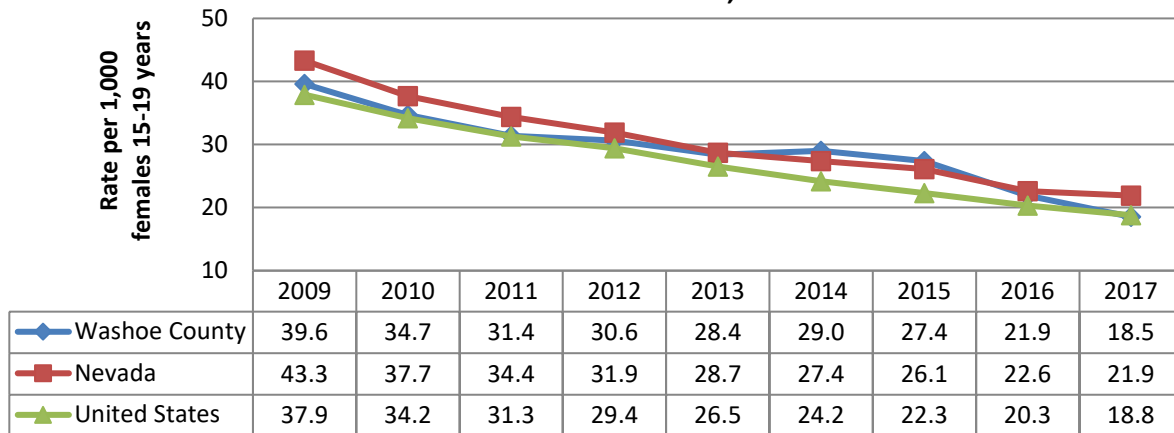
**1. Divisional Update –**

**a. Teen Pregnancy Prevention Month**



According to the National Campaign to Prevent Teen and Unintended Pregnancy there has been a decline of 63% in the teen pregnancy rate in the United States since 1990. Likewise, Nevada has also seen a significant decrease in both the teen pregnancy and teen birth rate. The teen birth rate in Nevada declined 72% between 1991 and 2018 and the teen pregnancy rate from 1998 to 2013 (the most recent data available) declined 66%. Following the state and national trends, Washoe County has also experienced a decline in the teen birth rate.

**Fig. 5 Teen Birth Rate Females 15-19 years, Washoe County, Nevada, and the United States, 2009-2017**



This downward trend in the teen pregnancy rate leaves a positive impact on the teens themselves as well as the communities they live in. The National Campaign to Prevent Teen and Unintended Pregnancy reports preventing teen pregnancy reduces poverty, improves a teens lifelong income, increases the graduation rate, improves health and child welfare, supports responsible fatherhood, and reduces other risky behaviors. Additionally, in 2015 it is estimated that the state of Nevada saved \$29 million due to the falling teen birth rate.

The reasons for the drop in the teen pregnancy rates are multifactorial and include increased access to contraception, and less risky sexual behavior by teens. According to the 2019 Nevada High School Youth Risk Behavior Report (YRBS) 31.8% of those surveyed had ever had sex and 22.4% of those surveyed were sexually active (sexual activity in the 3 months prior to survey). This compares to 2017 when 36.8% reported ever having sex and 25.8% who were sexually active. Increased access to birth control is also reflected in the YRBS survey. In 2019, 84.7% of teens surveyed reported use of some form of contraception at their last sexual encounter. This is an increase from 2017 when 83.2% of teens surveyed reported the use of some form of contraception at their last sexual encounter.

