WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

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, June 25, 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/81852785474

Phone: 1-669-900-9128
Webinar ID: 818 5278 5474

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

1:00 p.m.

1. ***Roll Call and Determination of Quorum.**
2. ***Pledge of Allegiance.**
3. ***Public Comment.**
   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 no later than 4:00 p.m. on Wednesday, June 24, 2020.
4. **Approval of Agenda. (FOR POSSIBLE ACTION)**
   June 25, 2020

5. *Recognitions.

A. Years of Service

i. Maria Jimenez, 15 years, hired June 30, 2005 – CCHS
ii. Lisa Lottritz, 25 years, hired June 26, 1995 – CCHS
iii. Anthony (Tony) Macaluso, 30 years, hired June 4, 1990 - EHS

B. Promotions

i. Tyler Henderson – promoted from Environmental Health Trainee to Environmental Health Specialist effective May 14, 2020 – EHS
ii. Brittney Osborn – promoted from Air Quality Trainee to Air Quality Specialist effective May 25, 2020 – AQM
iii. Mhervin Dagdagan – promoted from Intermittent Hourly RN to Public Health Nurse effective June 8, 2020 – CCHS

C. Retirements

i. Anthony (Tony) Macaluso, July 6, 2020, Environmental Health Supervisor, EHS

6. Consent Items. (FOR POSSIBLE ACTION)

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes – **(FOR POSSIBLE ACTION)**
i. May 28, 2020

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

i. Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of $691,180.00 retroactive to October 1, 2019 through September 30, 2020 for the Air Quality Management, EPA Air Pollution Control Program, IO# 10019 and authorize the District Health Officer to execute the Agreement.
Staff Representative: Nancy Kerns-Cummins

ii. Approve a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2020 through June 30, 2021 [in the total amount of $226,229.00] (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.
Staff Representative: Kim Graham

C. Authorize FY21 Purchase Order to Merck Sharp & Dohme Corporation [in the amount of $118,000.00] to purchase vaccines for the Immunization and Family Planning Programs and authorize the District Health Officer to authorize any future purchases in excess of $118,000.00 but not to exceed $150,000.00. (**FOR POSSIBLE ACTION)**
Staff Representative: Kim Graham

D. Approve the donation of a Kenwood 200W HF-6M Transceiver to Washoe County Amateur Radio Emergency Service (ARES). (**FOR POSSIBLE ACTION)**
Staff Representative: Nancy Kerns-Cummins

E. Accept various donations from businesses and private citizens with an [estimated value of $7,852.19]. (**FOR POSSIBLE ACTION)**
Staff Representative: Nancy Kerns-Cummins

F. Acceptance of the "Washoe County, Nevada Air Quality Trends (2010-2019)" Report. (**FOR POSSIBLE ACTION)**
Staff Representative: Francisco Vega

G. Adoption of the "Washoe County Air Quality Management Division Smoke Management Program". (**FOR POSSIBLE ACTION)**
Staff Representative: Francisco Vega

H. Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2020. **(FOR POSSIBLE ACTION)**
Staff Representative: Anna Heenan

- END OF CONSENT -

7. Regional Emergency Medical Services Authority
Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for May 2020 – (FOR POSSIBLE ACTION)
B. *Update of REMSA's Public Relations during May 2020

8. Presentation, discussion, and possible approval of fiscal year 2019-2020 revisions to the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center Annex. (FOR POSSIBLE ACTION)
Staff Representative: Vicky Olson

9. Discussion and possible direction to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency until August 10, 2020. (FOR POSSIBLE ACTION)
Staff Representative: Charlene Albee

10. Presentation and possible acceptance of a report on Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19. (FOR POSSIBLE ACTION)
Staff Representative: Kevin Dick

11. Review and update on COVID-19 Emergency Response Activities. (FOR POSSIBLE ACTION)
Staff Representative: Kevin Dick

12. *Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director
Program Update – Nevada sues EPA, NHTSA and DoT over SAFE rule, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement.

B. Community and Clinical Health Services, Lisa Lottritz, Division Director
Divisional Update – Client Satisfaction Survey Results 2020; 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, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and Inspections.

D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director
Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

E. Office of the District Health Officer, Kevin Dick, District Health Officer
District Health Officer Report – COVID-19 Response, Impact of COVID-19 on Health District Operations, Community Health Improvement Plan, County Strategic Plan, and Health District Media Mentions.

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 no later than 4:00 p.m. on Wednesday, June 24, 2020.

ADJOURNMENT. (FOR POSSIBLE ACTION)

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

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

Public Comment: Members of the public may make public comment by submitting an email comment to 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)"

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

WASHOE COUNTY HEALTH DISTRICT
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Washoe County District Board of Health Videoconference Meeting Minutes

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 Administration Complex
Commission Chambers, Building A
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 (via zoom)
Oscar Delgado (via zoom)
Tom Young (via zoom)

Members absent: Marsha Berkbigler (appeared via zoom at 1:13 p.m.)
Dr. Reka Danko (appeared via zoom at 1:05 p.m.)

Mrs. Valdespin verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Anna Heenan
Charlene Albee (via zoom)
Lisa Lottritz (via zoom)
Julie Hunter (via zoom)
Francisco Vega (via zoom)
Andrea Esp (via zoom)

2. *Pledge of Allegiance

Vice Chair Brown led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.
Mrs. Valdespin confirmed there was no public comment.
Chair Novak closed the public comment period.

4. Approval of Agenda

May 28, 2020

Vice-Chair Brown moved to approve the agenda for the May 28, 2020, District Board of Health regular meeting. Councilman Delgado seconded the motion which was approved unanimously.

5. Recognitions

A. Retirements

i. Suzanne Dugger, Air Quality Specialist, retired May 1, 2020 – AQM
Mr. Dick recognized Ms. Dugger for her 18 years of service.

ii. Carol Lynnie Shore, Public Health Nurse II, retired May 1, 2020 – CCHS
Mr. Dick congratulated and thanked Ms. Shore for her 17 years of service and stated he hopes she comes back to assist with vaccines once they have one for COVID-19.

iii. Scott Baldwin, Air Quality Specialist, retired May 1, 2020 – AQM
Mr. Dick recognized Mr. Baldwin's 14 years of service.

iv. Jacqueline Gonzalez, Advanced Practice Registered Nurse, retired May 1, 2020 – CHS
Mr. Dick mentioned that she was only with the Health District for 20 months but has 37 years in the medial services.

v. Dr. Randall Todd, Epi Center Director, retired May 8, 2020 – EPHP
Mr. Dick recognized and congratulated Dr. Todd after 14 years with the Health District and 40-year career in public health.

B. Years of Service

i. Lilia Sandoval-Huffman, 25 years, hired May 15, 1995 – CCHS
Mr. Dick recognized Ms. Sandoval-Huffman for her 25 years of service as an Office Assistant II.

ii. Cindy Hawks, 20 years, hired May 1, 2000 – EPHP
Mr. Dick recognized Ms. Hawks for her 20 years of service as an Office Support Specialist.

iii. Laurie Griffey, 15 years, hired May 9, 2005 – AHS
Mr. Dick recognized Ms. Griffey for her 15 years of services as an Administrative Assistant I and HR Rep for the Health District.

C. Promotions

i. Kimberly Graham – promoted from Administrative Assistant I to Fiscal Compliance Officer – AHS
Mr. Dick recognized Ms. Graham and her promotion within the Health District.

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
Mr. Dick recognized and welcomed all listed staff to the Health District.

E. Shining Star

i. Theresa Bennett
Mr. Dick thanked all staff for providing excellent customer service and noted that since the inception of this program the Health District has received 707 Shining Star Awards, with Ms. Bennet being recognized today for receiving ten.

F. Hero of the Day

i. Erick Lamun

Mr. Dick congratulated Mr. Lamun for his efforts in running the POST operations and his recognition by Governor Sisolak as Hero of the Day.

6. Proclamation – Emergency Medical Services Week – Beyond the Call

Accepted by: Andrea Esp

Vice Chair Brown moved to approve EMS Proclamation. Councilman Dahir seconded the motion which was approved unanimously.

7. Consent Items

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approval of Draft Minutes

i. March 26, 2020

B. Budget Amendments/Interlocal Agreements

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.
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.
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.
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**.**
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 Wittenberg 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.
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.
Staff Representative: Kevin Dick

Councilman Dahir moved to approve the consent agenda. Vice-Chair Brown seconded the motion which was approved unanimously.

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 –

B. Review and Acceptance of the REMSA Operations Report for April 2020

Mr. Dow provided information about how REMSA has been responding to the pandemic across Washoe County. Mr. Dow mentioned REMSA continued to be represented at the Incident Management Team with representation from Brian Taylor and Kevin Romero. Mr. Down highlighted REMSA's logistic department that is headed by Josh and Jake Duffey. Mr. Down mentioned this team was able to plan ahead and as a result they have been able to procure PPE for staff and crews. Additionally, Mr. Dow mentioned the logistics department has been able to donate over 2000 N-95 masks to Health Care facilities, long-term care facilities and their fire employee's department partners.

REMSA has expanded access to their health nurse line and have outgrown capacity at about 250% to better serve and respond to phone calls for all of rural Nevada and parts of North and Eastern California. In partnership with Washoe County Health District, REMSA stood up a community triage line. In partnership with UNR's School of Medicine volunteers were recruited from the university and the community, as a result, 9,583 phone calls related to health care have been taken since March 20, 2020.

Mr. Dow also informed that REMSA continues to transport people experiencing homelessness between testing, care facilities, and temporary housing locations in partnership with Washoe County.

REMSA has worked with the Health District, Resort Association, and the Gaming Commission to develop infectious disease protocols and action plans in preparation of the re-opening of some casino properties.

As of March 17, 2020, REMSA's medically trained dispatchers have performed more than 2,000 influenza like screenings and have followed up with first responder across the area.

Mr. Dow informed that as of result of this pandemic REMSA's education department was impacted and was forced to shut some of the classes down to the public. However, where able, REMSA adapted to virtual trainings. Mr. Dow is hopeful that REMSA will be able to open their education campus within the next week, follow stringent guidelines.

Councilman. Dahir thanked REMSA for their services but asked if REMSA has had federal financial help.

Mr. Dow stated REMSA has been successful in procuring some financial support primarily from Health and Human Services. REMSA continues to watch those efforts closely and continue to engage with congressional representatives and others in Washington DC. Mr. Dow is hopeful that REMSA will receive additional support.

Vice-Chair Brown moved to accept the REMSA Operation Reports for March and April of 2020. Dr. Danko seconded the motion which carried unanimously.

C. *Update of REMSA's Public Relations during March 2020

D. *Update of REMSA's Public Relations during April 2020

Ms. Jobson stated that most of their public relations have been focused on the pandemic. Ms. Jobson informs that she has been participating with the Joint Information Center (JIC) as an effort to work through the pandemic. Ms. Jobson informs she assisted in coordinating the first virtual town hall, assisted with the frequently asked questions portion of covid19washoe.com, and graphical messaging and collaborative messaging with other health care partners. Ms. Jobson took time to recognize the hard work and leadership of JIC Lead PIO, Adam Mayberry as well as Washoe County's Communication team.

Ms. Jobson informed that REMSA has consistently responded to media inquiries and proactively offered up subject matter experts for the pandemic related to the triage line, employee health and wellness, mobile heath care response throughout Washoe County, PPE, and the importance of continuing to call 911 for medical emergencies.
Ms. Jobson informed that Matt Hauth, dispatch supervisor, was interviewed and featured in the Hill, a Washington D.C. online magazine that reaches out to legislators and congressional staffers.

Ms. Jobson mentioned enhancements made to REMSA's webpage including a "Donations" section and "Say Thanks". The Say Thanks section allows public to send messages of appreciation to employees across the organizations.

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/Julie Hunter

Julie Hunter began to discuss the immediate item for Mr. Vega. Ms. Hunter highlighted that the item up for public hearing was previously a part of the Open Fire Regulation, which was revised and adopted for revisions on September 26, 2019 by this Board, however, the revisions brought forth did not contain the prescribed burning section of the regulations. Thus, the need to bring this item back to the Board for adoption. Ms. Hunter noted that 3 workshops were held, public

comment was received from two individuals, and Air Quality Management fees would not be affected as a result of this item. Ms. Hunter asked for the Board to adopt the regulations.

Councilman Dahir moved to adopt the revision made to the Regulations Governing Air Quality Management. Tom Young seconded the motion, which was which was approved unanimously.

10. Review and update on COVID-19 Emergency Response Activities. FOR POSSIBLE ACTION

Staff Representative: Kevin Dick

Mr. Dick commended Health District staff on their willingness to take on this new challenge. He also spoke of the strategy that is in place, which includes the following: mitigation efforts that in summary deals with social distancing/non-pharmaceutical intervention, surge capacity with health care system to provide medical care, and preparing for crisis standards of care in case medical capacity is exceeded.

The efforts with the first part of the strategy have been successful, regarding the flattening the curve, and now we have been able to move to the re-opening phases.

Mr. Dick listed all the efforts that were made to respond quickly from the first COVID case and to dealing with the concerns relating to Huffaker Elementary School and standing up a Point of Screening and Testing (POST) for sample collection successfully which required numerous support services. He also made note of the activities related to COVID such as the 24/7 call center that REMSA is now leading, the portal on the web to fill out a risk assessment and schedule testing, scheduling operations, follow-up after testing, and contact tracing (case investigation).

Mr. Dick spoke of the collaboration the Health District has had with Accela, and design and implementation of a platform to assist with managing many of the scheduling, paperwork, labeling, and results reporting activities for COVID.

Mr. Dick made reference to the Incident Command System organizational chart which provided an example of the structure that was built through the Health Branch for the COVID response. Mr. Dick elaborated on the structure and the tasks and responsibilities that are listed for the variety of units within the Health Branch. Mr. Dick highlighted that Julia Ratti has served as the director for the homelessness services branch, until it was merged with Housing and supported by Human Services Agency. Mr. Dick also mentioned Scott Oxarart's participation with the JIC and their extensive daily communications to the community. As far as the regional response the Health District works under unified command structure with Aaron Kenneston as the new lead, per the item listed in this consent agenda.

Mr. Dick stated they have been fortunate to have the National Guard join them and integrated into the operations. Mr. Dick informed that the POST and all operations from call center through contact tracing has been viewed as a model by the State. National Guard members come through the Health District to train and then go out to do POSTs in rural communities and train local county governments on contact tracing.

Mr. Dick stated they are working on work plans and budgets to receive federal funding through Paycheck Protection Program as well as other funding for about $10 million, that will help with staffing for POST operations and call center through contact tracing effort as the National Guard steps down. Mr. Dick clarified that the National Guard is currently set to step down on

June 24, 2020, however, he is hopeful that the Governor's current plans to extend the date to August comes to fruition.

Mr. Dick continued to update about a mobile POST at a senior living facility. Mr. Dick mentioned the priorities were set so that testing can happen where vulnerable population are found such as long-term care facilities, senior living, congregate settings, and high risk workforces such as first responders and health care providers, and that this testing will need to be repeated with some frequency.

Mr. Dick informed the Board that the Health District's drive through POST will be open for asymptomatic testing during June 1, 2020 through June 6, 2020, as per the statewide initiative from the Governor's office. Additionally, Mr. Dick mentioned that they're working on a seroprevalence study in conjunction with researches at UNR's School of Epidemiology and the Nevada State Public Health Lab, which will provide the Health District with a percentage of Washoe County population that has been exposed to COVID-19 and have developed antibodies to the disease.

Councilman Dahir asked about what the Health District is foreseeing or doing to prepare for a possible wave in the fall.

Mr. Dick stated that the Health District has had a discussion about a surge in the fall, and that an increase in influenza-like illness (ILI) during the flu season will require more testing. Mr. Dick stated that he sees an increase in demand for testing. Asymptomatic Testing now is a stress test to the system to manage capacity in the fall. The State is working on a contract with a vendor that will provide all the local authorities with a software platform that will support contact tracing as well as providing contact tracing staff that can be used by entities across the state as needed for surge capacity.

Mr. Dick informed that hospitals are prepared for a potential surge, Renown has built out 700 additional beds for these purposes. He also mentioned the Health District is coordinating with Immunize Nevada and working on plans on how to enhance the delivery of vaccines for influenza, to reduce the number of people with ILI needing to be tested for COVID-19.

Councilman Dahir asked if antibody testing is a good idea.

The State Lab's antibody testing is limited to testing for public health purpose, as surveillance to identify the level of exposure in our population. However, Mr. Dick mentioned that if people want to get it, they might be available to test through the private sector and/or health provider. Mr. Dick cautioned about rushing to get these tests as information about the accuracy of tests may not be available and many are not reliable.

Chair Novak added that almost 200 serology tests were sent to the CDC but only 12 have been approved. He stated that if people want to get tested, it's important to find one that is approved by the CDC.

Vice-Chair Brown moved to accept the COVID-19 Response Activities report. Tom Young seconded the motion which was approved unanimously.

11. Acknowledge receipt of the Health Fund Financial Review for April, Fiscal Year 2020.
Staff Representative: Anna Heenan

Ms. Heenan informed that the Unified Command has spent $7.5 million with some revisions on purchases. Unified Command costs will be shared by Washoe County, City of Sparks, and City of Reno. The Health District has spent about over $1 million for costs will not be reimbursed

by the grants. At this point $931,000 has been accepted for grant funding and the Health District is working on an additional $11 million that will help with contact tracing and the call center.

Ms. Heenan stated that in reviewing the figures in February, the revenues for FY20 are going to be $275,000 less than what was reported. Ms. Heenan anticipates a $2 million loss in revenue for FY21, which can be covered with the Fund Balance, but expenditures will have to be reduced.

Ms. Heenan stated that in an effort to cover the loss in revenue, a hiring freeze is in place, the non-mission critical positions will not be filled, non-critical mission expenditures will be frozen, the funds for community support project will have to be held off for a year, the Behavior Health Injury Prevention Program will be put on hold, and the mosquito abatement fund will have to be cut, and the Lawn Mower Rebate Program will have to be analyzed for cuts. However, Ms. Heenan also reported that the Health District has enough inventory for mosquito abatement for the rest of the summer and although the Lawn Mower Rebate Program is covered with restricted funds, those funds may be necessary if the Health District is unable to cover labor.

Ms. Heenan informed that if revenues continue to decline the way it has been projected, an additional $1 million in cuts will be needed before going into FY22. Ms. Heenan stated that she will be reporting to the Board monthly as she monitors this situation.

Councilman Dahir asked how the Health District is preparing to get people back to their normal duties.

Mr. Dick explained that with the National Guard assisting, employees are beginning to be able to return to their normal duties and as the Health District is able to get federal funding and temporary staff is hired to cover response activities the Health District will be able to pull the remaining staff.

Councilman Dahir also asked if the Health District has contemplated a decrease in pay for the employees as a measure to save funds.

Mr. Dick informed that those conversations have not happened with the County Manager, as they are the lead with negotiations with the associations, but this possibility is not out of the realm.

Councilman Dahir mentioned it would be beneficial to have a laid-out plan as to what the Health District wants before those conversations happen.

Vice-Chair Brown moved to accept the Fund Financial Review report. Councilman Dahir seconded the motion which was approved unanimously.

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

Mr. Vega stated he did not have anything additional to add but opened the item for questions.

Tom Young asked if the air quality has improved since the shutdown has occurred.

Mr. Vega stated that it is difficult to answer directly due to other the factors associated with the air quality monitoring data. In general, the air quality in Washoe County is in attainment with the Air Quality Standards.

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.

Ms. Lottritz reported that her clinics have been operating throughout the COVID response, with some adjustments.

Ms. Lottritz mention that WIC has offered telephonic visits. Additionally, Family Planning, sexual health, TB, and immunization services have continued with adaptions.

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).

Ms. Albee reports that her department has been busy working with COVID response. Ms. Albee informed that of her 44.9 full time employees her department was down to 2-3 employees available in Environmental Health, as a result of assisting with COVID response.

Ms. Albee stated that her department's priorities are set to respond to complaints and perform high risk inspections (Category 3 restaurants, daycares, schools, etc.).

Ms. Albee informed that a re-opening plan for pools has been set. Regulations require that every pool has a certified pool operator. The operator will send documents verifying compliance, before they open. Once those documents are received, inspections can be scheduled.

Ms. Albee stated her staff's expectations are to be effective and efficient and get as much work done with what is available.

D. Epidemiology and Public Health Preparedness, Andrea Esp, Acting Division Director
Communicable Disease, Public Health Preparedness, Emergency Medical Services, and Vital Statistics

Ms. Esp informed she did not have anything additional but will respond to questions.

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.

Mr. Dick informed that the office of the District Health Officer has been fully engaged with COVID response. Mr. Dick provided details on how his team has been involved in relation to COVID-19 and acknowledge their efforts.

Mr. Dick informed that the Health District has suspended activities through the Community Health Improvement Plan, the Community Health Needs Assessment, and Quality Improvement, and Workforce Development initiatives.

13. *Board Comment

Councilman Dahir commended Mr. Dick for keeping things rolling. He also highlighted the importance of these meetings not just to communicate as a Board but also to keep on track, to let staff to be aware that the Board is cheering them on, and for the community. He expressed his appreciation to the Health District for making these meetings happen.

Chair Novak thanked staff for their flexibility. He sent special thanks to REMSA, National Guard, Eric Brown and the Commission, and City Managers. Chair Novack also shared his appreciation for Dr. Todd and all he has done for the past 14 years and wished him the best in his retirement.

Chair Novak thanked Mr. Dick for the numerous hours he spends on this response and for effectively communicating with the Board as well as Vice-Chair Brown.

14. *Public Comment.

Chair Novak opened the public comment period.
Mrs. Valdespin confirmed there was no public comment.
Chair Novak closed the public comment period.

Adjournment.

Chair Novak adjourned the meeting at 2:49 p.m.

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

Special Accommodations: The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 24 hours prior to the meeting.

Public Comment: During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

Posting of Agenda; Location of Website: Pursuant to NRS 241.020, Notice of this meeting was posted at the following locations:
Washoe County Health District, 1001 E. 9th St., Reno, NV Reno City
Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health State of
Nevada Website: https://notice.nv.gov

How to Get Copies of Agenda and Support Materials: Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. 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. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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Staff Report
Board Meeting Date: June 25, 2020

TO: District Board of Health

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

SUBJECT: Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of $691,180.00 retroactive to October 1, 2019 through September 30, 2020 for the Air Quality Management, EPA Air Pollution Control Program, IO# 10019 and authorize the District Health Officer to execute the Agreement.

SUMMARY

The Air Quality Management Division received a Grant Agreement #00905420 from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO# 10019. A copy of the Grant Agreement is attached for the period retroactive to October 1, 2019 through September 30, 2020. The Agreement was received on June 3, 2020.

District Health Strategic Priorities supported by this item:

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

On April 25, 2019 the Board retroactively approved a Grant Agreement from the EPA in the amount of $684,564.00 for the period 10/1/18 through 9/30/19.

BACKGROUND

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

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

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

On-Going Program Support: The Health District has received and anticipates receiving continuous funding to support the EPA 105 Base Program.

Award Amount: $681,180.00

Grant Period: October 1, 2019 – September 30, 2020

Funding Source: U.S. Environmental Protection Agency

Pass Through Entity: n/a

CFDA Number: 66.001

Grant ID Number: 00905420

Match Amount and Type: $1,530,508. Funding for match expenditures comes from fees, state dedicated funds and general fund transfer.

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

FISCAL IMPACT

Should the Board approve the Grant Agreement, there is no fiscal impact as this award was anticipated and included in the adopted FY20 budget.

RECOMMENDATION

It is recommended the District Board of Health approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of $691,180.00 retroactive to October 1, 2019 through September 30, 2020 for the Air Quality Management, EPA Air Pollution Control Program, IO# 10019 and authorize the District Health Officer to execute the Agreement.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of $691,180.00 retroactive to October 1, 2019 through September 30, 2020 for the Air Quality Management, EPA Air Pollution Control Program, IO# 10019 and authorize the District Health Officer to execute the Agreement."

U.S. ENVIRONMENTAL PROTECTION AGENCY

Grant Agreement

GRANT NUMBER (FAIN):	**00905420**
MODIFICATION NUMBER:	**0**
PROGRAM CODE:	**A**
DATE OF AWARD	05/27/2020
TYPE OF ACTION	New
MAILING DATE	06/03/2020
PAYMENT METHOD:	Advance
ACH#	90104

RECIPIENT TYPE:
County

Send Payment Request to:
US EPA
RTP-Finance Center
Email: rtpfc-grants@epa.gov

RECIPIENT:
Washoe Cnty Dist Hlth Dept
1001 East Ninth Street, Building B
Reno, NV 89512
EIN: 88-6000138

PAYEE:
Washoe Cnty Dist Hlth Dept
1001 East Ninth Street, Building B
Reno, NV 89512

PROJECT MANAGER	EPA PROJECT OFFICER	EPA GRANT SPECIALIST
Francisco Vega 1001 East Ninth Street, Building B Reno, NV 89512 **E-Mail:** FVega@washoecounty.us **Phone:** 775-784-7211	Roberto Gutierrez 75 Hawthorne Street, AIR-1-1 San Francisco, CA 94105 **E-Mail:** Gutierrez.Roberto@epa.gov **Phone:** 415-947-4276	Renee Chan Grants Branch, MSD-6 **E-Mail:** Chan.Renee@epa.gov **Phone:** 415-972-3675

PROJECT TITLE AND DESCRIPTION
FY-2020 Air Pollution Control Program

This agreement will provide assistance for the Washoe County District Health Department in its efforts to implement air pollution control programs throughout the local Air District of Washoe County, including continuing development and implementation of stationary source regulations: continuing promulgation and update of enhanced mobile source regulations; improvements of emission inventories for modeling simulations; operating an air monitoring network; and other air planning activities. These activities are to improve and maintain the public's air quality.

This award provides full federal funding in the amount of $691,180.

BUDGET PERIOD	PROJECT PERIOD	TOTAL BUDGET PERIOD COST	TOTAL PROJECT PERIOD COST
10/01/2019 - 09/30/2020	10/01/2019 - 09/30/2020	$2,221,688.00	$2,221,688.00

NOTICE OF AWARD

Based on your Application dated 08/01/2019 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards $691,180. EPA agrees to cost-share 31.11% of all approved budget period costs incurred, up to and not exceeding total federal funding of $691,180. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.

ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)	AWARD APPROVAL OFFICE
ORGANIZATION / ADDRESS	**ORGANIZATION / ADDRESS**
U.S. EPA, Region 9 Grants Branch, MSD-6 75 Hawthorne Street San Francisco, CA 94105	U.S. EPA, Region 9 Air and Radiation Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105

THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY

Digital signature applied by EPA Award Official Carolyn Truong - Grants Management Officer

DATE 05/27/2020

EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	$	$ 691,180	$ 691,180
EPA In-Kind Amount	$	$	$ 0
Unexpended Prior Year Balance	$	$	$ 0
Other Federal Funds	$	$	$ 0
Recipient Contribution	$	$ 1,530,508	$ 1,530,508
State Contribution	$	$	$ 0
Local Contribution	$	$	$ 0
Other Contribution	$	$	$ 0
Allowable Project Cost	$ 0	$ 2,221,688	$ 2,221,688

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

Fiscal

Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	2009M9S039	20	E1	09M4	000A04	4112	-	-	691,180
									691,180

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	$1,314,848
2. Fringe Benefits	$639,816
3. Travel	$41,138
4. Equipment	$0
5. Supplies	$2,000
6. Contractual	$300
7. Construction	$0
8. Other	$194,336
9. Total Direct Charges	$2,192,438
10. Indirect Costs: % Base Indirect Cost Rate Proposal	$29,250
11. Total (Share: Recipient 68.89 % Federal 31.11 %.)	$2,221,688
12. Total Approved Assistance Amount	$691,180
13. Program Income	$0
14. Total EPA Amount Awarded This Action	$691,180
15. Total EPA Amount Awarded To Date	$691,180

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Total approved budget includes	$
2. $-0- in estimated non-federal,	$
3. non-recurrent expenditures.	$
4.	$
5. Cost-share requirement: 40% and MOE	$
6.	$
7.	$
8.	$
9.	$
10.	$
11. Total (Share: Recip % Fed %)	$
12. Total Approved Assistance Amount	$

Administrative Conditions

General Terms and Conditions

The recipient agrees to comply with the current EPA general terms and conditions available at: https://www.epa.gov/grants/epa-general-terms-and-conditions-effective-october-1-2019-or-later These terms and conditions are in addition to the assurances and certifications made as a part of the award and the terms, conditions, or restrictions cited throughout the award.

The EPA repository for the general terms and conditions by year can be found at: https://www.epa.gov/grants/grant-terms-and-conditions.

A. Federal Financial Reporting (FFR)

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the EPA Finance Center in Research Triangle Park, NC. The FFR will be submitted electronically to rtpfc-grants@epa.gov no later than **December 30** of the same calendar year.

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

B. Procurement

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

State recipients must follow procurement procedures as outlined in 2 CFR Part 200.317.

C. Six Good Faith Efforts 40 CFR § 33, Subpart C /Contract Provisions /Bidders List

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

(a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.

(b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.

(c) Consider in the contracting process whether firms competing for large contracts could

subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.

(d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.

(e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.

(f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

CONTRACT ADMINISTRATION PROVISIONS, 40 CFR § 33.302
The recipient agrees to comply with the contract administration provisions of 40 CFR § 33.302 (a)-(d) and (i).

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

D. Disadvantaged Business Enterprise (DBEs) - UTILIZATION OF SMALL, MINORITY AND WOMEN'S BUSINESS ENTERPRISES

GENERAL COMPLIANCE, 40 CFR, Part 33
The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR, Part 33 except as described below based upon the associated class deviation.

EPA MBE/WBE CERTIFICATION, 40 CFR, Part 33, Subpart B
A class exception to the following provisions of Subpart B of 40 CFR Part 33 has been issued suspending the EPA MBE/WBE certification program: §33.204(a)(3) providing that an entity may apply to EPA MBE or WBE certification after unsuccessfully attempting to obtain certification as otherwise described in §33.204; and §33.205 through and including §33.211. The class exception was authorized pursuant to the authority in 2 CFR §1500.3(b).

FAIR SHARE OBJECTIVES, 40 CFR, Part 33, Subpart D
A class exception to the entire Subpart D of 40 CFR Part 33 has been authorized pursuant to the authority in 2 CFR §1500.3(b). Notwithstanding Subpart D of 40 CFR Part 33, recipients are not required to negotiate or apply fair share objectives in procurements under assistance agreements.

E. MBE/WBE Reporting – Non-Reporting Condition
General Compliance, 40 CFR, Part 33, Subpart E
This award does not meet the conditions below and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements based on EPA's review of the planned budget. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the "Other" category exceeds the Simplified Acquisition Threshold (currently set at $250,000), annual reports will then be required and you must

notify your EPA grant specialist for additional instructions.

MBE/WBE reports from grantees are required annually for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the "Other" category, that exceed the Simplified Acquisition Threshold as defined by the Federal Acquisition Regulation (currently set at $250,000), including amendments and/or modifications.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements. This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR, Part 33, Section 33.502.

F. Cost-Share Requirement and Maintenance of Effort

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of $1,530,502 (final MOE for FY-18), whichever is greater. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

Programmatic Conditions

a). Performance Reporting and Final Performance Report

Performance Reports – Content

In accordance with 2 CFR 200.328, the recipient agrees to submit performance reports that include brief information on each of the following areas: 1) A comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement work plan for the period; 2) The reasons why established outputs/outcomes were not met; and 3) Additional pertinent information, including, when appropriate, analysis and explanation of cost overruns or high-unit costs.

Additionally, the recipient agrees to inform EPA as soon as problems, delays, or adverse conditions which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan are known.

For State Categorical Program Grants Only: Interim performance and final progress reports must prominently display the three Essential Elements for state work plans: 1) Strategic Plan Goal; (2) Strategic Plan Objective; and (3) Workplan Commitments plus time frame. (See Grants Policy Issuance 11-03 State Grant Workplans and Progress Reports for more information).

Performance Reports - Frequency

Semi-annual performance reports are required to be submitted electronically to the EPA Project Officer within 30 days after the reporting period (every six month period). The reporting periods are ***October 1, 2019 - March 30, 2020 and April 1, 2020 -September 30, 2020.***

The recipient agrees to submit the final project report electronically to the EPA Project Officer within 90 days of the budget/project period end date of ***September 30, 2020***.

b). Verification of Annual Recurring Maintenance of Effort (MOE).

In accordance with Section 105 of the Clean Air Act, a Recipient's MOE must meet or exceed its prior year's MOE level. As required by General Term and Condition 14, the Recipient shall submit an annual (interim) Federal Financial Report (FFR), Standard Form 425 (SF-425), to EPA no later than 90 calendar days after the end of each budget period year. The form is available on the internet at http://www.epa.gov/ocfo/finservices/forms.htm. The FFR will be submitted electronically to rtpfc-grants@epa.gov no later than **December 30** of the same calendar year.

An electronic copy should also be sent to the EPA Project Officer. Included with the annual FFR must be an analysis of the recipient's recurrent and non-recurrent expenditures. If such analysis is unavailable for the current period, as authorized by the statutory authority, the recipient may provide such totals for the prior year.

c). Quality Assurance

Quality Management Plan

In accordance with 2 CFR 1500.11, the recipient shall continue to implement and adhere to the Quality Management Plan (QMP) submitted to EPA. The QMP should be updated annually or as necessary based on the EPA QA/R-2: EPA Requirements for Quality Management Plans. This quality assurance requirement applies to all grants, cooperative agreements, contracts and interagency agreements that involve the use of environmental data.

If not included under the approved QMP, a stand-alone QAPP is required for those projects/activities that result in the collection, production and/or use of environmental information, metrics or data. The recipient agrees to ensure that an approved site specific QAPP is completed for each project. No environmental data collection, production, or use may occur until the QAPP is reviewed and approved by the EPA Project Officer and Quality Assurance Regional Manager or through authorized delegation under an EPA approved recipient QMP based on procedures documented in the QMP. A copy of the approved QAPPs must be retained with the recipient's official records for this Agreement.

QMPs are valid for up to five years. WCDHD's QMP was approved by EPA on December 12, 2019 and is current. Contact Audrey L. Johnson, Region 9 Quality Assurance Regional Manager at (415) 972-3431 or Johnson.AudreyL@epa.gov for more information.

Quality Assurance Project Plan

In accordance with 2 CFR 1500.11, the recipient must develop and implement quality assurance and quality control procedures, specifications and documentation that are sufficient to produce data of adequate quality to meet project objectives. Recipients implementing environmental programs within the scope of the assistance agreement must submit to the EPA Project Officer an approvable Quality Assurance Project Plan (QAPP) at least ***60*** days prior to the initiating of data collection or data compilation. The Quality Assurance Project Plan (QAPP) is the document that provides comprehensive details about the quality assurance, quality control, and technical activities that must be implemented to ensure that project objectives are met. Environmental programs include direct measurements or data generation, environmental modeling, compilation of date from literature or electronic media, and data supporting the design, construction, and operation of environmental technology. The QAPP should be prepared in accordance with EPA QA/R-5: EPA Requirements for Quality Assurance Project Plans.

No environmental data collection or data compilation may occur until the QAPP is approved by the

EPA Project Officer and Quality Assurance Regional Manager. When the recipient is delegating the responsibility for an environmental data collection or data compilation activity to another organization, the EPA Regional Quality Assurance Manager may allow the recipient to review and approve that organization's QAPP. Additional information on these requirements can be found at the EPA Office of Grants and Debarment Web Site: https://www.epa.gov/grants/implementation-quality-assurance-requirements-organizations-receiving-epa-financial

WCDHD's QAPP was last reviewed and approved by EPA on December 12, 2019. If any revisions are necessary, the QAPP must be revised and resubmitted to EPA for review and approval. Contact Audrey L. Johnson, Region 9 Quality Assurance Regional Manager at (415) 972 -3431 or Johnson.AudreyL@epa.gov for more information.

d). Competency Policy

Competency of Organizations Generating Environmental Measurement Data

In accordance with Agency Policy Directive Number FEM-2012-02, Policy to Assure the Competency of Organizations Generating Environmental Measurement Data under Agency-Funded Assistance Agreements, the recipient agrees, by entering into this agreement, that it has demonstrated competency prior to award, or alternatively, where a pre-award demonstration of competency is not practicable, Recipient agrees to demonstrate competency prior to carrying out any activities under the award involving the generation or use of environmental data. Recipient shall maintain competency for the duration of the project period of this agreement and this will be documented during the annual reporting process. A copy of the Policy is available online at https://www.epa.gov/sites/production/files/2015-03/documents/competency-policy-aaia-new.pdf or a copy may also be requested by contacting the EPA Project Officer for this award.

e). Equipment Disposition

In accordance with 2 CFR 200.313, when original or replacement equipment acquired under this agreement is no longer needed for the original project or program or for other activities currently or previously supported by EPA, the recipient must request disposition instructions from the EPA Project Officer Disposition instructions will be one of the following:

(1) Items of equipment with a current per unit fair market value of $5,000 or less may be retained, sold or otherwise disposed of with no further obligation to the EPA.
(2) Except as provided in § 200.312 Federally-owned and exempt property, paragraph (b), or if EPA fails to provide requested disposition instructions within 120 days, items of equipment with a current per-unit fair-market value in excess of $5,000 may be retained by the recipient or sold. EPA is entitled to an amount calculated by multiplying the current market value or proceeds from sale by EPA's percentage of participation in the cost of the original purchase. If the equipment is sold, the EPA may permit the recipient to deduct and retain from the Federal share $500 or ten percent of the proceeds, whichever is less, for its selling and handling expenses.
(3) The recipient may transfer title to the property to the Federal Government or to an eligible third party provided that, in such cases, the recipient must be entitled to compensation for its attributable percentage of the current fair market value of the property.
(4) In cases where a recipient fails to take appropriate disposition actions, EPA may direct the recipient to take disposition actions.

f). Use of Logos

If the EPA logo is appearing along with logos from other participating entities on websites, outreach

materials, or reports, it must **not** be prominently displayed to imply that any of the recipient or subrecipient's activities are being conducted by the EPA. Instead, the EPA logo should be accompanied with a statement indicating that the Washoe County Health District received financial support from the EPA under an Assistance Agreement. More information is available at: https://www.epa.gov/stylebook/using-epa-seal-and-logo#policy

g). DURC/iDURC

The recipient agrees to not initiate any life sciences research involving agents and toxins identified in Section 6.2.1 of the *United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern (iDURC Policy)* until appropriate review and clearance by the recipient institution's Institutional Review Entity (IRE). The recipient also agrees to temporarily suspend life sciences research in the event that, during the course of the research project, the IRE determines that the life sciences research meets the definition of DURC in the iDURC Policy, and the recipient agrees to notify the EPA Institutional Contact for Dual Use Research (ICDUR) (DURC@epa.gov) of the institution's determination.

h). Cybersecurity Condition

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

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

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

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

-- End of Agreement --

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

AHSO AH
DHO KD

Staff Report
Board Meeting Date: June 25, 2020

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2020 through June 30, 2021 in the total amount of $226,229.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the Notice of Subaward and any future amendments.

SUMMARY

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

District Board of Health strategic priority:

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

PREVIOUS ACTION

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

BACKGROUND

This Award supports the Immunization program mission to protect public health by reducing vaccine-preventable disease through immunizations and collaboration and cooperation with community partners. The scope of work includes conducting Vaccine for Children (VFC) compliance visits, performing Assessment, Feedback, Incentives and Exchanges (AFIX) visits, perinatal Hepatitis B prevention activities, and support of community seasonal influenza vaccination activities.

The Subgrant provides funding for personnel, travel, operating supplies, and indirect expenditures.

FISCAL IMPACT

The program anticipated funding and included it in the FY21 adopted budget; therefore, no budget amendment is necessary.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve a Notice of Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2020 through June 30, 2021 in the total amount of $226,229.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the 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 Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2020 through June 30, 2021 in the total amount of $226,229.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Immunization Program and authorize the District Health Officer to execute the 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 17724
Budget Account: 3213
Category: 20
GL: 8516
Job Number: TBD

NOTICE OF SUBAWARD

Program Name: Nevada State Immunization Program Office of Bureau of Child, Family & Community Wellness Shannon Bennett, sbennett@health.nv.gov	**Subrecipient's Name:** Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	**Address:** 1001 E. 9th St. Reno, NV 89512-2845
Subaward Period: 07/01/2020 through 06/30/2021	**Subrecipient's:** EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: To eliminate cases of vaccine preventable diseases in Washoe County by raising immunization rates and through case management under the provisions of Perinatal Hepatitis B Prevention.

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

Approved Budget Categories:	
1. Personnel	$196,993.00
2. Travel	$2,640.00
3. Operating	$0.00
4. Equipment	$0.00
5. Contractual/Consultant	$0.00
6. Training	$0.00
7. Other	$570.00
TOTAL DIRECT COSTS	$200,203.00
8. Indirect Costs	$26,026.00
TOTAL APPROVED BUDGET	$226,229.00

FEDERAL AWARD COMPUTATION:

Total Obligated by this Action:	$	226,229.00
Cumulative Prior Awards this Budget Period:	$	0.00
Total Federal Funds Awarded to Date:	$	226,229.00
Match Required ☐ Y ☒ N		
Amount Required this Action:	$	0.00
Amount Required Prior Awards:	$	0.00
Total Match Amount Required:	$	0.00

Research and Development (R&D) ☐ Y ☒ N

Federal Budget Period:
07/01/2020 through 06/30/2021
Federal Project Period:
07/01/2019 through 06/30/2024

FOR AGENCY USE, ONLY

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:	Grant Award Date by Federal Agency:
Nevada Immunization & Vaccine for Children Federal Grant; Centers for Disease Control and Prevention (CDC) **(See Section C)**	100%	93.268	TBD	TBD	TBD

Agency Approved Indirect Rate:

Subrecipient Approved Indirect Rate: 13%

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

Incorporated Documents:
Section A: Grant Conditions and Assurances;
Section B: Description of Services, Scope of Work and Deliverables;
Section C: Budget and Financial Reporting Requirements;
Section D: Request for Reimbursement;
Section E: Audit Information Request;
Section F: Current/Former State Employee Disclaimer; and
Section G: DHHS Business Associate Addendum

Name	Signature	Date
Kevin Dick District Health Officer		
Candice McDaniel, MS Bureau Chief, CFCW		
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).

10. No funding associated with this grant will be used for lobbying.

11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.

12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.

13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:

    - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.

    - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.

    - Any attempt to influence:
        - The introduction or formulation of federal, state or local legislation; or
        - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
    - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.

    - Any attempt to influence:
        - The introduction or formulation of federal, state or local legislation;
        - The enactment or modification of any pending federal, state or local legislation; or
        - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity**, by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

    - Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

    - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.

14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:

    - Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and

    - Not specifically directed at:
        - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
        - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
        - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

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

Description of Services, Scope of Work and Deliverables

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage and to reduce hepatitis B disease among children and adults in Washoe County. The activities addressed in this subgrant are required under the federal Immunization and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention (CDC), and identified within the Immunization Program Operations Manual (IPOM).

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

Scope of Work for WCHD (July 1, 2020 to June 30, 2021)

Goal 1: Ensure that providers store and handle publicly purchased vaccines in a manner that maintains vaccine viability and reduces vaccine wastage (C5).					
Objective	***Activities***	***Outputs***	***Timeline***	***Target Population***	***Evaluation Measure (indicator)***
1.1 Conduct a VFC compliance visit with 50% of enrolled VFC providers in jurisdiction.	• Conduct VFC Provider Compliance Visits with 50% of enrolled VFC Providers in jurisdiction. • Record VFC Compliance Visit data in the Provider Education, Assessment and Reporting System (PEAR) while in the provider's office or by close of business on the day the visit is conducted.	• Submit Compliance Visit Questionnaire in PEAR on the day of the visit. • Send the completed Acknowledgement of Receipt (AoR) to the Nevada State Immunization Program (NSIP) Provider Quality Assurance Manager. • Follow-up on all non-compliance issues until resolved and document progress and resolution in PEAR. • Submit visit to CDC when all issues have been resolved.	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• 50% of enrolled VFC providers in jurisdiction receive a completed VFC Compliance Visit. • 100% of provider non-compliance issues resolved in the CDC-prescribed timeframe. • 100% of completed visits submitted in PEAR in the CDC-prescribed timeframe.
1.2 Ensure all enrolled VFC Providers in jurisdiction complete mandatory VFC training annually, document completion in PEAR, and submit proof of compliance to NSIP.	• All enrolled VFC Providers in jurisdiction must complete annual VFC training by: attending a VFC Compliance Visit, **OR** submitting certificates of completion from the "You Call the Shots" modules 10 & 16, **OR** by receiving training from a QA Coordinator using the VFC Training Elements Checklist in-person or by phone.	• Document provider training in PEAR. • Submit proof of compliance to NSIP.	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• 100% of enrolled VFC Providers in jurisdiction complete mandatory VFC annual training.

1.3 Physically transfer short-dated publicly supplied vaccine(s) within jurisdiction to prevent expiration and waste.	• Upon request from NSIP staff, relocate short-dated publicly supplied vaccine(s) to prevent expiration and waste.	• Complete an accurate Vaccine Transfer Form(s) submitted to NSIP Vaccine Manager. • Vaccine transfer documented in PEAR as a "VFC Contact."	7/1/2020 - 6/30/2021	• All NSIP-enrolled providers (VFC, State, and 317) in Washoe County	• # of doses requested for transfer • # of doses transferred
1.4 Monitor the Borrowing Reports and VFC eligibility documentation of enrolled VFC Providers in jurisdiction at 6 months and 12 months following a VFC Compliance Visit.	• Evaluate "borrowing" trends for VFC Providers at 6 months and 12 months after conducting a VFC Compliance Visit. • Evaluate VFC eligibility documentation trends for VFC Providers at 6 months and 12 months after conducting a VFC Compliance Visit. o Request all "UNKNOWNS" be corrected by the Provider.	• NV WebIZ Borrowing Report • Completed CDC Borrowing Report(s) from Provider(s) • NV WebIZ "Patient VFC Eligibility" Report	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• # of UNKNOWNS on "Patient VFC Eligibility" Reports [GOAL = 0] • # of completed Borrowing Reports submitted by VFC Providers in jurisdiction
1.5 Conduct VFC Compliance Visits with 100% of newly enrolled VFC Providers in jurisdiction between 90 and 120 days after enrollment.	• Conduct VFC Compliance Visits with 100% of newly enrolled VFC Providers in jurisdiction between 90 and 120 days after enrollment.	• Submit Compliance Visit Questionnaire in PEAR on the day of the visit. • Send the completed Acknowledgement of Receipt (AoR) to the Nevada State Immunization Program (NSIP) Provider Quality Assurance Manager. • Follow-up on all non-compliance issues until resolved and document progress and resolution in PEAR. • Submit visit to CDC when all issues have been resolved.	7/1/2020 - 6/30/2021	• Newly enrolled VFC Providers in Washoe County – NSIP will inform WCHD when new providers enroll in their jurisdiction	• 100% of newly enrolled VFC Providers in Washoe County receive a VFC Compliance Visit between 90 and 120 days after enrollment
1.6 Ensure all WCHD QA Coordinators complete mandatory VFC training annually.	• All WCHD QA Coordinators must complete the following VFC trainings annually: • "You Call the Shots (YCTS)" Modules 10 & 16	• Certificates of Completion submitted annually for each WCHD QA Coordinator • Attend the statewide IZ meeting	7/1/2020 - 6/30/2021	• WCHD QA Coordinators	• 100% of WCHD QA Coordinators submit Certificates of Completion for both YCTS Modules and attend the statewide meeting.

	• Attend statewide IZ meeting				

Goal 2: Work with eligible VFC Providers to implement immunization quality improvement and monitor the impact on vaccination coverage. VFC Providers in jurisdiction will implement recommended immunization quality improvement(s) and monitor the impact on vaccination coverage.

Objective	*Activities*	*Outputs*	*Timeline*	*Target Population*	*Evaluation Measure (indicator)*
2.1 Conduct childhood and teen assessments on a minimum of 25% of eligible VFC-enrolled Providers.	• Conduct childhood and teen assessments on select VFC Providers in jurisdiction. • Generate NV WebIZ 4.3.1.3.3.1.4 series rates for all 2-year-olds. • Generate 1 Tdap, 1 MCV4, 1 HPV and UTD HPV rates for 13-year-olds prior to conducting the Feedback visit. • Option to conduct a 6-month Follow-Up Assessment.	• Document Assessment and results in REDCap. • Notify NSIP when Assessment is completed and share results.	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• 25% of enrolled VFC Providers in jurisdiction receive assessment of 2-year-old & 13-year-old patients
2.2 Select two (2) quality improvement (QI) measures with each VFC Provider receiving an IQIP visit and follow the implementation of chosen measures throughout the budget period.	• Complete the IZ workflow assessment and assist the Provider in selecting two (2) QI measures during the IQIP visit. • Track the Provider's progress in implementing chosen measures at 2 months and 6 months and 12 months.	• Document Assessment in REDCap, including Provider's chosen QI measures. • Document progress on selected QI activities in REDCap at 2 months. • Document progress on selected QI activities in REDCap at 6 months. • Document progress on selected QI activities in REDCap at 12 months.	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• 25% of enrolled VFC Providers in jurisdiction implement or enhance QI measures to improve on-time vaccination coverage

Goal 3: Use IIS data to inform and manage Immunization Quality Improvement for Providers (IQIP) assessment activities and improve vaccination coverage.

Objective	*Activities*	*Outputs*	*Timeline*	*Target Population*	*Evaluation Measure (indicator)*

3.1 Use NV WebIZ exclusively to generate Provider Assessments and immunization coverage reports.	• Generate NV WebIZ 4.3.1.3.3.1.4 series rates for all 2-year-olds. • Generate 1 Tdap, 1 MCV4, 1 HPV and UTD HPV rates for 13-year-olds.	• NV WebIZ Assessments for 2-year-olds and 13-year-olds. • NV WebIZ "Missing Immunizations" Reports.	7/1/2020 - 6/30/2021	• Washoe County VFC Providers	• 100% of provider assessments and any other immunization coverage reports generated using NV WebIZ

Goal 4: Ensure hepatitis B virus (HBV)-exposed newborns receive post-exposure prophylaxis (PEP) according to recommendations from the CDC's Advisory Committee on Immunization Practices (ACIP).

Objective	*Activities*	*Outputs*	*Timeline*	*Target Population*	*Evaluation Measure (indicator)*
4.1 Collaborate with statewide birthing hospitals receiving VFC funding to develop, strengthen, or maintain policies and procedures to ensure missed opportunities for post-exposure prophylaxis are avoided.	• Review Washoe County birthing hospitals' policies and procedures. • Provide technical assistance as needed to ensure missed opportunities for post-exposure prophylaxis are avoided.	• Written recommendations for improvement for Washoe County birthing hospitals, if needed.	7/1/2020 - 6/30/2021	• Washoe County Birthing Hospitals	• # of Washoe County Birthing Hospital's policies reviewed. • Written summary of changes recommended and implemented.
4.2 Provide online educational materials as well as in-person and phone consultations to HBsAg-positive pregnant women on how their newborn will be medically managed to prevent mother-to-infant transmission of the virus.	• Provide appropriate educational materials and consultations to HBsAg-positive pregnant women on medical management of their newborn to prevent mother-to-infant transmission of the virus.	• Documentation of in-person and phone consultations with HBsAg-positive pregnant women.	7/1/2020 - 6/30/2021	• HBsAg-positive pregnant women in Washoe County	• # of HBsAg positive pregnant women who received consultations during the budget period. o # in-person o # by phone

Goal 5: Ensure HBV-exposed infants complete the hepatitis B vaccine series and receive post-vaccination serology testing (PVST) per ACIP recommendations.

Objective	*Activities*	*Outputs*	*Timeline*	*Target Population*	*Evaluation Measure (indicator)*

5.1 Provide case management services for HBV-exposed infants until the hepatitis B vaccine series is completed with all valid doses and post-vaccination serology testing has been performed. This includes educating health providers and families on the immunization schedule for HBV-exposed infants. Case managers will continually monitor hepatitis B vaccine administration data to ensure doses are valid and meet the minimum intervals per ACIP, as well as educate providers and families on appropriate PVST (i.e., timing, correct test) per ACIP. Case management services will be consistent until HBV-exposed infant receives PVST based on ACIP. Lost-to-follow-up protocols will be outlined in the Policies and Procedures Manual to be applied to all enrolled infants in jurisdiction.	• Case management, including educating health providers and families of HBV-exposed infant(s) until hepatitis B vaccine series and PVST is completed. • Review WCHD lost-to-follow-up protocols outlined in jurisdiction's Policies and Procedures and update if needed.	• Documentation of communications and communication attempts with health providers and families of HBV-exposed infants. • Documentation of any changes to lost-to-follow-up protocols.	7/1/2020 - 6/30/2021	• Health providers and families of HBV-exposed infants	• # of communication attempts with health providers and families • # of successful communications with health providers and families • # and content of changes made to lost-to-follow-up protocols

Special Projects: Examinations of socioeconomic status often reveal inequities in access to resources and healthcare. There are many contributing factors when looking at the correlation between low socioeconomic status (SES) and an individual's overall health.

Goal SP2: Increase immunization rates in specific targeted, low socioeconomic status populations in Washoe County.

Objective	*Activities*	*Outputs*	*Timeline*	*Target Population*	*Evaluation Measure (indicator)*
SP 2.1: Using an accredited data source such as NV WebIZ, the National Immunization Survey (NIS), Billing Claims data, the Behavioral Risk Factor Surveillance System (BRFSS), etc., identify and target a population in jurisdiction known to have low immunization coverage due to health inequities associated with being in a low SES standing. (Examples of populations to target include WIC recipients, persons ages 19-64 years with chronic health conditions, minorities, homeless, persons residing in certain zip codes, homebound elderly, etc.)	• Review accredited data sources to identify target populations in jurisdiction with low immunization coverage (e.g., minorities, homeless, certain zip codes, Title I elementary schools, WIC recipients, etc.).	• List of accredited data sources used to identify disparities in coverage	7/1/2020 - 6/30/2021	• Low SES populations in Washoe County, including but not limited to minorities, homeless, certain zip codes, students in Title I elementary schools, WIC recipients, etc.	• Target populations identified
SP 2.2: Work with new and existing partners to increase access to seasonal influenza and other vaccines for disparate populations.	• Conduct outreach clinics for targeted, low socioeconomic status populations.	• Outreach clinics	7/1/2020 - 6/30/2021	• Low SES populations in Washoe County, including but not limited to minorities, homeless, certain zip codes, students in Title I elementary schools, WIC recipients, etc.	• # of clinics held • # of clients served per clinic • Demographic data for clients served (e.g., age, gender, etc.) • # and types of vaccines administered

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

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 Division of Public and Behavioral Health through Grant Number from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor The CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number from The Centers for Disease Control and Prevention (CDC).

Funding Source:	**% Funds:**
Nevada Immunization & Vaccine for Children Federal Grant (CDC) VFC/AFIX	58%
Nevada Immunization & Vaccine for Children Federal Grant (CDC) VFC OPS	19%
Nevada Immunization & Vaccine for Children Federal Grant (CDC) PPHF	23%

Subrecipient agrees to adhere to the following budget:

BUDGET NARRATIVE

Total Personnel Costs including fringe **Total:** **$196,993**

List staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.

	Annual Salary	Fringe Rate	% of Time	Months	Percent of Annual	Amount Requested
VFC/AFIX Coordinator #1	$95,200.00	46.324%	62.500%	12	100.00%	$87,063
VFC/AFIX Coordinator #2	$60,000.00	44.834%	62.500%	12	100.00%	$54,313
Public Health Nurse per diem	$65,000.00	1.580%	16.000%	12	100.00%	$10,564
Peri Hep-B Coordinator	$77,306.00	44.833%	5.217%	12	100.00%	$5,841
Public Health Nurse #1	$94,259.00	42.361%	20.002%	12	100.00%	$26,840
Public Health Nurse #2	$71,300.00	49.368%	11.617%	12	100.00%	$12,372

Total Fringe Cost	**$58,423**	**Total Salary Cost:**	**$138,570**
Total Budgeted FTE	1.77836		

Travel **Total:** **$2,640**

Identify staff who will travel, the purpose, frequency and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (575.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.

Out-of-State Travel **$0**

Title of Trip & Destination such as CDC Conference: San Diego, CA	Cost	# of Trips	# of days	# of Staff	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$0	0		0	$0
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$0	0	0	0	$0
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$0	0	0	0	$0
Ground Transportation: $ per r/trip x # of trips x # of staff	$0	0	0	0	$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.000	0		0	$0
Parking: $ per day x # of trips x # of days x # of staff	$0	0	0	0	$0

Justification:
No Out of State Travel

In-State Travel **$2,640**

Origin & Destination	Cost	# of Trips	# of days	# of Staff	
Airfare: cost per trip (origin & designation) x # of trips x # of staff	$225	1		3	$675
Baggage fee: $ amount per person x # of trips x # of staff	$0	0		0	$0
Per Diem: $ per day per GSA rate for area x # of trips x # of staff	$61	1	3	3	$549
Lodging: $ per day + $ tax = total $ x # of trips x # of nights x # of staff	$100	1	2	3	$600
Motor Pool:($ car/day + ## miles/day x $ rate per mile) x # trips x # days	$0.00	0	0		$0
Mileage: (rate per mile x # of miles per r/trip) x # of trips x # of staff	$0.575	600		2	$690
Parking: $ per day x # of trips x # of days x # of staff	$14	1	3	3	$126

Justification:
Mileage for VFC/IQIP visits. NV Health Conference registration.

Operating **Total:** **$0**

List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items are not required. Listing of typical or anticipated program supplies should be included. If providing meals, snacks, or basic nutrition, include these costs here.

Office supplies $ amount x # of FTE staff x # of mo.	$0.00
Rent: $ per/mo. x 12 months x # of FTE	$0.00
Communications	$0.00

Justification: ***No Operating Costs***

Equipment **Total:** **$0**

List Equipment purchase or lease costing $5,000 or more and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than $5,000 should be listed under Supplies.

Describe equipment	$0.00

Contractual **$0**

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor, Subrecipient: **Total** **$0**

Method of Selection: explain, i.e. sole source or competitive bid
Period of Performance:
Scope of Work: **N/A**
* Sole Source Justification: **N/A**
Budget

Personnel	$0.00
Travel	$0.00
Total Budget	$0.00

Method of Accountability:
Define - N/A

Training **Total:** **$0**

List all cost associated with Training, including justification of expenditures.

Describe training	$0.00

Other **Total:** **$570**

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included here but require special justification.

Printing Services: $ amount/mo. x 12 months	$0
Copier/Printer Lease: $ amount x 12 months	$0
Property and Contents Insurance per year	$0
Other Utilities: $ per quarter	$0
Postage: $ per mo. x 12 months	$0
State Phone Line: $ per mo. x 12 months x # 0f FTE	$0
Voice Mail: $ per mo. x 12 months x # of FTE	$0
Conference Calls: $ per mo. x 12 months	$0
Long Distance: $ per mo. x 12 months	$0
Email: $ per mo. x 12 months x # of FTE	$0
Registration: NV Health Conference Registration	$570

Justification: Nevada Health Conference Registration for 3 staff

TOTAL DIRECT CHARGES			**$200,203**
Indirect Charges	**Indirect Rate:**	**13.000%**	**$26,026**
Indirect Methodology: 13% Indirect Rate			
TOTAL BUDGET	**Total:**		**$226,229**

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

Applicant Name: Washoe County Health District **Form 2**

PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	***NVIZ VFC***	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED									
ENTER TOTAL REQUEST	$226,229								$226,229
EXPENSE CATEGORY									
Personnel	$196,993								$196,993
Travel	$2,640								$2,640
Operating	$0								$0
Equipment	$0								$0
Contractual/Consultant	$0								$0
Training	$0								$0
Other Expenses	$570								$570
Indirect	$26,026								$26,026
TOTAL EXPENSE	$226,229	$0	$0	$0	$0	$0	$0	$0	$226,229
These boxes should equal 0	$0	$0	$0	$0	$0	$0	$0	$0	$0

Total Indirect Cost	$26,026

Total Agency Budget	$226,229
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:

C. Program Income Calculation:

- 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.

- Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15th) day of each month for the prior month's actual expenses;
- **Total reimbursement through this subaward will not exceed $226,229.00;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Reimbursements will not be processed without all **mandatory reporting documents:**
  - Request for Reimbursement Form
  - Reimbursement Worksheet
  - Receipts for supplies, travel, equipment, and other items purchased
- Reimbursement is based on actual expenditures incurred during the period being reported. The Reimbursement Worksheet supplied should be used to tabulate and summarize the expenses by grant category and should be submitted with the other documents as described below;
  - Submit one hard copy via postal mail of original, signed Request for Reimbursement, Reimbursement Worksheet, and copies of receipts;
- Additional expenditure detail will be provided upon request from the Division.

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

The Department agrees:
- To provide technical assistance to subgrantee, upon request;
- Reimburse subgrantee for Scope of Work accomplished per subgrant upon proper documentation from subgrantee;
- Submit reimbursement request to the Division of Public and Behavioral Health Fiscal Services within five (5) business days but only upon receipt of all mandatory reporting documentation; and
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:
- Site visits will be conducted by the Division of Public and Behavioral Health on an annual basis, during this grant period, to ensure grant compliance. The subrecipient monitoring program is designed to meet the federal requirement of Subpart F—Audit Requirements as outlined in Title 2 CFR-Part 200. During the Site Visit the administrative, programmatic and financial activities related to the administration and compliance requirements of federal and state laws, regulations and grant programs will be reviewed.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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

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

Agency Ref. #: **HD 1772**
Budget Account: 3213
GL: 8516
Draw #: _____

Request for Reimbursement

Program Name: Nevada State of Immunization Program Bureau of Child, Family & Community Wellness	**Subrecipient Name**: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	**Address**: 1001 E. 9th St. Reno, NV 89512
Subaward Period: **07/01/2020-06/30/2021**	**Subrecipient's**: **EIN: 88-6000138** **Vendor #: T40283400 Q**

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s) **Calendar year**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	$196,993.00	$0.00	$0.00	$0.00	$196,993.00	0.0%
2. Travel	$2,640.00	$0.00	$0.00	$0.00	$2,640.00	0.0%
3. Operating	$0.00	$0.00	$0.00	$0.00	$0.00	-
4. Equipment	$0.00	$0.00	$0.00	$0.00	$0.00	-
5. Contractual/Consultant	$0.00	$0.00	$0.00	$0.00	$0.00	-
6. Training	$0.00	$0.00	$0.00	$0.00	$0.00	-
7. Other	$570.00	$0.00	$0.00	$0.00	$570.00	0.0%
8. Indirect	$26,026.00	$0.00	$0.00	$0.00	$26,026.00	0.0%
Total	**$226,229.00**	**$0.00**	**$0.00**	**$0.00**	**$226,229.00**	0.0%

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

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

Authorized Signature _____ Title _____ Date _____

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

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** $750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a).

2. Did your organization expend $750,000 or more in all federal awards during your organization's most recent fiscal year? ☐ YES ☐ NO

3. When does your organization's fiscal year end? _____

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

5. How often is your organization audited? _____

6. When was your last audit performed? _____

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

8. Which accounting firm conducted your last audit? _____

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

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

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 <u>not</u> 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.

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

SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Department listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.

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

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost

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

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

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

2. **Prohibited Uses and Disclosures:**
   a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
   b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.

2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
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.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

AHSO AH
DHO KD

Staff Report
Board Meeting Date: June 25, 2020

TO: District Board of Health

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

SUBJECT: Authorize FY21 Purchase Order to Merck Sharp & Dohme Corporation [in the amount of $118,000.00] to purchase vaccines for the Immunization and Family Planning Programs and authorize the District Health Officer to authorize any future purchases in excess of $118,000.00 but not to exceed $150,000.00.

SUMMARY

The Washoe County District Board of Health must approve purchases in excess of $100,000.00.

District Health Strategic Objective supported by this item:

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

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

The Immunization (IZ) Program has purchased vaccines through Merck Sharp & Dohme Corporation (Merck) for many years. Merck is a vaccine manufacturer and provides better pricing when purchases are made directly. The IZ program anticipates needing to purchase vaccines exceeding $100,000.00 this fiscal year. In addition, the Family Planning Program expanded services to include the administration of certain vaccines. The Family Planning Program anticipates approximately $18,000 in vaccines this fiscal year. As such, the Division is requesting approval for the initial purchase order amount of $118,000.00 and approval for the District Health Officer to authorize any future purchases in excess of $118,000.00 but not to exceed $150,000.00.

FISCAL IMPACT

This request has no fiscal impact to the FY21 adopted budget as the Immunization and Family Planning Programs have sufficient expenditure authority to support this request.

RECOMMENDATION

Authorize FY21 Purchase Order to Merck Sharp & Dohme Corporation in the amount of $118,000.00 to purchase vaccines for the Immunization and Family Planning Programs and authorize the District Health Officer to authorize any future purchases in excess of $118,000.00 but not to exceed $150,000.00.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to authorize FY21 Purchase Order to Merck Sharp & Dohme Corporation in the amount of $118,000.00 to purchase vaccines for the Immunization and Family Planning Programs and authorize the District Health Officer to authorize any future purchases in excess of $118,000.00 but not exceed $150,000.00."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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Staff Report
Board Meeting Date: June 25, 2020

DATE: June 9, 2020

TO: District Board of Health

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

SUBJECT: Approve the donation of a Kenwood 200W HF-6M Transceiver to Washoe County Amateur Radio Emergency Service (ARES).

SUMMARY

The Washoe County District Board of Health must approve the donation of equipment/supplies to ensure there is a benefit to the citizens of Washoe County.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous action.

BACKGROUND

The Public Health Preparedness Program purchased a Kenwood 200W HF-6M Transceiver in June 2011 with preparedness grant funding. The equipment is no longer utilized in the program and the Grantor has authorized the donation.Washoe County ARES is a corps of trained amateur radio operator volunteers organized to assist in public service and emergency communications. It is organized and sponsored by the American Radio Relay League. Amateur radio operators have responded to local and regional disasters since the 1930s; they provide a means of communication "when all else fails".

FISCAL IMPACT

Should the Board approve this donation, there will be no additional fiscal impact to the adopted FY20 budget.

RECOMMENDATION

Staff recommends the District Board of Health approve the donation of a Kenwood 200W HF-6M Transceiver to Washoe County Amateur Radio Emergency Service (ARES).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve the donation of a Kenwood 200W HF-6M Transceiver to Washoe County Amateur Radio Emergency Service (ARES)."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

AHSO_AH__
DHO_____ KD

Staff Report
Board Meeting Date: June 25, 2020

DATE: June 10, 2020

TO: District Board of Health

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

SUBJECT: Accept various donations from businesses and private citizens with an estimated value of $7,852.19.

SUMMARY

The Washoe County District Board of Health must accept donations made to the Health District.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No previous action.

BACKGROUND

Washoe County Health District has been the recipient of generous donations during their response to the COVID-19 pandemic. Staff would like to extend a thank you and recognition to the following donors:

Donor	Item	Approximate value
Jim & Amber English	65" Samsung UHD Television	$750.00
Wendy Bennett	50 lunches for staff	$558.73
Kurt & Dina Hunsberger	50 lunches for staff	$91.96
Petra Neiderberger	6 N-95 masks; 31 handmade masks	$150.00
Mark & Sara Behl	50 lunches for staff	$200.00
TMCC – Biology Department	320 boxes of gloves	$5,744.00
Full Belly Deli	50 lunches for staff	$357.50

FISCAL IMPACT

There is no fiscal impact.

RECOMMENDATION

Staff recommends the District Board of Health accept various donations from businesses and private citizens with an estimated value of $7,852.19.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to Accept various donations from businesses and private citizens with an estimated value of $7,852.19."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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DHO____ KD

Staff Report
Board Meeting Date: June 25, 2020

DATE: June 4, 2020

TO: District Board of Health

FROM: Francisco Vega, AQM Division Director
775-784-7211, fvega@washoecounty.us

SUBJECT: Acceptance of the "Washoe County, Nevada Air Quality Trends (2010-2019)" Report

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SUMMARY

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

Health District strategic objective supported by this item:

3. **Local Culture of Health:** Lead a transformation in our community's awareness, understanding, and appreciation of health resulting in direct action.

PREVIOUS ACTION

The Air Quality Trends Report is updated and presented annually to the District Board of Health (DBOH) for acceptance. The most recent action occurred on June 27, 2019 with the acceptance of the "Washoe County, Nevada Air Quality Trends (2009-2018)" report.

BACKGROUND

The U.S. Environmental Protection Agency (EPA) establishes health-based NAAQS for six criteria air pollutants including Ozone and Particulate Matter. Each year, the AQMD prepares this report, which summarizes the previous year's monitoring data. Because of its usefulness of summarizing ambient air monitoring data, it's now included as part of the recently EPA-approved ambient air monitoring Quality Assurance Project Plan.

This Air Quality Trends Report summarizes 2019 and the ten-year trend for each pollutant. The full report is available at the AQMD website (OurCleanAir.com). Following is a summary of last year's Air Quality Index (AQI) levels and the AQI trend for the previous ten years.

A Review of 2019

January and February continued the green burn code streak. The 2018-19 burn code season ended with 120 green burn codes. This is the only season in the 32-year history of the wood stove program in which we only issued green burn codes. A very active January and February included blizzard warnings in both months and above average precipitation. The highest 24-hour average for $PM_{2.5}$ during the burn code season was 18.8 µg/m^3 on January 26 at Sparks.

The active weather continued through much of the spring. March was notable because it was unusually cooler than average. It was only the third time that March didn't reach 70°F in Reno in the last 30 years. Inversely, April was the second warmest on record. Thunderstorms arrived in May and, on May 9, a thunderstorm outflow sent dust from the Fallon sink into Reno/Sparks. The highest 24-hour average for PM_{10} on that day was 51 µg/m^3 at Toll.

Thunderstorm outflow sends dust to Reno on May 9

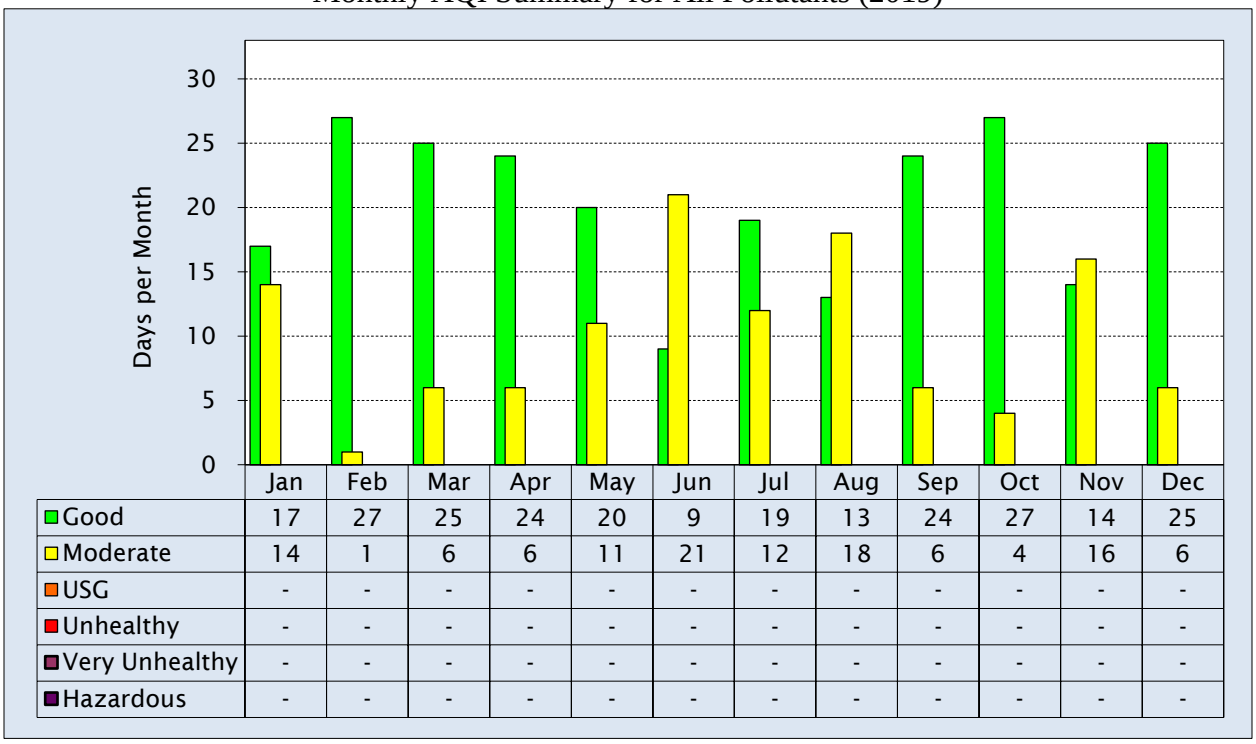
The summer months began cooler than usual. Despite the cooler weather, ozone peaked during the beginning of June with the highest 8-hour average for ozone of 0.069 ppm on June 1 at Reno3.

Prescribed fires around Lake Tahoe on December 2

The Walker Fire in Plumas County, California sent smoke to central Washoe County prompting the National Weather Service to issue a dense smoke advisory for areas near Hallelujah Junction on September 8. Smoke drifted southeasterly the following day and impacted Spanish Springs. The highest 24-hour average for $PM_{2.5}$ during the summer was 17.7 µg/m^3 on September 9 at Spanish Springs.

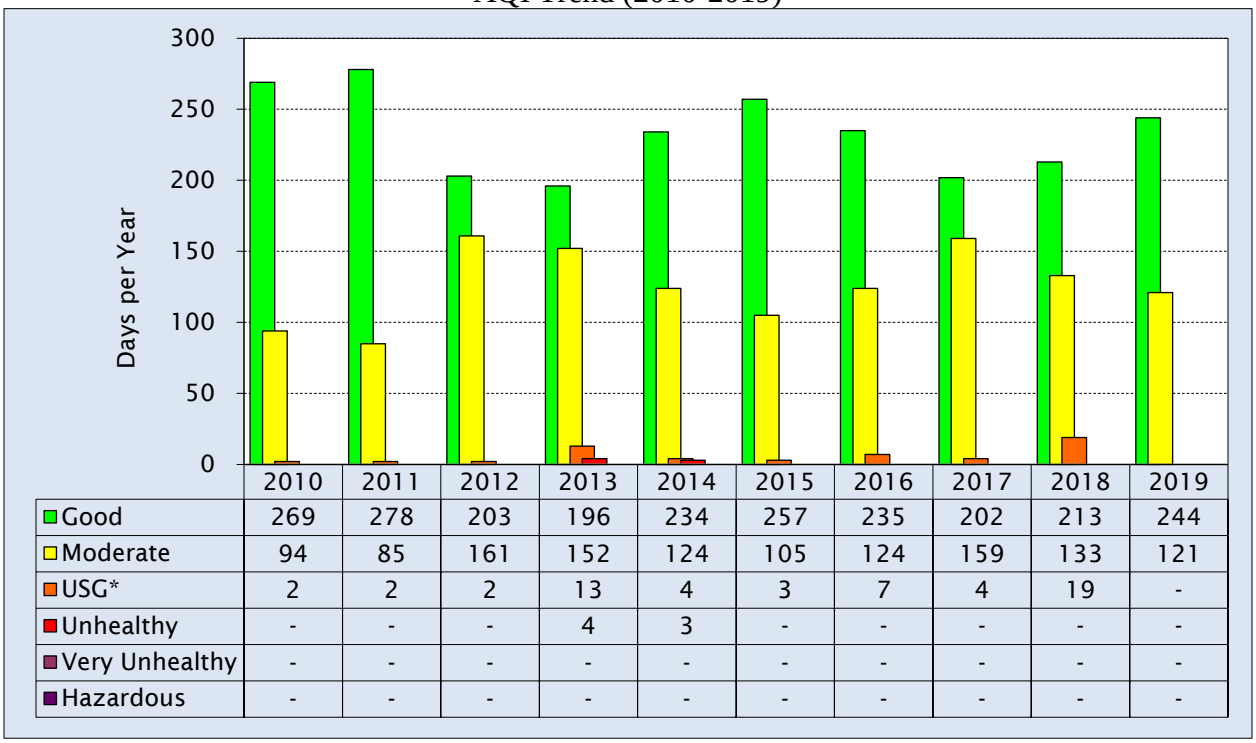
November was active but had brief cold air inversions. Conditions were favorable for prescribed fires into December. The highest 24-hour average for $PM_{2.5}$ for the fall and winter was 21.4 µg/m^3 on November 24 at Sparks. December was mild and dry with weak cold air inversions toward the end of the month. The green burn code streak from the previous season continued through the end of the year. The year ended without recording an exceedance of any NAAQS pollutant.

Monthly AQI Summary for All Pollutants (2019)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	17	27	25	24	20	9	19	13	24	27	14	25
Moderate	14	1	6	6	11	21	12	18	6	4	16	6
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

AQI Trend (2010-2019)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Good	269	278	203	196	234	257	235	202	213	244
Moderate	94	85	161	152	124	105	124	159	133	121
USG*	2	2	2	13	4	3	7	4	19	-
Unhealthy	-	-	-	4	3	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-

* Unhealthy for Sensitive Groups

FISCAL IMPACT

There is no additional fiscal impact to the FY 2019-20 budget should the DBOH accept the "Washoe County, Nevada Air Quality Trends (2010-2019)" report.

RECOMMENDATION

Staff recommends that the DBOH accept the "Washoe County, Nevada Air Quality Trends (2010-2019)" report.

POSSIBLE MOTION

Should the DBOH accept the trends report, a possible motion could be "Move to accept the "Washoe County, Nevada Air Quality Trends (2010-2019)" report".

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD___FV__
DHO_____ KD

Staff Report
Board Meeting Date: June 25, 2020

DATE: June 10, 2020

TO: District Board of Health

FROM: Francisco Vega, AQM Division Director
775-784-7211, fvega@washoecounty.us

SUBJECT: Adoption of the "Washoe County Air Quality Management Division Smoke Management Program".

SUMMARY

The purpose of the Washoe County Health District, Air Quality Management Division (AQMD) Smoke Management Program (SMP) is to coordinate and facilitate the management of prescribed outdoor burning on lands in Washoe County, while minimizing smoke impacts and protecting public health. This revision will bring the SMP current with local, state, and federal requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The District Board of Health adopted the Smoke Management Program on August 28, 2003.

BACKGROUND

Under authority of District Board of Health Regulations Governing Air Quality Management, Section 040.037 (Prescribed Burning) land management agencies are required to obtain a permit prior to conducting prescribed burns in Washoe County. The SMP is the primary guide that the AQMD uses to evaluate land management agencies' proposed smoke management plans. The 2020 SMP incorporates existing and new local, state, and federal prescribed fire and smoke management requirements including:

1. DBOH Regulations Governing Air Quality Management Section 040.037 (Prescribed Burning) adopted May 28, 2020,
2. Nevada Revised Statue (NRS) 445B.100 through 445B.845, inclusive, which deal with air pollution,
3. U.S. Environmental Protection Agency's (EPA's) "Interim Air Quality Policy on Wildland and Prescribed Fires" (May 1998),
4. EPA's 2016 "Exceptional Events Rule" (81 FR 68216), and

5. National Wildfire Coordinating Group's "NWCG Smoke Management Guide for Prescribed Fire" (PMS 420-2, February 2018)

The EPA strongly encourages state and local air quality management agencies to develop a SMP or Best Smoke Management Practices (BSMP). Additionally, an adopted SMP must be in place for escaped prescribed fires to be considered under EPA's Exceptional Events Rule. Exceptional Events can be the difference between attainment and non-attainment designations for National Ambient Air Quality Standards.

Preparation of the SMP was conducted in coordination with EPA Region 9, Nevada Division of Environmental Protection, and land management agencies that conduct prescribed burning in Washoe County. The SMP is 142 pages in length and is posted on the AQMD website (www.OurCleanAir.com).

FISCAL IMPACT

There is no additional fiscal impact to the FY 2019-20 budget should the DBOH adopt the "Washoe County Air Quality Management Division Smoke Management Program".

RECOMMENDATION

Staff recommends that the DBOH adopt the "Washoe County Air Quality Management Division Smoke Management Program".

POSSIBLE MOTION

Should the DBOH adopt the Smoke Management Program, a possible motion could be "Move to adopt the "Washoe County Air Quality Management Division Smoke Management Program".

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

2010-19 Washoe County, Nevada Air Quality Trends Report

July 1, 2020

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

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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Appendices

Tables

Figures

Acronyms and Abbreviations

AQI	Air Quality Index
AQMD	Washoe County Health District - Air Quality Management Division
AQS	Air Quality System
BAM	Beta Attenuation Monitor
CFR	Code of Federal Regulations
CBSA	Core-Based Statistical Area
CO	Carbon Monoxide
EPA	U.S. Environmental Protection Agency
GAL	Galletti
HA 87	Hydrographic Area 87
HC	Hydrocarbons
HNO_2	Nitrous Acid
HNO_3	Nitric Acid
INC	Incline
LEM	Lemmon Valley
$\mu g/m^3$	Micrograms per cubic meter
NAAQS	National Ambient Air Quality Standards
NCore	National Core Multi-Pollutant Monitoring Station
N_2O_5	Nitrogen Pentoxide
NO	Nitric Acid
NO_2	Nitrogen Dioxide
NO_3	Nitrate
NO_x	Oxides of Nitrogen
NO_y	Reactive Oxides of Nitrogen
O_3	Ozone
PAN	Peroxyacetyl nitrate, or $CH_3COO_2NO_2$
PLM	Plumb-Kit
PM	Particulate Matter
$PM_{2.5}$	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM_{10}	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
PM_{coarse}	PM_{10} minus $PM_{2.5}$
ppb	Parts per billion
ppm	Parts per million
RNO	Reno3
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO_2	Sulfur Dioxide
SO_3	Sulfur Trioxide
SO_x	Oxides of Sulfur
SPK	Sparks
SPM	Special Purpose Monitoring
SPS	Spanish Springs
SRN	South Reno
STN	Speciation Trends Network
TOL	Toll
USG	Unhealthy for Sensitive Groups
VOC	Volatile Organic Compounds

Introduction

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

Figure 1
Washoe County, Nevada

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

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

This document summarizes the ambient air data collected between 2010 and 2019 from the AQMD's monitoring network. These data were submitted to the EPA's Air Quality System (AQS) and are available for public review on EPA's AirData website. Long-term monitoring data can reveal trends in ambient air pollution and the subsequent need for control strategies.

Pollutants

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

Ozone (O_3)

Ozone is a gas composed of three oxygen atoms. It is not usually emitted directly into the air, but, at ground-level, it is created by a chemical reaction between oxides of nitrogen (NO_x) and volatile organic compounds (VOC) in the presence of sunlight. Ozone has the same chemical structure whether it occurs miles above the earth or at ground-level and can be "good" or "bad", depending on its location in the atmosphere. "Good" O_3 occurs naturally in the stratosphere approximately 10 to 30 miles above the earth and forms a layer that protects life on earth from the sun's harmful rays.

In the lower atmosphere, ground-level O_3 is considered "bad". Breathing ground-level O_3 can trigger a variety of health problems including chest pain, coughing, throat irritation, and congestion. It can worsen bronchitis, emphysema, and asthma. Ground-level O_3 can also reduce lung function and inflame the linings of the lungs. Repeated exposure may permanently scar lung tissue. People with lung disease, children, older adults, and physically active people may be affected when O_3 levels are unhealthy. Numerous scientific studies have linked ground-level O_3 exposure to a variety of problems including: airway irritation, coughing, and pain when taking a deep breath; wheezing and breathing difficulties during exercise or outdoor activities; inflammation, which is much like a sunburn on the skin; aggravation of asthma and increased susceptibility to respiratory illnesses like pneumonia and bronchitis; and permanent lung damage with repeated exposures.

Motor vehicle exhaust and industrial emissions, gasoline vapors, and chemical solvents as well as natural sources emit NO_x and VOC that help form O_3. Ground-level O_3 is the primary constituent of smog. Sunlight and hot weather cause ground-level O_3 to form in harmful concentrations. As a result, it is known as a summertime air pollutant. Many urban areas tend to have high levels of "bad" O_3, but even rural areas are also subject to increased O_3 levels because wind carries O_3 and pollutants that form it hundreds of miles away from their original sources.

Particulate Matter (PM_{10}, $PM_{2.5}$, and PM_{coarse})

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

The size of particles is directly linked to their potential for causing health problems. Of concern are particles that are 10 micrometers in diameter or smaller because those are the particles that generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can affect the heart and lungs and cause serious health effects. EPA groups particle pollution into two categories:

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

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

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

Carbon Monoxide (CO)

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

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

Nitrogen Dioxide (NO_y and NO_2)

NO_y (total reactive nitrogen) is defined as the sum of NO_x plus the compounds produced from the oxidation of NO_x that include nitric acid. NO_y component species include NO (nitric oxide), NO_2 (nitrogen dioxide), NO_3 (nitrate), HNO_3 (nitric acid), N_2O_5 (nitrogen pentoxide), $CH_3COO_2NO_2$ (Peroxyacetyl nitrate, or PAN), and particulate nitrate.

Nitrogen dioxide is one of a group of highly reactive gasses known as "oxides of nitrogen", or "nitrogen oxides (NO_x)". Other nitrogen oxides include nitrous acid (HNO_2) and nitric acid (HNO_3). While EPA's NAAQS covers this entire group of NO_x, NO_2 is the component of greatest interest and the indicator for the larger group of NO_x. Nitrogen dioxide forms quickly from emissions from cars, trucks and buses, power plants, and off-road equipment. In addition to contributing to the formation of ground-level O_3 and fine particle pollution, NO_2 is linked with several adverse effects on the respiratory system.

Current scientific evidence links short-term NO_2 exposures, ranging from 30 minutes to 24 hours, with adverse respiratory effects including airway inflammation in healthy people and increased respiratory symptoms in people with asthma. Also, studies show a connection between breathing elevated short-term NO_2 concentrations, and increased visits to emergency rooms and hospital admissions for respiratory issues, especially asthma.

NO_2 concentrations in vehicles and near roadways are appreciably higher than those measured at monitors in the current network. In fact, in-vehicle concentrations can be 2 to 3 times higher than measured at nearby area-wide monitors. Near-roadway (within about 50 meters) concentrations of NO_2 have been measured to be approximately 30 to 100% higher than concentrations away from roadways.

Individuals who spend time on or near major roadways can experience short-term NO_2 exposures considerably higher than measured by the current network. Approximately 16% of US housing units (approximately 48 million people) are located within 300 feet of a major highway, railroad, or airport. NO_2 exposure concentrations near roadways are of particular concern for susceptible individuals, including people with asthma, children, and the elderly.

NO_x reacts with ammonia, moisture, and other compounds to form small particles. These small particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. Ozone is formed when NO_x and VOC react in the presence of heat and sunlight. Children, the elderly, people with lung diseases such as asthma, and people who work or exercise outdoors are at risk for adverse effects from O_3. These include reduction in lung function and increased respiratory symptoms as well as respiratory-related emergency room visits, hospital admissions, and possibly premature deaths.

Emissions that lead to the formation of NO_2 generally also lead to the formation of other NO_x. Emissions control measures leading to reductions in NO_2 can generally be

expected to reduce population exposures to all gaseous NO_x. This may have the important co-benefit of reducing the formation of O_3 and fine particles, both of which pose significant public health threats.

Sulfur Dioxide (SO_2)

Sulfur dioxide is one of a group of highly reactive gasses known as "oxides of sulfur". The largest sources of SO_2 emissions are from fossil fuel combustion at power plants (66%) and other industrial facilities (29%). Smaller sources of SO_2 emissions include industrial processes such as extracting metal from ore, and the burning of high sulfur-containing fuels by locomotives, large ships, and non-road equipment. SO_2 is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term exposures to SO_2, ranging from 5 minutes to 24 hours, with an array of adverse respiratory effects including bronchoconstriction and increased asthma symptoms. These effects are particularly important for asthmatics at elevated ventilation rates (i.e., while exercising or playing.). Studies also show a connection between short-term exposure and increased visits to emergency rooms and hospital admissions for respiratory illnesses, particularly in at-risk populations including children, the elderly, and asthmatics.