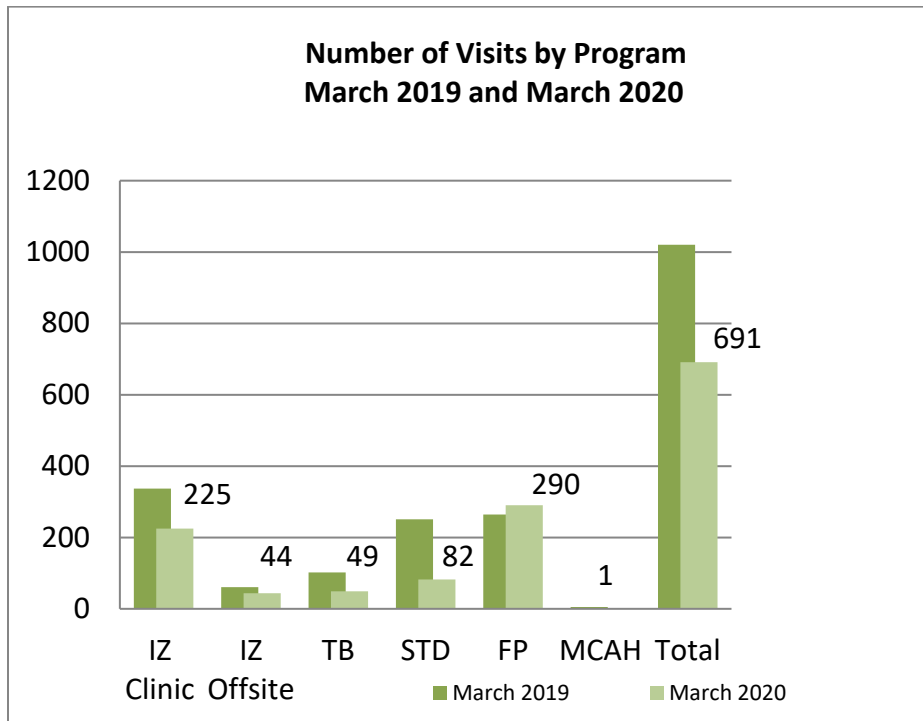
While the teen birth rate continues to decrease, there are still areas for improvement to ensure the trend continues in both the teen birth and teen pregnancy rate. As of 2018 (latest year for which data is available), Nevada ranks 35 out of 50 states for the teen birth rate and 41 out of 50 states for the teen pregnancy rate. In Nevada, the majority of teen births (74%) are to older teens (18-19-year olds). However, the repeat teen birth rate in Nevada remains a challenge. It is estimated that 17% of the teen births were to teens who already had a child. Access to confidential services for sexual and reproductive health for teens also remains a barrier. Confidentiality concerns are a significant issue to teens with 1 in 5 teens aged 15-17 reporting that they would not seek sexual and reproductive health care because of concerns that their parents may find out. In one

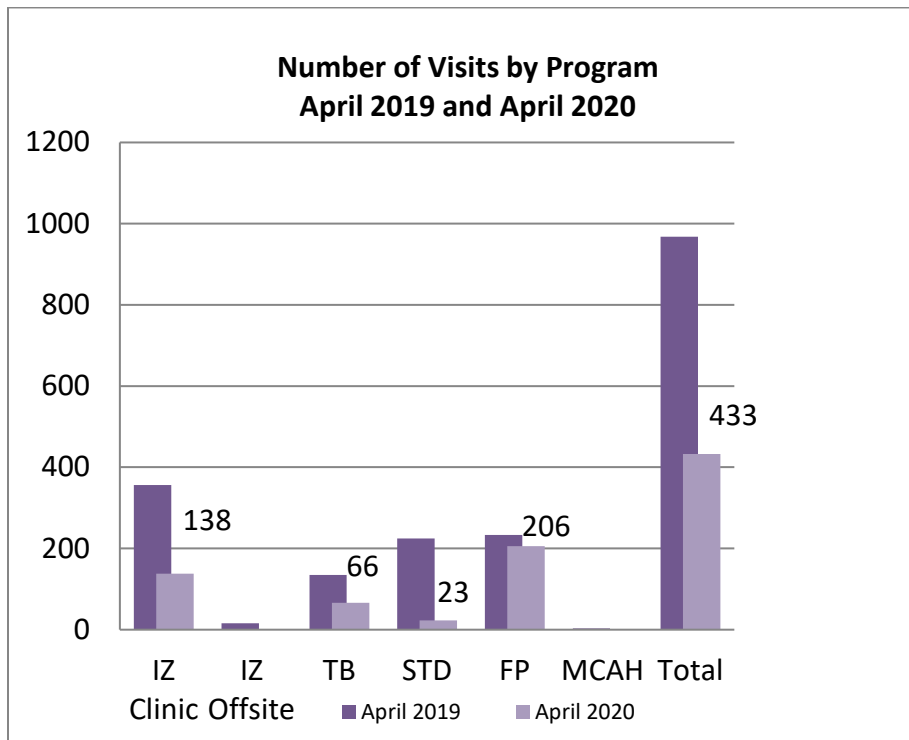
survey, only 22% of teens aged 15-17 years old with confidentiality concerns had received contraceptive services in the prior year.

CCHS, specifically the Family Planning Program, Teen Health Mall, and Sexual Health Program, continue to strive to provide teens with education and access to confidential services to promote sexual and reproductive health. In collaboration with the Sexuality, Health, and Responsibility Education (SHARE) program, students at McQueen High School Health & JROTC Classes and Wooster High School are given presentations regarding birth control, pregnancy options, and sexual health using the SHARE curriculum. As of September 2019, CCHS has also offered Seventeen Days, an evidence-based interactive program designed to educate young women ages 14-19 about contraception and sexually transmitted diseases (STDs). Seventeen Days identifies choice points, suggests risk-reduction strategies, and asks participants to think about what they would do in hypothetical situations.

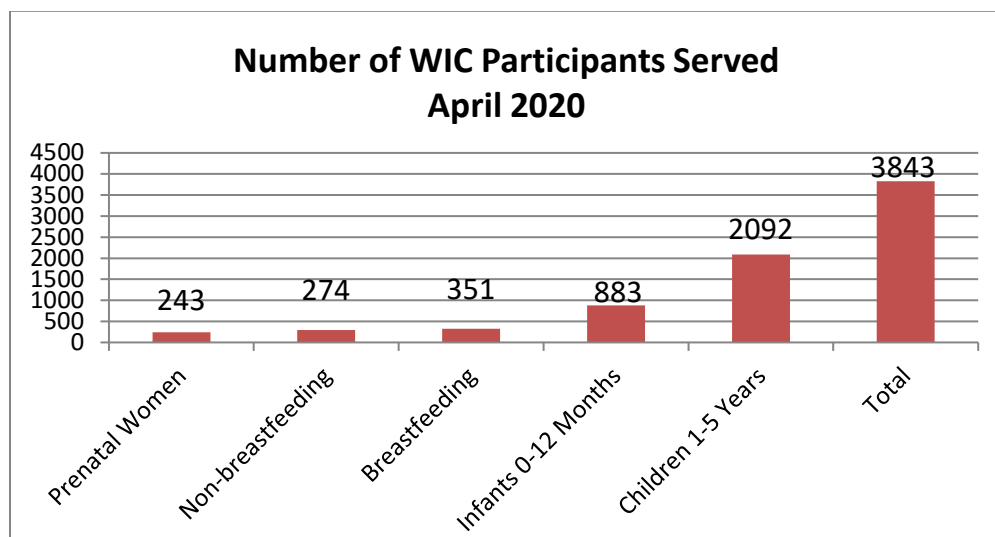
As a federally funded family planning program the provision of confidential services is key to the continued decline in the teen pregnancy rate. Although services are confidential, family involvement is always encouraged. It is estimated that the teen pregnancy rate would have been 73% higher without federally funded family planning programs. CCHS Sexual Health Programs (Family Planning, HIV and STD) provide integrated services that support healthy community outcomes including teen pregnancy prevention.

## 2. Data & Metrics





**906** COVID-19 Point of Screening and Testing (POST) tests were conducted in March  
**3,583** COVID-19 Point of Screening and Testing (POST) tests were conducted in April



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

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health (Outreach and Disease Investigation)** – The disease investigation program had its Public Health Investigator diverted fulltime to COVID case investigation, another DIS/PHN assumed her case load. All DIS have had an active role in the COVID response as disease testers, first at the drive through site at TB clinic and now at the Point of Screening and Testing (POST) site. Thankfully STD cases have taken a slight dip during the “Stay at Home” directive allowing for less disruption in normal activities. Clinic activities have remained open with services available to those needing treatment or with symptoms. Curbside delivery of treatment is available when possible. The program goal to go paperless with the investigation process has been postponed due to the COVID response.

HIV outreach activities have been suspended during the COVID response. The Sexual Health Program Coordinator and both Public Health Investigators assigned to the HIV program have been diverted to COVID response as case investigators.

- b. **Immunizations** – Nursing staff have been conducting COVID testing at the POST, providing clinical service in the Immunization Clinic as well as continuing grant related activities such as relocating vaccines from one provider to another and doing VFC provider follow up through emails and phone calls. Some clerical staff have been assigned to help with COVID POST paperwork, others are continuing to provide services in the Immunization clinic.

The Immunization clinic remains open to the public with the check in process being done over the phone when the client arrives at the Health District parking lot. Social distancing and Personal Protective Equipment (PPE) for staff and clients are in place for clinic visit. It is important to note that the Immunization clinic is seeing fewer clients due to the statewide ‘stay at home’ order.

Lynn Shore, RN, retired on April 30, 2020 after 18 years of service with the Health District. Recruitment for this position is in process as Public Health Nurses are deemed essential during this pandemic.

- c. **Tuberculosis Prevention and Control Program** - TB program is providing direct observation therapy to one active ocular case of TB; this patient is under the care of a community provider. The program has had no active pulmonary cases this calendar year. One PHN/Case Manager has been diverted full time as an investigator for COVID response. TB clinic coordinator provided four Nasopharyngeal (NP) swab collection training sessions for UNR Medical residents at the request of Dr. Zell.