EPA's SO_2 NAAQS is designed to protect against exposure to the entire group of sulfur oxides (SO_x). SO_2 is the component of greatest concern and is used as the indicator for the larger group of SO_x. Other gaseous sulfur oxides (i.e., sulfur trioxide (SO_3)) are found in the atmosphere at concentrations much lower than SO_2.

Emissions leading to high concentrations of SO_2 generally also lead to the formation of other SO_x. Control measures that reduce SO_2 can generally be expected to reduce people's exposures to all gaseous SO_x. This may have the important co-benefit of reducing the formation of fine sulfate particles, which pose significant public health threats.

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

Lead (Pb)

Lead is a metal found naturally in the environment as well as in manufactured products. The major sources of Pb emissions have historically been motor vehicles (such as cars and trucks) and industrial sources. As a result of EPA's efforts to remove Pb from gasoline, ambient Pb levels decreased 99% between 1980 and 2017. Today, elevated levels of Pb in air are usually found near lead smelters, waste incinerators, utilities, lead-acid battery manufacturers, and can be found in emissions of non-road mobile sources such as piston-propelled aircraft.

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

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

National Ambient Air Quality Standards

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

The EPA has set NAAQS for seven principal pollutants, which are called "criteria" pollutants. They are listed in Title 40 of the Code of Federal Regulations (CFR) Part 50 and summarized in Table 1 below. The units of measure for the standards are parts per million (ppm), part per billion (ppb), or micrograms per cubic meter of air ($\mu g/m^3$).

Table 1
National Ambient Air Quality Standards (as of December 31, 2019)

Pollutant	Primary Standard		Secondary Standard		Form
	Averaging Time	Level	Averaging Time	Level	
O_3	8-hour	0.070 ppm	Same as primary		Fourth highest daily maximum concentration, averaged over 3 years
$PM_{2.5}$	24-hour	35 $\mu g/m^3$	Same as primary		98th percentile of daily max, averaged over 3 years
	Annual	12.0 $\mu g/m^3$	Annual	15.0 $\mu g/m^3$	Annual mean, averaged over 3 years
PM_{10}	24-hour	150 $\mu g/m^3$	Same as primary		Not to be exceeded more than once per year on average over 3 years
CO	1-hour	35 ppm	None		Not to be exceeded more than once per year
	8-hour	9 ppm	None		
NO_2	1-hour	100 ppb	None		98th percentile, averaged over 3 years
	Annual	53 ppb	Same as primary		Annual Mean
SO_2	1-hour	75 ppb	3-hour	0.5 ppm	1*: 99th percentile of daily maximum concentration, averaged over 3 years
					2*: not to be exceeded more than once per year
Pb	Rolling 3-month average	0.15 $\mu g/m^3$	Same as primary		Not to be exceeded

Current Design Values and Attainment Status

Table 2 summarizes Washoe County's current design values. Design values are the statistic used to compare ambient air monitoring data against the NAAQS to determine designations for each NAAQS. Designations are also codified in 40 CFR 81.329.

Table 2
Design Values and Attainment Status (as of December 31, 2019)

NAAQS			Designations	
Pollutant (Averaging Time)	Level	Design Value	Unclassifiable/ Attainment, or Maintenance	Non-Attainment (classification)
O_3 (8-hour)	0.070 ppm	0.070 ppm	All HA's	---
$PM_{2.5}$ (24-hour)	35 µg/m³	24 µg/m³	All HA's	---
$PM_{2.5}$ (Annual)	12.0 µg/m³	7.3 µg/m³	All HA's	---
PM_{10} (24-hour)	150 µg/m³	0.0 Expected Exceedances	All HA's	---
CO (1-hour)	35 ppm	2.2 ppm	All HA's	---
CO (8-hour)	9 ppm	1.6 ppm	All HA's	---
NO_2 (1-hour)	100 ppb	48 ppb	All HA's	---
NO_2 (Annual Mean)	53 ppb	11 ppb	All HA's	---
SO_2 (1-hour)	75 ppb	4 ppb	All HA's	---
Pb (Rolling 3-month average)	0.15 µg/m³	n/a	All HA's	---

Ambient Air Monitoring Network

The AQMD began monitoring ambient air quality in Washoe County in the 1960's, and the monitoring network has grown and evolved since that time. This trends report provides a summary of data collected from ambient air monitoring sites in Washoe County that the AQMD operated and maintained between 2010 and 2019 to measure O_3, $PM_{2.5}$, PM_{10}, CO, NO_2, and SO_2. Due to the Reno, NV Core-Based Statistical Area (CBSA) population being under 500,000 as required by 40 CFR 58, Appendix D, Section 3(b) and not exceeding airport and non-airport emissions limits in 40 CFR 58, Appendix D, Section 4.5(a), there was no Pb monitoring in Washoe County.

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

The AQMD's monitoring stations are sited in accordance with 40 CFR 58 and utilize equipment designated as reference or equivalent methods.[1] In addition, the network is reviewed annually[2] to ensure it meets the monitoring objectives defined in 40 CFR 58, Appendix D. Ambient air monitoring data are collected, quality assured,[3] and recorded in AQS. Appendix A of this document provides a detailed summary of the ambient air monitoring data for 2019. All data summarized in Appendix A has been provided by reports retrieved from AQS. The data provided by AQS reports were certified on April 28, 2020 as "complete to the best of our knowledge and ability". Figure 2 displays the ambient air monitoring sites operated between 2010 and 2019. For specific details regarding the ambient air monitoring network, refer to the AQMD's "2020 Ambient Air Monitoring Network Plan" and "2020 Ambient Air Monitoring Network Assessment".

[1] 40 CFR 53.
[2] 40 CFR 58.10.
[3] 40 CFR 58.

Figure 2
Washoe County Ambient Air Monitoring Sites (2010-2019)

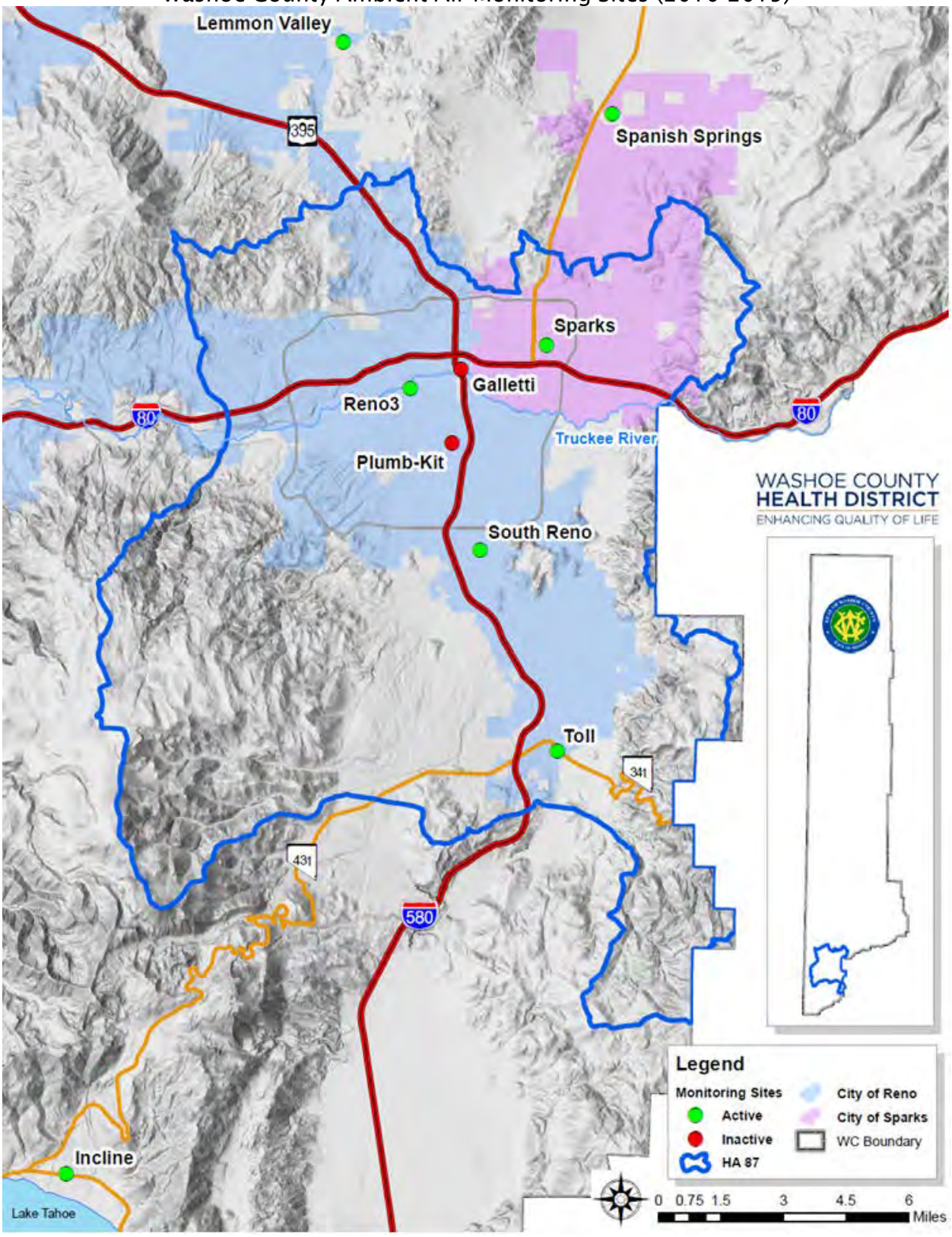


Table 3 Monitoring Stations in Operation and Pollutants Monitored in 2019

Network Type / Site / SLAMS	O_3	CO	Trace CO	Trace NO	NO_2	NO_x	Trace NOy	Trace SO_2	PM_{10} (manual)	PM_{10} (continuous)	$PM_{2.5}$ (manual)	$PM_{2.5}$ (continuous)	PM_{coarse} (manual)	PM_{coarse} (continuous)	$PM_{2.5}$ Speciation	Meteorology
Incline	✓															
Lemmon Valley	✓															
South Reno	✓															✓
Spanish Springs	✓									✓		✓		✓		✓
Sparks	✓	✓								✓		✓		✓		
Toll	✓									✓						✓
NCore																
Reno3	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Speciation Trends																
Reno3															✓	
SPM																
Spanish Springs																✓
Toll												✓		✓		

Monitoring Stations in Operation and Pollutants Monitored Prior to 2019

Ambient air monitoring data have been collected in Washoe County since the 1963. A complete historical list of monitoring stations and pollutants monitored is included in Appendix B, "Monitoring Stations in Operation From 1963 to 2019."

A Review of 2019

January and February continued the green burn code streak. The 2018-19 burn code season ended with 120 green burn codes. This is the only season in the 32 year history of the wood stove program in which we only issued green burn codes. A very active January and February included blizzard warnings in both months and above average precipitation. The highest 24-hour average for $PM_{2.5}$ during the burn code season was 18.8 µg/m³ on January 26 at Sparks.

Figure 3
Thunderstorm outflow sends dust to Reno on May 9

The active weather continued through much of the spring. March was notable because it was unusually cooler than average. It was only the third time that March didn't reach 70˚F in Reno in the last 30 years. Inversely, April was the second warmest on record. Thunderstorms arrived in May and, on May 9, a thunderstorm outflow sent dust from the Fallon sink into Reno/Sparks. The highest 24-hour average for PM_{10} on that day was 51 µg/m³ at Toll.

The summer months began cooler than usual. Despite the cooler weather, ozone peaked during the beginning of June with the highest 8-hour average for ozone of 0.069 ppm on June 1 at Reno3. The Walker Fire in Plumas County, California sent smoke to central Washoe County prompting the National Weather Service to issue a dense smoke advisory for areas near Hallelujah Junction on September 8. Smoke drifted southeasterly the following day and impacted Spanish Springs. The highest 24-hour average for $PM_{2.5}$ during the summer was 17.7 µg/m³ on September 9 at Spanish Springs.

Figure 4
Prescribed fires around Lake Tahoe on December 2

November was active but had brief cold air inversions. Conditions were favorable for prescribed fires into December. The highest 24-hour average for $PM_{2.5}$ for the fall and winter was 21.4 µg/m³ on November 24 at Sparks. December was mild and dry with weak cold air inversions toward the end of the month. The green burn code streak from the previous season continued through the end of the year. The year ended without recording an exceedance of any NAAQS pollutant.

Table 4 summarizes NAAQS exceedances in 2019 by pollutant, averaging period, and dates.

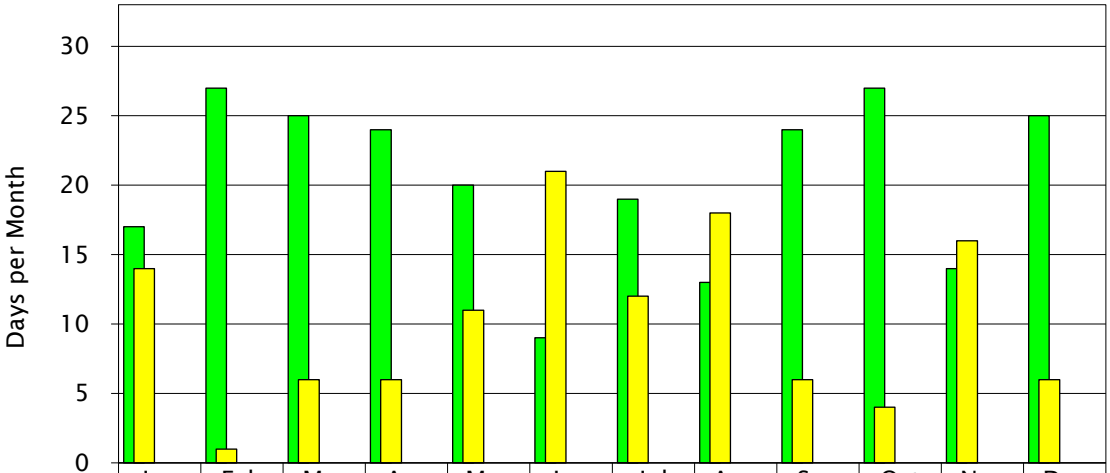
Table 4
2019 NAAQS Exceedances Summary

Pollutant	Averaging Period	Exceedance Dates
O_3	8-hour	None
$PM_{2.5}$	24-hour	None
PM_{10}	24-hour	None
CO	1-hour	None
	8-hour	None
NO_2	1-hour	None
SO_2	1-hour	None
	3-hour	None
Pb	Rolling 3-month	Not required to monitor based on population size and lack of significant Pb sources.

2019 Air Quality Index Summaries

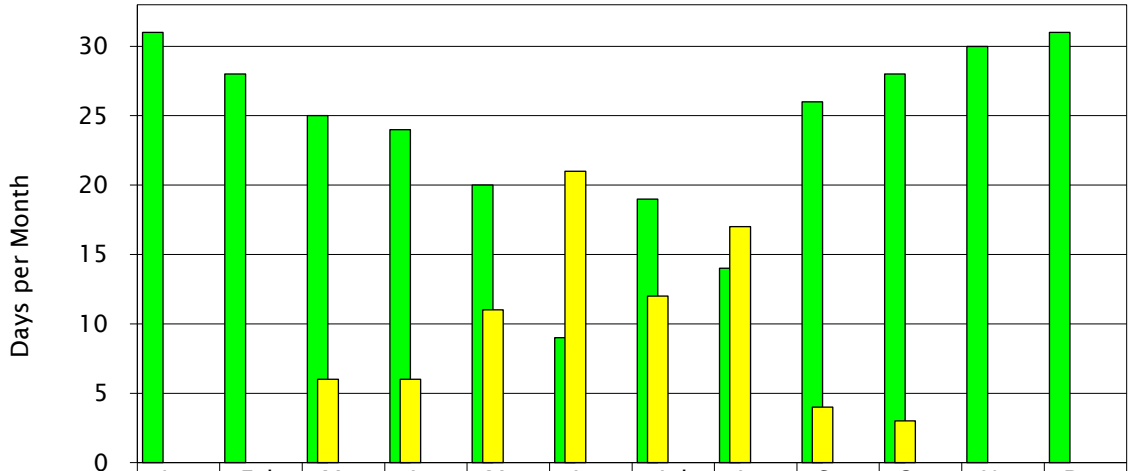
The Air Quality Index (AQI) is an index for reporting daily air quality that has been established by the EPA. It informs the public how clean or polluted the air is, and what associated health effects might be a concern. The AQI is reported to the public via EnviroFlash, social media (Facebook and Twitter), AirNow.gov, and the AQMD's air quality hotline ((775) 785-4110). The email, social media, and hotline are updated daily, and more often during air pollution episodes. The next six figures are pollutant-specific and summarize Washoe County's air quality for the previous year by pollutant, month, and AQI categories. The highest NAAQS average pollutant throughout our network is the AQI for that day. Months with less AQIs than days for NO_2 and SO_2 are due to not meeting data capture requirements for the AQI averaging time due to invalid data.

Figure 5
Monthly AQI Summary for All Pollutants (2019)



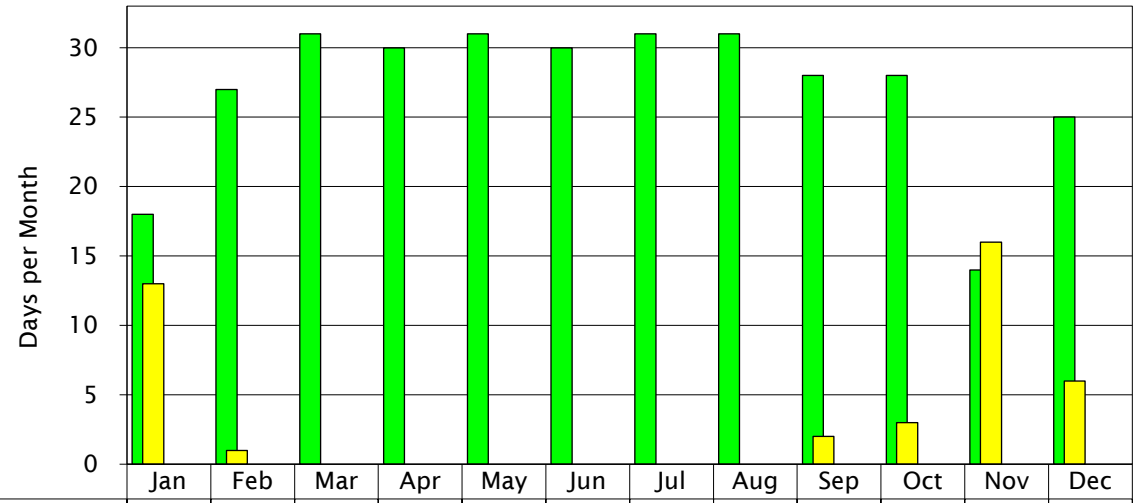
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	17	27	25	24	20	9	19	13	24	27	14	25
Moderate	14	1	6	6	11	21	12	18	6	4	16	6
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 6
Monthly AQI Summary of O_3 (2019)



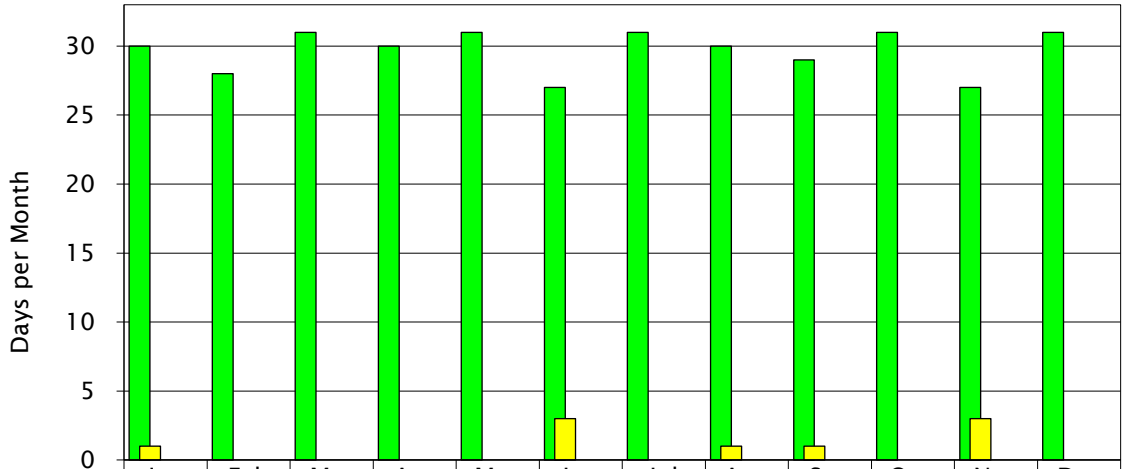
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	31	28	25	24	20	9	19	14	26	28	30	31
Moderate	-	-	6	6	11	21	12	17	4	3	-	-
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 7
Monthly AQI Summary of $PM_{2.5}$ (2019)



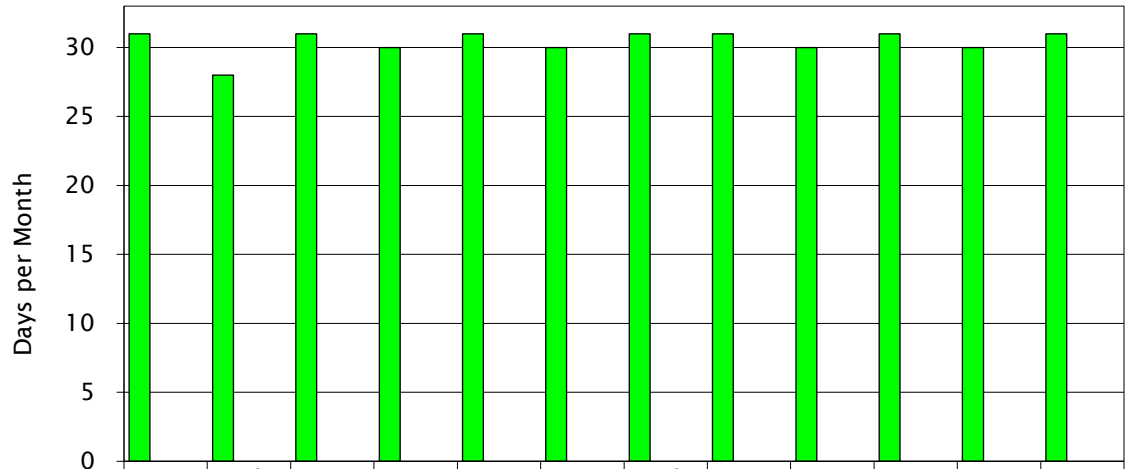
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	18	27	31	30	31	30	31	31	28	28	14	25
Moderate	13	1	-	-	-	-	-	-	2	3	16	6
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 8
Monthly AQI Summary of PM_{10} (2019)



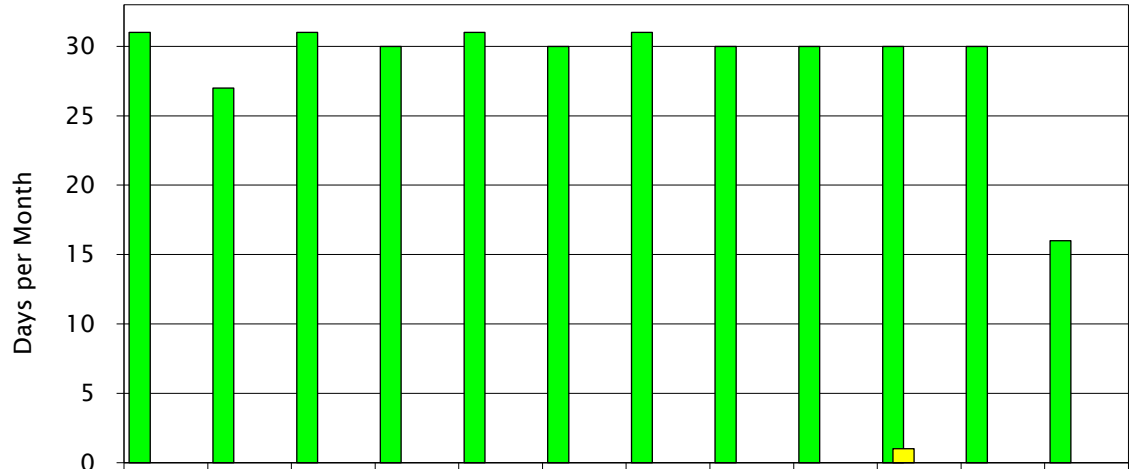
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	30	28	31	30	31	27	31	30	29	31	27	31
Moderate	1	-	-	-	-	3	-	1	1	-	3	-
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 9
Monthly AQI Summary of CO (2019)



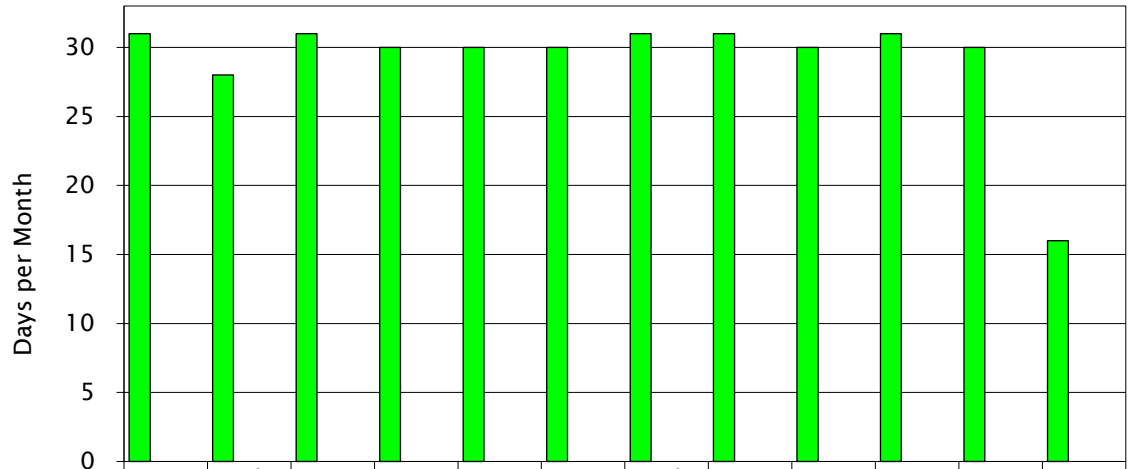
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	31	28	31	30	31	30	31	31	30	31	30	31
Moderate	-	-	-	-	-	-	-	-	-	-	-	-
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 10
Monthly AQI Summary of NO_2 (2019)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	31	27	31	30	31	30	31	30	30	30	30	16
Moderate	-	-	-	-	-	-	-	-	-	1	-	-
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Figure 11
Monthly AQI Summary of SO_2 (2019)



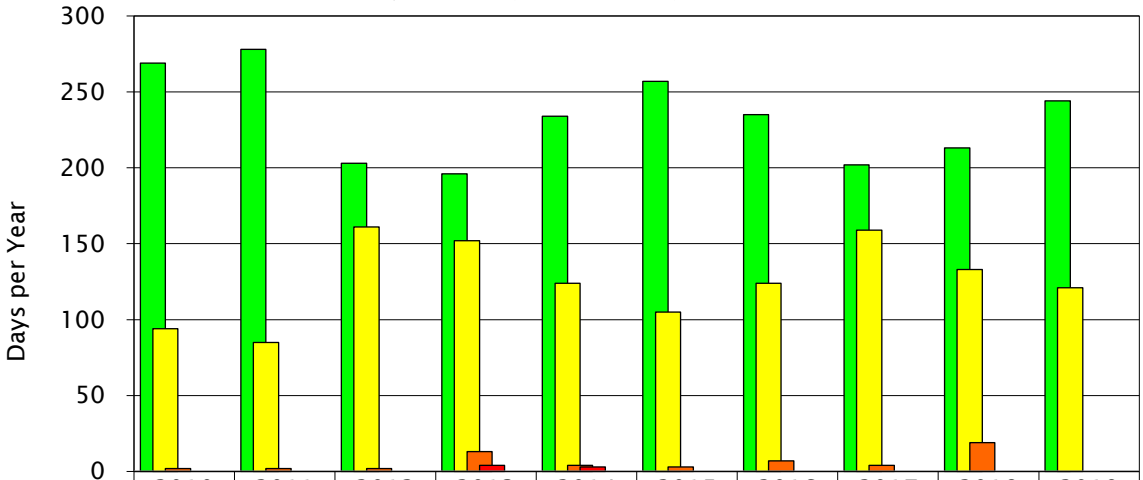
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	31	28	31	30	30	30	31	31	30	31	30	16
Moderate	-	-	-	-	-	-	-	-	-	-	-	-
USG	-	-	-	-	-	-	-	-	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

Ten-Year Air Quality Trend

Air Quality Index

Figure 12 summarizes the ten-year trend in AQI between 2010 and 2019. NAAQS revisions in 2012 and 2015 resulted in changes to AQI category ranges and the number of days per year within those ranges.

Figure 12
AQI Trend (2010-2019)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Good	269	278	203	196	234	257	235	202	213	244
Moderate	94	85	161	152	124	105	124	159	133	121
USG*	2	2	2	13	4	3	7	4	19	-
Unhealthy	-	-	-	4	3	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-

* Unhealthy for Sensitive Groups

Notes
2012: Annual $PM_{2.5}$ NAAQS strengthened from 15.0 to 12.0 µg/m³.
2015: 8-hour O_3 NAAQS strengthened from 0.075 to 0.070 ppm.

Burn Code Season

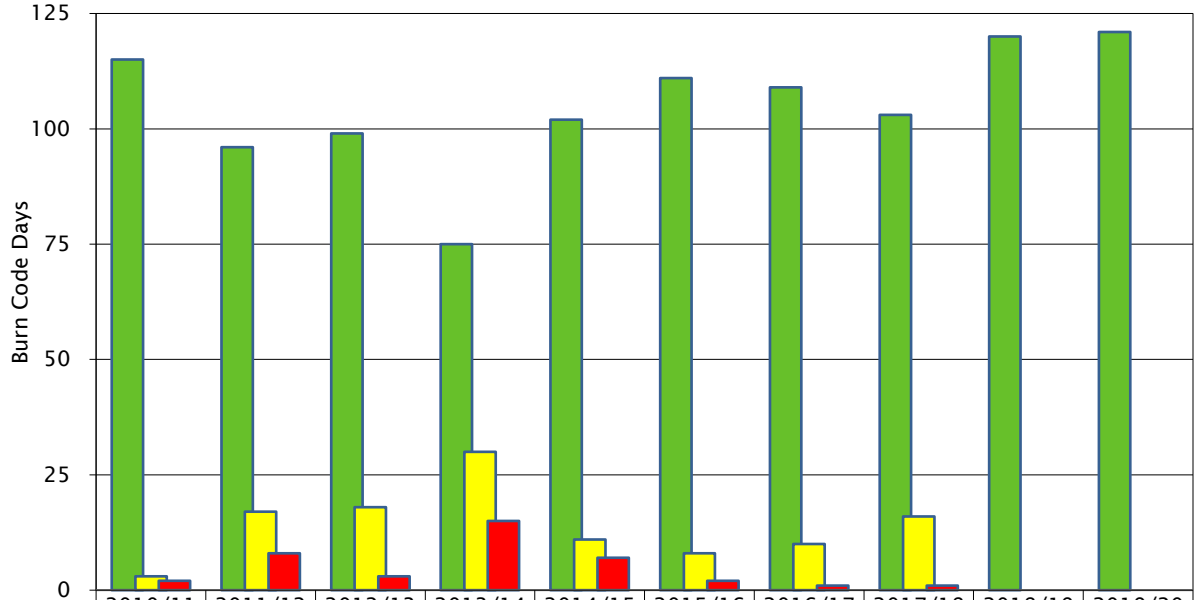
The Burn Code program has been in place since 1987. It begins November 1 and ends on the last day of February. During this wintertime period, the burn code curtails PM_{10}, $PM_{2.5}$, and CO emissions from residential and commercial solid fuel burning devices such as wood stoves, pellet stoves, fireplaces, and residential open burning.

Green: Issued when $PM_{2.5}$ levels are low and are not expected to be approaching the 24-hour $PM_{2.5}$ NAAQS. It is legal for residents and businesses to use their solid fuel burning device.

Yellow: Issued when $PM_{2.5}$ levels are approaching the 24-hour $PM_{2.5}$ NAAQS. It is legal for residents and businesses to use their solid fuel burning device, but it is encouraged to reduce or stop burning.

Red: Issued when $PM_{2.5}$ levels are above or expected to be above the $PM_{2.5}$ NAAQS. It is illegal for residents to use their solid fuel burning device except residents that have a sole source exemption. It is also illegal for businesses to burn solid fuel at a 24-hour average of 55 µg/m³ for $PM_{2.5}$.

Figure 13
Burn Code Seasons (2010/11 - 2019/20)



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Green	115	96	99	75	102	111	109	103	120	121
Yellow	3	17	18	30	11	8	10	16	-	-
Red	2	8	3	15	7	2	1	1	-	-

Design Values

Data in the following section contains data that the AQMD has flagged as "exceptional" due to events such as wildfires, high winds, and transport. The design values will include these "exceptional" data until EPA determines concurrence with AQMD's exceptional events demonstrations submitted to EPA for Reno3 O_3 in 2008 and for Reno3 $PM_{2.5}$ in 2008, 2013, and 2014. Ozone exceptional events for the Reno3 monitoring station in 2015 and 2016 were concurred by EPA Region 9 on May 30, 2017.[4]

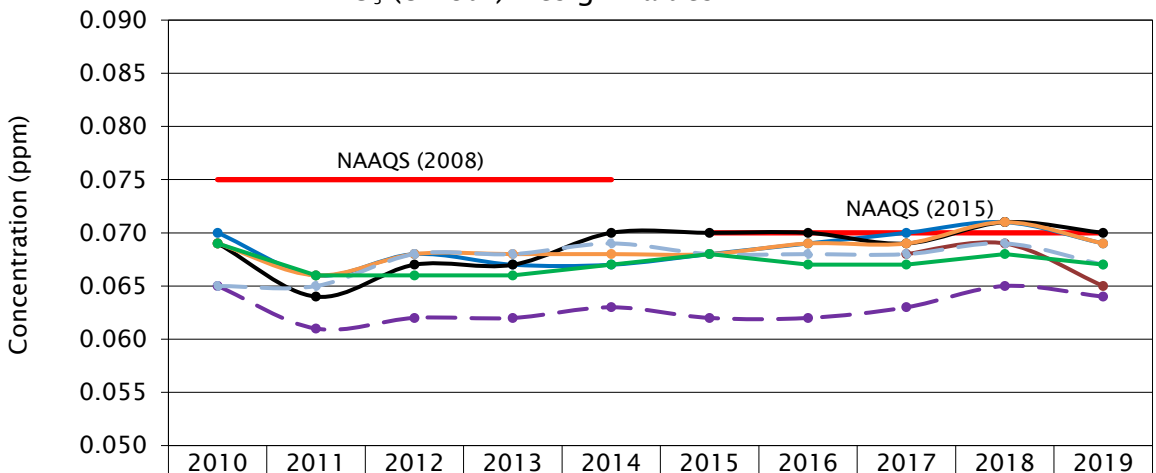
[4] "Exceptional Events Document Ozone - Washoe, NV." (**www.epa.gov/air-quality-analysis/exceptional-events-documents-ozone-washoe-nv**), EPA.gov. United States Environmental Protection Agency, 9 June 2017. Web. 20 May 2020

O_3 (8-hour) Design Values

NAAQS Level: 0.070 ppm
Design Value (2017-19): 0.070 ppm (REN)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Exceedances: 0
2019 First High: 0.069 ppm (Jun 01 - REN)
2019 Fourth High: 0.066 ppm (Jun 18 - REN)

Figure 14
O_3 (8-hour) Design Values



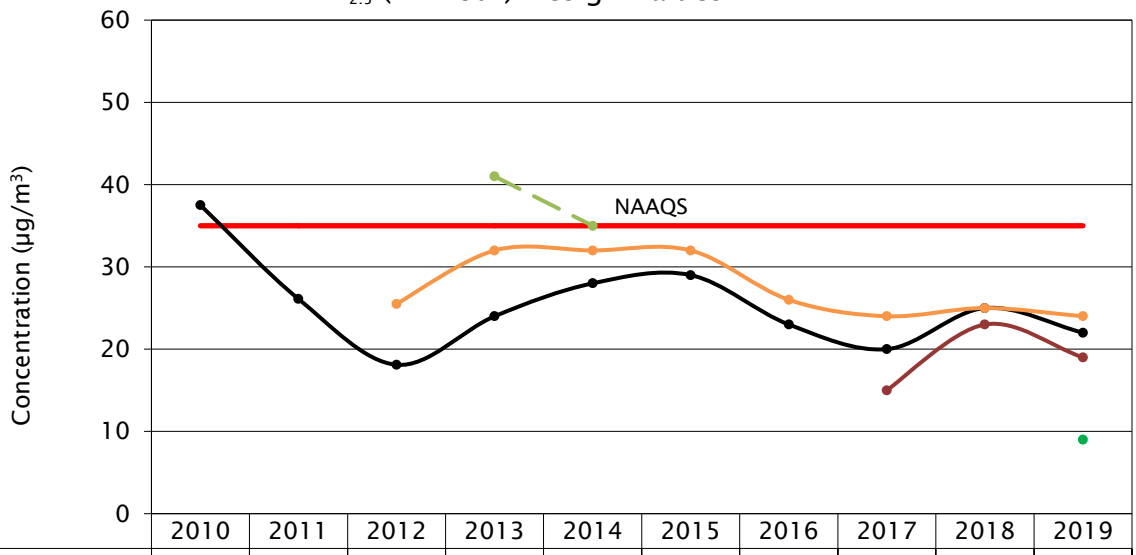
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	0.075	0.075	0.075	0.075	0.075	0.070	0.070	0.070	0.070	0.070
INC (2002)	0.065	0.061	0.062	0.062	0.063	0.062	0.062	0.063	0.065	0.064
LEM (2009)	0.070	0.066	0.068	0.067	0.067	0.068	0.069	0.070	0.071	0.069
RNO (0016)	0.069	0.064	0.067	0.067	0.070	0.070	0.070	0.069	0.071	0.070
SPK (1005)	0.069	0.066	0.068	0.068	0.068	0.068	0.069	0.069	0.071	0.069
SPS (1007)								0.068	0.069	0.065
SRN (0020)	0.065	0.065	0.068	0.068	0.069	0.068	0.068	0.068	0.069	0.067
TOL (0025)	0.069	0.066	0.066	0.066	0.067	0.068	0.067	0.067	0.068	0.067

$PM_{2.5}$ (24-hour) Design Values

NAAQS Level: 35 µg/m³
Design Value (2017-19): 24 µg/m³ (SPK)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Exceedances: 0
2019 First High: 21.4 µg/m³ (Nov 24 - SPK)
2019 98th Percentile: 15.8 µg/m³ (Jan 11 - SPK)

Figure 15
$PM_{2.5}$ (24-hour) Design Values



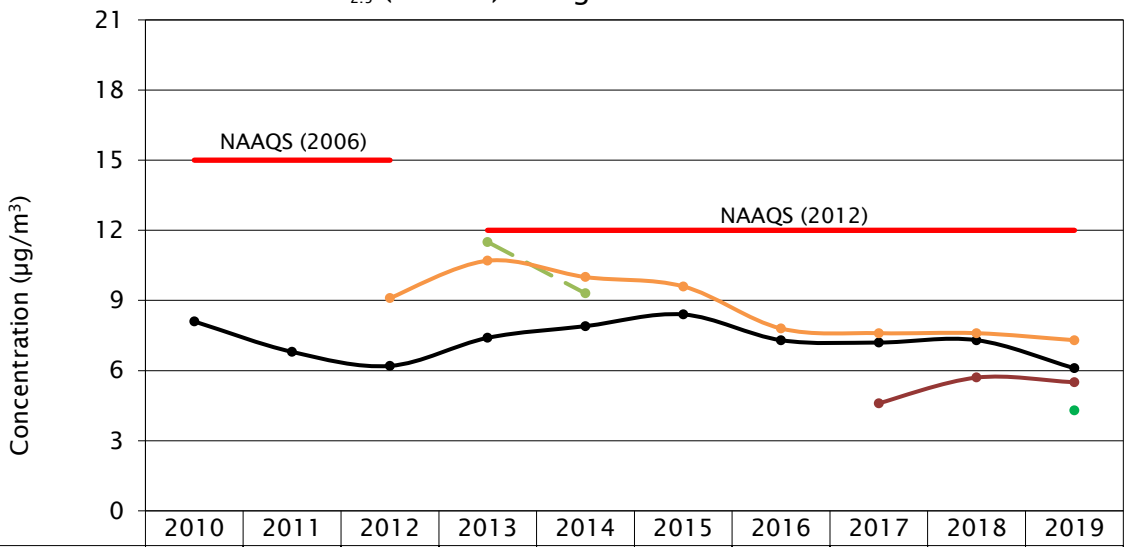
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	35	35	35	35	35	35	35	35	35	35
GAL (0022)				41	35					
RNO (0016)	38	26	18	24	28	29	23	20	25	22
SPK (1005)			26	32	32	32	26	24	25	24
SPS (1007)								15	23	19
TOL (0025)										9

$PM_{2.5}$ (Annual) Design Values

NAAQS Level: 12.0 µg/m³
Design Value (2017-19): 7.3 µg/m³ (SPK)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Annual Weighted Mean: 6.0 µg/m³ (SPK)

Figure 16
$PM_{2.5}$ (Annual) Design Values



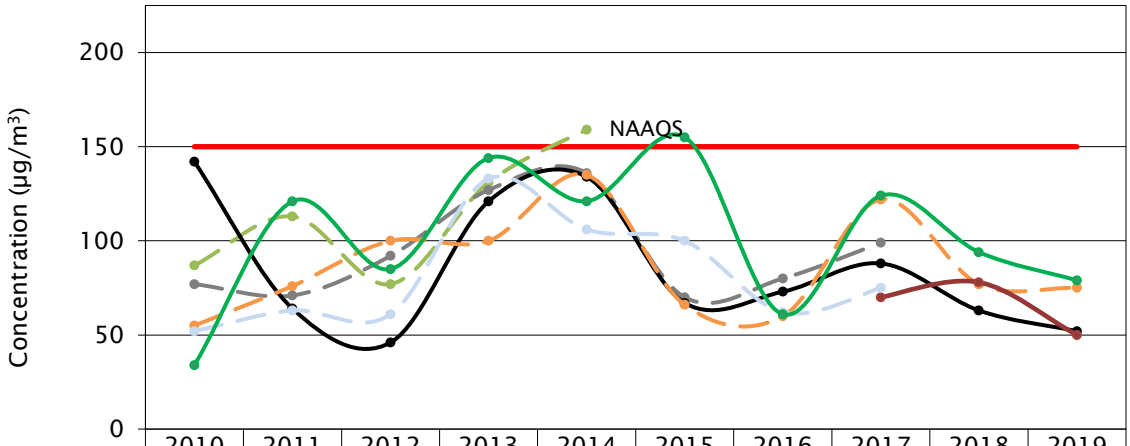
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	15.0	15.0	15.0	12.0	12.0	12.0	12.0	12.0	12.0	12.0
GAL (0022)				11.5	9.3					
RNO (0016)	8.1	6.8	6.2	7.4	7.9	8.4	7.3	7.2	7.3	6.1
SPK (1005)			9.1	10.7	10.0	9.6	7.8	7.6	7.6	7.3
SPS (1007)								4.6	5.7	5.5
TOL (0025)										4.3

PM_{10} (24-hour) First Highs

NAAQS Level: 150 µg/m³
Design Value (2017-19): 0 expected exceedances
Current Designation: Attainment (HA 87); Attainment/Unclassifiable (Remainder of County)

2019 Exceedances: 0
2019 Expected Exceedances: 0
2019 First High: 79 µg/m³ (Aug 26 - TOL)

Figure 17
PM_{10} (24-hour) First Highs



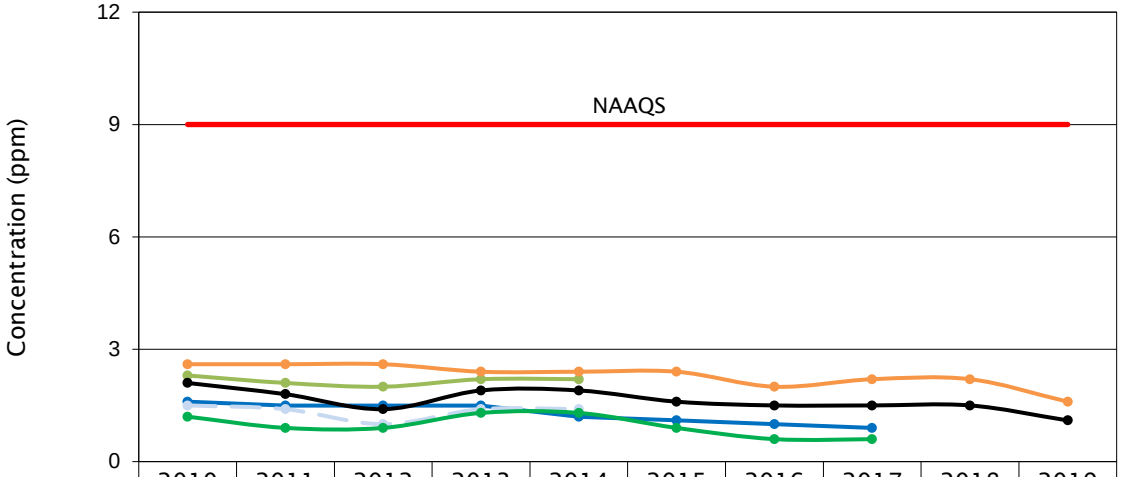
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	150	150	150	150	150	150	150	150	150	150
GAL (0022)	87	113	77	131	159					
PLM (0030)	77	71	92	127	136	70	80	99		
RNO (0016)	142	64	46	121	134	67	73	88	63	52
SPK (1005)	55	76	100	100	135	66	60	122	77	75
SPS (1007)								70	78	50
SRN (0020)	52	63	61	133	106	100	62	75		
TOL (0025)	34	121	85	144	121	155	61	124	94	79

CO (8-hour) Design Values

NAAQS Level: 9 ppm
Design Value (2018-19): 1.6 ppm (SPK)
Current Designation: Attainment (HA 87); Attainment/Unclassifiable (Remainder of County)

2019 Exceedances: 0
2019 First High: 1.6 ppm (Nov 13 - SPK)
2019 Second High: 1.5 ppm (Jan 11 - SPK)

Figure 18
CO (8-hour) Design Values



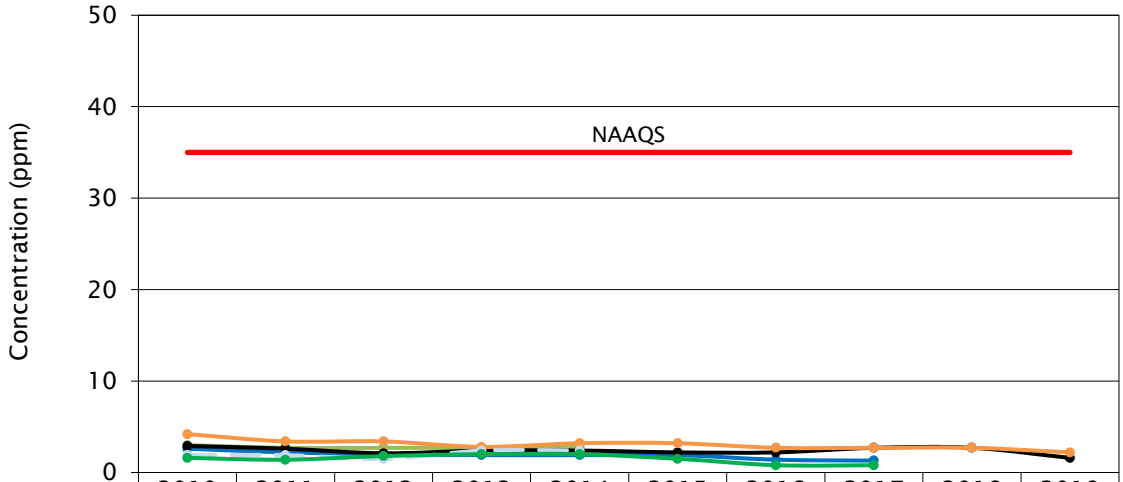
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	9	9	9	9	9	9	9	9	9	9
GAL (0022)	2.3	2.1	2.0	2.2	2.2					
LEM (2009)	1.6	1.5	1.5	1.5	1.2	1.1	1.0	0.9		
RNO (0016)	2.1	1.8	1.4	1.9	1.9	1.6	1.5	1.5	1.5	1.1
SPK (1005)	2.6	2.6	2.6	2.4	2.4	2.4	2.0	2.2	2.2	1.6
SRN (0020)	1.5	1.4	1.0	1.4	1.4					
TOL (0025)	1.2	0.9	0.9	1.3	1.3	0.9	0.6	0.6		

CO (1-hour) Design Values

NAAQS Level: 35 ppm
Design Value (2018-19): 2.2 ppm (SPK)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Exceedances: 0
2019 First High: 2.6 ppm (Oct 28 - REN)
2019 Second High: 2.0 ppm (Jan 03 - SPK)

Figure 19
CO (1-hour) Design Values



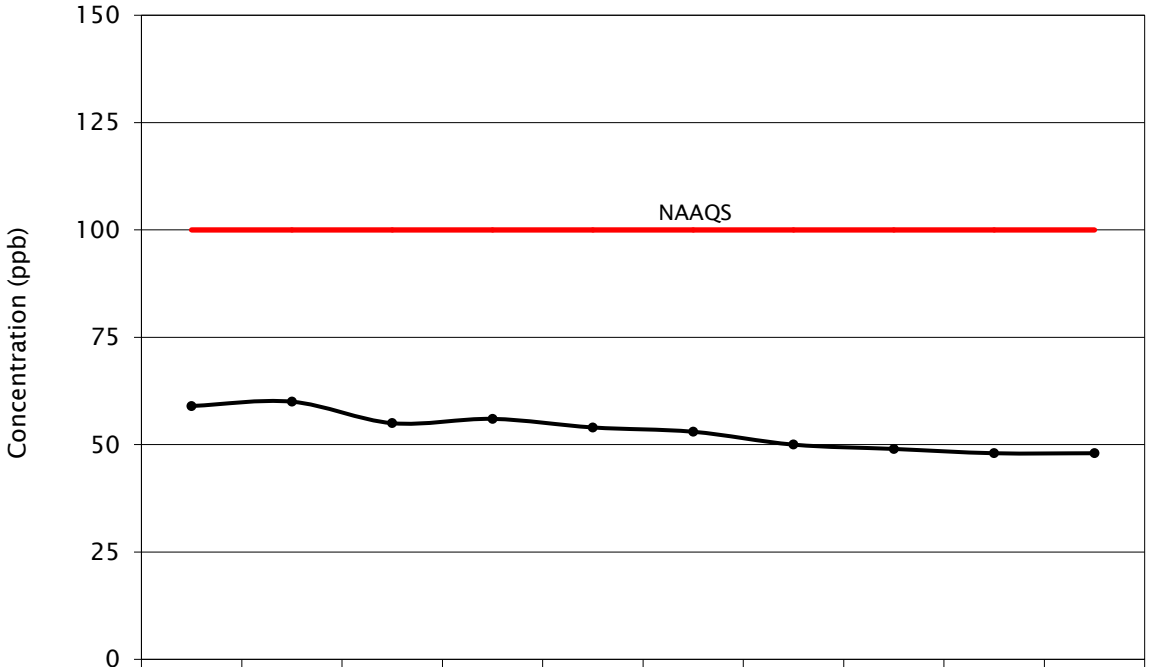
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	35	35	35	35	35	35	35	35	35	35
GAL (0022)	3.0	2.7	2.7	2.7	2.8					
LEM (2009)	2.6	2.2	2.0	1.9	1.9	1.9	1.4	1.3		
RNO (0016)	2.9	2.6	2.1	2.4	2.4	2.2	2.2	2.7	2.7	1.6
SPK (1005)	4.2	3.4	3.4	2.8	3.2	3.2	2.7	2.7	2.7	2.2
SRN (0020)	1.9	1.9	1.5	2.4	2.4					
TOL (0025)	1.6	1.4	1.8	2.0	2.0	1.5	0.8	0.8		

NO_2 (1-hour) Design Values

NAAQS Level: 100 ppb
Design Value (2017-19): 48 ppb (RNO)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Exceedances: 0
2019 First High: 60.0 (Oct 16 - RNO)
2019 98th Percentile: 45.6 ppb (Mar 28 - RNO)

Figure 20
NO_2 (1-hour) Design Values



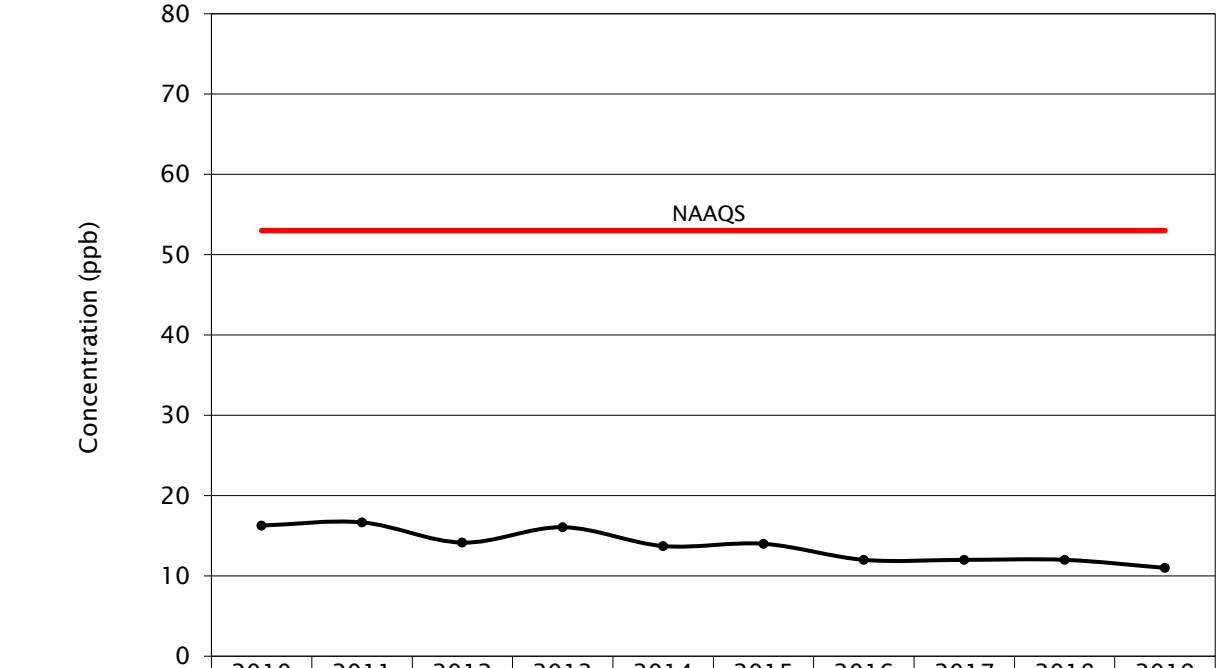
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	100	100	100	100	100	100	100	100	100	100
RNO (0016)	59	60	55	56	54	53	50	49	48	48

NO_2 (Annual) Design Values

NAAQS Level: 53 ppb
Design Value (2019): 11 ppb (RNO)
Current Designation: Attainment/Unclassifiable (Entire County)

2019 Annual Mean: 11 ppb (RNO)

Figure 21
NO_2 (Annual) Design Values



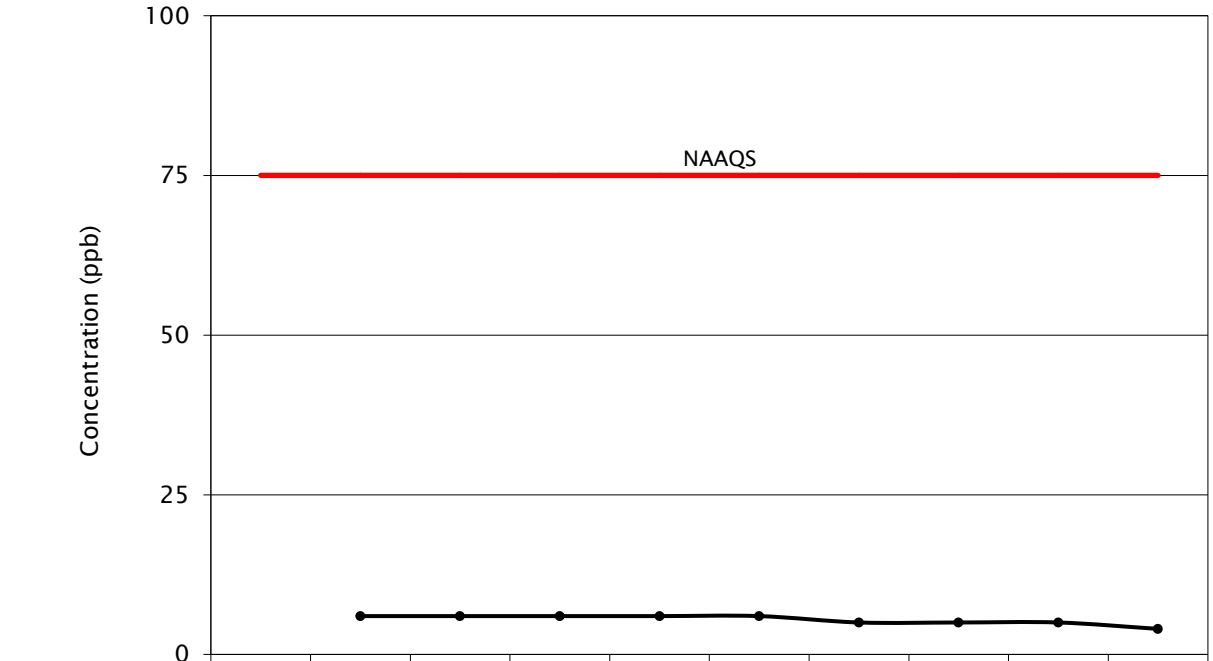
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	53	53	53	53	53	53	53	53	53	53
RNO (0016)	16	17	14	16	14	14	12	12	12	11

SO_2 (1-hour) Design Values

NAAQS Level: 75 ppb
Design Value (2019): 4 ppb (RNO)
Current Designations: Attainment/Unclassifiable (Entire County)

2019 First High: 3.9 ppb (Jan 11 - RNO)
2019 99th Percentile: 2.7 ppb (Jan 17 - RNO)

Figure 22
SO_2 (1-hour) Design Values



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NAAQS	75	75	75	75	75	75	75	75	75	75
RNO (0016)		6	6	6	6	6	5	5	5	4

Appendix A

Detailed Summary of Ambient Air Monitoring Data

Exceedances highlighted in Yellow

Violations highlighted in Red

NAAQS Exceedances (2017 - 2019)

Pollutant	Averaging Period	Exceedance Dates		
		2017	2018	2019
O_3	8-hour	May 24; Jul 1, 19, 20	Jun 11; Jul 17, 20, 27-31; Aug 1, 3, 6-11, 24, 25	None
$PM_{2.5}$	24-hour	Jul 19	Jul 29-31; Aug 4, 6, 8-9	None
PM_{10}	24-hour	None	None	None
CO	1-hour	None	None	None
CO	8-hour	None	None	None
NO_2	1-hour	None	None	None
SO_2	1-hour	None	None	None
Pb	Rolling 3-month	n/a - Pb was not monitored		

OZONE (O_3)

8-Hour Ozone Averages (ppm)
(2019)

Rank	INC (2002)		LEM (2009)		RNO (0016)		SRN (0020)		SPK (1005)		SPS (1007)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	0.063	06/01	0.067	06/01	0.069	06/01	0.062	08/02	0.066	08/05	0.059	06/01	0.063	06/01
2	0.061	09/15	0.062	06/02	0.066	06/02	0.062	08/05	0.065	06/01	0.059	08/02	0.062	06/02
3	0.060	04/28	0.062	08/05	0.066	08/02	0.061	06/01	0.065	08/02	0.059	08/05	0.061	08/05
4	0.060	06/24	0.061	06/18	0.066	06/18	0.060	06/18	0.063	08/04	0.057	05/03	0.061	09/15
5	0.058	03/25	0.060	06/11	0.063	08/04	0.059	07/29	0.062	06/02	0.055	05/02	0.060	06/18
6	0.057	03/14	0.060	08/02	0.062	06/13	0.059	08/04	0.062	06/13	0.055	06/13	0.060	06/24
7	0.057	05/02	0.060	09/15	0.062	06/24	0.058	06/02	0.061	08/01	0.055	06/24	0.060	08/02
8	0.057	07/29	0.059	05/03	0.062	07/19	0.058	08/01	0.060	06/18	0.055	07/18	0.060	08/04
9	0.057	08/04	0.059	06/06	0.061	05/02	0.057	09/15	0.060	08/17	0.055	07/29	0.058	06/13
10	0.057	08/05	0.059	06/13	0.061	06/11	0.056	07/30	0.059	05/02	0.055	08/01	0.058	06/19

4th High 8-Hour Ozone Averages (2017-2019)
and Design Values (ppm)

Year	INC (2002)		LEM (2009)		RNO (0016)		SRN (0020)		SPK (1005)		SPS (1007)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
2017	0.064	06/06	0.069	09/01	0.067	07/01	0.066	07/01	0.069	08/03	0.068	07/19	0.068	07/21
2018	0.070	08/26	0.077	07/27	0.078	07/31	0.075	07/31	0.076	07/28	0.070	08/09	0.072	07/31
2019	0.060	06/24	0.061	06/18	0.066	06/18	0.060	06/18	0.063	08/04	0.057	05/03	0.061	09/15
DV*	0.064		0.069		0.070		0.067		0.069		0.065		0.067	

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

$PM_{2.5}$

24-Hour $PM_{2.5}$ Averages ($\mu g/m^3$) (2019)

Rank	RNO (0016)		SPK (1005)		SPS (1007)		TOL (0025)	
	Value (%ile)	Date	Value (%ile)	Date	Value (%ile)	Date	Value (%ile)	Date
1	14.4	01/04	21.4	11/24	17.7	09/08	13.2	10/14
2	14.0	01/03	21.2	12/28	13.4	10/14	11.3	06/12
3	13.2	01/08	18.8	01/26	13.0	09/09	11.0	12/29
4	12.8	01/23	17.0	11/09	12.2	12/10	10.7	10/13
5	12.1	01/19	16.3	10/14	11.4	06/02	10.0	12/10
6	11.1	10/16	16.3	12/09	11.2	06/03	9.9	01/04
7	11.0 (98)	12/19	16.0	01/08	10.7	12/05	9.3	03/25
8	10.5	02/01	15.8 (98)	01/11	10.6 (98)	10/15	9.3 (98)	10/31
9	10.1	10/13	15.8	01/25	10.2	11/01	9.2	01/08
10	9.9	12/10	15.7	11/13	10.1	09/11	9.1	12/03

98th Percentiles of 24-Hour $PM_{2.5}$ Averages (2017-2019) and Design Values ($\mu g/m^3$)

Year	RNO (0016)	SPK (1005)	SPS (1007)	TOL (0025)
2017	20.0	24.2	14.6	n/a
2018	34.7	30.6	32.0	n/a
2019	11.0	15.8	10.6	9.3
Design Value*	22	24	19	n/a

* 98th percentile, averaged over 3 years

Annual $PM_{2.5}$ Means (2017-2019) and Design Values ($\mu g/m^3$)

Year	RNO (0016)	SPK (1005)	SPS (1007)	TOL (0025)
2017	7.4	8.0	4.6	n/a
2018	8.0	7.9	6.8	n/a
2019	3.0	6.0	5.1	4.3
Design Value*	6.1	7.3	5.5	n/a

* Annual mean, averaged over 3 years

PM_{10}

24-Hour PM_{10} Averages ($\mu g/m^3$) (2019)

Rank	RNO (0016)		SPK (1005)		SPS (1007)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date
1	52	11/14	75	11/13	50	06/02	79	08/26
2	49	10/16	67	11/18	48	06/03	77	06/12
3	48	11/18	56	11/08	35	10/14	62	01/05
4	46	11/12	51	11/12	34	05/09	51	05/09
5	45	05/09	51	11/14	33	10/25	42	03/25
6	44	12/19	49	11/09	33	11/18	42	09/16
7	43	12/18	48	11/07	31	10/15	42	10/14
8	42	12/10	47	11/01	31	11/13	40	10/31
9	40	01/03	46	12/28	30	08/28	38	05/31
10	39	01/04	45	02/01	29	08/27	38	11/01

24-Hour PM_{10} Highs ($\mu g/m^3$) (2017-2019)

Year	RNO (0016)		SPK (1005)		SPS (1007)		TOL (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date
2017	88	01/31	122	01/31	70	09/05	124	12/19
2018	63	07/30	77	07/30	78	07/30	94	08/09
2019	52	11/14	75	11/13	50	06/02	79	08/26

PM_{10} Expected Exceedances (2017-2019) and Design Values (expected exceedances)

Year	PLM (0030)	RNO (0016)	SRN (0020)	SPK (1005)	SPS (1007)	TOL (0025)
2017	0	0	0	0	0	0
2018	n/a	0	n/a	0	0	0
2019	n/a	0	n/a	0	0	0
Design Value*	n/a	0	n/a	0	0	0

* Expected exceedances averaged over three years

CARBON MONOXIDE (CO)

8-Hour CO Averages (ppm)
(2019)

Rank	RNO (0016)		SPK (1005)	
	Value	Date	Value	Date
1	1.0	01/08	1.6	11/13
2	1.0	11/18	1.5	01/11
3	0.9	01/04	1.5	01/26
4	0.8	01/03	1.5	12/29

2nd High 8-Hour Averages (2018-2019)
and Design Values (ppm)

Year	RNO (0016)	SPK (1005)
2018	1.1	1.6
2019	1.0	1.5
Design Value*	1.1	1.6

* Highest 2nd high 8-hour average in the last 2 years

1-Hour CO Averages (ppm)
(2019)

Rank	RNO (0016)		SPK (1005)	
	Value	Date	Value	Date
1	2.6	10/28	2.1	11/13
2	1.6	11/14	2.0	01/03
3	1.3	01/03	2.0	01/24
4	1.3	01/08	2.0	01/25

2nd High 1-Hour Averages (2018-2019)
and Design Values (ppm)

Year	RNO (0016)	SPK (1005)
2018	1.5	2.2
2019	1.6	2.0
Design Value*	1.6	2.2

* Highest 2nd high 1-hour average in the last 2 years

NITROGEN DIOXIDE (NO_2)

1-Hour NO_2 Averages (ppb)
(2019)

Rank	RNO (0016)	
	Value (%ile)	Date
1	60.0	10/16
2	49.1	02/11
3	47.8	11/12
4	47.5	11/14
5	46.6	04/15
6	46.5	11/18
7	45.6 (98)	03/28
8	45.0	02/12
9	44.9	11/13
10	43.7	01/16

98th Percentiles of 1-Hour NO_2 Averages (2017-2019)
and Design Value (ppm)

Year	RNO (0016)
	Value
2017	51.8
2018	45.5
2019	45.6
Design Value*	48

* 98th percentile, averaged over 3 years

NO_2 Annual Mean (2019)
and Design Value (ppb)

	RNO (0016)
Annual Mean	11
Design Value*	11

* Annual Mean

SULFUR DIOXIDE (SO_2)

1-Hour SO_2 Averages (ppb)
(2019)

Rank	RNO (0016)	
	Value (%ile)	Date
1	3.9	07/31
2	3.6	11/14
3	3.1	01/03
4	2.7 (99)	01/10
5	2.7	10/28
6	2.4	02/01
7	2.2	01/04
8	2.2	12/10
9	2.0	01/23
10	2.0	07/23

99th Percentiles of 1-Hour SO_2 Averages (2017-2019)
and Design Value (ppb)

Year	RNO (0016)
	Value
2017	5
2018	4
2019	3
Design Value*	4

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

Appendix B

Monitoring Stations in Operation from 1963 to 2019

MONITORING STATIONS IN OPERATION (2010 – 2019)

AQS Site Name (AQS Site ID)	Ozone	$PM_{2.5}$	PM_{10}	TSP	HC	CO	NO_2	SO_2	Lead
Incline (32-031-2002)	93-19	99-02	99-02			99-02	99-02		
Lemmon Valley (32-031-2009)	87-19		87			87-16			
Reno3 (32-031-0016)	82-19	99-19	88-19	85-87		83-19	84-19	11-19	
Plumb-Kit (32-031-0030)			06-17						
South Reno (32-031-0020)	88-19		11-17			88-14			
Sparks (32-031-1005)	79-19	12-19	88-19	85-87		80-19			
Galletti (32-031-0022)		13-14	88-14			88-14			
Toll (32-031-0025)	02-19	19	02-19			02-16			
Spanish Springs (32-031-1007)	17-19	17-19	17-19						

MONITORING STATIONS IN OPERATION (1963 – 2009)

AQS Site Name (AQS Site ID)	Ozone	$PM_{2.5}$	PM_{10}	TSP	HC	CO	NO_2	SO_2	Lead
Health - Kirman (32-031-0001)				63-89					
Sparks - Greenbrae ES (32-031-0002)			85-90	68-90					
Reno - Cal-Neva (32-031-0003)				68-89					
Reno - Veterans ES (32-031-0004)				68-69					
Reno - Harrah's (32-031-0005)	76-82					72-81	72-85		
Reno - Jesse Beck ES (32-031-0006)				72-89					
Reno - Airport (32-031-0007)				72-89					
Reno - Fairgrounds (32-031-0008)				72-74					
Reno - Fish & Game (32-031-0009)				74-89					
Reno - Kings Row ES (32-031-0010)				77-89					
Reno - Stead (32-031-0011)				77					
Reno - Huffaker ES (32-031-0014)				80-89					
Reno - Center Street (32-031-0015)						82-85	82-90		
Sparks - Fire (32-031-1001)				68-69					
Verdi - ES (32-031-1002)				68-89					
Sparks - Nugget (32-031-1003)				72-80					
Sparks - TMWRF (32-031-1004)				74-89					
Sparks - Victorian (32-031-1006)			88	80-89					
Incline - Pump (32-031-2001)				72-89					
Wadsworth - Fire (32-031-2003)				73-75					
Empire - School (32-031-2005)				76-77					
Reno - Sun Valley (32-031-2006)			88-05	80-89					

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Washoe County Air Quality Management Division Smoke Management Program

February 7, 2020

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County.

Table of Contents

Appendices

Acronyms and Abbreviations

AQI	Air Quality Index
AQMD	Washoe County Health District, Air Quality Management Division
BIA	Bureau of Indian Affairs
BSMP	Basic Smoke Management Practices
CAA	Clean Air Act
CFR	Code of Federal Regulations
CO	Carbon Monoxide
EER	Exceptional Events Rule
EPA	U.S. Environmental Protection Agency
MOU	Memorandum of Understanding
NAAQS	National Ambient Air Quality Standards
NAC	Nevada Administrative Code
NDEP	Nevada Division of Environmental Protection
NO_2	Nitrogen Dioxide
NRS	Nevada Revised Statue
NVPFA	Nevada Prescribed Fire Alliance
NWCG	National Wildfire Coordination Group
NWS	National Weather Service
O_3	Ozone
PFIRS	Prescribed Fire Information Repository System
PM	Particulate Matter
$PM_{2.5}$	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM_{10}	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
RAWS	Remote Area Weather Station
SMP	Smoke Management Program
TFFT	Tahoe Fire and Fuels Team

Definitions

Agricultural Burning includes crop residue burning, ditch and fence line burning, rangeland burning, and burning for land clearance and general upkeep. It does not include burning of garbage and man-made materials as a form of waste disposal.

Class I Area includes all: 1) International parks; 2) National wilderness areas and national memorial parks that exceed 5,000 acres in size; and 3) National parks that exceed 6,000 acres in size and were in existence on August 7, 1977 (CAA Section 162(a)). There are no Class I Areas designated in Washoe County. However, the South Warner Wilderness Area and the Desolation Wilderness Area, which are Class I areas in California, are within 15 miles of Washoe County.

Land Manager includes any federal, state, local, or private entity that administers, directs, oversees, or controls the use of public or private land, including the application of fire to the land.

National Ambient Air Quality Standards (NAAQS) refers to the maximum acceptable ambient air concentration of pollutants allowed in order to protect public health with an adequate margin of safety, and to protect the public welfare from any known or anticipated adverse effects of such pollutants (i.e., visibility impairment, soiling, materials damage, etc.).

Prescribed Burn Permit Application is a permit issued by the Washoe County Health District, Air Quality Management Division (AQMD) for all land management ignited prescribed fires that emit greater than 1.0 tons of Particulate Matter (PM), and for any fire training being conducted regardless of size. This permit was previously called a Notification of Prescribed Burning.

Particulate Matter (PM) is a complex mixture of extremely small particles and liquid droplets suspended in the air.

PM_{10} refers to particulate matter 10 microns in diameter or smaller.

$PM_{2.5}$ refers to particulate matter 2.5 microns in diameter or smaller.

Prescribed Burning includes any fire purposefully ignited by land management agencies to meet specific land management objectives. 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 document.

Prescription is the measurable criteria that define conditions under which a prescribed fire may be ignited and guides the selection of appropriate management responses and indicates other required actions. Prescription criteria may include safety, economic, public health, environmental, geographic, administrative, social, or legal considerations.

Residential Open Burning is the burning of vegetative yard waste conducted by single family residences within the jurisdiction of and under a permit obtained by the local fire protection agency. The vegetative yard waste shall be generated only from the residence conducting the burn.

Smoke Management includes, but is not limited to, techniques to reduce emissions and smoke impacts, the identification and avoidance of smoke sensitive areas, the monitoring and evaluation of the smoke impacts of each burn, and coordination among land management agencies to minimize cumulative impacts.

Smoke Sensitive Areas include, but are not limited to, Class I Areas, which include designated scenic and/or important views - especially during times of significant visitor use, as well as urban and rural population centers, homes, schools, hospitals, nursing homes, transportation facilities such as roads and airports, recreational areas, and other locations that may be sensitive to smoke impacts for health, safety, and/or aesthetic reasons.

Suppression Action includes any activity in which the responsible fire control agency personnel are actively trying to confine, contain or control a fire. Use of natural fire barriers such as cliffs, rocks, or rivers, etc., to contain the fire may be regarded as suppression as long as this is part of the suppression strategy.

Wildfire is an unplanned ignition of a wildland fire (such as a fire caused by lightning, volcanoes, unauthorized and human-caused fires), and escaped prescribed fires.

Wildland Fire is a general term describing any non-structure fire that occurs in the wildland. A wildland fire may be concurrently managed for one or more objectives and those objectives can change as the fire spreads across the landscape, encountering new fuels, weather, social conditions, and governmental jurisdictions.

Introduction

Purpose

The purpose of the Washoe County Health District Air Quality Management Division (AQMD) Smoke Management Program (SMP) is to coordinate and facilitate the management of prescribed outdoor burning on lands in Washoe County, while minimizing smoke impacts and protecting public health. This program is designed to meet the requirements of the U.S. Environmental Protection Agency (EPA) 2016 Exceptional Events Rule (EER), which states prescribed fires could qualify as exceptional events under certain conditions such as the use of SMP and the application of basic smoke management practices (BSMP) (81 FR 68251 and 68252). This SMP also meets the requirements of Nevada Revised Statue (NRS) 445B.100 through 445B.845, inclusive, which deal with air pollution, and the District Board of Health Regulations Governing Air Quality Management Prescribed Burning (040.037). This program is also designed to meet the requirements of the "EPA Interim Air Quality Policy on Wildland and Prescribed Fires" (May 1998), and follows the guidance in the "National Wildfire Coordinating Group (NWCG) Smoke Management Guide for Prescribed Fire" (PMS 420-2, February 2018).

Wildfires are not subject to the Washoe County Smoke Management Program. For a detailed report on wildfire smoke assessment and coordination, see the AQMD Wildfire Mitigation Plan (Appendix E). Prescribed fires that are declared wildfires and lead to Exceptional Events Demonstrations will follow the guidance document titled "Exceptional Events Guidance: Prescribed Fire on Wildland that May Influence Ozone and Particulate Matter Concentrations (*Prescribed Fire Guidance*, August 2019)."

This Smoke Management Program integrates two goals: 1) to allow fire to function, as nearly as possible, in its natural role in maintaining healthy wildland ecosystems, and 2) to protect public health and welfare by mitigating the impacts of smoke on air quality and visibility. The Washoe County SMP will be revisited and revised no later than five years after adoption by the Washoe County District Board of Health.

Cooperation and Program Support

The success of this program is through the ongoing cooperative effort by all organizations involved in the use of prescribed fire used for range, agricultural, and forestry practices.

Land managers and air regulators will work together to assess program implementation needs and to develop a mechanism for providing adequate program support. Program support agreements will be formalized under a Memorandum of Understanding (MOU) between the AQMD and the land management agencies. The agreement will be evaluated periodically to ensure that implementation needs continue to be met.

The Washoe County Health District, Air Quality Management Division, on behalf of the Washoe County District Board of Health, will work with the land managers and air agencies in other jurisdictions to ensure that intra- and interstate transport of air pollutants does not unfairly restrict the ability of Washoe County's land managers to implement prescribed fire programs.

Smoke Management Program Goals

The goals of the Washoe County Smoke Management Program include, but are not limited to:

1. Acknowledging the role of fire in Washoe County with its use under controlled conditions to maintain healthy ecosystems while meeting the requirements of the Clean Air Act (CAA) and the National Ambient Air Quality Standards (NAAQS);
2. Protecting public health and safety, including smoke sensitive receptors, Class I visibility, as well as roadway visibility from the smoke effects of prescribed burning;
3. Providing the opportunity for forest, rangeland, and crop burning while minimizing air quality impacts;
4. Fostering and encouraging the development of reasonable alternative methods for disposing of or reducing the fuels on lands in Washoe County;
5. Encouraging the development of better smoke management models and techniques;
6. Encouraging emission reduction techniques and smoke monitoring when using prescribed burning;
7. Addressing smoke transport issues through enhanced communication and the development of intrastate, interstate, and interagency agreements.

Applicability

The provisions of this smoke management program apply to all areas of Washoe County under the jurisdiction of the AQMD. The AQMD's jurisdiction does not include any State of Nevada, Nevada Division of Environmental Protection (NDEP), Clark County, or the Bureau of Indian Affairs (BIA) trust lands. Prescribed burning under this smoke management program may be conducted for the following types of projects:

1. Hazard fuel reduction;
2. Wildlife and livestock habitat improvement;
3. Forest and rangeland improvement;
4. Insect, weed, and disease control;
5. Site preparation for revegetation;
6. Watershed management and water yield improvement;
7. Maintenance and improvement of natural ecosystems;
8. Maintenance of threatened and endangered species;
9. Agricultural practices; and
10. Other vegetative management improvement projects.

Authorization to Burn

Regulatory Authority

Air Quality is protected under the CAA, which was first passed by congress in 1963, with enactment in 1970 and last amended in 1990. The CAA requires the Environmental Protection Agency (EPA) to set NAAQS for pollutants considered harmful to public health and the environment. Two types of NAAQS have been established; primary and secondary standards. Primary standards set limits to protect public health, especially that of sensitive populations such as asthmatics, children, and seniors. Secondary standards set limits to protect public welfare, including protections against decreased visibility, damage to animals,

crops, and buildings. The EPA has set NAAQS for seven criteria pollutants (Table 1). The Washoe County Health District - Air Quality Management Division (AQMD) is a regional governmental agency responsible for air quality in Washoe County per EPA requirements.

On October 3, 2016, the EPA finalized revisions to the EER, "Treatment of Data Influenced by Exceptional Events", regulations that govern the exclusion of event-influenced air quality data from certain regulatory decisions under the CAA Section 319(b). The EER contains definitions, procedural requirements, requirements for air agency demonstrations, and criteria for EPA approval for the exclusion of air quality data from regulatory decisions, including exclusion of elevated pollutants due to prescribed fire events. The 2016 EER encourages air agencies to identify reasonable control measures to reduce smoke impacts with the application of basic smoke management practices (BSMP). The AQMD requires all fire practitioners to consider using some or all of the Basic Smoke Management Practices (BSMP) on every burn. Basic smoke management practices are a set of six universally applicable activities which help manage, track, and reduce the effect of prescribed burning on air quality. Although all six are not always appropriate, these BSMPs should always be considered for use in addition to AQMDs burn requirements.

Table 1 National Ambient Air Quality Standards
(as of May 1, 2019)

Pollutant	Primary Standard		Secondary Standard	
	Averaging Time	Level	Averaging Time	Level
O_3	8-hour	0.070 ppm	Same as primary	
$PM_{2.5}$	24-hour	35 µg/m³	Same as primary	
	Annual	12.0 µg/m³	Annual	15.0 µg/m³
PM_{10}	24-hour	150 µg/m³	Same as primary	
CO	1-hour	35 ppm	None	
	8-hour	9 ppm	None	
NO_2	1-hour	100 ppb	None	
	Annual	53 ppb	Same as primary	
SO_2	1-hour	75 ppb	3-hour	0.5 ppm
Pb	Rolling 3-month average	0.15 µg/m³	Same as primary	

Permit Application for Prescribed Fires

Land managers must obtain a permit from the AQMD for all prescribed burns within Washoe County. The permit must be obtained prior to ignition. For each project, a Prescribed Burn Permit Application (Appendix A) must be completed and submitted to the AQMD at least two weeks prior to the planned date of ignition along with the burn plan associated with the project. Completed applications and burn plans will be reviewed by the AQMD. Upon approval of the application and burn plan, the AQMD will issue a Smoke Management Permit

as soon as possible, but at least one week prior to the planned date of ignition. The issuance of a permit constitutes final approval; however, a 24-hour notification must be submitted before ignition (see Appendix B for the 24-hour Notification of Prescribed Burn). Permits issued are valid for up to 18 months. Each permit shall be valid for the dates listed on the permit. If projects covered by the permit are not completed within the 18-month timeframe, a new application and burn plan must be submitted after the expiration date, with AQMD issuing a new permit.

Permit Application Requirements

All burns conducted by local municipalities, state, and federal land managers shall be conducted by personnel trained in prescribed fire and smoke management techniques to the minimum level required by the land management agency in charge of the burn.

The local fire management officer of the state or federal land management agency having jurisdiction over the prescribed burn shall have received smoke management training obtained through successful completion of a National Wildfire Coordinating Group (or equivalent) course dedicated to smoke management. For prescribed fires conducted within Washoe County, the permit applicant must submit the Prescribed Burn Permit Application and a Burn Plan. The Burn Plan must include the following:

1. The specific location and description of the area to be burned;
2. The responsible personnel;
3. An emergency telephone number that is answered 24 hours a day;
4. The property owner;
5. The agency conducting the burn;
6. The burn prescription;
7. The number of acres to be burned, the type of fuel, fuel loading estimates, and the ignition technique to be used;
8. List of agencies and private parties involved;
9. Discussion of public notification to be conducted;
10. Criteria for making burn/no burn decisions;
11. Evaluation of alternative treatments;
12. A Smoke Management Plan including actions taken to minimize emissions before, during, and after the fire;
13. Emission estimates including the models, methods, and emission factors used;
14. Identification of smoke sensitive receptors and areas, including Class I areas, located within 15 miles of the project;
15. Safety and Contingency plans;
16. List of potentially affected air regulators to be notified; and
17. Smoke monitoring to be conducted.

For projects that: A) will emit more than 25.0 tons of PM; B) will emit more than 10.0 tons of PM and located within 15 miles of a Region 9 Class I Areas (Appendix D); C) are located in a non-attainment or maintenance area; or D) are located in a smoke sensitive area, the applicant shall demonstrate that the project shall not exceed applicable ambient air quality standards (within and/or outside of Washoe County). This demonstration shall be conducted using currently accepted models. The model output shall explicitly show conditions under which the burn will be conducted so as to minimize impacts of emissions.

Permit Conditions

The following permit conditions shall apply to permits issued by the AQMD for prescribed fires:

1. Air Pollution Episodes: Permits will not be valid during periods of an air pollution alert, warning, or emergency (as defined by the "District Board of Health Regulations Governing Air Quality Management" Regulation 050.001.C.1, Emergency Episode Plan). At the determination by the AQMD of such an episode, the AQMD shall notify each permit holder.
2. 24-Hour Notification: The land manager must notify the AQMD at least 24 hours preceding the burn.
4. Smoke Management: In order to minimize smoke impacts and emissions, each permittee shall apply the best smoke management and emission reduction techniques. It is recognized that no two fires are alike in terms of smoke emissions and impacts. Neither are any two fires alike in terms of smoke management options available. Therefore, the land manager will select appropriate smoke management techniques on a case-by-case basis as identified in the burn plan.
4. Precautions: The granting authority and the employees or agents thereof, in the issuing of a permit, do not assume any responsibility or liability for any hazardous condition(s) created by the permittee, which results in damage to the person or property of the permittee, or the person or property of any third party.
5. Availability of Permit: The approved permit, or copy thereof, shall be kept at the prescribed burn site and made available upon request of the AQMD or its representative.
6. Inspection by the AQMD: All prescribed fire operations shall be subject to inspection by the AQMD.
7. Local Regulations: 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.
8. Revocation of Permit: If at any time the AQMD 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 AQMD may take any other enforcement action authorized under state statutes, rules, and regulations.
9. Other: Conditions may be added to the permit if deemed necessary by the AQMD.
10. Spot Forecast: At least one day prior to the prescribed fire, the Permittee shall request a Spot Forecast from the National Weather Service (NWS) Forecast Office, Reno.

In addition to the permit conditions, Land Managers must check the AQMD Burn Code before burning at OurCleanAir.com. If the Burn Code is Yellow, the Land Manager needs to contact the Smoke Management Coordinator to discuss the project and potential impacts to air quality in the Truckee Meadows before burning. During a Red Burn Code, all burning is prohibited.

24-Hour Notifications

The land manager must notify the AQMD no later than 24-hours preceding the burn by submitting the 24-hour Notification of Prescribed Burn (Appendix B). Notifications can be submitted to the Smoke Management Coordinator by email to KeepItClean@washoecounty.us. If the land manager is unable to send an email within 24 hours, the notification can be faxed to (775) 784-7225 or by directly contacting the Coordinator at (775) 784-7210. If the coordinator is unavailable, the land manager shall leave a message including the date of the proposed burn, the permit number, project name and location, responsible agency, estimated number of acres to be burned, and a contact name and phone number.

If at any time the responsible land management agency determines that the prescription for a particular prescribed fire has been exceeded (including impacts on visibility) and/or conditions of the permit are not being met (i.e., designated areas for burn, proper notification, etc.), the responsible parties shall promptly initiate suppression action unless, after consultation with the AQMD, the prescription is modified, or other appropriate actions are taken. The responsible signatory must monitor the fire to a sufficient level to provide information regarding whether or not the fire is within prescription. Monitoring data collected before, during, and after the burn should be used to evaluate the achievement of specific smoke management objectives, and to provide feedback for refinement of future prescriptions.

If at any time it is determined by the AQMD, in consultation with the responsible land management agency, that the prescribed fire is degrading air quality to levels expected to exceed air quality standards and/or permit conditions, the responsible parties shall promptly initiate suppression action unless and consult the AQMD to determine if the burn can continue based on prescription modification, or other appropriate actions. Factors that the AQMD will consider in this determination include, but are not limited to:

- Modeled data that indicates expected exceedances of any National Ambient Air Quality Standard (i.e., ozone (O_3), PM_{10}, $PM_{2.5}$; or carbon monoxide (CO));
- Air quality monitoring data that indicates expected exceedances of any National Ambient Air Quality Standard;
- Current Burn Code;
- Current air quality;
- Proximity of the fire to smoke sensitive areas;
- Citizen complaints;
- NWS Fire Weather Forecasts;
- NWS Spot Forecasts;
- Fuel conditions; and
- Existing and predicted size of the fire.