- d. **Reproductive and Sexual Health Services** – Reproductive and Sexual Health Services hired a per diem APRN, Elke Houser. Her first day was April 13, 2020. Elke was hired to assist the clinic with serving a higher number of walk-in clients. Jackie Gonzalez, APRN retired May 1, 2020. Christina Sheppard, APRN transferred from Human Service Agency on May 11, 2020 to fill this position. On May 1, 2020 the Sexual Health and Family Planning programs began administering immunizations to clients over 18 years to fulfill State grant deliverables funded by Senate Bill 94. The Sexual Health and Family Planning programs have been operating throughout the COVID response. Per guidelines provided by Title X only non-emergent visits have been postponed. COVID restrictions implemented by the Washoe County prevented staff from providing reproductive health services to female inmates in March, April, and May. The program hopes to resume these activities at the Washoe County Sheriff's Office in June. All Sexual Health and Family Planning Public Health Nurses have been conducting COVID tests at the POST. Community Health Aides and clerical staff have been diverted to the Call Center and POST operation full or part time to assist with the COVID response.
- e. **Chronic Disease Prevention Program (CDPP)** – Lisa Sheretz was welcomed to the CDPP team. Lisa is working in tobacco, focusing on youth tobacco prevention. This new position was created with funds designated in the last legislative session (SB263) to reduce vaping among youth populations. Lisa brings a wealth of knowledge and experience to the County with experience in both the non-profit and government public health sectors. Her immediate prior position was working for the State's Division of Public and Behavioral Health as Policy, Systems, and Environmental Change Unit Manager.

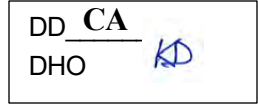
County Garden was planted with partnership of the CDPP and the Green Team, with significant support from WC parks. The garden is located in a planter in the County Complex Courtyard, and in April cold-resistant plants were planted including lettuce, cabbage, spinach and onion. In May, warm-weather plant will go in including tomatoes, corn and squash.

Staff continue to assist with COVID response: Activities include roles in the call center and disease investigation. COVID response needs have led staff to adjust schedules, dedicating time to COVID while maintaining regular duties as much as possible. It is expected that some CDPP grants will be underspent due to a focus on COVID activities.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review Team continues to work on program goals while ensuring social distancing guidelines are in place. The March meeting was cancelled, and the April meeting was conducted via Zoom. Nine members attended the virtual meeting and staff shared resources from the National Fetal Infant Mortality Review related to maternal COVID. Staff disseminated the congenital syphilis algorithm to team members in April. Affiliated meetings with Northern Nevada Maternal Child Health, Child Death Review, and Pregnancy Infant and Loss of the Sierras were cancelled for March.



- g. **Women, Infants and Children (WIC)** – As part of the COVID-19 response the following actions have been taken to best serve WIC clients:
- i. All appointments are being held over the phone
  - ii. There is an updated WIC food package that now allows for additional flexibility of foods. This helps address any food shortages that WIC clients experience.
  - iii. The Moana Clinic extended hours to serve families that need later appointments
  - iv. Promotion of WIC services has been conducted through social media, press outreach, and service information has been provided to Human Resources of all major casinos in the area.



**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: May 28, 2020**

**DATE:** May 15, 2020  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
 775-328-2644; [calbee@washoecounty.us](mailto:calbee@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division Program Updates – **Consumer Protection** (Food, Food Safety, Permitted Facilities, Commercial Plans) and **Environmental Protection** (Land Development, Safe Drinking Water, Vector, Waste Management/UST), and Inspections.

**Program Updates**

**A. Consumer Protection**

Food/Food Safety

- The Food Safety Team has created a new ‘Excellence in Food Safety Award’ that will be given to food establishments on an annual basis. The award can be earned by any food establishment that demonstrates a long-term commitment to food safety in Washoe County. The Food Safety Team has a media campaign underway that will reach residents of Washoe County through radio and social media to advertise this new program.
- The majority of EHS environmentalists have been diverted to the COVID-19 response over the past couple of months. During recent weeks some staff have been reassigned to inspecting grocery stores and Risk 3 category facilities. These inspections are focused on high risk factors and COVID-19 prevention. Most facilities are following the governors COVID guidelines for staying open and protecting employees and customers. Several Risk 3 category restaurants were found to have critical violations and were quickly resolved.
- The Food Safety Team continues responding to the COVID-19 pandemic by supporting contact tracing and managing the outgoing Call Center. Routine field inspections of food establishments are being conducted on a limited basis, focusing on high risk facilities and grocery stores. Staff inspecting facilities are maintaining social distance, wearing proper PPE, and ensuring food processes are being conducted safely by food establishments during these challenging times.
- Special Events/Temporary Food – All special event operations were suspended during the months of March and April due to COVID-19.
- Epidemiology – Program staff are operating as lead disease investigators for COVID-19. Epidemiological activities slowed dramatically over the course of April, likely due to the pandemic closures and other mitigation efforts.