The AQMD may revoke the permit if it is determined that any conditions of the permit are not being complied with. At that time, all burning activities shall be terminated. In making their decision, the AQMD will review forecasted weather conditions for the burn area and discuss the conditions with the agency conducting the burn to determine favorable conditions for burning, including optimal smoke dispersal or current ambient air quality conditions. The AQMD may also consider information from the National Weather Service, nearby ambient air quality monitors', RAWS (Remote Automated Weather Station), the California 1300 call (United States Forest Service (USFS) Predictive Services in Redding) and the California Air Resources

Board 1400 wildfire and prescribed fire coordination call, and adjacent air pollution control agencies. Additionally, for prescribed fires near the California/Nevada border, the California Prescribed Fire Information Repository System (PFIRS), Tahoe Fire and Fuels Team (TFFT), and the NDEP Nevada Prescribed Fire Information Repository will be consulted. The AQMD may consider BlueSky smoke modeling or HYSPLIT Trajectory Model outputs if available. If a permit is revoked, the land manager will receive verbal notification as well as a written notice of the revocation.

Adjacent Agency Notifications

For prescribed burn projects that are not within Washoe County, or are conducted on Bureau of Indian Affairs (BIA) trust lands managed under the jurisdiction of a tribal air quality agency, or bordering state lands and Clark County, the air regulators of those counties, tribes, or bordering states must be notified prior to the burn. A list of the agencies and individuals to be notified must be included in the burn plans. Appendix C provides a listing of state, local, and BIA/tribal contacts.

Annual Reporting of Fire Activity

Each permitted user of prescribed fire who emits more than 10 tons of PM per year shall provide the AQMD with an annual reporting of fire activity by March 31 for the previous calendar year's (January through December) activities. Information to be reported includes: the permit number, the project name, location of the burn (latitude and longitude), the name of the individual conducting the burn or the agency name and contact, date and time ignition began, date and time the fire is declared out, actual acreage burned, fuel type, fuel loading, emissions estimates, emission factors used and their reference sources, names of air quality regulators notified and the notification date, and the emission reduction techniques used. All permitted ignitions shall be reported. See Appendix F for the Emissions Reporting Form. The emissions inventory shall be made available to all interested parties.

Minimizing Air Pollutant Emissions/Alternatives to Burning

Land managers may have an array of tools, including fire, which can be used to accomplish land use plans, depending on the resource benefits to be achieved. Several factors should be considered when selecting appropriate treatments. Those factors include the costs of treatment, the environmental impacts (i.e., air and water quality, soil, wildlife, etc.), and whether fire must be used to meet management objectives. The best combinations of treatments are those that meet management goals with the most favorable environmental impacts at the most reasonable costs. When a management objective is to maintain a fire dependent ecosystem, the effects of fire may not be duplicated by other tools. In that case, fire may be the preferred management tool even though other treatments may be equally effective for meeting other objectives. Additionally, fire can be used to reduce heavy fuel loads and prevent catastrophic wildfires.

Land managers must evaluate alternatives to prescribed burning within their burn plan and provide a detailed description of the alternatives considered and the rational for rejecting

them. The AQMD recognizes that alternatives are not without potential negatives and that multiple resources must be weighed along with air quality benefits.

Smoke Management Components of the Burn Plan

Each land manager is responsible for proper smoke management to reduce emissions during a prescribed fire. The burn plan shall identify and implement appropriate smoke management techniques to minimize the amount and/or impact of smoke produced and to avoid exceedances of the NAAQS. Burn plan shall include the following smoke management components.

Actions to Minimize Fire Emissions

A land manager's decision to use a specific burning technique to reduce emissions is influenced by many considerations, including meeting specific land management objectives, complying with environmental regulations, reducing smoke effects on the general public, and minimizing operational costs. The use of emission reduction techniques benefits public health help to minimize exceedance of the NAAQS and reduce visibility impacts. These techniques will often reduce the risk of overexposure to wildland firefighters igniting and controlling prescribed fires. Techniques that reduce emissions limit total fuel consumption or consume fuel in a more efficient flaming stage. Each land manager conducting prescribed burning shall implement as many smoke management and emission reduction measures as are feasible for the specific burn and shall include a description of the emission reduction techniques used in the burn plan. These techniques for reducing emissions include:

- Burning fewer acres;
- Considering fuel moisture content;
- Reducing fuel loading in the area before ignition and;
- Increasing combustion efficiency (flaming phase of combustion).

Techniques for reducing smoke impacts include:

- Evaluate smoke dispersion conditions to minimize smoke impacts;
- Monitor the effects of the prescribed fire on air quality;
- Share the airshed to minimize exposure to the public – coordination of area burning;
- Limiting smoke impacts to roads, highways, and airports to the amounts, frequencies, and durations consistent with any guidance provided by highway and airport personnel;
- Using appropriate signage if smoke will impact any point of public access (i.e. highways, dirt roads, trails, campgrounds, etc.);
- Public notification;
- Determining nighttime impacts and taking appropriate precaution; and
- Burning during optimum mid-day dispersion hours, with all ignitions in a burn unit completed by 3:00 p.m. to prevent trapping smoke in inversions or diurnal wind flow patterns

Approaches to Evaluate Smoke Dispersion

Burn plans should evaluate potential smoke impacts at sensitive receptors and timing of the fires to minimize exposure to sensitive populations and avoid impacts in mandatory Class I Federal areas. The plan should identify the distance and direction from the burn site to local sensitive receptor areas and to regional/interstate areas where appropriate. Fire prescriptions submitted prior to the day of the fire must specify minimum requirements for the atmospheric capacity for smoke dispersal, such as minimum surface and upper level wind speeds, desired wind direction, minimum mixing height, and dispersion index. Spot forecasts from the National Weather Service should be used to determine the weather forecast for the burn location the day prior to the burn.

In addition to spot weather forecasts, on-site weather observations should be taken before ignition and at various times throughout the burn to determine smoke dispersions. Data collected should include the following; location of burn, air temperature, relative humidity, wind speed, wind directions, sky weather, elevation, and time. A RAWS may be utilized to gather information if personnel are unable to collect data on site. Additionally, personnel shall visually monitor the smoke behavior continuously during ignition and mop-up operations.

Public Notification and Exposure Reduction Procedures

All projects must identify actions that will be taken to notify populations and adjacent air quality authorities of potential smoke impacts prior to the burn. The plan must identify the distance and direction from the burn site to local sensitive receptor areas. Smoke sensitive areas include populated areas as well as roadways that may be affected by smoke and impair motorist visibility. Procedures for notifying the public of burn dates in smoke sensitive areas shall be included with the applicant's burn plan. The plan should also identify contingency actions that will be taken during a burn to reduce the exposure of smoke to sensitive receptors if smoke intrusions occur, such as halting ignitions, if smoke impacts create air quality concerns.

Appropriate notifications should include, but are not limited to:

- Local cooperators;
- Adjacent fire districts;
- Local weather office;
- Local and adjacent air quality districts;
- Social media;
- Local media;
- Smoke sensitive receptors (hospitals, nursing homes, daycare centers, schools); and
- Public interest groups.

Air Quality Monitoring

The extent of the monitoring should match the size of the fire and potential public health impacts. For small fires or fires that are remote enough to result in no noticeable smoke impacts on the public, visual monitoring of the direction of the plume may be sufficient. Other monitoring techniques include posting personnel on vulnerable roadways to look for

visibility impairment and initiate safety measures for motorists; posting personnel at smoke sensitive areas to look for smoke impacts; and continued tracking of meteorological conditions during the fire. For large fires expected to last more than one day, deploying particulate matter monitors in or near smoke sensitive areas may be warranted to facilitate timely response to smoke impacts.

If pollutant levels are anticipated to create a significant impact to public health, the AQMD may require the responsible land management agency to monitor in or near population centers impacted by smoke generated from a particular prescribed fire or wildfire. The AQMD will assist in identification of instrumentation, site selection, installation of instrumentation, operation, calibration, quality assurance, quality control, laboratory analysis, data interpretation, and supplies.

Due to the cooperative interagency nature of this SMP, cost sharing and pooling of resources associated with monitoring and/or modeling is understood. For monitoring and sampling of smoke generated by prescribed fire, the AQMD may therefore ask the responsible land management agency for financial reimbursement as negotiated and mutually agreed upon on a case-by-case basis between the AQMD and the responsible land management agency before resources are expended on modeling or monitoring.

Public Education and Awareness

The AQMD leverages partnerships with local and surrounding land managers as a tool for public education and awareness before, during, and after a prescribed fire. This is accomplished by posting and sharing press releases and social media posts through the AQMD's website, social media, local media, and/or email. AQMD will respond to local media requests regarding prescribed burning and take those opportunities to educate the public as to the importance of prescribed burning from a forest health aspect as well as the public health impacts. Health advisories will be issued by the AQMD if conditions from prescribed fires create sufficiently elevated levels of concentrations. Prescribed fire mapping tools such as the PFIRS, NDEP Nevada Prescribed Fire Information Repository map, the TFFT Lake Tahoe Basin Prescribed Fire, and the NWS Spot Forecast maps are available to the public to provide information as to who is conducting a burn and when and where the burn will be.

Additionally, the AQMD is part of the Nevada Prescribed Fire Alliance (NVPFA), which was established with the National Coalition of Prescribed Fire Councils in January of 2018. The NVPFA is a group of representatives from all sectors of burn implementation and regulation that manage natural resources and protect community health and safety and seek to improve the use of prescribed fire as a natural resource management tool through collaboration, facilitation, and shared learning experiences.

Surveillance and Enforcement

A land manager conducting a prescribed burn shall permit AQMD staff to enter and inspect burn sites unannounced, before, during, and after burns, to verify the accuracy of the permit information and compliance with the burn plan and smoke management plan, if appropriate. Site inspections conducted by the AQMD during and after fires shall be coordinated with the appropriate land manager as necessary to ensure the safety of AQMD employees and land managers. Should personal protective equipment (PPE) be required, AQMD employees will

have been properly trained in its use prior to entering any restricted area. Except under extraordinary circumstances, inspections will be conducted during reasonable business hours. Inspections on private property will be limited to valid permit days and within one week following the prescribed fire.

The AQMD has been granted a number of authorities in the NRS and the Nevada Administrative Code (NAC) to assist in enforcing requirements that preserve air quality. NRS 445B.230 provides broad authority to make determinations and issue orders as may be necessary to implement the programs that protect air quality. Violations are addressed in NRS 445B.450, which provides authority for the Division to serve written notice upon the person or persons responsible for alleged violations. Regulations under NAC 445B.275 specifies the types of violations for which written notice may be issued. A notice may be issued that includes an order to take corrective action within a reasonable time, or may require the person or persons responsible for the alleged violation to appear before the State Environmental Commission. The action may require further coordination and mutually agreeing to refine strategies or methods that utilize experiences to reduce the risk of public health issues.

Failure to comply with the procedures and conditions specified in the permit may result in enforcement action. Penalties of up to $10,000 per day per violation may be assessed.

Air District Sampling for Particulate Matter

The AQMD will consider deployment of smoke monitoring equipment for large prescribed burns, defined as those that are in excess of 10 tons of Particulate Matter (PM), or greater than 10 acres in size, or those that may pose a risk to smoke sensitive areas. Factors that will be considered in the decision to deploy the equipment include:

1. Coordination with burn boss or other authority;
2. Size of burn (acres/piles) and estimated emissions of $PM_{2.5}$;
3. Proximity to smoke sensitive areas;
4. Sufficient lead time, staff availability, and travel approval;
5. Ease of access and availability of secure location.

The monitoring equipment will be positioned in the anticipated downwind location nearest to the most likely-impacted smoke sensitive area and will be used to collect $PM_{2.5}$ data. The data will either be read by the on-site staff member or will be electronically transmitted to the AQMD. Data will be forwarded by the on-site staff member or the Monitoring and Planning Supervisor to the AQMD Director.

When $PM_{2.5}$ concentrations from portable and/or network air quality monitors reach and sustain at 55.4 $\mu g/m^3$, or the Air Quality Index (AQI) equivalent classification of "Unhealthy for Sensitive Groups", it may trigger:

1. Requirement to cease burning;
2. A revocation of the Smoke Management Permit; or
3. A Notice of Violation.

A health advisory or warning to protect the public drafted in accordance with NRS 445B.560, should the smoke constitute an imminent and substantial danger to the health of the public, may be issued by the AQMD at any time during a prescribed burn.

Program Evaluation

This SMP will be reviewed and evaluated no less frequently than every five years. The plan review process will include an evaluation of:

- The review of the MOU between the AQMD and Land Managers;
- Effectiveness of meeting permit requirements;
- PM attainment status;
- Conditions that resulted in PM NAAQS exceedances within Washoe County (if applicable); and
- Effectiveness of communication and collaboration between affected air agencies and land managers.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Please contact Daniel Inouye for
questions or comments at
dinouye@washoecounty.us

Appendix A

Prescribed Burn Permit Application

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

To be filled in by AQ Staff
Permit No.: _____
Date: _____
Accepted By: _____

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, 2018: $138.00 per burn plan + $34.00 per unit.

NOTE: For prescribed burns located within Washoe County, Section 040.035 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: _____

Applicant Signature: _____ Date: _____

Revised 6/2018 – GR

Appendix B

24-Hour Notification of Prescribed Burn

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

24-hour Notification of Prescribed Burn
KeepItClean@washoecounty.us
FAX (775) 784-7225

Permit #: _____

Land Manager: _____

Project Name: _____ **Phases/Sections:** _____

Planned Burn Day/Time: _____

AIR QUALITY MANAGEMENT
1001 East Ninth Street I P.O. Box 11130 I Reno, Nevada 89520
AQM Office: 775-784-7200 I Fax: 775-784-7225 I washoecounty.us/health

Public Health
Prevent. Promote. Protect.

Appendix C

List of Air Quality Regulators

List of Air Quality Regulators

States

Arizona

Joseph Paul
Department of Environmental Quality
Air Quality Division
1110 West Washington Street
Phoenix, Arizona 85007
(602) 711-2363
http://www.azdeq.gov/

California

Greg Vlasek – Smoke Management Coordinator
California Air Resources Board
1001 I Street
Sacramento, CA 95814
(800) 242-4450
http://www.arb.ca.gov/smp/smp.htm

Idaho

Mark Boyle – Smoke Management Supervisor
Idaho Department of Environmental Quality
Air Quality Division
2110 Ironwood Parkway
Coeur d'Alene, ID 83814
(208) 666-4607
https://www.deq.idaho.gov/air-quality/burning/

Nevada

Sheryl Fontaine – Smoke Management Coordinator
Nevada Division of Environmental Protection
Bureau of Air Quality Planning
901 South Stewart Street, Suite 4001
Carson City, NV 89701
Phone: (775) 687-9359
https://ndep.nv.gov/air/air-pollutants/smoke-management

Anita Karr – Senior Air Quality Specialist
Clark County Department of Air Quality
500 South Grand Central Parkway
Las Vegas, NV 89155
Phone: (702) 455-5942
http://www.clarkcountynv.gov/depts/airquality/Pages/default.aspx

Oregon

Peter Brewer – Wildfire Smoke Response Coordinator
Oregon Department of Environmental Quality
700 NE Multnomah Street, Suite 600
Bend, OR 97232-4100

Phone: (503) 229-5696
http://www.oregon.gov/deq/pages/index.aspx

Nick Yonker – Smoke Management Program Manager
Oregon Department of Forestry
2600 State Street
Salem, Oregon 97310
(503) 945-7451

Utah

Bryce Bird - Director
Utah DEQ, Division of Air Quality
State Office Building
Physical: 195 North 1950 West
PO Box 144820
Salt Lake City, UT 84114-4820
Phone: (801) 536-4000
http://www.airquality.utah.gov/index.htm

Nevada Tribal Lands by Area

Bureau of Indian Affairs Western Nevada Agency:
311 East Washington Street
Carson City, NV 89701
Phone: (775) 887-3500
https://www.bia.gov/regional-offices/western/western-nevada-agency

Bureau of Indian Affairs Eastern Nevada Agency:
Joseph G. McDade, Superintendent
2719-4 Argent Ave.
Elko, NV 89801
Phone: (775) 738-5165
http://www.bia.gov/WhoWeAre/RegionalOffices/Western/WeAre/EasternNevada/index.htm

Washoe County Tribes

Reno Sparks Indian Colony

Bhie-Cie (BC) N. Ledesma, MPH
Acting Environmental Manager
Planning Department/
Environmental Program
1937 Prosperity Street
Reno, NV 89502
(775) 785-1363, ext. 5407
bledesma@rsic.org
http://www.rsic.org/

Pyramid Lake Paiute Tribe

Tanda Roberts
Air Quality Specialist
Environmental Department
P.O. Box 256
Nixon, NV 89424
(775) 574-0101 ext.18
troberts@plpt.nsn.us
http://plpt.nsn.us/index.html

Local Air Agencies in California by County

El Dorado County Air Quality Management District
Dave Johnston
Candice Thomas
El Dorado County AQMD
330 Fair Lane
Placerville, CA 95667
Phone: (530) 621-7501
Burn Line: West Slope (866) 621-5897 or (530) 621-5897

Great Basin Unified Air Pollution Control District
Ann Logan
Great Basin Unified APCD
157 Short Street,
Bishop, CA 93514
Phone: (760)-872-8211

Lassen County Air Pollution Control District
Dan Newton
Lassen County APCD
720 South St.
Susanville, CA 96130
Phone: (530) 257-1041
Burn Line: (530) 257-2876

Modoc County Air Pollution Control District
Joe Moreo
Modoc County APCD
202 West 4th Street
Alturas, CA 96101
Phone: (530) 233-6310

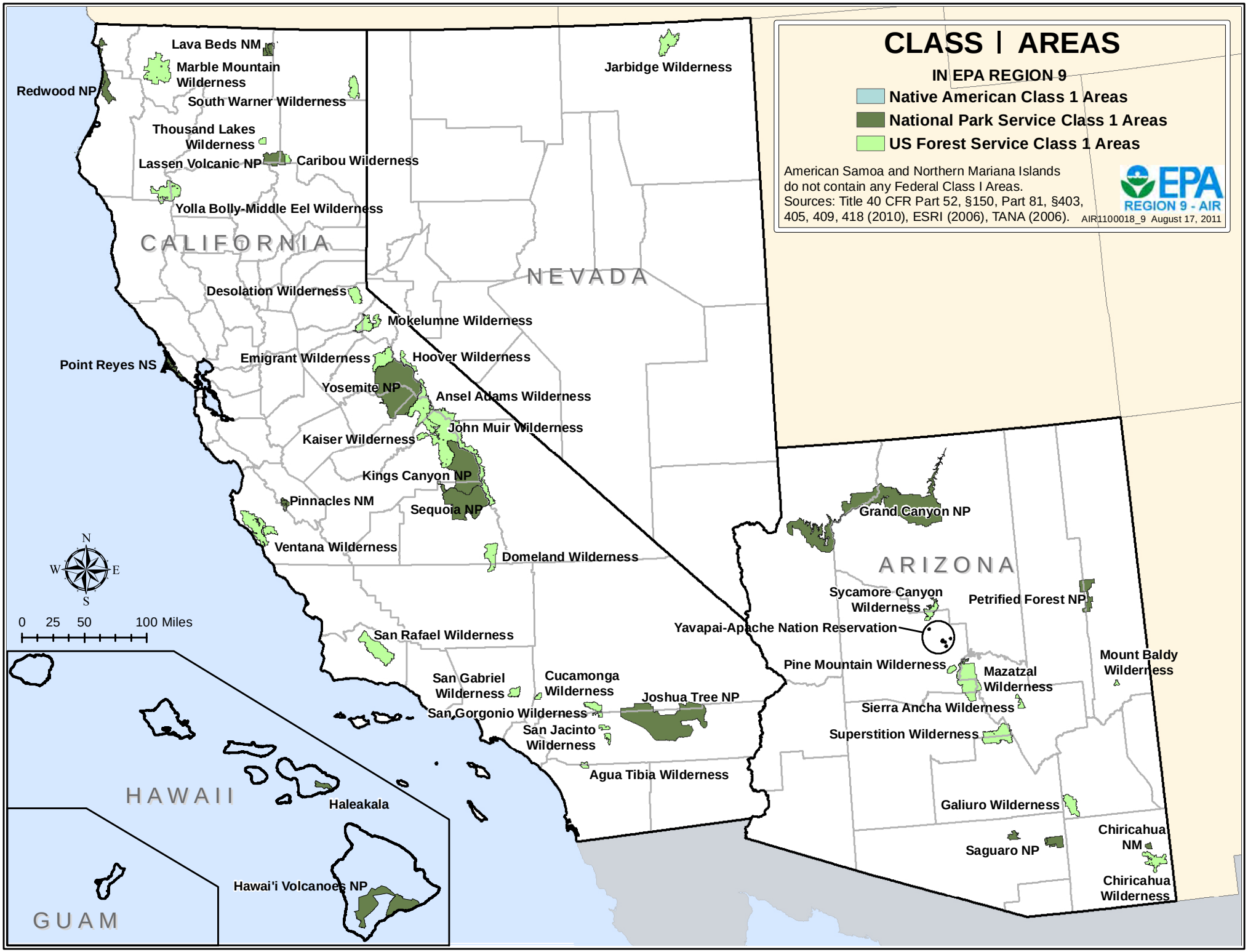
Mojave Desert Air Quality Management District
Alan De Salvio
Mojave Desert AQMD
14306 Park Avenue
Victorville, CA 92392
Phone: (760) 245-6726

Northern Sierra Air Quality Management District
Nevada, Plumas and Sierra counties
Joe Fish
Main Office
200 Litton Drive, Suite 320
Grass Valley, CA 95945
Phone: (530)-274-9360
office@myairdistrict.com

Placer County Air Pollution Control District
Ann Hobbs Air Quality Specialist
Placer County APCD
110 Maple Street,
Auburn, CA 95603
Phone: (530) 745-2327
South Lake Tahoe (888) 332-2876 or (530) 621-5842

Appendix D

Region 9 Class I Areas


CLASS I AREAS
IN EPA REGION 9
Native American Class 1 Areas
National Park Service Class 1 Areas
US Forest Service Class 1 Areas
American Samoa and Northern Mariana Islands do not contain any Federal Class I Areas.
Sources: Title 40 CFR Part 52, §150, Part 81, §403, 405, 409, 418 (2010), ESRI (2006), TANA (2006).
EPA REGION 9 - AIR
AIR1100018_9 August 17, 2011
Lava Beds NM
Marble Mountain Wilderness
Redwood NP
South Warner Wilderness
Thousand Lakes Wilderness
Lassen Volcanic NP
Caribou Wilderness
Yolla Bolly-Middle Eel Wilderness
Jarbidge Wilderness
CALIFORNIA
NEVADA
Desolation Wilderness
Mokelumne Wilderness
Point Reyes NS
Emigrant Wilderness
Hoover Wilderness
Yosemite NP
Ansel Adams Wilderness
John Muir Wilderness
Kaiser Wilderness
Kings Canyon NP
Pinnacles NM
Sequoia NP
Ventana Wilderness
Domeland Wilderness
Grand Canyon NP
ARIZONA
Sycamore Canyon Wilderness
Petrified Forest NP
Yavapai-Apache Nation Reservation
Pine Mountain Wilderness
Mazatzal Wilderness
Mount Baldy Wilderness
Sierra Ancha Wilderness
Superstition Wilderness
San Rafael Wilderness
San Gabriel Wilderness
Cucamonga Wilderness
Joshua Tree NP
San Gorgonio Wilderness
San Jacinto Wilderness
Agua Tibia Wilderness
Galiuro Wilderness
Saguaro NP
Chiricahua NM
Chiricahua Wilderness
HAWAII
Haleakala
Hawai'i Volcanoes NP
GUAM
N
W
E
S
0 25 50 100 Miles

Appendix E

Wildfire Mitigation Plan

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Wildfire Mitigation Plan

2018

Submitted to U.S. EPA Region 9

September 1, 2018

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

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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Acronyms

AQI	Air Quality Index
AQMD	Washoe County Health District, Air Quality Management Division
AQS	Air Quality System
CAA	Clean Air Act
CFR	Code of Federal Regulations
CO	Carbon Monoxide
EC	Elemental Carbon
EED	Exceptional Event Demonstration
EER	Exceptional Events Rule
EPA	U.S. Environmental Protection Agency
HA 87	Hydrographic Area 87
MOU	Memorandum of Understanding
NAAQS	National Ambient Air Quality Standards
NCore	National Core Multi-Pollutant Monitoring Station
NO_2	Nitrogen Dioxide
NWS	National Weather Service
OC	Organic Carbon
O_3	Ozone
PM	Particulate Matter
$PM_{2.5}$	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM_{10}	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
RWC	Residential Wood Combustion
SEP	Supplemental Environmental Program
SLAMS	State and Local Air Monitoring Station
SMP	Smoke Management Program
USFS	United States Forest Service

1.0 Mitigation of Exceptional Events

1.1 Mitigation of Exceptional Events Requirements

On October 3, 2016, the U.S. Environmental Protection Agency (EPA) finalized revisions to the "Treatment of Data Influenced by Exceptional Events", regulations that govern the exclusion of event-influenced air quality data from certain regulatory decisions under the Clean Air Act (CAA) Section 319(b). This rule is known as the Exceptional Events Rule (EER). The EER contains definitions, procedural requirements, requirements for air agency demonstrations, and criteria for EPA approval for the exclusion of air quality data from regulatory decisions. As part of EPA's mission to protect public health, the EER also requires mitigation plans for areas with known, recurring events that caused exceedances of the National Ambient Air Quality Standards (NAAQS). The EPA uses the benchmark of three exceptional events in three years. Because of recurring impacts of wildfire smoke to Washoe County, our area is subject to the mitigation requirements in 40 Code of Federal Regulations (CFR) Part 51.930 (Mitigation of Exceptional Events) for Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter ($PM_{2.5}$) due to wildfires.

Under 40 CFR 51.930, a state requesting to exclude air quality data due to exceptional events must take appropriate and reasonable actions to protect public health from exceedances or violations of the NAAQS. At a minimum, the State must:

1. Provide for prompt public notification whenever air quality concentrations exceed or are expected to exceed an applicable ambient air quality standard;
2. Provide for public education concerning actions that individuals may take to reduce exposures to unhealthy levels of air quality during and following an exceptional even; and
3. Provide for the implementation of appropriate measures to protect public health from exceedances or violations of ambient air quality standards caused by exceptional events.

Mitigation Plan components must, at a minimum, contain provisions for the following:

1. Public notification to and education programs for affected or potentially affected communities. Such notification and education programs shall apply whenever air quality concentrations exceed or are expected to exceed a NAAQS with an averaging time that is less

than or equal to 24-hours.

2. Steps to identify, study, and implement mitigating measures, including approaches to address each of the following:
    a. Measures to abate or minimize contributing controllable sources of identified pollutants.
    b. Methods to minimize public exposure to high concentrations of identified pollutants.
    c. Processes to collect and maintain data pertinent to the event.
    d. Mechanisms to consult with other air quality managers in the affected area regarding the appropriate responses to abate and minimize impacts.

Additional components of the plan must include provisions for periodic review and evaluation of the mitigation plan and its effectiveness as well as a 30-day public comment period and any public comment documentation received.

This mitigation plan meets the requirements of 40 CFR 51.930 and underwent 30-day public comment period pursuant to 40 CFR 51.930(b)(2) from July 24 to August 24, 2018 (see Appendix C).

2.0 Regional Description

Washoe County is located in the northwest portion of Nevada. It is bounded by California, Oregon, and the Nevada counties of Humboldt, Pershing, Storey, Churchill, Lyon, and Carson City (Figure 1.1). The Truckee Meadows is approximately 200 square miles in size and situated in the southern portion of Washoe County. It is geographically identified as Hydrographic Area 87 (HA 87) as defined by the State of Nevada, Division of Water Resources. Most of Washoe County's population lives in and around the Truckee Meadows.

The Truckee Meadows sits at an elevation of 4,400 feet above sea level and surrounded by mountain ranges. To the west, the Sierras rise to elevations of 9,000 to 11,000 feet. Hills to the east reach 6,000 to 7,000 feet. The Truckee River, flowing from the Sierras eastward, drains into Pyramid Lake to the northeast of the Truckee Meadows.

Figure 1.1
Washoe County, Nevada

Average annual wind speed measured at the Reno-Tahoe International Airport is 6.4 miles per hour (mph). January is the calmest month (4.5 mph) with April being the windiest (8.3 mph). Wintertime (November-January) averages 4.9 mph and summertime (June-August) averages 7.2 mph.

Most of Reno's precipitation falls from November through March in the form of rain and snow. Reno receives an average of 7.40 inches of precipitation per calendar year (1981-2010 climate normals).

Maximum temperatures of 90 °F or above normally occur between July 3 and August 21. Maximum temperatures typically peak at 94 °F between July 22 and July 29.

The 2017 population of Washoe County was 451,923, as reported from the Nevada State Demographer's Office. Approximately two-thirds of Washoe County's residents live in the Truckee Meadows, which includes the cities of Reno and Sparks. Anthropogenic activities such as transportation, manufacturing, freight distribution, and residential wood use are also concentrated in the Truckee Meadows.

2.1 Sources of $PM_{2.5}$

Washoe County experiences two distinct air pollution seasons - wintertime particulate matter (PM) and summertime ozone (O_3). Wintertime temperature inversions combined with light winds can contribute to elevated levels of $PM_{2.5}$, Particulate Matter less than or equal to 10 microns in aerodynamic diameter (PM_{10}), Nitrogen Dioxide (NO_2), and Carbon Monoxide (CO). Inversions are common in mountain valleys such as the Truckee Meadows. Air pollution episodes persist until stronger winds scour the cold air out of the valley and break the temperature inversion.

Washoe County, Reno/Sparks in particular, has historically low ambient $PM_{2.5}$ concentrations during the summer months of August and September. There are a limited amount of local emission sources that affect $PM_{2.5}$ concentrations during these months to cause fluctuations. According to our 2014 Emissions Inventory, the largest sources of annual $PM_{2.5}$ pollution within HA 87 are from non-point (86%) and on-road mobile (8%) categories. RWC comprises the majority of the non-point source category, however, these emissions occur primarily in the wintertime. According to our triennial 2015-2016 Residential Wood Use Survey, most of the wood combustion generally begins after October and stops by the end of February. On-road mobile category is more of a year round source of $PM_{2.5}$, but this category alone does not have the ability to greatly impact summertime $PM_{2.5}$ concentrations. The only source of $PM_{2.5}$ that causes any historical fluctuations during these months is wildfires.

Wildfire smoke can cause significant air pollution episodes in Washoe County. Winds can transport smoke from wildfires hundreds of miles away. The initial impact will be reduced visibility. If the smoke reaches ground level, then increases in all air pollutants will be noticeable. The best air pollutant indicators are $PM_{2.5}$, PM_{10}, NO_2, and CO. An increase in O_3 can sometimes, but not always, be associated with wildfire smoke. Elemental Carbon (EC) and Organic Carbon (OC) are also good wildfire smoke markers, especially if the fires occur outside the residential wood combustion (RWC) season. Prescribed burns may also cause elevated air pollution levels, and its indicators are similar to wildfire's.

3.0 Wildfire Events

Due to the increasing frequency of wildfires, smoke impacts from fires in and surrounding Nevada are contributing to exceedances of the 24-hour $PM_{2.5}$ NAAQS. Wildfire activity and smoke impacts are typically highest during the wildfire season/summer months (June, July, August, and September). Wildfire events in 2008, 2013, and 2014 impacted Washoe County contributing to exceedances of the 24-hour $PM_{2.5}$ NAAQS. Exceptional Events Demonstrations (EED) were submitted to the EPA Region 9 for each event per 40 CFR 50.14 and the Exceptional Events Rule of 2016. See the Washoe County Air Quality Management Reports and Data on OurCleanAir.com for the 2008, 2013 and 2014 Exceptional Event Demonstrations. Each EED included a section on public outreach and media coverage.

4.0 Public Notification and Education Programs

4.1 Public Notification

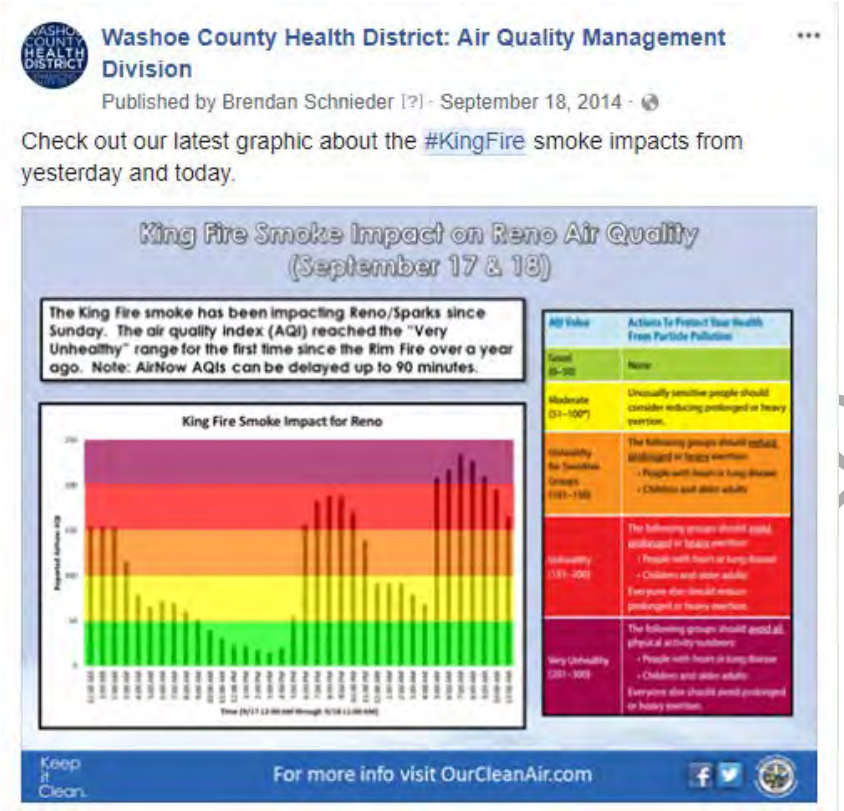
In 2013, AQMD created Facebook and Twitter pages and a YouTube channel. As part of improving our outreach and educational component of our mission statement, we created these social media pages to serve as a direct and prompt outlet to the public and other entities for the daily air quality index update, winter time burn codes, and emergency situations, such as exceptional events.

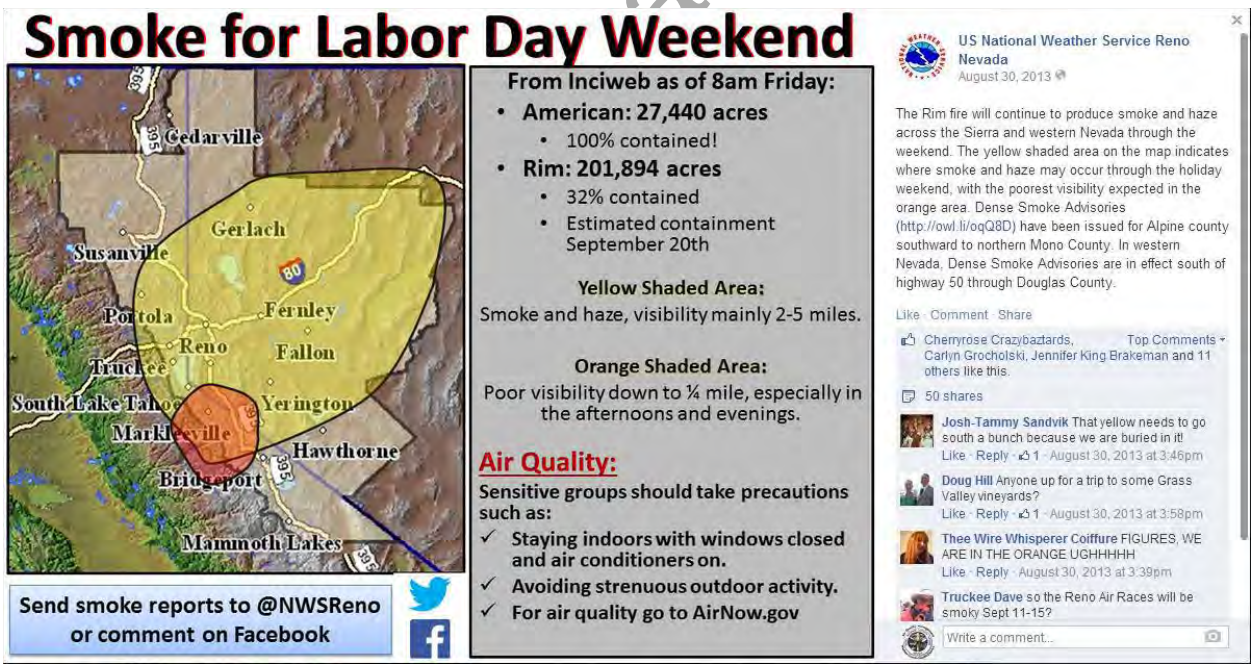
The AQMD collaborates with the National Weather Service (NWS) and local media to provide timely notifications to the public throughout the year and especially during wildfire events. The AQMD leverages NWS and local media's hundreds of thousands of social media followers to share accurate and consistent information to the community. The AQMD, NWS, and local media all follow each other's social media. When one organization updates their social media, it's shared and delivered to the public almost immediately. This collaboration also ensures consistent messaging.

The NWS and many of the local media outlets receive EnviroFlash updates directly or via AQMD's social media. EnviroFlash provides daily air quality forecasts and alerts when the AQI reaches harmful levels. These partnerships allow the public to receive timely information about precautions they can take to reduce exposure to the high levels of air pollution.

The AQMD provides prompt notifications throughout exceptional events to the public and local media. Air Quality Index (AQI) Forecasts and Air Alerts were distributed daily, or more frequently depending on conditions, via EnviroFlash. Air quality information was also available from the AQMD website (OurCleanAir.com), social media (Facebook, Twitter, YouTube), and Air Quality Hotline [(775) 785-4110]. The AQMD provided appropriate measures to protect public health from exceedances or violations of ambient air quality standards caused by the exceptional events by providing health advisories on a daily basis based on the AQI range.

Below are examples of public notifications during exceptional events when air quality concentrations exceeded or were expected to exceed the $PM_{2.5}$ NAAQS.


Washoe County Health District: Air Quality Management Division
Published by Brendan Schnieder [?] · September 18, 2014 ·
Check out our latest graphic about the #KingFire smoke impacts from yesterday and today.
King Fire Smoke Impact on Reno Air Quality (September 17 & 18)
The King Fire smoke has been impacting Reno/Sparks since Sunday. The air quality index (AQI) reached the "Very Unhealthy" range for the first time since the Rim Fire over a year ago. Note: AirNow AQIs can be delayed up to 90 minutes.
King Fire Smoke Impact for Reno
Keep it Clean.
For more info visit OurCleanAir.com


Smoke for Labor Day Weekend
Gedarville
Gerlach
Susanville
Portola
Fernley
Reno
Fallon
Truckee
South Lake Tahoe
Yerington
Markleeville
Hawthorne
Bridgeport
Mammoth Lakes
Send smoke reports to @NWSReno or comment on Facebook
From Inciweb as of 8am Friday:
American: 27,440 acres
100% contained!
Rim: 201,894 acres
32% contained
Estimated containment September 20th
Yellow Shaded Area:
Smoke and haze, visibility mainly 2-5 miles.
Orange Shaded Area:
Poor visibility down to ¼ mile, especially in the afternoons and evenings.
Air Quality:
Sensitive groups should take precautions such as:
✓ Staying indoors with windows closed and air conditioners on.
✓ Avoiding strenuous outdoor activity.
✓ For air quality go to AirNow.gov
US National Weather Service Reno Nevada
August 30, 2013
The Rim fire will continue to produce smoke and haze across the Sierra and western Nevada through the weekend. The yellow shaded area on the map indicates where smoke and haze may occur through the holiday weekend, with the poorest visibility expected in the orange area. Dense Smoke Advisories (http://owl.li/oqQ8D) have been issued for Alpine county southward to northern Mono County. In western Nevada, Dense Smoke Advisories are in effect south of highway 50 through Douglas County.
Like · Comment · Share
Cherryrose Crazybazards, Carlyn Grocholski, Jennifer King Brakeman and 11 others like this.
Top Comments
50 shares
Josh-Tammy Sandvik That yellow needs to go south a bunch because we are buried in it!
Like · Reply · 1 · August 30, 2013 at 3:46pm
Doug Hill Anyone up for a trip to some Grass Valley vineyards?
Like · Reply · 1 · August 30, 2013 at 3:58pm
Thee Wire Whisperer Coiffure FIGURES, WE ARE IN THE ORANGE UGHHHHH
Like · Reply · August 30, 2013 at 3:39pm
Truckee Dave so the Reno Air Races will be smoky Sept 11-15?
Write a comment...

KTVN Channel 2 News @KTVN · Aug 19
Washoe County School District to hold indoor recesses today due to smoke from #AmericanFire. ktvn.com/story/23173293...
Expand Retweeted Favorited

Current Conditions

Air Quality Index (AQI)
observed at 6:00 PDT

137 **Unhealthy for Sensitive Groups**

Health Message: People with heart or lung disease, older adults, and children should reduce prolonged or heavy exertion.

AQI - Pollutant Details

Particles (PM2.5)	137	Unhealthy for Sensitive Groups
Particles (PM10)	63	Moderate
Ozone	40	Good

USFS Tahoe NF and 1 other Retweeted

NWS Reno @NWSReno · 29 Jun 2016
Some potential for #TrailheadFire **smoke** to affect Tahoe, Truckee, Reno later today. Depends on fire activity.

27 11

4.2 NWS Area Forecast Discussions

The AQMD collaborates with the Reno NWS, especially during air pollution events such as wildfires. This partnership has increased the efficiency of the forecast discussions to include information specific to wildfires and smoke impacts to the Reno/Sparks area. The NWS Forecast Office in Reno, Nevada issues at least two daily Area Forecast Discussions summarizing the short and long-term weather forecast. It also provides a synopsis of current observations as well as weather events such as smoke and haze. Below is an excerpt from an Area Forecast Discussion issued during the Trailhead Fire.

> *"Main change to the short term forecast was increasing the haze and smoke areas today and Sunday as the Trailhead fire west of the Sierra crest is likely to burn actively for at least the next couple of days. Winds will become more favorable for spreading smoke across the I-80 corridor into Reno-Sparks . . ."*
>
> Excerpt from NWS-Reno Area Forecast Discussion
> (251 AM PDT SAT JUL 2 2016)

4.3 Wildfire Outreach Program

As part of the Keep it Clean outreach program, Be Smoke Smart was developed in 2015 to protect public health in the event of smoke impacts. Be Smoke Smart is promoted during wildfire season on our website (OurCleanAir.com) and through social media.

The website directs the public to links to where the fire is, where smoke is going to be, the current air quality and measures of protection during smoke impacts, and includes a local visibility guide to approximate air quality. The website also includes information regarding what wildfire smoke is composed of, the health effects of wildfire smoke, and the AQI for $PM_{2.5}$. Below are images from the Be Smoke Smart website.

What is in wildfire smoke?

Smoke is composed primarily of carbon dioxide, water vapor, carbon monoxide, particulate matter, hydrocarbons and other organic chemicals, nitrogen oxides, trace minerals and several thousand other compounds. The actual composition of smoke depends on the fuel type, the temperature of the fire, and the wind conditions. Particulate matter is the principal pollutant of concern from wildfire smoke for the relatively short-term exposures (hours to weeks) typically experienced by the public. Particulate matter is a generic term for particles suspended in the air, typically as a mixture of both solid particles and liquid droplets. Fine particulate matter ($PM_{2.5}$) found in smoke tend to be very small - less than 2.5 micrometers in diameter. For comparison, see the how $PM_{2.5}$ compares with a human hair:

What are the health effects of wildfire smoke?

The effects of smoke range from eye and respiratory tract irritation to more serious disorders, including reduced lung function, bronchitis, exacerbation of asthma, and premature death. Studies have found that $PM_{2.5}$ is linked (alone or with other pollutants) with increased mortality and aggravation of pre-existing respiratory and cardiovascular disease. In addition, particulates are respiratory irritants, and exposures to high concentrations of particulate matter can cause persistent cough, phlegm, wheezing and difficulty breathing. Particles can also affect healthy people, causing respiratory symptoms, transient reductions in lung function, and pulmonary inflammation. $PM_{2.5}$ can also affect the body's immune system and make it more difficult to remove inhaled foreign materials from the lung, such as pollen and bacteria.

Air quality index (AQI) for $PM_{2.5}$

Air Quality Index	Who Needs to Be Concerned?	What Should I Do?
Good (0-50)	No one. Air quality is good for everyone.	It's a great day to be active outside!
Moderate (51-100)	Some people may be **unusually sensitive to particle pollution** and may need to take precautions.	**Unusually sensitive people:** *Consider reducing* prolonged or heavy exertion. Watch for symptoms such as coughing or shortness of breath. These are signs to take it a little easier. **Everyone else:** It's a good day to be active outside!
Unhealthy for Sensitive Groups (101-150)	Sensitive groups include **people with heart or lung disease, older adults, children and teenagers.**	**Sensitive groups:** *Reduce* prolonged or heavy exertion. It's OK to be active outside, but take more breaks and do less intense activities. Watch for symptoms such as coughing or shortness of breath. **People with asthma** should follow their asthma action plans and keep quick relief medicine handy. **If you have heart disease:** Symptoms such as palpitations, shortness of breath, or unusual fatigue may indicate a serious problem. If you have any of these, contact your health care provider.
Unhealthy (151-200)	**Everyone** can be affected.	**Sensitive groups:** *Avoid* prolonged or heavy exertion. Consider moving activities indoors or rescheduling. **Everyone else:** *Reduce* prolonged or heavy exertion. Take more breaks during all outdoor activities.
Very Unhealthy (201-300)	**Everyone**	**Sensitive groups:** *Avoid all* physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better. **Everyone else:** *Avoid* prolonged or heavy exertion. Consider moving activities indoors or rescheduling to a time when air quality is better.
Hazardous (301-500)	**Everyone**	**Everyone:** *Avoid all* physical activity outdoors. **Sensitive groups:** Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.

What you can do to protect yourself and Be Smoke Smart

- Stop outdoor activity; stay inside and reduce activity.
- Keep AC on if available, the fresh-air intake closed, filter clean, and windows closed.
- Don't use whole-house fans and swamp coolers.
- Pay attention to air quality on AirNow.gov, your local air district website (OurCleanAir.com), and local media.
- Consult local visibility guide to approximate air quality.
- Follow the advice of your doctor especially those with heart or lung disease.
- Don't rely on dust masks.
- Stay hydrated.
- Keep indoor air clean; don't burn candles, vacuum, or smoke tobacco products.
- Consider relocating temporarily.
- Prevent other wildfires from happening by Living with Fire.

Recommendations for Schools and Child Cares on Poor Air Quality Days
Air Quality Index (AQI) Table for Ozone and $PM_{2.5}$ with Visibilities for Wildfire Smoke[1]

Activity	Good=0 to 10 miles (Visibility 10 miles and up)	Moderate=5 to 10 (6 to 10 miles)	Unhealthy for Sensitive Groups*= < 5 miles (0 to 5 miles)
Recess (15 min)	No Restrictions	No Restrictions	Make indoor space available to all children especially those with lung/heart illnesses or who complain about difficulty breathing.
P.E. (1 hr)	No Restrictions	No Restrictions	Make indoor space available to all children. High school students with lung/heart conditions should limit prolonged or heavy exertion.
Scheduled Sporting Events	No Restrictions	Unusually sensitive children and high school students should limit prolonged or heavy exertion during scheduled sporting events.	High school students with asthma or other respiratory or cardiovascular illness should be medically managing their condition. Increase rest periods and substitutions to lower breathing rates.
Athletic Practice and Training (2 to 4 hrs)	No Restrictions	Unusually sensitive children and high school students should limit prolonged or heavy exertion during practice or training.	High school students with asthma or other respiratory or cardiovascular illness should be medically managing their condition. Increase rest periods and substitutions to lower breathing rates.

[1] Visibility conversions to AQI were taken from "Wildfire Smoke: A Guide for Public Health Officials" (Rev. July 2008 with 2012 AQI updates)
*Children are anyone from Infant to 8th Grade. High School Students are indicated and assumed to be the participants for Scheduled Sporting Events and Practice and Training activities. For children, consideration for relocation or rescheduling should be given at the Unhealthy for Sensitive Groups range for Sporting Events and Practice and Training activities.

5.0 Steps to Identify, Study and Implement Mitigating Measures

5.1 Minimize Contributing Controllable Sources of $PM_{2.5}$

5.1.1 Know the Code: Residential Burn Code Program

In 1987, AQMD initiated a burn code program to reduce emissions from woodstoves and fireplaces during wintertime weather inversions. The Burn Code program uses traffic lights to convey whether citizens can burn during a given time. The program runs from November 1st through the end of February. Green means it's okay to burn, we ask residents to burn dry, seasoned wood. Yellow, reduce burning or stop altogether, compliance is voluntary but greatly encouraged. Red means stop burning and that air pollution is affecting the health of the people in the community at this point. The Health District declares a Stage 1 Episode, which prohibits burning for 24 hours, or until the code is changed to yellow or green. Compliance is enforced at this stage. The burn code only affects residents living in a specific zip code within Washoe County, and specifically, HA87. See Figure 5.1 for the zip codes that must comply with the burn code program. Additionally, if citizens rely on wood burning as their only source of heat, they must submit a Sole Source of Heat Declaration to the AQMD each winter season.

5.1.2 Smoke Management Program

The AQMD has a Smoke Management Program (SMP) that addresses the health and air quality impacts from prescribed burning. The Washoe County District Board of Health adopted the SMP on August 28, 2003. The SMP is currently being revised and anticipated to be finalized in Fall 2018. As part of the SMP, the AQMD has Memorandum of Understanding (MOU) agreements in place with all Land Managers who conduct prescribed burning in Washoe County. The purpose of the MOU is to ensure that the stakeholders work towards the goal of the SMP. The MOU was most recently updated in 2017 and will be reviewed no less frequent than every five years. Additionally, as part of the SMP, Land Managers are required to submit an application with appropriate fees along with a burn plan for approval. A Smoke Management Permit is issued to the Land Manager with specified "Conditions of Operation" and is valid for 18 months. The SMP is available at OurCleanAir.com.

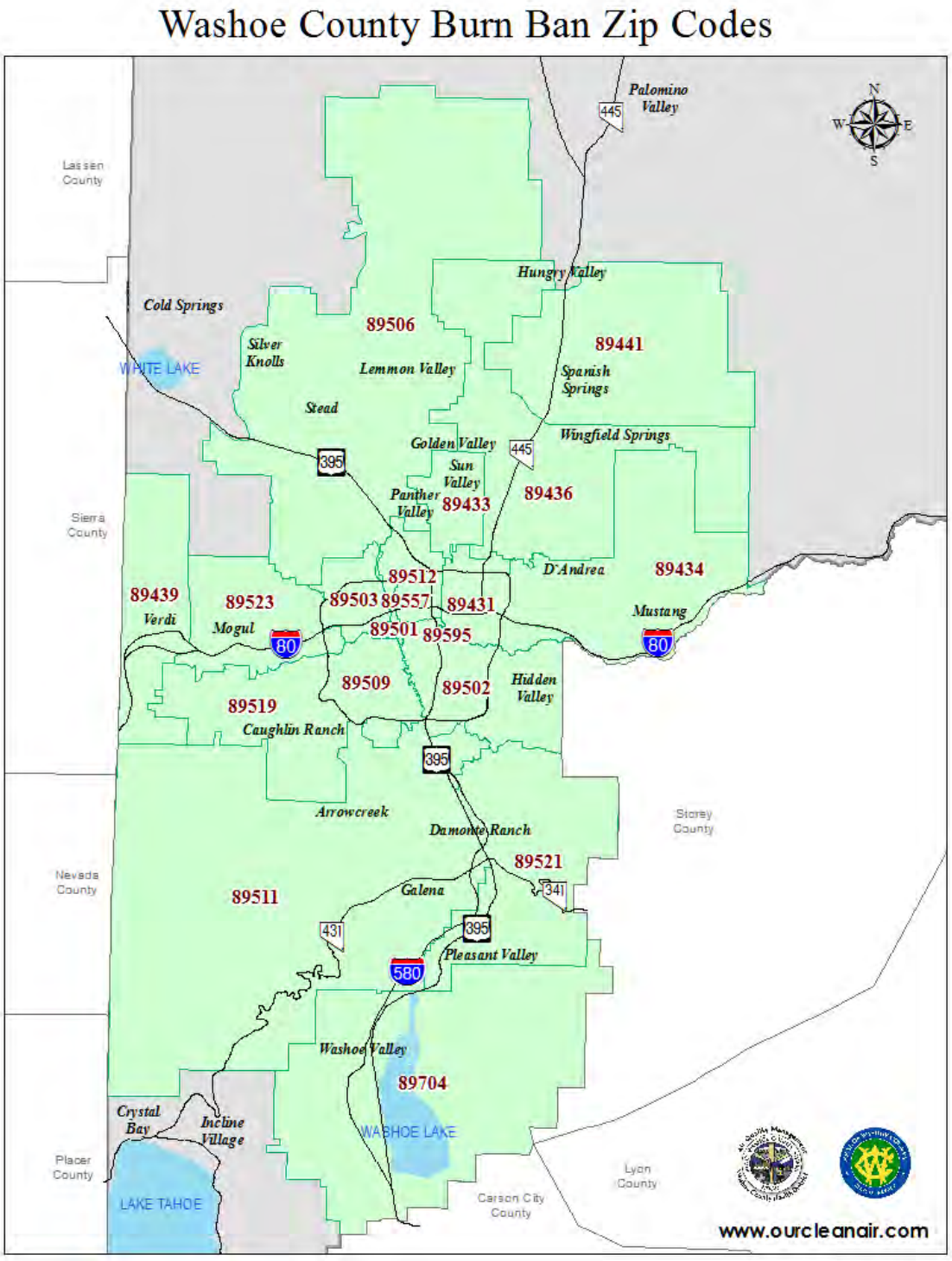
5.1.3 Wood-Burning Devices Program

The District Board of Health Regulations Governing Air Quality Management (040.051) has regulation in place to limit PM emissions and other pollutants

discharged into the ambient air from wood-burning devices. This regulation was enacted to protect wintertime air quality from worsening due to emissions from wood-burning devices, especially during inversion days.

The regulation sets emission standards and certifies devices, requires the removal of non EPA-certified devices upon property transfer, restricts materials that can be burned, and limits the number of non low-emitting devices allowed in a resident or commercial property. This regulation applies to woodstoves, pellet stoves, and hydronic heaters. Currently, there are no hydronic heaters in Washoe County.

Figure 1.2
Burn Ban Zip Code Map



5.1.4 Woodstove Exchange Program

To accelerate the replacement of old, non EPA-certified stoves, AQMD has implemented several woodstove change-out programs over the last two decades. These change-out programs improved air quality by helping Washoe County residents to replace their devices qualified for rebates with cleaner, more efficient source of heat.

For the most recent change-out program, the AQMD partnered with the University of Nevada, Reno, Business Environmental Program to manage the program. Per the Supplemental Environmental Program (SEP) grant funding requirement, this program is set up to remove 197 functioning but non EPA-certified stoves, manufactured before 1992, from residences located within a specific zip codes in Washoe County, where they are most impacted by smoke from wood burning devices. Rebates are available for new wood burning stoves, pellet stoves, or new natural gas stoves. As of May 2018, 18 of the 197 rebates remain available. The 179 uncertified stoves removed to date were replaced with 62 woodstove, 65 pellet stoves, and 52 natural gas stoves.

Using the EPA wood stove emissions calculator, a conservative estimate for the 171 stoves changed out to-date equates to a reduction of 6.27 tons of particulate matter emissions per year. Over the 30-year expected life of these new stoves, an estimated 188 tons of particulate matter emissions will be prevented based on these change-outs number.

5.2 Minimize Public Exposure

5.2.1 Keep it Clean Outreach Program

Keep it Clean is the AQMD outreach program developed in 2012 to increase public awareness and engage the citizens of Washoe County to keep our air clean (see graphic below). Community action components to help mitigate air pollution concerns include:

Know the Code, a wood burning advisory program;
Rack Em Up, an alternative transportation program;
nOzone, a smog prevention program;
Be Smoke Smart, a wildfire awareness program, and
Be Idle Free, an education program to encourage the community to reduce unnecessary engine idling.

Each program encourages emission reduction and empowers citizens to take positive actions to Keep it Clean. The Keep it Clean brand has greatly increased public awareness of air quality, improved access to information regarding air quality and has successfully reached the community as indicated in website

statistics, residential wood use surveys, and outreach participation. Additionally, Keep it Clean won the 2014 EPA Gregg Cooke Visionary Program Award.


Keep it Clean.
Keep it Clean is the Washoe County Health District Air Quality Management Division's (AQMD) brand developed in 2012 to increase public awareness and engage citizens of Reno, Sparks, and Washoe County, Nevada to keep our air clean.
Know the Code.
Keep it Clean. Know the Code.
Keep it Clean. Know the Code.
Keep it Clean. Know the Code.
Know the Green, Yellow, Red Burn Code and when to burn for cleaner, healthier air during winter months.
Know the Code is used from November through February to inform the public daily when it is alright to burn and when it is not by using color coded icons.
Rack Em Up.
Ride a Bike. Good for the air. Good for you.
Rack Em Up is promoted throughout the year to encourage active transportation.
nOzone
Take Care of Our Air.
nOzone is promoted during the summer months when ozone concerns are the greatest. The AQI and health messages are provided to the public daily.
Keep it Clean.
Be Smoke Smart. Protect yourself from wildfire smoke.
OurCleanAir.com
Be Smoke Smart is promoted during wildfire season to protect public health in the event of smoke impacts.
Keep it Clean.
Be Idle Free.
OurCleanAir.com
Be Idle Free is promoted year round by encouraging the community to turn off their engine while not driving.
The Keep it Clean outreach program is the 2014 EPA Gregg Cooke Visionary Program award recipient.
WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE
PublicHealth
775-784-4110 Hotline
775-784-7200 General Info
OurCleanAir.com
Sponsored by the Washoe County Health District Air Quality Management Division

5.2.2 Additional Monitoring

In addition to the SLAMS monitoring network, AQMD has one MetOne E-BAM and two MetOne Neighborhood Monitors to deploy during wildfire episodes as well as during prescribed fires to monitor $PM_{2.5}$ impacts from smoke. These non-regulatory monitors are deployed in Southern Washoe County based on the severity of smoke impacts as it relates to sensitive receptors. Because these are non-regulatory monitors, they are only used to determine health impacts and protect public health during smoke episodes.

5.3 Collect and Maintain Data

5.3.1 Monitoring Network

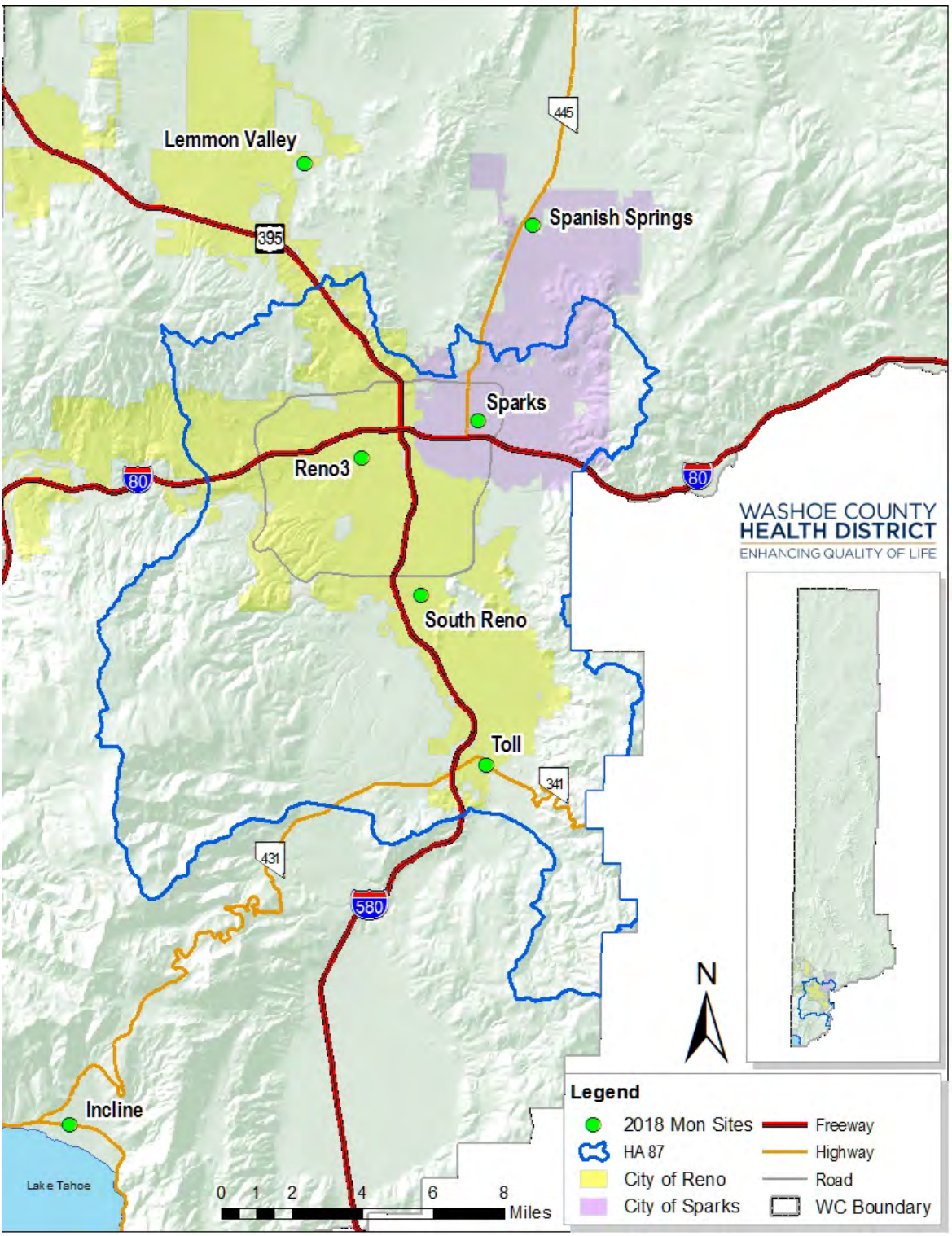
The AQMD began monitoring ambient air quality in Washoe County in the 1960's and currently operates seven State and Local Air Monitoring Stations (SLAMS) (Figure 1.3), with one site being a National Core Multi-Pollutant Monitoring Station (NCore). The blue boundary delineates HA87 as defined by the State of Nevada, Division of Water Resources. Table 5.1 lists the parameters monitored in 2018, sorted by site.

The AQMD's ambient air monitoring network meets the minimum monitoring requirements for all criteria pollutants pursuant to 40 CFR 58, Appendix D. Washoe County's monitoring network is reviewed annually pursuant to 40 CFR 58.10 to ensure the network meets the monitoring objectives defined in 40 CFR 58, Appendix D. Data is collected, quality assured, and certified annually in accordance with 40 CFR 58 and submitted to the Air Quality System (AQS). See Appendix A for the Annual Network Plan Approval Letter and Appendix B for the Data Certification Letter.

Table1.1
List of Monitoring Sites and Pollutants Monitored in 2018

Site	O_3	CO	Trace CO	Trace NO	NO_2	NO_x	Trace NOy	Trace SO_2	PM_{10}	$PM_{2.5}$	PM_{coarse}	$PM_{2.5}$ Speciation	Meteorology
Incline	✓												
Lemmon Valley	✓												
Reno3	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
South Reno	✓												✓
Sparks	✓	✓							✓	✓	✓		✓
Spanish Springs	✓								✓	✓	✓		
Toll	✓								✓				✓

Figure 1.3:
Washoe County Health District – AQMD Ambient Air Monitoring Sites in 2018



5.4 Air Agency Consultation and Collaboration

During wildfire events, the AQMD shares information on social media from other air agencies as appropriate and participates on daily coordination calls regarding weather and fire activity to provide information regarding smoke impacts in our area. We also utilize the State Smoke Blogs, specifically the California Smoke Blog, as a means to monitor smoke impacts and wildfire activity. When additional monitors are deployed in response to a wildfire event through the United States Forest Service (USFS) Wildland Fire Air Quality Response Program, the AQMD monitors the $PM_{2.5}$ interactive monitoring website to determine the AQI in surrounding areas from all sampling monitors.

Utilizing several resources and collaborating with surrounding air agencies during a wildfire event affecting the Mitigation Area allows AQMD to provide appropriate responses to abate and minimize smoke impacts to the public during an event.

6.0 Review and Evaluation Process

This mitigation plan will be reviewed and evaluated no less frequently than every five years.

The mitigation plan review will include an evaluation of

- Conditions that resulted in $PM_{2.5}$ NAAQS exceedance in the Mitigation Area (if appropriate),
- Effectiveness of public notification and education,
- Effectiveness of control measures on identified sources, and
- Efficacy of communication and collaboration between affected air agencies and interested stakeholders.

A decision regarding revision and possible subsequent public comment period will be made after each review and evaluation. Revisions will be submitted to EPA in accordance with 40 CFR 51.930.

7.0 Public Comment

This mitigation plan was prepared to satisfy 40 CFR 51.930 and underwent 30-day public comment period from July 24, 2018 to August 24, 2018.

A public notice was published in the Reno Gazette-Journal on July 24, 2018 notifying the public that the Wildfire Mitigation Plan was available for public comment from July 24 through August 24, 2018 (Appendix C). A hard copy was available at the AQMD office and on the website (OurCleanAir.com).

Appendix A

ANNUAL NETWORK PLAN APPROVAL

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

June 29, 2018

Gwen Yoshimura
Manager, Air Quality Analysis Office
U.S. Environmental Protection Agency, Region 9
75 Hawthorne Street, AIR-7
San Francisco, CA 94105

Subject: 2018 Annual Network Plan

Dear Ms. Yoshimura:

Enclosed is the "Washoe County Health District, Air Quality Management Division 2018 Ambient Air Monitoring Network Plan". This plan was prepared in accordance with 40 CFR 58.10 and was available for public inspection from May 25 to June 25, 2018 at the Washoe County Health District, Air Quality Management Division (AQMD) website (OurCleanAir.com). A hardcopy of the plan was also available at the AQMD office. No written comments were received during the public inspection period.

Feel free to contact Mr. Craig Petersen or me at (775) 784-7200 if you have any questions or comments.

Sincerely,

Daniel Inouye

Daniel Inouye
Monitoring and Planning Branch Chief

Attachments

cc: Anna Mebust, EPA Region 9
Craig Petersen, AQMD

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

7, 2020

Air Quality Management Division
2018 Ambient Air Monitoring Network Plan

Submitted to EPA Region 9 June 29, 2018

Public Health
Prevent. Promote. Protect.

Table of Contents

Appendices

Tables

Figures

Acronyms and Abbreviations

AADT	Annual Average Daily Traffic Count
AQI	Air Quality Index
AQMD	Washoe County Health District - Air Quality Management Division
AQS	Air Quality System
ARM	Approved Regional Method
ATR	Automatic Traffic Recorder
BAM	Beta Attenuation Monitor
CARB	California Air Resources Board
CBSA	Core-Based Statistical Area
cc/min	Cubic centimeter per minute
CFR	Code of Federal Regulations
CMSA	Consolidated Metropolitan Statistical Area
CO	Carbon Monoxide
CSA	Combined Statistical Area
DMV	Department of Motor Vehicles
EBAM	Met One Environmental Beta Attenuation Monitor
EI	Emissions Inventory
EPA	U.S. Environmental Protection Agency
ESC	Environmental Systems Corporation
FEM	Federal Equivalent Method
FRM	Federal Reference Method
GFC	Gas Filter Correlation
MSA	Metropolitan Statistical Area
NAAQS	National Ambient Air Quality Standards
NCore	National Core multipollutant monitoring station
NDOT	Nevada Department of Transportation
NO	Nitric Oxide
NO_2	Nitrogen Dioxide
NO_x	Oxides of Nitrogen
NO_y	Reactive Oxides of Nitrogen
O_3	Ozone
$PM_{2.5}$	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM_{10}	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
PM_{coarse}	PM_{10} minus $PM_{2.5}$
ppb	parts per billion
ppm	parts per million
PWEI	Population Weighted Emissions Index
RTI	Research Triangle Institute
SASS	Speciation Air Sampling System
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO_2	Sulfur Dioxide
SPM	Special Purpose Monitoring
SR	State Route
STN	Speciation Trends Network
TAPI	Teledyne Advanced Pollution Instrumentation, Inc.

Introduction

Purpose

The U.S. Environmental Protection Agency (EPA) finalized amendments to the ambient air monitoring regulations on October 17, 2006.[1] The amendments revise the technical requirements for certain types of ambient air monitoring sites, add provisions for monitoring of PM_{coarse}, and reduce certain monitoring requirements for criteria pollutants. Monitoring agencies are required to submit annual monitoring network plans, conduct network assessments every five years, perform quality assurance activities, and in certain instances, have NCore sites established by January 1, 2011.

This plan was prepared and submitted as part of the fulfillment to these regulations. It represents the Washoe County Health District - Air Quality Management Division's (AQMD) ambient air monitoring program activities completed in 2017 and proposed network modifications for 2018-2019.

Public Inspection Process

This monitoring network plan was available for public inspection from May 25 to June 25, 2018 at the AQMD website (OurCleanAir.com). A hardcopy of the plan was also available at the AQMD office. See Appendix A for AQMD's Public Inspection Plan.

Agency Contacts

For information or questions regarding the 2018 Ambient Air Monitoring Network Plan, please contact the following individuals of the AQMD.

Charlene Albee, Division Director
(775) 784-7211, or calbee@washoecounty.us

Daniel Inouye, Branch Chief
(775) 784-7214, or dinouye@washoecounty.us

Craig Petersen, Senior Air Quality Specialist
(775) 784-7233, or cpetersen@washoecounty.us

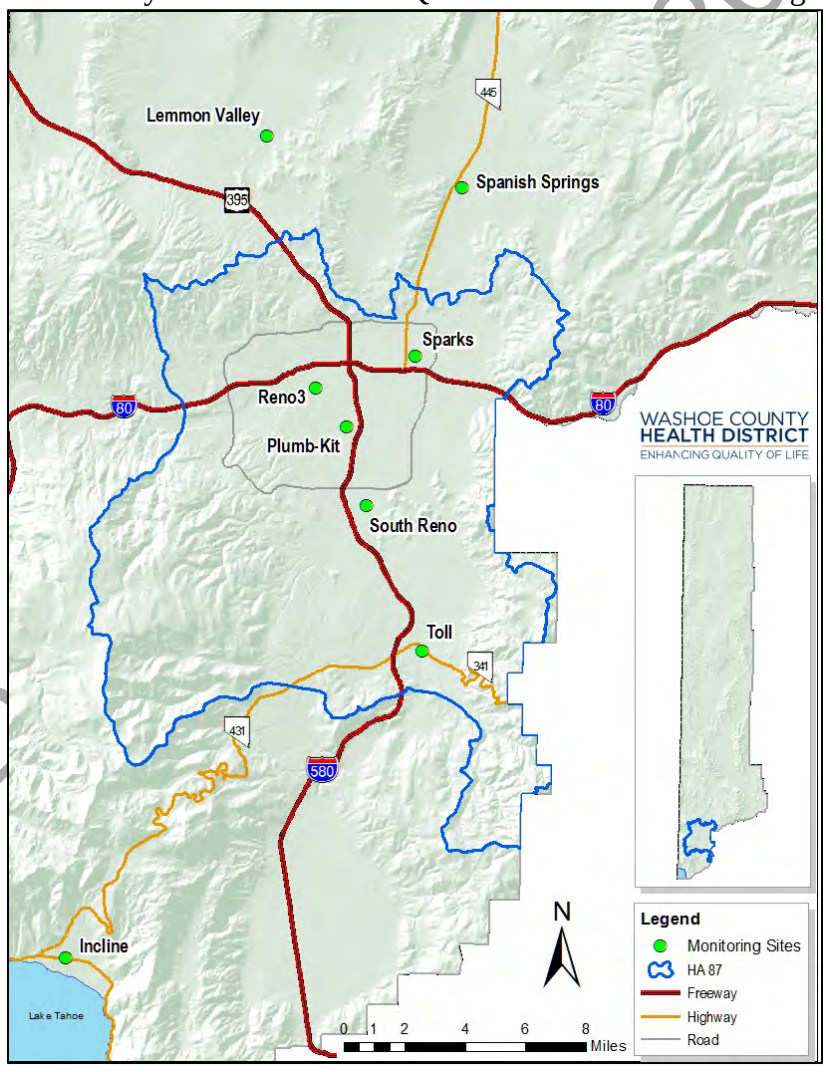
[1] 71 FR 61236-61328.

Overview of Washoe County Health District Network Operation

Network Design

The AQMD operated eight (8) ambient air monitoring sites in 2017 including monitoring at a new site in Spanish Springs beginning on January 1, 2017 (Figure 1). The blue boundary delineates Hydrographic Area 87 (HA 87) as defined by the State of Nevada Division of Water Resources. This area was designated as "serious" non-attainment for the 24-hour PM_{10} NAAQS until it was redesignated to "Attainment/Maintenance" effective January 7, 2016.[2] Washoe County is classified as "attainment" or "unclassifiable/attainment" for all other pollutants and averaging times. Table 1 lists the parameters monitored in 2017 sorted by network type and site, and includes the new Spanish Springs monitoring site.

Figure 1
Washoe County Health District - AQMD Ambient Air Monitoring Sites



[2] 80 FR 76232 (December 8, 2015).

Table 1
Ambient Air Monitoring Sites and Parameters Monitored

Network Type / Site / SLAMS	O_3	CO	Trace CO	NO	NO_2	NO_x	Trace NO	NOy-NO	NOy	Trace SO_2	PM_{10} (manual)	PM_{10} (continuous)	$PM_{2.5}$ (manual)	$PM_{2.5}$ (continuous)	PM_{coarse} (manual)	PM_{coarse} (continuous)	$PM_{2.5}$ Speciation	Meteorology
Incline	✓																	
Lemmon Valley	✓																	
Plumb-Kit												✓						✓
South Reno	✓											✓						✓
Sparks	✓	✓										✓		✓		✓		✓
Toll	✓											✓						✓
NCore[3]																		
Reno3	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Speciation Trends																		
Reno3																	✓	
SPM																		
Spanish Springs	✓											✓		✓		✓		

Notes: Meteorology for the NCore network includes ambient temperature, wind speed, wind direction, and relative humidity. The PM_{10} manual method monitor at NCore is for PM_{coarse} calculation only and is not submitted to AQS for data to be used in comparison to the NAAQS.

[3] NCore monitoring began December 2010.

Minimum Monitoring Requirements

Except where otherwise noted, each monitor in AQMD's ambient air monitoring network meets the minimum monitoring requirements for all criteria pollutants pursuant to 40 CFR 58, Appendices A, B, C, D, and E, where applicable. Tables 2 through 10 provide pollutant specific monitoring requirements. Additional pollutant specific data may be found in the "Washoe County, Nevada, Air Quality Trends Report, 2008-2017". The 2017 population data are from the Nevada State Demographer's Office.[4]

Table 2
Minimum Monitoring Requirements for O_3

MSA	County	Population	8-hour Design Value (2015-2017)		Number of Sites		
			ppm	Site (ID)	Minimum Required	Active	Needed
Reno-Sparks	Washoe Storey Total	451,923 4,084 456,007	0.070	Lemmon Valley (2009)	2	6	0

Monitors required for SIP or Maintenance Plan: 2

Title 40 CFR 58, Appendix D, Section 4.1 requires O_3 monitoring in MSAs with populations above 350,000 people. Monitors are also required in MSAs with lower populations if measured O_3 values within that MSA are within 85% of the NAAQS.

Table 3
Minimum Monitoring Requirements for $PM_{2.5}$ SLAMS (FRM/FEM/ARM)

MSA	County	Population	Design Value (2015-2017)				Number of SLAMS Sites		
			Annual ($\mu g/m^3$)	Annual Site (ID)	Daily ($\mu g/m^3$)	Daily Site (ID)	Minimum Required	Active	Needed
Reno-Sparks	Washoe Storey Total	451,923 4,084 456,007	7.6	Sparks (1005)	24	Sparks (1005)	0	2	0

Monitors required for: SIP or Maintenance Plan: 0; NCore: 1

Title 40 CFR 58, Appendix D, Section 4.7.1 requires $PM_{2.5}$ monitoring in MSAs with populations above 500,000 people and in MSAs with lower populations if measured $PM_{2.5}$ values for an MSA are within 85% of the NAAQS.

[4] Nevada State Demographer, "Governor Certified Population Estimates of Nevada's Counties, Cities and Towns 2000 to 2017", 2017.

Table 4
Minimum Monitoring Requirements for Continuous $PM_{2.5}$ Monitors (FEM/ARM/non-FEM)

MSA	County	Population	Design Value (2015-2017)				Number of Continuous Monitors		
			Annual ($\mu g/m^3$)	Annual Site (ID)	Daily ($\mu g/m^3$)	Daily Site (ID)	Minimum Required	Active	Needed
Reno-Sparks	Washoe Storey Total	451,923 4,084 456,007	7.6	Sparks (1005)	24	Sparks (1005)	0	2	0

Monitors required for: SIP or Maintenance Plan: 0; NCore: 1

Title 40 CFR 58, Appendix D, Section 4.7.2 requires continuous $PM_{2.5}$ monitors equal to at least one-half (round up) of the minimum sites listed in Table D-5 of Title 40 CFR 58, Appendix D.

Table 5
Minimum Monitoring Requirements for PM_{10}

MSA	County	Population	Maximum Concentration (2015-2017)		Number of Sites		
			$\mu g/m^3$	Site (ID)	Minimum Required	Active	Needed
Reno-Sparks	Washoe Storey Total	451,923 4,084 456,007	155	Toll (0025)	3-4	5	0

Monitors required for SIP or Maintenance Plan: 4

Title 40 CFR 58, Appendix D, Section 4.6 specifies PM_{10} monitoring requirements in MSAs based on population and design values. The number of PM_{10} stations in areas where MSA populations are from 250,000-500,000 must be in the range of 0 to 4 stations, depending on ambient concentration levels.

Table 6
Minimum Monitoring Requirements for NO_2

CBSA	County	Population	Max AADT counts (year)	Number of Monitors					
				Required Near-Road	Active Near-Road	Near-Road Needed	Required Area-Wide	Active Area-Wide	Area-Wide Needed
Reno, NV	Washoe Storey Total	451,923 4,084 456,007	173,000 (2016)	0	0	0	0	1	0

Monitors required for: SIP or Maintenance Plan: 0; NCore: 1
Monitors required for PAMS: 0
EPA Regional Administrator-required monitors per 40 CFR 58, App. D 4.3.4: 0

Title 40 CFR 58, Appendix D, Section 4.3.2 requires one near-road NO_2 monitoring station in each CBSA with populations over 1,000,000 people. Likewise, Title 40 CFR 58, Appendix D, Section 4.3.3 requires one area-wide NO_2 monitoring station in each CBSA with populations over 1,000,000 people. Based on the 2016 population data from the Nevada State Demographer's Office, the Reno, NV CBSA does not require a near-road or area-wide NO_2 monitoring station.

Table 7
Minimum Monitoring Requirements for SO_2

CBSA	County	Population	Total SO_2 (tons/year)	PWEI (Million persons-tons/year)	Data Requirements Rule Source(s) using Monitoring	Number of Monitors		
						Minimum Required	Active	Needed
Reno, NV	Washoe Storey Total	451,923 4,084 456,007	604.0	275.4	n/a	0	1	0

Monitors required for SIP or Maintenance Plan: 0; NCore: 1
EPA Regional Administrator-required monitors per 40 CFR 58, App. D 4.4.3: 0

Title 40 CFR 58, Appendix D, Section 4.4.2 requires an SO_2 monitoring network based on a calculated population weighted emissions index (PWEI). This index is calculated by multiplying the population of a CBSA with the National Emission Inventory (NEI) data for counties within that CBSA. The calculated value is then divided by one million in order to obtain the PWEI value. PWEI monitoring requirements are as follows: 1) one monitor in CBSAs with a PWEI value greater than 5,000, 2) two monitors in CBSAs with a PWEI value greater than 100,000, and 3) three monitors in CBSAs with a PWEI value greater than 1,000,000. As shown in Table 8, AQMD used 2017 population data from the Nevada State Demographer's Office and 2014 National Emissions Inventory data to determine that no additional SO_2 monitoring is required.

Table 8
Minimum Monitoring Requirements for CO

CBSA	County	Population	Number of Monitors		
			Required Near-Road	Active Near-Road	Needed
Reno, NV	Washoe Storey Total	451,923 4,084 456,007	0	0	0

Monitors required for: SIP or Maintenance Plan: 0; NCore: 1
EPA Regional Administrator-required monitors per 40 CFR 58, App. D 4.2.2: 0

Title 40 CFR 58, Appendix D, Section 3.0 requires high sensitivity CO monitors at NCore sites. Title 40 CFR 58, Appendix D, Section 4.2 requires one CO monitor to operate collocated with one required near-road NO_2 monitor in CBSAs having populations over 1,000,000 people. Based on the 2016 population data from the Nevada State Demographer's Office, the Reno, NV CBSA does not require a CO monitor collocated with a near-road NO_2 monitor.

Table 9
Minimum Monitoring Requirements for Pb at NCore

NCore Site Name	AQS ID	CBSA	County	Population	Number of Monitors		
					Minimum Required	Active	Needed
Reno 3	32-031-0016	Reno, NV	Washoe Storey Total	451,923 4,084 456,007	0	0	0

Title 40 CFR 58, Appendix D, Section 3(b) requires Pb monitoring for NCore sites in CBSAs with a population of 500,000 people or greater.

Table 10
Source-Oriented Pb Monitoring

Source Name	Address	Pb Emissions (tons/year)	Emission Inventory Source & Data Year	Max 3-Month Design Value ($\mu g/m^3$)	Design Value Date (3rd Month, Year)	Number of Monitors		
						Minimum Required	Active	Needed
Reno-Stead Airport	4895 Texas Ave Reno, NV	0.17	2014 NEI	n/a	n/a	0	0	0
Reno-Tahoe International Airport	2001 E Plumb Lane Reno, NV	0.10	2014 NEI	n/a	n/a	0	0	0

Monitors required for: SIP or Maintenance Plan: 0
EPA Regional Administrator-required monitors per 40 CFR 58, App. D 4.5(c): 0

Title 40 CFR 58, Appendix D, Section 4.5(a) requires one source-oriented SLAMS site located to measure the maximum Pb concentration in ambient air resulting from each non-airport Pb source which emits 0.50 or more tons per year and from each airport which emits 1.0 or more tons per year based on the most recent National Emission Inventory. All non-airport sources of Pb within the CBSA emit less than 0.5 tons per year and all airport sources within the CBSA emit less than 1.0 tons per year, according to the 2014 NEI. Table 10 includes the two largest sources of Pb emissions in the Reno, NV CBSA.

Table 11
Near-Road NO_2, $PM_{2.5}$, and CO Monitors

CBSA	Population (year)	Max AADT Counts (year)	Number of Monitors						
			Required NO_2	Active NO_2	Required $PM_{2.5}$	Active $PM_{2.5}$	Required CO	Active CO	Additional Needed
Reno, NV	456,007 (2017)	182,000[5] (2017)	0	0	0	0	0	0	0

Title 40 CFR 58.13 and Appendix D to Title 40 CFR 58, Sections 4.2, 4.3, and 4.7 require one near-road CO monitor to operate collocated with one near-road NO_2 monitor in CBSAs having a population of 1,000,000 or more persons. An additional NO_2 monitor is required in CBSAs with a population of 2,500,000 or more persons.

[5] NDOT ATR 0310634 between the Plumb-Villanova Interchange 'Exit 65' & Mill St Interchange 'Exit 66'.

Collocation Requirements

Title 40 CFR 58, Appendix A, Section 3 describes the number of collocated monitors required for $PM_{2.5}$, PM_{10}, and Pb networks at the Primary Quality Assurance Organization (PQAO) level. Tables 12 and 13 display how AQMD is assessing and meeting these collocation requirements.

Table 12
Collocation of Manual $PM_{2.5}$, PM_{10}, and non-NCore Pb Monitors

Method Code	Number of Primary Monitors	Number of Collocated Monitors	
		Required	Active
125	0	0	0

Title 40 CFR 58, Appendix A, Section 3.3.1 requires 15 percent (at least 1) of the manual method samplers be collocated. Being that AQMD only runs one manual method sampler for the calculation of $PM_{10-2.5}$ at the Reno 3 NCore station, and all of the Primary PM_{10} monitors are continuous methods, there is no collocation requirement.

Table 13
Collocation of Automated FEM $PM_{2.5}$ Monitors

Method Code	Number of Primary Monitors	Number of Required Collocated Monitors	Number of Active Collocated FRM Monitors	Number of Active Collocated FEM Monitors (same method designation as primary)
170	2	1	1	0

Title 40 CFR 58, Appendix A, Section 3.2.5 requires 15 percent (at least 1) of the monitors be collocated. The first collocated monitor must be a designated FRM monitor. AQMD meets this requirement by having two Primary $PM_{2.5}$ FEM monitors with one at the Reno 3 monitoring station collocated with a $PM_{2.5}$ FRM sampler.

Network Modifications Completed in 2017

SLAMS:

PM_{10} (South Reno)

- Discontinued PM_{10} monitoring at the South Reno monitoring station. See Appendix B, Network Modification Request/Approval for approved South Reno PM_{10} monitor discontinuation.

PM_{10}, meteorology (Plumb Kit)

- Discontinued all monitoring at the Plumb Kit monitoring station. See Appendix B, Network Modification Request/Approval for approved Plumb Kit station discontinuation.

NCore:

PM_{10} (Reno 3)

- Discontinued reporting FRM PM_{10} data under parameter code 81102. See Appendix C, Network Modification Request/Approval for approved data reporting discontinuation.

Speciation Trends:

- No modifications completed.

SPM:

- Beginning January 1, 2017, officially began reporting O_3, $PM_{2.5}$, PM_{10}, and $PM_{10\text{-}2.5}$ data to AQS from the new SPM site in Spanish Springs.

Additional Changes Completed in 2017

SLAMS:

O_3 (Incline)

- Replaced the Environics 6103 Ozone Transfer Standard/Multi-gas Calibrator with a Teledyne-API T700 Dynamic Dilution Calibrator as part of ten-year replacement program.
- Relocated O_3 probe from the northeast corner of building to a new location approximately 5.3 meters west and 3.5 meters south of previous location due to a roofing project.

NCore:

- No changes completed.

Speciation Trends:

- No changes completed.

SPM:

- No changes completed.

Network Modifications Proposed for 2018-2019

SLAMS:

All pollutants (Spanish Springs)

- Convert PM_{10}, $PM_{2.5}$, $PM_{10-2.5}$, and O_3 monitors from a SPM to a SLAMS beginning July 1, 2018.

Meteorology (Spanish Springs)

- Complete meteorological tower installation and begin monitoring wind speed, wind direction, and ambient temperature beginning January 1, 2019.

NCore:

All pollutants and meteorology (Reno 3)

- Relocate the Reno 3 NCore monitoring station from its current location to a new location in downtown Reno. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

Speciation Trends:

- Relocate the Reno 3 NCore monitoring station from its current location to a new location in downtown Reno. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

SPM:

All pollutants and meteorology (West Reno/Verdi)

- Begin monitoring PM_{10}, $PM_{2.5}$, $PM_{10-2.5}$, O_3, and meteorology at a new site in West Reno/Verdi. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

Additional Changes Proposed for 2018-2019

SLAMS:

All parameters (Incline, Lemmon Valley, Plumb-Kit, South Reno, Spanish Springs, Sparks, and Toll)

- Replace all ESC 8832 Data Loggers with Agilaire 8872 Site Node Data Loggers as part of ten-year replacement program.

Meteorology (Plumb-Kit, South Reno, Sparks, and Toll)

- Replace all YSI 700 ambient temperature sensors with Met One 063-1 ambient temperature sensors as part of ten-year replacement program.

CO (Sparks)

- Program data loggers/calibrators to run nightly automatic zero and span checks.

O_3 (Incline, Lemmon Valley, South Reno, Spanish Springs, Sparks, and Toll)

- Program data loggers/calibrators to run nightly automatic zero and span checks.

NCore:

All parameters (Reno 3)

- Replace ESC 8832 Data Logger with Agilaire 8872 Site Node Data Logger as part of ten-year replacement program.

Meteorology (Reno 3)

- Replace YSI 700 ambient temperature sensor with Met One 063-1 ambient temperature sensor as part of ten-year replacement program.
- Install a new Met One 595 solar radiation sensor.

Speciation Trends:

- No changes proposed.

SPM:

- No changes proposed.

$PM_{2.5}$ Monitoring Network Modifications Proposed for 2018-2019

SLAMS:

$PM_{2.5}$ (Toll)

- Begin monitoring $PM_{2.5}$ and $PM_{10-2.5}$ at the Toll monitoring station. A formal letter stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

NCore:

$PM_{2.5}$ (Reno 3)

- Relocate the Reno 3 NCore monitoring station from its current location to a new location in downtown Reno. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

Speciation Trends:

- Relocate the Reno 3 NCore monitoring station from its current location to a new location in downtown Reno. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

SPM:

$PM_{2.5}$ (West Reno/Verdi)

- Begin monitoring $PM_{2.5}$ at new site in West Reno/Verdi. A formal request stating this proposal will be submitted prior to any modifications to follow the 40 CFR 58.14 criteria.

Data Submission Requirements

Precision and Accuracy Reports for 2017 were submitted to AQS for the:

1st quarter in May 2017,
2nd quarter in August 2017,
3rd quarter in November 2017, and
4th quarter in February 2018.

Annual Data Certification for all data for 2017 was submitted to EPA on April 24, 2018.

Overview of Tribal Network Operations

Network Design

Two tribes operate ambient air monitoring networks within the geographic boundaries of Washoe County - The Reno-Sparks Indian Colony (RSIC) and Pyramid Lake Paiute Tribe (PLPT). Table 13 summarizes the tribal sites and parameters monitored in 2017. Figure 2 shows the location of tribal lands for the Reno-Sparks Indian Colony and Figure 3 is a map showing the locations of the Pyramid Lake Paiute Tribes' monitoring sites. For additional detailed site information about the RSIC and PLPT monitoring networks including annual network plans, refer to the following contact information.

Reno Sparks Indian Colony
Elizabeth Acevedo
Environmental Specialist II
Environmental Program of the
Planning Department
1937 Prosperity Street
Reno, NV 89502
(775)785-1363, ext. 5409
eacevedo@rsic.org
www.rsic.org

Pyramid Lake Paiute Tribe
Tanda Roberts
Air Quality Specialist
Environmental Department
P.O. Box 256
Nixon, NV 89424
(775) 574-0101 ext.18
troberts@plpt.nsn.us
http://plpt.nsn.us/environmental/air.htm

Table 14
Tribal Ambient Air Monitoring Sites and Parameters Monitored

Network Site Site ID	O_3	CO	Trace CO	NO	NO_2	NO_x	Trace NO	NOy-NO	NOy	Trace SO_2	PM_{10} (manual)	PM_{10} (continuous)	$PM_{2.5}$ (manual)	$PM_{2.5}$ (continuous)	PM_{coarse} (manual)	PM_{coarse} (continuous)	$PM_{2.5}$ Speciation	Meteorology
RSIC																		
Hungry Valley TT-653-2010												✓						
PLPT																		
WADSAQ T-561-1026												✓						✓

Figure 2
Reno-Sparks Indian Colony

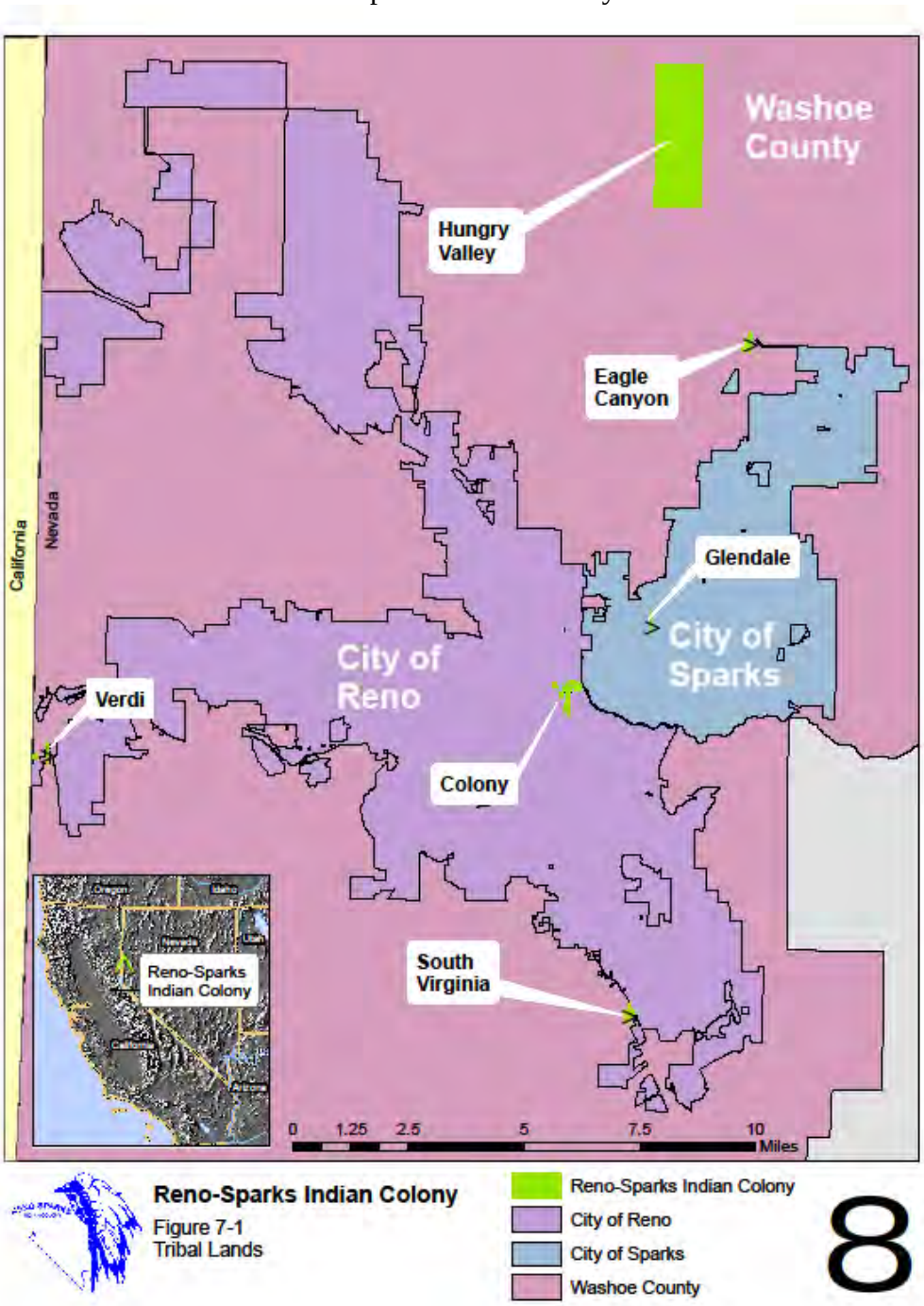


Figure 3
Pyramid Lake Paiute Tribe

Map 1 - Location of Pyramid Lake Paiute Tribe Air Quality Monitoring Site.

Washoe County Health District Detailed Site Information

Incline

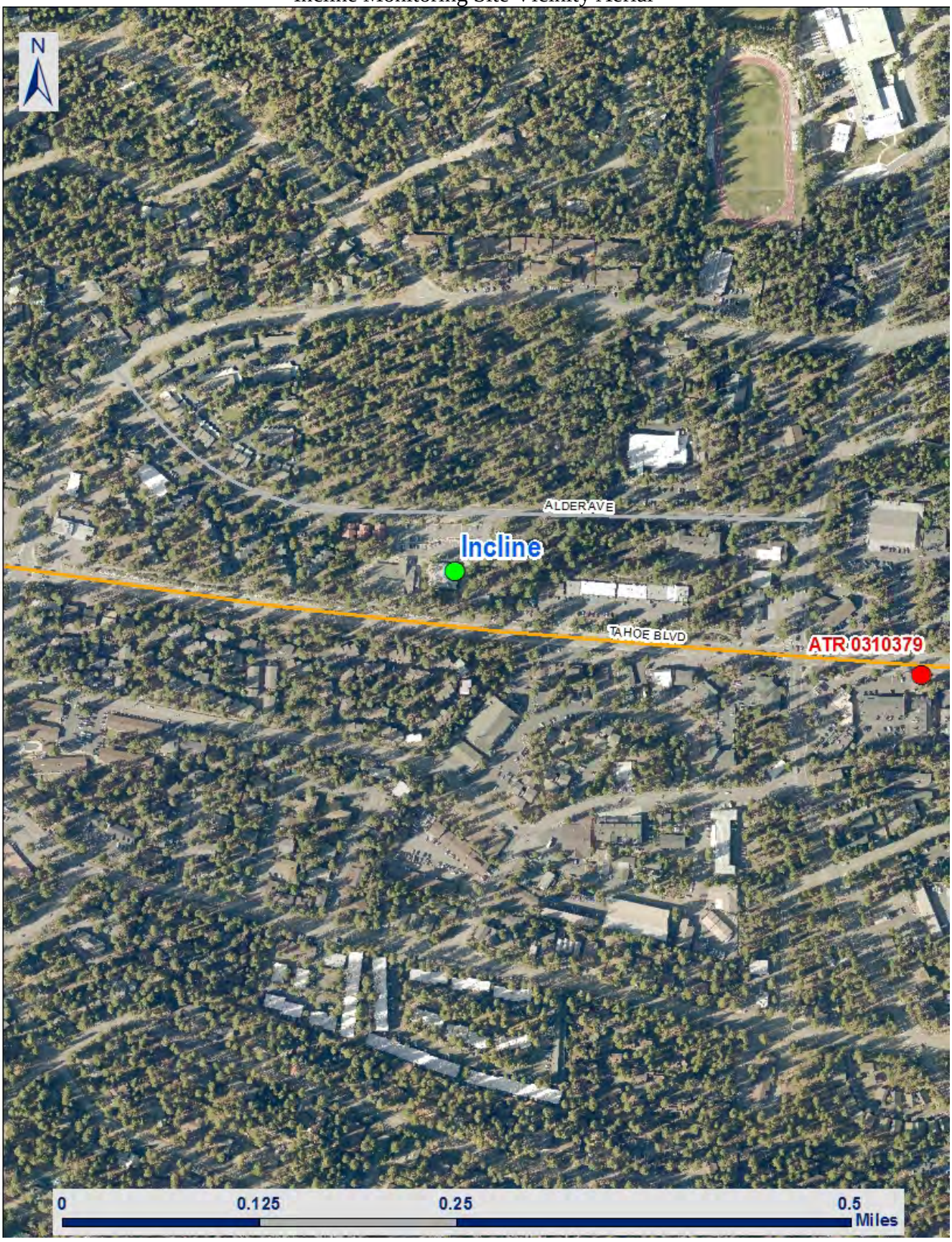
This site is located in a Washoe County office building at 855 Alder Avenue and is outside HA 87. It is located in a residential/commercial neighborhood. The AQMD had monitored PM_{10} (1993-2002) and CO (1993-2002) and currently monitors for O_3. This site was temporarily closed from December 2005 to May 2008 for remodeling. By multi-agency cooperative agreement, the California Air Resources Board (CARB) monitored $PM_{2.5}$ (1999-2002) and NO_2 (1999-2002). Since May 2008, this site only monitors for O_3.

Site Name:	Incline
AQS ID:	32-031-2002
Geographical coordinates:	39° 15.025'N, 119° 57.404'W
Location:	Inside northeast corner of Washoe County office building.
Street address:	855 Alder Avenue Incline Village, NV 89451
County:	Washoe
Distance to road:	57 meters to Tahoe Boulevard
Traffic count:[6]	9,700 AADT (2015-2017) (NDOT ATR 0310379 – SR28 (Tahoe Blvd), 450 feet south of Village Blvd)
Groundcover:	Paved / Vegetated
Representative area:	Reno-Sparks MSA

Figure 4
Incline Monitoring Station

[6] Nevada Department of Transportation Traffic Information

Figure 5
Incline Monitoring Site Vicinity Aerial



Incline (continued)

Pollutant, POC	O_3, 1
Primary / QA Collocated / Other	n/a
Parameter code	44201
Basic monitoring objective(s)	NAAQS comparison
Site type(s)	Population Exposure
Monitor type	SLAMS
Network affiliation(s)	n/a
Instrument manufacturer / model	TAPI 400E
Method code	087
FRM / FEM / ARM / Other	FEM
Collecting Agency	WCHD - AQMD
Analytical Lab	n/a
Reporting Agency	WCHD - AQMD
Spatial scale	Neighborhood
Monitoring start date	June 1993
Current sampling frequency	Continuous
Required sampling frequency	n/a
Sampling season	01/01 – 12/31
Probe height	5.8 meters
Distance from supporting structure	2.5 meters
Distance from obstructions on roof	n/a
Distance from obstructions not on roof	None
Distance from trees	10.8 meters*
Distance to furnace or incinerator flue	6.3 meters
Distance between collocated monitors	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a
Unrestricted airflow	360 degrees
Probe material	Teflon
Residence time	8 seconds
Proposed modifications within the next 18 months?	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a
Frequency of one-point QC check (gaseous)	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	03/03/17 06/09/17 08/31/17 11/07/17
Date of two semi-annual flow rate audits (PM)	n/a

* Trees are not of sufficient height and leaf canopy density to interfere with the normal unrestricted airflow or pollutant scavenging around the monitoring path. At least 90 percent of the monitoring path is at least 10 meters from the drip line of the trees.

Lemmon Valley

Located at the Boys and Girls Club at 325 Patrician Drive, this site is outside HA 87. It is in a transitional area among residences, parks, and open fields.

Site name:	Lemmon Valley
AQS ID:	32-031-2009
Geographical coordinates:	39° 38.716'N, 119° 50.401'W
Location:	Inside northwest corner of Boys and Girls Club.
Street address:	325 W. Patrician Drive Reno, NV 89506
County:	Washoe
Distance to road:	59 meters to Patrician Drive.
Traffic count:	803 AADT (2015-2017) (NDOT ATR 0310926 - Patrician Drive, 150 feet west of Lemmon Drive)
Groundcover:	Paved / Vegetated
Representative area:	Reno-Sparks MSA

Figure 6
Lemmon Valley Monitoring Station

Figure 7
Lemmon Valley Monitoring Site Vicinity Aerial

Lemmon Valley (continued)

Pollutant, POC	O_3, 1
Primary / QA Collocated / Other	Primary
Parameter code	44201
Basic monitoring objective(s)	NAAQS comparison
Site type(s)	Highest Concentration
Monitor type	SLAMS
Network affiliation(s)	n/a
Instrument manufacturer / model	TAPI T400
Method code	087
FRM / FEM / ARM / Other	FEM
Collecting Agency	WCHD - AQMD
Analytical Lab	n/a
Reporting Agency	WCHD - AQMD
Spatial scale	Urban
Monitoring start date	January 1987
Current sampling frequency	Continuous
Required sampling frequency	n/a
Sampling season	01/01 – 12/31
Probe height	5.5 meters
Distance from supporting structure	2.0 meters
Distance from obstructions on roof	n/a
Distance from obstructions not on roof	None
Distance from trees	21 meters
Distance to furnace or incinerator flue	9.1 meters
Distance between collocated monitors	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a
Unrestricted airflow	360 degrees
Probe material	Teflon
Residence time	7 seconds
Proposed modifications within the next 18 months?	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a
Frequency of one-point QC check (gaseous)	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	03/01/17 06/06/17 08/30/17 11/01/17
Date of two semi-annual flow rate audits (PM)	n/a

Plumb-Kit

The Plumb-Kit site is located on the northeast corner of Plumb Lane and Kietzke Lane. The site is surrounded by both residential and commercial properties as well as a school.

Site name:	Plumb-Kit
AQS ID:	32-031-0030
Geographical coordinates:	39° 30.381'N, 119° 47.314'W
Location:	Northeast corner of Plumb and Kietzke Lanes.
Street address:	891 East Plumb Lane Reno, NV 89502
County:	Washoe
Distance to road:	36 meters to Kietzke Lane, 44 meters to Plumb Lane
Traffic count:	23,667 AADT (2015-2017) (NDOT ATR 0310191 - Kietzke Lane, 700 feet south of Plumb Lane) 24,367 AADT (2015-2017) (NDOT ATR 0310192 - East Plumb Lane, 590 feet east of Kietzke Lane)
Groundcover:	Gravel
Representative area:	Reno-Sparks MSA

Figure 8
Plumb-Kit Monitoring Station

Figure 9
Plumb-Kit Monitoring Site Vicinity Aerial

Plumb-Kit (continued)

Pollutant, POC	PM_{10}, 2	Wind Speed, 1	Wind Direction, 1	Ambient Temperature, 1
Primary / QA Collocated / Other	Primary	n/a	n/a	n/a
Parameter code	81102	61101	61102	62101
Basic monitoring objective(s)	NAAQS comparison	Public Information	Public Information	Public Information
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a	n/a	n/a
Instrument manufacturer / model	Met One BAM 1020	Met One 50.5H	Met One 50.5H	YSI Series 700
Method code	122	061	061	014
FRM / FEM / ARM / Other	FEM	n/a	n/a	n/a
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 2006	January 2014	January 2014	January 2014
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31
Probe height	4.9 meters	10.0 meters	10.0 meters	5.0 meters
Distance from supporting structure	2.1 meters	10.0 meters	10.0 meters	5.0 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	12.2 meters*	13.0 meters	13.0 meters	13.0 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	n/a
Residence time	n/a	n/a	n/a	n/a
Proposed modifications within the next 18 months?	None	None	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly verifications and quarterly audits	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	n/a	03/15/17 06/15/17 09/13/17 11/21/17	03/15/17 06/15/17 09/13/17 11/21/17	03/15/17 06/15/17 09/13/17 11/21/17
Date of two semi-annual flow rate audits (PM)	03/15/17 06/15/17 09/13/17 11/21/17	n/a	n/a	n/a

* Trees are not of sufficient height and leaf canopy density to interfere with the normal unrestricted airflow or pollutant scavenging around the monitoring path. At least 90 percent of the monitoring path is at least 10 meters from the drip line of the trees.

Reno 3

This downtown site began operation in January 2002 to replace the Reno site. Both a residential neighborhood and a commercial growth area surround this site. In December 2010, this site became an NCore site.

Site name:	Reno 3
AQS ID:	32-031-0016
Geographical coordinates:	39º 31.505'N, 119º 48.463'W
Location:	Southwest corner of City of Reno parking lot.
Street address:	301A State Street Reno, NV 89501
County:	Washoe
Distance to road:	38 meters to Mill Street, 13.1 meters to State Street, and 6.7 meters to River Rock.
Traffic count:	4,200 AADT (2015-2017) (NDOT ATR 0310862 – Mill Street, 100 feet west of Holcomb Avenue) ≤900 Approximate AADT (NDOT Estimate – State Street) 200-300 Approximate AADT (RTC/City of Reno Estimate – River Rock Street)
Groundcover:	Paved
Representative area:	Reno-Sparks MSA

Figure 10
Reno 3 Monitoring Station

Figure 11
Reno 3 Monitoring Site Vicinity Aerial

Reno 3 (continued)

Pollutant, POC	PM_{10}, 2	$PM_{2.5}$, 3	$PM_{10-2.5}$, 2	$PM_{2.5}$ Speciation, 1
Primary / QA Collocated / Other	Primary	Primary	Primary	Primary
Parameter code	81102 & 85101	88101	86101	88502
Basic monitoring objective(s)	NAAQS comparison	NAAQS comparison	Research Support	Research Support
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	NCore	NCore	NCore	CSN STN, NCore
Instrument manufacturer / model	Met One BAM 1020	Met One BAM 1020	Met One BAM 1020 Coarse Pair	Met One SASS; URG 3000N
Method code	122	170	185	SASS: 810 URG: 870
FRM / FEM / ARM / Other	FEM	FEM	FEM	Other
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	AMEC Foster Wheeler
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	December 2010	December 2010	December 2010	November 2001
Current sampling frequency	Continuous	Continuous	Continuous	1:3
Required sampling frequency	n/a	n/a	n/a	1:3
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	5.0 meters	5.1 meters	5.1 meters	SASS: 4.8 meters URG: 5.0 meters
Distance from supporting structure	2.1 meters	2.2 meters	2.2 meters	SASS: 1.8 meters URG: 2.1 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	19.3 meters*	18.3 meters*	18.3 meters*	SASS: 19.7 meters* URG: 21 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	3.8 meters	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	No	No	No
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	n/a
Residence time	n/a	n/a	n/a	n/a
Proposed modifications within the next 18 months?	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	Yes	n/a	No
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	Monthly verifications and quarterly audits
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly verifications and quarterly audits	Bi-weekly verifications and quarterly audits	Bi-weekly verifications and quarterly audits	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	n/a	n/a	n/a	n/a
Date of two semi-annual flow rate audits (PM)	03/09/17 06/14/17 09/14/17 11/29/17	03/09/17 06/14/17 09/14/17 11/29/17	03/09/17 06/14/17 09/14/17 11/29/17	03/28/17 06/22/17 09/27/17 12/19/17

Reno 3 (continued)

Pollutant, POC	PM_{10}, 1	$PM_{2.5}$, 1	$PM_{10-2.5}$, 1	Trace CO, 1
Primary / QA Collocated / Other	Other	QA Collocated	Other	n/a
Parameter code	85101	88101	86101	42101
Basic monitoring objective(s)	Research Support	NAAQS comparison	Research Support	NAAQS comparison
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	NCore	NCore	NCore	NCore
Instrument manufacturer / model	BGI PQ200	BGI PQ200	BGI PQ200 coarse pair	TAPI 300EU
Method code	125	142	173	593
FRM / FEM / ARM / Other	FRM	FRM	FRM	FRM
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	April 1988	January 1999	March 2009	December 2010
Current sampling frequency	1:3	1:3	1:3	Continuous
Required sampling frequency	1:3	1:3	1:3	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	5.0 meters	5.0 meters	5.0 meters	4.9 meters
Distance from supporting structure	2.0 meters	2.0 meters	2.0 meters	1.9 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	18.4 meters*	19.4 meters*	18.4 meters*	17.4 meters*
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	3.8 meters	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	No	No	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	Teflon
Residence time	n/a	n/a	n/a	6 seconds
Proposed modifications within the next 18 months?	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	Yes	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	Monthly verifications and quarterly audits	Monthly verifications and quarterly audits	Monthly verifications and quarterly audits	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	Weekly
Date of annual performance evaluation (gaseous & meteorological)	n/a	n/a	n/a	03/07/17 06/13/17 09/13/17 11/16/17
Date of two semi-annual flow rate audits (PM)	03/22/17 06/22/17 09/27/17 12/19/17	03/22/17 06/22/17 09/27/17 12/19/17	03/22/17 06/22/17 09/27/17 12/19/17	n/a

Reno 3 (continued)

Pollutant, POC	O_3, 1	NO, 1	NO_2, 1	NO_X, 1
Primary / QA Collocated / Other	n/a	Primary	Primary	Primary
Parameter code	44201	42601	42602	42603
Basic monitoring objective(s)	NAAQS comparison	Research Support	NAAQS comparison	Research Support
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	NCore	NCore	NCore	NCore
Instrument manufacturer / model	TAPI 400E	TAPI 200EU	TAPI 200EU	TAPI 200EU
Method code	087	099	099	099
FRM / FEM / ARM / Other	FEM	FRM	FRM	FRM
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 1983	November 2001	November 2001	November 2001
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31
Probe height	4.9 meters	4.8 meters	4.8 meters	4.8 meters
Distance from supporting structure	1.9 meters	1.8 meters	1.8 meters	1.8 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	17.4 meters*	18.4 meters*	18.4 meters*	18.4 meters*
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	Teflon	Teflon	Teflon	Teflon
Residence time	6 seconds	5 seconds	5 seconds	5 seconds
Proposed modifications within the next 18 months?	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	Weekly	Weekly (4 point w/ GPT)	Weekly (4 point w/ GPT)	Weekly (4 point w/ GPT)
Date of annual performance evaluation (gaseous & meteorological)	03/07/17 06/13/17 09/13/17 11/16/17	03/09/17 06/13/17 09/15/17 12/19/17	03/09/17 06/13/17 09/15/17 12/19/17	03/09/17 06/13/17 09/15/17 12/19/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a	n/a

Reno 3 (continued)

Pollutant, POC	Trace NO, 2	NO_Y-NO, 1	NO_Y, 1	Trace SO_2, 1
Primary / QA Collocated / Other	n/a	n/a	n/a	n/a
Parameter code	42601	42612	42600	42401
Basic monitoring objective(s)	Research Support	Research Support	Research Support	NAAQS comparison
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	NCore	NCore	NCore	NCore
Instrument manufacturer / model	TAPI 200EU with 501	TAPI 200EU with 501	TAPI 200EU with 501	TAPI 100EU
Method code	699	699	699	600
FRM / FEM / ARM / Other	Other	Other	Other	FEM
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	December 2010	December 2010	December 2010	December 2010
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31	01/01 - 12/31
Probe height	10.0 meters	10.0 meters	10.0 meters	4.9 meters
Distance from supporting structure	10.0 meters	10.0 meters	10.0 meters	1.9 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	17.4 meters*	17.4 meters*	17.4 meters*	17.4 meters*
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	Teflon	Teflon	Teflon	Teflon
Residence time	9 seconds	9 seconds	9 seconds	6 seconds
Proposed modifications within the next 18 months?	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	Weekly (4 point w/ GPT)	Weekly (4 point w/ GPT)	Weekly (4 point w/ GPT)	Weekly
Date of annual performance evaluation (gaseous & meteorological)	03/09/17 06/13/17 09/15/17 12/19/17	03/09/17 06/13/17 09/15/17 12/19/17	03/09/17 06/13/17 09/15/17 12/19/17	03/07/17 06/13/17 09/13/17 11/16/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a	n/a

* Trees are not of sufficient height and leaf canopy density to interfere with the normal unrestricted airflow or pollutant scavenging around the monitoring path. At least 90 percent of the monitoring path is at least 10 meters from the drip line of the trees.

Reno 3 (continued)

Pollutant, POC	Wind Speed, 1	Wind Direction, 1	Ambient Temperature, 1	Relative Humidity, 1
Primary / QA Collocated / Other	n/a	n/a	n/a	n/a
Parameter code	61101 & 61103	61102 & 61104	62101	62201
Basic monitoring objective(s)	Research, Public Information	Research, Public Information	Research, Public Information	Research, Public Information
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	NCore	NCore	NCore	NCore
Instrument manufacturer / model	Met One 50.5H	Met One 50.5H	YSI Series 700	Met One 083E
Method code	061	061	014	061
FRM / FEM / ARM / Other	n/a	n/a	n/a	n/a
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	February 2013	February 2013	February 2013	February 2013
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	10.0 meters	10.0 meters	5.0 meters	5.0 meters
Distance from supporting structure	10.0 meters	10.0 meters	5.0 meters	5.0 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	22 meters	22 meters	22 meters	22 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	n/a
Residence time	n/a	n/a	n/a	n/a
Proposed modifications within the next 18 months?	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11	See pages 10 and 11
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	03/09/17 06/14/17 09/14/17 11/29/17	03/09/17 06/14/17 09/14/17 11/29/17	03/09/17 06/14/17 09/14/17 11/29/17	03/09/17 06/14/17 09/14/17 11/29/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a	n/a

South Reno

Located on the NV Energy property at 4110 Delucchi Lane, this site is in a transitional environment between open fields and office buildings.

Site name:	South Reno
AQS ID:	32-031-0020
Geographical coordinates:	39° 28.153'N, 119° 46.521'W
Location:	Northeast corner of NV Energy campus.
Street address:	4110 Delucchi Lane Reno, NV 89502
County:	Washoe
Distance to road:	37 meters to Delucchi Lane.
Traffic count:	4,700 AADT (2015-2017) (NDOT ATR 0310690 - Neil Road, 515 feet north of Delucchi Lane) 9,766 AADT (2015-2017) (NDOT ATR 0311159 - Airway Drive, south of McCarran Blvd.) ≤900 Approximate AADT (NDOT Estimate – Delucchi Lane)
Groundcover:	Gravel / Dirt / Vegetated
Representative area:	Reno-Sparks MSA

Figure 12
South Reno Monitoring Station

Figure 13
South Reno Monitoring Site Vicinity Aerial

South Reno (continued)

Pollutant, POC	PM_{10}, 2	O_3, 1
Primary / QA Collocated / Other	Primary	n/a
Parameter code	81102	44201
Basic monitoring objective(s)	NAAQS comparison	NAAQS comparison
Site type(s)	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a
Instrument manufacturer / model	Met One BAM 1020	TAPI T400
Method code	122	087
FRM / FEM / ARM / Other	FEM	FEM
Collecting Agency	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood
Monitoring start date	January 1988	January 1988
Current sampling frequency	Continuous	Continuous
Required sampling frequency	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31
Probe height	4.9 meters	4.0 meters
Distance from supporting structure	2.2 meters	1.2 meters
Distance from obstructions on roof	n/a	n/a
Distance from obstructions not on roof	None	None
Distance from trees	28 meters	27 meters
Distance to furnace or incinerator flue	n/a	n/a
Distance between collocated monitors	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees
Probe material	n/a	Teflon
Residence time	n/a	6 seconds
Proposed modifications within the next 18 months?	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly verifications and quarterly audits	n/a
Frequency of one-point QC check (gaseous)	n/a	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	n/a	03/02/17 06/07/17 09/01/17 11/02/17
Date of two semi-annual flow rate audits (PM)	03/15/17 06/15/17 09/13/17 12/13/17	n/a

South Reno (continued)

Pollutant, POC	Wind Speed, 1	Wind Direction, 1	Ambient Temperature, 1
Primary / QA Collocated / Other	n/a	n/a	n/a
Parameter code	61101	61102	62101
Basic monitoring objective(s)	Public Information	Public Information	Public Information
Site type(s)	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a	n/a
Instrument manufacturer / model	Met One 50.5H	Met One 50.5H	YSI Series 700
Method code	061	061	014
FRM / FEM / ARM / Other	n/a	n/a	n/a
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 2014	January 2014	January 2014
Current sampling frequency	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	10.0 meters	10.0 meters	5.0 meters
Distance from supporting structure	10.0 meters	10.0 meters	5.0 meters
Distance from obstructions on roof	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None
Distance from trees	27 meters	27 meters	27 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a
Residence time	n/a	n/a	n/a
Proposed modifications within the next 18 months?	None	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	03/15/17 06/15/17 09/14/17 12/13/17	03/15/17 06/15/17 09/14/17 12/13/17	03/15/17 06/15/17 09/13/17 12/13/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a

Spanish Springs

Located on the north side of Lazy 5 Regional Park in Spanish Springs, this site is located outside of HA 87. It is in a transitional area between open rangeland, residential areas, and a Washoe County Public Library. The Spanish Springs site began monitoring O_3, PM_{10}, $PM_{2.5}$, and $PM_{10-2.5}$ as a SPM on January 1, 2017, and will convert to a SLAMS on July 1, 2018.

Site name:	Spanish Springs
AQS ID:	32-031-1007
Geographical coordinates:	39°37.287' N, 119°43.124' W
Location:	North side of Lazy 5 Regional Park.
Street address:	7200 Pyramid Way Sparks, NV 89436
County:	Washoe
Distance to road:	460 meters to Pyramid Hwy and 99 meters to Aquene Court.
Traffic count:	35,000 AADT (2015-2017) (NDOT ATR 0311128 – SR445 (Pyramid Hwy), 0.25 miles north of Sparks Blvd.) ≤900 Approximate AADT (NDOT Estimate – Aquene Court)
Groundcover:	Paved / Vegetated
Representative area:	Reno-Sparks MSA

Figure 14
Spanish Springs Monitoring Station

Figure 15
Spanish Springs Site Vicinity Aerial

Spanish Springs (continued)

Pollutant, POC	PM_{10}, 1	$PM_{2.5}$, 1	$PM_{10-2.5}$, 1	O_3, 1
Primary / QA Collocated / Other	Primary	Primary	Primary	n/a
Parameter code	81102	88101	86101	44201
Basic monitoring objective(s)	NAAQS comparison	NAAQS comparison	Research Support	NAAQS comparison
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SPM/SLAMS	SPM/SLAMS	SPM/SLAMS	SPM/SLAMS
Network affiliation(s)	n/a	n/a	n/a	n/a
Instrument manufacturer / model	Met One BAM 1020	Met One BAM 1020	Met One BAM 1020 Coarse Pair	TAPI T400
Method code	122	170	185	087
FRM / FEM / ARM / Other	FEM	FEM	FEM	FEM
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 2017	January 2017	January 2017	January 2017
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	5.0 meters	5.1 meters	5.1 meters	4.0 meters
Distance from supporting structure	2.1 meters	2.2 meters	2.2 meters	1.1 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	34 meters	34 meters	34 meters	32 meters
Distance from trees	33 meters	34 meters	33 meters	35 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	No	No	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	Teflon
Residence time	n/a	n/a	n/a	5 seconds
Proposed modifications within the next 18 months?	See page 10	See page 10	See page 10	See page 10
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	Yes	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly and quarterly audits	Bi-weekly and quarterly audits	Bi-weekly and quarterly audits	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	n/a	n/a	n/a	03/01/17 06/06/17 08/30/17 11/01/17
Date of two semi-annual flow rate audits (PM)	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17	n/a

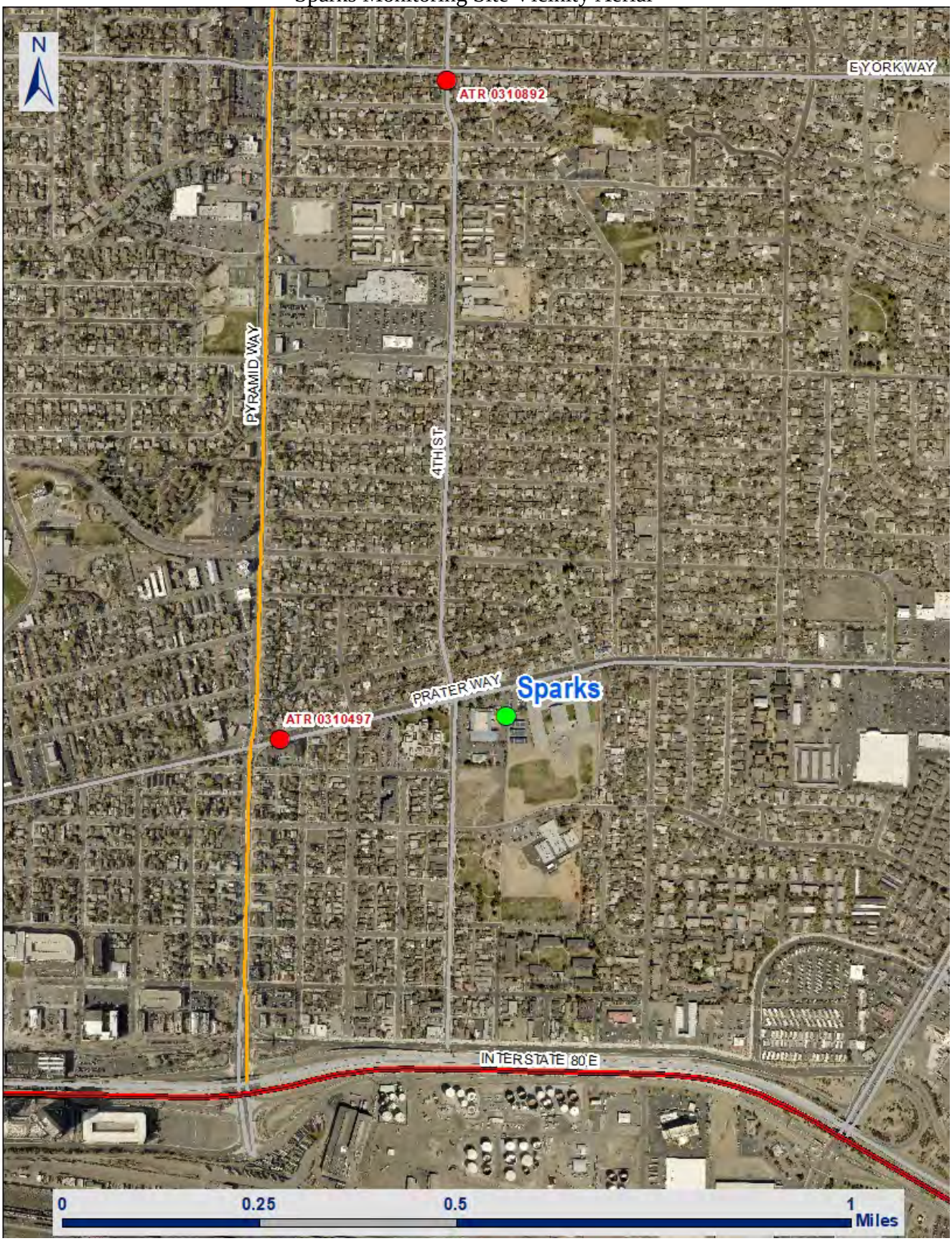
Sparks

The Sparks site is located on US Postal Service property at 750 Fourth Street. The site is surrounded by commercial property, a residential neighborhood and is adjacent to Dilworth Middle School. In 2007 the Sparks site was moved approximately 55 meters north of its previous location, due to tree growth affecting siting criteria.

Site name:	Sparks
AQS ID:	32-031-1005
Geographical coordinates:	39° 32.455'N, 119° 44.806'W
Location:	East end of US Postal Service back parking lot.
Street address:	750 4th Street Sparks, NV 89431
County:	Washoe
Distance to road:	50 meters to Prater Way and 103 meters to 4th Street.
Traffic count:	13,200 AADT (2015-2017) (NDOT ATR 0310497 - Prater Way, 100 feet east of Pyramid Way) 2,933 AADT (2015-2017) (NDOT ATR 0310892 - 4th Street, 123 feet north of Tasker Way & 129 feet south of York Way)
Groundcover:	Paved / Vegetated / Decomposed Granite
Representative area:	Reno-Sparks MSA

Figure 16
Sparks Monitoring Station

Figure 17
Sparks Monitoring Site Vicinity Aerial



Sparks (continued)

Pollutant, POC	PM_{10}, 1	$PM_{2.5}$, 1	$PM_{10-2.5}$, 1	CO, 1
Primary / QA Collocated / Other	Primary	Primary	Primary	n/a
Parameter code	81102	88101	86101	42101
Basic monitoring objective(s)	NAAQS comparison	NAAQS comparison	Research Support	NAAQS comparison
Site type(s)	Population Exposure	Highest Concentration	Highest Concentration	Highest Concentration
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a	n/a	n/a
Instrument manufacturer / model	Met One BAM 1020	Met One BAM 1020	Met One BAM 1020 Coarse Pair	TAPI 300EU
Method code	122	170	185	093
FRM / FEM / ARM / Other	FEM	FEM	FEM	FRM
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	April 1988	January 2012	July 2014	January 1980
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	5.1 meters	5.0 meters	5.0 meters	4.6 meters
Distance from supporting structure	2.1 meters	2.1 meters	2.1 meters	1.7 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	26 meters	26 meters	26 meters	27 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	No	No	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a	Teflon
Residence time	n/a	n/a	n/a	3 seconds
Proposed modifications within the next 18 months?	None	None	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	Yes	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly and quarterly audits	Bi-weekly and quarterly audits	Bi-weekly and quarterly audits	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	n/a	n/a	n/a	03/02/17 06/07/17 09/06/17 11/02/17
Date of two semi-annual flow rate audits (PM)	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17	n/a

Sparks (continued)

Pollutant, POC	O_3, 1	Wind Speed, 1	Wind Direction, 1	Ambient Temperature, 1
Primary / QA Collocated / Other	n/a	n/a	n/a	n/a
Parameter code	44201	61101	61102	62101
Basic monitoring objective(s)	NAAQS comparison	Public Information	Public Information	Public Information
Site type(s)	Population Exposure	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a	n/a	n/a
Instrument manufacturer / model	TAPI T400	Met One 50.5H	Met One 50.5H	YSI Series 700
Method code	087	061	061	014
FRM / FEM / ARM / Other	FEM	n/a	n/a	n/a
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 1979	January 2014	January 2014	January 2014
Current sampling frequency	Continuous	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	4.6 meters	10.0 meters	10.0 meters	5.0 meters
Distance from supporting structure	1.7 meters	10.0 meters	10.0 meters	5.0 meters
Distance from obstructions on roof	n/a	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None	None
Distance from trees	26 meters	27 meters	27 meters	27 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees	360 degrees
Probe material	Teflon	n/a	n/a	n/a
Residence time	3 seconds	n/a	n/a	n/a
Proposed modifications within the next 18 months?	None	None	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	Bi-weekly (3 point)	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	03/02/17 06/07/17 09/06/17 11/02/17	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17	03/16/17 06/13/17 09/08/17 12/14/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a	n/a

Toll

The Toll Road site is located at 684A State Route 341 (Geiger Grade), one-half mile east of US Highway 395. The site is near the edge of a residential neighborhood and adjacent to an area that is becoming commercially developed with an apartment complex and storage units.

Site name:	Toll
AQS ID:	32-031-0025
Geographical coordinates:	39º 23.990'N, 119º 44.376'W
Location:	North end of Washoe County School District parking lot.
Street address:	684A State Route 341 Reno, NV 89521
County:	Washoe
Distance to road:	21 meters to SR341 (Geiger Grade Road).
Traffic count:	7,133 AADT (2015-2017) (NDOT ATR 0310137 - SR 341, 0.4 miles east of US 395)
Groundcover:	Paved parking lot / Dirt
Representative area:	Reno-Sparks MSA

Figure 18
Toll Monitoring Station

Figure 19
Toll Monitoring Site Vicinity Aerial

Toll (continued)

Pollutant, POC	PM_{10}, 2	O_3, 1
Primary / QA Collocated / Other	Primary	n/a
Parameter code	81102	44201
Basic monitoring objective(s)	NAAQS comparison	NAAQS comparison
Site type(s)	Highest Concentration	Population Exposure
Monitor type	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a
Instrument manufacturer / model	Met One BAM 1020	TAPI 400E
Method code	122	087
FRM / FEM / ARM / Other	FEM	FEM
Collecting Agency	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood
Monitoring start date	March 1996	March 1996
Current sampling frequency	Continuous	Continuous
Required sampling frequency	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31
Probe height	5.0 meters	4.0 meters
Distance from supporting structure	2.1 meters	1.2 meters
Distance from obstructions on roof	n/a	n/a
Distance from obstructions not on roof	None	None
Distance from trees	28 meters	28 meters
Distance to furnace or incinerator flue	n/a	n/a
Distance between collocated monitors	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	No	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees
Probe material	n/a	Teflon
Residence time	n/a	6 seconds
Proposed modifications within the next 18 months?	See page 11	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	Bi-weekly and quarterly audits	n/a
Frequency of one-point QC check (gaseous)	n/a	Bi-weekly (3 point)
Date of annual performance evaluation (gaseous & meteorological)	n/a	03/03/17 06/08/17 08/31/17 11/03/17
Date of two semi-annual flow rate audits (PM)	03/15/17 06/14/17 09/13/17 12/13/17	n/a

Toll (continued)

Pollutant, POC	Wind Speed, 1	Wind Direction, 1	Ambient Temperature, 1
Primary / QA Collocated / Other	n/a	n/a	n/a
Parameter code	61101	61102	62101
Basic monitoring objective(s)	Public Information	Public Information	Public Information
Site type(s)	Population Exposure	Population Exposure	Population Exposure
Monitor type	SLAMS	SLAMS	SLAMS
Network affiliation(s)	n/a	n/a	n/a
Instrument manufacturer / model	Met One 50.5H	Met One 50.5H	YSI Series 700
Method code	061	061	014
FRM / FEM / ARM / Other	n/a	n/a	n/a
Collecting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Analytical Lab	n/a	n/a	n/a
Reporting Agency	WCHD - AQMD	WCHD - AQMD	WCHD - AQMD
Spatial scale	Neighborhood	Neighborhood	Neighborhood
Monitoring start date	January 2014	January 2014	January 2014
Current sampling frequency	Continuous	Continuous	Continuous
Required sampling frequency	n/a	n/a	n/a
Sampling season	01/01 – 12/31	01/01 – 12/31	01/01 – 12/31
Probe height	10.0 meters	10.0 meters	5.0 meters
Distance from supporting structure	10.0 meters	10.0 meters	5.0 meters
Distance from obstructions on roof	n/a	n/a	n/a
Distance from obstructions not on roof	None	None	None
Distance from trees	30 meters	30 meters	30 meters
Distance to furnace or incinerator flue	n/a	n/a	n/a
Distance between collocated monitors	n/a	n/a	n/a
For low volume PM instruments, is any PM instrument within 1 meter?	n/a	n/a	n/a
For high volume PM instruments, is any PM instrument within 2 meters?	n/a	n/a	n/a
Unrestricted airflow	360 degrees	360 degrees	360 degrees
Probe material	n/a	n/a	n/a
Residence time	n/a	n/a	n/a
Proposed modifications within the next 18 months?	None	None	None
Is it suitable for comparison against the annual $PM_{2.5}$ NAAQS?	n/a	n/a	n/a
Frequency of flow rate verification for manual samplers (PM)	n/a	n/a	n/a
Frequency of flow rate verification for automated analyzers (PM)	n/a	n/a	n/a
Frequency of one-point QC check (gaseous)	n/a	n/a	n/a
Date of annual performance evaluation (gaseous & meteorological)	03/15/17 06/14/17 09/13/17 12/13/17	03/15/17 06/14/17 09/13/17 12/13/17	03/15/17 06/14/17 09/13/17 12/13/17
Date of two semi-annual flow rate audits (PM)	n/a	n/a	n/a

Appendix A

Public Inspection Plan

Public Inspection Plan

This monitoring network plan was available for public inspection from May 25 to June 25, 2018 at the AQMD website (OurCleanAir.com). A hardcopy of the plan was also available at the AQMD office. All comments received during this inspection period are outlined below.

1. No comments received.

Appendix B

Network Modification Request/Approval

South Reno PM_{10} Discontinuation and Plumb-Kit Site Closure

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

June 30, 2017

Meredith Kurpius
Manager, Air Quality Analysis Office
U.S. Environmental Protection Agency, Region 9
75 Hawthorne Street, AIR-7
San Francisco, CA 94105

Subject: Proposed Modifications to the Washoe County Health District, Air Quality Management Division Ambient Air Monitoring Network

Dear Ms. Kurpius:

Pursuant to 40 CFR 58.14, the Washoe County Health District, Air Quality Management Division (AQMD) requests review and approval for two modifications to the existing ambient air monitoring network. The AQMD is proposing to:

1. Discontinue PM_{10} monitoring at the South Reno SLAMS (AQS ID 32-031-0020) effective December 31, 2017; and
2. Discontinue PM_{10} monitoring and a complete site closure at the Plumb-Kit SLAMS (AQS ID 32-031-0030) effective December 31, 2017.

The proposed modifications are consistent with the AQMD's most recent Network Assessment (2015) and/or Annual Network Plan (2017). Attached are demonstrations to support AQMD's proposal to discontinue PM_{10} monitoring at the South Reno and Plumb-Kit SLAMS. Approval of these requests will also build capacity to operate and maintain two new monitoring stations - Spanish Springs and West Reno. The Spanish Springs SPM (AQS ID 32-031-1007) has been submitting data to AQS since January 1, 2017. AQMD is actively reviewing potential monitoring locations in West Reno. A separate network modification request will be submitted when a specific location in West Reno is secured.

If you require additional information, feel free to contact Mr. Craig Petersen or me at (775) 784-7200.

Sincerely,

Daniel Inouye

Daniel Inouye
Monitoring and Planning Branch Chief

cc: Anna Mebust, EPA Region 9
Craig Petersen, AQMD

Attachment A
Discontinuation of PM_{10} monitoring at the South Reno SLAMS (AQS ID 32-031-0020)

Discontinuation of PM_{10} monitoring is based on criteria in 40 CFR 58.14(c)(1), including the points below.

1. The monitor has shown attainment during the previous five years (2012-16), specifically:
   a. The monitor has not exceeded nor violated the 24-hour NAAQS of 150 $\mu g/m^3$.
2. The monitor has a probability of less than 10 percent of exceeding 80 percent of the current 24-hour NAAQS.[1]

		5 Year Maximums (2012-16)												
		Year 1	Year 2	Year 3	Year 4	Year 5	Ave Max							
Parameter ($\mu g/m^3$)	**Averaging Time**	**2012**	**2013**	**2014**	**2015**	**2016**	**2012-16**	**Std. Dev.**	**Student's *t* value (90% confidence)**	**Number of Data Values (*n*)**	**90% Upper CI**	**NAAQS**	**80% of NAAQS**	**Test**
PM_{10} including EE[1]	24-hr	61	133	106	100	62	92.40	30.83	2.13	5	121.8	150	120	FAIL
PM_{10} excluding EE[1]	24-hr	61	80	70	100	62	74.60	16.12	2.13	5	90.0	150	120	PASS

3. The monitor is not required in the PM_{10} maintenance plan effective January 7, 2016 (80 FR 76232, December 8, 2015).
4. The monitor is located in the Truckee Meadows PM_{10} maintenance area. PM_{10} monitoring will continue at three stations in the maintenance area - Reno3 NCore (32-031-0016), Sparks SLAMS (32-031-1005), and Toll SLAMS (32-031-0025).
5. Discontinuation of PM_{10} monitoring is listed in the most recent Network Assessment (2015) and ANP (2017).
6. The requirements of 40 CFR 58, Appendix D will continue to be met.

[1] Rim and American Fires (2013) and King Fire (2014) Exceptional Events

Attachment B

Discontinuation of PM_{10} monitoring and complete site closure at the Plumb-Kit SLAMS (AQS ID 32-031-0025)

Discontinuation of PM_{10} monitoring and complete site closure is based on criteria in 40 CFR 58.14(c)(1), including the points below.

1. The monitor has shown attainment during the previous five years (2012-16), specifically:
   a. The monitor has not exceeded nor violated the 24-hour NAAQS of 150 $\mu g/m^3$.
2. The monitor has a probability of less than 10 percent of exceeding 80 percent of the current 24-hour NAAQS.[2]

		5 Year Maximums (2012-16)												
		Year 1	Year 2	Year 3	Year 4	Year 5	Ave Max							
Parameter ($\mu g/m^3$)	Averaging Time	2012	2013	2014	2015	2016	2012-16	Std. Dev.	Student's *t* value (90% confidence)	Number of Data Values (*n*)	90% Upper CI	NAAQS	80% of NAAQS	Test
PM_{10} including EE[2]	24-hr	92	127	136	70	80	101.00	29.09	2.13	5	128.7	150	120	FAIL
PM_{10} excluding EE[2]	24-hr	92	113	89	70	80	88.80	16.02	2.13	5	104.1	150	120	PASS

3. The monitor is not required in the PM_{10} maintenance plan effective January 7, 2016 (80 FR 76232, December 8, 2015).
4. The monitor is located in the Truckee Meadows PM_{10} maintenance area. PM_{10} monitoring will continue at three stations in the maintenance area - Reno3 NCore (32-031-0016), Sparks SLAMS (32-031-1005), and Toll SLAMS (32-031-0025).
5. Discontinuation of PM_{10} monitoring and complete site closure is listed in the most recent ANP (2017).
6. The requirements of 40 CFR 58, Appendix D will continue to be met.

[2] Rim and American Fires (2013) and King Fire (2014) Exceptional Events

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105

DEC 19 2017

Mr. Daniel K. Inouye
Chief, Monitoring and Planning Branch
Air Quality Management Division
Washoe County Health District
P.O. Box 11130
Reno, Nevada 89520-0027

Dear Mr. Inouye:

This letter provides the Environmental Protection Agency's (EPA's) review and approval for the Washoe County Health District's (WCHD's) closure of the Federal Reference Method (FRM) PM_{10} SLAMS monitor reporting parameter code 81102 data to parameter occurrence code (POC) 1 at Reno3 (AQS ID: 32-031-0016-81102-1). This letter also approves the discontinuation of the PM_{10} State or Local Air Monitoring Station (SLAMS) monitors at South Reno (AQS ID: 32-031-0020) and Plumb-Kit (AQS ID: 32-031-0030). On June 30, 2017 and December 8, 2017, WCHD sent letters to EPA describing these network changes.

Per 40 CFR 58.14, monitoring agencies are required to obtain EPA approval for the discontinuation of SLAMS monitors. Discontinuation of these monitors was specifically reviewed under 40 CR 58.14(c), which states that requests for discontinuation "may also be approved on a case-by-case basis if discontinuance does not compromise data collection needed for implementation of a [National Ambient Air Quality Standard (NAAQS)] and if the requirements of appendix D to this part, if any, continue to be met."

The Reno3 PM_{10} FRM has been operating since 1988 and has been used to provide PM_{coarse} measurements since 2009 to fulfill requirements for National Core (NCore) multipollutant monitoring stations. In 2013, WCHD began reporting regulatory PM_{10} data from a continuous Federal Equivalent Method (FEM) to POC 2 at Reno3 in addition to the FRM. A comparison of 24-hour PM_{10} concentrations measured between 2013 and 2016 at Reno3 shows that the FRM and FEM are very highly correlated ($R^2 = 0.9704$) and that the FEM provides PM_{10} data of comparable concentrations to the FRM, with a slope of 0.9808. WCHD is requesting closure of the PM_{10} POC 1 FRM data reporting to parameter code 88102. WCHD will continue to operate the FRM instrument for PM_{coarse} and report PM_{10} data from the FRM in local conditions (parameter code 85101), and will continue to report PM_{10} data to parameter code 81102 from the FEM for comparison with the 1987 24-hour PM_{10} NAAQS. This analysis shows that discontinuation of data reporting from the FRM would not compromise data collection at Reno3 needed for implementation of the 1987 24-hour PM_{10} NAAQS; discontinuation also will not prevent WCHD from meeting 40 CFR 58 Appendix D requirements.

In evaluating the request to discontinue PM_{10} monitoring at South Reno and Plumb-Kit, EPA analyzed PM_{10} data associated with the five most recently available design values (2012 – 2016 design values, encompassing data from 2010 – 2016) for both sites and throughout the WCHD PM_{10} network. WCHD started monitoring for PM_{10} using a manual method instrument at South Reno and Plumb-Kit in 1988 and 2006, respectively. In 2010, both sites sampled on a 1-in-6 day schedule. In 2011, WCHD transitioned from manual to continuous PM_{10} instruments at both sites. Due to this transition, both sites have invalid PM_{10} design values in AQS for 2012 and 2013. Based on certified data submitted to AQS, both the South Reno and Plumb-Kit sites were in attainment of the 1987 24-hour PM_{10} NAAQS from 2014-2016, with valid PM_{10} design values of 0.0. Neither site measured an exceedance of the 1987 24-hour PM_{10} NAAQS at any point during 2010-2016.

There were five total PM_{10} monitoring sites operating in Washoe County at the end of 2016, all of which were located within the Truckee Meadows PM_{10} maintenance area. The 2016 design value site in the Truckee Meadows maintenance area is Toll (AQS ID: 32-031-0025), with a design value of 0.3. A comparison of 2012-2016 data from South Reno and Toll on days where at least one of those monitors measured a concentration above 80% of the NAAQS shows that Toll measured higher concentrations than South Reno on four out of four such days; a similar comparison between Plumb-Kit and Toll shows that Toll measured higher concentrations than Plumb-Kit on four out of six such days. Preliminary data currently available for a portion of 2017 is consistent with the trends previously discussed. Based on these analyses, discontinuance of these monitors does not compromise data collection needed for implementation of the 1987 24-hour PM_{10} NAAQS and will not prevent WCHD from meeting 40 CFR 58 Appendix D requirements.

Therefore, EPA approves WCHD's discontinuation of the Reno3 PM_{10} FRM SLAMS monitor reporting parameter code 81102 data to POC 1, and discontinuation of the South Reno and Plumb-Kit PM_{10} SLAMS monitors on a case-by-case basis per 40 CFR 58.14(c). Please include these network modifications and EPA's approval in your next annual network plan.

If there are any questions regarding this letter, please feel free to contact me at (415) 947-4134 or Anna Mebust of my staff at (415) 972-3265.

Sincerely,

Gwen Yoshimura, Manager
Air Quality Analysis Office

cc (via email): Craig Peterson, WCHD

Appendix C

Network Modification Request/Approval

Reno 3 FRM PM_{10} "Closure" of Parameter Code 81102 Data Reporting

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

December 8, 2017

Gwen Yoshimura
Manager, Air Quality Analysis Office
U.S. Environmental Protection Agency, Region 9
75 Hawthorne Street, AIR-7
San Francisco, CA 94105

Subject: Proposed Modification to the Washoe County Health District, Air Quality Management Division Ambient Air Monitoring Network

Dear Ms. Yoshimura:

Pursuant to 40 CFR 58.14.c, the Washoe County Health District, Air Quality Management Division (AQMD) requests review and approval for a modification to the existing ambient air monitoring network. The AQMD is proposing to:

1. "Close" the PM_{10} FRM monitor at the Reno3 SLAMS (32-031-0016-81102-1) reporting to the regulatory parameter code of 81102 in AQS, effective January 1, 2018.

The monitor will continue to operate after January 1, 2018. AQMD will continue to report data under the local PM_{10} parameter code (85101) and will use the data for PM_{coarse} measurements. This modification was not included in the 2017 Annual Network Plan (ANP), but was a recommendation from EPA's review of the ANP.

If you require additional information, feel free to contact Mr. Brendan Schnieder or me at (775) 784-7200.

Sincerely,

Daniel Inouye

Daniel Inouye
Monitoring and Planning Branch Chief

cc: Anna Mebust, EPA Region 9
Brendan Schnieder, AQMD

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
75 Hawthorne Street
San Francisco, CA 94105

DEC 19 2017

Mr. Daniel K. Inouye
Chief, Monitoring and Planning Branch
Air Quality Management Division
Washoe County Health District
P.O. Box 11130
Reno, Nevada 89520-0027

Dear Mr. Inouye:

This letter provides the Environmental Protection Agency's (EPA's) review and approval for the Washoe County Health District's (WCHD's) closure of the Federal Reference Method (FRM) PM_{10} SLAMS monitor reporting parameter code 81102 data to parameter occurrence code (POC) 1 at Reno3 (AQS ID: 32-031-0016-81102-1). This letter also approves the discontinuation of the PM_{10} State or Local Air Monitoring Station (SLAMS) monitors at South Reno (AQS ID: 32-031-0020) and Plumb-Kit (AQS ID: 32-031-0030). On June 30, 2017 and December 8, 2017, WCHD sent letters to EPA describing these network changes.

Per 40 CFR 58.14, monitoring agencies are required to obtain EPA approval for the discontinuation of SLAMS monitors. Discontinuation of these monitors was specifically reviewed under 40 CR 58.14(c), which states that requests for discontinuation "may also be approved on a case-by-case basis if discontinuance does not compromise data collection needed for implementation of a [National Ambient Air Quality Standard (NAAQS)] and if the requirements of appendix D to this part, if any, continue to be met."

The Reno3 PM_{10} FRM has been operating since 1988 and has been used to provide PM_{coarse} measurements since 2009 to fulfill requirements for National Core (NCore) multipollutant monitoring stations. In 2013, WCHD began reporting regulatory PM_{10} data from a continuous Federal Equivalent Method (FEM) to POC 2 at Reno3 in addition to the FRM. A comparison of 24-hour PM_{10} concentrations measured between 2013 and 2016 at Reno3 shows that the FRM and FEM are very highly correlated ($R^2 = 0.9704$) and that the FEM provides PM_{10} data of comparable concentrations to the FRM, with a slope of 0.9808. WCHD is requesting closure of the PM_{10} POC 1 FRM data reporting to parameter code 88102. WCHD will continue to operate the FRM instrument for PM_{coarse} and report PM_{10} data from the FRM in local conditions (parameter code 85101), and will continue to report PM_{10} data to parameter code 81102 from the FEM for comparison with the 1987 24-hour PM_{10} NAAQS. This analysis shows that discontinuation of data reporting from the FRM would not compromise data collection at Reno3 needed for implementation of the 1987 24-hour PM_{10} NAAQS; discontinuation also will not prevent WCHD from meeting 40 CFR 58 Appendix D requirements.

In evaluating the request to discontinue PM_{10} monitoring at South Reno and Plumb-Kit, EPA analyzed PM_{10} data associated with the five most recently available design values (2012 – 2016 design values, encompassing data from 2010 – 2016) for both sites and throughout the WCHD PM_{10} network. WCHD started monitoring for PM_{10} using a manual method instrument at South Reno and Plumb-Kit in 1988 and 2006, respectively. In 2010, both sites sampled on a 1-in-6 day schedule. In 2011, WCHD transitioned from manual to continuous PM_{10} instruments at both sites. Due to this transition, both sites have invalid PM_{10} design values in AQS for 2012 and 2013. Based on certified data submitted to AQS, both the South Reno and Plumb-Kit sites were in attainment of the 1987 24-hour PM_{10} NAAQS from 2014-2016, with valid PM_{10} design values of 0.0. Neither site measured an exceedance of the 1987 24-hour PM_{10} NAAQS at any point during 2010-2016.

There were five total PM_{10} monitoring sites operating in Washoe County at the end of 2016, all of which were located within the Truckee Meadows PM_{10} maintenance area. The 2016 design value site in the Truckee Meadows maintenance area is Toll (AQS ID: 32-031-0025), with a design value of 0.3. A comparison of 2012-2016 data from South Reno and Toll on days where at least one of those monitors measured a concentration above 80% of the NAAQS shows that Toll measured higher concentrations than South Reno on four out of four such days; a similar comparison between Plumb-Kit and Toll shows that Toll measured higher concentrations than Plumb-Kit on four out of six such days. Preliminary data currently available for a portion of 2017 is consistent with the trends previously discussed. Based on these analyses, discontinuance of these monitors does not compromise data collection needed for implementation of the 1987 24-hour PM_{10} NAAQS and will not prevent WCHD from meeting 40 CFR 58 Appendix D requirements.

Therefore, EPA approves WCHD's discontinuation of the Reno3 PM_{10} FRM SLAMS monitor reporting parameter code 81102 data to POC 1, and discontinuation of the South Reno and Plumb-Kit PM_{10} SLAMS monitors on a case-by-case basis per 40 CFR 58.14(c). Please include these network modifications and EPA's approval in your next annual network plan.

If there are any questions regarding this letter, please feel free to contact me at (415) 947-4134 or Anna Mebust of my staff at (415) 972-3265.

Sincerely,

Gwen Yoshimura, Manager
Air Quality Analysis Office

cc (via email): Craig Peterson, WCHD

Appendix B

DATA CERTIFICATION LETTER

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

April 24, 2018

Elizabeth Adams
Acting Director, Air Division
U.S. EPA Region 9
75 Hawthorne Street, AIR-1
San Francisco, CA 94105

Re: CY2017 Ambient Air Monitoring Data Certification

Dear Ms. Adams:

Attached please find a copy of the Washoe County Health District, Air Quality Management Division's (AQMD) AQS AMP600 Data Certification Report and AMP450NC Quick Look summary report for ambient air monitoring data for all State and Local Air Monitoring Stations (SLAMS) and Special Purpose Monitors (SPMs) which meet criteria in 40 CFR 58 Appendix A operated from January 1 to December 31, 2017. Included is data from Federal Reference Method (FRM) and Federal Equivalent Method (FEM) monitors for CO, $NO/NO_x/NO_2$, ozone, PM_{10}, $PM_{10-2.5}$, $PM_{2.5}$, and SO_2 (hourly and 5-minute average data).

Please note that AQMD requested to discontinue CO monitoring at the Toll SLAMS (AQS ID: 32-031-0025) and the Lemmon Valley SLAMS (AQS ID: 32-031-2009) on December 14, 2016. EPA approved the request on January 10, 2017. CO monitoring was officially discontinued on January 17, 2017 at the Toll SLAMS and January 18, 2017 at the Lemmon Valley SLAMS.

This letter certifies that the ambient concentration data and the quality assurance data are completely submitted to AQS, and the ambient data are accurate to the best of my knowledge taking into consideration the quality assurance findings.

Please contact Mr. Craig Petersen or me at (775) 784-7200 with any questions or concerns.

Sincerely,

Daniel Inouye

Daniel Inouye
Branch Chief, Monitoring and Planning

Attachments

cc: Gwen Yoshimura, Manager, Air Quality Analysis Office, U.S. EPA, Region 9
Fletcher Clover, Air Quality Analysis Office, U.S. EPA, Region 9
Charlene Albee, Director, AQMD

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

User ID: BAA

CERTIFICATION EVALUATION AND CONCURRENCE

Report Request ID: 1646127

Report Code: AMP600

Apr. 18, 2018

GEOGRAPHIC SELECTIONS

Tribal Code	State	County	Site	Parameter	POC	City	AQCR	UAR	CBSA	CSA	EPA Region
	32	031									

PROTOCOL SELECTIONS

Parameter Classification	Parameter	Method	Duration
CRITERIA			

AGENCY SELECTIONS

Washoe County District Health Department

SELECTED OPTIONS

Option Type	Option Value
MERGE PDF FILES	YES
AGENCY ROLE	CERTIFYING

DATE CRITERIA

Start Date	End Date
2017	2017

Data Evaluation and Concurrence Report Summary

Certification Year: 2017
Certifying Agency (CA): Washoe County District Health Department (1138)

Pollutants in Report:

Parameter Name	Code	Monitors Evaluated	Monitors Recommended for Concurrence by AQS	Monitors NOT Recommended for Concurrence by AQS
Carbon monoxide	42101	4	2	2
Nitrogen dioxide (NO2)	42602	1	1	0
Ozone	44201	7	7	0
PM10 Total 0-10um STP	81102	7	7	0
PM2.5 - Local Conditions	88101	4	4	0
Sulfur dioxide	42401	1	1	0

PQAOs in Report:

PQAO Name	PQAO Code	TSA Date
Washoe County District Health Department	1138	09/16/10

Summary of 'N' flags for all pollutants:

PQAO	Parameter Code	AQS Site-ID	POC	AQS Recommended Flag	Cert. Agency Recommended Flag	Reason for AQS Recommendation
1138	42101	32-031-2009	1	N		Annual Performance Evaluation Audit Missing or 1 Level.
1138	42101	32-031-0025	1	N		Annual Performance Evaluation Audit Missing or 1 Level.

Signature of Monitoring Organization Representative: Daniel Inouye

Data Evaluation and Concurrence Report for Gaseous Pollutants

Certifying Year 2017
Certifying Agency Code Washoe County District Health Department (1138)
Parameter Carbon monoxide (42101) (ppm)
PQAO Name Washoe County District Health Department (1138)
QAPP Approval Date 11/14/2014

NPAP Audit Summary:

Number of Passed Audits	NPAP Bias	Criteria Met
1	2.57692	Y

			Routine Data						One Point Quality Check			Annual PE		NPAP			Concur. Flag		
AQS Site ID	POC	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	Perc. Comp.	Precision	Bias	Complete	Bias	Complete	Bias	PQAO Level Criteria	QAPP Appr.	Aqs Rec Flag	CA Rec Flag	Epa Concur
32-031-0016	1	SLAMS	0.224	- 0.062	2.747	0	0	98	4.51	+/-4.36	100	1.90	100	2.58	Y	Y	Y		
32-031-0025	1	SLAMS	0.135	0.000	0.500	0	0	97	6.25	+/-4.06	100		0		Y	Y	N		
32-031-1005	1	SLAMS	0.414	0.100	3.000	0	0	99	1.03	+/-0.95	100	0.51	100		Y	Y	Y		
32-031-2009	1	SLAMS	0.149	0.100	0.800	0	0	97	0.00	+1.11	100		0		Y	Y	N		

Data Evaluation and Concurrence Report for Gaseous Pollutants

Certifying Year 2017
Certifying Agency Code Washoe County District Health Department (1138)
Parameter Nitrogen dioxide (NO2) (42602) (ppb)
PQAO Name Washoe County District Health Department (1138)
QAPP Approval Date 11/14/2014

NPAP Audit Summary:

Number of Passed Audits	NPAP Bias	Criteria Met
		Y

			Routine Data						One Point Quality Check			Annual PE		NPAP			Concur. Flag		
AQS Site ID	POC	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	Perc. Comp.	Precision	Bias	Complete	Bias	Complete	Bias	PQAO Level Criteria	QAPP Appr.	Aqs Rec Flag	CA Rec Flag	Epa Concur
32-031-0016	1	SLAMS	12.6	- 0.1	89.3		0	94	3.73	+/-2.95	100	0.71	100		Y	Y	Y		

Data Evaluation and Concurrence Report for Gaseous Pollutants

Certifying Year 2017
Certifying Agency Code Washoe County District Health Department (1138)
Parameter Ozone (44201) (ppm)
PQAO Name Washoe County District Health Department (1138)
QAPP Approval Date 11/14/2014

NPAP Audit Summary:

Number of Passed Audits	NPAP Bias	Criteria Met
1	1.42119	Y

			Routine Data						One Point Quality Check			Annual PE		NPAP			Concur. Flag		
AQS Site ID	POC	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	Perc. Comp.	Precision	Bias	Complete	Bias	Complete	Bias	PQAO Level Criteria	QAPP Appr.	Aqs Rec Flag	CA Rec Flag	Epa Concur
32-031-0016	1	SLAMS	0.050	0.007	0.084	0	0	98	1.38	+/-0.98	100	0.27	100	1.42	Y	Y	Y		
32-031-0020	1	SLAMS	0.047	0.008	0.087	0	0	98	3.33	+/-1.99	100	2.61	100		Y	Y	Y		
32-031-0025	1	SLAMS	0.049	0.016	0.087	0	0	99	1.77	+/-1.46	100	0.92	100		Y	Y	Y		
32-031-1005	1	SLAMS	0.049	0.003	0.095	0	0	99	1.29	+/-1.16	100	- 1.17	100		Y	Y	Y		
32-031-1007	1	SPM	0.050	0.015	0.078	0	0	99	3.08	+/-2.72	100	2.48	100		Y	Y	Y		
32-031-2002	1	SLAMS	0.049	0.013	0.079	0	0	99	1.97	+/-1.65	100	- 0.42	100		Y	Y	Y		
32-031-2009	1	SLAMS	0.051	0.016	0.078	0	0	99	1.40	+/-1.14	100	- 0.15	100		Y	Y	Y		

Data Evaluation and Concurrence Report for Gaseous Pollutants

Certifying Year 2017
Certifying Agency Code Washoe County District Health Department (1138)
Parameter Sulfur dioxide (42401) (ppb)
PQAO Name Washoe County District Health Department (1138)
QAPP Approval Date 11/14/2014

NPAP Audit Summary:

Number of Passed Audits	NPAP Bias	Criteria Met
0	13.6968	Y

AQS Site ID	POC	Monitor Type	Routine Data: Mean	Min	Max	Exceed. Count	Outlier Count	Perc. Comp.	One Point Quality Check: Precision	Bias	Complete	Annual PE: Bias	Complete	NPAP: Bias	PQAO Level Criteria	QAPP Appr.	Concur. Flag: Aqs Rec Flag	CA Rec Flag	Epa Concur
32-031-0016	1	SLAMS	0.3	- 0.1	9.7		0	98	4.91	+/-4.19	100	- 5.02	100	13.70	Y	Y	Y		

Data Evaluation and Concurrence Report for Particulate Matter

Certifying Year: 2017
Certifying Agency: Washoe County District Health Department (1138)

Parameter: PM10 Total 0-10um STP (81102) CONTINUOUS
PQAO Name: Washoe County District Health Department (1138)
Quality Assurance Project Plan Approval Date: 11/14/2014

Monitors Summaries

			Routine Data (ug/m3)						Flow Rate Verification		Flow Rate Audit			Collocation	Concurrence Flag		
AQS Site ID	POC	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	% Complete	Bias	% Complete	Bias	% Complete	QAPP Appr.		AQS Rec Flag	CA Rec Flag	EPA Concur
32-031-0016	2	SLAMS	19.11	-4.0	326.0		0	95	+/-0.60	100	+0.36	100	Y		Y		
32-031-0020	2	SLAMS	17.24	-4.0	408.0		0	100	-0.89	100	-0.94	100	Y		Y		
32-031-0025	2	SLAMS	16.64	-5.0	985.0		0	99	-0.79	100	-1.26	100	Y		Y		
32-031-0030	2	SLAMS	22.73	-5.0	526.0		0	98	+0.85	100	+0.89	100	Y		Y		
32-031-1005	4	SLAMS	23.59	-3.0	290.0		0	98	+/-1.27	100	-0.42	100	Y		Y		
32-031-1007	1	SPM	15.36	-3.0	985.0		0	100	+/-1.18	100	+0.26	100	Y		Y		

Parameter: PM10 Total 0-10um STP (81102) INTERMITTENT
PQAO Name: Washoe County District Health Department (1138)
Quality Assurance Project Plan Approval Date: 11/14/2014

Collocation Summary

# Sites	# Sites Req	# Sites Collocated	% Collocated	CV Est	CV UB	Criteria Met?
0	0	0	100			Y

Monitors Summaries

			Routine Data (ug/m3)						Flow Rate Audit		Collocation				Concurrence Flag		
AQS Site ID	POC	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	% Complete	Bias	% Complete	CV	% Complete	PQAO Crit. Met	QAPP Appr.	AQS Rec Flag	CA Rec Flag	EPA Concur
32-031-0016	1	SLAMS	17.63	2.0	85.0	0	0	100	-1.36	100			Y	Y	Y		

Data Evaluation and Concurrence Report for Particulate Matter

Certifying Year: 2017
Certifying Agency: Washoe County District Health Department (1138)

Parameter: PM2.5 - Local Conditions (88101)
PQAO Name: Washoe County District Health Department (1138)
Quality Assurance Project Plan Approval Date: 11/14/2014

Collocation Summary

Method	# Sites	# Sites Req	# Sites Collocated	% Collocated	CV Est	CV UB	Criteria Met?
170	3	1	1	100	12.52	13.92	Y

PEP Summary

# Methods	# Audited Methods	# PEP Required	# PEP Submitted	% Complete	Bias	Criteria Met?
1	1	5	5	100	+11.88	Y

Monitors Summaries

				Routine Data (ug/m3)						Flow Rate Audit		Collocation			PEP PQAO		Concurrence Flag		
AQS Site ID	POC	Method	Monitor Type	Mean	Min	Max	Exceed. Count	Outlier Count	% Complete	Bias	% Complete	CV	% Complete	PQAO Crit. Met	Crit. Met	QAPP Appr.	AQS Rec Flag	CA Rec Flag	EPA Concur
32-031-0016	1	142	SLAMS	6.27	.7	22.2		0	98	-0.63	100			Y	Y	Y	Y		
32-031-0016	3	170	SLAMS	7.30	-10.0	125.0		0	97	-0.03	100	13.92	100	Y	Y	Y	Y		
32-031-1005	1	170	SLAMS	8.10	-8.0	94.0		0	99	+0.24	100			Y	Y	Y	Y		
32-031-1007	1	170	SPM	4.62	-7.0	117.0		0	99	-0.12	100			Y	Y	Y	Y		

Data Concurrence and Evaluation Report for Lead

User ID: BAA

QUICKLOOK ALL PARAMETERS

Report Request ID: 1639863 Report Code: AMP450NC Apr. 2, 2018

GEOGRAPHIC SELECTIONS

Tribal Code	State	County	Site	Parameter	POC	City	AQCR	UAR	CBSA	CSA	EPA Region
	32	031	0016								

PROTOCOL SELECTIONS

Parameter Classification	Parameter	Method	Duration
ALL	42401	600	H
ALL	86101		

AGENCY SELECTIONS

Washoe County District Health Department

SELECTED OPTIONS

Option Type	Option Value
EVENTS PROCESSING	EXCLUDE REGIONALLY CONCURRED EVENTS
MERGE PDF FILES	YES
AGENCY ROLE	PQAO

SORT ORDER

Order	Column
1	STATE_CODE
2	COUNTY_CODE
3	SITE_ID
4	PARAMETER_CODE
5	POC
6	DATES
7	EDT_ID

DATE CRITERIA

Start Date	End Date
2017	2017

APPLICABLE STANDARDS

Standard Description

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
AIR QUALITY SYSTEM

QUICKLOOK ALL PARAMETERS

Apr. 2, 2018

EXCEPTIONAL DATA TYPES

EDT	DESCRIPTION
0	NO EVENTS
1	EVENTS EXCLUDED
2	EVENTS INCLUDED
5	EVENTS WITH CONCURRENCE EXCLUDED

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
AIR QUALITY SYSTEM

QUICKLOOK ALL PARAMETERS

Apr. 2, 2018

Parameter		Unit	POC	PQAO	Year	Meth	# Obs	1st Max Value	2nd Max Value	3rd Max Value	4th Max Value	Arith. Mean	Duration	Cert& Eval	EDT
Site ID: 32-031-0016	City: Reno	County: Washoe							Address: 301 A STATE STREET, RENO, NV 89502						
42401	Sulfur dioxide	Parts per billion	2	1138	2017	600	99266	13.9	12.6	12.1	12.1	.32	5 MINUTE		0
86101	PM10-2.5 - Local Conditions (LC)	Micrograms/cubic meter	1	1138	2017	173	118	57.4	30.3	30.0	27.7	9.71	24 HOUR		0
86101	PM10-2.5 - Local Conditions (LC)	Micrograms/cubic meter	2	1138	2017	185	8375	243.0	149.0	141.0	131.0	9.72	1 HOUR		0

Note: The * indicates that the mean does not satisfy summary criteria.

QUICKLOOK ALL PARAMETERS

Apr. 2, 2018

METHODS USED IN THIS REPORT

PARAMETER	METHOD CODE	COLLECTION METHOD	ANALYSIS METHOD
42401	600	Instrumental	Ultraviolet Fluorescence API 100 EU
86101	173	BGI Inc Model PQ200 PM10-2.5 Sampler Pair	Paired Gravimetric Difference
86101	185	Met One BAM-1020 System	Paired Beta Difference

Note: The * indicates that the mean does not satisfy summary criteria.

QUICKLOOK ALL PARAMETERS

Apr. 2, 2018

PQAOS USED IN THIS REPORT

PQAO	AGENCY DESCRIPTION
1138	Washoe County District Health Department

Note: The * indicates that the mean does not satisfy summary criteria.

CERTIFICATION EVALUATION AND CONCURRENCE FLAG MEANINGS

FLAG	MEANING
M	The monitoring organization has revised data from this monitor since the most recent certification letter received from the state.
N	The certifying agency has submitted the certification letter and required summary reports, but the certifying agency and/or EPA has determined that issues regarding the quality of the ambient concentration data cannot be resolved due to data completeness, the lack of performed quality assurance checks or the results of uncertainty statistics shown in the AMP255 report or the certification and quality assurance report.
S	The certifying agency has submitted the certification letter and required summary reports. A value of "S" conveys no Regional assessment regarding data quality per se. This flag will remain until the Region provides an "N" or "Y" concurrence flag.
U	Uncertified. The certifying agency did not submit a required certification letter and summary reports for this monitor even though the due date has passed, or the state's certification letter specifically did not apply the certification to this monitor.
X	Certification is not required by 40 CFR 58.15 and no conditions apply to be the basis for assigning another flag value
Y	The certifying agency has submitted a certification letter, and EPA has no unresolved reservations about data quality (after reviewing the letter, the attached summary reports, the amount of quality assurance data submitted to AQS, the quality statistics, and the highest reported concentrations).

Note: The * indicates that the mean does not satisfy summary criteria.

Appendix C

PUBLIC INSPECTION PLAN

A public notice was published in the Reno Gazette-Journal on July 24, 2018 notifying the public that the "Wildfire Mitigation Plan" was available for public inspection and comment from July 24 through August 24, 2018. A hard copy was available at the AQMD office and on the website (OurCleanAir.com). This mitigation plan underwent 30-day public comment pursuant to 40 CFR 51.930(b)(2). The AQMD did not receive any public comments during the public comment period.

Appendix F

Emissions Reporting Form

Annual Report for Prescribed Burn Activities within Washoe County

Agency Name:
Contact:
Title:
Address:
Telephone:
Email:
Reporting Year:
Date of Submittal:
Requesting Agency: Washoe County Health District, Air Quality Management Division
Submit to: ylbarnes@washoecounty.us

Note: please provide available emission factors

Pollutant	Emission Factor (units)	Vegetation Type
CO		
PM10		
PM2.5		
NOx		
SO2		
VOC		
NH3		

Date		Prescribed Burning										
	Burn Permit #	Name of Burn	Location		Burn type (Broadcast, Pile, etc.)	Amount Burned		Vegetation Type	Fuel Loading (Provide 1 or both)		Start Date	End Date
			Lat	Long		Acres	Tons		(tons/ac)	(tons/fire)		
Annual Total												

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA PACKET #6H

DD__NA_
DHO____ KD

Staff Report
Board Meeting Date: June 25, 2020

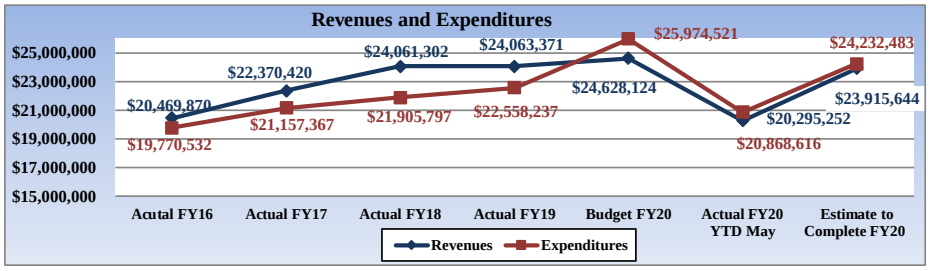
TO: District Board of Health

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2020

SUMMARY

May fiscal year 2020 (FY20) ended the month with a cash balance of $7,077,208; $324,279 or 4.8% greater than FY19 but down $820,235 or 10.4% over last month. Total revenues of $20,295,252 were 82.4% of budget and a decrease of $298,666 over FY19, with the largest declines in food service permits of $91,439; special events permit down $48,475; septic system permits down $46,124; and, miscellaneous revenue down $108,426 for the payment from closing a bank account, in FY19, previously set up for hazardous mitigation issues. The expenditures totaled $20,868,616 or 80.3% of budget and up $562,490 or 2.8% compared to FY19 with the single largest increase of $278,978 in accrued vacation and sick leave benefits paid to retirees.



District Health Strategic Priority supported by this item:

6. **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

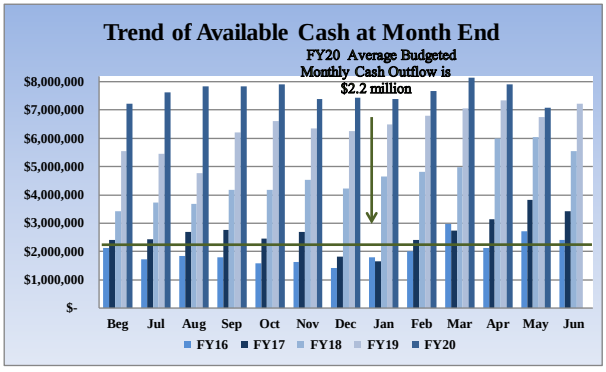
March 26, 2020 the Board approved a deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency. The deferral is for 60 days after the Governor lifts restrictions.

Fiscal Year 2020 Budget was adopted May 21, 2019.

BACKGROUND

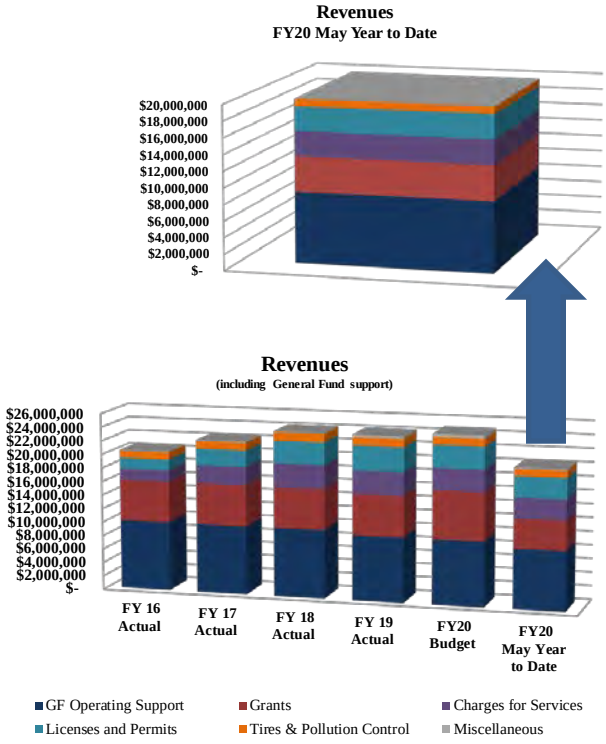
Review of Cash

The available cash at the end of May, FY20, was $7,077,208 which is enough to cover approximately 3.3 months of expenditures. The cash balance is $324,279 greater than FY19 but $820,235 less than April FY20 which had reserves enough for 3.6 months of expenditures. The encumbrances and other liability portion of the cash balance totals $1.2 million; the cash restricted as to use is approximately $1.8 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 $4.1 million.



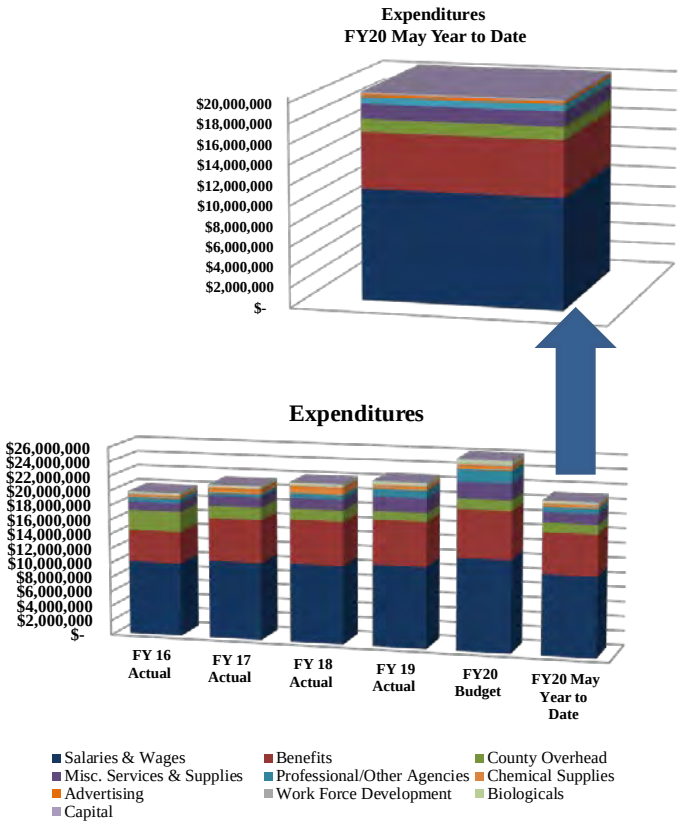
Public Health
Prevent. Promote. Protect.