<b>Epidemiology</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>2020 YTD</b>
Foodborne Disease Complaints	20	20	11	4	55
Foodborne Disease Interviews	14	12	5	1	32
Foodborne Disease Investigations	0	1	0	0	1
CD Referrals Reviewed	12	9	13	1	35
Product Recalls Reviewed	3	1	7	5	16
Child Care/School Outbreaks Monitored	13	22	8	0	43

Commercial Plans

- All EHS programs have been significantly impacted by the response to COVID-19. The Cross Connection/Backflow course for all EHS staff scheduled on March 30 was canceled and it is unclear when/if it can be rescheduled. Most members of the Commercial Plans group have had responsibilities reassigned to assist in the COVID-19 response. Plan reviews and associated inspections are continuing based on limited available resources. There has been a slight increase in the average review time and overall plan reviews are being completed within established deadlines.

<b>Community Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Development Reviews	18	26	24	15	83	373
Commercial Plans Received	97	92	116	94	399	1,325
Commercial Plan Inspections	31	28	36	18	113	395
Water Projects Received	9	5	3	2	19	87
Lots/Units Approved for Construction	95	108	85	68	356	1,337

Permitted Facilities

- Child Care – While EHS made the decision to suspend inspections for Child Care Facilities in late March, several facilities remained open. Staff will be catching up on the one license inspection that was due in April this month and will be on-track with Human Services Agency permitting. Staff from EHS is acting in an advisory capacity for COVID-19 surveillance and exclusion requirements during the pandemic. All Child Care facilities are expected to be back open at full capacity when Phase 2 re-openings occur.
- Mobile Homes/RV Parks – Staff from EHS has continued to inspect Mobile Homes/RV Parks during the COVID-19 pandemic with limited staff. Protocols were developed for these inspections in the interest of inspector safety and social distancing.
- Pools/Spas – Staff from EHS is still working on regulations for the Pools/Spas Program which will be changing its name to Aquatic Facilities to conform to the Model Aquatic Health Code. Staff is also working on reopening guidelines as most of the permits are expected to require inspection in early June. Some of the Aquatic Facilities are going to use a self-opening checklist prior to inspection.
- Schools – Staff from Environmental Health Services (EHS) has assisted with Washoe County School District's (WCSD) plans to reopen Schools as soon as the Governor starts to phase in on-site instruction. An EHS staff member sits on the Road to Recovery Task Force for WCSD in an advisory capacity. They will be assisting in developing a plan for social distancing, facility cleaning and sanitizing, and illness surveillance to supplement the plans that WCHD and WCSD have had in place since 2017. This supplement will allow for the current plan to incorporate influenza-like-illness (ILI) into the response protocols and cover more specific criteria for respiratory and vaccine preventable illnesses to add to the current gastrointestinal (GI) illness sections.

- Training – Training was suspended for new EHS staff in Mid-March as they were incorporated into the COVID-19 response teams. Training is expected to resume in June. The two staff assigned to train in the Foods Program and one staff assigned to train in the Permitted Facilities Program are all near completion in those respective areas.

**B. Environmental Protection**

Land Development

- In order to meet the Health Officer's directive regarding working remotely when possible, Land Development staff is working alternating days. This provides the maximum coverage while minimizing traffic into the office. Currently, only two staff remain in Land Development, the rest having been assigned to COVID-19 response.
- Land Development construction inspections continue to fill up the reduced time slots, as construction is still moving quickly.
- Plan review has slowed. Through April, plans for septic systems were 204 versus 272 in 2019, a reduction of approximately 25%. Well plans have increased from 18 in 2019 to 39 this year. Many of these have been abandonments for property development. Plan review times remain at approximately two weeks.

<b>Land Development</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>2020 YTD</b>	<b>2019 TOTAL</b>
Plans Received (Residential/Septic)	53	58	43	45	199	913
Residential Septic/Well Inspections	72	99	102	76	349	1,051
Well Permits	10	14	7	14	45	72

Safe Drinking Water (SDW)

- Activities were put on hold during March and April due to COVID-19 response. Only basic work was performed such as routine coliform monitoring and violation issuance for the State of Nevada (State). No sanitary surveys were performed.
- Staffing in SDW was already reduced due to staff rotation. Training of the new member has been suspended due to lack of staffing. Current staff in SDW is down to one person, split amongst other duties.
- Consumer Confidence Reporting season is picking up steam and requests for information and review requests are increasing.
- The quarterly report was provided to the State on May 1, 2020.