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



The total **revenues** year to date were $20,295,252 down $298,666 or 1.5% compared to May FY19. The revenue category up over FY19 was Federal and State grants of $4,313,351 up $17,434. The revenue categories down compared to FY19 include; charges for services of $3,056,018 down $42,585; licenses and permits of $3,012,301 down $250,336; and tire and pollution control funding of $1,047,540 down $2,858; and, miscellaneous revenues of $142,257 down $20,323. The County General Fund support of $8,723,785 is level at the FY19 funding.

The total year to date **expenditures** of $20,868,616 increased by $562,490 or 2.8% compared to FY19. Salaries and benefits expenditures for the fiscal year were $16,597,534 up $640,788 or 4.0% over the prior year and 86.2% of budget. The total services and supplies of $4,193,502 down $101,341 or 2.4% compared to FY19 and 64.2% of budget. The major expenditures included in the services and supplies were; the professional services, which totaled $692,842 down $90,734 over FY19; chemical supplies of $294,835 down $97,682; the biologicals of $233,273, were down $43,313; and, County overhead charges of $1,284,059 were up $167,486. There has been $77,580 in capital expenditures up $23,042 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 $1,106,455 down $96,118 or 8.0% over FY19 due to salary savings from the vacant Director of Programs and Projects position.

AHS has spent $1,023,033 up $979 or 0.1% compared to FY19.

AQM revenues were $2,794,220 down $283,205 or 9.2% mainly due to Federal grant reimbursements that have yet to be received from the EPA. The Division spent $2,650,348 down $20,421 or 0.8%.

CCHS revenues were $3,311,776 up $384,766 or 13.1% over FY19 with the largest increase of $285,669 in grants and $42,163 in insurance reimbursements. The division spent $6,808,943 down $110,970 or 1.6% more than FY19 due to accrued vacation and sick leave benefits paid out to retirees.

EHS revenues were $3,813,568 down $409,367 or 9.7% over FY19. The decline is mainly due to a decline in licenses and permits of $244,430 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 $91,439. Total expenditures were $5,318,995 down $651,638 or 10.9%.

EPHP revenues were $1,651,903 up $9,140 or 0.6%. The division spent $3,960,842 up $1,440,658 or 57.2% 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 May 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	May Year to Date	Adjusted Budget	May Year to Date	Percent of Budget	FY20 Increase over FY19
Revenues (all sources of funds)									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	**3,077,425**	3,581,030	**2,794,220**	78.0%	-9.2%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	**2,927,010**	4,869,064	**3,311,776**	68.0%	13.1%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	**4,222,935**	4,379,323	**3,813,568**	87.1%	-9.7%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	**1,642,763**	2,281,850	**1,651,903**	72.4%	0.6%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	**8,723,785**	9,516,856	**8,723,785**	91.7%	0.0%
Total Revenues	$20,469,870	$22,370,420	$24,061,302	$24,063,371	**$20,593,918**	$24,628,124	**$20,295,252**	82.4%	-1.5%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	**1,202,573**	1,555,329	**1,106,455**	71.1%	-8.0%
AHS	996,021	1,119,366	1,016,660	1,059,669	**1,022,054**	1,312,474	**1,023,033**	77.9%	0.1%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	**2,670,769**	3,842,317	**2,650,348**	69.0%	-0.8%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	**6,919,913**	8,928,920	**6,808,943**	76.3%	-1.6%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	**5,970,633**	7,148,095	**5,318,995**	74.4%	-10.9%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	**2,520,184**	3,187,386	**3,960,842**	124.3%	57.2%
Total Expenditures	$19,770,532	$21,157,367	$21,905,797	$22,558,237	**$20,306,126**	$25,974,521	**$20,868,616**	80.3%	2.8%
Revenues (sources of funds) **less Expenditures** (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	**(1,202,573)**	(1,555,329)	**(1,106,455)**		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	**(1,022,054)**	(1,312,474)	**(1,023,033)**		
AQM	(150,184)	122,763	607,078	507,427	**406,656**	(261,287)	**143,872**		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	**(3,992,903)**	(4,059,856)	**(3,497,167)**		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	**(1,747,698)**	(2,768,772)	**(1,505,427)**		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	**(877,421)**	(905,536)	**(2,308,939)**		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	**8,723,785**	9,516,856	**8,723,785**		
Surplus (deficit)	$ 699,338	$ 1,213,053	$ 2,155,505	$ 1,505,134	**$ 287,792**	$ (1,346,397)	**$ (573,364)**		
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

Review of Future Projections given the Impact of COVID-19

Total expenditures year to date on the COVID-19 response has been $1.6 million with the majority of that being reimbursed with grant funding. The impact of COVID-19 on the anticipated future revenues reflects a decline of $58,865 for FY20 and $1.9 million for FY21 for a total revenue projection of $22.1 million as opposed to $24.0 million projected prior to COVID-19. The FY20 expenditures are estimated at $24.2 million down $31,110 from the original estimates of $24.3 million and FY21 is estimated at $24.5 million down $1.4 million from the Pre COVID projection of $25.9 million. If the revenues continue to decline as projected for FY21 additional reductions from the base budget will need to take place before FY24 when the fund balance is projected to fall to 4.7% which is outside the policy level of a 10%-17% balance.

	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
SOURCES OF FUNDS:							
Opening Fund Balance	$ 7,841,536	$ 7,841,536	$ 7,552,452	$ 7,524,696	$ 5,194,981	$ 4,160,618	$ 2,749,444
Revenues:							
Licenses and Permits	3,610,780	3,193,798	3,626,311	2,197,287	2,153,342	2,174,875	2,207,498
Federal & State Grants	5,542,810	5,914,773	5,615,455	6,090,203	5,720,680	5,820,645	5,910,825
Federal & State Indirect Rev.	577,837	613,117	548,311	597,702	522,327	531,660	540,050
Tire Fees (NRS 444A.090)	540,064	539,787	525,000	525,000	535,500	546,210	557,134
Pollution Control (NRS 445B.830)	628,105	679,512	628,105	480,216	470,611	475,317	482,447
Dust Plan	572,234	582,258	578,414	474,606	465,114	469,765	476,812
Birth & Death Certificates	568,467	537,066	589,467	400,345	404,348	408,392	416,560
Other Charges for Services	2,190,289	2,111,132	2,151,925	1,633,796	1,584,782	1,600,630	1,624,639
Miscellaneous	227,067	227,345	209,074	209,074	210,265	214,147	217,795
Total Revenues	14,457,653	14,398,788	14,472,062	12,608,229	12,066,969	12,241,642	12,433,761
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	23,915,644	23,988,918	22,125,085	21,583,825	21,758,498	21,950,617
Total Sources of Funds	31,816,044	31,757,180	31,541,370	29,649,781	26,778,806	25,919,116	24,700,061
USES OF FUNDS:							
Expenditures:							
Salaries & Wages	12,080,993	12,231,917	13,111,153	12,591,502	12,208,067	12,330,148	12,453,449
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	3,359,204	3,392,796	3,426,724
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	1,804,220	1,894,431	1,989,153
Capital	164,455	164,455	100,000	50,000	-	-	-
Total Expenditures	24,263,593	24,232,483	25,855,192	24,454,800	23,618,188	24,169,671	24,586,457
Additional reductions required	-	-	-		(1,000,000)	(1,000,000)	(1,000,000)
Total Uses of Funds	24,263,593	24,232,483	25,855,192	24,454,800	22,618,188	23,169,671	23,586,457
Net Change in Fund Balance	(289,084)	(316,839)	(1,866,275)	(2,329,716)	(1,034,363)	(1,411,174)	(1,635,840)
Ending Fund Balance (FB)	**$ 7,552,452**	**$ 7,524,696**	**$ 5,686,177**	**$ 5,194,981**	**$ 4,160,618**	**$ 2,749,444**	**$ 1,113,604**
FB as a percent of Uses of Funds	**31.1%**	**31.1%**	**22.0%**	**21.2%**	**18.4%**	**11.9%**	**4.7%**
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)					**(901,723)**	**(1,413,516)**	**(1,903,535)**
FB as a percent of Uses of Funds					**-1.9%**	**-4.4%**	**-6.9%**

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 May, Fiscal Year 2020.

POSSIBLE MOTION

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

Attachments:
Health District Fund financial system summary report

Period: 1 thru 11 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%
422503 Environmental Permits	82,438-	89,826-	7,388	109	79,727-	95,588-	15,861	120
422504 Pool Permits	272,588-	256,135-	16,453-	94	263,625-	270,863-	7,238	103
422505 RV Permits	32,198-	29,797-	2,401-	93	31,139-	27,906-	3,233-	90
422507 Food Service Permits	1,483,902-	1,368,768-	115,134-	92	1,374,436-	1,460,207-	85,771	106
422508 Wat Well Const Perm	179,055-	116,622-	62,432-	65	173,167-	101,369-	71,798-	59
422509 Water Company Permits	66,145-	12,157-	53,987-	18	34,456-	41,327-	6,871	120
422510 Air Pollution Permits	650,135-	645,194-	4,941-	99	622,898-	651,100-	28,202	105
422511 ISDS Permits	263,853-	280,078-	16,225	106	255,177-	326,202-	71,025	128
422513 Special Event Permits	175,849-	123,358-	52,491-	70	170,067-	171,834-	1,767	101
422514 Initial Applic Fee	88,434-	90,366-	1,932	102	85,526-	116,240-	30,714	136
* Licenses and Permits	3,294,595-	3,012,301-	282,294-	91	3,090,218-	3,262,637-	172,419	106
431100 Federal Grants	5,621,851-	3,687,236-	1,934,615-	66	5,604,940-	3,715,075-	1,889,865-	66
431105 Fed. Grants-Indirect	494,709-	419,965-	74,743-	85	488,253-	371,116-	117,138-	76
432100 State Grants	919,314-	184,866-	734,448-	20	290,146-	186,037-	104,109-	64
432105 State Grants-Indirect	2,525-	21,284-	18,759	843	6,653-	23,690-	17,037	356
432310 Tire Fee NRS 444A.090	486,000-	417,570-	68,430-	86	450,000-	400,016-	49,984-	89
432311 Pol Ctrl 445B.830	628,105-	629,970-	1,865	100	587,828-	650,382-	62,554	111
* Intergovernmental	8,152,504-	5,360,891-	2,791,613-	66	7,427,819-	5,346,315-	2,081,505-	72
460160 Other General Govt		145-	145					
460162 Services O Agencies	10,000-	848-	9,152-	8	10,000-	6,105-	3,895-	61
460173 Reimbursements - Reno								
460500 Other Immunizations	64,040-	56,207-	7,833-	88	60,000-	70,115-	10,115	117
460501 Medicaid Clinic Svcs	181,467-	149,616-	31,851-	82	175,500-	146,734-	28,766-	84
460503 Childhood Immunizations								
460508 Tuberculosis	6,204-	1,336-	4,868-	22	6,000-	6,493-	493	108
460509 Water Quality					500-		500-	
460510 IT Overlay					60,672-		60,672-	
460511 Birth Death Certific	515,000-	516,326-	1,326	100	515,000-	498,433-	16,567-	97
460512 Duplication Service						728-	728	
460513 Other Health Service	100,888-	131,485-	30,597	130	97,571-	116,695-	19,124	120
460514 Food Service Certifi								
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	196,807-	223,993-	27,186	114	185,500-	181,830-	3,670-	98
460517 Influenza Immunization								
460518 STD Fees	36,190-	29,500-	6,690-	82	35,000-	29,901-	5,099-	85
460519 Outpatient Services								
460520 Eng Serv Health	209,943-	289,278-	79,335	138	203,040-	288,147-	85,107	142
460521 Plan Review - Pools	6,212-	13,707-	7,495	221	6,008-	24,220-	18,212	403
460523 Plan Review - Food S	90,059-	86,892-	3,168-	96	87,098-	104,131-	17,033	120
460524 Family Planning	51,700-	81,871-	30,171	158	50,000-	81,756-	31,756	164
460525 Plan Review - Vector	76,465-	77,429-	964	101	102,964-	86,085-	16,879-	84
460526 Plan Review-Air Quality	115,940-	82,163-	33,778-	71	95,210-	84,161-	11,049-	88
460527 NOE-AQM	263,732-	237,133-	26,599-	90	273,074-	224,732-	48,342-	82

Period: 1 thru 11 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%
460528	NESHAP-AQM	247,948-	194,950-	52,998-	79	221,452-	210,780-	10,672-	95
460529	Assessments-AQM	132,000-	75,875-	56,125-	57	111,765-	113,136-	1,371	101
460530	Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-		4,175-	
460531	Dust Plan-Air Quality	659,365-	549,009-	110,356-	83	362,521-	541,140-	178,619	149
460532	Plan Rvw Hotel/Motel		3,948-	3,948			6,507-	6,507	
460534	Child Care Inspection	23,234-	20,819-	2,415-	90	22,470-	21,519-	951-	96
460535	Pub Accomod Inspectn	29,345-	24,578-	4,767-	84	28,380-	41,757-	13,377	147
460570	Education Revenue								
460723	Other Fees	208,183-	207,944-	239-	100	193,032-	213,499-	20,467	111
*	Charges for Services	3,228,052-	3,056,018-	172,034-	95	2,906,932-	3,098,603-	191,671	107
481150	Interest-Non Pooled		0-	0			5-	5	
484000	Donations,Contributions	4,500-	4,918-	418	109	10-	10-		100
484050	Donation Fed Pgm Inc	6,721-	4,758-	1,963-	71	6,500-	7,188-	688	111
484195	Non-Govt'l Grants	195,438-	71,619-	123,819-	37	143,838-		143,838-	
484197	Non-Gov. Grants-Ind.	30,604-	13,597-	17,007-	44	26,311-	11,981-	14,330-	46
485100	Reimbursements	48,854-	43,641-	5,213-	89	48,283-	34,889-	13,394-	72
485300	Other Misc Govt Rev	150,000-	3,723-	146,277-	2	258,426-	108,498-	149,929-	42
*	Miscellaneous	436,116-	142,257-	293,860-	33	483,368-	162,571-	320,798-	34
**	Revenue	15,111,267-	11,571,466-	3,539,801-	77	13,908,338-	11,870,125-	2,038,213-	85
701110	Base Salaries	10,815,100	9,412,510	1,402,591	87	10,335,661	9,259,617	1,076,044	90
701120	Part Time	351,414	423,709	72,295-	121	245,924	329,132	83,207-	134
701130	Pooled Positions	445,526	401,708	43,818	90	546,723	414,585	132,137	76
701140	Holiday Work	4,319	935	3,383	22	4,319	1,868	2,451	43
701150	xcContractual Wages								
701199	Lab Cost Sav-Wages								
701200	Incentive Longevity	157,065	75,276	81,790	48	160,607	77,057	83,551	48
701300	Overtime	63,517	214,531	151,013-	338	114,569	74,380	40,189	65
701403	Shift Differential	300	186	114	62	300	214	86	71
701406	Standby Pay	38,000	39,111	1,111-	103	38,000	29,679	8,321	78
701408	Call Back	5,000	1,750	3,250	35	5,000	2,018	2,982	40
701412	Salary Adjustment	550,330	3,709	546,621	1	526,768		526,768	
701413	Vac Payoff Sick Term	199,393	361,004	161,610-	181	67,722	104,477	36,756-	154
701414	Vacation Denied-Payoff	1,226	16,398	15,171-	1,337				
701417	Comp Time	28,350	53,842	25,491-	190	16,320	31,389	15,070-	192
701419	Comp Time - Transfer		2,083	2,083-					
701500	Merit Awards								
*	Salaries and Wages	12,659,542	11,006,750	1,652,792	87	12,061,912	10,324,416	1,737,496	86
705110	Group Insurance	1,477,850	1,264,866	212,984	86	1,611,044	1,342,339	268,705	83
705115	ER HSA Contribs	149,160	171,360	22,200-	115	85,200	152,770	67,570-	179
705190	OPEB Contribution	1,118,614	1,025,396	93,218	92	1,286,542	1,179,330	107,212	92
705199	Lab Cost Sav-Benef								
705210	Retirement	3,303,746	2,898,747	404,999	88	3,016,966	2,712,306	304,661	90
705215	Retirement Calculation								

Period: 1 thru 11 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%
705230 Medicare April 1986	157,625	152,106	5,519	96	147,346	142,366	4,980	97
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	
705320 Workmens Comp	77,087	66,058	11,028	86	97,909	92,498	5,411	94
705330 Unemply Comp	9,982	12,211	2,229-	122	9,361	10,721	1,360-	115
705360 Benefit Adjustment	253,842	39	253,802	0	229,230		229,230	
* Employee Benefits	6,584,370	5,590,784	993,587	85	6,530,691	5,632,330	898,361	86
710100 Professional Services	733,294	174,916	558,378	24	604,188	320,623	283,565	53
710101 Lab Testing Services		277	277-					
710103 Radiology		37	37-					
710105 Medical Services	12,948	6,521	6,427	50	10,421	6,464	3,957	62
710108 MD Consultants	51,211	45,919	5,292	90	54,311	48,476	5,835	89
710110 Contracted/Temp Svcs	271,145	133,503	137,642	49	128,538	63,257	65,280	49
710119 Subrecipient Payments								
710155 Lobbying Services	600		600		600	600		100
710200 Service Contract	80,047	58,196	21,852	73	92,962	54,744	38,219	59
710201 Laundry Services	1,850	1,246	604	67	650	1,500	850-	231
710205 Repairs and Maintenance	13,450	6,967	6,483	52	9,145	14,196	5,051-	155
710210 Software Maintenance	11,151	8,696	2,455	78	3,000	1,698	1,302	57
710215 Operating Contracts					25-		25-	
710300 Operating Supplies	180,389	171,771	8,618	95	216,000	147,837	68,163	68
710302 Small Tools & Allow	1,300	1,293	7	99	1,435	1,272	163	89
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	17,132	9,836	64	23,175	16,842	6,332	73
710335 Copy Mach-Copies	10,555	9,421	1,134	89	7,642	7,944	302-	104
710347 Medical Supplies		248	248-					
710350 Office Supplies	33,521	34,486	965-	103	52,476	52,451	25	100
710355 Books and Subscriptions	6,940	7,084	144-	102	7,508	9,995	2,487-	133
710360 Postage	18,269	16,860	1,409	92	16,656	19,342	2,686-	116
710361 Express and Courier	100	96	4	96	100	35	65	35
710391 Fuel & Lube					125		125	
710400 Pmts to O Agencies	606,085	331,669	274,416	55	743,421	344,756	398,665	46
710412 Do Not Use								
710500 Other Expense	141,366	47,231	94,134	33	186,491	87,425	99,067	47
710502 Printing	42,450	25,461	16,989	60	30,484	25,670	4,814	84
710503 Licenses & Permits	8,480	3,841	4,639	45	7,195	9,755	2,560-	136
710504 Registration		706	706-			1,042	1,042-	
710505 Rental Equipment	200	76	124	38	200		200	
710506 Dept InsDeductible	150	800	650-	533		750	750-	
710507 Network and Data Lines	12,730	15,250	2,520-	120	6,540	11,932	5,392-	182
710508 Telephone Land Lines	35,311	35,460	149-	100	34,645	33,474	1,171	97

Period: 1 thru 11 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 and Meetings	80,259	43,199	37,060	54	72,883	65,898	6,985	90
710512	Auto Expense	12,153	4,653	7,500	38	11,346	9,247	2,099	82
710513	Property Losses		3,321	3,321-					
710514	Regulatory Assessments	25,000	23,392	1,608	94	20,000	29,488	9,488-	147
710519	Cellular Phone	15,279	14,474	805	95	14,697	14,053	644	96
710529	Dues	25,080	14,747	10,333	59	20,855	16,836	4,019	81
710535	Credit Card Fees	67,640	55,253	12,387	82	51,981	56,957	4,976-	110
710546	Advertising	233,981	83,134	150,847	36	174,637	53,001	121,636	30
710551	Cash Discounts Lost		4	4-			48	48-	
710563	Recruitment		978	978-			280	280-	
710571	Safety Expense	74,611	76,412	1,801-	102	56,279	32,046	24,233	57
710577	Uniforms & Special C	3,200	2,348	852	73	2,700	2,098	602	78
710585	Undesignated Budget	553,436		553,436		543,923		543,923	
710594	Insurance Premium	5,815	5,605	210	96	5,815	5,605	210	96
710600	LT Lease-Office Space	70,532	65,846	4,686	93	75,813	70,223	5,590	93
710620	LT Lease-Equipment								
710701	Emergency Shelter Care		61	61-					
710703	Biologicals	371,940	233,273	138,667	63	325,190	276,586	48,604	85
710713	Post Adoption Refer								
710714	Referral Services	6,780	5,424	1,356	80	9,068	9,040	28	100
710721	Outpatient	91,275	83,680	7,595	92	99,424	83,184	16,240	84
710852	Investigation		882	882-					
710872	Food Purchases	22,910	19,091	3,819	83	3,170	2,281	889	72
711008	Combined Utilities	105,282	96,509	8,773	92	71,118	65,192	5,926	92
711010	Utilities								
711011	Waste Removal		1,807	1,807-					
711100	ESD Asset Management	44,980	46,400	1,420-	103	50,274	47,367	2,907	94
711113	Equip Srv Replace	58,429	43,017	15,411	74	60,891	43,092	17,799	71
711114	Equip Srv O & M	52,608	43,928	8,680	84	61,103	50,995	10,108	83
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	21,930	7,263	75	31,839	25,621	6,218	80
711119	Prop & Liab Billings	95,845	87,858	7,987	92	79,274	75,173	4,100	95
711210	Travel	198,584	89,743	108,841	45	186,847	85,634	101,213	46
711212	Meals and Lodging								
711213	Travel-Non Cnty Pers	15,827	5,447	10,380	34	32,500	7,201	25,299	22
711300	Cash Over Short						3-	3	
711399	ProCard in Process						10	10-	
711400	Overhead - General Fund	1,400,792	1,284,059	116,733	92	1,218,080	1,116,573	101,507	92
711410	Overhead - Admin								
711502	Build Imp nonCapital		598	598-			800	800-	
711504	Equipment nonCapital	123,548	121,278	2,270	98	155,459	168,932	13,473-	109
711508	Computers nonCapital	56,517	23,475	33,042	42	220,130	94,825	125,305	43

Period: 1 thru 11 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%
711509 Comp Sftw nonCap	16,281	81,851	65,570-	503	4,281	44,784	40,503-	1,046
* Services and Supplies	6,462,072	4,139,141	2,322,931	64	6,312,759	4,243,628	2,069,131	67
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		45,000	
* Capital Outlay	195,413	77,580	117,833	40	180,000	54,538	125,462	30
** Expenses	25,901,397	20,814,255	5,087,142	80	25,085,362	20,254,912	4,830,451	81
485192 Surplus Equipment Sales						8-	8	
* Other Fin. Sources						8-	8	
621001 Transfer From General	9,516,856-	8,723,785-	793,071-	92	9,516,856-	8,723,785-	793,071-	92
* Transfers In	9,516,856-	8,723,785-	793,071-	92	9,516,856-	8,723,785-	793,071-	92
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-	8,669,424-	774,309-	92	9,443,733-	8,672,578-	771,155-	92
*** Total	1,346,397	573,364	773,033	43	1,733,291	287,792-	2,021,083	17-

Regional Emergency Medical Services Authority
A non-profit community service using no tax dollars

REMSA

FRANCHISE COMPLIANCE REPORT

MAY 2020

450 Edison Way • Reno, NV 89502-4117 • 775.858.5700 • fax 775.858.5726

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	3293	$4,522,546.60	$1,373.38	$1,372.97	$480.54
May					
June					
Totals	41,064	$54,420,989.20	$1,326.26		
Current Allowable Average Bill: $1,382.47					

Year to Date: May 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	5 Minutes 40 Seconds	94%	93%
May-20	5 Minutes 47 Seconds	92%	97%
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: May 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**	5:12	5:52	7:25
	P-2	5:23	6:16	7:32
Jun-20	**P-1**			
	P-2			

Fiscal Year to Date: May 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: 05/01/2020 THRU 05/31/2020

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	5/1/20 19:48	5/1/20 19:49	1C44	23:59:50	0:00:31
Zone A	5/4/20 17:04	5/4/20 17:05	1C44	23:59:45	0:00:19
Zone A	5/4/20 18:03	5/4/20 18:04	1C11	23:59:23	0:00:23
Zone A	5/5/20 0:52	5/5/20 0:53	1C06	-0:00:03	0:00:53
Zone A	5/5/20 18:15	5/5/20 18:15	1C17	-0:00:14	0:00:15
Zone A	5/6/20 3:03	5/6/20 3:04	1C06	-0:00:21	0:00:41
Zone A	5/6/20 14:15	5/6/20 14:15	1C24	0:00:40	0:00:40
Zone A	5/7/20 16:53	5/7/20 16:54	1C37	-0:00:36	0:01:24
Zone A	5/12/20 19:09	5/12/20 19:09	1C03	-0:00:07	0:00:33
Zone A	5/14/20 13:05	5/14/20 13:05	1C36	23:59:58	0:00:17
Zone A	5/16/20 14:48	5/16/20 14:49	1C13	-0:01:03	0:00:57
Zone A	5/19/20 2:52	5/19/20 2:55	1C01	-0:00:03	0:02:36
Zone A	5/20/20 19:01	5/20/20 19:04	1C24	23:59:42	0:03:08
Zone A	5/21/20 18:57	5/21/20 19:01	1C06	0:14:16	0:03:58
Zone A	5/21/20 19:55	5/21/20 19:55	1C38	-0:00:30	0:00:50
Zone A	5/22/20 2:37	5/22/20 2:36	1C05	-0:00:23	0:00:46
Zone A	5/23/20 12:03	5/23/20 12:08	1C22	0:05:53	0:05:53
Zone A	5/23/20 19:38	5/23/20 19:39	1C44	-0:00:37	0:00:45
Zone A	5/24/20 22:22	5/24/20 22:23	1C38	-0:00:08	0:00:46

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
NONE				

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

GROUND AMBULANCE OPERATIONS REPORT
MAY 2020

1. **Overall Statics**
    a) Total number of system responses: 6324
    b) Total number of responses in which no transports resulted**:** 2470
    c) Total number of system transports (including transports to out of county): 3854
2. **Call Classification**
    a) Cardiopulmonary Arrests: 1.4%
    b) Medical: 59.7%
    c) Obstetrics (OB): 0.4%
    d) Psychiatric/Behavioral: 8.5%
    e) Transfers: 10%
    f) Trauma – MVA: 5.1%
    g) Trauma – Non MVA: 10.5%
    h) Unknown: 4.4%
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: 1,881

Total number of above calls receiving QA Reviews: 134

Percentage of charts reviewed from the above transports: 7.1%

MAY 2020 MONTHLY REMSA EDUCATION REPORT
(No classes due to COVID-19)

DISCIPLINE	CLASSES	STUDENTS
ACLS	0	0
BLS (CPR)	0	0
Heartsaver (CPR)	0	0
PHTLS	0	0
PALS	0	0

COMMUNITY OUTREACH MAY 2020

Point of Impact		
05/1-30/2020	No office appointment for May	COVID
05/23/20	POI Checkpoint was cancelled due to COVID precautions.	
Cribs for Kids/Community		
05/07/20	Attended Zoom meeting for Immunize Nevada May Community Meeting.	
05/14/20	Attended Video Call for Northern Nevada Maternal Child Health Coalition Meeting.	
05/18/20	Conducted two, NV 211 Zoom trainings on the Cribs for Kids program.	18 participants
5/18-20/2020	Interviewed Paramedic Applicants for the July 2020 Cohort.	
05/19/20	Attended Safe Kids Coalition Meeting.	
05/20/20	Cribs for Kids Train the Trainer Via Zoom.	6 participants
05/27/20	Attended Zoom meeting for Immunize Nevada May Outreach Committee Meeting.	

REMSA

Reno, NV
Client 7299

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

EMS System Report

May 1, 2020 to May 31, 2020

Your Score

97.98

Number of Your Patients in this Report

150

Number of Patients in this Report

7,305

Number of Transport Services in All EMS DB

165

REMSA

REMSA
May 1, 2020 to May 31, 2020

Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **05/01/2020** and **05/31/2020**.

The overall mean score for the standard questions was **97.98**; this is a difference of **4.50** points from the overall EMS database score of **93.48**.

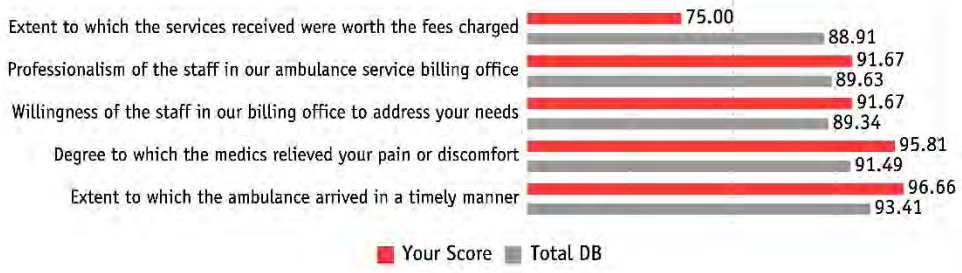
The current score of **97.98** is a change of **0.34** points from last period's score of **97.64**. This was the **7th** highest overall score for all companies in the database.

You are ranked **2nd** for comparably sized companies in the system.

93.34% of responses to standard questions had a rating of Very Good, the highest rating. **99.75%** of all responses were positive.

5 Highest Scores

5 Lowest Scores



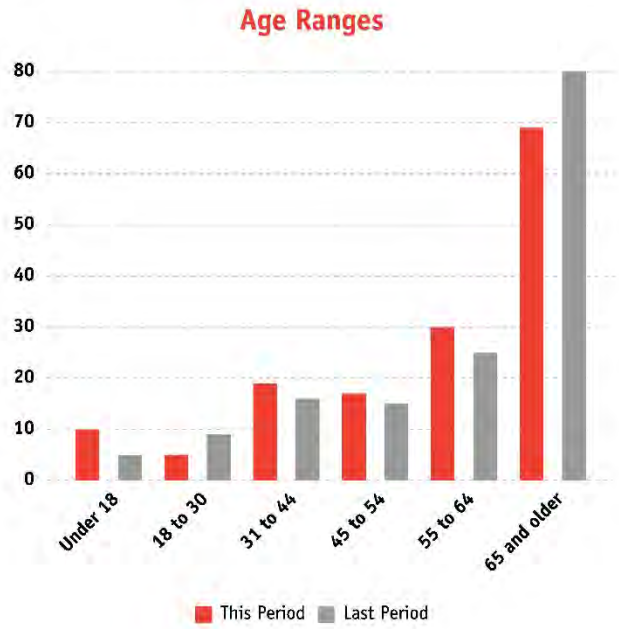
EMS SURVEY TEAM

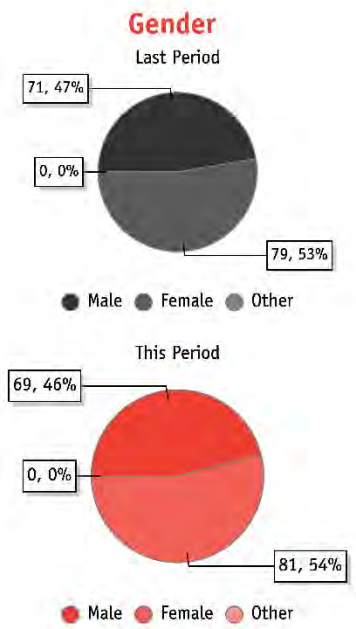
REMSA

REMSA
May 1, 2020 to May 31, 2020

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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	5	2	3	0	10	5	5	0
18 to 30	9	4	5	0	5	4	1	0
31 to 44	16	8	8	0	19	8	11	0
45 to 54	15	8	7	0	17	9	8	0
55 to 64	25	12	13	0	30	15	15	0
65 and older	80	37	43	0	69	28	41	0
Total	150	71	79	0	150	69	81	0





REMSA

REMSA
May 1, 2020 to May 31, 2020

Monthly Breakdown

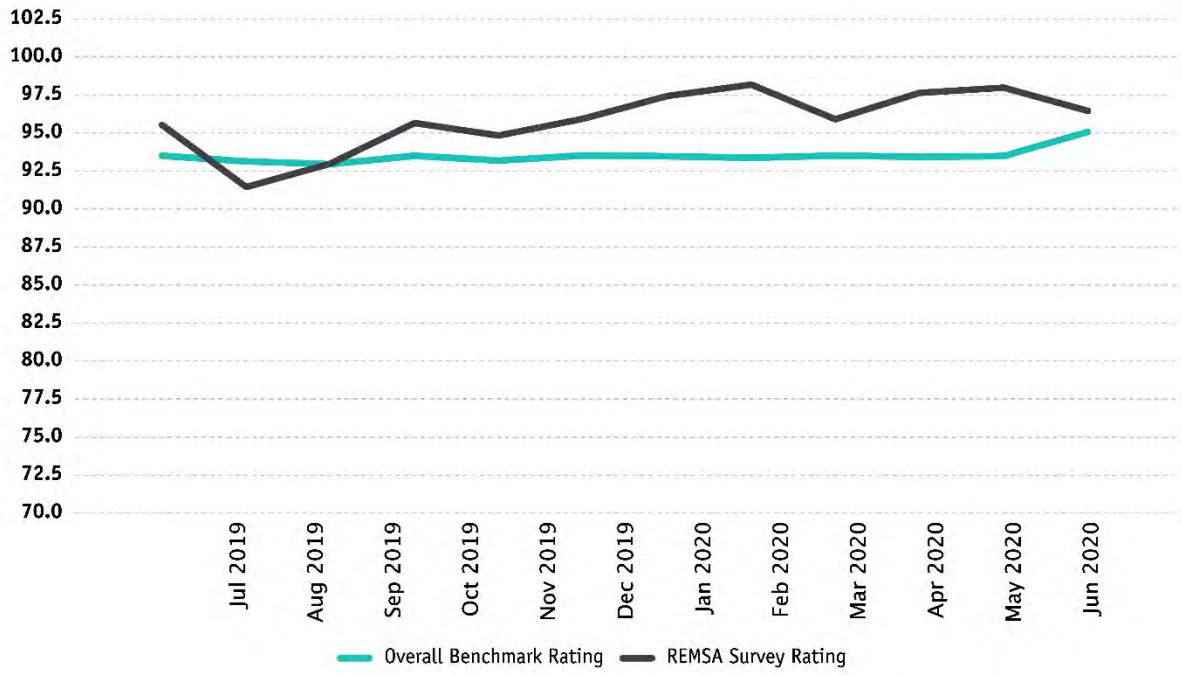
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Jun 2019	Jul 2019	Aug 2019	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020
Helpfulness of the person you called for ambulance service	94.02	94.02	88.20	95.67	96.74	97.41	97.55	99.54	98.68	95.02	97.22	98.86
Extent to which you were told what to do until the ambulance arrived	93.33	95.65	87.75	95.50	95.65	97.41	97.00	99.54	98.68	95.85	97.22	98.86
Extent to which the ambulance arrived in a timely manner	92.81	94.70	90.91	93.01	97.14	93.20	95.48	96.63	96.33	96.80	96.35	96.66
Cleanliness of the ambulance	93.80	97.67	91.80	93.95	97.38	95.53	96.73	98.84	99.26	99.34	98.67	99.17
Skill of the person driving the ambulance	93.81	95.70	91.55	92.88	94.92	94.28	95.31	97.93	98.72	96.82	95.93	97.76
Care shown by the medics who arrived with the ambulance	95.00	96.12	92.35	93.18	96.32	95.28	96.51	97.33	98.68	96.67	98.67	98.17
Degree to which the medics took your problem seriously	94.93	95.59	92.52	93.18	95.64	96.15	96.67	97.00	98.36	96.98	99.00	98.33
Degree to which the medics listened to you and/or your family	93.49	95.64	91.85	92.30	95.45	95.45	96.32	96.72	97.68	94.43	98.28	97.73
Extent to which the medics kept you informed about your treatment	94.23	94.72	91.05	92.44	95.32	95.38	95.21	97.32	98.17	95.60	97.34	97.55
Extent to which medics included you in the treatment decisions (if	92.75	94.38	89.11	92.05	94.62	95.23	95.72	98.38	97.65	95.09	96.29	98.06
Degree to which the medics relieved your pain or discomfort	92.05	91.96	88.70	90.96	93.94	93.01	93.25	94.32	95.58	89.94	95.51	95.81
Medics' concern for your privacy	94.86	96.01	92.67	93.05	96.59	95.08	95.84	97.76	98.21	95.80	98.16	98.61
Extent to which medics cared for you as a person	95.10	96.27	92.65	94.23	96.27	95.14	96.73	97.50	98.84	96.43	98.31	98.67
Professionalism of the staff in our ambulance service billing office	91.18	97.22	90.63	90.00	91.07	80.00	87.50	100.00		100.00	95.83	91.67
Willingness of the staff in our billing office to address your needs	91.18	97.22	90.63	92.31	90.38	80.00	87.50	100.00		100.00	95.83	91.67
How well did our staff work together to care for you	95.10	96.31	92.80	93.59	96.34	94.97	96.73	98.12	99.32	97.07	98.67	98.78
Extent to which the services received were worth the fees charged	75.05	92.65	85.87	86.25	81.86	85.05	90.67	100.00	98.08	87.50	90.38	75.00
Overall rating of the care provided by our Emergency Medical Transportation	94.81	96.28	93.04	93.18	95.42	95.32	96.61	96.00	98.50	95.38	97.99	98.31
Likelihood of recommending this ambulance service to others	95.41	95.90	92.53	93.08	96.09	94.66	95.80	97.99	98.36	96.07	98.06	98.39
Your Master Score	93.94	95.52	91.45	92.99	95.65	94.83	95.93	97.43	98.18	95.90	97.64	97.98
Your Total Responses	150	150	150	150	150	150	150	150	152	151	150	150

REMSA

REMSA
May 1, 2020 to May 31, 2020

Monthly tracking of Overall Survey Score



EMS SURVEY TEAM

REMSA GROUND AMBULANCE MAY 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	02/12/2020	"THE MEDICS ARE GREAT AND TAKE GREAT CARE OF HER"			
2	02/17/2020	"THEY TREATED MY WIFE VERY WELL."		"THEY WERE PERFECT AND COUDL NOT BE ANY BETTER."	
3	02/17/2020	"ALL AROUND 5 STARS."		"EVERYTHING WENT SMOOTHLY, NO NEED TO IMPROVE."	
4	02/17/2020			"THEY REALLY WERE AWESOME AND DID A FANTASTIC JOB."	
5	02/17/2020	"THEY ARRIVED VERY QUICKLY AND TREATED ME WITH THE UPMOST CARE."		"PERFECT SERVICE COULD NOT BE ANY BETTER."	
6	02/17/2020	"THE PARAMEDIC IN THE BACK WAS FRIENDLY AND VERY CARING."		"NO, I DON'T THINK YOU COUDL BE ANY BETTER. YOU TOOK VERY GOOD CARE OF ME."	
7	02/17/2020	"THEY BOTH DID A FANTASTIC JOB."		"BRING A BIGGER GURNEY NEXT TIME, I AM REALLY BIG AND IT MADE THE RIDE VERY UNCOMFORTABLE."	
8	02/18/2020		"PATIENT STATED THE MEDICS WERE FRIENDLY, KIND AND WORKED WELL TOGETHER. HE ALSO NOTED THE AMBULANCE DRIVER DID A GOOD JOB, SKILLFUL AND GOOD WITH NAVIGATION."		
9	02/18/2020		"PATIENT STATED THE MEDICS WERE		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			ABLE TO RELIEVE THE PRESSURE AND REDUCE BLEEDING. HE ALSO NOTED THE TEAMWORK OF THE PARAMEDICS."		
10	02/19/2020		"THEY GOT HIM SAFELY TO THE HOSPITAL."	"MORE PROFESSIONALISM. PATIENT STATED THERE WAS A LOT OF JOKING AROUND AND THEY HAD NO IDEA HOW HE HAD SUSTAINED HIS INJURY. HE THOUGHT THEIR CONDUCT RATHER POOR."	S. SELMI
11	02/19/2020		"YOU ARE ALWASY SO GREAT TO ME, YOU HAVE VERY WELL TRAINED MEDICS."	"NO EVERY TIME YOU HAVE BEEN EXCELLENT, NO NEED TO CHANGE."	
12	02/20/2020		"PATIENT STATED THE PARAMEDICS WERE GREAT ACROSS THE BOARD."		
13	02/20/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
14	02/21/2020		"PATIENT STATED THE MEDICS WERE VERY PROFESSIONAL IN EVERY ASPECT."		
15	02/21/2020		"PATIENT'S MEDICAL POA COMPLETED THE SURVEY. SHE STATED THE PATIENT WAS WELL CARED FOR, AND THE MEDICS WERE VERY HELPFUL AND KIND DURING THE		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			SITUATION."		
16	02/21/2020		"PATIENT STATED SHE WAS IN A SERIOUS CAR ACCIDENT AND THE MEDICS CAME IN AND COMPLETELY TOOK CARE OF EVERYTHING. SHE IS VERY THANKFUL AND GRATEFUL FOR THE CARE SHE RECEIVED."		
17	02/21/2020		"PATIENT STATED THAT BOTH HE AND HIS WIFE WERE COMFORTED AND CARED FOR. HE ALSO NOTED THEY WERE TRANSPORTED QUICKLY AND HE FELT SAFE."		
18	02/22/2020		"PROFESSIONALISM DURING TREATMENT."	"MORE IV TRAINING, PATIENT STATED THE PARAMEDICS WERE UNABLE TO START AN IV."	
19	02/22/2020		"PATIENT STATED THAT HE CANNOT SAY ENOUGH GOOD THINGS ABOUT THE AMBULANCE SERVICE. HE SAID HE IS UNABLE TO RECALL MUCH OF THE EXPERIENCE BECAUSE HE WAS SO SICK. HE RELAYED THE MEDICS HAD TO COME IN THE WINDOW AND WHEN THEY LEFT THEY MADE SURE HE HAD		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			HIS KEYS AND LOCKED UP HIS HOUSE FOR HIM. HE CREDITS THE MEDICS WITH SAVING HIM."		
20	02/21/2020		"PATIENT STATED THE AMBULANCE APPEARED CLEAN AND ORGANIZED. SHE ALSO NOTED THAT THERE ARE A LOT OF SPEED BUMPS IN HER COMPLEX AND THE DRIVER WAS VERY CAREFUL AND SLOW GOING OVER THEM SO AS NOT TO JAR HER."		
21	02/22/2020		"PATIENT STATED THE MEDICS ARRIVED IN A TIMELY MANNER AND DIDN'T LAG IN WHAT THEY NEEDED TO DO."		
22	02/22/2020		"PATIENT STATED THIS WAS HER FIRST TIME IN AN AMBULANCE AND SHE THOUGHT IT ALL WENT WELL."		
23	02/22/2020		"PATIENT STATED THE MEDICS WERE VERY CAREFUL IN PROTECTING BOTH HER AND THEMSELVES AGAINST VIRUS EXPOSURE. SHE SAID SHE THOUGHT THEIR TREATMENT AND CARE WERE ""PERFECT""."		
24	02/21/2020		"PATIENT STATED		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			THE MEDICS WERE VERY KIND, VERY PROFESSIONAL, GAVE HIM BLANKETS TO KEEP WARM AND MOST OF ALL, TALKED WITH HIM."		
25	02/22/2020		"PATIENT'S MOTHER STATED THAT EVERYTHING ACROSS THE BOARD WAS DONE WELL."		
26	02/21/2020		"PATIENT STATED THE MEDICS TOOK HIS SITUATION SERIOUSLY AND GOT HIM TO WHERE HE COULD GET HELP."		
27	02/22/2020		"PATIENT STATED THE MEDICS CAME IN AND IMMEDIATELY PUT HER AT EASE. SHE SAID THEY MADE HER LAUGH AND REASSURED HER THAT THINGS WOULD BE OKAY."		
28	02/21/2020		"PATIENT STATED THE AMBULANCE ARRIVED IN A TIMELY MANNER, THE PARAMEDICS WERE FRIENDLY AND TALKED WITH HIM THE ENTIRE WAY TO THE HOSPITAL. THEY WERE VERY KIND."		
29	02/22/2020		"PATIENT STATED THIS WAS HER VERY FIRST TIME IN AN AMBULANCE AND SHE FELT SAFE WITH THE PARAMEDICS."		
30	02/22/2020		"PATIENT STATED		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			THE MEDICS APPEARED PROFESSIONAL AND THE AMBULANCE WAS CLEAN AND TIDY."		
31	02/21/2020		"THEY PROVIDED A WARM BLANKET AND THAT HELPED TREMENDOUSLY. THE AMBULANCE ALSO ARRIVED QUICKLY AND THEY WERE EFFICIENT."		
32	02/21/2020		"THE AMBULANCE SERVICE GOT HER SON TO THE HOSPITAL QUICKLY."	"PATIENT'S MOTHER STATED HER SON WAS CHOKING AND INSTEAD OF COMFORTING HIM THE MEDICS MADE IT MORE OF A JOKE. SHE BELIEVES THEY SHOULD HAVE SHOWN MORE EMPATHY BECAUSE HE IS A CHILD. SHE THOUGHT THIS A BIT INSENSITIVE."	S. Selmi
33	02/22/2020		"PATIENT STATED SHE FEELS THE AMBULANCE SERVICE DID EVERYTHING WELL. SHE SAID SHE IS VERY PLEASED WITH THE TOTAL PACKAGE."		
34	02/22/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, AN EXCELLENT JOB."		
35	02/22/2020		"PATIENT STATED		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			THE MEDICS WERE FAST, EFFICIENT AND KIND."		
36	02/23/2020	"SOME OF THE EQUIPMENT DIDNT WORK ON THE AMBULANCE"			S. SELMI
37	02/24/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, PARTICULARLY HER IV."		
38	02/24/2020		"PATIENT'S MEDICAL POA STATED HE WAS REASSURED DURING THE SITUATION WHICH KEPT HIM CALM AND THAT ONE OF THE MEDICS EVEN STOPPED BY HIS BED LATER AND ASKED HOW HE WAS DOING. THE POA WAS VERY PLEASED WITH THE KIND CARE HE RECEIVED."		
39	02/24/2020		"PATIENT STATED THE MEDICS DID A GOOD JOB CONSIDERING THEY WERE DIVERTED FROM TWO DIFFERENT HOSPITALS, SHE THINKS THEY DID REMARKABLE GIVEN THE SITUATION."		
40	02/24/2020		"PATIENT'S MOTHER STATED THE MEDICS HAD GOOD TEAMWORK TOGETHER WHILE THEY CARED FOR HER SON."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
41	02/24/2020		"PATIENT'S MOTHER STATED THEIR STRENGTH WAS IN THE MEDICS COMMUNICATION WITH BOTH HER AND HER SON AND ALSO WITH EACH OTHER."		
42	02/25/2020		"PATIENT STATED EVERYTHING WAS DONE WELL."		
43	02/25/2020		"PATIENT STATED THE MEDICS MADE HER FEEL SAFE AND SECURE LIKE SHE WAS IN GOOD AND CAPABLE HANDS. SHE ALSO SAID THEY WERE VERY KIND."		
44	02/25/2020		"PATIENT STATED HE CAN ONLY REMEMBER PARTS OF THE AMBULANCE EXPERIENCE DUE TO HIS SITUATION BUT NOTED THAT EVERYTHING WAS DONE WELL. HE SAID HE REALLY FELT THAT HE WAS BEING WELL CARED FOR."		
45	02/25/2020		"PATIENT STATED THE MEDICS CHECKED AND TOOK HER TO A HOSPITAL THAT HAD A BETTER WAIT TIME, SHE THOUGHT THIS WAS SO VERY THOUGHTFUL OF THEM."		
46	02/25/2020		"PATIENT STATED THEY TOOK AWAY HER PAIN."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
47	02/25/2020		"THE MEDICS MADE HER FEEL COMFORTABLE."	"PATIENT STATED IT WOULD HAVE BEEN NICE TO BE TOLD WHICH HOSPITAL SHE WAS GOING TO INSTEAD OF HAVING TO ASK. ARRIVE FASTER."	S. SELMI
48	02/21/2020		"PATIENT STATED THE PARAMEDICS MADE HER FEEL SAFE."		
49	02/26/2020		"PATIENT STATED THE CUSTOMER SERVICE AND PAIN RELIEF WERE THE PARTS THAT REALLY STAND OUT TO HER."		
50	02/26/2020		"PATIENT STATED EVERYTHING WAS DONE WELL. HE IS ALSO A FIRST RESPONDER AND HE DIDN'T SEE ANY AREAS OF IMPROVEMENT."		
51	02/27/2020		"PATIENT STATED EVERYTHING WAS DONE WELL AND THAT HER PAPERWORK WAS ACCURATE."		
52	02/27/2020		"PATIENT STATED IT WAS A SIMPLE TRANSPORT THAT WENT SMOOTHLY WITH A PROMPT PICKUP TIME."		
53	02/27/2020		"PATIENT SAID THE MEDICS DID A GOOD JOB OF TRYING TO CONNECT WITH HER DURING THE SITUATION."	"BE TRAINED TO DELIVER THE PLACENTA. PATIENT STATED SHE WAS TOLD THEY WERE	

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				UNABLE TO DO THAT CARE."	
54	02/27/2020		"PATIENT STATED SHE WAS TRANSPORTED SAFELY AND SECURELY."		
55	02/27/2020		"EVERYTHING WAS DONE WELL."		
56	02/27/2020		"PATIENT STATED THE MEDICS WERE EFFICIENT AND KIND WHILE THEY WERE TAKING HER VITAL SIGNS."		
57	02/27/2020		"PATIENT'S MOTHER STATED HER INFANT WAS WELL CARED FOR AND THE MEDICS ALSO DID A GREAT JOB OF KEEPING HER CALM AS WELL. SHE IS VERY THANKFUL FOR THE SERVICE."		
58	02/27/2020		"PATIENT'S MOTHER STATED THE INITIAL IV LINE STARTED BY THE PARAMEDICS WAS COMPLIMENTED BY NURSES AT TWO DIFFERENT HOSPITALS AND WAS VIABLE FOR THREE DAYS. THE MOTHER STATED THIS WAS THE BEST IV HER SON HAS EVER HAD."		
59	02/28/2020		"PATIENT'S MOTHER STATED EVERY ASPECT OF THE CARE WAS REMARKABLE."		
60	02/28/2020		"PATIENT STATED		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			SHE WAS VERY SICK AND THE PARAMEDICS WERE LIKE ANGELS TO HER. SHE SAID SHE LOVES THEM FOR THE GOOD WORK THEY DID FOR HER AND ALL OF THE SICK FOLKS THEY CARE FOR. SHE IS THANKFUL FOR THEIR SERVICE."		
61	02/28/2020		"PATIENT STATED THE MEDICS WERE VERY PROFESSIONAL AND VERY PATIENT WITH HER. SHE ALSO SAID THEY WERE VERY GENTLE WITH HER BACK AND GETTING HER LOADED UP. THEY ALSO STAYED WITH HER UNTIL SHE WAS IN A ROOM AND SETTLED IN. SHE SAID THE CARE WAS SUPERB."		
62	02/28/2020		"PATIENT STATED THE MEDICS WERE PATIENT WITH HER AND ALSO CONSIDERATE AND RESPECTFUL. SHE SAID SHE WOULD ONLY BE ABLE TO SAY GOOD THINGS ABOUT REMSA AMBULANCE SERVICE."		
63	02/28/2020		"PATIENT STATED THE AMBULANCE ARRIVED QUICKLY AND ALSO GOT HER		

	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 IN A TIMELY MANNER. SHE SAID THEY ALSO STAYED WITH HER UNTIL AT THE HOSPITAL. SHE SAID SHE FELT SAFE."		
64	02/28/2020		"PATIENT STATED EVERYTHING WAS DONE WELL FROM START TO FINISH. SHE ALSO NOTED THAT THE IV WAS PAINLESS AND SHE IS A HARD STICK."		
65	02/28/2020		"PATIENT STATED HE WAS APPRECIATIVE OF THE CARE THAT HE WAS SHOWN."		
66	02/28/2020		"PATIENT STATED THE MEDICS WERE EFFICIENT AND DID EXACTLY WHAT THEY WERE SUPPOSED TO DO. HE ALSO NOTED THAT THE MEDICS EXPLAINED WHY IT WAS GOOD HE CHOSE THE HOSPITAL HE DID DUE TO NEW PROCEDURES REGARDING HIS CONDITION. HE APPRECIATED THE EXPLANATION."		
67	02/28/2020		"PATIENT STATED THE AMBULANCE SERVICE DID EVERYTHING THEY WERE SUPPOSED TO DO WHILE CARING FOR HIM. HE NOTED THE SERVICE WAS		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			TOP NOTCH."		
68	02/28/2020		"PATIENT STATED HE WAS IN A MVA AND THE MEDICS WERE VERY, VERY CAREFUL LOADING AND TRANSPORTING HIM."		
69	02/28/2020		"THE FRIENDLINESS AND TEAMWORK TOGETHER."		
70	02/28/2020		"PATIENT'S MOTHER STATED THE MEDICS FOUND A HIGH FEVER WHEN THEY WERE DOING HER DAUGHTER'S VITAL SIGNS, AND IMMEDIATELY ADMINISTERED MEDICATION TO BEGIN BRINGING THE FEVER DOWN. THE MOTHER FEELS THE MEDICS DID EVERYTHING THEY COULD FOR HER DAUGHTER."		
71	02/28/2020		"ALL OF THE MEDICAL CARE IN THE FIELD WAS SUPERB. THE ONLY ISSUE WITH THE AMBULANCE SERVICE IS THE BILLING."	"THE BILLING OFFICE KEEPS SENDING INVOICES EVEN AFTER THE INSURANCE ISSUE WAS SUPPOSED TO HAVE BEEN RESOLVED."	S. SLEMI
72	02/28/2020		"PATIENT STATED THEY DID A THOROUGH INITIAL ASSESSMENT."		
73	02/29/2020		"PATIENT STATED THE MEDICS ARE		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			KIND AND PROFESSIONAL, EVERYTHING WAS DONE WELL AND SHE WISHES ALL CAREGIVERS WERE AS GOOD AS THE REMSA PARAMEDICS."		
74	02/29/2020		"PATIENT STATED THE MEDICS RESCUED HER FROM A BAD SITUATION AND WERE FIT ENOUGH TO LIFT HER UP."		
75	02/29/2020		"PATIENT STATED SHE THOUGHT EVERYTHING WAS DONE WELL."		
76	02/29/2020		"PATIENT STATED THAT THE MEDICS WERE DEFINITELY IN SYNC WITH ONE ANOTHER."		
77	02/29/2020		"PATIENT STATED SHE WAS SO VERY ILL AND CANNOT RECALL MUCH OF THE EXPERIENCE, BUT WANTS IT KNOWN SHE FEELS THE AMBULANCE SERVICE DID THEIR JOB WELL AND APPROPRIATELY."		
78	03/01/2020		"PATIENT STATED THE MEDICS SEEMED TO BE VERY WELL TRAINED, THEY WERE PROFESSIONAL AND SHE FELT REASSURED THAT SHE WOULD ARRIVE		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			AT THE HOSPITAL SAFELY."		
79	03/01/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, SHE COULD NOT HAVE ASKED FOR ANY BETTER SERVICE."		
80	03/01/2020		"PATIENT NOTED SHE FELT THE MEDICS TOOK EXTRA GOOD CARE OF HER, THEY MADE HER FEEL COMFORTABLE AND SAFE."		
81	03/01/2020		"PATIENT STATED EVERYTHING WAS DONE EFFICIENTLY."		
82	03/01/2020		"PATIENT STATED HE WAS ADEQUATELY CARED FOR AND TRANSPORTED TO THE HOSPITAL."		
83	03/01/2020		"PATIENT STATED THE MEDICS WERE TIMELY, PROFESSIONAL AND COURTEOUS."		
84	03/01/2020		"PATIENT STATED THE MEDICS GOT HIM SCOOPED UP AFTER HIS ACCIDENT, ADMINISTERED PAIN RELIEF AND GOT HIM QUICKLY TO THE HOSPITAL. HE SAID THEY COULDN'T HAVE DONE ANYTHING MORE		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			THAN WHAT THEY DID FOR HIM, HE IS VERY THANKFUL."		
85	03/02/2020		"PATIENT'S MOTHER STATED THE MEDICS DID A GREAT JOB OF CALMING HER YOUNG SON DOWN AND GAVE HIM A TEDDY BEAR TO DISTRACT HIM. SHE FOUND THE CARE TO BE VERY GOOD."		
86	03/02/2020		"PATIENT SAID SHE WASN'T ABLE TO TAKE MUCH NOTE OF WHAT WAS HAPPENING DUE TO HER EXTREME PAIN. SHE SAID THE MEDICS WERE ABLE TO DO A GOOD JOB OF RELIEVING HER PAIN BY THE TIME SHE ARRIVED AT THE HOSPITAL."		
87	03/02/2020		"PATIENT STATED EVERYTHING WAS DONE WELL, SHE DIDN'T SEE ANYTHING THAT COULD HAVE BEEN DONE BETTER."		
88	03/02/2020		"THE MEDICS WERE COMPASSIONATE."	"LESS BUMPS ON THE RIDE. THE PATIENT FELT THE DRIVER COULD HAVE AVOIDED MORE BUMPS ON THE DRIVE TO THE HOSPITAL."	

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
89	03/02/2020		"PATIENT STATED THE MEDICS QUICKLY ASSESSED AND LOADED HER. THEY TALKED WITH HER AND KEPT HER UP-TO-DATE. SHE SAID THE CARE WAS PERFECT."		
90	03/02/2020		"THE MOTHER STATED THE MEDICS KEPT HER DAUGHTER'S OXYGEN AT A CONSISTENT LEVEL."	"DRIVE A LITTLE FASTER TO THE HOSPITAL. THE MOTHER STATED THE FATHER, WHO DROVE SEPARATELY, BEAT THE AMBULANCE TO THE HOSPITAL."	
91	03/02/2020		"PATIENT STATED THE AMBULANCE SERVICE GOT HIM TO THE HOSPITAL IN A VERY TIMELY MANNER."	"BLANKET WARMERS"	
92	03/02/2020		"PATIENT STATED THE MEDICS HAD GOOD TEAMWORK TOGETHER AND GOT HIM TO THE HOSPITAL IN A TIMELY MANNER."		
93	03/02/2020		"PATIENT STATED THE AMBULANCE SERVICE DESERVES AN A+, THEY SAVED HIS LIFE. HE STATED HE ONLY REMEMBERS BITS AND PIECES BUT HAS THE MEDICS TO THANK FOR STILL BEING ALIVE TODAY."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
94	03/03/2020		"PATIENT STATED THE PARAMEDICS CALLED AHEAD TO THE HOSPITAL TO LET THEM KNOW TO BE READY. HE IS VERY HAPPY WITH THE FAST PACE OF THE MEDICS."		
95	03/03/2020		"PATIENT STATED THE MEDICS HAD EXCELLENT TEAMWORK WHILE CARING FOR HIM. THEY ALSO ALERTED THE HOSPITAL TO HAVE A TEAM READY."		
96	03/03/2020		"PATIENT NOTED THAT THE ENTIRE EXPERIENCE WAS WELL EXECUTED AND PROFESSIONAL."		
97	03/03/2020		"PATIENT STATED THE PARAMEDICS COMMUNICATED WELL WITH HER AND ALSO AMONGST THEMSELVES. SHE DOESN'T THINK THERE IS ANYTHING THEY COULD HAVE DONE BETTER."		
98	03/03/2020		"PATIENT STATED THE MEDICS STAYED WITH HER AT THE HOSPITAL. SHE SAID THEY TOOK EXCELLLENT CARE OF HER."		

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
99	03/03/2020		"PATIENT STATED THE TEAMWORK WAS EXCELLENT."	"PATIENT STATED SHE HAS VERY DIFFICULT TO FIND VEINS AND WAS NOT ABLE TO GET AN IV UNTIL SHE ARRIVED AT THE HOSPITAL. MAYBE MORE IV TRAINING ON ELDERLY PATIENTS OR HAVING A LIGHTED VEIN FINDER ONBOARD. ALSO, WITH FIREFIGHTERS AND PARAMEDICS ALL TOGETHER IT CAN SEEM VERY CHAOTIC."	S. SELMI
100	03/18/2020	"THANK YOU FOR GETTING ME THERE SAFLEY."		"THEY WERE ALL AROUND EXCELLENT!"	
101	03/19/2020			"IT WAS AN EXCELLENT TRANSPORT, THEY TREATED MY FATHER VERY WELL."	
102	03/19/2020			"THEY TOOK EXCELLENT CARE OF MY WELL BEING, REALLY COULD NOT BE ANY BETTER."	
103	03/19/2020	"YOU HAVE ALWAYS TREATED US VERY WELL."		"EVEN THOUGH SHE IS DECEASED I KNOW SHE HAD A WONDERFUL EXPERIENCE WITH YOU. THANK YOU, FOR TAKING SUCH	

	DATE OF SERVICE	DESCRIPTION/COMMENTS	WHAT WAS DONE WELL BY REMSA?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				GREAT CARE OF MY MOM!"	
104	03/19/2020	"THANK YOU!"		"THEY WERE ALL 10'S, THEY WERE VERY, VERY GOOD."	
106	03/19/2020	"THEY WERE TERRIFIC!"		"I AM VERY THANKFUL FOR THE AIR TRANSPORT AND GROUND. SERVICE COULD NOT BE BETTER."	
107	03/30/2020	"DISPATCHER WAS CLEAR, AND KIND. THEY ALWAYS GET HERE REALLY FAST. COMFORT HAD TO DO WITH ROADS. THEY ARE A 6 PLUS ON EVERYTHING."		"NO, I AM ALWAYS AMAZED AT HOW GREAT THE MEDICS ARE. THE ONLY WAY THEY COULD BE BETTER IS TO HAVE A STEWARDESS ON BOARD, LOL."	
108	03/29/2020			"ALL I CAN SAY IS MY WIFE NAD ME WERE VERY SATISFIED AND THEY WERE ALL AROUND GREAT!"	
109	03/31/2020	"COURTEOUS, PROFESSIONAL, KIND, RESPECTFUL PARAMEDICS."		"EVERYTHING WAS EXCELLENT AND COULD NOT BE ANY BETTER."	
110	03/31/2020	"WE WERE VERY HAPPY WITH HOW EVERYTHING WENT, THANK YOU!"		"ALL AROUND 5 STARS 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
111	03/31/2020	"THEY WERE REALLY GOOD TO HER AND WE ARE THANKFUL FOR YOUR SERVICES."		"YOU ARE EXCELLENT AND COULD BE NO BETTER."	
112	03/31/2020			"THEY DESERVE ALL FIVES, THEY DID AN EXCELLENT JOB AND WERE EXTREMELY PROFESSIONAL."	
113	03/31/2020	"OVERALL THEY WERE OUTSTANDING."		"THEY WERE TRULY VERY GOOD AND COULD NOT HAVE BEEN BETTER."	
114	03/31/2020	"THEY GOT HERE ALMOST INSTANTLY. THEY WERE EFFICENT AND KEPT ME WELL INFORMED."		"NO, THEY TREATED ME VERY WELL AND WERE COURTEOUS, PROFESSIONAL, AND ALL AROUND GREAT PARAMEDICS."	
115	03/31/2020	"EVERYONE WAS VERY HELPFUL."		"NO, I WAS VERY HAPPY WITH EVERYTHING. THANK YOU!"	
116	03/31/2020	"IT TOOK THEM TWO HOURS TO GET THERE, BUT THEY WERE VERY NICE. ME AND MY HUSBAND ARE VERY HAPPY WITH HOW WELL YOU TREAT US EVERY TIME. VERY SMOOTH TRANSPORT."		"NO, THEY HAVE ALWAYS BEEN EXCELLENT TO US."	
117	03/31/2020	"I COULDN'T HAVE ASKED FOR BETTER PARAMEDICS."		"NO, THEY PROVIDED ALL AROUND GREAT SERVICE."	

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FOLLOW UP
#71- CALLED THE PATIENT - NO BILL HAD BEEN SENT TO THE PATIENT - WE DID CALL AND REQUEST INSURANCE INFORMATION. BUT NO BILL WAS SENT. INSURANCE PAID 100% OF HIS BILL, HE WOULD NOT HAVE RECEIVED A STATEMENT.//DSD
#99- I SPOKE TO PTS DAUGHTER WHO TAKES CARE OF HER MOTHER. I TOLD HER I WAS FOLLOWING UP ON THE COMPLAINT FROM HER TRANSPORT ON 3/3/20, DIFFICULT TO GET AN IV AND ALL THE FIREFIGHTERS AND PARAMEDIC'S IN HER HOME. SHE TOLD ME HER MOTHER IS OVERWEIGHT, HER VEINS ROLL AND EVEN THE HOSPITAL STAFF HAS A HARD TIME GETTING THE IV'S. SHE ALSO UNDERSTOOD ALL THE PERSONNEL IN THE HOUSE WHEN 911 IS CALLED. I ASKED HER JUST TO TELL HER MOTHER OR CALL US RIGHT AWAY IF SHE HAS A COMPLAINT WITH REMSA, SO WE COULD TAKE CARE OF ANY PROBLEMS RIGHT AWAY. SHE THANKED ME FOR CALLING, NO FURTHER, STACIE SELMI, 6/3/20 #7841
#10- I SPOKE WITH THE PT, HE WAS VERY NICE. TOLD ME NOT ONLY DID THE CREW NOT TAKE HIM SERIOUSLY BUT 2 VISITS TO THE ER AND BOTH DR.'S DID NOT TAKE HIM SERIOUSLY. AFTER HIS RECENT MRI PT SAID HIS SPINAL CORD WAS 80% PINCHED AND NOW NEEDS SURGERY. I APOLOGIZED SEVERAL TIMES TO HIM AND TOLD HIM I WOULD BE TALKING WITH THE CREW AND WRITING UP REPORTS ON THIS. HE THANKED ME FOR CALLING HIM, I WILL HAVE BOTH CREW MEMBERS COMPLETE OCCURRENCE REPORTS ASAP. STACIE SELMI, 6/3/20 #7834
#47- DOCUMENTATION FROM THE CHART, PT WAS PLACED ON A PSYCHIATRIC HOLD FROM HER PCP FOR SUICIDAL IDEATION. PT WAS TRANSPORTED FROM RRMC AT 1951 TO RENO BEHAVIORAL 1959. NO FURTHER, STACIE SELMI, 6/4/20 #7837
#32- I SPOKE TO THE MOTHER WHO WAS STILL UPSET WITH WHAT HAPPENED. SHE TOLD ME HER SON CHOKED ON A PIECE OF MEAT AND SHE JUST FELT THE CREW WAS NOT TAKING HER SON OR HER SERIOUSLY. HER SON WAS EMBARRASSED ABOUT THE WHOLE INCIDENT BECAUSE OF THE CREW. WHEN THEY WERE IN THE ER, OTHER STAFF ALSO DID NOT TAKE HIM SERIOUSLY BUT HE ENDED UP HAVING A PROCEDURE DONE IN THE ER TO REMOVE THE FOOD. I APOLOGIZED TO HER SEVERAL TIMES AND ASKED WHY SHE DID NOT CALL TO COMPLAIN RIGHT AWAY, SHE DID NOT KNOW. I TOLD HER I WOULD BE TALKING TO THE CREW AND WE WOULD BE WRITING UP A REPORT ON THIS INCIDENT. SHE THANKED ME FOR CALLING. NO FURTHER, STACIE, 6/5/20 #7836
#36- I SPOKE TO THE PT. SHE WAS VERY NICE. SHE TOLD ME WHEN THE PARAMEDIC'S CAME INTO HER ROOM THEY COULD NOT GET A PIECE OF EQUIPMENT WORKING BUT SHE COULD NOT REMEMBER WHAT IT WAS. SHE TOLD ME MAYBE IT WAS THE BLOOD PRESSURE MACHINE BUT NOT SURE. SHE WAS NOT MAD JUST TOLD THAT TO THE SURVEY COMPANY WHO CALLED HER. I APOLOGIZED TO HER AND THANKED HER FOR TELLING ME THIS, I WILL BE WRITING A REPORT ON THIS INCIDENT, SHE WAS HAPPY TO HEAR THAT. WAITING FOR PARAMEDIC TO COMPLETE AN OCCURRENCE REPORT. STACIE, 6/5/20 #7839

MAY 2020

REMSA AND CARE FLIGHT

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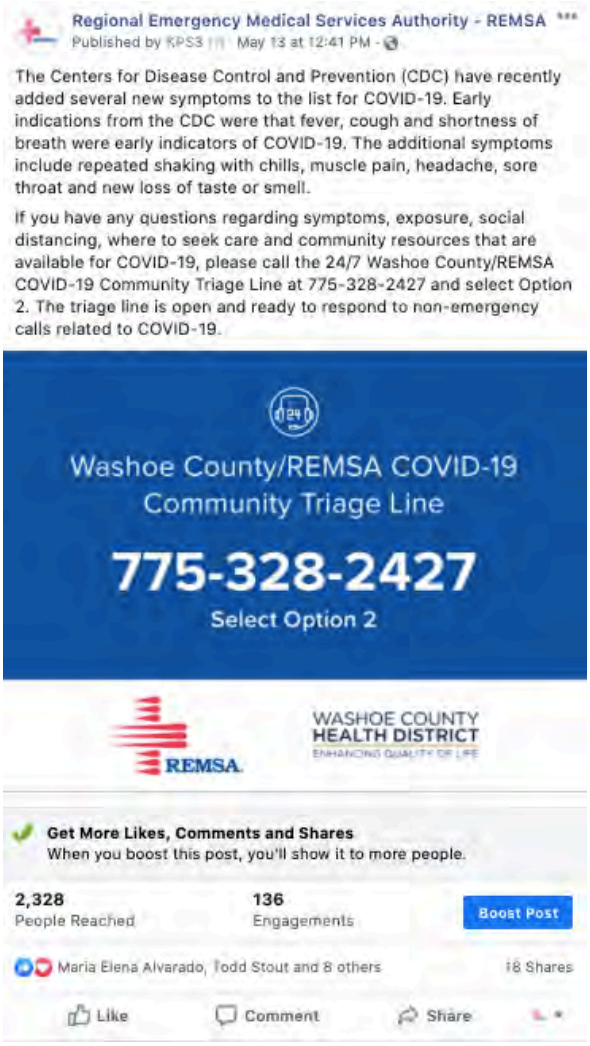

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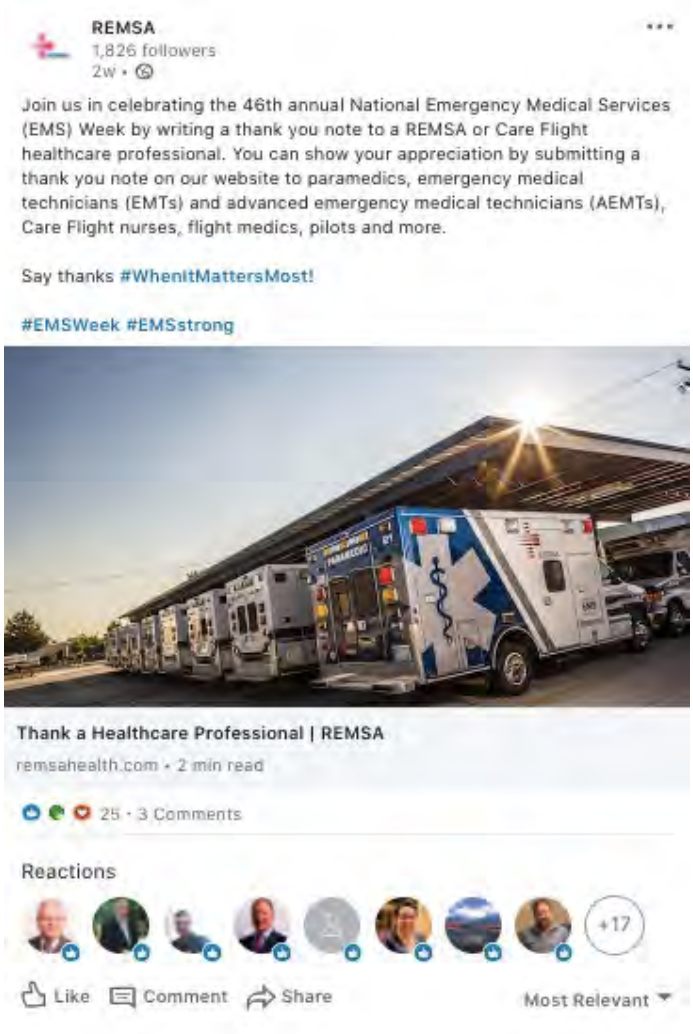

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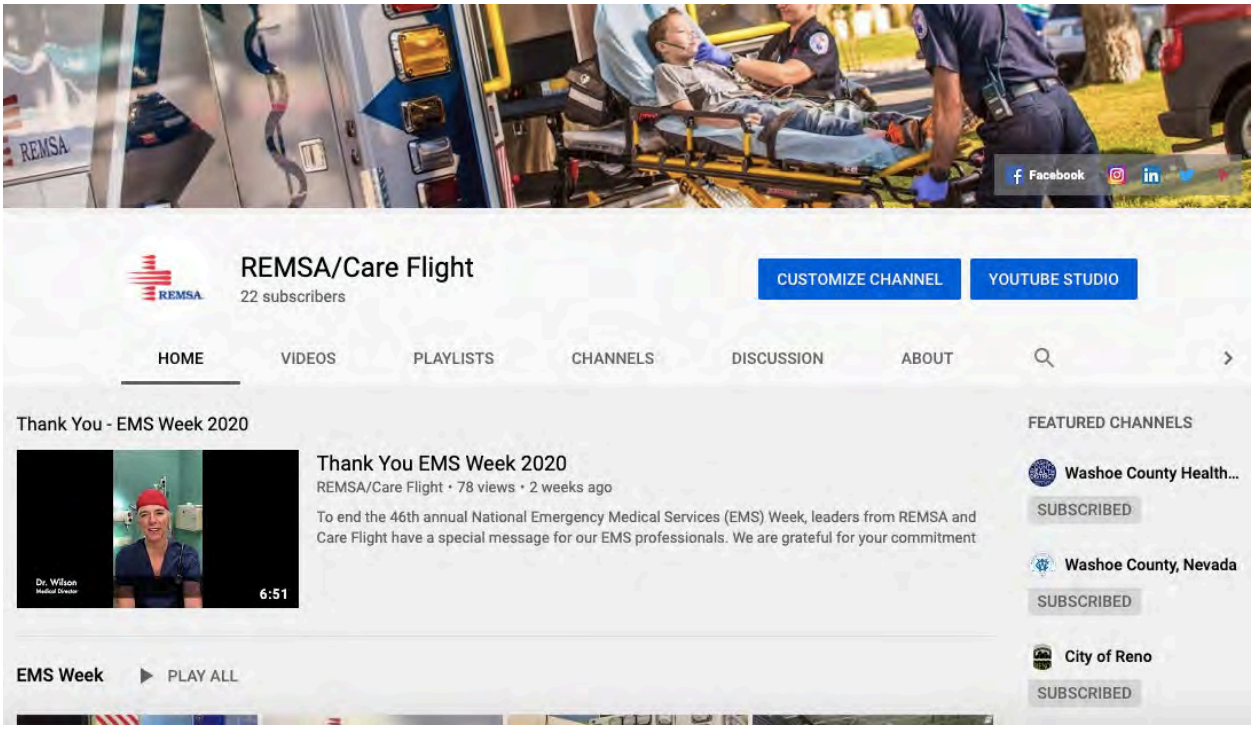

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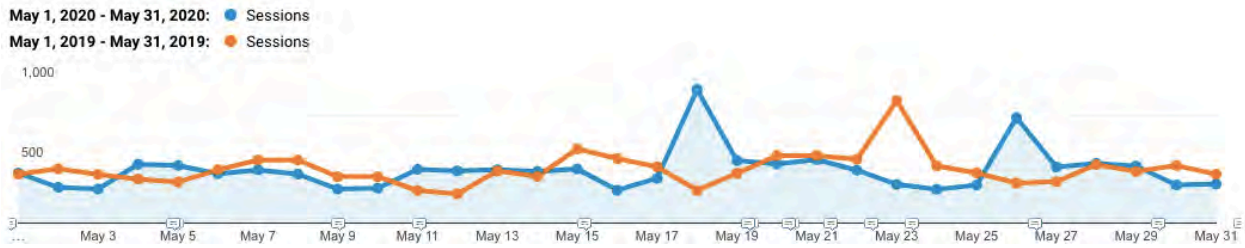

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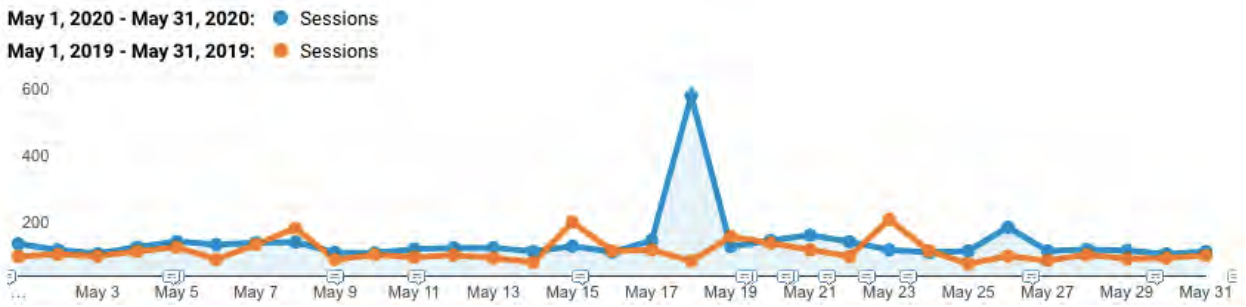

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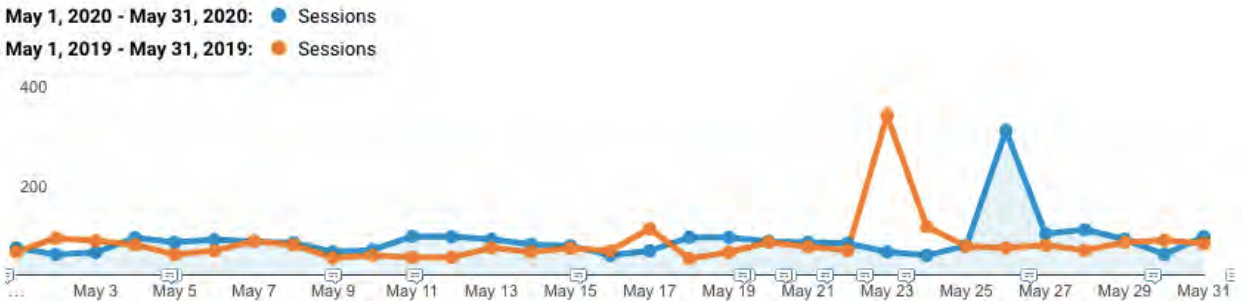

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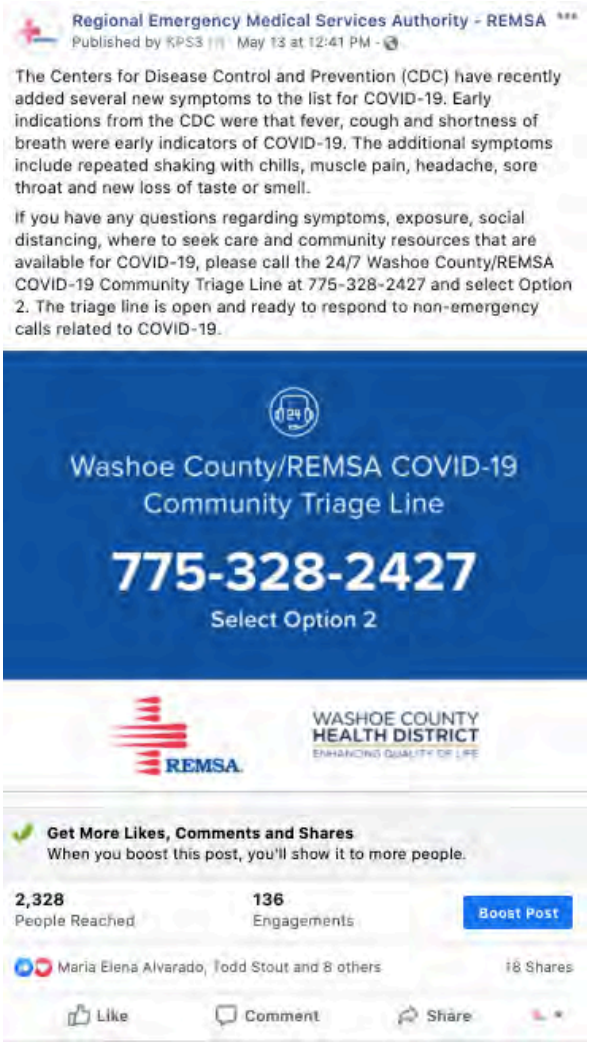

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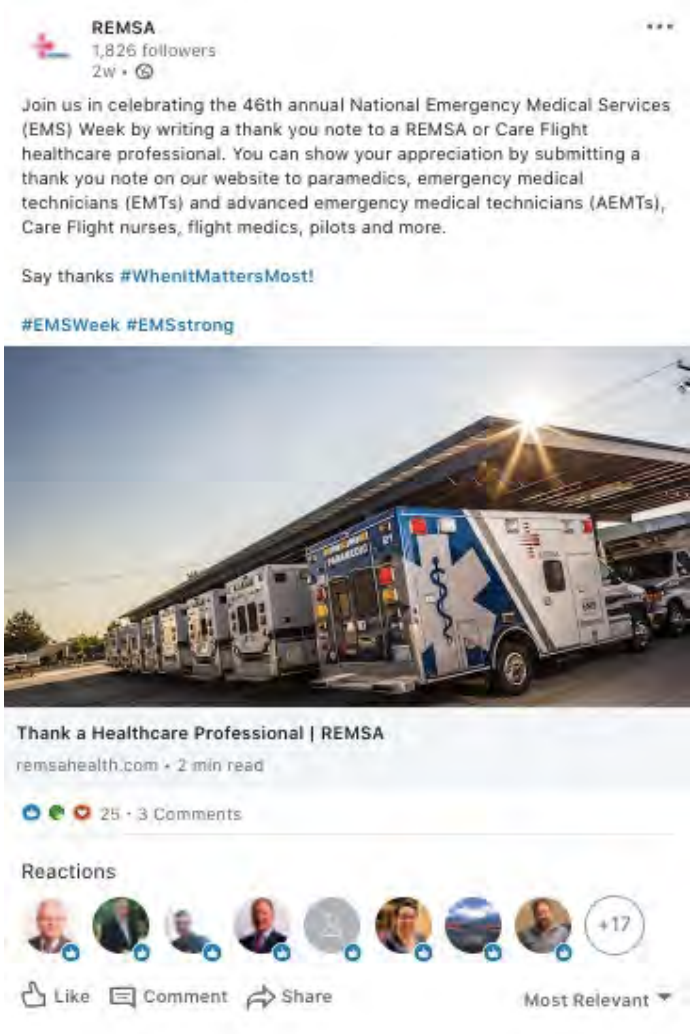

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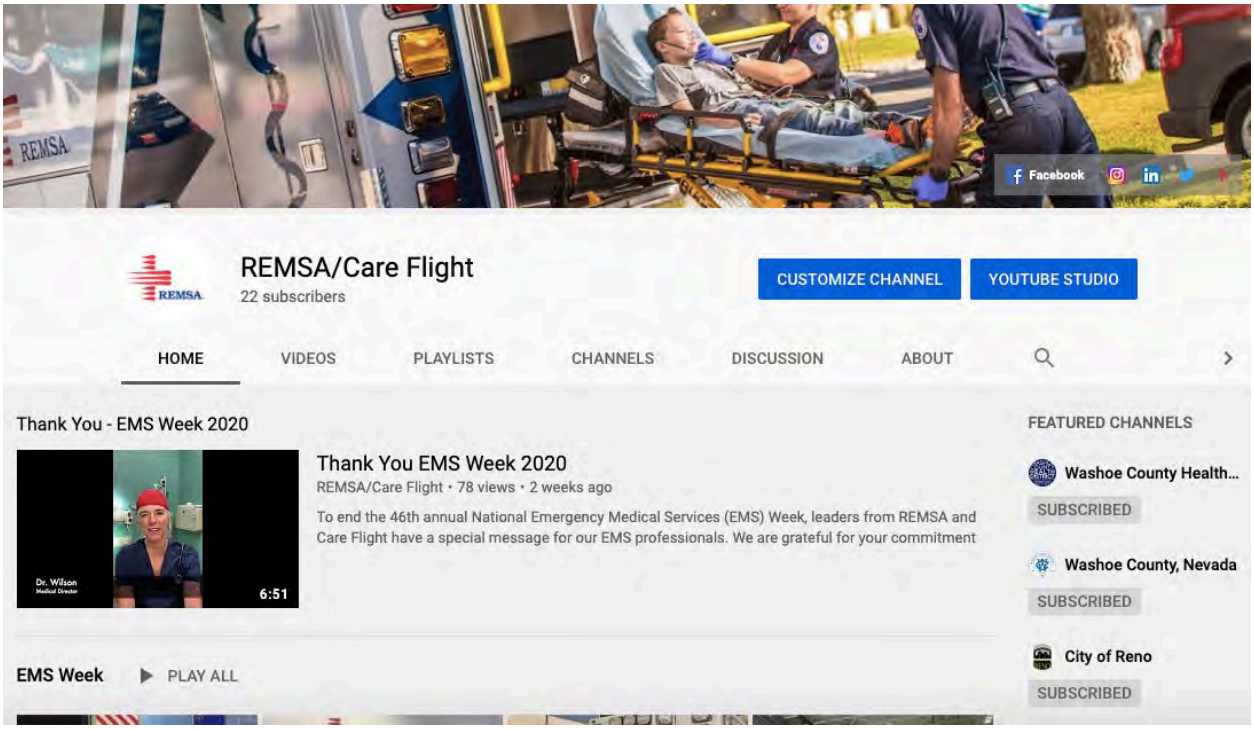

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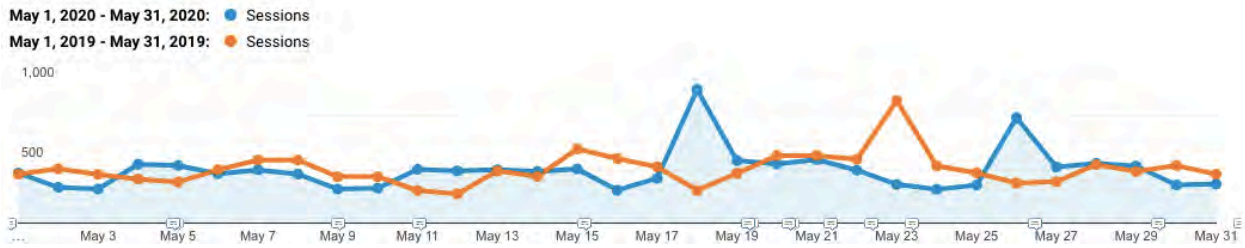

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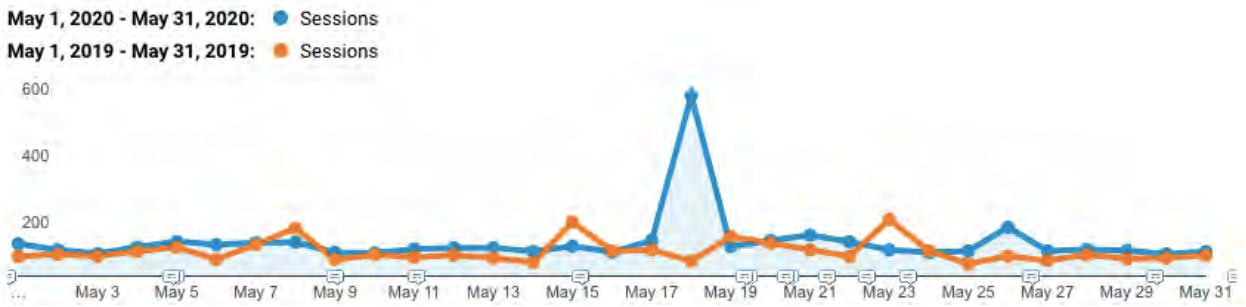

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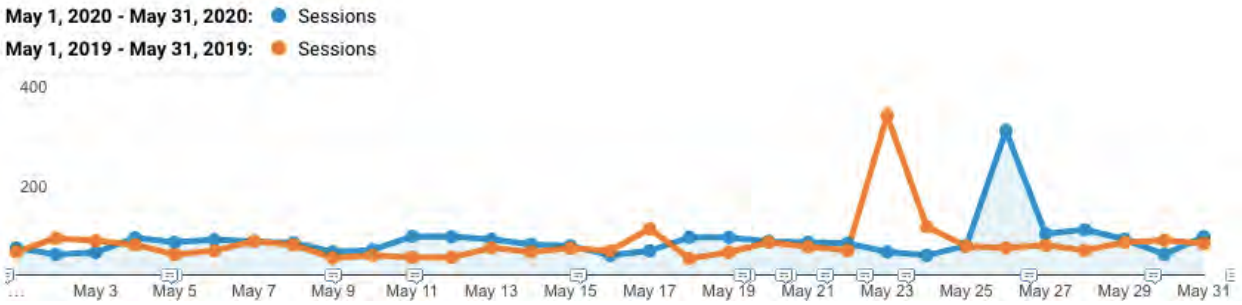

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WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD	AE
DHO	KD
DA	DR
Risk	N/A

Staff Report
Board Meeting Date: June 25, 2020

DATE: June 11, 2020

TO: District Board of Health

FROM: Vicky Olson, EMS Coordinator
775-326-6043; volson@washoecounty.us

SUBJECT: Presentation, discussion, and possible approval of fiscal year 2019-2020 revisions to the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center Annex.

SUMMARY

Health district staff review and revise the Multi-Casualty Incident Plan (MCIP) and its annexes or the Mutual Aid Evacuation Annex (MAEA) on a rotating annual basis. During fiscal year 2019-2020, several updates were made to the MCIP and its annexes.

EMS staff would like to thank all of the regional partners who assisted the health District throughout this process. The revisions to the MCIP could not have been completed without their input and subject matter expertise.

PREVIOUS ACTION

The MCIP was first presented to the District Board of Health (DBOH) in August 1986. Since then, staff has presented several updates to the plan. The DBOH last approved revisions to the MCIP on June 28, 2018, the most notable of which being the addition of the Alpha Plan.

BACKGROUND

During any declared multi-casualty incident (MCI) in Washoe County, the MCIP is activated and followed by first responders and healthcare facilities. The fiscal year 2019-2020 revisions redefined an MCI in Washoe County, clarified standards and guidelines, and added language for specific MCI scenarios and populations.

As the Alpha plan was developed and approved in fiscal year 2017-2018, this will be its first revision.

The following list includes all revisions made this fiscal year:

- MCI declaration based on number of transported patients updated from ten to fifteen
- Language added for care of pregnant patients, hazardous materials MCIs, and the role of the Rescue Task Force

- Clarification of patient distribution guidelines and MCI activation standards
- Hospital baseline capacity numbers reviewed and updated
- Definition of Alpha MCI expanded to include multiple events occurring within a twelve-hour period
- Map of Alpha Plan kit locations updated to reflect additional kit placements
- Updated Family Service Center triggers and activation levels to reflect change in MCI declaration numbers

FISCAL IMPACT

There is no fiscal impact should the DBOH approve the revisions to the MCIP.

RECOMMENDATION

Staff recommends the DBOH approve the proposed MCIP, Alpha Plan, and Family Service Center Annex, and, if approved, authorize to execute with an effective date of August 1, 2020, which will allow stakeholders time to familiarize themselves with plan updates.

POSSIBLE MOTION

Should the DBOH agree with staff's recommendation, a possible motion would be: "Move to approve the fiscal year 2019-2020 revisions to the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center Annex, effective August 1, 2020".

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Washoe County Multi-Casualty Incident Plan

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County.

Table of Contents

RECORD OF CHANGES

Record of Change	Date of Change	Date Entered	Type of Change	Change made by
	8/86	8/86	Original Plan Publication	DdeCrona
1	1/28/87	1/28/87	Selected Segments	DDeCrona
2	3/17/89	3/17/89	ICS and Coroner	SAB, DDC
3	5/92	5/92	Total Plan Revision	WCDBH
4	12/1/05	12/1/05	Plan Revision	WCDBH
5	1/24/08	1/24/08	Smart Tag and Triage	WCDBH
6	1/1/14	12/16/13	Plan Revision - DMS Triage Tags	WCHD
7	7/1/16	4/14/16	Overall Plan Revisions	WCHD
8	10/1/18	6/2017-5/2018	Pre-alert/activation, on-scene coordination, pediatric/AFN section, MCI levels, out of county MCIs, resources update, formatting and Alpha Plan development	WCHD
9	7/1/2020	7/2019-6/2020	MCI activation levels increased, pregnant patients section, HazMat MCIs, Rescue Task Force, clarification of patient distribution guidelines and activation standards, updated facility baseline capacity numbers	WCHD

INTRODUCTION

A Multi-Casualty Incident (MCI) is defined as a single geographically focused event, which produces casualties of a sufficient number and severity that special operations and organizations are required at the scene. These resources respond for the purpose of hazard mitigation, triage, treatment and transportation of victims.

MCIs present emergency workers with special problems. Unlike other large-scale incidents for which the Incident Command System (ICS) was initially developed, MCIs primarily involve human casualties. These incidents require organizational and management skills not routinely used during the normal workday.

Because of these special characteristics, the following county plan has been developed. This plan provides the guidelines necessary to effectively, efficiently and safely manage MCIs in Washoe County.

Among the special characteristics encountered during MCIs are the need for coordination between multiple responding agencies and organizations; the need to manage the scene so that appropriate resources are focused on individual patients; and the need for flexibility and creativity, because no two MCIs are exactly alike (location, time of day, patient count, responding personnel, etc.). The final key characteristic is that all MCIs are evolutionary in nature: MCIs have a beginning, middle and an end.

In the earliest stages of an MCI, there may be too few resources, compared to need. The inclination is to provide direct, hands-on patient care. However, the critical need is to establish a scene management structure, so that when additional help arrives, it may be efficiently and effectively deployed. During the middle stages of an MCI, there are generally enough resources. Scene management is responsible for effective assignment of these resources. The final stage of an incident is the recovery and demobilization. No longer is there any excitement or sense of urgency.

Due to the need for coordination between multiple responding agencies and organizations, the Multi-Casualty Incident Plan (MCIP) adopts the ICS. The cornerstone of the ICS is the development of an incident-specific management structure. The Incident Commander (IC) will establish an on-scene organization to manage the activities of responding emergency workers and to coordinate with off scene agencies. Those responding, regardless of agency or organization affiliation, should expect to participate as assigned within this on scene organization. Depending on the size and duration of the incident, the IC may directly supervise operations or delegate this responsibility to an Operations Chief. The field operations will fall within the responsibility of Operations. It is important that medical personnel, treatment areas, and medical management be easily identifiable. The MCIP describes the types of functions that may likely be performed during medical operations.

Of special note, an MCI may require the implementation of various specialty Branches within the ICS structure. While other incident activities and Branches may be necessary, such as traffic control, fire suppression and the like, the Medical Branch is focused on medical management of the injured. The key positions within the Branch should be filled by the most qualified, available personnel on scene.

The need to manage the scene rather than focus directly on individual patients is one of the most difficult concepts for responding workers to implement. In order to best serve the patients, many activities must be conducted that have little or no direct patient contact. These activities might include communications, record keeping, personnel, equipment and supply staging/logistics, scene security, public information, and other tasks as determined by the IC.

The essential purpose of response to an MCI is to administer to the needs of the patients and the community, to mitigate suffering, and to minimize loss of life. No plan can fully prepare for all the variations that can occur during an MCI. It is the responsibility of the IC and all responding personnel to be aware of the resources available and to make effective use of those resources. It must be remembered that the MCIP only provides a framework, or a guideline. On scene management must be flexible and creative to meet the needs of the entire incident.

It is most important for the first arriving units to be aware of the critical nature of the initial phase of an MCI response. The activities and effectiveness of all additional responding personnel will be affected by the initial responders' ability to effectively activate the MCIP.

Initial size-up deserves special attention, because it has been found that the successful operation of an MCI is often linked to the accuracy of the reports provided by the first-in responders to the scene. At a minimum, the senior official first arriving becomes the initial IC and should identify and report the following to their own dispatch center. This information should be relayed to all responding agencies' dispatch centers:

- The establishment of command and name of the incident
- The identity of the IC
- The exact location of the incident
- The exact location of the Command Post
- The type and cause of the incident
- An estimate of the number of casualties
- An estimate of the condition of casualties
- An estimate of additional resources needed
- The appropriate routing to the incident
- The identification of special hazards, if any
- The exact location of the initial staging area

The second responsibility of the initial IC is to begin to delegate duties to designated people, and to develop an incident action plan (IAP) that includes some of the following:

- Extrication/rescue
- Safety of personnel and scene safety
- Triage
- Treatment
- Transport
- Staging
- Security
- Communications
- Record keeping

Additionally, it is crucial to be aware that command will likely change over the course of the incident. Incident Command will most likely be passed to a more senior officer when that person arrives. Any time there is a change in the command structure, it is imperative that the exchange take place face to face, that a briefing is conducted to bring the new IC up to date, and that the identity of the new IC be communicated to the dispatch centers and the members of the command structure already in operation. This same dynamic of face-to-face briefing and reporting of the change in responsibility applies to any other change that may occur throughout the organization during the incident.

Finally, experience shows that the following areas are critical for a positive outcome from an MCI:

- Establish a single, unified incident command as soon as possible, with a single, fixed Command Post
- Establish staging immediately
- Provide accurate initial information
- Request additional resources early
- Delegate authority for major functional areas
- Clearly identify major command personnel
- Provide effective progress reports to command personnel
- Command management personnel do not become involved in physical tasks
- Triage and tag all patients
- Provide adequate safety precautions
- Treat patients in a designated treatment area
- Establish an adequately sized treatment area
- Keep command personnel updated on available manpower
- Alert and keep dispatch and healthcare facilities updated
- Plan for medical supply needs
- Assess and utilize non-traditional resources
- Designate a common radio channel for disaster operations (ICS 205)

The MCIP is designed to provide the community with the Washoe County District Board of Health's policies and guidelines for response to an MCI. It is encouraged that the plan be used as a training document for all emergency responders.

"Qualified" as used in this document shall be understood to mean:

> A person who has attained the appropriate level of training and experience for specific positions, as determined in the Training Section of the MCIP.

It must be further understood that the IC has the ultimate authority and responsibility to fill the ICS positions to the best of his/her ability with available personnel on scene during the incident.

Tammy Oliver
Chair, Inter-Hospital Coordinating Council

Date

Dr. John Novak
Chair, District Board of Health

Date

PLAN BASIS

Purpose

The Washoe County District Board of Health (DBOH) is committed to providing necessary emergency medical care to all patients in an MCI. The purpose of this plan is to provide procedural guidelines for rapid and effective patient assessment/triage, treatment and transportation to appropriate care facilities.

Many medical emergencies in this area are handled by a single first response agency and an ambulance unit. In some instances, there is a need for additional assistance even in routine incidents.

This plan establishes a mechanism to organize and mobilize emergency medical resources within Washoe County.

Planning Concept

Emergency medical services (EMS) personnel responding to an MCI must coordinate with a variety of agencies. Therefore, this plan will utilize the ICS to integrate these agencies. EMS personnel should have formal training in the ICS to facilitate this plan.

This plan acknowledges that there are local variations in pre-hospital medical management systems in the unincorporated areas of Washoe County in Incline Village and Gerlach.

This plan acknowledges existing mutual aid agreements (MAAs) between public and private agencies inside and outside Washoe County and the State of Nevada. Regional Emergency Medical Services Authority (REMSA) has a mutual aid agreement with surrounding agencies to provide EMS personnel, resources, and facilities for emergency medical care to each other during an incident that requires the combined resources of additional agencies. The Nevada Intrastate Mutual Aid System, North Lake Tahoe Fire Protection District (NLTFPD)/REMSA agreement and Lake Tahoe Fire Chief's agreements also address automatic aid or mutual aid regarding the sharing of ambulance resources.

Plan Development and Revisions

The MCIP is formally developed and reviewed by the Inter-Hospital Coordinating Council (IHCC).

The plan is reviewed by regional partners that could be affected by an MCI for revision recommendation. The formal recommendations of these agencies are presented to the DBOH through Washoe County Health District (WCHD) staff. The DBOH has the final authority for formal approval of the MCIP.

This MCIP supports the Reno, Sparks, and Washoe County Emergency Management Plans, each of which designates the District Health Officer (DHO) to coordinate EMS in a widespread disaster. The MCIP also supports the following regional plans:

- Disaster Behavioral Health Annex of the Regional Emergency Operations Plan
- Medical and Weapons of Mass Destruction Annexes of the Regional Hazardous Materials Emergency Management Plan
- Washoe County Recovery Plan
- Washoe County Active Assailant Protocols

The Washoe County Office of Emergency Management and Homeland Security and the Emergency Managers of the City of Reno and the City of Sparks provide disaster consulting services to the DBOH on an ongoing basis and provide support services to the Board in concert with the WCHD EMS Oversight Program staff.

Inter-Hospital Coordinating Council (IHCC)

The IHCC meets monthly to prepare for, respond to, mitigate, and recover from the medical impacts of emergencies. On an ongoing basis, the IHCC provides input to WCHD staff on the effectiveness of proposed revisions to the MCIP.

Washoe County District Health Officer Responsibilities

Designates a person in the WCHD to assist with medical disaster planning.

Coordinates post-incident debriefings of MCIs involving 10 or more victims, or smaller incidents at the request of incident command personnel or medical agencies.

Ensures the MCIP is efficient, effective, meets the needs of Washoe County in an MCI, and is consistent with other jurisdictional, regional, and State disaster plans.

Solicits input from both public and private agencies during plan development and/or revisions and ensures distribution of the plan to EMS and public safety agencies.

Provides trained staff to coordinate medical response and support medical functions at medical dispatch centers during out-of-county emergencies that impact the Health District; in the Health District Operations Center; and in the Medical Operations Unit of jurisdictional Emergency Operations Centers (EOCs) if such operations centers are activated during larger events.

Emergency Operations Center Interface

The WCHD, as the arm of the Washoe County DBOH, is the governmental agency responsible for coordinating public health issues during an emergency.

During most MCIs, WCHD staff does not routinely respond to the field, although Hazardous Materials Program staff may respond to an MCI that is related to hazardous materials release. Staff gathers data after the event and coordinates incident debriefings with the Incident Commander(s).

In larger events, such as a plane crash, or prolonged events that require the involvement of State and/or Federal agencies, such as floods, a local jurisdictional or Regional Emergency Operations Center (REOC) may be opened. The WCHD, working with the local jurisdictions, has committed to fill both a Health and Medical position under the Operations Section in the REOC.

If necessary, the WCHD will also open an internal Department Operations Center to coordinate department resources and responses to the public health impacts of disasters. Monitoring and supporting the community's EMS agencies and medical resources, as well as providing patient tracking functions for area healthcare facilities, are only a few of the public health focused tasks. The WCHD may share patient tracking information with the Northern Nevada Chapter of the American Red Cross and other agencies that have specific exemptions to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which allow disclosure of protected health information.

Critiques / Plan Revisions

Incident critiques, i.e., a comprehensive review of actual incidents, have generally proven to be a beneficial means of focusing attention on the MCIP and operational effectiveness.

Incident critiques will be held following each MCI and will be open to both the incident's participants and others as approved by the agency of jurisdiction.

Periodically, the IHCC will host a general review of the plan's utilization and proposed revisions. Representatives of fire, EMS, emergency management, public health, and healthcare agencies/institutions/facilities will be invited to participate.

Tabletops and field exercises are also excellent continuing education opportunities.

MCI MITIGATION

Mass Gathering Guidelines

The following provisions are suggested guidelines and are meant for advisory purposes only. The original Washoe County Mass Gathering Guidelines were enacted by the DBOH in 1991, but recent actions during the 2013 and 2015 sessions of the Nevada Legislature supersede the Washoe County Guidelines. Therefore, the following information should only be used for MCI mitigation purposes during special events.

A mass gathering may be defined as a situation or event during which crowds gather and there is potential for delayed responses to emergencies because of limited access or other features of the environment or location.

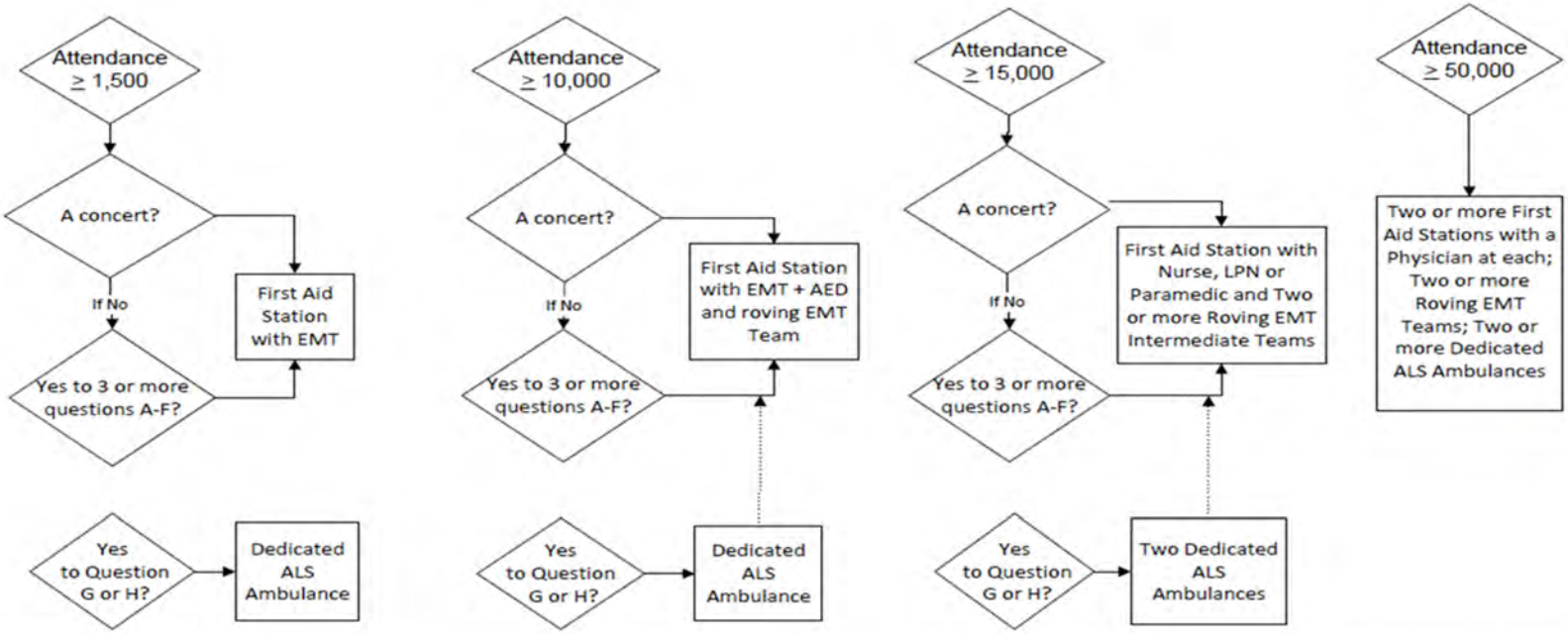
The general guideline for any mass gathering event larger than 1,500 people per day is access to an Advanced Life Support (ALS) ambulance within eight (8) minutes, or one (1) dedicated ALS ambulance and on-scene medical personnel of various levels suitably equipped, which may vary depending on the factors evaluated. Other factors should be considered, which are based on published standards and are identified to be important to provision of EMS coverage at a specific event. The minimum factors to be considered are listed below.

The EMS Coverage Analysis Flow Chart (Section 2.2) is based on a review of literature regarding EMS at mass gatherings. The flow chart is based on both the size of an event and variables that may result in an increased need for medical care for an event of 1,500 people or more. For events involving fewer than 1,500 people that do not meet the risk factors, it is recommended that the local EMS/ambulance providers be provided information on ingress/egress plans and traffic issues that may result from the event. This allows first responders to plan for and monitor impacts of the event on the EMS system while continuing to maintain rapid responses throughout the community.

The following mitigation strategies for EMS medical coverage are also recommended for all events of at least 1,500 people:

- EMS personnel should be on site whenever event personnel, spectators, or participants are on scene, including set up and take down activities.
- If dedicated ambulances are utilized, they should be co-located with the first aid tent whenever possible.
- Hand washing facilities for medical aid station personnel should be separate from general public facilities.
- Handicapped accessible Sani-Huts or ADA-approved fixed facility restrooms should be available near the medical aid stations so patients can access them.
- If first aid stations are utilized, disposal of biological waste should be addressed in the event plan.
- For venues that are a considerable distance from the closest healthcare facility, pre-planning for landing a medical helicopter should be included.
- Plans for compliance with HIPAA provisions should be developed for patient care records that include patient identifiers.
- For events greater than 15,000 people, MCI response operations and command structure concepts should be included in the event planning process.

EMS Coverage Flow Chart



QUESTIONS

A. High-risk activities such as sports, racing, etc.?
B. Environmental hazards or extremes of heat or cold?
C. Average age of crowd less than 25 or greater than 50?
D. Crowd includes large numbers of persons with acute or chronic illnesses?
E. Crowd density presents challenges for patient access or transfer to ambulance ?
F. Alcohol to be sold at the event, or a history of alcohol or drug use by the crowd at prior events?
G. Past history of significant number of patient contacts at the event or patients transported to area hospitals?**
H. Event greater than 5 miles from the closest hospital?

** Significant is defined as (1) the number of patient contacts is ≥ 0.7% of the total number of attendees, or (2) transport rate to hospital by ambulance or private vehicle is ≥ 15% of total patient contacts

DEFINITIONS

First Aid Station: Fixed location on site staffed by at least one Emergency Medical Technician or a person with a higher skill level capable of providing emergency medical care within their proscribed scope of practice.

Roving EMT Team: team of two or more personnel at the basic or EMT Intermediate level with treatment supplies to provide emergency medical care.

Dedicated ALS Ambulance: An Advanced Life Support ambulance staffed by a Paramedic and Intermediate EMT, or personnel with a higher skill level, and capable of providing transport of patients, but which will immediately respond back to the event site.

OPERATIONAL CONCEPTS

Medical Response

In a medical disaster, resources are typically the limiting factor. The number of victims, nature of critical injuries and current resources will interplay to stress the medical system. In smaller incidents, resources within the county may be the only resources required.

As the magnitude of the incident increases, out of county resources from neighboring jurisdictions and, in some cases, state and federal agencies' resources may be required. In these instances, the use of Memorandums of Understanding (MOUs) and MAAs will be employed.

MCI Pre-Alerts, Notifications and Activations

MCI Pre-Alerts

When there is an incident that has the potential to be or become an MCI, but the exact details are unknown or it is an evolving incident (e.g. active shooter, natural disaster), the Medical Dispatch Center or a responding agency may initiate an **MCI Pre-Alert**. Medical Dispatch will notify area hospitals of this status with a statement such as "This is notification of a possible MCI, standby for further information."

While MCI Pre-Alert is a notification only, agency notification protocols for an MCI should still be followed. Agencies are encouraged to conduct business as usual until they are notified by the Medical Dispatch Center that an MCI has been declared, or that the pre-alert has been cancelled.

With the initiation of an MCI Pre-Alert, healthcare facilities will begin gathering information on their capacities to prepare for the possibility of the pre-alert becoming a declared MCI. When an MCI Pre-Alert is activated, medical dispatch should begin distributing patients from the pre-alert event to area acute care facilities per MCIP criteria in anticipation that there may be an MCI declaration. This is vital due to the evolving nature of MCIs. Regardless of whether or not an incident reaches the required transported patient numbers of an MCI declaration, the patients should still be distributed appropriately and in a manner consistent with preventing an overwhelming influx of cases at one facility.

For pre-alerts that are initiated for incidents outside of Washoe County, but may impact EMS or healthcare resources within Washoe County, the Medical Dispatch Center will determine if a pre-alert should be cancelled or an MCI declared as further information is obtained.

If there is a delay in determining the incident as an MCI, the Medical Dispatch Center will update the Public Safety Answering Points and healthcare facilities at least every hour. When a decision to cancel or declare an MCI is made, all notified agencies will be contacted regarding the status of the incident.

Notifications

After the initial activation of the EMS system and healthcare notification, the following two officials must be notified by the Medical Dispatch Center:

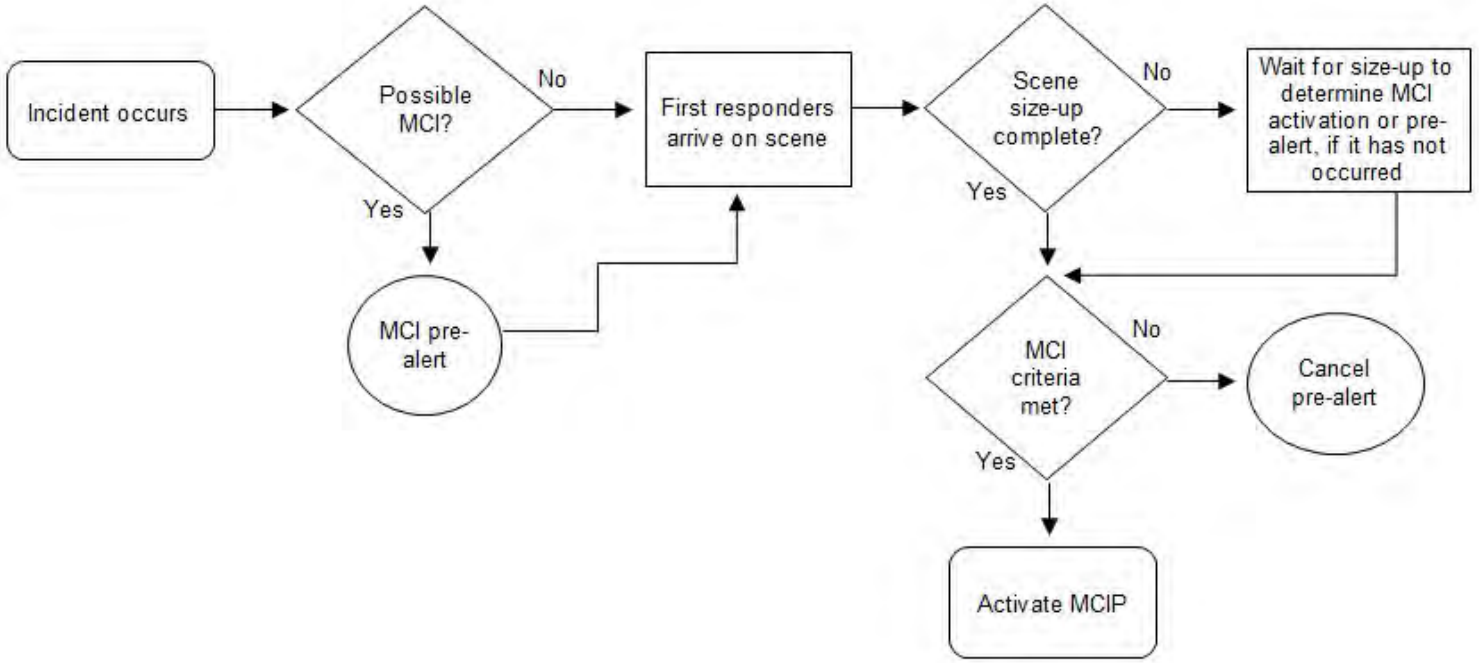
- The Washoe County DHO or designee.
- Washoe County Emergency Manager or designee.

The Nevada Division of Emergency Management (DEM) will be alerted by the Washoe County Office of Emergency Management and Homeland Security of impacts to the county. This alert provides for the ability to request additional out-of-county resources to respond to and support the event.

Activating the Medical System within Washoe County

Timely activation is a key element in securing appropriate medical response. Activation will begin upon the request of the first responding unit on scene. In the case of larger events, units still en route may declare an MCI before they arrive on the scene.

In general, activation of the MCIP and notification to the regional healthcare facilities by the Medical Dispatch Center will occur when 15 or more patients are anticipated to be transported. However, activation may occur if there are fewer than 15 patients, depending on factors like the location of the incident, the number of critical patients, or the involvement of hazardous materials, etc. Ultimately, the Incident Commander will use his or her judgement to determine the need for MCI activation.



MCI Criteria-activation of the MCIP and notification to regional healthcare facilities by the Medical Dispatch Center will occur when 15 or more patients are anticipated to be transported. However, activation may occur if there are fewer than 15 patients depending on factors like the location of the incident, the number of critical patients, or the involvement of hazardous materials, etc.

First responders can use the following disaster response levels to indicate the size of the MCI to dispatch and other responders:

MCI Type	Number of Victims	Description
Level 3	15-50	Minor incident involving 20-50 surviving persons that may be transported. Will stress local resources for a short period of time.
Level 2	51-100	Major incident involving 51-100 surviving persons that may be transported. Will tax Washoe County resources for moderate period of time.
Level 1/Alpha	>100	Catastrophic casualty incident involving greater than 100 surviving persons that may be transported. Will tax regional resources for an extended time; the Alpha MCI plan should be activated.

The above table is a guideline for activation that will assist responders in knowing the general size of the incident. There are instances where an MCI could be small, but the critical nature of patient conditions could have a larger impact on resources.

Out of County Emergencies

When out of county MCIs occur and Washoe County agencies are contacted to transport or receive patients, the agency initially contacted will immediately notify the Medical Dispatch Center.

The Medical Dispatch Center will be responsible for notifying all agencies regarding the out of county MCI. The Medical Dispatch Center will contact out of county agencies to redirect any further medical incident communications to Washoe County through them, and the Medical Dispatch Center will coordinate information dissemination about the incident within the Washoe County EMS system.

Activation of the Washoe County MCIP will be based on initial information, at the request of out of county agency, or at the request of healthcare partners.

The Medical Dispatch Center will brief the DHO or designee on the incident. If requested, the DHO or designee can assume the role of agency liaison. If acting as a liaison, the DHO or designee may conduct the following:

- Coordinate operational and logistical activities with the assistance of the Medical Dispatch Center to centralize communications.
- Communicate healthcare facilities capability information within Washoe County, obtained by the Medical Dispatch Center, to the Incident Commander in the out

of county jurisdiction. If patients have been transported to a local acute care healthcare facility outside of Washoe County, the facility capacity information within Washoe County will be shared with the out of county Hospital Incident Commander, who may make that information available to attending physician(s).

- Notify the Nevada Division of Public and Behavioral Health (DPBH) of the public health impacts within the WCHD and identify self as the authorized point of contact for public health issues within the WCHD until a community EOC or Washoe County Health District Operations Center may be activated.
- Depending on the incident circumstances, the on-duty officer for the Nevada Division of Emergency Management (DEM) may assume medical resource coordination duties for an incident outside Washoe County. In that case, the Washoe County DHO or designee will notify DEM of DHO's role and will act as a liaison with DEM and other state agencies, the out of county Incident Commander, and Washoe County EMS/ambulance services and healthcare facilities regarding MCIP matters within Washoe County.
    - If multiple military or civilian helicopter ambulances respond into Washoe County, the DHO or designee will coordinate with DEM, the local Hospital Incident Commander(s) and CareFlight regarding appropriate landing zones (LZ) based on patient severity and other factors. In general, unless there is a pre-existing landing agreement with a healthcare facility, helicopters will land at the Reno-Tahoe International Airport and the patients will be transported by ambulance to facilities within Washoe County. Law enforcement and fire agencies within Washoe County may be requested to provide operational and logistical support issues regarding air operations, closure of streets, night lighting, and security of LZs.

The goal is to ensure that patients receive the best possible care via ground, helicopter, and fixed wing ambulances, and that patients are disbursed safely and expeditiously to appropriate healthcare facilities within Washoe County.

Mutual Aid and Other Resources

The IC, in coordination with Medical Branch, will request out of county resources through ICS with the use of existing MOUs and MAAs. Only with the approval of the Incident Commander or designee may the Medical Branch Director initiate a mutual aid response by alerting or requesting additional medical resources directly from the scene. Medical mutual aid resources committed to the scene of an incident will come under the direction and control of the Medical Branch Director or Incident Commander, as assigned.

At any incident or event, the situation must be assessed, and response planned. Resources must be organized, assigned, and directed to accomplish the incident objectives.

Usually, incidents have an initial commitment of resources assigned. As incidents grow in size and/or complexity, more tactical resources may be required, and the Incident Commander may augment existing resources with additional personnel and

equipment. All resources should be requested via single-point ordering through the on-scene IC.

Transition and Implementation of Medical Resources

Upon arrival at any MCI, the EMS provider(s) must make a rapid change from "one-on-one/one-on-few" direct patient care to the role of "one-on-many" facilitator and leader within the ICS.

The first arriving ambulance must first make immediate contact with the Incident Commander, if activated, or the government response agency official having jurisdiction at the scene. The purpose is twofold:

- To protect the arriving ambulance personnel from harm, such as accidentally entering an unsafe environment, and
- To coordinate activities between ambulance personnel and the jurisdictional agency having authority over the incident.

Medical operations must be based on up-to-the-minute information. This begins the process of a medical size-up. On MCIs, the role of initial responder may not be direct patient care.

The first arriving ambulance should provide an initial size-up report to the Medical Dispatch Center as described on page 10.

In the case of hazmat related incidents, refer to the Medical Annex of the Regional Hazardous Materials Emergency Response Plan for additional MCI size-up information.

Implementation of Medical Role

The arrival of a qualified person on scene, at the direction of the Incident Commander, will establish the Medical Branch Director position. This results in transfer of overall direction and coordination of the Medical Branch from the Incident Commander to the Medical Branch Director.

The Medical Branch Director will assume all other Branch duties until suitable staffing is available and assigned. The best use of ALS providers is direct patient care, unless they are needed in other positions of the ICS to complete an effective working structure.

Additional ambulances must be prepared to rapidly load and transport or be assigned roles within the medical operations. Incoming ambulances must monitor assigned EMS radio frequencies to ensure they receive current information and instructions and should report to the ambulance staging area or other location as directed by the Medical Dispatch Center.

As the Medical Branch is established and additional medical intelligence is gathered, all information should be provided to the Medical Dispatch Center to keep dispatch

personnel well-informed of the situation so they can advise the healthcare facilities and other reporting agencies.

Delaying transport should be avoided if ambulances are available, victims are packaged for transport, and healthcare facilities are available to receive and care for the victims. The priority is to transport immediate (red) patients first. Departures and destinations should be properly coordinated and recorded.

Line EMS personnel should be relieved from medical management roles as qualified personnel arrive. Medical management roles should be filled by those not essential to patient care, when applicable.

Healthcare Facilities Role in MCI

The Medical Dispatch Center will immediately notify the healthcare facilities within the county in an MCI activation or in a pre-alert situation. The Emergency Department Charge Nurse at Renown Regional Medical Center, Renown South Meadows, Northern Nevada Medical Center, Saint Mary's Regional Medical Center, and the Administrator on Duty at VA Sierra Nevada Health System will be notified. Depending on the location of the incident and the number of patients, the Medical Dispatch Center shall also notify Incline Village Community Hospital for a patient care capacity inventory.

Healthcare facilities in the county should consider activating their own Emergency Management Plan.

It is recommended that each healthcare facility develop internal guidelines to identify how many patients and what type the facility can accept in a disaster or multi-casualty situation. The following criteria should be considered:

- Number of available beds and number of beds the facility can open/add
- Available number of monitors in the Emergency Department
- The number of available operating rooms/teams
- Physician staffing (particularly in the Emergency Department)
- Nurse staffing

To assist the Medical Dispatch Center, emergency department baseline capacity numbers have been documented by the area healthcare facilities, so that the Medical Dispatch Center can begin dispersing patients via the process noted throughout section 3. It is the responsibility of the area facilities, through the IHCC, to periodically update those emergency department baseline capacity numbers to ensure they remain current.

The ambulance transport agency(s) will begin transporting patients using the emergency department baseline capacity numbers as a guide. The ambulance transport agency(s) will update the healthcare facilities as additional information becomes available as to the number and types of patients the facilities may expect to receive.

Each facility is responsible for updating the Medical Dispatch Center if there is a change in capacity to receive patients in comparison to the baseline capacity numbers below:

Emergency Department Baseline Capacity Numbers

Facility	Red	Yellow	Green
Incline Village Community Hospital	0	2	8
Northern Nevada Medical Center	6	12	20
Renown Regional Medical Center	20	25	50
Renown South Meadows	6	8	15
Saint Mary's Regional Medical Center	10	10	20
VA Sierra NV Health Care System	3	7	10

Total numbers: 45 reds, 64 yellows and 125 greens

In larger events, there is the potential that green patients may tie up critical resources dedicated to the more critical red or urgent yellow patients. It is each facility's responsibility to notify the Medical Dispatch Center when they are considering the transfer of green patients to their affiliated urgent care centers, or if they wish to divert green patients from the scene to their affiliated urgent care center, whom they have pre-alerted.

Within the Truckee Meadows region of Washoe County, the first six most critical patients will be transported to the Trauma Center at Renown Regional Medical Center. Additional patients will be distributed to the healthcare facilities based on available patient care capacity. (State Trauma Destination Guidelines do not apply.) Facilities will prepare to accept patients as assigned. The Medical Branch Director through the Medical Dispatch Center will update the healthcare facilities as patient numbers are confirmed and notify the appropriate agencies when all patients have been transported.

Healthcare facilities distant to the scene will prepare to provide manpower, equipment, and supplies as requested by the Medical Dispatch Center. These facilities may be activated under MAAs.

Due to safety and logistical issues, the landing of helicopters at hospital helipads during an MCI will be limited to those agencies that have pre-approved agreements with the medical facilities. All other helicopters will be directed by the Medical Dispatch Center to land at the Reno-Tahoe International Airport, and the Medical Dispatch Center will make arrangements for those patients to be transferred to the area facilities by ambulance.

Currently there are no formal agreements in place for hospitals to utilize urgent care centers to receive walking wounded. However, the use of urgent care centers or community clinics can increase the capacity of the health care system to provide expedient care to non-critical patients in a large incident. The WCHD, with the support of the acute care hospitals, will explore the development of written agreements with specific urgent care centers or clinics in the future.

See Appendix G for a map of locations of the acute care facilities with emergency departments in Washoe County.

Communications

Medical Nets/Landline Communication Systems

The Medical Branch must maintain communications with the Command staff and should determine the method of communication during the initial briefing. See below for a possible pre-built ICS 205 radio communications plan.

The Medical Dispatch Center will assign a channel or channels on MED NET frequencies for communications for the following responders:

- Medical scene operations
- Medical Branch Director to Medical Dispatch Center
- Medical Dispatch Center to healthcare facilities

The DHO has pre-designated FCC dedicated radio frequencies for facility to facility, and facility to WCHD if local landlines and cell phone capabilities are compromised and redundant communication methods are required.

Federal grants allowed additional redundant communications through 800 MHz radios via a WCHD talk group when the radios were purchased for the area healthcare facilities and REMSA.

Amateur ham radio communications resources may also be activated to augment medical communications. Ham radio resources are activated through the Washoe County Emergency Manager.

Ambulance/Scene Communication

When the MCIP is activated, the Medical Dispatch Center will notify all local and incoming ambulance units of the activation. Medical Dispatch will advise that standing orders will be utilized to their fullest during disaster status, and that ambulances will not call individual patient reports to the healthcare facilities but will brief the Medical Dispatch Center. The ambulance personnel will only contact the facility with a brief description of the illness, injury, or triage category of the victim and estimated time of arrival (ETA).

The Medical Dispatch Center will assign ambulances responding to a request for mutual aid to the proper channel for scene operations.

Communication from the scene to the jurisdictional EOC or REOC will occur through Incident Command communication system designated tactical frequencies. The EOC may not be activated for all MCIs.

Disaster medical communication will take priority over all non-disaster related emergency medical transmissions, except for those patient emergencies that need immediate medical direction beyond written protocols.

Inter-Facility Communication

Landlines should be utilized for inter-hospital operations, if possible, in order to reduce radio traffic and interference.

Communication from the EOC to the scene and healthcare facilities may utilize the MED NET channels.

Medical Dispatch Center

The Truckee Meadows area is served by a Medical Dispatch Center capable of coordination of all emergency medical communications.

In the outlying areas of Washoe County (Incline Village and Gerlach) the Washoe County Sheriff's Office Public Safety Answering Point (PSAP) will be utilized for communication coordination with the Medical Dispatch Center.

In the event of any questions regarding medical channel frequency assignment, hospital destination, etc., the final authority for resolution will rest with the Medical Dispatch Center.

The Medical Dispatch Center will be released from MCI status by the Medical Branch Director, if approved by the Incident Commander, and in turn will communicate with all involved parties that routine medical status will be reinstituted.

Additional Communication Resources

If the political subdivision(s) EOC is activated, select radios may be placed in service to provide communication links between the incident scene, the EOC and supporting agencies.

On a limited basis, some agencies can provide portable phones and "Fastpack" communications to the incident scene.

During an emergency, cooperation is paramount to achieve the maximum use of the communications system. Messages can be cut short if an operator does not listen to the traffic and overrides another transmission. Radio frequencies are subject to atmospheric interferences, reducing the use of some radios. In the event of a major disaster within Washoe County, the County local government radio network and Amateur Radio Emergency Service (ARES) ham radio operators may be dedicated for supplementary emergency communications.

Acute care facilities in Washoe County are equipped with ARES radio equipment and have appropriately licensed staff as a supplemental communications resource.

Additional communication resources should be initiated by the Incident Commander from whoever owns or manages the resource.

Incident Radio Communications Plan (ICS 205)

ICS 205 provides information on radio frequency or trunked radio system talk group assignments for each operational period. In the initial response to an MCI, agencies will likely use a command channel and several tactical channels, which will be determined by the initial IC.

In most incidents, communications are identified as a challenge for responding personnel. To overcome this barrier, regional Fire, EMS, and Law Enforcement agencies developed the following ICS 205 for pre-planned radio communications to be used for extended incidents (MCI lasting more than 12 hours). It is understood that this is only a guideline for the beginning of an incident and the communications plan could expand or change, as appropriate.

INCIDENT RADIO COMMUNICATIONS PLAN	1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time

4. Basic Radio Channel Utilization

System/Cache	Channel	Function	Frequency/Tone	Assignment	Remarks
800 MHz	PS Fire 1	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
800 MHz	PS Fire 2	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 1	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 2	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
Med Radios	Mednet 3	EMS	UHF	Field to REMSA Dispatch	Subject to change depending on location
Med Radios	Mednet 8	EMS	UHF	REMSA Dispatch to hospitals	Subject to change depending on location
800 MHz	WC HDSUP	Command	WCRCS	Comm to WCHD	
VHF	NevCord 1	Air Resources	VHF	Air ambulance responders to ground crews	
800 MHz	PS Event 2	Tactical/Comm	WCRCS		
800 MHz	PS Event 3	Tactical/Comm	WCRCS	Optional – Comm to Responders	

5. Prepared by (Communications Unit)

Special Incident Considerations

Incident Command/Command Post Functions

At the onset of an emergency incident involving more than one agency, a Command Post should be established. It represents the command and direction elements for monitoring and controlling operations. Representatives from each agency should function within the Command Post, which should be easily identifiable.

The communication element of the command post serves as the nerve center for maintaining coordination and control. In order to obtain this service, it might require each agency to position one of their mobile units in the vicinity of the command post to provide this coordination of communications.

A large incident might necessitate the incident to be split into geographically distinct divisions.

The Incident Commander, through his/her Public Information Officer (PIO), is responsible for media relations. Medical personnel on scene approached by media must refer them to Command personnel, unless otherwise authorized and directed.

The Incident Commander may request a weather forecast from the National Weather Service (NWS) Reno.

Staging Areas

The designation of a staging area is of major importance in maintaining organization and control of an emergency incident scene. This area should be located as near as possible to the periphery of the incident zone. All responding vehicles and personnel not having prior assignments should be directed to the staging area(s). In a large medical incident, ambulance staging may be separate from incident staging, and units may be directed to respond to either area by the Medical Dispatch Center.

Vehicles must be systematically parked, and keys left in the vehicle.

Volunteers and self-deployed workers, including off duty firemen and law enforcement personnel, may arrive at the scene during a major incident. These persons must be referred to the staging area, where they should be organized for proper utilization and coordination.

Refueling of emergency vehicles is essential during a prolonged incident.

Food and Shelter

Food and drinks for incident personnel will be coordinated through the Incident Commander and are generally provided by the American Red Cross and/or Salvation Army.

The American Red Cross and/or Salvation Army vehicles should report to staging to be directed to appropriate areas of need.

Mass shelters or evacuation shelters will generally be established by the American Red Cross in coordination with the Incident Commander.

Rescue and Extrication

In a large event, the initial extrication of the injured may be initiated by lay persons entering the disaster zone prior to the arrival of trained personnel. Law enforcement, fire or other trained official rescue units should assume control over all extrication efforts by establishing the rescue/extrication group.

Rescue Task Force (RTF)

Rescue Task Force incorporates a more patient-centric approach focused on life saving during an active assailant MCI. RTF members are outfitted with ballistic vests, ballistic helmets, other protective gear, and are equipped with multi-person medical treatment modules. Rescue Task Forces are specifically trained and equipped to deal with violence-induced trauma. This process is further outlined in the Washoe County Regional Active Assailant Protocols.

Air Space Security

Air space security is an important consideration for any incident aircraft. The Incident Commander or designee will secure and control air space as appropriate for the incident.

Deceased

The Medical Branch Director through the Medical Dispatch Center is responsible for notifying the Washoe County Medical Examiner/Coroner's Office (WCMECO) if there are deceased patients at the scene. Except by the specific authorization of the WCMECO or an authorized representative, no photographing, removal of clothing or effects, or handling of bodies or parts is allowed in any manner whatsoever, except that which is necessary for preservation of lives and the safety of others or to safeguard the remains of the deceased.

All removal or covering of bodies, except which is necessary for the removal of other injured victims or to keep the bodies from public eye, will be accomplished under the direction of the WCMECO. If possible, mark the position of the body or body parts before moving.

If healthcare facilities identify deceased patient(s), they may share information with bona fide family members unless prohibited by law enforcement agencies. Unidentified patients who expire at healthcare facilities will be turned over to the WCMECO.

The facilities may wish to advise inquiring family members that there are patients who still have not been identified, some of whom are deceased, and advise them that they may wish to gather identifying information about birthmarks, surgical scars or dental records to assist the WCMECO in identification.

The healthcare facilities may also wish to advise family members of the WCMECO's phone number and the location of the American Red Cross Disaster Welfare Inquiry Center, the Family Service Center (FSC) or community Family Assistance Center (FAC), if these resources have been activated.

Litter Bearers

Initially, there may be an insufficient number of litters, backboards, litter stands, and trained litter bearers. Volunteer litter bearers may be recruited, and the litters, backboards and stands may be transported to the scene.

Four-person litter teams should be used. Infection control measures should be followed, including the donning of gloves and other appropriate personal protective equipment as indicated by the site safety plan or incident command.

Non-ambulatory victims should be immobilized on backboards or restrained on litters.

Ambulances and Transporters

The Medical Branch is charged with directing all activities of patient transport vehicles, including their ingress and egress routes.

Place the immediate/red treatment area closest to the ambulance access point.

In a large MCI, the method of transportation for minor/green patients may be of a type that cannot be used for the transportation of immediate and delayed patients, i.e., buses with fixed seats.

Healthcare facilities may be requested to restock ambulances as they arrive with individual medical supplies, depending on the availability of supplies within Emergency Departments.

If major supplies are needed on scene, requests for medical supplies will come from the Field Medical Supply Coordinator and will be requested through the Hospital Liaison Officer or Hospital Incident Commander.

It is the healthcare facility's responsibility to facilitate disposition of the patients upon arrival and to release ambulances as soon as possible.

Ambulance personnel will transport patients to the facility designated by the Patient Transportation Group Supervisor (PTGS). Changes en route may only be authorized by the Medical Dispatch Center and should be documented appropriately.

The Air Operations Branch Director reports to the Operations Section Chief in a larger incident response and supervises all air operations.

In smaller incidents, the Air Operations Branch Director position can be filled if the location or complexity requires the use of multiple EMS aircraft; in this case they can report to the Incident Commander or designee. The Air Ambulance Coordinator works under the Air Operations Branch Director and coordinates EMS aircraft and patient flow in and out of the incident.

In a large incident that utilizes additional non-EMS aircraft, the Air Operations Branch Director will coordinate to ensure continuity and safety between all aircraft.

If patients are evacuated by helicopter, a landing zone should be established – as near as practicable to the patient pick-up area, unobstructed to approach and departure, yet distant enough from the treatment units to avoid excessive noise and blown debris.

Documentation

Record keeping/documentation at the scene should be accomplished through use of the disaster scene forms and triage tags.

Documentation at the facilities and definitive treatment area should be in accordance with the individual policies and procedures of each agency but should be done to allow coordination between scene and definitive treatment areas (i.e. inclusion of the triage number off the field triage tag).

Each agency and facility involved in the incident should have a system for issuance and accountability of equipment and supplies.

Medical Dispatch Center personnel will maintain documentation of agency notifications and facility capabilities.

At a minimum a Unit Log 214 will be completed by all dispatch personnel involved in the incident to document key communications with incident personnel and other agencies off scene.

Rehabilitation/Stress Management

Due to the stressful nature of responding to a disaster, all incident personnel should realize that their natural coping defenses may be inadequate, and they should seek help for themselves and other incident personnel, as needed, from incident management (See Appendix I).

Due to physical and mental fatigue and the adverse environmental conditions of disasters, all incident command supervisors should monitor their personnel for rehabilitation needs and notify the Incident Commander or designee for appropriate restoration of personnel.

The Washoe County Regional Emergency Operations Plan (REOP), Disaster Behavioral Health Annex establishes a mechanism for jointly managing behavioral health for emergency incidents and events impacting one or more of the participating jurisdictions. The Annex is a streamlined guide for quickly obtaining behavioral health resources in an organized manner. It focuses on Washoe County regional actions and State of Nevada DPBH support resources.

The MCIP provides optional resources for responders in Appendix I, however it is highly recommended that each individual agency develops and maintains a mental health and stress management response plan for their employees.

Demobilization

During the demobilization process, all incident personnel must check out through their command supervisor or designee before being released from incident duty.

TRIAGE AND TREATMENT

Triage Procedure

Triage is defined as the sorting of, and allocation of treatment to, multiple patients and disaster victims according to a system of priorities designed to maximize the number of survivors. The function of triage is most useful and needed in large disaster settings where local resources are overwhelmed.

Triage is performed by assigned team(s), whose knowledge of triage will allow them to quickly evaluate and place the victim into an appropriate category. The Simple Triage and Rapid Treatment ("START") is the initial triage procedure for MCIs in Washoe County.

The START Flow Chart and Pediatric JumpSTART Flow Chart are located in Appendix B to provide the rescuer with a quick reference guide for triage in the field.

"START" was developed as a method of triaging patients in an MCI quickly and efficiently. START focuses on the following goals: simple to use, does not require any special skills, rapid, provides minimal stabilization, does not require specific diagnosis, and is easy to learn and teach. The START method utilizes four assessments to evaluate and categorize patients. These are the ability to walk, ventilate, perfuse, and reason. Also known as "RPM 30-2-Can Do", to indicate respiratory rate over or under 30, capillary refill over or under 2 seconds, and mental status, i.e. the patient can do what is asked of them.

In general, sorting of patients relates to how quickly treatment must be delivered to ensure survivability. Triage categories are traditionally defined as:

- Immediate/red – critical; life threatening; may survive if care is received within thirty minutes (30).
- Delayed/yellow – serious; may be life threatening; may survive if care is received in thirty minutes (30) to several hours.
- Minor/green – not considered life threatening; care may be delayed hours or days; this group may be referred to as the walking wounded.
- Deceased/black – fatally wounded, or clinically dead.

Additional Triage Guidelines

With the institution of the initial ribbon triage system, colored ribbons (surveyor tapes) are used to mark a patient's acuity level during initial triage. Triage tags are used for secondary triage in the treatment areas or are applied to victims during ambulance loading if treatment areas have not been established. Once all victims are marked with ribbons, triage personnel will have a count of victims as well as their acuity level, which they will report to the Triage Unit Leader. This information should be reported immediately through the ICS structure to the Incident Commander and Medical Unit Leader.

Victims should be moved to the appropriate treatment areas for treatment, reassessment, and transportation beginning with victims marked as immediate/red.

Victims' medical conditions will not be static throughout the event. Therefore, it should be noted that triage is a continuous process.

The START method will not be used to reassess patients in the treatment areas. Traditional methods will be used to further assess the patient based on diagnostic criteria (see section 4.4).

Patients who are marked as non-salvageable/black should not be moved until the WCMECO has reviewed the victim and has approved movement to the morgue area. The exception to this rule would be if a body was impeding triage, movement, or treatment of a salvageable patient.

In general, cardiopulmonary resuscitation of patients should not be initiated unless staffing allows for immediate treatment of all immediate/red and delayed/yellow patients.

Triage Ribbons and Tags

The colors red, yellow, green, and black correspond to the colors on both the initial triage ribbons and triage tag.

Note: The ribbons use the same color scheme but utilize a black and white striped ribbon instead of black for improved night visibility.

Triage ribbons are dispensed from a waist pack that contains four rolls (red, yellow, green and black/white striped). Ribbons are used for initial triage by triage team members. Triage tags are used in the treatment areas for secondary triage and patient accountability.

The Disaster Management Systems (DMS) All Risk® Triage Tag utilizes colored tear-off receipts to indicate victim's acuity levels during secondary triage.

- If a patient is determined to be in minor condition, using the START method (see START Flow Chart and Pediatric JumpSTART guideline in Appendix B), the pink contamination strip is removed to confirm the patient is not contaminated and the green receipts are left in place indicating the patient is MINOR acuity.
- If the patient is determined to be in delayed condition, the pink and green receipts are removed leaving both yellow receipts in place indicating the patient is DELAYED acuity.
- If the patient is determined to be in immediate condition, the pink, green and yellow receipts are removed leaving both red receipts in place indicating the patient is IMMEDIATE acuity.
- If the patient is determined to be in a non-salvageable condition, all receipts except for the black MORGUE receipts are removed.

- Triage unit personnel should maintain the numbers they have triaged and their color codes so that a count of patients and their priorities can be reported to the Triage Unit Leader. Each ribbon dispenser contains a card to help triage personnel keep track of patients triaged.
- Once patients arrive in treatment areas and triage tags are applied, appropriate patient information regarding vital signs, Glasgow score, injured areas, and treatment notes may be noted as time allows.
- Triage tag transportation receipts located on top of the tag contain the patient's triage tag number and will be retained at the scene prior to transport. Healthcare facilities should cross reference patient account numbers on charts with field triage tag numbers. Upon removal, tags should be kept by the facility for future quality improvement purposes.

Reassessment in Treatment Areas

START triage of victims is designed for rapid assessment. Once patients are assigned to treatment areas, they should be reassessed using primary and secondary surveys. The guidelines on the following page are to be used to decide the priority of treatment and transport after patients arrive in the treatment areas and are reassessed based on diagnostic categories.

Triage tags on victims in the treatment areas should be reclassified as appropriate following reassessment, and patients should be moved to the appropriate treatment area if there is a change. If the patient is moved to a lower priority of treatment, remove the colored receipts to reflect the new priority color.

Patients will be transported from the treatment areas according to the directives of the PTGS on reassessment categories provided by the Treatment Dispatch Manager.

Reassessment in Treatment Areas by Diagnostic Categories

First Priority – Immediate/Red

- Airway problems of any type
- Most types of chest wounds
- Deteriorating vital signs
- Suspected internal hemorrhage
- Severe uncontrolled external bleeding
- Head injuries with decreasing level of consciousness
- Partial and full-thickness burns of 20%-60% of body surface
- Medical conditions with deteriorating vital signs, altered level of consciousness, or severe breathing problems

Second Priority – Delayed/Yellow

- Open fractures
- Multiple fractures
- Spine injuries
- Large lacerations
- Partial and full-thickness burns of 10%-20% of body surface
- Medical conditions manifested by abnormal vital signs or severe pain consistent with a life-threatening condition
- Injuries or conditions involving circulatory compromise to an extremity

Third Priority – Minor/Green

- Minor burns
- Closed fractures
- Sprains and strains
- Minor lacerations
- Abrasions and contusions

Deceased/Expectant – Black

- Obviously dead
- Probably fatal injuries, such as severely crushed heads or full-thickness burns of 80%-100% of body surface
- Cardiac arrests

OTHER PATIENT CONSIDERATIONS

Patients with Burns

Nationally there are not enough designated burn care beds or burn centers to manage a surge of pediatric and adult burn patients. Current practice recommends transfer of seriously burned patients to burn centers for specialized care; however, these resources will be quickly overwhelmed by an incident that results in large numbers of burn victims, either pediatric or adult.

In the event a disaster occurs in which there is a surge of burn patients, it is not possible for local facilities to provide specialized burn care for affected patients because Washoe County does not have any burn centers. If a burn MCI should occur, some local healthcare facilities may need to accommodate and care for burn patients until specialized burn care resources/beds become available. It is likely those healthcare facilities will be caring for the burn patients for several days until safe discharge or transfer to a tertiary care facility.

Healthcare facilities in Washoe County need to be aware that many burn patients will be critically ill and require time/resource/labor intensive care:

- Initial resuscitation in EDs
- Fluid managements
- Airway control/mechanical ventilation
- Surgical debridement/escharotomy/grafting
- Pain control
- Infection control

If a burn MCI occurs, Washoe County local responders will use the Western Region Burn Mass Casualty Incident (BMCI) Response Plan to get necessary care for burn patients (See Appendix C-Western Region Burn Mass Casualty Incident Response Plan).

Pediatric Patients

Children are a highly vulnerable segment of the population and can often be victims of disasters or multi-casualty situations. When planning for MCIs, children tend to be forgotten, or simply included in the general population of a region's plan. However, children are a group with distinct needs. There are several challenges prehospital providers may face when caring for children during a multi-casualty incident because:

- The physiology of children differs from adults,
- Children are particularly vulnerable in a disaster,
- Separation from parents or caregivers may occur;
- And protocols developed for adults may not work well for children.

Many pediatric patients with either physical or psychological injuries could easily overwhelm the existing pediatric resources for Washoe County healthcare facilities. To accommodate the initial stabilization and treatment of these victims, the EMS system must have pediatric protocols in place and take these patients to a hospital that has the resources for adequate pediatric care. In addition, hospitals should have surge plans in place for response to an MCI, with the aim of increasing the pediatric bed capacity. Depending on injury severity, pediatric patients will likely need to be transported to Renown Regional Medical Center or St. Mary's Regional Medical Center.

The following assumptions should be considered during a pediatric disaster:

- Pediatric care, not normally available at some hospitals, may have to be provided during a disaster until transfer to definitive care can be arranged. Healthcare providers not used to caring for critically ill or injured pediatric patients may have to provide initial stabilization and continued care until the patient can be transferred.
- Pediatric patients are not little adults and, as such, the extent and intensity of care and resources required will vary significantly within the targeted population. This is critical in assessing existing pediatric resources as it relates to the development of pediatric preparedness plans. Hospitals without pediatric services such as pediatric critical care or a pediatric trauma service may need guidelines and recommendations to provide protection, treatment and acute care for pediatric patients in disasters.
- Healthcare providers need access to pediatric-specific training, guidance, exercises and supplies.

An MCI involving a large number of children is likely a worst-case scenario for many prehospital providers, but it is necessary for providers to know the variances between children and adults to provide effective care during an MCI. The following sections include information on pediatric physiology and care recommendations for providers to consider when on-scene of an MCI with multiple pediatric patients.

Pediatric Physiology

Children possess numerous physiological vulnerabilities that can pose a challenge for responders when they arrive on an MCI scene, including:

- Children's heads are proportionally much larger than their bodies, making them more susceptible to head injuries from blunt trauma.
- Children's organs are also proportionally larger and are not as well protected by the rib cage and abdominal musculature.
- Unlike adults, children will typically suffer from respiratory problems rather than something cardiac-related. It is important for the prehospital provider to be aware that the most common cause of cardiac arrest in a child is the inability to establish or maintain a patent airway or the inability to oxygenate or ventilate.
- Children have faster respiratory and heart rates and a proportionally greater body surface area for their body mass. These factors place children at higher risk for airborne chemical and biological agents since their bodies absorb toxins at a faster rate.
- Some toxic agents cause vomiting and diarrhea, which dehydrates children more rapidly than adults since children have smaller reserves.

- Children have a higher metabolic rate; therefore, they have a different response to both toxins and the medications you may use to treat them.
- Children have different mental and psychological needs, especially in a disaster setting. Most children lack a sense of self-preservation, and do not have the cognitive skills or physical ability to react appropriately to signs of danger or instructions for help. Additionally, they have fewer coping skills than most adults and do not always follow directions well.

Despite all these factors, children have great potential for resiliency when treated appropriately. Below are pediatric care recommendations for Washoe County agencies responding to a pediatric MCI.

Psychological Impacts

Pay attention to children's emotional state. Responders may need to take a few extra seconds to calm a child in order to get them to cooperate.

Children continue to be susceptible to environmental problems like respiratory disease, contaminated water, malnutrition and dehydration and abuse. The stress hormones released can have profound impact on both the child's immediate health, as well as their long-term development; the psychological impact of an MCI will certainly have long-lasting implications as well.

Try to create a sense of safety and well-being as much as possible. For younger children, provide simple explanations for what happened and avoid excess details. Older kids will usually benefit from a slightly more detailed explanation, perhaps emphasizing everything groups are doing to help fix the situation and prevent further mishap.

Pregnant Patients

The presence of a pregnant patient(s) in an MCI creates unique challenges for responders. Pregnancy causes numerous physiological changes which may increase the potential for life-threatening injuries as such changes can camouflage injury severity. Additionally, similarly to children, pregnant casualties may present responders with an ethical dilemma, as research shows responders may be biased when triaging children and gravid women.

There is little guidance currently available to address MCI considerations for obstetric patients specifically; however, as this is a patient population with specific vulnerabilities and the potential to be present in any MCI, it is important to address key considerations.

While pregnancy alone does not necessarily justify a triage level upgrade, pregnant patients with certain injuries or signs/symptoms should be triaged immediate/red. These include:

- Obvious trauma to the abdomen
- Severe abdominal pain or contractions
- Substantial vaginal bleeding or fluid leakage from the vagina
- Active labor

Pregnancy will also affect transport decisions, especially in regard to destination facilities. Facilities should be capable of caring for both the mother and the potentially viable fetus, as injuries may necessitate emergent intervention to save both lives. Renown or St. Mary's are the facilities in Washoe County with these capabilities. Transport personnel should ensure the receiving facility is aware of this status.

Of note, pregnant women in their final trimester or with a large gravid abdomen should not be immobilized in a supine position due to the risk of vena cava syndrome; ideally, they should be tilted slightly to their left side.

Patients with Access and Functional Needs (AFN)

The definition the Federal Emergency Management Agency (FEMA) uses for individuals with AFN, which is consistent with the definition in the agency's National Response Framework, is "populations whose members may have additional needs before, during, and after an incident in functional areas including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include:

- those who have disabilities;
- live in institutionalized settings;
- are elderly;
- are children;
- are from diverse cultures;
- have limited English proficiency or are non-English speaking;
- or are transportation disadvantaged."

During an MCI involving patients with AFN, the IC will need to coordinate the utilization of medical facilities as well as the procurement, allocation, and distribution of medical personnel, supplies, accessible communications, and specialized equipment to meet the needs of people with access and functional needs.

Hospitals in Washoe County should address access and functional needs populations in their individual emergency response plans, including but not limited to communication, mobility, behavioral and mental health, and age-related issues.

Persons with Intellectual and/or Developmental Disabilities

Roughly 20% of the population of the United States has some form of disability. Therefore, there is likelihood that individuals with intellectual and/or developmental disabilities (I/DD) could be involved in any type of MCI. There are a few important things for prehospital providers to know if individuals with I/DD are involved in an incident.

- Look for medic alert bracelets and care plans.
- Some individuals with I/DD are dependent on medications given at specific times during the day.
- Some individuals with I/DD are dependent on ventilators and other electrical equipment and may need to recharge batteries.
- If a person is non-communicative and has no family/care provider with them, providers will need to meet their needs.

Hazardous Materials MCI

During a possible HazMat MCI, first responders should request technical assistance or the Triad HazMat Response team to determine the substance.

The Incident Commander or Decontamination Leader will determine when patients can be released to EMS for treatment and/or transportation to a healthcare facility. The Incident Commander MUST consider the potential for patients to leave the incident scene against medical advice and self-transport, creating surges (secondary incidents) at local facilities, including urgent cares.

All hospitals are encouraged to have basic decontamination capabilities to treat patients exposed to or contaminated by hazardous materials; however, it is recommended that Renown Regional Medical Center and Saint Mary's Regional Medical Center serve as primary receiving facilities for victims that have field decontamination at the hazardous materials incidents.

The public safety community, including EMS providers, will follow proper decontamination procedures, to include the removal or deactivation of contaminants from people, equipment, or the environment. It protects responders from hazardous substances that may contaminate and permeate their protective clothing, respiratory equipment, tools, vehicles, and other equipment used on the scene. By expeditiously removing the contaminant from the victims, first responders may be able to preclude the occurrence of adverse health effects from the materials.

All personnel involved in a Mass Casualty Hazardous Materials incident should meet the appropriate training level in accordance with established guidelines set forth by U.S. Department of Transportation (USDOT), Occupational Safety and Health Administration (OSHA), National Fire Protection Association (NFPA), and local emergency response procedures. All responders who do not meet these guidelines should stage and stay well outside of the hot and warm zones of the incident.

PATIENT TRACKING

When a disaster occurs in Washoe County, trained WCHD personnel will respond in their applicable roles. Specifically, for an MCI response, WCHD staff will respond and conduct patient tracking for the incident through the Medical Services Unit (MSU) Leader position in the EOC. Patient tracking is a key element of MCI response and requires significant coordination between EMS, the WCHD, and the healthcare system.

The on-scene Patient Transportation Group Supervisor is required to submit the DMS transport receipts/patient receipt holders to the MSU every 10 patients. The MSU personnel inputs this information into a locked down WebEOC board, only accessible by public health officials and hospitals.

The patient information from EMS along with the additional data from the receiving facilities assists with reunification of family members and individuals involved in the incident.

TRAINING

MCIs are not everyday occurrences. Additionally, the nature of the work demanded of the emergency responders is different from routine roles.

To be properly prepared for the unusual, it is necessary to have specific training in the theory and tactics that will be employed during an MCI.

While many agencies may be called on during an MCI, the bulk of the responsibility for patient care, treatment, transport, and safety generally lies with the responding Fire and EMS personnel, Medical Dispatch Center, and the healthcare facilities. The following training guidelines outlined in this plan focus on these responders.

Ambulance Personnel Training

EMS personnel must be knowledgeable about the purpose and operation of the ICS and about the MCIP.

EMS managers must be trained to actively assume responsibilities within this plan and, therefore, in the ICS structure as managers, e.g., at the Unit, Group or Branch level.

All ambulance operational personnel should receive formal training in ICS and the MCIP. Specifically, all ambulance operational personnel should receive training as detailed in the following:

- ICS 100 (prerequisite)
- MCI basic training objectives:
  - Define a multi-casualty incident and the role and authority of the DBOH in developing the MCIP.
  - Itemize the information to be gathered in an initial MCI size-up.
  - List the activation criteria and the agencies that will be notified in an MCI

pre-alert or MCIP activation, and explain why those agencies are notified.
- Explain the role in establishing incident command that is assumed by the first-in ambulance if no other agencies have arrived on scene.
- Describe the ICS medical organizational structure and how it may develop from an initial response level, to a reinforced response level, to a full response level, and an escalated branch response level.
- Explain how face-to-face reporting to the Incident Commander or lead jurisdictional agency by the first arriving medical personnel on scene can improve the outcome of an MCI.
- Demonstrate the ability to select the appropriate START triage criteria, perform limited treatment interventions and carry out ongoing reassessment for simulated patients.
- Describe the four-color categories in the triage tagging system, their significance regarding priority of transfer to treatment areas, and their significance in selecting patient transportation methods.
- Explain why it is important to immediately notify healthcare facilities in an MCI or hazardous materials incident that involves potential patients
- Describe the positive outcomes for patients when patients are disbursed appropriately to the area hospitals.
- Describe the communication role of Medical Dispatch Center with on scene personnel, the healthcare facilities, the PSAPs, and other agencies
- Describe the factors in making a decision to request out of county hospitals or ambulance resources and the chain of command that is used.
- List and describe the purpose of the documentation forms utilized by medical branch personnel.

Medical Dispatch Personnel

Medical Dispatch Center personnel, in addition to 7.1, should receive training in Medical Dispatch MCI coordination objectives:

- List the priority of agencies and individuals to be notified by medical dispatch during an MCI.
- List facilities' baseline capacity numbers; describe the criteria used by the facilities to update those numbers, and the role of dispatch in monitoring those numbers during an MCI.
- Demonstrate the procedures used to notify appropriate area healthcare facilities and other agencies, and the record keeping used by dispatchers to monitor capacities, ICS Unit Log 214, and the Hazardous Materials Spill Emergency Information Form.
- Describe the methods, resources, and procedures used in medical communications in an MCI, including patient reports to the receiving healthcare facilities.
- Describe the possible causes of communication failure and at least two back-up methodologies that could be used during those failures.
- Explain the protocol for ambulances to provide patient reports during an MCI
- Describe the use of urgent care centers in large MCIs.
- Describe the communication challenges presented by using urgent care centers in large MCIs.

- Demonstrate the role of medical dispatchers in coordinating communications between Medical Branch personnel, the healthcare facilities and other agencies.
- Demonstrate the coordination of out of county ambulance vehicles.
- Demonstrate a system to track assignment of patients to facilities based on capacity and updating of capacities.
- Demonstrate the medical dispatcher's role in MCI record keeping.
- Demonstrate out of county incident notifications and WCHD interface procedures.
- Demonstrate MCI record keeping procedures within dispatch.

ICS Management Position Training

All ambulance personnel who may assume ICS management positions at the unit leader level or above should receive additional training as detailed below:

- ICS 200 (prerequisite)
- MCI advanced training objectives:
  - List at least 10 items critical to the positive outcome of an MCI.
  - Demonstrate the ability to assign appropriate personnel to the Medical Branch based on the various levels of response.
  - Demonstrate the ability to brief lead Medical Branch personnel on the IAP and safety issues, give them their Medical Branch vest, and assign them specific responsibilities and reporting duties.
  - Describe how to select, staff and equip appropriate treatment areas in a simulated event and to verbalize the factors that are important during treatment to improve patient outcome.
  - Demonstrate the ability to select an appropriate ambulance staging location considering optimum ingress and egress routes and safety issues.
  - Describe the role of the Medical Examiner/Coroner in caring for deceased persons, when it may be appropriate to move deceased patients, and how the morgue manager would request law enforcement/coroner involvement in an incident.
  - Demonstrate the ability of the Medical Branch Director or Medical Group Supervisor to establish a variety of communication links during an MCI, both up and down the chain of command, and to delegate the appropriate communication responsibilities to on scene staff and to the Medical Dispatch Center.
  - Verbalize the personal protective equipment and safety concerns that the Medical Branch Director or his/her designee may be responsible to address in an IAP.
  - Describe the rationale and process for requesting out of county facilities or ambulance resources.
  - Demonstrate the ability to use secondary (reassessment) triage criteria based on diagnostic categories that are to be used by ambulance personnel in the treatment areas.
  - Describe at least three medical branch challenges should an incident occur in Incline Village or a rural part of Washoe County.
  - Demonstrate the ability to interface with the HICS structure in a hospital evacuation.
  - Describe additional medical equipment available through the Reno-Tahoe

Airport Authority of Washoe County and other agencies, and the process for requesting such resources.
- Describe the role of the Medical Branch Director or his/her designee in demobilizing both on scene and off scene resources activated during an MCI.
- Verbalize the role of an ambulance transport agency representative in unified command.
- Explain the role of the WCHD staff during out of county incidents and the role of the WCHD medical representative in an EOC for coordinating medical issues, monitoring medical capabilities, and tracking patients in a large MCI.
- Describe the responsibility of the medical branch personnel to supply a copy of all MCI forms to the Incident Commander and to the WCHD at the completion of the incident, and to participate in an MCI debriefing.

Fire Personnel Training

Fire personnel who provide emergency services must be knowledgeable about the purpose and operation of the ICS and the MCIP.

Fire command personnel must be trained to actively assume responsibilities within this plan and, therefore, in the ICS structure as managers, e.g., Unit, Group or Branch level or as the Incident Commander.

All fire operation personnel should receive formal training in ICS and the MCIP. Specifically, all fire operational personnel should receive training as detailed in the following courses:

- ICS 100 (prerequisite)
- See MCI basic training objectives in section 7.1

All fire personnel who may assume ICS management positions should additionally receive training as detailed in the following courses:

- ICS 200 (prerequisite)
- See MCI advanced training objectives in section 7.3

Executive Level Training

While executive personnel may not directly respond to an incident, or use operational elements identified in the MCIP, it is necessary for supervisory staff to understand the plan. The WCHD will offer executive level training for healthcare, fire, EMS, emergency managers, RTAA, public health, WCMECO or any other personnel interested in having a high-level training on MCI response and management in Washoe County.

Allied Agency Training

The nature of an MCI generally calls for the involvement of additional agencies and organizations other than Fire and the EMS/ambulance provider. These additional agencies are encouraged to participate in as much training relating to the response to a multi-casualty incident as possible.

Agencies that would likely have interest in and benefit from MCI training include:

- Volunteer fire departments
- Law enforcement
- Healthcare facilities
- Service organizations, such as the American Red Cross and the Salvation Army
- Emergency Managers

Organizations that would benefit from an introduction to multi-casualty incident operations include:

- Utilities
- Public works
- Public transportation
- Any facility that houses or operates with hazardous materials
- Any facility that regularly houses large numbers of people
- Organizations that provide medical care at mass gatherings

EMS Field Management Personnel Function and Selection

At the time any of the key medical personnel positions listed below are assigned, it is imperative that the personnel being assigned are given:

- The appropriate vest for the position
- The appropriate position check list
- Means of communication to be utilized during the incident

The person in charge of EMS Field Operations in an initial and reinforced level of response is the Medical Group Supervisor. Overall command of EMS field operations in a full response would be delegated to the Medical Branch Director.

The EMS field organization builds from the top down with responsibility and performance placed initially with the Medical Group Supervisor. The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one individual can simultaneously manage all major functional areas, no further organization is required. If one or more of the areas

requires independent management, an individual should be named to be responsible for that area. In a small MCI, or in the early phases of a large MCI, the Medical Group Supervisor may also need to serve as Patient Transportation Group Supervisor and coordinate communication with the Medical Dispatch Center to organize patient disbursement. Additional personnel may include, but are not limited to: Triage Unit Leader, Treatment Unit Leader and Medical Supply Coordinator.

Key Medical Personnel

Medical Branch Director

The Medical Branch Director is responsible for implementation of the IAP when the Medical Branch is implemented and reports to the Operations Section Chief. The Medical Branch Director then assumes supervision of and provides direction to the Medical Group Supervisor and the Patient Transportation Group Supervisor.

Medical Group Supervisor

The Medical Group Supervisor shall be the first qualified responder for the position on the scene and, in accordance with local policy, may be law enforcement, fire or private provider personnel. The initial Medical Group Supervisor may be the Incident Commander or his/her designee.

The Medical Group Supervisor will report to the Incident Commander (or his/her designee). If an Incident Command has not been established (early in an MCI), the Medical Group Supervisor will coordinate operations with fire and law enforcement until an Incident Commander is assigned.

The Medical Group Supervisor (or Medical Branch Director if assigned) will be responsible for overall medical scene control and should not be directly involved in patient care unless he/she is the only rescuer at the scene for extended lengths of time. The Medical Group Supervisor will utilize the Medical Branch Worksheet MCM Form 402 and the ICS Unit Log 214 when appropriate.

The Medical Group Supervisor will appoint personnel depending upon the needs of the incident, which may include Triage Unit Leader, Treatment Unit Leader and Medical Supply Coordinator. Personnel can be placed in charge of several areas, if this is the best utilization of available resources.

Triage Unit Leader

The Triage Unit Leader (basic life support preferred) will coordinate the triage of all patients. After all patients have been triaged and marked with ribbons, this person will supervise the movement of patients to a treatment area. The Triage Unit Leader may assign triage personnel and a Morgue Manager as needed. This person will remain at the triage area and will report to the Medical Group Supervisor.

Treatment Unit Leader

The Treatment Unit Leader (ALS preferred) is responsible for on scene emergency medical care of victims in the treatment area, and supervision of the movement of those patients to the ambulances. This person will be located at the treatment area and will report to the Medical Group Supervisor. Treatment Managers may be assigned by the Treatment Unit Leader to the immediate/red, delayed/yellow and minor/green treatment areas as needed. The Treatment Unit Leader may also assign a Treatment Dispatch Manager to coordinate communication with the Patient Transportation Group Supervisor (PTGS).

Medical Supply Coordinator

The Medical Supply Coordinator shall acquire and maintain control of appropriate medical equipment and supplies from units assigned to the incident or that arrive from other locations.

Patient Transportation Group Supervisor (PTGS)

The PTGS will establish and maintain communications with the Medical Dispatch Center and coordinate patient loading into ambulances and EMS aircraft as determined by the Treatment Unit Leader(s). The function of the PTGS may be filled concurrently by the Medical Group Supervisor in the event there are not enough qualified personnel available. The PTGS may assign the following personnel as necessary: Medical Communications Coordinator, Air Ambulance Coordinator and the Ground Ambulance Staging Manager.

Medical Communications Coordinator

The Medical Communications Coordinator shall establish and maintain medical communications with the Medical Dispatch Center and shall select the mode of transport and patient destination based upon the direction of the Medical Dispatch Center.

Air Ambulance Coordinator

The Air Ambulance Coordinator shall establish and maintain safe landing zones, communications and flow/tracking of patients and EMS/rescue helicopters/fixed wings in and out of the incident area. The Air Ambulance Coordinator can report to the PTGS on small incidents or the Air Operations Branch Director on larger incidents.

Ground Ambulance Staging Manager

The Ground Ambulance Staging Manager is responsible for the coordination of incoming personnel and equipment. The Ground Ambulance Staging Manager shall use the “Ambulance Staging Resource Status Log” to track ambulance availability and activities. This person will organize ambulances (or other medical transportation vehicles), medical equipment and medical personnel and dispatch them to duties at the request of the PTGS. This person will be located at the staging area and will report to the PTGS.

Modular Development of Medical Branch

The specific organizational structure established for any given incident will be based upon the management needs of the incident. If one or more of the areas require independent management, an individual should be assigned and briefed to be responsible for that area.

The Medical Branch field organization is modular and is built as needed. The following pages show organizational structures that could be developed in the following four different levels of response:

- Initial Response
- Reinforced Response
- Full Branch Response
- Escalated Response

In the "Initial" and "Reinforced Response" levels, responsibility and performance is placed initially with the Medical Group Supervisor.

The Medical Group Supervisor (or Medical Branch Director if assigned) will be responsible for overall medical scene control.

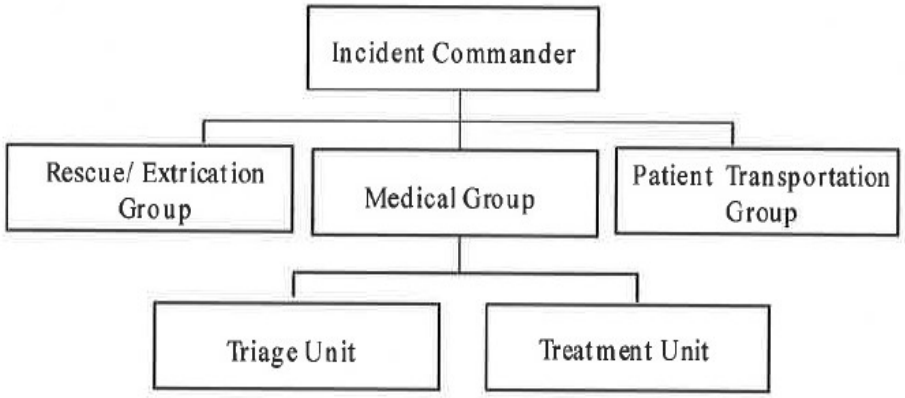
If one individual can simultaneously manage all major functional areas, no further organization is required. In a small MCI, or in the early phases of a large MCI, the Medical Group Supervisor may also need to serve as the PTGS and coordinate communications with the healthcare facilities and patient destination.

ICS ORGANIZATIONAL CHARTS

While the IC has ultimate responsibility for all activities on the incident ground, using the ICS structure, the IC should delegate tasks for completion to the functional area officers. The modular design of ICS allows the IC to establish ICS positions on an as needed or projected need basis. Therefore, organizational development will vary from incident to incident.

Below are examples of ICS organizational charts for initial, reinforced, full and escalated responses.

Incident Command Organizational Chart for an Initial Medical Response

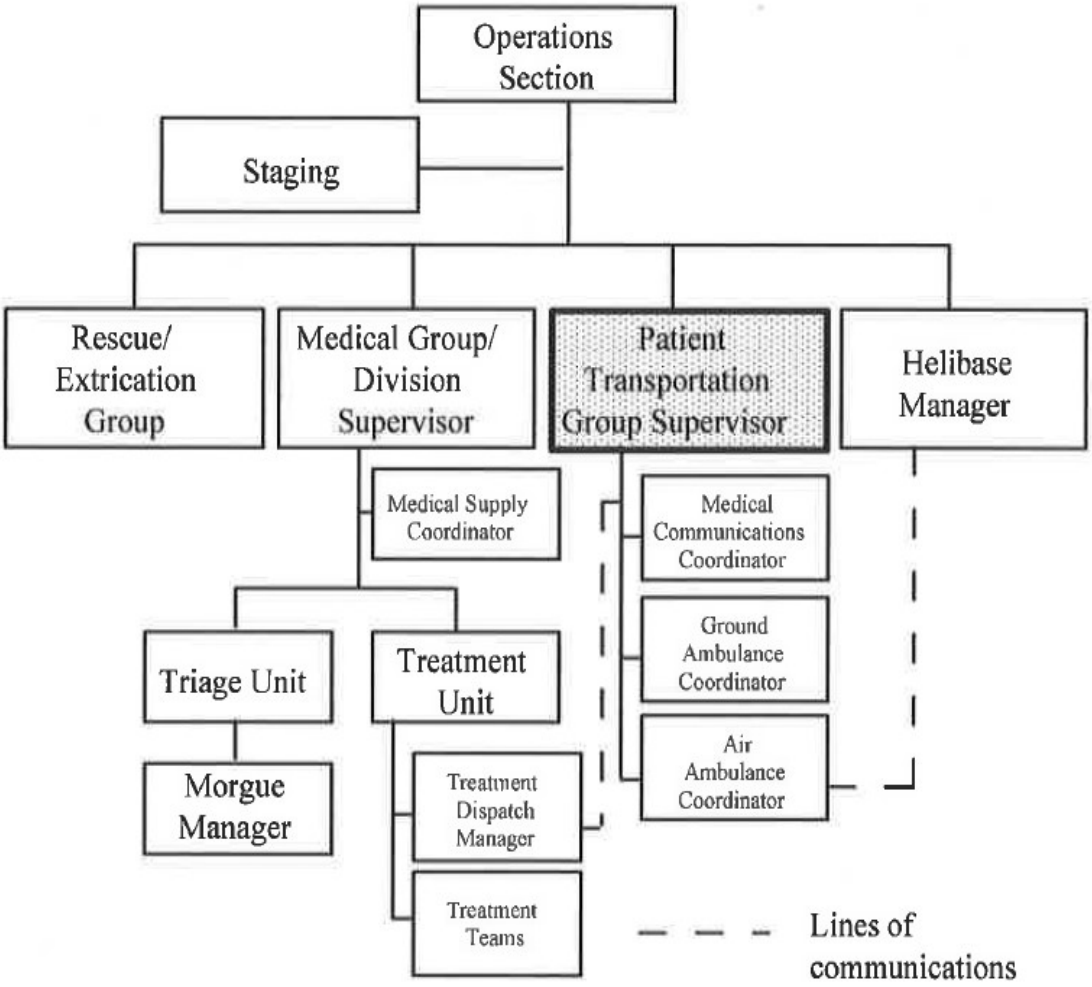


The first arriving unit or officer will establish command until arrival of a higher-ranking officer. Upon arrival of a higher-ranking officer, they will be briefed by the on-scene Incident Commander. The higher-ranking officer will then assume command. This transfer of command is to be announced. The officer being relieved of command responsibilities will be reassigned by the new Incident Commander.

The IC normally establishes the Rescue/Extrication Group position early in the incident. It is often assigned to the first resource in the area.

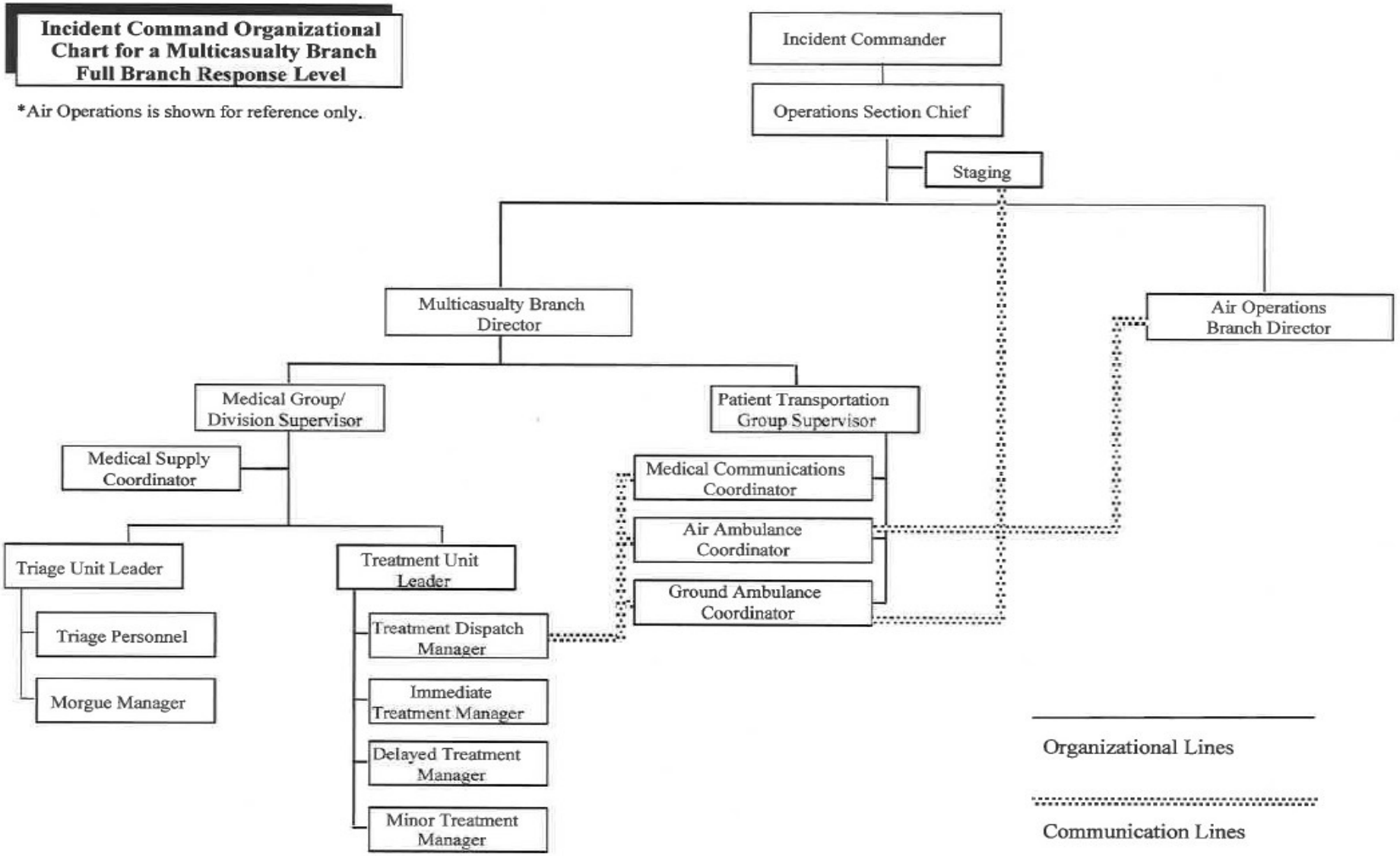
The Medical Branch Group Supervisor may be required to also serve as Patient Transportation Group Supervisor during small incidents, or in the initial phase of large incidents.