Vector-Borne Diseases (VBD)

- Interns have been out setting New Jersey traps and conducting surveillance activities to monitor the mosquito populations for arbovirus detection.
- The first aerial larvicide was conducted on May 5, 2020, a total treatment of 864 acres.
- The program is gearing up to meet the warmer weather demands as the community begins to re-open.

<b>Service Requests</b>	<b>JAN 2020</b>	<b>FEB 2020</b>	<b>MAR 2020</b>	<b>APR 2020</b>	<b>2020 YTD</b>
Tick Identifications	4	2	0	0	6
Rabies (Bat testing)	1	1	0	0	2
Mosquito Fish Requests	2	1	0	0	3


Waste Management (WM)/Underground Storage Tanks (UST)

- The 2019 Washoe County Recycle report is almost complete.
- No UST inspection have been done since March due to COVID-19.

**EHS 2020 Inspections**

	JAN 2020	FEB 2020	MAR 2020	APR 2020	2020 YTD	2019 TOTAL
Child Care	13	4	5	0	22	129
Complaints	76	67	69	60	272	817
Food	369	535	273	127	1,304	5,819
General*	39	71	57	15	182	2,051
Temporary Foods/Special Events	3	25	0	0	28	1,541
Temporary IBD Events	1	0	0	0	1	86
Waste Management	5	26	6	18	55	136
<b>TOTAL</b>	<b>506</b>	<b>728</b>	<b>410</b>	<b>154</b>	<b>1,864</b>	<b>10,579</b>
EHS Public Record Requests	204	274	399	154	1,031	3,508

\* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

DD	<u>AE</u>
DHO	_____ 
DA	_____
Risk	_____

**Epidemiology and Public Health Preparedness  
Division Director Staff Report  
Board Meeting Date: May 22, 2020**

**DATE:** May 7, 2020

**TO:** District Board of Health

**FROM:** Andrea Esp, MPH, CPH, CHES, EMS and PHP Program Manager, Acting EPHP  
Division Director  
775-326-6042, [aesp@washoecounty.us](mailto:aesp@washoecounty.us)

**SUBJECT:** Communicable Disease, Public Health Preparedness, Emergency Medical Services,  
Vital Statistics

**Communicable Disease (CD)**

2019 Novel Coronavirus (COVID-19)

The Epidemiology Program (EPI) is staying up-to-date with the evolving 2019 Novel Coronavirus (2019-nCoV) situation, which has been renamed COVID-19 by the World Health Organization. Washoe County Health District (WCHD) reported the first case of COVID-19 on March 5, 2020. As of May 1, 2020 there have been 945 cases of COVID-19 in Washoe County. This number changes daily and updated on the Regional Information Center website at <https://covid19washoe.com/>. For a detailed report on COVID-19 related EPI activities please see the “Health Branch COVID-19 Status Report” including the the DBOH packet.

The Communicable Disease Program, Public Health Preparedness staff, and Washoe County Health District leadership have continued holding weekly meetings to plan and provide updates for the rapidly evolving 2019 novel coronavirus situation.

**Public Health Preparedness (PHP)**

Beginning in January the PHP program provided a wide array of services, support and information into the Washoe County Health District COVID-19 response, to include providing staff to fill the operations, planning and logistics chief positions in the initial response, Strategic National Stockpile (SNS) receipt and distribution, information sharing, and staff support for the Incident Management Team (IMT) operations. PHP staff wrote operational guidance on POST and MPOST (Mobile POST), provided information and guidance on isolation and quarantine issues, housing issues and initially led in the development of an alternate care site at the Reno-Sparks Convention Center.

The Medical Reserve Corps capacity was also substantially increased through active recruiting to a total of 183 vetted deployable personnel. In addition the MRC program was able to provide staffing into call center operations, contact tracing, ACS and POST operations.

In the early stages of the pandemic the PHP program provided the fit testing to 63 Health District staff and volunteers. This was accomplished through the utilization of fit testing protocols and a contract with ARC to both meet the requirements of the Respiratory Protection plan as well as protecting staff and volunteers working the response. The PHP program also provided COVID training to incoming volunteers, medical students other county departments and county employees to give them the necessary information on how COVID-19 spreads and how to stay safe while providing services.

On March 6, 2020 the PHEP program in conjunction with staff from Health District Divisions provided coordination and materiel support for the first drive through Point of Screening and Testing site in Washoe County and the State of Nevada. This event was to provide COVID-19 testing to students identified from Huffaker Elementary School based on the first positive COVID-19 patient in Washoe County. The operational blueprint for the testing process was initially based on Point of Dispensing (POD) designs but was modified quickly based on requirements for personal protective equipment and patient privacy. This process was formalized on March 8 with the development of the initial operations manual which became the blueprint for POST operations in March, April and May.