Incident Command Organizational Chart for a Reinforced Medical Response

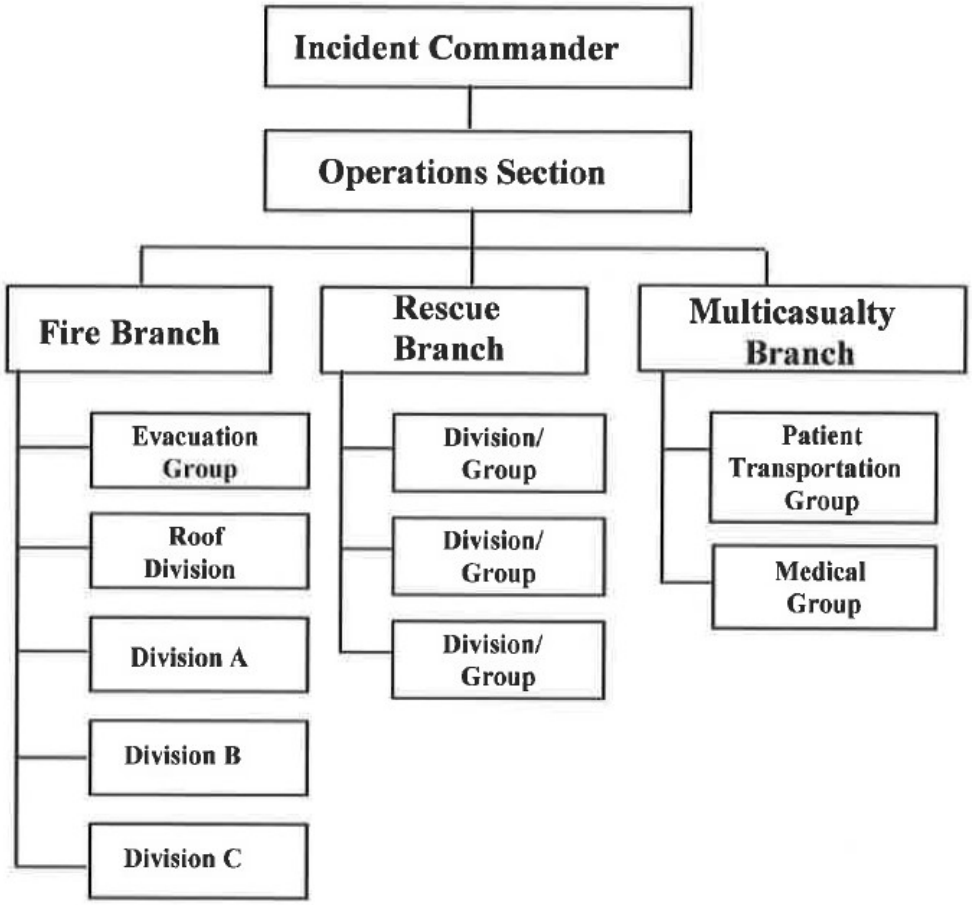


A reinforced response may be initiated when it is determined that the initial response resources will be insufficient to deal with the size or complexity of the incident.

Incident Command Organizational Chart for a Full Medical Response



Incident Command Organizational Chart for an Escalated Medical Response



Divisions or Groups are tactical level management units that organize responders. As an incident escalates the Incident Commander should consider using Division/Groups. Divisions represent geographic operations, and groups represent functional operations.

Divisions are the organization level having responsibility for operations within a defined geographic area. The division level is organized by signal resources, task force, or the strike team and the branch. Groups are the organization level having responsibility for a specified functional assignment at an incident (ventilation, salvage, water supply, etc.).

APPENDIX A - MEDICAL BRANCH ICS JOB DESCRIPTIONS

Rescue/Extrication Group

Definition:	First medical qualified personnel/unit
Supervised by:	Incident Commander
Function:	Conduct rescue of entrapped victims and/or assist with primary care of patients and coordinate initial patient triage and/or treatment.

DUTIES:

1. Check in and obtain briefing from IC.
2. Report to designated on scene location.
3. Implement assigned incident objectives.
4. Coordinate with treatment unit (if assigned) for patient care during the rescue operations.
5. Determine resources needed to extricate patients.
    - Rescue tools
    - Backboards
    - Personnel
    - Relief personnel
6. Communicate resource requirements to the IC.
7. Provide tactical direction and supervision to assigned resources.
8. Ensure safety of members operating in the area.
9. Coordinate patient transport to triage/treatment area.
10. Provide IC with frequent and timely progress reports
11. Maintain incident documentation.

OPERATIONAL CONSIDERATIONS:

1. Where possible, critical patients should be extricated, triaged and delivered to the treatment area ahead of the more stable patients.
    - There must be interface with the Triage Unit Leader.
2. The Rescue/Extrication Group will be within the hazard zone with potential risks to personnel and patients; appropriate action should occur to provide safeguards.

Medical Branch Director

Definition:	Qualified Medical Branch Director
Supervised By:	Operations Section Chief
Subordinates:	Group/Division Supervisors
Radio Designator:	Medical Branch Director
Function:	The Medical Branch Director is responsible for the implementation of the Incident Action Plan within the Branch. This includes the direction and execution of Branch planning for the assignment of resources within the Branch.

DUTIES:

1. Check in and obtain briefing from Operations Section Chief.
2. Review Group/Division assignments for effectiveness of current operations and modify as needed.
3. Provide input to Operations Section Chief for the Incident Action Plan.
4. Supervise Branch activities.
5. Report to Operations Section Chief on Branch activities.
6. Maintain Medical Branch Worksheet (MCM 402) and Unit Log (ICS Form 214).

Air Operations Branch Director

Definition:	Qualified Group Supervisor
Supervised By:	Operations Section Chief
Subordinates:	Air Ambulance Coordinator
Radio Designator:	Air Operations
Function:	Ordering and coordination of medical air resources to and from an incident. Coordinate, support and oversee landing zones, airports, airstrips or any designated aircraft staging areas.

DUTIES:

1. Check in and obtain briefing from Operations Section Chief.
2. Establish communications with Patient Transportation Group Supervisor, LZ Coordinator, Fixed Wing Coordinator and designated dispatch center.
3. Designate LZs, airports, airstrips or aircraft staging areas where appropriate.
4. Ensure designated aircraft dispatch center(s) are aware of aircraft operating in the area and safely coordinate with incident aircraft in and out of the area.
5. Ensure incident EMS helicopters have proper frequencies and destination coordinates.
6. Ensure incident fixed wing aircraft have adequate transportation to and from the aircraft.
7. Coordinate air resource utilization during a large-scale incident.
8. Maintain Unit Log (ICS 214).
9. Ensure LZ Coordinator and Fixed Wing Coordinator spreadsheets are maintained and accounted for at end of incident.

OPERATIONAL CONSIDERATIONS:

1. Security for LZs, airstrips or other non-secured aircraft staging areas
2. Fire/rescue standby at LZ's and aircraft areas of operations.
3. Contacting local fixed-based operator(s) (FBO) to facilitate aircraft refueling operations.
4. Consider providing incident helicopters with ICS Form 205 (Radio Communications Plan) for incident air operations frequencies.
5. Logistics/rehab needs of air medical crews and pilots. Monitor pilot duty times and plan accordingly.

Medical Group/Division Supervisor

Definition:	Qualified Group/Division Supervisor
Supervised By:	Branch Director
Subordinates:	Triage Unit Leader, Treatment Unit Leader, Medical Supply Coordinator
Radio Designator:	Medical Group/Division Supervisor
Function:	Establish command, and control and activities within a Medical Group in order to ensure the best possible emergency medical care to patients during an MCI.

DUTIES:

1. Check in and obtain briefing from Medical Branch Director or Operations Section Chief.
2. Participate in Medical Branch/Operations Section planning activities.
3. Establish Medical Group/Division with assigned personnel; request additional personnel and resources enough to handle the magnitude of the incident.
4. Designate Unit Leaders and treatment areas as appropriate.
5. Isolate morgue from all treatment areas and contact Medical Dispatch Center to ensure that the Medical Examiner/Coroner's office is notified.
6. Separate minor/green treatment area from immediate/red and delayed/yellow treatment areas.
7. Request law enforcement/coroner involvement as needed.
8. Determine amount and types of additional medical resources and supplies needed to handle the magnitude of the incident (medical caches, ambulances, helicopter, and other methods of patient transportation.)
9. Establish communications and coordination with Patient Transportation Group Supervisor, and coordinate support and tactical communication methods as needed for the Medical Branch.
10. Ensure activation of hospital alert system, local EMS/health agencies.
11. Direct and assign on scene personnel from agencies such as Medical Examiner/Coroner's Office, American Red Cross, law enforcement, ambulance companies, county health agencies, and hospital volunteers.
12. Ensure proper security, traffic control, and access for Medical Group/Division areas.
13. Direct medically trained personnel to the appropriate Unit Leader.
14. Maintain Medical Branch Worksheet (MCM 402) and Unit Log (ICS Form 214) when appropriate.

OPERATIONAL CONSIDERATIONS:

1. Group command location
    - Safe area remote from triage/treatment areas with law enforcement perimeter control
    - Adjacent to Patient Transportation Group Supervisor's location when possible
2. Ambulance traffic pattern and patient loading areas
3. Treatment areas – consider isolating from each other
    - Immediate
    - Delayed
    - Minor
4. Morgue – consider security and remoteness

Triage Unit Leader

Definition:	Qualified Unit Leader
Supervised by:	Medical Group/Division Supervisor
Radio Designator:	Triage Unit Leader
Subordinates:	Triage Personnel/Litter Bearers and Morgue Manager
Function:	Assume responsibility for providing triage management and movement of patients from the triage area. When triage has been completed, the Unit Leader may be reassigned as needed.

DUTIES:

1. Check in and obtain briefing from Medical Group/Division Supervisor.
2. Develop organization enough to handle assignment.
3. Inform Medical Group/Division Supervisor of resource needs (see list in plan).
4. Implement START triage process.
5. Coordinate movement of patients from the triage area to the appropriate treatment area (in general, patients tagged red should be moved first).
6. Give periodic status reports to Medical Group/Division Supervisor.
7. Maintain security and control of the triage area.
8. Establish morgue (deceased casualty area) and liaison with Medical Examiner/Coroner.
9. Maintain Unit Log (ICS 214).

OPERATIONAL CONSIDERATIONS:

1. Safety shall be of paramount consideration
    - Assess resource needs
    - Command
    - Communications
    - Personnel
    - Equipment/supplies
    - Relief units
2. Inform Medical Group/Division Supervisor of minimum needs
3. Consult with Triage Personnel
4. Give job assignments
    - Safety
    - Records
    - First-aid personnel
    - Transporters
5. Establish morgue location*

***Note: Do not allow deceased patients to be moved from their original locations unless absolutely necessary. If possible, take pictures and mark location of deceased. This information is essential to the WCMECO. Upon arrival of the WCMECO, the Medical Examiner/Coroner will take charge of all related functions in the morgue area.**

Triage Personnel

Definition:	Medical qualified personnel
Supervised by:	Triage Unit Leader
Function:	To triage patients on-scene and assign them to appropriate treatment areas.

DUTIES:

1. Check in and obtain briefing from Triage Unit Leader.
2. Report to designated on scene triage location.
3. Use START method to triage injured patients. Classify patients while noting injuries and vital signs (if taken). Track the number of patients triaged and their priorities to provide report to the Triage Unit Leader.
4. Move patients to proper treatment areas (in general, patients marked red should be moved first).
5. Provide appropriate medical treatment (ABC's) to patients prior to movement as incident condition dictates.

Treatment Unit Leader

Definition:	Qualified Unit Leader
Supervised by:	Medical Group/Division Supervisor
Subordinates:	1. Treatment Dispatch Manager 2. Immediate Treatment Manager 3. Delayed Treatment Manager 4. Minor Treatment Manager
Radio Designator:	Treatment Unit Leader
Function:	Assume responsibility for treatment, preparation for transport, and coordination of patient treatment in the Treatment Areas. Direct movement of patients to loading location(s).

DUTIES:

1. Check in and obtain briefing from Medical Group/Division Supervisor.
2. Develop organization enough to handle assignment.
3. Direct and supervise Treatment Dispatch Manager, immediate, delayed, and minor treatment areas.
4. Coordinate movement of patients from triage area to treatment areas with Triage Unit Leader.
5. Request enough medical caches and supplies as necessary.
6. Establish communications and coordination with Patient Transportation Group.
7. Ensure continual reassessment of patients throughout treatment areas.
8. Direct movement of patients to ambulance loading area(s).
9. Give periodic status reports to Medical Group/Division Supervisor.
10. Maintain Unit Log (ICS 214).

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Command
    - Communications
    - Equipment/supplies
    - Medical teams
    - Relief personnel
2. Give job assignments
    - Treatment managers
    - Treatment dispatch manager
    - Records
    - Security
3. Standing orders

Treatment Dispatch Manager

Definition:	Qualified Person
Supervised by:	Treatment Unit Leader
Subordinates:	As needed
Radio Designator:	Treatment Dispatch Manager
Function:	Responsible for coordinating the transportation of patients out of the treatment area with Patient Transportation Group

DUTIES:

1. Check in and obtain briefing from Treatment Unit Leader.
2. Establish communications with immediate, delayed and minor Treatment Managers.
3. Establish communications with Patient Transportation Group.
4. Verify that patients are prioritized for transportation.
5. Advise Medical Communications Coordinator of patient readiness and priority for transport.
6. Coordinate transportation of patients with Medical Communications Coordinator.
7. Ensure that appropriate patient tracking information is recorded.
8. Coordinate ambulance loading with Treatment Manager and ambulance personnel.

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Communications
    - Equipment/supplies
    - Recorders and other personnel
2. Generally, the most critical patients should be transported first
3. Give job assignments

Immediate Treatment Manager

Definition:	Qualified Manager
Supervised by:	Treatment Unit Leader
Subordinates:	Medical Teams
Radio Designator:	Immediate Treatment Manager
Function:	Responsible for treatment and reassessment of patients assigned to immediate treatment area.

DUTIES:

1. Check in and obtain briefing from Treatment Unit Leader and brief subordinates.
2. Request or establish Medical Teams as necessary.
3. Assign treatment personnel to patients received in the immediate treatment area.
4. Ensure treatment of patients triaged to the immediate treatment area.
5. Ensure that patients are prioritized for transportation.
6. Coordinate transportation of patients with Treatment Dispatch Manager.
7. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
8. Ensure that appropriate patient information is recorded.

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Command
    - Communications
    - Equipment/supplies
    - Medical teams
    - Relief personnel
2. Generally, the most critical patients should be transported first
3. Give job assignments
    - Patient care
    - Transporters/ambulance loading
    - Records
    - Security (coordinate with Logistics Section)
4. Standing orders

Delayed Treatment Manager

Definition:	Qualified Manager
Supervised by:	Treatment Unit Leader
Subordinates:	Medical Teams
Radio Designator:	Delayed Treatment Manager
Function:	Responsible for treatment and re-triage of patients assigned to Delayed Treatment Area.

DUTIES:

1. Check in and obtain briefing from Treatment Unit Leader and brief subordinates.
2. Request or establish medical teams as necessary.
3. Assign treatment personnel to patients received in the delayed treatment area.
4. Ensure treatment of patients triaged to the delayed treatment area.
5. Ensure that patients are prioritized for transportation.
6. Coordinate transportation of patients with Treatment Dispatch Manager.
7. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
8. Ensure that appropriate patient information is recorded.

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Command
    - Communications
    - Equipment/supplies
    - Medical teams
    - Relief personnel
2. Generally, the most critical patients should be transported first
3. Give job assignments
    - Patient care
    - Transporters/ambulance loading
    - Records
    - Security (coordinate with Logistics Section)
4. Standing orders

Minor Treatment Manager

Definition:	Qualified Manager
Supervised by:	Treatment Unit Leader
Subordinates:	Treatment Teams
Radio Designator:	Minor Treatment Manager
Function:	Responsible for treatment and reassessment of patients assigned to minor treatment area

DUTIES:

1. Check in and obtain briefing from Treatment Unit Leader and brief subordinates.
2. Request or establish Medical Teams as necessary.
3. Ensure minor treatment area is removed from all areas of active operations, including other treatment areas, morgue and impact area.
4. Assign treatment personnel to patients received in the minor treatment area.
5. Supervise treatment of patients triaged to the minor treatment area.
6. Ensure patients are prioritized for transportation.
7. Coordinate transportation of patients with Treatment Dispatch Manager.
8. Notify Treatment Dispatch Manager of patient readiness and priority for transportation.
9. Ensure appropriate patient information is recorded.
10. Coordinate volunteer personnel/organizations through Agency Representatives and Treatment Unit Leader.

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Command
    - Communications
    - Equipment/supplies
    - Medical teams
    - Relief personnel
2. Generally, the most critical patients should be transported first
3. Give job assignments
    - Patient care
    - Transporters/ambulance loading
    - Records
    - Security (coordinate with Logistics Section)
4. Standing orders

Medical Teams

Definition: Qualified Personnel with Supervision
Supervised by: Assigned Manager/Unit Leader

Composition:
- Type I: 2 ALS responders, 3 BLS responders
- Type II: 2 ALS responders
- Type III: 3 BLS responders

NOTE:

Medical Team Type refers to qualification of personnel only. It does not refer to means of transportation, equipment or ability to transport patients. "ALS Company" or "BLS Company" includes qualified personnel and appropriate equipment to qualify as an ALS or BLS Company.

DUTIES:

1. Receive briefing.
2. Perform triage and treatment as assigned.
3. Record patient information on triage tags.
4. Report changes in patient status to appropriate assigned Manager/Unit Leader.

Patient Transportation Group Supervisor

Definition:	Qualified Group Supervisor
Supervised by:	Medical Branch Director
Subordinates:	Medical Communications Coordinator, Landing Zone (LZ) Coordinator and Ground Ambulance Manager
Radio Designator:	Patient Transportation Group Supervisor
Function:	Coordination of patient transportation and maintenance of records relating to patient identification, injuries, mode of off incident transportation, and destination.

DUTIES:

1. Check in and obtain briefing from the Medical Branch Director (if activated) or Operations Section Chief.
2. Establish communications with hospital(s) through the Medical Dispatch Center.
3. Designate ambulance staging area(s).
4. Direct the transportation of patients as determined by Treatment Unit Leader(s).
5. Ensure patient information and destination is recorded.
6. Establish communications with Ambulance Staging Manager(s) and LZ Coordinator.
7. Request additional ambulances, as required.
8. Notify Ambulance Staging Manager(s) of ambulance requests.
9. Coordinate requests for air ambulance transportation through the Air Operations Branch Director.
10. Establish air ambulance Heli-spot with the Medical Branch Director and Air Operations Branch Director.
11. Maintain Patient Transportation Summary Worksheet (MCM 403) or DMS Triage Tag Transportation Receipt Holder and Unit Log (ICS 214).

OPERATIONAL CONSIDERATIONS:

1. Manage the location for patient transportation function.
2. Develop an ambulance traffic pattern to avoid confusion.
3. Security (coordinate with Logistics).

Medical Communications Coordinator

Definition:	Qualified Coordinator
Supervised by:	Patient Transportation Group Supervisor
Subordinates:	Transportation Recorder and personnel as required
Radio Designator:	Medical Communications Coordinator
Function:	Maintain communications with the hospitals and/or other medical facilities through the Medical Dispatch Center to ensure proper patient transportation and destination. Coordinate information through Patient Transportation Group Supervisor.

DUTIES:

1. Check in and obtain briefing from Patient Transportation Group Supervisor.
2. Establish communications with Medical Dispatch Center.
3. Determine and maintain current status of hospital/medical facility availability and capability through Medical Dispatch Center.
4. Receive basic patient information and injury status from Treatment Dispatch Manager.
5. Communicate hospital availability to Treatment Dispatch Manager.
6. Coordinate patient off-incident destination with Medical Dispatch Center.
7. Coordinate patient transportation needs to Ambulance Staging Manager and Air Operations Branch Director based upon requests from Treatment Dispatch Manager.
8. Maintain Patient Transportation Summary Worksheet (MCM 403) and Unit Log (ICS 214).

OPERATIONAL CONSIDERATIONS:

1. Maintain close coordination of efforts and liaison with the Treatment Dispatch functions
2. Provide medical input into the decision-making process
3. Anticipate potential patient numbers and consider requesting additional resources
4. Standing orders

Ground Ambulance Staging Manager

Definition:	Personnel as assigned
Supervised by:	Patient Transportation Group Supervisor
Subordinates:	Personnel as required
Radio Designator:	Ground Ambulance Staging Manager
Function:	Manage the Ground Ambulance Staging Area and dispatch ambulances as requested

DUTIES:

1. Check in and obtain briefing from Patient Transportation Group Supervisor.
2. Establish appropriate staging area for ambulances.
3. Establish routes of travel for ambulances for incident operations.
4. Establish and maintain communications with the Medical Communications Coordinator.
5. Provide ambulances upon request from the Medical Communications Coordinator.
6. Maintain records as required.
7. Ensure necessary equipment is available in the ambulance for patient needs during transportation.
8. Establish immediate contact with ambulance agencies at the scene.
9. Request additional transportation resources as appropriate.
10. Provide an inventory of medical supplies available at ambulance staging for use at the scene.
11. Maintain Ambulance Staging Resource Status Log (MCM 404).

OPERATIONAL CONSIDERATIONS:

1. Assess resource needs
    - Command
    - Communications
    - Equipment/supplies
    - Apparatus
    - Personnel
    - Relief personnel
    - Law enforcement

Air Ambulance Coordinator

Definition:	Personnel as assigned
Supervised by:	Patient Transportation Group Supervisor (less complex), Air Operations Branch Director (more complex)
Subordinates:	As required
Radio Designator:	Air Coordinator
Function:	Designated ground contact for incident EMS/rescue helicopters/fixed wing units. Coordinates patient transport and destinations by air units, through the Patient Transport Group Supervisor.

DUTIES:

1. Check in and obtain briefing from Patient Transportation Group Supervisor (low complexity) or Air Operations Branch Director (higher complexity).
2. Establish and maintain secure LZ(s)/staging area(s).
3. Establish communications with Patient Transportation Group Supervisor, Air Operations Branch Director (if applicable), designated dispatch center(s)
4. Provide LZ lighting, marking and hazard identification as appropriate.
5. Establish and maintain air to ground communications with all assigned incident response helicopters.
6. Coordinate all takeoffs/landings with incident response helicopters and/or fixed wing units.
7. Maintain safe spacing between aircraft in the LZ.
8. Act as liaison between helicopter crews, Patient Transportation Group Supervisor, IC or designee(s).
9. Document and maintain all aircraft arrival/departures, destinations and patients on Air Ambulance Coordinator Spreadsheet (MCM 405). Maintain Unit Log (ICS 214).

OPERATIONAL CONSIDERATIONS:

1. Additional need for barriers/security for LZ
2. Fire/rescue standby at LZ for crash/rescue
3. Contact local FBOs for fuel availability
4. Consider having a list of coordinates for local hospitals and FBOs
5. Water down LZ if conditions warrant
6. Consider facilities/logistical needs for long-term operations

Medical Supply Coordinator

Definition:	Qualified personnel as assigned
Supervised by:	Medical Group/Division Supervisor
Subordinates:	Personnel as required
Radio Designator:	Medical Supply Coordinator
Function:	Acquire and maintain control of appropriate medical equipment and supplies from units assigned to the Medical Group.

DUTIES:

1. Check in and obtain briefing from Medical Group/Division Supervisor.
2. Acquire, distribute and maintain status of medical equipment and supplies from units assigned to the Medical Group.
3. Request additional medical supplies (medical caches).
4. Distribute medical supplies to treatment and triage units.
5. Maintain Unit Log (ICS 214).

If Logistics Section is established, this position would coordinate with the Supply Unit Leader.

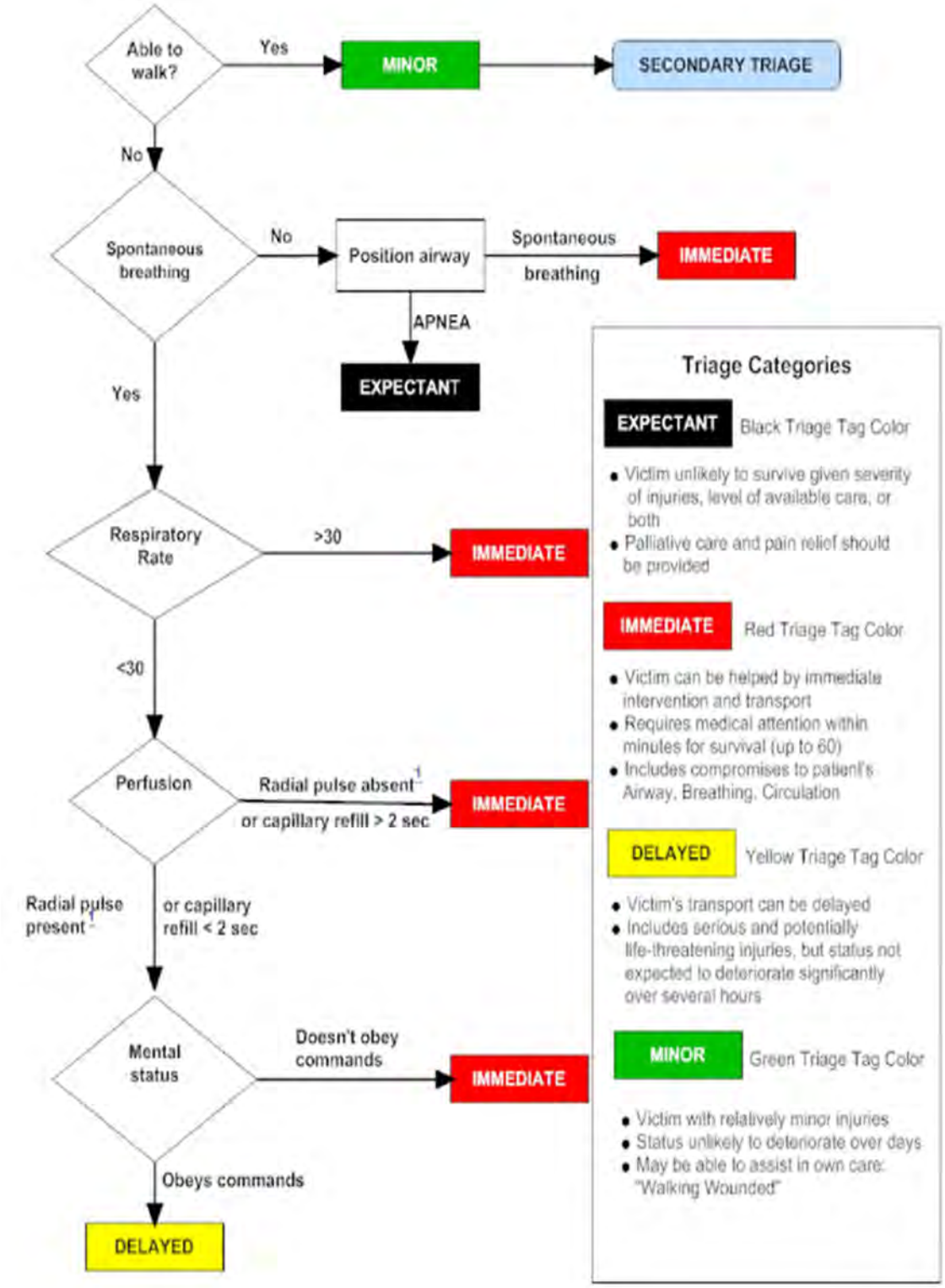
Morgue Manager

Definition:	Qualified personnel as assigned
Supervised by:	Triage Unit Leader
Subordinates:	Personnel as required
Radio Designator:	Morgue Manager
Function:	Assume responsibility for morgue area activities until relieved of that responsibility by the Washoe County Medical Examiner and Coroner's Office.

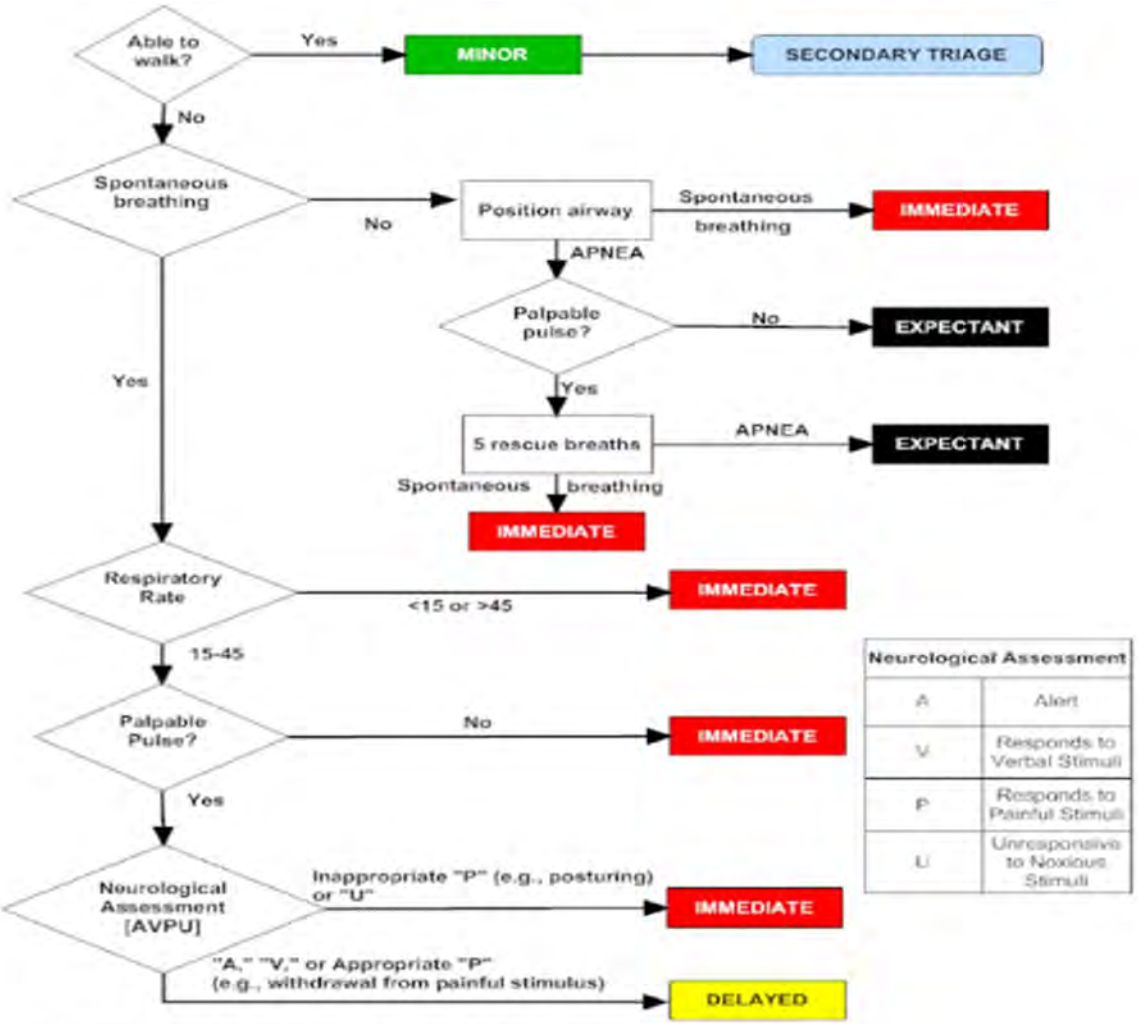
DUTIES:

1. Check in and obtain briefing from Triage Unit Leader. Verify that the WCMECO has been notified.
2. Assess resource/supply needs and order as needed.
3. Coordinate all morgue area activities.
4. Keep area off limits to all unauthorized personnel, including media photographers.
5. Coordinate with law enforcement and assist the WCMECO as necessary.
6. Maintain confidentiality of deceased persons' identities
7. Maintain records, including deceased identity (if available), where the deceased was found, etc.
8. Establish incident morgue location if necessary.
9. Advise Triage Unit Leader of location.
10. Ensure orderly transfer of authority to WCMECO representative when feasible.

APPENDIX B – START FLOWCHARTS and DMS TRIAGE TAG SYSTEM



JumpSTART FLOWCHART (PEDIATRIC)



Use JumpSTART if the Patient appears to be a child.

Use an adult system, such as START, if the patient appears to be a young adult.

Triage Categories

EXPECTANT Black Triage Tag Color

- Victim unlikely to survive given severity of injuries, level of available care, or both
- Palliative care and pain relief should be provided

DELAYED Yellow Triage Tag Color

- Victim's transport can be delayed
- Includes serious and potentially life-threatening injuries, but status not expected to deteriorate significantly over several hours

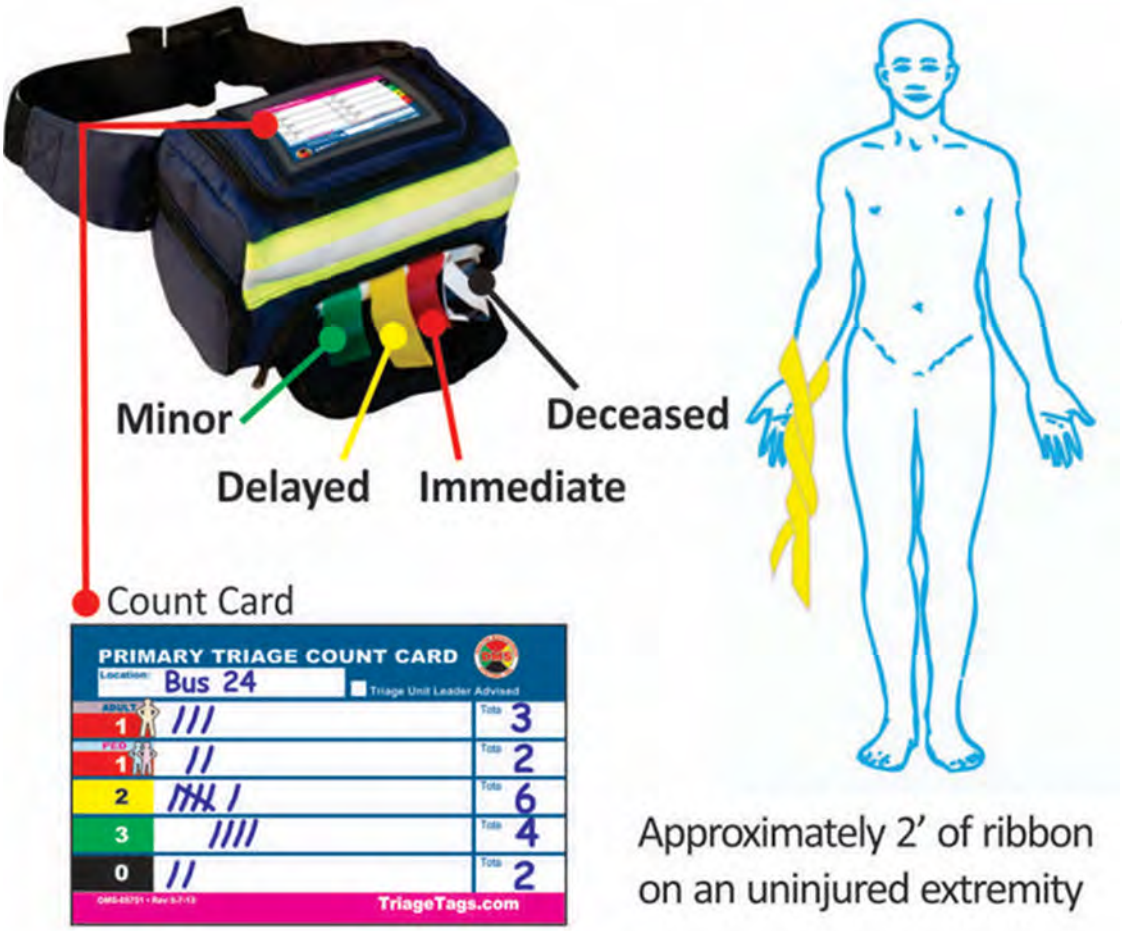
IMMEDIATE Red Triage Tag Color

- Victim can be helped by immediate intervention and transport
- Requires medical attention within minutes for survival (up to 60)
- Includes compromises to patient's Airway, Breathing, Circulation

MINOR Green Triage Tag Color

- Victim with relatively minor injuries
- Status unlikely to deteriorate over days
- May be able to assist in own care; "Walking Wounded"

DMS TRIAGE TAG SYSTEM



INITIAL TRIAGE

Casualty Area

1. Perform START/JumpSTART to Determine Initial Triage Category
2. Pull off Approx. 2 Feet of the Proper Colored Ribbon
3. Tie Ribbon to the Patient's Wrist or Ankle

4. Indicate Patient Count on Card

5. Totals from Count Cards are Verbally Provided to the Triage Unit Leader

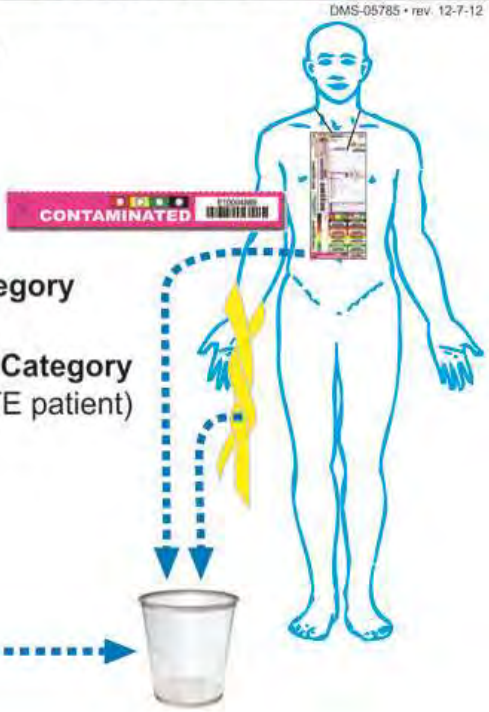
6. Triage Unit Leader will Tally Counts on Triage Count Worksheet and Report Count

SECONDARY TRIAGE

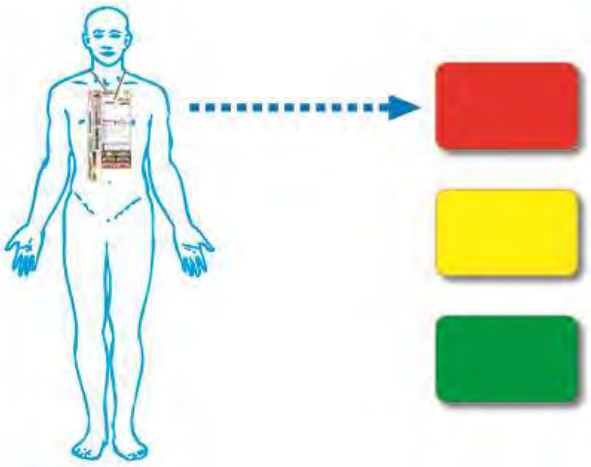
Entrance to the Treatment Area

DMS-05785 • rev. 12-7-12

1. Discard Primary Triage Ribbon
2. Apply Triage Tag to Patient
3. Discard Contamination Strip
4. Determine Patient's Triage Category
5. Discard Receipts below Triage Category
   (example shown is an IMMEDIATE patient)



6. Move Patient to the Proper Treatment Area



PATIENT TREATMENT

Treatment Areas

DMS-05785 • rev. 12-7-12

1. **Remove Outermost Category**
2. **Provide Receipt to Treatment Area Manager**
3. **Receipt is to be Placed in Treatment Area Log**
   (Triage Tag Receipt Holder)

1. **Enter Patient's Personal Information as Time Permits**
2. **Complete Patient Condition Section of Tag**
3. **Record Any Treatment Provided Whenever Possible**

Patient Information (Tag Front)

Patient Condition (Tag Front)

Treatment Provided (Tag Back)

TRANSPORTATION

Ambulance Loading Area

DMS-05785 • rev. 12-7-12

1. Remove the Transportation Receipt
2. Complete Required Information
3. Fill in the Proper Category Circle
4. Place the Transportation Receipt into Log
   (Transportation Receipt Holder)

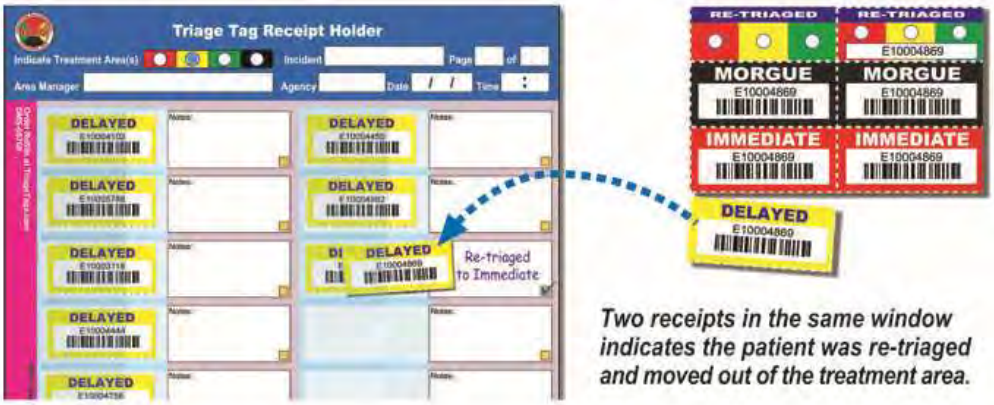
1. Remove the Ambulance Receipt
2. Give Receipt to Transporting Agency

RE-TRIAGE • Patient Degrades

Delayed to Immediate Example

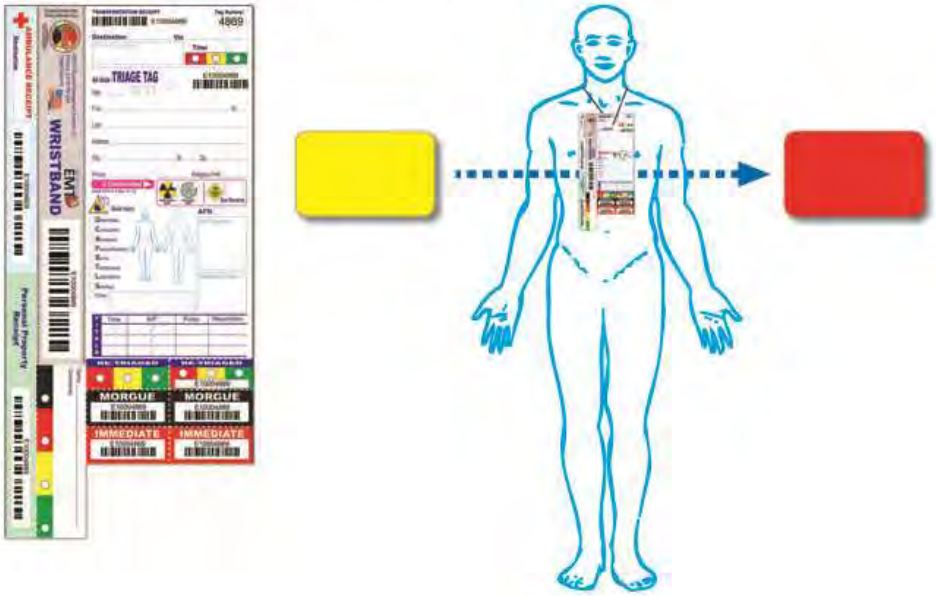
DMS-05785 • rev. 12-7-12

1. Remove remaining current acuity receipt from triage tag
2. Place receipt in Treatment Log on top of original patient receipt
3. Note in Treatment Log patient was re-triaged



Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

4. Move patient to the new Treatment Area

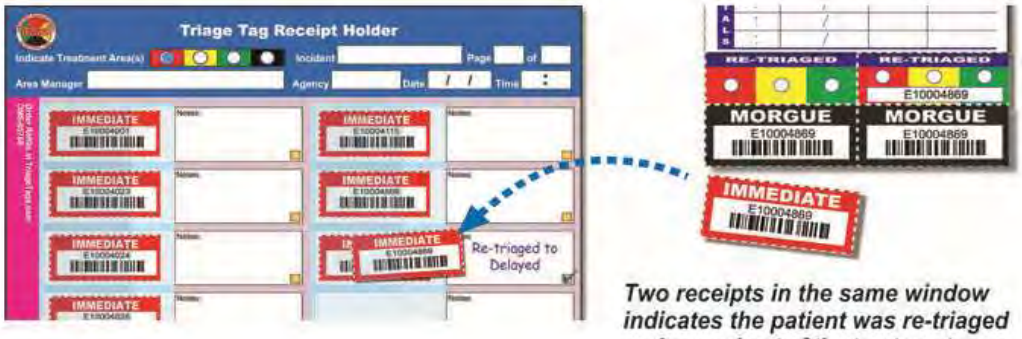


RE-TRIAGE • Patient Improves

Immediate to Delayed Example

DMS-05785 • rev. 12-7-12

1 Place receipt in Treatment Log on top of original patient receipt.



Two receipts in the same window indicates the patient was re-triaged and moved out of the treatment area.

2 Neutralize tag by discarding all receipts thru Morgue. Indicate new acuity on both re-triage receipts.

3 Move patient to indicated treatment area. A re-triage receipt is used by the new Area Manager for patient accountability.

APPENDIX C - WESTERN REGION BURN MASS CASUALTY INCIDENT RESPONSE PLAN

If a burn MCI occurs, Washoe County local responders will use the Western Region Burn Mass Casualty Incident (BMCI) Response Plan to get necessary care for burn patients.

Western Region Burn Mass Casualty Incident (BMCI) Response Plan
The American Burn Association (ABA) designated Western Region[1] encompasses Burn Centers located west of Montana, Wyoming, Colorado and New Mexico, including Alaska and Hawaii.
• For a BMCI occurring anywhere within the Western region of the United States the Western Region Burn Disaster Consortium serves as a communications and coordination center to support Burn Center(s) with burn bed census and/ or patient triage and transfer. • A BMCI is defined as any incident where capacity and capability significantly compromises patient care, as identified in accordance with individual BC(s), state, regional or federal disaster response plans.

Requesting Assistance from the Western Region Burn Disaster Consortium (WRBDC)for BMCI Response and Coordination	
Upon request by a referring BC(s) the WRBCC: • Conducts a bed census of Western region BCs using the Utah Notification and Information System (UNIS) Burn Provider Group • Supports and assists with regional efforts for patient triage and transfer if requested	Agencies requesting assistance include: • Western Region BCs • Affected ABA BCs • ABA Regional Coordinator(s) • ABA Central Office • Department of Health & Human Services (DHHS) or designee
To request WRBDC assistance contact: • The University of Utah Burn Center 24/7 line at **801-581-2700** • Burn Medical Coordination Center (BMCC) 24-hour Emergency Hotline at **866-364-8824**	Upon notification WRBDC: ○ Activates the regional burn disaster plan ○ Conducts burn bed census of non-affected Western region burn centers for 02,12, 24-hour intervals ○ Coordinates requests for patient transfer between referring and receiving BC(s)

Definitions

1. Western Region (WR) - one of five American Burn Association-designated regions. Refer www.ameriburn.org Homepage for a map of all regions.
2. Western Region Burn Disaster Consortium (WRBDC) - a Utah-based consortium of 26 burn centers,13 of which are verified, who have joined together to support disaster response efforts for one another throughout the Western Region.
3. Western Region Burn Coordination Center (WRBCC) - one of 2 centers located throughout the West with redundant communication technologies to support disaster response efforts for burn centers. These centers are Utah and Colorado.

Courtesy of the

American Burn Association

Advanced Burn Life Support (ABLS)

Learn more about the ABA and ABLS at **www.ameriburn.org**

Burn Center Referral Criteria

A burn center may treat adults, children, or both.

Burn injuries that should be referred to a burn center include:

1. Partial thickness burns greater than 10% total body surface area (TBSA).
2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints.
3. Third degree burns in any age group.
4. Electrical burns, including lightning injury.
5. Chemical burns.
6. Inhalation injury.
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality.
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
9. Burned children in hospitals without qualified personnel or equipment for the care of children.
10. Burn injury in patients who will require special social, emotional, or rehabilitative intervention.

Excerpted from Guidelines for the Operation of Burn Centers (pp. 79-86), Resources for Optimal Care of the Injured Patient 2006, Committee on Trauma, American College of Surgeons

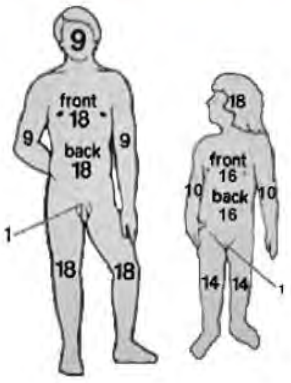
Severity Determination

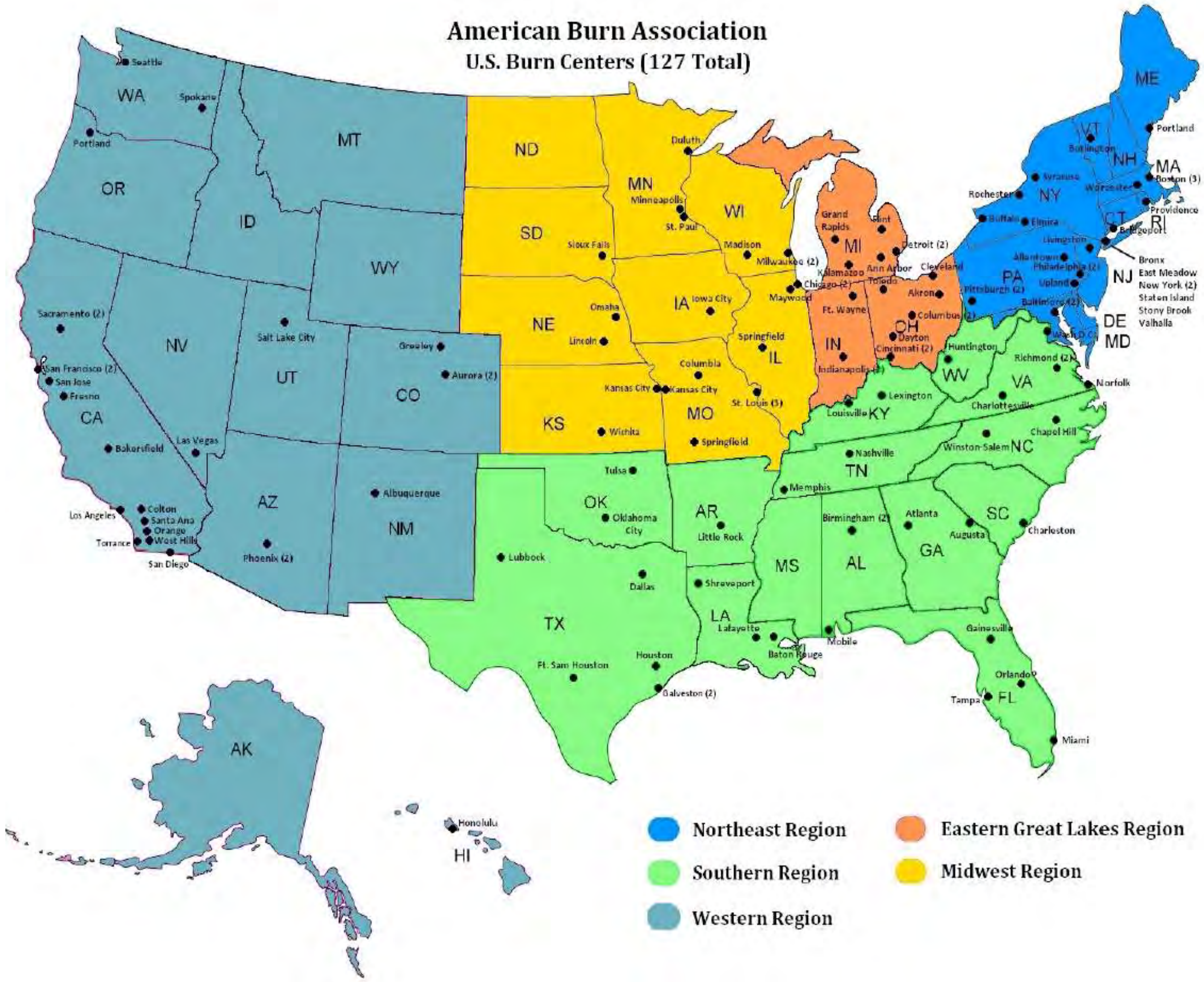
First Degree (*Partial Thickness*)
Superficial, red, sometimes painful.

Second Degree (*Partial Thickness*)
Skin may be red, blistered, swollen. Very painful.

Third Degree (*Full Thickness*)
Whitish, charred or translucent, no pin prick sensation in burned area.

Percentage Total Body Surface Area (TBSA)




American Burn Association
U.S. Burn Centers (127 Total)
Northeast Region
Eastern Great Lakes Region
Southern Region
Midwest Region
Western Region

APPENDIX D – PEDIATRIC MCI CONSIDERATIONS

Pediatric Care Recommendations

Decontamination:

The agency responsible for decontamination will need an altered decontamination protocol, more communication, more personnel, and specialized, smaller equipment when multiple children are involved in an MCI. Agencies should consider the following:

- Set up a pediatric-specific decontamination station, with higher volume/lower pressure warm water. Consider family stations, which will keep families together and provide additional adult support to help get the children through the process.
- Consider having isolette incubators, warmers and smaller gowns for the children after they have been decontaminated. Since children have a larger body surface area, they are at greater risk for hypothermia.

Additionally, EMS responders and healthcare personnel should consider the following guidelines for children involved in an incident that requests decontamination:

- Avoiding separation of families during decontamination, especially under conditions that involve large numbers of patients in a chaotic situation; however, medical issues take priority.
- Older children may resist or be difficult to handle due to fear, peer pressure and modesty issues (even in front of their parents or caregivers).
- Since parents or caregivers may not be able to decontaminate both themselves and their children at the same time, decontamination ("hot zone") personnel may be needed to assist them.
- Incorporating high -volume, low-pressure water delivery systems (e.g., handheld hose sprayers) that are "child- friendly" into the hospital decontamination showers.
- Risk of hypothermia increases proportionally in smaller, younger children when the water temperature in the decontamination shower is below 98˚F.
- Attention to airway management is a priority in decontamination showers.

Smaller children are at increased risk of experiencing problems related to any of the above considerations (separation of families, hypothermia, airway management, and the ability to decontaminate effectively).

Triage:

Different triage and treatment protocols are needed for children compared to adults. "Walk to the sound of my voice" will not be an effective method for pre-ambulatory kids, or those with special needs. It will likely take you longer to assess children, even if they are triaged as green.

Airway:

The MCIP uses JumpSTART for pediatric patients (less than 8 years old), which call for a few rescue breaths in children who have a pulse but aren't breathing; if the rescue breaths restore spontaneous respirations, the child gets triaged to the "urgent" or red category, rather than the expectant (black) category.

It will be impractical to intubate every child in an MCI - consider planning for oro- or nasopharyngeal airway, or laryngeal mask placement, and positioning young patients on their left side with a leg bent to keep them from rolling over, as quick ways to secure the airway and assist with breathing.

The focus for prehospital airway management in the disaster situation should be on positioning and bag valve mask ventilation rather than on invasive techniques. Positioning the child's airway appropriately can be a lifesaving intervention. Another important intervention that is often overlooked in the prehospital setting is appropriate suctioning of the child's airway. Because of the smaller diameter of the airway, it can easily be compromised (or even occluded) by secretions, especially in the event of chemical exposure.

Drug/Dosage/Delivery:

Responding agencies may need to place an intraosseous device for vascular access, rather than spending the time trying to place an IV in a child's small veins.

It is also important to remember that drugs are dosed differently for adults and children. An antidote auto-injector appropriately sized for an adult may be far too much for a small child. Consider adding a quick-reference card in your pediatric kits to ensure rapid calculation of key pediatric dosages on-scene.

Use weight-based dosage for all medications and equipment:

- Weigh the patient and dose according to weight (Most accurate)
- Use a length-based tool (Broselow tape) for weight estimation if you cannot weigh the child
- Use an age-predicted weight estimation chart as a last option because it is the least accurate

APPENDIX E – MEDICAL RESOURCE MANAGEMENT

The following MCI resource guide is not all-inclusive. Some other examples of resources that may be needed are clergy, megaphones, interpreters, multiport oxygen cascades, etc.

Personnel Resources (Public service agencies should be the first utilized)

Law Enforcement

- Nevada Highway Patrol
- Reno Police Department
- Sparks Police Department
- University of Nevada, Reno/Truckee Meadows Community College Police
- Washoe County Sheriff's Office
- Hasty Team
- Jeep Squadron
- Search and Rescue

Fire Agencies (includes special purpose teams, e.g., Swift water rescue, Hazmat, etc.)

- Airport Authority of Washoe County
- Bureau of Land Management (BLM)
- Nevada Air National Guard Fire Department (NANG)
- Nevada Division of Forestry
- North Lake Tahoe Fire Protection District
- Reno Fire Department
- Sparks Fire Department
- Truckee Meadows Fire Protection District
- United States Forest Service (USFS)

Ambulance Services in Washoe County

- Gerlach Volunteer Fire Department
- Pyramid Lake Fire Rescue EMS
- American MedFlight - ALS
- North Lake Tahoe Fire Protection District - ALS
- Truckee Meadows Fire Protection District – ALS
- Reno Fire Department
- REMSA – ALS
- CareFlight – ALS
- REACH/Summit Air Medical Services

Ambulance Services in proximity to Washoe County

- Banner Churchill Ambulance, Fallon - ALS
- Cal Star - Rotary
- REACH/Summit - Rotary
- North Lyon County Fire Protection District - ALS
- Central Lyon County Fire Protection District - ALS
- Carson City Fire Rescue - ALS
- South Lake Tahoe Fire Protection District - ALS
- Storey County - ALS
- Tahoe Douglas Fire Protection District - ALS
- East Fork Fire Protection District - ALS
- REACH/Summit Fixed Wing Air Ambulance, Elko
- Federal Fire - NAS Fallon - ILS

Other Sources

Hospitals (See Appendix G for map of locations of hospitals in Washoe County)

- Saint Mary's Regional Medical Center
- Northern Nevada Medical Center
- VA Sierra Nevada Health Care System
- Renown Regional Medical Center
- Renown South Meadows
- Incline Village Community Hospital

Military Organizations

- Marine Corps Mountain Warfare Training Center (Pickle Meadows, California)
- Naval Air Station (NAS), Fallon
- Nevada Air National Guard
- Nevada Army National Guard
- Sierra Army Ammunition Depot, Herlong
- U.S. Army Reserve

Free-Standing Clinics

- Washoe County Health District Clinics
- Industrial Occupational Health Clinics
- Urgent Care Centers
- UNR Clinics at the Medical School and Orvis School of Nursing
- Washoe County Clinic
- Health Access Washoe County

Nearby Out-of-County Ambulance/Personnel (Resources must be requested through the Incident Commander - this list may not include all possible resources.)

- Public Service Agencies
- Loyalton Volunteer Ambulance
- Portola Volunteer Ambulance
- Central Lyon County Fire Protection District
- Stagecoach Volunteer Ambulance
- North Lake Tahoe Fire Protection District
- Truckee Fire Department – ALS

Sources for General Medical Support Personnel - Existing Medical Staff

- Skilled Nursing and Long-term Care facilities
- Health department and school nurses
- Hotel security officers
- Mental health hospitals
- Physician/dental offices
- Red Cross – Disaster Health Services

Training Institutions

- Truckee Meadows Community College
  - EMS Program—First Responders, EMT, Intermediate EMT and Paramedic Students
  - Nursing and Nursing Assistant Programs
- University of Nevada Reno
  - Advanced First Aid Training
  - Athletic Trainer Program

        - Medical School
        - Orvis School of Nursing
    - REMSA Center for Pre-hospital Education
        - EMS Program – First Responder, Basic, Intermediate, and Paramedic students
        - Life Support Program – Cardiac, Pediatric and Trauma
        - EMS Refresher and Transition Courses

Out-of-County Training Institutions

- Feather River Community College - EMT
- Sierra Nevada College - EMT
- Western Nevada College - Nursing / EMT
- Lake Tahoe Community College - Fire Science and EMT
- Sierra College, Tahoe Truckee Campus - EMT

Non-ambulance Transportation Resources

Local Sources for Supine Patients

- Hospital/ Skilled Nursing/Long Term Care Specialty Vans
- Med Express
- Mortuaries
- VA DUV

Other Resources for Victims Able to Sit

- AME Medical Supplies
- Car Lots
- Casino Shuttle Buses
- RTC/CitiFare
- Forest Service and NDF Trucks
- Military Buses and Trucks
- Moving Vans
- Police Cars
- Private Bus Lines (i.e., Greyhound, Sierra Stage)
- Retirement Home Wheelchair Cars
- School Buses
- Taxicabs
- UPS Trucks

Equipment and Medical Supply Sources

Ambulance and Treatment Supply Sources

Airport Authority Fire Vehicle (120 Backboards)
Hospitals
Medical Supply Houses
Truckee Meadows Community College
Truckee Meadows Fire Protection District MCI Trailer

General Medical Support Supplies

- Hospitals
- Medical Clinics
- Medical and Dental Offices
- Military
- Pharmacies and Drug Stores
- Supermarkets
- Veterinarian Offices

Communication Equipment Sources

- Hospitals
- Military

- Parks Communication
- Public Service Agencies
- Public Utility Companies
- ARES
- Sierra Electronics
- Sierra Nevada Amateur Radio Society
- TMFPD Mobile Command Post
- TMFPD Radio Cache
- Telephone Companies – land line and cellular
- Washoe County Telecommunications Office
- Washoe County Sheriff's Office Mobile Command Post

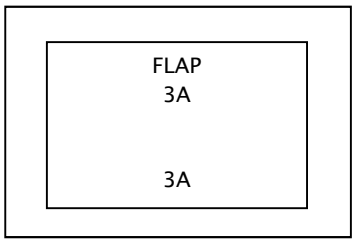
Airport Authority of Washoe County Medical Supply Lists
MASS CASUALTY TRAILER

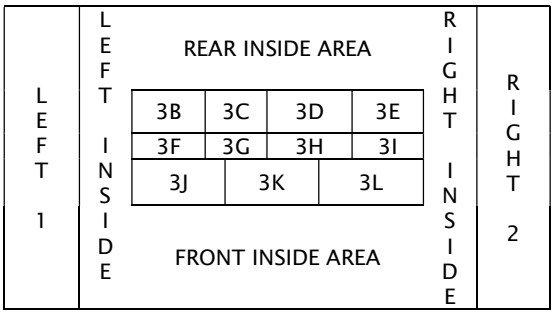
Item Description(s)	Amount
Container of Airport MCI Position Vests (18 various MCI Position vests)	1
START Triage Packs (fanny packs); Blue	2
8 MCI Position Go-Kit (clipboard pack)	1
Backboards w/ straps	60
First Aid Kit General Purpose	1
Canopy 10'x50'	1
Green, Yellow, Red, Black treatment area bags/totes	1 each
Cardboard headblocks/headhuggers	77
Oxygen Bags	17
Emergency Blankets: light weight, orange	60
Cardboard splints 18" long	35
Cardboard splints 24" long	29
Garbage Can metal 30 gallon	1
Wool Blankets	60

AIRPORT AUTHORITY MCI POSITION VESTS

Vest Position	Amount
Medical Coordinator & clipboard	1
Medical Group Supervisor & clipboard	1
Medical Supply & clipboard	1
Morgue	1
Medical Branch Director & clipboard	1
Patient Transportation Group Supervisor & clipboard	1
Recorders and tablets	4
Immediate Treatment Manager	1
Immediate Treatment Personnel	4
Delayed Treatment Manager	1
Delayed Treatment Personnel	4
Treatment Unit Leader & clipboard	1
Minor Treatment Personnel	5
Triage Unit Leader & clipboard	1
Triage Unit Personnel	4

AIRPORT AUTHORITY FIRE DEPARTMENT
AIRPORT MCI BAG INVENTORY SHEET
MCI Bag Layout





Location	Compartment #	Description of Item	Qty
Left	1	8"x10" Combine Dressings	6 Each
		5"x9" Combine Dressings	4 Each
		4"x4" Universal Dressings	10 Each
Right	2	10"x30" Trauma Dressings	4 Each
Main	Left Inside Area	54"x80" Disposable Emergency Blanket - Yellow	1 Each
	Right Inside Area	54"x80" Disposable Emergency Blanket - Yellow	1 Each
		60"x96" Sterile Burn Sheet	1 Each
		Flat SAM Splints - Orange	2 Each
	Rear Inside Area	60"x96" Sterile Burn Sheet	1 Each
	FLAP 3A	7¾" Paramedic Shears - Orange	2 Each
		5¾" Locking Forceps - Stainless Steel	1 Each
		AA Mini-Mag Light - Black	1 Each
	3B	250 ml .9% Sodium Chloride Solution	1 Each
	3C	Berman Oral Airway Kit - Complete	1 Each
	3D	36"x36"x51" Triangular Bandages	4 Each
	3E	1" Zonas Tape	2 Each
		3" Zonas Tape	2 Each
	3F	250 ml .9% Sodium Chloride Solution	1 Each
	3G	Wooden Tongue Depressors	4 Each
		1" Band-Aids	10 Each
	3H	MDI CPR Micro shields - X-Large	2 Each
	31	4"x4" Water Gel Burn Dressings	2 Each
	3J	4.5" Kling or Kerlix Bandage Rolls	4 Each
	3K	Adult Blood Pressure Cuff (w/zippered case)	1 Each
	3L	22" Sprague Stethoscope (w/additional earpiece kit)	1 Each
	Sitting on Top in Ziploc Bags	Bio-Hazard Kits: 1 pr. Gloves, 1 gown, Safety Glasses, 2 Vionex Wipes, 2 Infectious Waste Bags, Medical Dust/Mist Mask	2 kits

Reno-Tahoe International Airport Authority Medical Supply Lists
Mass Casualty Truck, Fire 6

Location	Item Description(s)	Qty
CAB		
Left door	Reno/Sparks Community Area Road & Street Map	1
	International vehicle operator's manual	1
Under seat	ABC 2.5 lb. extinguisher	1
	First Aid kit, (general purpose)	1
Behind seat	Hook rods for awning	2
Sun visor	Outside gates & Fire House overhead controllers	1 each
Right door	Emergency Response Guidebook 2016	1
Center	Tower radio, Technisonic model TIL-90-6R, s/n 9381, red tag 30763	1
LEFT SIDE		
Compartment 1		
Top shelf	Water Cases	2
	Caution Tape roll	1
	Light Sticks: Red, Yellow, Green. Located in blue plastic bin	12 each
	START Triage Packs (fanny packs); Blue	5 each
	8 MCI Position Go-Kit (clipboard pack)	1
	START Triage Tags	120
Mid Shelf	Tape rolls: Red, Yellow, Green.	2 each
	Flare Alert light beacon/pucks kit. Contains: 5x White, 2x Red, 2x Yellow, 2x Green, 3x Orange Marshal Wands w/ 3 conversion adaptors	1
	Smoke Alarm	1
	Extension Cords	2
	Swat-T tourniquets (box of)	100
Lower Shelf	Chock	1
	Roll out tray – Honda EM 5000s Generator s/n EA7-1205409	1
Compartment 2		
	Trauma Bags (see below for bag inventory)	25
	Oxygen Bags (see below for bag inventory)	23
Compartment 3		
	Wool blankets	30
	Emergency Blankets: medium weight, yellow	50
	Emergency Blankets: light weight, orange	59
	Green, Yellow, Red, Black treatment area bags/totes	1 each
	Green, Yellow, Red, Black treatment area signs	1 each
	30-gallon biohazard barrels: red	2 each
	Biohazard bags/can liners	1 roll
Compartment 4		
	Backboards w/ straps (total count of walkthrough compartment)	109
	Cardboard headblocks/headhuggers	60
	Step ladder	1

Reno-Tahoe International Airport Authority Medical Supply Lists
Mass Casualty Truck, Fire 6

Location	Item Description(s)	Qty
RIGHT SIDE		
Compartment 1		
Upper Shelf	Trauma Bags (see below for bag inventory)	14
Lower Shelf	Light Sticks: Red, Yellow, Green. Located in blue plastic bin	12 each
	Flare Alert light beacon/pucks kit. Contains: 5x White, 2x Red, 2x Yellow, 2x Green, w/ 3 conversion adaptors	1
Compartment 2		
Upper Shelf	Trauma Bags (see below for bag inventory)	21
Lower Shelf	Oxygen Bags (see below for bag inventory)	21
Compartment 3		
	Wool blankets	30
	Emergency Blankets: medium weight, yellow	44
	Emergency Blankets: light weight, orange	56
	Emergency Blankets: light weight, white	12
	Green, Yellow, Red, Black treatment area bags/totes	1 each
	Green, Yellow, Red, Black treatment area signs	1 each
	30 gallon biohazard barrels: red	2 each
	Biohazard bags/can liners	1 roll
Compartment 4		
	Backboards w/ straps (total count of walkthrough compartment)	109
	Cardboard headblocks/headhuggers	60
	Traffic Cones	10
	Awning	2
Oxygen Bag		
	"D" cylinder	1
	Nasal cannula, adult	1
	Non re-breather mask, adult	1
	Bag-valve-mask, adult	1
	Handle for O2 Cylinder	1

State EMS Medical Surge Trailers

State EMS Triage Trailer Locations By County	City
Churchill	Fallon
Douglas	Zephyr Cove
Douglas	Minden
Elko	Duck Valley, Owyhee
Eureka	Eureka
Humboldt	Winnemucca
Humboldt	Fort McDermott/Pai-Sho Tribe
Lander	Battle Mountain
Lincoln	Caliente
Lyon	Yerington
Mineral	Hawthorne
Nye	Beatty
Nye	Tonopah
Nye	Pahrump
Pershing	Lovelock
Storey	Virginia City
Washoe	Gerlach
White Pine	Ely
White Pine	Shoshone Maintenance Yard, Ely
Elko	Elko
Storey	Dayton

APPENDIX F – MULTI-CASUALTY INCIDENT MANAGEMENT FORMS/FIELD FORM INSTRUCTIONS

The primary forms used to document the Medical Branch organization and the activities of treatment, staging, and transportation are listed below with their designated form number. During an incident response, the DMS triage forms may also be utilized for patient tracking. The original forms in this appendix should be retained to make copies for use in the field. A copy of each form follows this introduction and instructions for completing the form are printed on the back.

- Incident Command Organizational Chart for a Medical Branch – Full Branch Response Level (MCM 401)
- Medical Branch Worksheet (MCM 402)
- Patient Transportation Summary Worksheet (MCM 403)
- Ambulance Staging Resource Status Log (MCM 404)
- ICS Unit Log 214

Multi-Casualty Incident Management Forms should be carried by all agencies providing medical first response to MCIs and who may fill Medical Branch ICS positions. The forms should be issued to personnel at the time they are assigned.

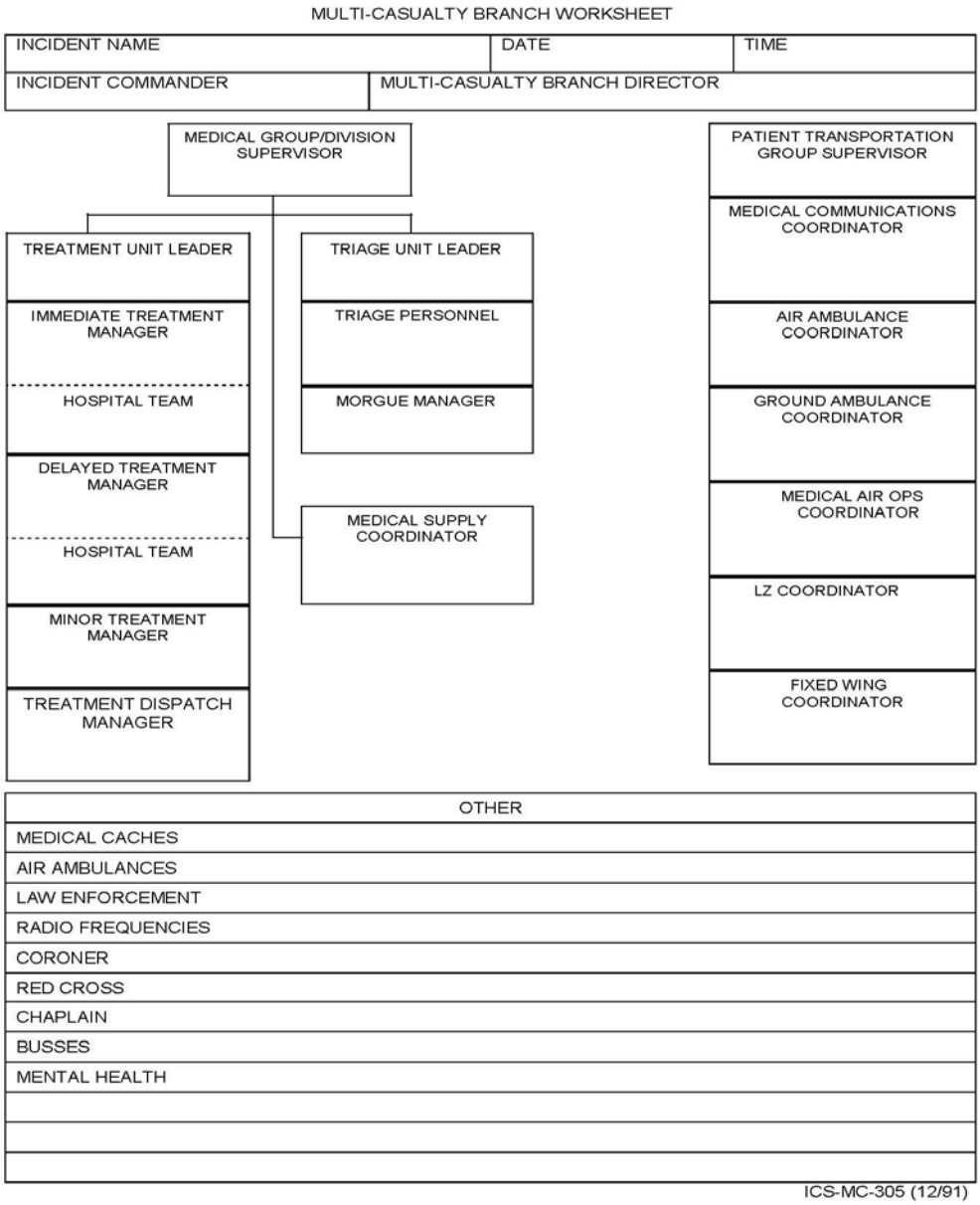
The Medical Branch Director/Group Supervisor must use the Medical Branch Worksheet (MCM 402) whenever he fills more than two positions under him.

For those incidents of limited scope and duration, it might NOT be necessary to use all these forms. However, it is important that records be maintained on victim disposition so that immediate reference to their destination can be made available when requested.

Anytime the MCIP is activated, all medical personnel responsible for forms must complete them and forward them to the Medical Branch Director/Group Supervisor. He will in turn forward them to the Incident Commander. The Incident Commander will forward copies of all completed forms, including the medical forms, to the WCHD EMS Oversight Program within two working days after the incident. The Health District will coordinate debriefings on incidents involving 10 or more victims or of smaller incidents at the request of incident command personnel or medical agencies.

Incident Command Organizational Chart - Full Medical Branch Response Level (MCM 401)

This form must be completed in a full branch response medical incident. It may also be used in smaller incidents to depict the specific medical branch positions that have been filled. This pictorial representation of the Medical Branch may be provided to additional incident personnel as they are assigned and to keep personnel updated as new positions are assigned.



Medical Branch Worksheet (MCM 402)

The Medical Group Supervisor must use the Medical Branch Worksheet (MCM 402) whenever more than two components have been delegated to other individuals.

The form is an organizational aid and is an abbreviated flow chart that provides space for names of persons filling positions and a checklist of other resources to be considered.

PATIENT TRANSPORTATION SUMMARY WORKSHEET			1. Incident Name			2. Date Prepared		3. Time prepared	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID.	PATIENT NAME/TAG NUMBER	OFF SCENE TIME	ETA	DCF ADVISED
	I D M						___ :___		
	I D M						___ : ___		
	I D M						___ : ___		
	I D M						___ : ___		
	I D M						___ : ___		
	I D M						___ : ___		
	I D M						___ : ___		
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	I D M						___ : ___		
MCI ICS 2-91		4. PREPARED BY (PATIENT TRANSPORTATION GROUP SUPERVISOR/MEDICAL COMMUNICATIONS COORDINATOR)							

Patient Transportation Summary Worksheet (MCM 403)

This form can be used to track all casualties from the treatment areas to the hospital destination. This requires close communication between the personnel in both the treatment and transport functions. The Patient Transportation Receipt Holder Worksheet (DMS 5767) may be used in lieu of the MCM 403 as the information is already captured on the transportation receipt.

Regardless of the form utilized, a photocopy or a picture of the worksheet will need to be obtained and forwarded to the Medical Unit at the EOC. This information would then be utilized for patient tracking purposes.

PATIENT TRANSPORTATION SUMMARY WORKSHEET			1. Incident Name *Main St. Incident*			2. Date Prepared *2/1/04*		3. Time prepared *1300*	
PATIENT READY	PATIENT STATUS	INJURY TYPE (IE: HEAD)	MODE OF TRANSPORT	HOSPITAL DESTINATION	AMBULANCE CO. AND ID.	PATIENT NAME/TAG NUMBER	OFF SCENE TIME	ETA	DCF ADVISED
√	I D M	*Head*	*Air*	*Renown*	*Care Flt. 3*	*486624*	*13:15*	*12*	√
√	I D M	*Head*	*Ground*	*Renown*	*Medic 5*	*483290*	*13:15*	*18*	√
√	I D M	*Chest*	*Air*	*Saint. Mary's*	*Medic 2*	*436021*	*13:29*	*13*	√

Patient Transportation Receipt Holder Worksheet (DMS – 5767)

This form is used by the PTGS and utilizes the transportation receipt from the DMS triage tag to track all casualties from the treatment areas or casualties coming directly from the initial triage to the hospital destination. This requires close communication between the personnel in both the treatment and transport functions as well as Medical Communications Coordinator (MCC).

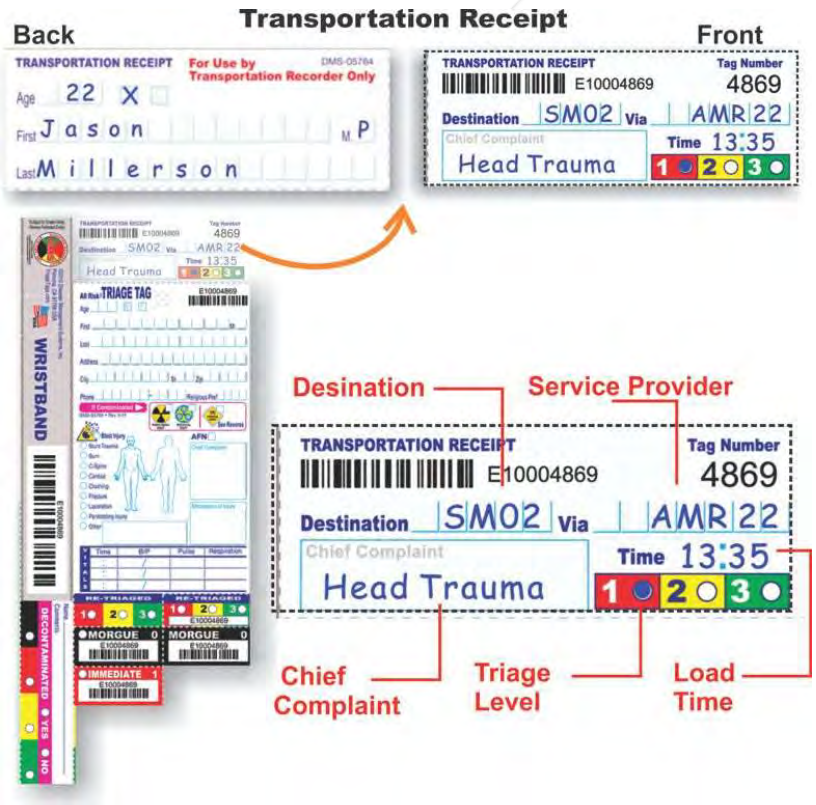
Utilize the triage tag receipt attached to patients coming from Treatment areas. In the event a patient arrives at the ambulance loading area without a triage tag, apply a triage tag to the patient prior to loading and remove the transportation receipt. Use the Triage Tag Receipt and the Receipt Holder to record the following information:

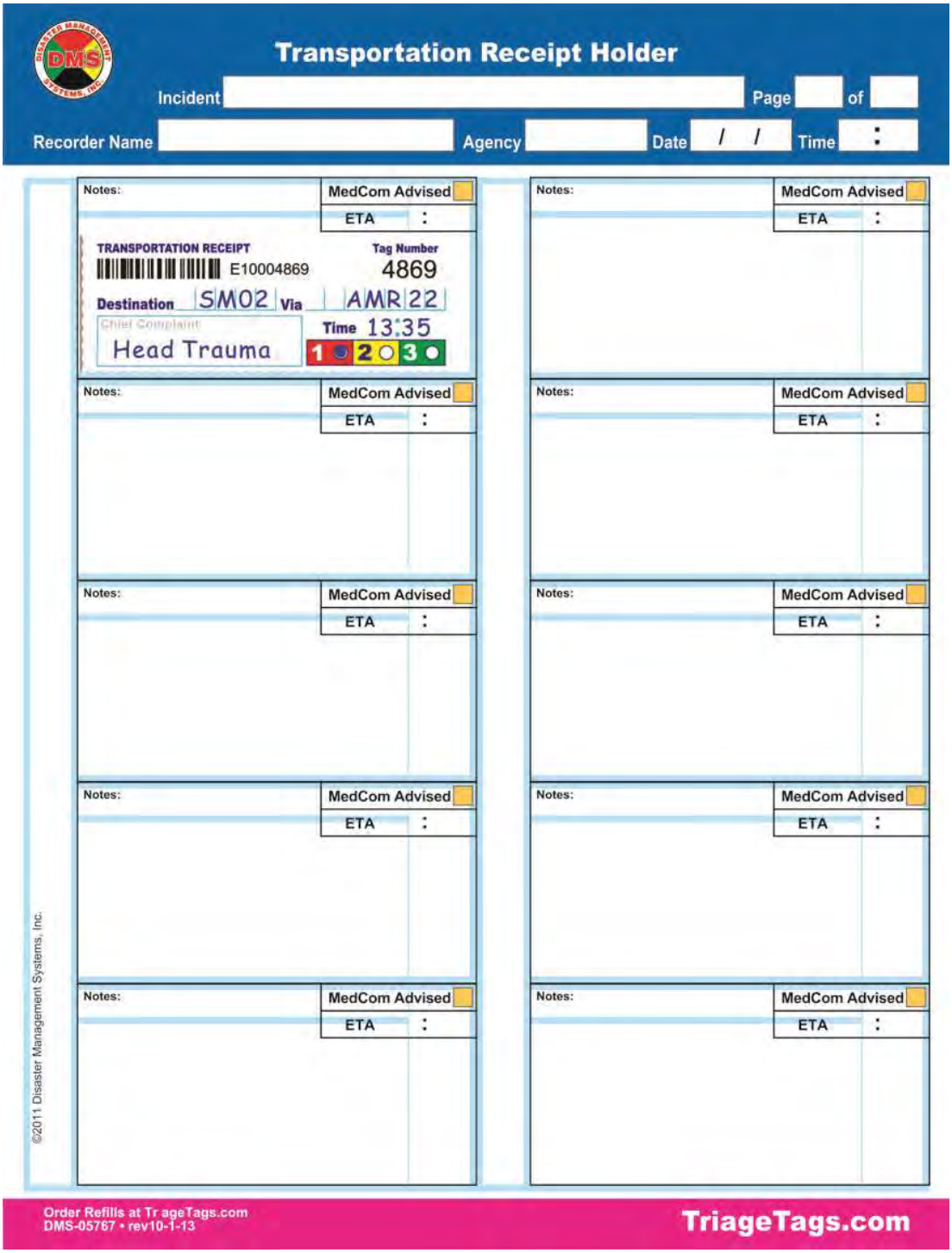
Triage Tag Receipt:

Destination Hospital Code
Service Provider (Via)
Patient Load Time
Chief Complaint
Triage Level
Patient Name and Age (if available)

Receipt Holder:

Estimated Time of Arrival to Receiving Hospital
Any relative notes




Transportation Receipt Holder
Incident
Page
of
Recorder Name
Agency
Date / /
Time :
Notes:
MedCom Advised
ETA :
TRANSPORTATION RECEIPT
E10004869
Tag Number
4869
Destination SM02 Via AMR22
Chief Complaint
Head Trauma
Time 13:35
1 2 3
©2011 Disaster Management Systems, Inc.
Order Refills at TriageTags.com
DMS-05767 • rev10-1-13
TriageTags.com

Ambulance Staging Resource Status Log (MCM 404)

This form should be maintained by the Ground Ambulance Staging Manager(s) to track ambulance availability and activities. Space is provided for the agency name and ambulance identification number, as well as their time in and out of staging. It can also be used to keep track of medical supplies and other personnel available at ambulance staging for use at the scene.

AMBULANCE STAGING RESOURCES STATUS	1. INCIDENT NAME			2. DATE PREPARED	3. TIME PREPARED
AGENCY	**UNIT NUMBER**			**TIME IN STAGING AREA**	**TIME OUT STAGING AREA**
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
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			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
			ALS		
			BLS	____ : ____	____ : ____
MCI ICS 2-91	4. PREPARED BY (GROUND/AIR AMBULANCE STAGING MANAGER)				

Ambulance Staging Resource Status Log (MCM 404a)

This form should be maintained by the Air Ambulance Coordinator to track helicopter and fixed wing availability and activities. Space is provided for the tail number as well as their time in and out of staging. This form is also to be used to track patients transported by helicopter to a regional medical facility.

LZ / FIXED WING COORDINATOR SPREADSHEET

GROUND CONTACT RADIO DESIGNATOR: **AIR to GROUND RADIO FREQUENCY:**

INCIDENT: **DATE:**	**AIRPORT OR AIRSTRIP:**	**LAT:** **LONG :**

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Landing time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

Radio #:	Tail #:
Land time: Lift time:	ALS / Nurse/ Paramedic BLS/ EMT/ Other
# Patients Can Take:	# Patients Transported:
Destination:	Tag # (s):

MCM 404a

PAGE _____OF_____

ICS Unit Log 214

The ICS Unit Log (#214) is a generic form used in a large incident to document and report the activities of incident personnel in charge of specific functions. In the Medical Branch the individual job descriptions will list which personnel may be required to complete such a form when appropriate. In general, they are the Medical Branch Director, Medical Group Supervisor, the Triage Unit Leader, Treatment Unit Leader, Patient Transportation Group Supervisor, and the Medical Supply Coordinator.