Throughout the course of the pandemic multiple community partners submitted resource requests for personal protective equipment (PPE). Shipments of PPE from the Strategic National Stockpile (SNS) were received and distributed to partners including to acute care hospitals, EMS, Skilled Nursing, Long Term Care, Tribal partners and various other organizations. Below is a summary of what has been deployed.

From the Strategic National Stockpile (SNS):

- Faceshields: 91 cases (8,736 masks)
- Gloves (various sizes): 472 boxes
- Isolation gowns (various sizes): 279 cases (7,146 gowns)
- Coveralls (various sizes): 154 pieces
- N-95 masks (various brands): 533 cases (cases ranged from 120 to 240 masks per case)
- Surgical masks: 106 cases (53,000 masks)

WCHD received a shipment of thirty-five (35) - LTV Series Mechanical Ventilators from the SNS. Fifteen of these ventilators were delivered to the Northern Nevada Medical Center (NNMC) and the remaining twenty were delivered to Saint Mary's Medical Center (SMMC). Additionally, four Abbott ID NOW instruments were received and distributed to SMMC, Renown Regional Medical Center (RRMC), NNMC, and Community Health Alliance (CHA). The Abbott ID NOW instruments allow these facilities to conduct rapid molecular tests that target COVID-19.

In April the IMT ordered 5,000 COVID-19 Swab Testing kits to be deployed in the community. Current supplies were distributed to 12 Long Term Care and Skilled Nursing Facilities to be sent to a lab in California for analysis.

Finally, with the assistance of REMSA, the Health District deployed Disaster Medical Facility (DMF) tents to Renown and NNMC, and was able to provide material supplies (beds, IV poles, blankets) to outfit one of the tents at NNMC.

**Emergency Medical Service (EMS)**

The new EMS Coordinator, Vicky Olson, started on March 30 and learning her position and has assisted with contact tracing. The new PHP and EMS Program Manager, Andrea Esp, started on April 13 and is serving at the Acting EPHP Division Director while the position is vacant.

Additional revisions and updates were made to the Multi-Casualty Incident Plan. The Alpha plan and Family Service Center Annexes were updated as well. All three were sent to regional partners for input, and discussions are ongoing. A return date of May 15 was requested to allow for additional revisions to be made prior to presenting the plans to the board in June.

The EMS Oversight Program approved 10 REMSA exemptions request due to weather conditions from January 1, 2020 to April 30, 2020. REMSA submitted an inquiry for Fiscal Year 2019-2020 Penalty Fund Reconciliation accrued from July 2019 to February 2020. This request is pending DBOH leadership approval.

**REMSA Percentage of Compliant Responses**

Month	Zone A	Zone B	Zone C	Zone D	Zone B, C, and D	All Zones
January 2020	91%	92%	95%	100%	94%	90%
February 2020	90%	89%	92%	100%	93%	89%
March 2020	92%	90%	96%	80%	92%	90%
April 2020	94%	91%	89%	100%	93%	92%
<b>Year to Date</b>	<b>90%</b>	<b>91%</b>	<b>93%</b>	<b>94%</b>	<b>94%</b>	<b>90%</b>

Fiscal Year 2019-2020 (Quarter 3 & 4)

**Vital Statistics**

Vital Statistics has continued to serve the public through mail and online. Death records were picked up from funeral homes and five birth records were provided through social services. In addition, Vital Statistics registered 402 death and 490 births.

**Number of Processed Death and Birth Records**

April	In Person	Mail	Online	Total
Death	795	61	365	1221
Birth	5	36	60	101
<b>Total</b>	<b>800</b>	<b>97</b>	<b>425</b>	<b>1322</b>



**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: May 28, 2020**

**DATE:** May 18, 2020  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – COVID-19 Response, COVID-19 Homelessness Response, COVID-19 Contact Tracing, and Health District Support.

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ODHO COVID-19 Response

The Office of the District Health Officer has been heavily involved in the COVID-19 emergency response efforts. The Health Officer has been engaged in working with the City and County Managers through the Interlocal Agreement for Incident Command and Coordinated Response to COVID-19 to provide oversight and direction to the Incident Commander. The Health Officer has also been engaged with the Operations Section Chief and Health Branch Director for those response activities and has been coordinating with State and local public health authorities and emergency managers. The Communications Project Manager, Scott Oxarart, has been a key member of the Joint Information Center/Regional Information Center COVID-19 communications team working on numerous mechanisms including website, social media, press releases, videos, virtual town halls, and press briefings. Health Educator, Julia Ratti, led the Homeless Services Branch of the incident response until it was combined with the Housing Branch, and continues to serve as the Health District Liaison for that branch. Government Affairs Liaison, Joelle Gutman Dodson, has assisted with homeless and housing issues and supported communications with the Governor's Office and other state and local government entities. She is also engaged in working with the Nevada Resort Association in regard to plan for how symptomatic guests from out of the area can appropriately be managed in order to provide proper safety and separation while on the properties and to be tested and isolated or quarantined as necessary. Health Educator Rayona LaVoie has joined the Response as an Epi Group Lead for teams doing case investigation and contact tracing. Office Support Specialist, Falisa Hilliard, and Administrative Support Secretary Susy Valdespin have participated to support contract tracing efforts, and administrative support related to exclusion letters and test scheduling and follow-up. Ms. Valdespin has also provided extensive Spanish translation support in numerous task areas related to the risk assessment, scheduling and reporting of test results.

COVID-19 Homeless Response

The Homeless Branch within the COVID-19 emergency response was established on March 18, 2020 as part of the Incident Management Team. The WCHD role has been to facilitate and coordinate activities. A task force with representation from public and private agencies was established to facilitation communication and collaboration among homeless service providers.

Date: May 28, 2020

Subject: ODHO District Health Officer Report

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Accomplishments and activities include:

- Health District Environmental Health staff have provided and updated guidance to community providers. Our epidemiologists continue to interpret CDC guidance specific to addressing individuals experiencing homelessness.
- City of Reno, Volunteers of America and the RSCVA opened Reno Events Center for socially distanced sleeping quarters for 375 individuals on March 20. Community Health Alliance and VOA initiated screening and quarantine for symptomatic individuals and a safety plan for staff. Additional sanitation practices were also implemented.
- Washoe County Human Services Agency secured supported housing through a contract with WellCare and developed a process for appropriate placement until an individual can be safely cleared for discharge. The Incident Management team secured 300 individual units known as the Edison trailers for additional capacity.
- Local governments placed portable restrooms with hand sanitizer, provided for the distribution of drinking water and increased the shower capacity to accomplish greater social distancing.
- Foundation for Recovery and Downtown Reno Ambassadors distributed information about COVID-19 and services as well as water, food and other supplies throughout the community.
- Catholic Charities of Northern Nevada, Reno-Sparks Gospel Mission and Reno Initiative for Shelter and Equity modified food service from sit down dining to meals to go to reduce congregating.
- Several partners worked together to accomplish social distancing within lines for services.
- The IMT and REMSA worked together to provide for non-emergency transport for individuals from shelters, hospitals and the community to placement in isolated housing.
- The Health District implemented the first mobile POST at the Reno Events Center on May 14 and successfully tested 107 individuals.

### COVID -19 Contact Tracing

In an effort to slow the spread of COVID-19, resources have been focused on contact investigations of patients with confirmed or suspected exposure to the virus. The investigation team conducts interviews for contact tracing to help individuals recall a timeline of their symptoms and everyone they have had close contact with during the timeframe while they may have been infectious. Close contacts and workplaces identified as high risk due to their potential exposure are provided with education and information to self-quarantine until 14 days after their last exposure through email or phone call. Following each case investigation, symptomatic contacts are scheduled for testing and data is inputted into a sharable document for further analysis of clusters and contact tracing efforts. Individuals confirmed with the virus are monitored for symptoms and released with documentation when they meet the criteria to clear home-isolation. Additional personnel from other Health District Divisions and the National Guard have been deployed to join the WCHD Epidemiology team. Lead investigators have been assigned to train the incoming workforce to develop larger contact tracing teams.

Date: May 28, 2020

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### Health District Support

The needs at the Health District have increased in great number when referring to COVID-19. The Incident Command team identified Spanish speaking contact tracers to be of need as it relates to COVID-19. Numerous telephonic translations have been performed in the past few weeks, which led our department to ask our Spanish speakers to participate more fully on this task. This task has developed into Spanish speakers dedicating time to perform duties as contact tracers, investigators, schedulers, and risk assessors, sometimes all in one-stop shop.

Our office has stepped up and assisted with various needs of the administration of COVID-19, therefore, lining themselves up to provide exclusion letters to patients and reaching out to patients to schedule testing and/or to provide test results or general information.

Our communications team has required assistance in providing press releases and/or informationals to our Spanish-speaking community, and our office has provided translating services for these purposes. Our office has also provided translating services for risk assessments and most recently our seroprevalence survey.

Because of the pace of the response efforts and the number of National Guard volunteers as well redeployed Health District and County staff that are contributing to the COVID-19 efforts, the Incident Command's Logistics unit required assistance in providing lunch to these members of the COVID-19 team, so our office arranged and collaborated with a number of local vendors to provide lunches for the volunteers.