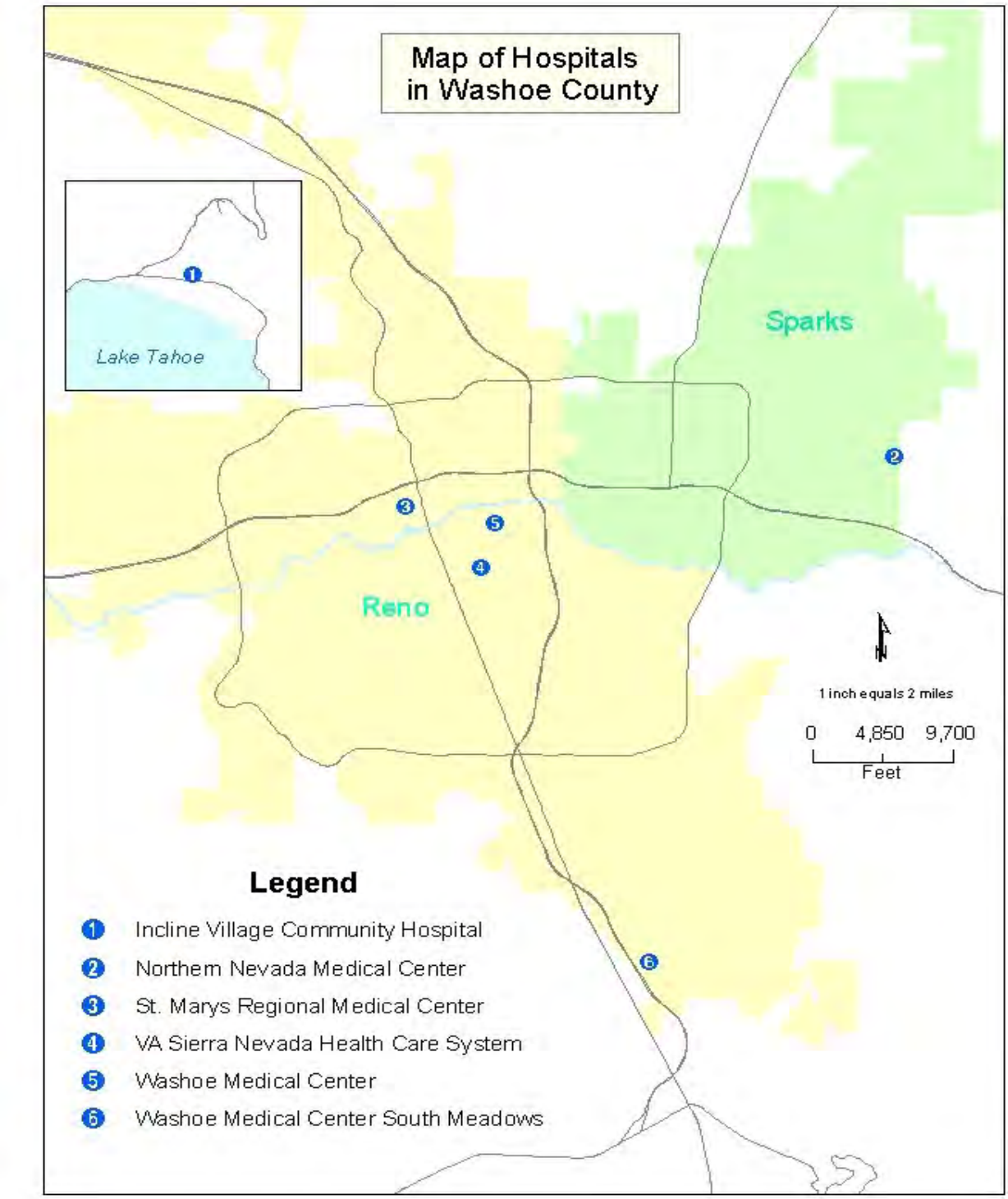
In a large or prolonged incident, additional personnel assigned specific functions may also find the form useful to track and document specific activities or personnel.

UNIT LOG	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
4. UNIT NAME/DESIGNATORS	5. UNIT LEADER (NAME AND POSITION)	6. OPERATIONAL PERIOD	

7. PERSONNEL ROSTER ASSIGNED		
NAME	ICS POSITION	HOME BASE

8. ACTIVITY LOG **(CONTINUE ON REVERSE)**	
TIME	MAJOR EVENTS
214 ICS 5-80	9. PREPARED BY (NAME AND POSITION)

APPENDIX G - WASHOE COUNTY HOSPITAL MAP



APPENDIX H – INTEGRATION

Outside Agencies Responding into Washoe County

In the event of an MCI within Washoe County during which an outside agency is requested or responds, the initial triage and setup of incident will be as follows:

- All agencies within Washoe County will use the ribbon triage system as outlined in this plan; all agencies outside of Washoe County will be permitted to use their designated system.
- When the victims of the MCI reach the treatment area, the initial triage tag will be removed and replaced with the appropriate DMS triage tag for accurate tracking and accounting of patients.
- The initial triage tag, whether it is a ribbon or some other sort of tag, will be removed and replaced at this time to ensure compliance with the Washoe County MCI plan.
    - Many initial MCI triage systems are somewhat similar in using color coding to designate the severity of the patient. It will be the responsibility of the treatment area leader to classify any outside triaging into the appropriate category following the guidelines set forth within the Washoe County MCI plan.
        - Immediate = Red
        - Delayed = Yellow
        - Minor = Green
- In the event of an outside agency being assigned to the treatment area, that agency will be given the appropriate tags to comply with the Washoe County MCI plan.

APPENDIX I – INDIVIDUAL RESILIENCE: FACTSHEET FOR RESPONDERS

Emergency responders know disasters and emergencies can cause great destruction to infrastructure and damage people's physical health. It can be challenging for responders to anticipate the behavioral health consequences of disasters for victims and for themselves. This is because the emotional effects of a disaster may not be seen in tangible ways. Effective coping with disaster has a lot to do with a responder's individual resilience.

What is individual resilience?

Individual resilience involves behaviors, thoughts, and actions that promote personal well-being and mental health. It refers to a person's ability to withstand, adapt to, and recover from adversity. People can learn coping skills to adapt to stress and maintain or return to a state of mental health well-being.

A disaster can impair resilience, even for experienced responders, due to stress, traumatic exposure, distressing psychological reactions, and disrupted social networks. Feelings of grief, sadness, and a range of other emotions are common after traumatic events. Resilient individuals, however, are able to work through the emotions and effects of stress and painful events and rebuild their lives.

Why is responder resilience so important?

When responders have the tools and support that they need to take care of themselves and manage stress, the team as a whole will be more effective. Resilient responders are better able to fulfill the requirements of the response.

Unaddressed responder stress can have a negative effect on others. Stress can lead to poor decisions and increase mistakes that might jeopardize the success of the task and the safety of others.

Resilient responders are better able to:

- Care for themselves and others.
- Access needed resources more efficiently and effectively.
- Be physically and mentally healthier and have overall lower recovery expenses and service needs.
- Miss fewer days of work.
- Get back to routines more quickly (which helps family members as well).
- Work through the strong emotions that come from being a responder, without relying on unhealthy coping strategies, such as drinking heavily or smoking.
- Return to their day-to-day role and have positive interactions with co-workers and family.
- Have greater job satisfaction and career longevity.

What contributes to individual resilience?

Resilience develops as individuals learn better strategies to manage stress and life's challenges. Building resilience involves tapping into personal strengths and the support of family, colleagues, and friends. Responders can foster individual resilience during pre-response, response, and post-response phases. Here are some examples:

Pre-response:

- Educate yourself and your colleagues about the behavioral health impacts of working in disaster environments.
- Plan for how you will cope with response & post-response stress.
- Talk with family & friends about how they can support you.
- Use healthy stress management strategies every day, not just when stress is at its highest.
- Engage in community activities for enjoyment and to build social connections.
- Exercise daily (running, stretching etc.).
- Develop and maintain healthy eating habits.
- Have a bedtime routine that you can maintain regularly.
- Identify people that are positive influences who can provide support during times of stress, even if you can only keep in touch online.
- Find what brings you positive feelings or enjoyment, such as a favorite book or movie. Keep it on hand for when you return from a response to help tap into positive emotions.

During response:

- Seek support or suggestions from staff assigned to provide responder behavioral health support.
- Take regular breaks and do your best not to work over expected shift lengths.
- Reach out to family, friends, or colleagues to get support.
- Maintain an exercise routine to help release stress.
- Eat healthy and make sure you get adequate sleep.
- Rotate job tasks before stress impacts performance.

Post response:

- Learn about potential challenges of returning from a disaster and share them with your family and friends.
- Get screened for stress or behavioral health needs.
- Use your employee assistance program or other resources, like the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline (1-800-985-5990 or text TalkWithUs to 66746) which provides free, confidential support to disaster survivors and responders.
- Use strategies that you identified before responding to the disaster.

Resources:

Employee Assistance Programs (EAPs)

Share the Load: A Support Program for Firefighters and EMTs

Share the Load National Fire/EMS Helpline: 1-888-731-3473

SAMHSA Disaster Distress Line

SAMHSA Disaster App

Psychological First Aid: A Guide for Emergency & Disaster Response Workers

A Guide to Managing Stress in Crisis Response Professions

Tips for Disaster Responders: Identifying Substance Misuse in the Responder Community

Tips for Disaster Responders: Preventing and Managing Stress

A Post-Deployment Guide for Families of Emergency & Disaster Response Workers

APPENDIX J - NEVADA GOOD SAMARITAN LAW

1. Except as otherwise provided in NRS 41.505, any person in this State who renders emergency care or assistance in an emergency, gratuitously and in good faith, except for a person who is performing community service as a result of disciplinary action pursuant to any provision in title 54 of NRS, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured person.

2. Any person in this State who acts as a driver of an ambulance or attendant on an ambulance operated by a volunteer service or as a volunteer driver or attendant on an ambulance operated by a political subdivision of this State, or owned by the Federal Government and operated by a contractor of the Federal Government, and who in good faith renders emergency care or assistance to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

3. Any person who is an appointed member of a volunteer service operating an ambulance or an appointed volunteer serving on an ambulance operated by a political subdivision of this State, other than a driver or attendant of an ambulance, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person whenever the person is performing his or her duties in good faith.

4. Any person who is a member of a search and rescue organization in this State under the direct supervision of any county sheriff who in good faith renders care or assistance in an emergency to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

5. Any person who is employed by or serves as a volunteer for a public fire-fighting agency and who is authorized pursuant to chapter 450B of NRS to render emergency medical care at the scene of an emergency is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

6. Any person who:
    - Has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American National Red Cross or American Heart Association;
    - Has successfully completed the training requirements of a course in basic emergency care of a person in cardiac arrest conducted in accordance with the standards of the American Heart Association; or
    - Is directed by the instructions of a dispatcher for an ambulance, air ambulance or other agency that provides emergency medical services before its arrival at the scene of the emergency, and who in good faith renders cardiopulmonary resuscitation in accordance with the person's training or the direction, other than in the course of the person's regular employment or profession, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

7. For the purposes of subsection 6, a person who:
    - Is required to be certified in the administration of cardiopulmonary resuscitation pursuant to NRS 391.092; and
    - In good faith renders cardiopulmonary resuscitation on the property of a public school or in connection with a transportation of pupils to or from a public school or while on activities that are part of the program of a public school, shall be presumed to have acted other than in the course of the person's regular employment or profession.

8. Any person who gratuitously and in good faith renders emergency medical care involving the use of an automated external defibrillator is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

9. A business or organization that has placed an automated external defibrillator for use on its premises is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by the person rendering such care or for providing the automated external defibrillator to the person for the purpose of rendering such care if the business or organization:
    - Complies with all current federal and state regulations governing the use and placement of an automated external defibrillator;
    - Ensures that the automated external defibrillator is maintained and tested according to the operational guidelines established by the manufacturer; and
    - Establishes requirements for the notification of emergency medical assistance and guidelines for the maintenance of the equipment.

10. As used in this section, "gratuitously" means that the person receiving care or assistance is not required or expected to pay any compensation or other remuneration for receiving the care or assistance.

APPENDIX K – ACRONYMS

ABC	Airway, Breathing, Circulation
ALS	Advanced Life Support
ARES	Amateur Radio Emergency Service
BLM	Bureau of Land Management
BLS	Basic Life Support
DBOH	District Board of Health
DEM	Nevada State Division of Emergency Management
DHO	District Health Officer
DPBH	Nevada Division of Public and Behavioral Health
ED	Emergency Department
EM	Emergency Manager
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ETA	Estimated Time of Arrival
FAC	Family Assistance Center
FBO	Fixed-base Operator
FCC	Federal Communication Commission
FEMA	Federal Emergency Management Agency
FSC	Family Service Center
HICS	Hospital Emergency Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IHCC	Inter-Hospital Coordinating Council
IV	Intravenous
LZ	Landing Zone
MAA	Mutual Aid Agreement
MAEA	Mutual Aid Evacuation Annex
MCC	Medical Communications Coordinator

MCI	Multi-Casualty Incident
MCIP	Multi-Casualty Incident Plan
MED NET	Medical Network Radio Frequencies
MHz	Megahertz
MOU	Memorandum of Understanding
MSU	Medical Services Unit
NANG	Nevada Air National Guard
NAS	Naval Air Station - Fallon
NLTFPD	North Lake Tahoe Fire Protection District
NNMC	Northern Nevada Medical Center
NRS	Nevada Revised Statutes
NWS	National Weather Service
PSAP	Public Safety Answering Point
Pt	Patient
PTGS	Patient Transportation Group Supervisor
RACES	Radio Amateur Civil Emergency Services
REOC	Regional Emergency Operations Center
REOP	Regional Emergency Operations Plan
REMSA	Regional Emergency Medical Services Authority
RTAA	Reno-Tahoe Airport Authority
RTC	Regional Transportation Commission
SMRMC	Saint Mary's Regional Medical Center
SNF	Skilled Nursing Facility
START	Simple Triage and Rapid Treatment
TMFPD	Truckee Meadows Fire Protection District
UHF	Ultra High Frequency
UNR	University of Nevada Reno
VA	VA Sierra Nevada Health Care System
WCHD	Washoe County Health District
WCMECO	Washoe County Medical Examiner/Coroner Office

APPENDIX L - GLOSSARY

Agency Representative
A person assigned by a primary, assisting or cooperating Federal, State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

Assistant
Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications and responsibility subordinate to the primary positions. Assistants may also be assigned to unit leaders.

Authority Having Jurisdiction
The government agency, responsible for public safety or code enforcement within any given geographical area.

Branch
The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified using Roman numerals or by functional area.

Care Capacity
The number and types of patients a facility can accommodate based on a variety of internal factors as defined by the facility to include physician and nurse staffing, operating rooms available, Emergency Department capacity/staffing, and in-house capacity.

Chief
The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

Command Staff
In an incident management organization, the Command Staff consists of the Incident Commander and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Deceased Patient
Mortally wounded or clinically dead.

Delayed Patient
Serious injury or illness which may become life threatening; likely to survive if care is received within thirty (30) minutes to several hours.

Deputy
A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff and Branch Directors.

Designated Overflow Area
Alternative care location identified by each facility where basic patient care can take place. Such locations may be auditoriums, cafeterias, hallways, or lobbies.

Division
The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

Emergency Management Plan
A plan maintained by a jurisdiction or agency, which describes activities to plan for, respond to, mitigate or recover from potential hazards that may result in loss of life or property during an emergency.

Emergency Operations Center (EOC)
The physical location at which the coordination of information and resources to support incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., federal, state, regional, county, city, tribal), or some combination thereof.

Environment of Care
A term used to describe the building, equipment and people that provide services that allow patient care to take place in a medical facility.

Evacuation
Organized, phased and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas.

Field Command Post
The field location where primary tactical-level, on-scene incident command functions are performed.

Fixed-Base Operator (FBO)
An organization granted the right by an airport to operate at the airport and provide aeronautical services such as fueling, hangaring, tie-down and parking, aircraft maintenance, and similar services.

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

Function
Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs.

General Staff
A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Good Samaritan Law
A section of Nevada Revised Statutes which describes the immunities under the law for those medical personnel who provide gratuitous medical services in an emergency.

Group
Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the Operations Section. (See *Division*).

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

Hospital Emergency Operations Center
A location where primary hospital command and coordination functions are carried out to manage a medical facility's emergency or catastrophic event.

Hospital Incident Commander
The individual responsible for decisions relating to the incident and management of all strategic and tactical operations within the hospital.

Immediate Patient
A patient with critical, life-threatening injury or illness, likely to survive if care is received within thirty (30) minutes.

Immediate Evacuation
Hospital evacuation due to life-threatening threats to the building's occupants requiring an immediate response.

Incident
An occurrence or event, natural or human-caused, requiring an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous material spills, nuclear accidents, aircraft accidents, earthquakes,

hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command System (ICS)
A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, and designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents; ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Initial Response
Resources initially committed to an incident.

Jurisdiction
A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state or federal boundary lines) or functional (e.g., law enforcement, public health).

Liaison Officer
A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Local Government
A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska, a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2(10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2202).

Logistics Section
The section responsible for providing facilities, services, and material support for the incident.

Minor Patient
Patients with wounds not considered life threatening; care may be delayed hours or days; this group may be referred to as the walking wounded.

Multi-Casualty Incident Plan (MCIP)
Guidelines maintained by the Washoe County DBOH for the Reno, Sparks and Washoe County area to effectively, efficiently, and safely organize multi-casualty incidents utilizing ICS as the management tool.

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

Preparedness
The range of deliberate, critical tasks and activities necessary to build, sustain and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols and standards for planning, training and exercises, personnel qualification and certification, equipment certification and publication management.

Prevention
Actions to avoid an incident or to intervene to stop an incident form occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Public Information Officer
A member of the Command Staff responsible for interfacing with the public and media or with other agencies with incident-related information requirements.

Qualified Disaster
An unusual and unforeseen situation which overtakes the operations (physical plant and staff) of a member facility resulting in a partial or full evacuation.

Recovery
The development, coordination and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Resources
Personnel, and major items of equipment, supplies and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response
Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation

activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation or quarantine; and specific law enforcement operations aimed at preempting, interdicting or disrupting illegal activities and apprehending actual perpetrators and bringing them to justice.

Safety Officer
A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

Section
The organization level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the branch and the Incident Command.

Skilled Nursing Facility (SNF)
An institution or facility that provides sub-acute nursing and/or rehabilitation services to patients with an illness or injury who are unable to care for themselves.

Special Care Patients
Those patients within a medical facility who require a higher level of patient care, equipment and staffing ratios than general medical or surgical patients.

Special Care Unit
A generalized term to include Intensive Care, Cardiac Care, Cardiac Surgery, Pediatric Intensive Care, Neonatal Intensive Care Units, patients currently undergoing surgical procedures, and patients that are in Post Anesthesia Recovery (PACU).

Staging Area
Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

START
A process of triaging patients in an MCI quickly and efficiently. It focuses on being simple to use, does not require any special skills, rapid, provides minimal stabilization, does not require specific diagnosis, and is easy to learn and teach. The START method utilizes four assessment tools to evaluate and categorize patients – ability to walk, ventilation, perfusion and mental status.

Strike Team
A set number of resources of the same kind and type that have an established minimum number of personnel. All resource elements within a Strike Team must have common communications and a designated leader.

Task Force
Any combination of resources assembled to support a specific mission or operational needs. All resource elements within a Task Force must have common communications and a designated leader.

Unified Command (UC)
An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross-political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan (IAP).

Urgent Evacuation
Hospital evacuation caused by factors that are non-life threatening which can be delayed for a period of hours to days.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMSProgram@washoecounty.us

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Family Service Center Annex

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County.

Contents

INTRODUCTION

A Family Service Center (FSC) is an organized, calm, professional, and coordinated method of assistance delivery in a safe and secure environment following a disaster. The FSC is opened to support a multi-casualty incident (MCI) by allowing for easier collection of information that will assist in identifying those injured or missing due to the disaster. Therefore, this plan is truly for the living.

The FSC Annex would typically activate when there is an incident that occurs with numerous casualties and limited fatalities.

Casualty: An individual injured (critical, moderate or minor) during an MCI.

Fatality: An individual fatally wounded during an MCI.

If the incident converts into a mass fatality with 10 or more decedents, then responders would transition into operating under the Washoe County Family Assistance Center (FAC) Annex. This plan is part of the Washoe County Mass Fatality Plan, which is maintained by the Washoe County Medical Examiner Coroner's Office (WCMECO).

The FSC is designed to deliver compassionate care to the family member(s) of the missing, injured or deceased. The goals of an FSC are to:

- Provide a private and secure place for families to gather and to receive information about the response and recovery of the incident.
- Protect families from the media and curiosity seekers.
- Facilitate information sharing with hospitals to support family reunification with the injured.
- Address the informational, psychological, spiritual, medical, and some logistical needs of families.
- Centralize and coordinate missing person inquiries.

The primary objective of this plan is to provide responding agencies the management framework to establish, operate and close the FSC.

Situational Overview

As a community, Washoe County is faced with a variety of potential threats that could result in multiple casualties or fatalities daily. These threats could manifest themselves as transportation accidents, natural disasters, terrorist attacks, or even pandemics.

After a multi-casualty or mass fatality incident, families and friends will anxiously seek assistance in accessing information about the event and locating their affected loved ones. In this environment of uncertainty and need for information, the FSC and community FAC are an important resource for helping a community and supporting the overall incident response.

In addition to providing a safe, protected, and supportive environment for families to gather and receive updates and information, the FSC can play a critical role in coordinating patient tracking and missing person information. FSC planning intersects with many multi-casualty response functions including patient tracking, behavioral health, public messaging, missing persons information management, and victim identification.

Family: In this context, family is defined as any individual (family, friend, partner, distant relative) that considers themselves to be a part of the victim's family, even if there is not a legal familial relationship. This includes individuals whom other family members characterize as family. It is important to note that this definition of family differs from the legal definition of next of kin.

Next of Kin: The closest blood relative or spouse who is legally authorized to make decisions regarding the deceased or the living during a medical emergency if the individual is incapacitated. The order of next of kin varies by state, but frequently includes spouse, then adult children, parents, siblings, etc.

Family Service Center: The Family Service Center is a secure facility established by public health agencies to serve as a location to provide information and assistance about unaccounted persons. The FSC may stand-up when there are 10 or more injuries during an incident. The FSC may expand and become the community Family Assistance Center should the incident require additional resources during response and recovery.

Family Assistance Center (FAC): The Family Assistance Center is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. The community FAC is organized by the WCMECO and is typically established when there are 10 or more fatalities during an incident.

Plan Maintenance

The Washoe County Health District (WCHD) is responsible for the maintenance and distribution of the FSC Annex to the Multi-Casualty Incident Plan (MCIP). The Annex should be reviewed and revised biennially, in coordination with the MCIP plan review. The FSC Annex may be revised more frequently as required to incorporate federal, state or regional guidelines and/or to address operational issues identified during exercises and incidents.

Changes could include additions of new material, or updates to old material. Proposed changes must be presented to the District Board of Health (DBOH) for approval.

As with any regional plan, changes should be documented. Below provides a table to record all approved changes to the FSC Annex. At a minimum, the plan is to be completely updated every five years.

Year	Update/Revision to Plan Component	Date	Initials
2016	Original FSC Annex		
2020	Updated triggers and activation levels		

FSC OVERVIEW

This plan serves as the FSC Annex to the MCIP for the WCHD. Incidents involving fifteen or more patients or exceeding the normal operating capacity of the EMS system will be considered an MCI and will initiate the activation of the MCIP. Upon activation of the MCIP, the FSC Annex may also activate, depending on incident information.

The FSC Annex establishes the overall roles and responsibilities of personnel who may standup and operate an FSC during and after an incident. The Annex outlines the necessary collaboration with other response agencies involved in an MCI response, specifically for the WCHD and its responding community partners.

It is important to note that the WCMECO maintains the community FAC plan. The FSC Annex should only activate when there is a multi-casualty incident that does not result in multiple fatalities. However, there is the possibility that the FSC may expand to become the community FAC, should the incident warrant additional services and ante-mortem data collection.

Purpose

The purpose of the FSC Annex is to guide responding agencies (i.e., the WCHD and its community partners) in coordinating family service responses related to an MCI. The establishment of an FSC will help accurately identify those involved in the incident and reunite them with their families and/or friends.

In the event of an MCI that triggers the activation of this Annex, the FSC serves as an authoritative source of information and services, providing a responsive and sensitive support system for all those affected by the incident.

The FSC is intended to serve as a location for exchange of information between families of victims and appropriate community and governmental agencies for the purposes of identifying victims and reunifying families. The establishment of an FSC traditionally occurs after the initial impact of the incident and remains open during the short-term transition between immediate response and long-term recovery.

The FSC is scalable based on the incident and/or threat.

Scope

This Annex is for Public Health responders and community partners of the WCHD. For more in-depth information about the community FAC, which is run by the WCMECO, consult the Washoe County Family Assistance Center Annex to the Washoe County Mass Fatality Plan. This plan is maintained by the WCMECO.

The Washoe County Health District FSC Annex is applicable to all non-legislative incidents where there are multiple casualties, but few fatalities. Legislative disasters include occurrences covered by Federal legislation, like aviation or passenger rail incidents. In these instances, the local community is called to assist, but is not the lead agency during the disaster.

The FSC Annex is applicable for all other multi-casualty incidents that require coordinated and centralized information, victim information, and behavioral health services for the family/friends of missing or injured persons. In these instances, local responders will take the lead in determining the activation, response and demobilization of the FSC.

The FSC Annex:

- Provides a suggested concept of operations and roles/responsibilities for Family Service Center operations within Washoe County.
- Provides details on level of activation and resource information for essential services.
- Provides Job Action Sheets for positions that could be activated to serve within the FSC.

The FSC Annex is an addition to the Washoe County MCIP. The information included in this plan refers to the concept of operations, roles and responsibilities, and coordinated communications for establishing and operating a FSC in support of the multi-casualty and/or mass fatality plans.

Legislative Incidents

Legislative incidents are those which involve commercial aviation or passenger rail resources. Under the Aviation Disaster Family Assistance Act of 1996 and the Rail Passenger Disaster Family Assistance Act of 2008, in the event of a commercial aviation or passenger rail incident, the National Transportation Safety Board (NTSB) will be the primary agency responsible for coordinating family assistance. In the event of a legislative event, the FSC and community FAC Annexes will be supplied to the NTSB to provide an understanding of the local capabilities. Additionally, a liaison may be offered by the local government to work with the NTSB.

During legislative incidents, the NTSB is also responsible for working with other government and non-government partners to provide additional services. A Disaster Mortuary Operations Response Team (DMORT) may be contracted to assist the WCMECO with the victim identification, family interviews, and family notification processes.

Per the NTSB FAC Plan, in the event of an aviation or passenger rail incident the American Red Cross (ARC) is the primary provider, either directly or via referrals, of family care and crisis intervention after the incident. As such the ARC will coordinate the numerous organizations and personnel offering behavioral health

support, spiritual guidance and other support services to the operation. Additionally, local agencies may provide personnel and/or resource support as needed throughout the incident's duration, as requested by the NTSB.

If a legislated disaster occurs at the Reno-Tahoe International Airport, a Friends and Relatives Center (FRC) will be established by the Reno-Tahoe Airport Authority (RTAA) during the initial response to the incident.

Friends and Relatives Center: The FRC is an interim place where friends and family can gather to learn information and provide basic information on their unaccounted loved ones. It is meant to serve as a bridge between the incident and the opening of an FAC. The FRC is only setup if there is a disaster involving the RTAA.

In the case of a multi-casualty or mass fatality resulting from a criminal event, the Department of Justice assumes jurisdiction over the investigation of the event. In both instances, Health and Medical Area Command will work directly with the federal partners to provide support as needed.

Non-Legislative Incidents

All multi-casualty, non-legislative incidents in Washoe County will follow the response elements identified in the MCIP and other regional plans, as necessary.

If the incident exceeds local capacity, the WCHD may make a request to Washoe County Emergency Management and Homeland Security (WCEMHS) who will in turn make a request to other local jurisdictions or to the State of Nevada for resources, personnel, equipment, and/or supplies. If the incident expands into a mass fatality scenario, which is defined as 10 or more fatalities, then a DMORT may be necessary to assist with the WCMECO with morgue operations. The DMORT Family Assistance Center Team may also be requested to assist in establishing and operating the community FAC. The DMORT team(s) would be requested through the WCEMHS.

FSC Planning Assumptions

There are several assumptions that must be considered when potentially activating the FSC Annex:

1. The activation of an FSC may occur as a result of many different types of incidents.
2. An FSC will be part of a larger emergency response, requiring coordination and information sharing among multiple community organizations and agencies.
3. Coordination among responding agencies about family member welfare inquiries, missing persons reports, and patient tracking will be necessary.
4. On average, 8-10 family members will arrive or need assistance for each potential victim.
5. After an incident, family members will immediately call or self-report to many agencies/locations seeking information about their loved ones. This could include the incident site, 911, 211, hospitals, clinics, fire departments, police stations, or the WCMECO.

6. When selecting an FSC site, it will be away from and not within viewing distance of the incident and should be conveniently located near hospitals.
7. Not all family members will come to the FSC. Some services need to be available virtually to support and provide information to those who are not physically on site at the FSC.
8. If the incident transitions from multi-casualty to mass fatality, a short term FSC may need to be provided to give families a place to convene until the community FAC is established. This may occur at an airport, hotel, or other community site, and should be established within two hours of the incident.
    - The community FAC could begin operations within 6 hours of the incident and would be fully operational until the decision to deactivate.
9. The FSC can be scaled depending on the need.
10. The FSC may need to operate 24 hours per day during the initial days/weeks after an incident.
11. It will be a challenge to provide security and control access at the FSC to ensure that only those working or receiving services are allowed in the location.
12. While media will not be allowed in the FSC, space will need to be provided nearby for media briefings and for family members who may wish to speak to the media.

In addition to planning assumptions for FSC operations, it is also necessary to keep in mind the concerns of the family members that may arrive at an FSC. Below is a list of considerations regarding family members that may visit the FSC.

1. Family members will have high expectations regarding:
    - The identification of the injured
    - The prompt return of loved ones to their family
    - Ongoing information and updates
    - Access to a point of contact to ask questions
    - Ability to visit the scene of the incident
    - Information regarding release of personal property
2. Not all families will grieve in the same way.
3. Family dynamics may pose different challenges and needs, especially regarding security and staff workload.
4. Ethnic and cultural practices will be important factors in how the families grieve, communicate, and practice pre-burial rituals.
5. Family members may travel to the FSC and/or the community FAC and need assistance with basic resources (e.g., lodging, toiletries, clothes, prescriptions, etc.).
6. Family members that live locally may chose to remain overnight at the FSC and/or community FAC, especially in the initial days after an incident.
7. Family interviews may need to be conducted with multiple family members in order to collect enough information to assist with reunification or victim identification.
8. Disaster behavioral health and spiritual care resources are necessary at the FSC.

FSC OPERATIONS

NIMS/ICS

The National Incident Management System (NIMS) Incident Command System (ICS) will be used in the all emergency and disaster situations. FSC representatives should utilize ICS at all points within this plan, as well as operationally, and integrate with other agencies through established liaisons.

Once a multi-casualty incident occurs, all responses will be done in conjunction with NIMS, the National Response Framework (NRF), and applicable incident management within Washoe County. It is important to note that as soon as the incident begins, regardless of level activated, a multi casualty tracking system must be established, as outlined in the MCIP.

Should the WCHD or partner FSC agencies find themselves in need of resources at any time during multi casualty operations, a resource request must be placed with the WCEMHS. The WCEMHS personnel will work within the county, the state, or at a federal level to ensure the resource is acquired.

Notification

Following a multi-causality incident, the decision to activate the FSC should be made as quickly as possible to support family inquiries, document potentially missing and/or deceased victims, and begin collection information to aid in victim identification. Timely activation of an FSC dramatically decreases the psychological burden on family members and loved ones of the missing and helps redirect the surge placed on other response systems such as 911, hospitals, and the WCMECO.

When an incident occurs that may fit FSC activation criteria, agencies should notify the following two agency representatives, or their designees:

- Washoe County Health Officer or his/her designee.
- Washoe County Emergency Manager or his/her designee.

Activation

The activation of the FSC Annex may occur simultaneously with the activation of the MCIP. The need to activate all or even some components of this Annex will be dictated by the specifics of the incident. Typically, fifteen or more casualties in one incident will trigger the need and scope of the FSC Annex activation.

The number of victims outlined in Table 1 will help agencies identify conditions when a FSC will be needed. It is important to note that in a catastrophe there are many potential variables that will influence the decision to activate the FSC including:

- A large number of casualties.
- A large number of missing persons being reported.
- Mass displacement of population due to evacuation of community area or healthcare facility and mass sheltering.
- Widespread distribution of patients and/or injured across multiple jurisdictions.
- Widespread need to obtain victim information and/or provide psychological and spiritual care support.

It is possible that in a disaster or other multi-casualty incident multiple conditions identified above may occur concurrently. In these instances, a full FSC activation is recommended with the understanding that transition to the Washoe County FAC plan is likely.

Table 1
Family Service Center Triggers

Number of Victims	FSC Activation	Building Size*
< 15	Optional	**Small***
15 – 25	Automatic	**Small***
26 – 50	Automatic	**Medium****
50+	**Automatic**	**Large*****

* A small building can be an office suite or single floor of a building.
** A medium building can be a hotel ballroom in conjunction with one or two meeting rooms, or a school building.
*** A large building can be a larger hotel utilizing all ballroom and meeting room space, or a convention center.

Levels of Activation

The WCHD and partner agencies will determine the appropriate level of activation of the FSC Annex after receiving pertinent information from the community partners that responded and activated the MCIP.

The thresholds for levels of activation are based upon local capacity. The level of activation will depend on the anticipated number of injuries, the scope of destruction/level of difficulty in recovery, and whether or not there are possible biological, chemical, physical, or radiological hazards.

Table 2
FSC Activation Levels

FSC Activation Level	Level Determination
Level 1	■ **1 - 15 victims/fatalities – Approx. 20-60 family members**
Level 2	■ **16 – 30 victims/fatalities – Approx. 60-100 family members**
Level 3	■ **31 – 50 victims/fatalities – Approx. 100-200 family members**
Level 4	■ **50+ victims/fatalities – Over 200 family members**

FSC Services

The services provided at the FSC are scalable depending upon the size of the event.

Mental and Spiritual Care

An incident can be overwhelming and lead to traumatic stress for both family members and responding personnel. Support for responders, volunteers, and staff at the FSC is essential from the onset of the FSC operations. This includes both mental and spiritual care services.

Disaster behavioral health services should:

- Assist family members and FSC staff and volunteers in understanding and managing the full range of grief reactions.
- Triage mental health needs to identify at risk individuals.
- Provide Psychological First-Aid, crisis intervention, mediation, and management of 'at risk' family members, including child and adolescent counseling, as well as FSC staff and volunteers.
- Provide referrals, as requested, to mental health professionals and support groups.
- Provide Psychological First-Aid and grief process educational materials for the FSC.

Spiritual care services should:

- Provide inter-denominational pastoral counseling and spiritual care for people of all faiths who request it.
- Conduct religious services and provide worship opportunities.
- Provide emotional support/crisis intervention and assist mental health staff as needed, including providing Psychological First-Aid.
- Offer a bridge to faith resources.

To ensure the continued mental health of staff and volunteers, end of shift debriefs and/or check-ins should be conducted prior to leaving the FSC. For additional information and resources consult the MCIP and Washoe County Regional Emergency Operations Plan Disaster Behavioral Health Annex.

Other Essential Services

In additional to mental and spiritual care, there are other services essential to any FSC operation. Essential FSC services are detailed as follows:

Reunification Coordination: The FSC will house services for family members or others attempting to locate and reunify with loved ones missing as a result of the incident. Reunification includes persons injured or uninjured and living or deceased. Services will be provided to family members, other individuals seeking to locate a missing person after the emergency, and persons who may have been located but remain unidentified and separated from family members.

Child Reunification Coordination is not something that will occur within the FSC. The Washoe County School District has a child reunification system and team that should be requested to assist.

Communication Management Services: An FSC will serve as reliable source of information regarding incident-related information and services. An FSC will receive information from the REOC, callers and FSC clients, and release information only as it is verified by the REOC and the FSC Manager. **Any information that will be shared through the Public Information Officers (PIO) should be provided to family members first.**

Disaster Call Center: A single, centralized call center, staffed by qualified, trained call coordinators, is vital to successfully and effectively managing the reunification process and assisting those in need of disaster information. Nevada 211 and/or the Crisis Call Center can act as the Disaster Call Center and can provide information during and after the emergency event. The information given out by call center personnel will include only the information verified by the REOC. The Disaster Call Center may also serve to complement the physical FSC. The REOC and/or Incident Commander and/or responding jurisdiction will advertise a sole number to the public for emergency information prior to, during, and after a disaster.

Disaster Behavioral Health (Mental Health Services): The FSC will house on-site disaster behavioral health services to support families and individuals as they begin to cope with the loss of a loved one, loss of home or community, and other emergency-induced stressors. Behavioral health counselors will be available to interview clients and assist those at risk of long-term psychological or emotional ramifications due to the crisis, including referrals for ongoing behavioral health support and case management. Should the need arise, FSC staff and volunteers could also be supported by counseling services as they cope with stressors from providing services to disaster victims and their families.

***Food Services*:** Due to the complex process of identifying and locating missing and injured persons, families and staff will likely remain at the FSC for long periods of time. Daily meals, including breakfast, lunch, dinner, and snacks, should be provided, and such meals should accommodate babies/infants and individuals with special dietary restrictions/requirements and/or food allergies.

***Medical Services*:** A qualified professional should be on-site to administer basic first-aid care to persons at the FSC. Anyone requiring full medical attention will be transported to an appropriate medical facility.

Optional Services

There are also optional FSC services depending on situational information of the incident. Optional FSC services are detailed as follows:

***Clothing/Personal Care Services*:** The FSC may provide emergency clothing and personal care hygiene items for FSC clients of all ages.

***Referral Services*:** The FSC may provide on-site expertise for referrals to appropriate off-site services such as funeral services, transportation, housing/shelter, and financial support.

***Transportation*:** An FSC may provide services to assist victims, their families, and staff in obtaining appropriate public or private transportation as needed.

Emergency Facilities

The Washoe County Regional Emergency Operations Center (REOC) is located at 5190 Spectrum Blvd, Reno 89506. The alternate EOC is in the Central Conference Room at 1001 E. 9th Street, Reno 89512.

LOCAL HOSPITALS

Immediately following a multi-casualty incident, hospitals may see an influx of families and unaccompanied children calling or arriving at their facility. To respond to the flood of families with information needs, hospitals are advised to set up a family reception area within their hospital to specifically address this need.

Hospitals are also advised to set up a pediatric safe area within their facility to ensure the safety and well-being of any unaccompanied children who may arrive at their facility.

A single identified FSC staff member will maintain close communication with local hospitals to verify the whereabouts of unaccounted persons and help identify patients involved in the incident. It is highly encouraged that hospitals notify family members about the FSC (or community FAC) and the services available at the given location.

REGIONAL VICTIM INFORMATION FORM

To minimize the frequency and impact of questioning family members about their loved ones, Washoe County has developed a Regional Victim Information (RVI) form. This form was developed and printed in quadruplicate copies so that family members do not need to repeat questioning at each location they may visit during a disaster. The WCMECO, hospital FACs, the FSC, the FRC, and community FAC shall all maintain and use the regional form, as appropriate.

Appendix A: Terms and Concepts

Ante-Mortem Data: Information about the missing or deceased person that can be used for identification. This includes demographic and physical descriptions, fingerprints, medical and dental records, and information regarding their last known whereabouts. Ante-mortem information is gathered and compared to post-mortem information when confirming a victim's identification.

Casualty: An individual injured (critical, moderate or minor) during an MCI.

Death Notification: The formal or official notification to the legal next of kin that their loved one is deceased and has been positively identified.

Disaster Behavioral Health Support: The provision of mental health services, substance abuse counseling/prevention, and stress management techniques to disaster survivors and responders.

Disaster Mortuary Operational Response Team (DMORT): DMORTs are federal teams within the National Disaster Medical System (NDMS) that provide support for mortuary operations following a mass-fatality disaster. In addition to the general DMORT teams, the DMORT capabilities include Disaster Portable Morgue Units (DPMU), a Weapons of Mass Destruction (WMD) Team, and an FAC Team.

District Board of Health (DBOH): The District Board of Health, through the Washoe County Health District, has jurisdiction over all public health matters in the Health District. The District Board of Health is a policy-making board composed of seven members, which includes two representatives each from Reno, Sparks, and Washoe County, and a physician licensed to practice medicine in Nevada.

Family: Family is defined as any individual that considers themselves to be a part of a victim's family, even if there is not a legal familial relationship. This includes individual's other family members characterize as family. It is important to note that this definition of family differs from the legal definition of next of kin.

Family Assistance Center (FAC): The Family Assistance Center is a secure facility established to serve as a centralized location to provide assistance to family members and information about missing or unaccounted for persons and the deceased. The community FAC is organized by the WCMECO and is typically established when there are 10 or more fatalities during an incident.

Family Service Center (FSC): The Family Service Center is a secure facility established by public health agencies to serve as a location to provide assistance to family members and information about unaccounted persons. The FSC may stand-up when there are 10 or more injuries during an incident. The FSC may expand and become the community FAC should the incident require additional resources during response and recovery.

Friends and Relative Center (FRC): The Friends and Relatives Center is an interim place where friends and family can gather for information and to provide basic information on their unaccounted loved ones. It is meant to serve as a bridge

between the incident and the opening of a FAC. The FRC is only setup if there is a disaster involving the RTAA.

Fatality: An individual fatality wounded during an MCI.

Incident: An occurrence or event, natural or human-caused, which requires an emergency response to protect life or property. Incidents can include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command System (ICS): A standardized emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Multi-Casualty Incident (MCI): A single geographically focused event, which produces casualties of a sufficient number and severity that special operations and organizations are required at the scene. These resources respond for the purpose of hazard mitigation, triage, treatment, and transportation of victims.

Multi-Casualty Incident Plan (MCIP): Guidelines maintained by the Washoe County District Board of Health for the Reno, Sparks, and Washoe County area to effectively, efficiently, and safely organize multi-casualty incidents utilizing ICS as the management tool.

National Incident Management System (NIMS): A system mandated by HSPD-5 that provides a consistent nationwide approach for Federal, State, local, and tribal governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, the NIMS includes a core set of concepts, principles, and terminology. HSPD-5 identifies these as the ICS: multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualification and certification; and the collection, tracking, and reporting of incident information and incident resources.

National Transportation Safety Board (NTSB): The National Transportation Safety Board is an independent Federal agency charged by Congress with investigating every civil aviation accident in the United States and significant accidents in other modes of transportation – railroad, highway, marine and pipeline. The NTSB determines the probable cause of the accidents and issues safety recommendations aimed at preventing future accidents.

Next of Kin: The closest blood relative or spouse who is legally authorized to make decisions regarding the deceased or the living during medical emergency if the individual is incapacitated. The order of next of kin varies by state, but typically includes spouse, then adult children, parents, siblings, etc.

Washoe County Emergency Management and Homeland Security (WCEMHS): The Washoe County Emergency Management Program functions as a coordination agency during a disaster, to provide such assistance as may be needed by the affected communities to safeguard life and property. The intent is to assess and address the effects of the event. We use the Incident Command System (ICS) as part of the National Incident Management System (NIMS) during the response phase. Mutual aid assistance is often available from other communities, state and federal agencies, or from private sources.

Washoe County Medical Examiner/Coroner Office (WCMECO): The medico-legal authority at the county level responsible for investigating suspicious or unnatural deaths, determining cause and manner of death, and positively identifying the decedent.

Missing Person: In the context of disasters, an individual whose whereabouts, status, or wellbeing is unknown.

Positive Identification: Confirming, scientifically, an individual is deceased.

Regional Emergency Operations Center (REOC): The Regional Emergency Operations Center provides a single, secure, and safe location for participating agencies to support public safety, field Incident Commanders, determine situational status, coordinate and collaborate response strategies and activities, make critical decisions, and initiate policy level support for critical decisions when needed during emergency and disaster situations.

Regional Victim Information Form (RVI): The regional victim information form is utilized for the reporting and tracking of possible persons involved in a declared disaster in Washoe County.

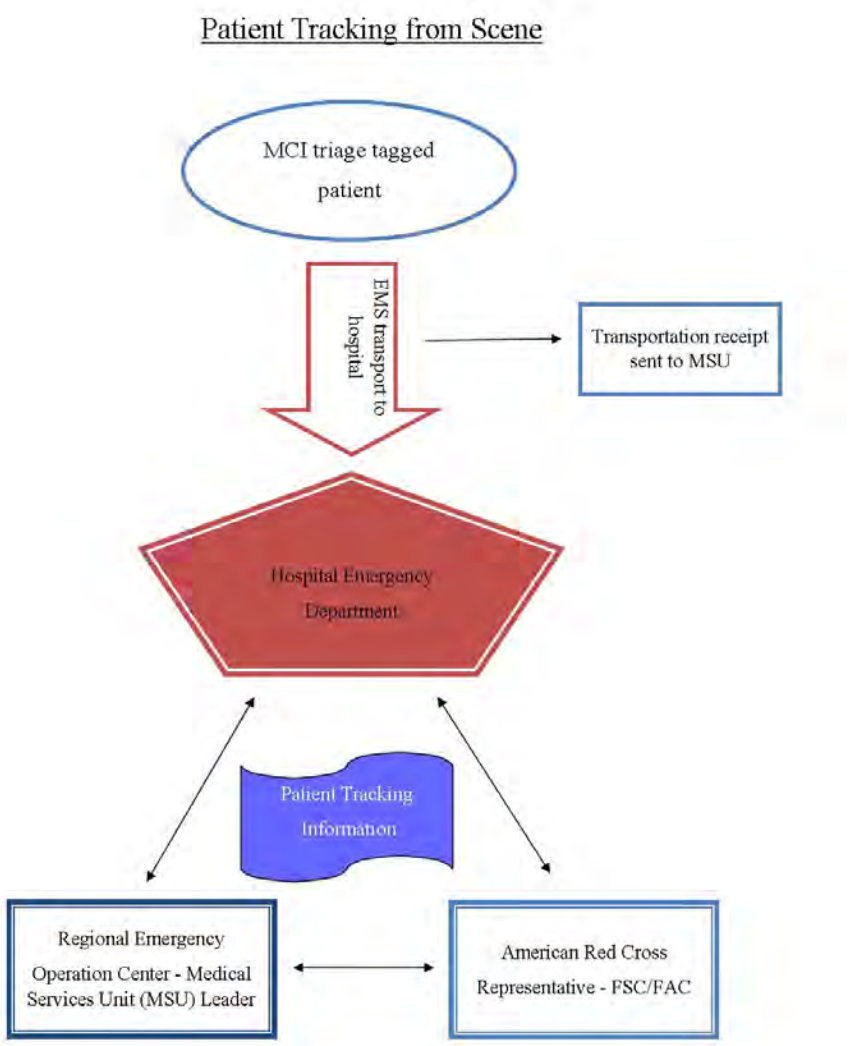
Reunification: The process of reuniting family members with their missing or deceased loved one.

Reno-Tahoe Airport Authority (RTAA): The Reno-Tahoe Airport Authority is the owner and operator of the Reno-Tahoe International and Reno-Stead Airports.

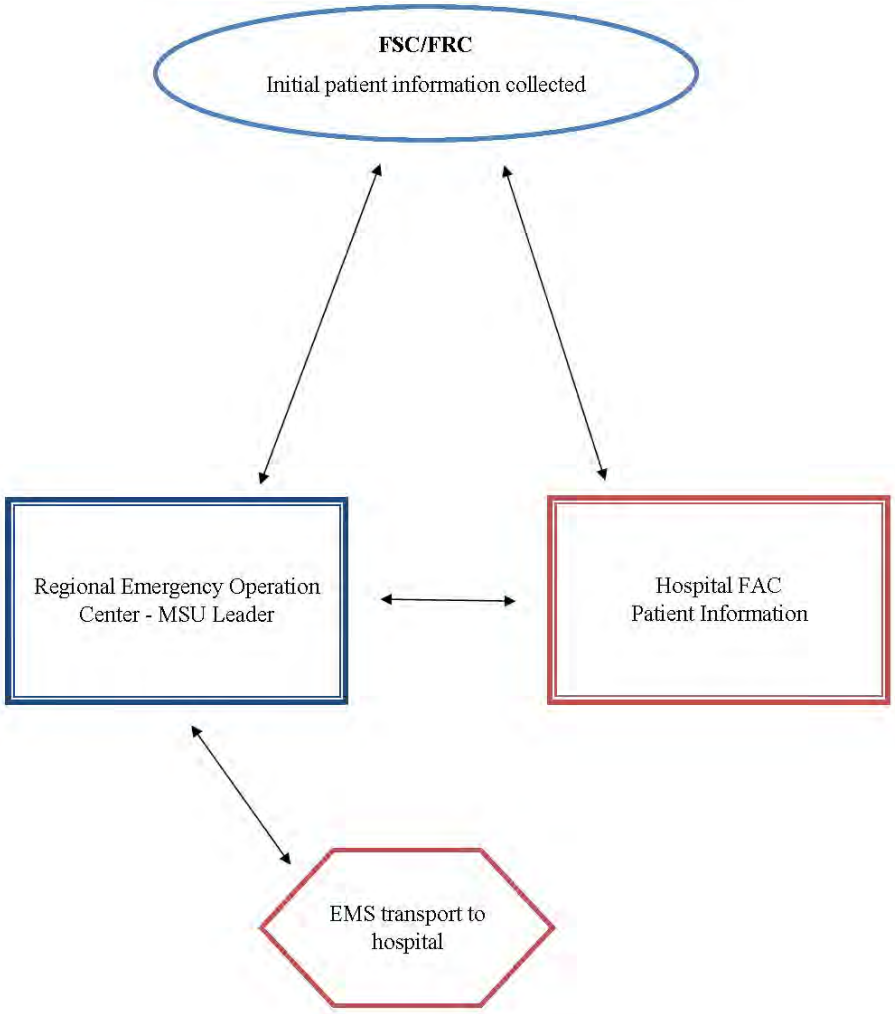
Washoe County Health District (WCHD): The Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making District Board of Health.

Appendix B: Patient Tracking Flow Charts

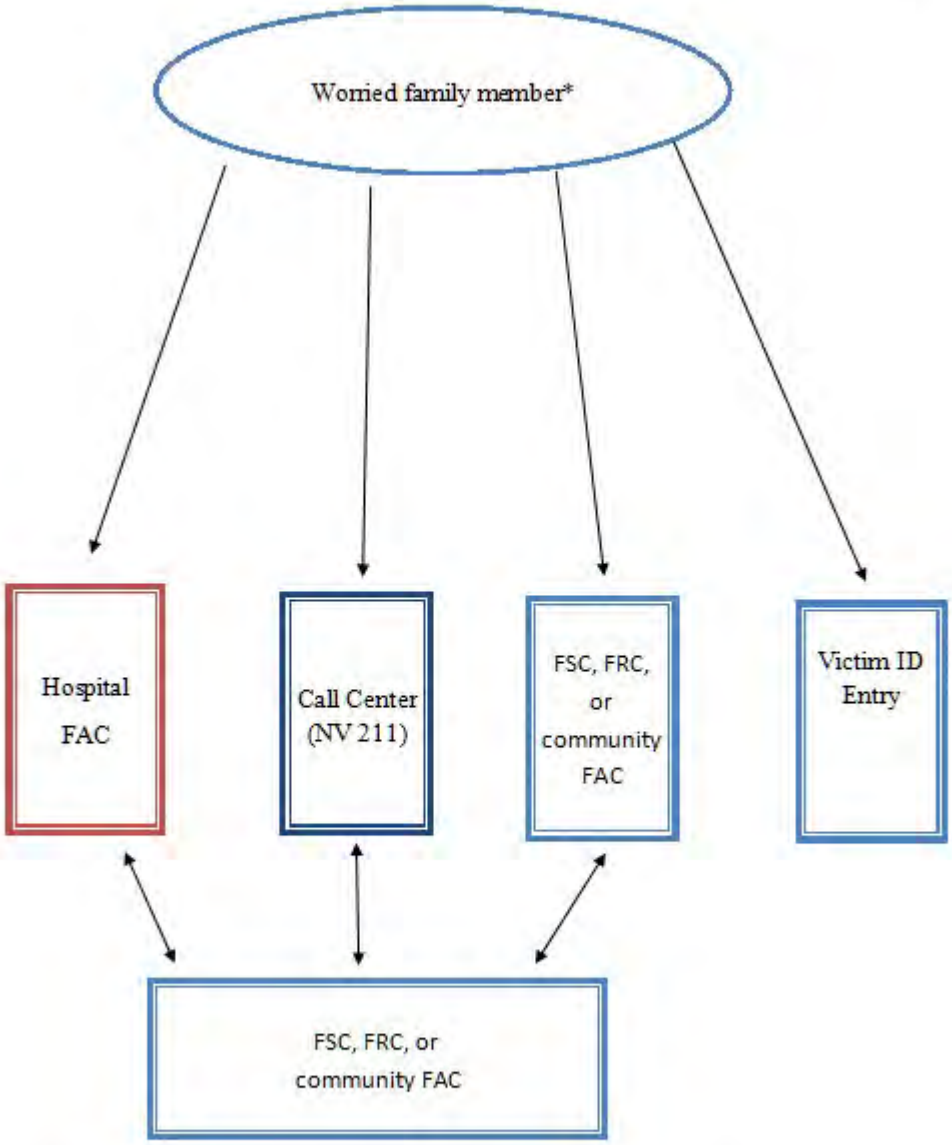
After a multi-casualty or mass fatality incident occurs, patient tracking becomes an essential element of incident response. The tracking of all the individuals involved is necessary in order to reconnect them with family and friends. Appendix B describes the various manners in which patient tracking can begin, either from the scene, from family members visiting an FSC/FRC/FAC, or from family members using the various community resources.



Patient Tracking Beginning with Family Member



Family Member Inquiry of Missing Loved One - No Known EMS Information



*When a family members calls one of the identified entry points, the regional form would be employed. However, if the partner agency does not have the capability to fill out the form at that time, the family member will be referred to the FSC, FRC or the community FAC.

Appendix C: FSC Activation Checklist

☐ Receive notification of a multi-casualty incident.

☐ Notification to the WCHD, WCEMHS and WCMECO regarding need for FSC.

☐ Notification to the Point of Contacts for FSC response and operations.

☐ FSC Manager notified:

- ☐ FSC Manager initiates activation
- ☐ Initial Response Team notified
- ☐ Command staff to report to pre-designated location

☐ Incident Command Sections begin functioning:

- ☐ Admin/Finance – Secure approval for activation, funding for personnel, supplies, and equipment.
- ☐ Logistics – FSC location, identification for each FSC worker, opens cache for supplies and equipment.
- ☐ Planning – Updates information to command staff, reviews previously developed response plan for situational consistency, and anticipates changes in plan based on situational analysis.
- ☐ Operations – Gathers support team.
- ☐ Hospital Coordinator (Liaison Officer) – Establishes contact with hospital Family Assistance Centers.
- ☐ PIO – Monitors event media coverage, activates previously prepared background information releases, coordinate information flow to families and media, works with JIC/JIS as appropriate.
- ☐ IT Representative – Coordinates the equipment that will be set-up and ensures a secure Wi-Fi connection for the FSC workers.

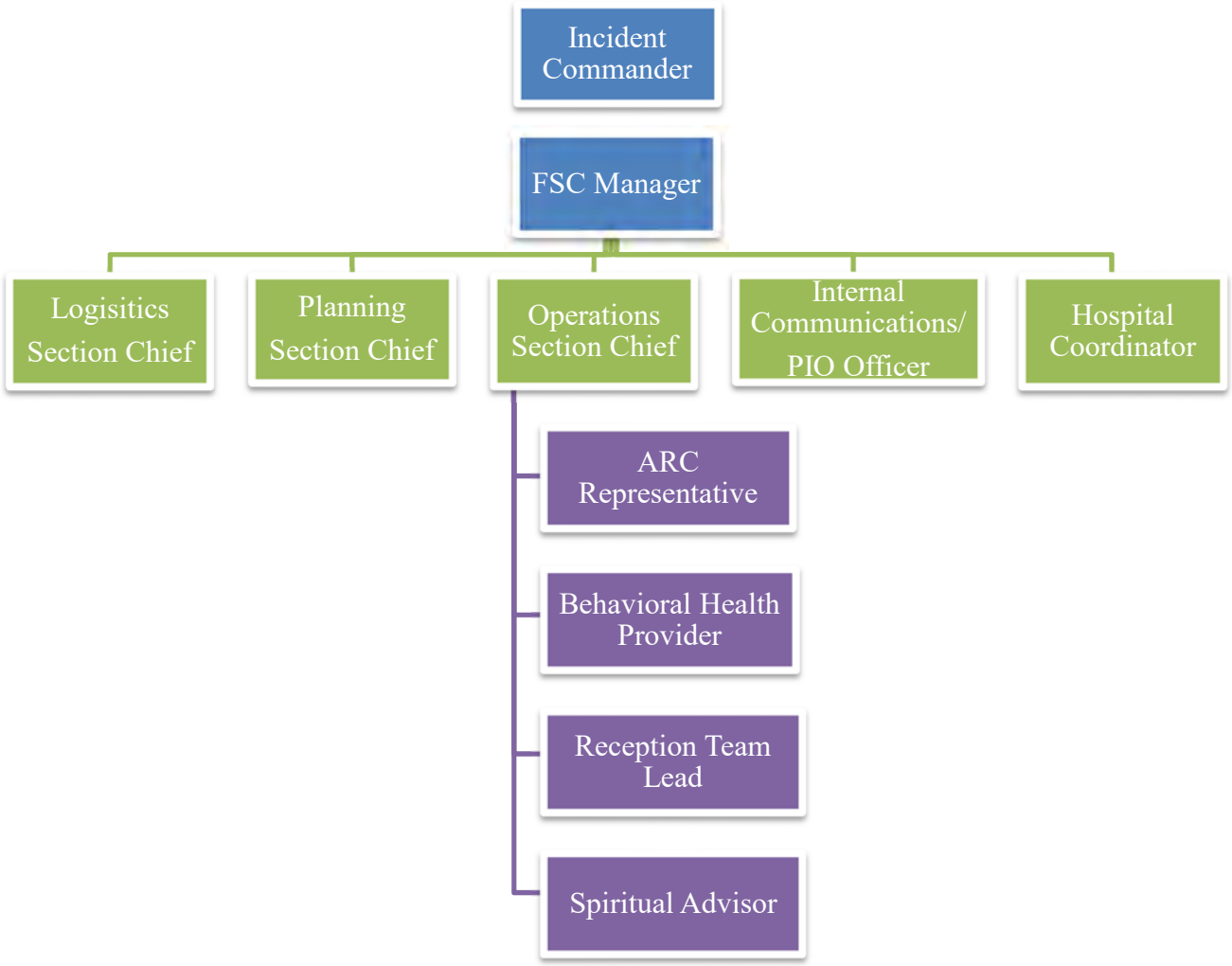
Appendix D: FSC / FAC Resources and Services

The following table should be utilized by the FSC and/or FAC Command team in determining requirements and needs.

Facility Requirements	< 10 Victims		10 – 25 Victims		26 – 50 Victims		50+ Victims	
	Yes	#	Yes	#	Yes	#	Yes	#
Building Infrastructure								
Transportation Accessibility	•		•		•		•	
ADA (Americans With Disabilities Act) Accessibility	•		•		•		•	
Electricity	•		•		•		•	
Heat/HVAC	•		•		•		•	
Parking	•		•		•		•	
Restrooms	•		•		•		•	
Security	•	2	•	4	•	8	•	15+
Designated Areas								
Reception	•	5	•	5	•	5	•	10
Registration/Intake	•	2	•	4	•	10	•	15
Child Care Area	•	2	•	5	•	10	•	15
Adult Care Area					•	2	•	4
Prayer Room			•		•		•	
Kitchen Area	•		•		•		•	
Waiting/Common Area	•		•		•		•	
Death Notification Area	•		•		•		•	
Ante Mortem Collection Area	•		•		•		•	
Team Areas/Mental Health Room	•		•		•		•	
Administrative Supplies								
General Office Supplies	•	-	•	-	•	-	•	-
Laptops (Staff and Public)	•	2	•	4	•	8	•	16+
Wireless Router or Wireless Cards for Laptops	•	2	•	4	•	8	•	16+
Communications Equipment								
Telephones (Staff and Public)	•	3/0	•	5/10	•	8/10	•	10/10+
Radios	•	4	•	8	•	12	•	16+
Furniture								
Chairs	•		•		•		•	
Cots (for staff)			•		•		•	
Tables	•		•		•		•	
Stanchions					•	2-4	•	5+
Privacy Barriers					•		•	

Information Management Supplies								
Information Management Database	•		•		•		•	
Posters/Signage	•		•		•		•	
Medical Supplies								
First Aid Supplies/Kits	•		•		•		•	
EMS On-Site			•	2	•	4	•	6
Provisions								
Food	•		•		•		•	
Baby Food and Diapers	•		•		•		•	
Clothing	•		•		•		•	
Personal Care Packets	•	10	•	15	•	50	•	50+

Appendix E: FSC Organization Chart and Job Action Sheets



001 - AMERICAN RED CROSS REPRESENTATIVE

Reports to: Operations Section Chief or designee

Mission: The American Red Cross Representative serves as the coordination piece for FAC and family needs.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

	Immediate:
☐	Obtain packet containing section's Job Action Sheets.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Obtain briefing from Team Lead.
☐	Establish link to the ARC database according to policies and procedures.
☐	Establish your assigned work area within the FSC.
☐	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
☐	Verify important phone numbers from master contact list that was given.
☐	Work within the prescribed ARC roles and responsibilities for disaster response.
☐	Review entries/records for accuracy and completeness.
☐	Attend team transition briefings at shift change.
☐	Read Team Action Plan that is created for each operational period.
	Extended:
☐	To be determined based on situational needs.

002 - BEHAVIORAL HEALTH PROVIDER

Reports to: Operations Section Chief or designee

Mission: To provide disaster behavioral health services to family members and staff in need.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

Immediate:	
☐	Obtain packet containing section's Job Action Sheets.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Obtain briefing from Team Lead.
☐	Establish your assigned work area within the FSC.
☐	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
☐	Verify important phone numbers from master contact list that was given.
☐	Provide those waiting for psychological first aid with comfort caring and direction.
☐	Provide and obtain disaster behavioral health services to families moving through the FSC.
☐	Observe all internal and external customers of the FSC looking for signs and symptoms critical incident stress.
☐	Recommend corrective action when stress is observed. Provide support where indicated.
☐	Ensure the families of FSC workers are safe and needs are taken care of to reduce stress, anxiety and fear.

002 - BEHAVIORAL HEALTH PROVIDER (Continued)

	Intermediate:
☐	React and provide support to clients for any behavioral issues identified by you or the staff.
☐	Consider CISD diffusing where appropriate.
☐	Provide as much family contact and interaction as possible.
☐	Notify security/law enforcement of clients acting in an averment manner.
☐	Attend Behavioral Health Team briefing.
☐	Review entries/records for accuracy and completeness.
☐	Attend team transition briefings at shift change.
☐	Read Team Action Plan that is created for each operational period.
	Extended:
☐	Maintain your ability to deal with the public under stressful circumstances.
☐	Act upon information reported by Team Lead regarding stress in FSC workers or families.
☐	Take appropriate rest periods and relief.
☐	Self-examine the stress elements that this crisis put you under.
☐	Plan for the possibility of extended deployment.
☐	Keep and retain good notes and files for possible transition to jurisdiction in charge for post-incident use.
☐	Prepare end of shift report and present to oncoming Behavioral Health Provider.
☐	Report situations/problems/progress to Team Lead.

003 - FSC MANAGER

Reports to: EOC/Incident Commander

Mission: The FSC Manager oversees the entire FSC operation, while the section chiefs have assigned responsibilities. The Management Team is scalable. For smaller operations, the FSC Manager can serve as Planning, Operations and Logistics Section Chief.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

Immediate:	
☐	Read this entire Job Action Sheet.
☐	Obtain a full briefing of the incident.
☐	Notify Washoe County Emergency Manager of FSC activation and choose appropriate FSC site.
☐	Appoint all section chiefs that are required for the FSC; distribute section packets containing Job Action Sheets for each position and any forms pertinent to section and positions.
☐	Appoint person to be responsible for maintaining facility essential day-to-day services.
☐	Confer with section chiefs and consultants and develop an Incident Action Plan (IAP) for a defined period of time, establishing priorities (section chiefs will communicate IAP to each team and pertinent consultants).
☐	Confer with section chiefs to implement necessary services identified in the FSC Annex.
☐	Consider and assign communication responsibilities to FSC staff, EOC/IC and external agencies.
☐	Assure that contact has been established and resource information shared with all internal and external agencies identified in the FSC Annex.

003 - FSC MANAGER (Continued)

	Intermediate:
☐	Participate in daily briefings to families regarding incident status, the victim identification process and time constraints.
☐	Authorize resources as needed or requested by section chiefs, through the Finance/Administration Section Chief.
☐	Schedule routine briefings with section chiefs to receive status reports and update the action plan regarding the continuance and/or termination of the action plan.
☐	Maintain contact with EOC/IC and all relevant agencies.
☐	Approve media releases submitted to the Public Information Officer (PIO).
	Extended:
☐	Observe all staff for status and signs of stress.
☐	Provide for rest periods for staff.
☐	Prepare end of shift report and update with incident tracking board and present to chief health official, County Executive and oncoming FSC Manager.
☐	Plan for the possibility of extended deployment.
☐	Prepare for the transition to the jurisdiction in charge, if required.

004 – HOSPITAL COORDINATOR

Reports to: FSC Manager

Mission: Serves as the FSC Liaison to area hospitals to assist with the identification of victims hospitalized during the crisis.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC

Signature: _____ **Date:** _____

Immediate:	
☐	Obtain packet containing section's Job Action Sheets.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Obtain briefing from Team Lead.
☐	Establish your assigned work area within the FSC.
☐	Inventory equipment/tools/resources required to accomplish mission tasks. Request additional resources from Team Lead.
☐	Verify important phone numbers from master contact list that was given.
☐	Access other patient tracking systems utilizing experience working with hospitals.
☐	Establish communications with hospital Family Assistance Centers or Social Workers to ensure quality of information.
Intermediate:	
☐	Work with incident Medical Unit Leader to ensure the validity of information and compare/crosscheck with missing person.
☐	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
☐	Attend Reunification Team briefing.
☐	Review entries/records for accuracy and completeness.
☐	Attend team transition briefings at shift change.
☐	Read Team Action Plan that is created for each operational period.

004 – HOSPITAL COORDINATOR (Continued)

Extended:	
☐	Maintain ability to deal with the public under stressful circumstances.
☐	Observe co-workers for signs of stress. Report issues to Team Lead.
☐	Take appropriate rest periods and relief.
☐	Self-examine the stress elements that this crisis put you under.
☐	Plan for the possibility of extended deployment.
☐	Keep and retain good notes and files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
☐	Prepare end of shift report and present to oncoming Hospital Coordinator.
☐	Report situations/problems/progress to Team Lead.

005 – RECEPTION TEAM LEAD

Reports to: Operations Section Chief

Mission: The Reception Team Lead oversees the registration process for victims and family at the FSC.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

	Immediate:
☐	Obtain packet containing section's Job Action Sheets.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Obtain briefing from Operations Chief.
☐	Establish a work area within the FSC according to the operational layout.
☐	Ensures FSC reception team is staffed in an appropriate manner.
☐	Brief team members.
☐	Ensure utilized software system is functional and ready for data input.
☐	Arrange for equipment needs through Logistics Section Chief.
☐	Identify important phone numbers from master contact list and give to team personnel for internal and external distribution.
☐	Review entries/records for accuracy and completeness.
	Intermediate:
☐	Conduct team transition briefings at shift change.
☐	Identify and prioritize reception needs.
☐	Ensures Team Action Plan is created for each operational period.
☐	Track deadlines for the team.

005 – RECEPTION TEAM LEAD (Continued)

Extended:	
☐	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to Operations Chief.
☐	Observe all staff for signs of stress. Report issues to Operations Section Chief.
☐	Provide rest periods and relief for staff.
☐	Plan for the possibility of extended deployment.
☐	Store files for possible transition to Disaster Resource Center (DRC) or for post-incident use.
☐	Prepare end of shift report and present to oncoming Reception Team Lead.
☐	Review Team Action Plans from Operations Section Chief as appropriate.
☐	Report progress of team to Operations Chief.

006 – INTERNAL COMMUNICATIONS / PIO OFFICER

Reports to: FSC Manager

Mission: The FSC spokesperson. Responsible for forwarding information regarding the incident to the JIC/EOC, or release of information to other agencies and the public if authorized to do so by the JIC/EOC.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

Immediate:	
☐	Receive appointment from FSC Manager.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Maintain restrictions in contents of sensitive information.
☐	Establish a Public Information area away from FSC Manager and other activity areas.
☐	Obtain a full briefing from the JIC and/ or EOC regarding the incident and participate in planning meetings to formulate and evaluate the FSC Action Plan.
☐	Coordinate all internal communications.
☐	Participate in informational briefings for families.

006 – INTERNAL COMMUNICATIONS / PIO OFFICER (continued)

Intermediate:	
☐	Ensure that all news releases have the approval of the JIC/EOC.
☐	Issue an initial incident information report to the EOC/FSC Manager.
☐	Inform on-site media of the accessible areas which they may have access to and those which are restricted.
☐	Coordinate with FSC Manager.
☐	Contact other on-scene agencies to coordinate release of information with respective PIO's.
☐	Coordinate with JIC and/or EOC on all external communications.
☐	Monitor incident as to the need to modify or change family alerts or risk communications.
☐	Approve initial and updated scripts for interviews, hotlines and web sites.
☐	Direct ongoing evaluation of message contents.
Extended:	
☐	Review progress reports from section chiefs as appropriate.
☐	Serve as PIO with media at the request of the JIC/EOC.
☐	Draft a termination press release that acknowledges all the agencies and organizations who assisted in staffing the FSC.

007 - PLANNING SECTION CHIEF

Reports to: FSC Manager

Mission: Organize and direct all aspects of Planning Section operations. Ensure the distribution of critical information/data. Identify data elements and data sources and implement data collection and analysis procedures so that trends and forecasts can be identified related to the incident. Compile scenario/resource projections from all section chiefs and perform long range planning. Document and distribute Incident Action Plan and measure/evaluate progress.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

	Immediate:
☐	Obtain packet containing Section's Job Action Sheets.
☐	Read this entire Job Action Sheet.
☐	Obtain briefing from FSC Manager.
☐	Activate the Planning/Section team and distribute Job Action Sheets.
☐	Brief Team Leaders after meeting with FSC Manager.
☐	Determine data elements required by the Incident Action Plan (IAP) and Team Action Plan.
☐	Identify and establish access to data sources as needed.
☐	Communicate all technical support and supply needs to Logistics Section Chief.
☐	Establish planning/data collection protocols and data entry sites as needed.
☐	Ensure standardization of information/data collection.
☐	Collect, interpret, and synthesize data regarding status of the activation and response of the FSC and provide reports to FSC Manager.
☐	Assemble information in support of the IAP and or projections relative to the FSC activation.
	Extended:
☐	Continue to receive projected activity reports from section chiefs and Planning Section at appropriate intervals.
☐	Maintain documentation of all actions and decisions on a continual basis; forward completed unit activity log to FSC Manager.
☐	Assure all requests for data or plan information/status are routed/ documented through the EOC Public Information Officer (PIO).

008 - SPIRITUAL ADVISOR

Reports to: Operations Section Chief or designee

Mission: Provide multi-denominational spiritual support to help alleviate suffering or facilitate coping with great stress.

FSC Priority Operational Message: Under no circumstances will any information be released to the media or public from the FSC. This function is exclusively reserved for the Washoe County EOC.

Signature: _____ **Date:** _____

Immediate:	
☐	Receive appointment from Reunification, Death Notification and Behavioral Health Team Leads. Obtain packet containing section's Job Action Sheets.
☐	Read this entire Job Action Sheet and review organizational chart.
☐	Obtain briefing from Reunification and Death Notification Team Leads.
☐	Establish a designated quiet work area conducive to spiritual counseling within the FSC.
☐	Verify important phone numbers from master contact list as provided.
☐	Provide those waiting for psychological first aid with pastoral comfort, caring and direction.
☐	Support/augment disaster behavioral health services to families moving through the FSC.
☐	React and provide pastoral support to clients with any behavioral issues identified by staff if requested.
☐	Provide as much family contact and interaction as possible.
☐	Notify security/law enforcement of clients acting in an aggressive or forceful manner.
☐	Attend Death Notification Team briefing.
☐	Review entries/records for accuracy and completeness.
☐	Attend team transition briefings at shift change.
☐	Read Team Action Plan that is created for each operational period.

Extended:	
☐	Maintain ability to deal with the public under stressful circumstances.
☐	Observe co-workers for signs of stress. Report issues to Team Lead.
☐	Extend pastoral support to all FSC personnel as needed.
☐	Take appropriate rest periods and relief.
☐	Self-examine the stress elements that this crisis put you under.
☐	Plan for the possibility of extended deployment.
☐	Prepare end of shift report and present to oncoming Spiritual Advisor.
☐	Report situations/problems/progress to Team Lead.

Appendix F: Regional Victim Information Form

Regional Victim Information Form

The RVI form is utilized for the reporting and tracking of possible persons involved in a declared disaster in Washoe County. When completing this form please be specific and complete as much as possible:

Victim Information:

□ Adult □ Child Date/Time of Report: _____

Name of Missing Person: _____ Nickname: _____

Age: _____ Date of Birth (MM/DD/YY): _____Gender:_____

Hair Color/Style: _____ Eye Color: _____

Distinguishing Characteristics (scars, birth mark, tattoos, etc.): _____

_____

Contact Information: _____

Any additional information regarding the victim not addressed on this form:

_____

_____

_____

Reporting Party Information:

Name of Reporting Person: _____

Relationship to Missing: _____ Phone Number: _____

Other Contact Information: _____

Received By: _____

□ Hospital □ WCMECO □ FSC □ FRC □ Community FAC

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMSProgram@washoecounty.us

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Alpha Multi-Casualty Incident Plan

Public Health
Prevent. Promote. Protect.

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Public Health
Prevent. Promote. Protect.

VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County.

Table of Contents

RECORD OF CHANGES

The Alpha Plan was established in 2018 to enhance the region's response to a large-scale or multi-location incident. Below is a record of changes made to the plan since its inception.

Record of Change	Date	Revisions	Agency
Original plan publication	10/01/2018		WCHD
	07/01/2020	Updated language to include time period between incidents, updated map of kit locations	WCHD

INTRODUCTION

The Washoe County Health District (WCHD) maintains and updates the Multi-Casualty Incident Plan (MCIP). The MCIP was developed in the 1980s and has been activated on multiple occasions. While the MCIP has demonstrated effectiveness for small to moderate-sized incidents, it may not adequately prepare the region for major occurrences, such as wide-spread, multi-location incidents or sizable disasters. Therefore, the WCHD created the Alpha MCIP (Alpha Plan) to better prepare for large-scale and/or multi-location incidents. The Alpha Plan, and its components, should only be activated during large-scale events and/or incidents with multiple locations.

All disasters are considered local. It is local agencies that initially respond to a multi-casualty incident (MCI) and local agencies that initially manage the event. The WCHD encourages emergency medical services (EMS) response agencies and hospitals to stay involved in developing and enhancing local plans. The WCHD EMS Oversight Program also requests EMS response agencies and hospital staff, to include the emergency departments, stay current in the National Incident Management System (NIMS) training. The combination of these two efforts work to produce a better-prepared response system.

As stated in the MCIP, EMS efforts in an MCI will begin with the first arriving unit and expand to meet the needs of the incident. The first arriving unit should establish the Incident Command System (ICS). It is important for the first arriving units to be aware of the critical nature of the initial phase of an MCI response. The activities and effectiveness of all additional responding personnel will be affected by the initial responders' ability to effectively activate the appropriate disaster response plan(s).

The initial size-up requires special attention, as the successful operation of an MCI is dependent upon the accuracy of the reports provided by the first-in responders to the scene. The Incident Commander (IC) will establish an on-scene organization to manage the activities of responding emergency workers and to coordinate with off scene agencies. Those responding, regardless of agency or organization affiliation, should expect to participate as assigned within the established on-scene organization. For activation of the Alpha Plan, the IC will not be able to directly supervise operations; this responsibility must be delegated to an Operations Chief. The field operations will fall within the responsibility of the Operations section. It is important that medical personnel, treatment areas and medical management be easily identifiable.

The incident command structure will expand as necessary based on the size and complexity of the incident and to maintain the span of control. Only those functions/positions that are necessary will be filled and each element must have a

person in charge.

This plan contains additional response components that would only be applicable during major incidents. A major incident is defined by the region as a large-scale event and/or incident with multiple locations and/or multiple incidents within a twelve-hour time period.

PURPOSE

The Washoe County District Board of Health (DBOH) is committed to providing necessary emergency medical care to all patients involved in an MCI. **The goal of the Alpha Plan is to provide a framework for an interoperable response by pre-hospital and healthcare agencies to effectively and safely manage large-scale events, incidents with multiple locations and/or multiple incidents within a twelve-hour time period.**

The MCIP establishes a mechanism to organize and mobilize emergency medical resources within Washoe County, while the Alpha Plan builds on the foundation of the MCIP and provides additional response options that would only be utilized in a major incident. Such actions would not be necessary for incidents where there are enough local resources to manage and mitigate the event.

SCOPE

The MCIP standardizes operations during MCIs. It is intended to be an "all hazards" plan to meet the needs of any MCI regardless of what caused the incident. If necessary, these procedures can be modified based on the number of patients, the severity of injuries, and special circumstances involved in the incident.

The Alpha Plan provides additional framework for organizing the pre-hospital and healthcare response systems to effectively respond to and assist in managing patients resulting from a major incident. For example, a community multi-casualty incident where there are greater than 100 individuals involved would stress our EMS and healthcare system, warranting the activation of the Alpha Plan in order to use the provisions outlined for increasing bed availability in Washoe County facilities.

ACTIVATION

The Alpha Plan should only be activated when there is a large-scale event, and/or incident with multiple locations, and/or there are multiple incidents within a twelve-hour time period. It is possible to activate the MCIP initially then transition to the Alpha Plan as situational awareness about the incident evolves. Command personnel

(Battalion Chiefs/Supervisors/Sergeants) should be responsible for activating the Alpha Plan.

General Considerations and Assumptions

The following are considerations and assumptions made when the Alpha Plan is activated:

- All agencies will operate under NIMS and ICS.
- The Regional Emergency Operations Center (REOC) will activate.
- The resources needed to mitigate incidents are dependent on the size and complexity of the incident as well as the location.
- Expected mutual aid resources may not be available or may be significantly delayed.
- Providers must be prepared to sustain their patients for longer periods of time.
- Non-traditional modes of transportation and destinations aside from hospitals (i.e. urgent cares) will be used.
- Hospitals will activate their surge expansion plans.
    - Hospitals will need to consider using urgent care and other accessory facilities to accept "green" patients.
    - Hospitals may need to move lower acuity patients to skilled nursing/long-term care facilities in the region to increase bed capacity. It is understood that the VA of the Sierra Nevada Health Care System is not able to move patients like other private healthcare systems.
- Hospitals should anticipate victims transported by Good Samaritans and will need to use the DMS triage tags to track them as part of the incident. (See Appendix D for Nevada Good Samaritan Law, NRS 41.)

REGIONAL COMMAND STRUCTURE

NIMS will be used to manage MCI incidents in Washoe County. As defined in NIMS, ICS will be used for all incident types. The goal of ICS is to ensure central control, provide for inter-agency coordination and provide that no one individual or agency becomes overloaded with specific assignments or details. On simple incidents, the IC or any other position may well serve multiple roles; such will not be the case in the activation of the Alpha Plan.

The more ICS can be used on routine operations, the easier it will be to use on complex MCIs that would activate the Alpha Plan. The ICS is designed to allow even the smallest response cohort to "fill out" the command staff on a large incident using mutual aid resources. All Fire and EMS agencies should follow NIMS for all responses, from a simple motor vehicle crash to major events.

As local, state, federal, and private party responders arrive on-scene of incidents, all responders should integrate into the ICS organization. All responders will operate within the incident command structure to provide for accountability, safety, and management of incidents. The first arriving unit on scene should identify and report the following to their own dispatch center. This information should then be relayed to all responding agencies' dispatch centers:

- If known, the type and cause of the incident
- The exact location of the incident
- An estimate of the number of casualties
- An estimate of the condition of casualties

The incident command structure will be initiated by the first qualified fire unit on scene. The first position to be assigned should be the IC and the subsequent assignments will be determined by the IC. At a minimum, the following information will need to be determined and relayed to all responding agencies dispatch centers:

- The establishment of command and name of the incident
- The identity of the IC
- The exact location of the Command Post
- Identify the radio frequency used for the incident
- An estimate of additional resources needed
- The appropriate routing to the incident
- The identification of special hazards, if any
- The exact location of the initial staging area

The second responsibility of the initial IC is to begin to delegate duties to all other on-scene responders, and to develop an incident action plan (IAP) that includes some of the following:

- Extrication/rescue
- Safety of personnel and scene safety
- Triage
- Treatment
- Transport
- Staging
- Security
- Communications
- Record keeping

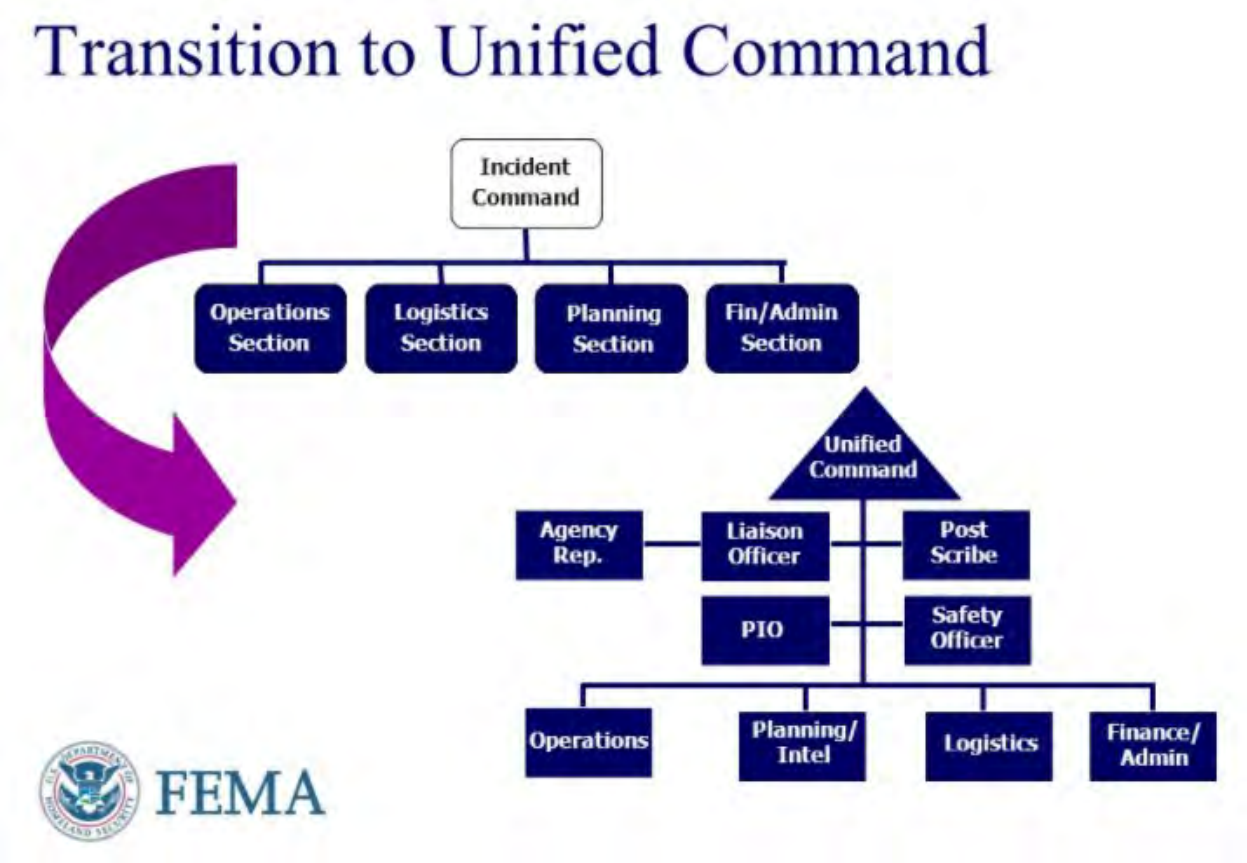
For any incident that may require the activation of the Alpha Plan, the IC should immediately consider expanding the incident command structure to provide adequate span of control and provide for efficient management of the incident. Unified Command (UC) is recommended for multi-jurisdictional or multi-agency incident

management. Agencies with jurisdictional authority may participate in the incident command structure as determined by the IC and jurisdictional representatives. Under the UC structure, the various jurisdictions and/or agency responders may blend together throughout the operation to create an integrated response team. Ultimately, the decision regarding the command structure is determined by the IC, through evaluation of the incident and resources needed.

UC is responsible for overall management of the incident. UC directs incident activities, including development and implementation of overall objectives and strategies, and approves ordering and releasing of resources. Members of UC work together to develop a common set of incident objectives and strategies, share information, maximize the use of available resources, and enhance the efficiency of the individual response organizations. Actual UC structure for a specific incident will be determined on a case-by-case basis considering:

- The specifics of the incident;
- Determinations outlined in existing response plans; or
- Decisions reached during the initial meeting of the UC. The makeup of the UC may change as an incident progresses in order to account for changes in the situation. While UC is a team effort, the number of personnel should be kept as low as possible to be effective.

The figure below demonstrates how the initial response units can transition the ICS structure into UC.



Area Command

Area Command is an organization mechanism used to provide overall command and authority for two or more events or incidents. It works closely with the incident commanders (ICs) to establish overall objectives, priorities, management of critical resources, logistical concerns, and planning issues. When activated, Area Command eliminates confusion by providing the necessary oversight of the incidents/events being managed.

The members of the Area Command team should be qualified and trained in their respective functions. The minimum positions include:

- Area Commander
- Area Command Logistics Chief (which also may have a Critical Resource Unit)
- Area Command Planning Chief (which also may have a Situation Unit Leader)
- Liaison Officer
- Information Officer

In addition, there may be a need for a Technical Specialist or an Information/Intelligence Officer. Each of these positions will necessitate sufficient staff to assist the command staff in completing their duties. Just as in the ICS,

command staff personnel may have assistants and general staff positions may have deputies.

Area Command does not replace the incident command organization or functions. The incident will be managed using the ICS. Therefore, emergency incidents or events can be managed by a single IC, by an IC with deputy ICs, or through UC. In addition, if incident command is unified, Area Command should also be unified.

The Area Command positions in the NIMS are established to enable ICs and their personnel to manage the incident, whereas Area Command assists the ICs in meeting their objectives through critical resource ordering and tracking, advance planning, and handling their logistical concerns. Area Command has six primary functions:

1. To provide agency or jurisdictional authority for assigned incidents or events.
2. To ensure a clear understanding of the agency's expectations, intentions, and constraints related to the incidents among the ICs.
3. To establish critical resource use priorities among the various incidents based on need, agency policy, and direction.
4. To ensure appropriate incident management team personnel assignments and organizations for the kind and complexity of the incidents involved.
5. To maintain contact with officials in charge, assisting and cooperating with agencies and other interested groups.
6. To coordinate the demobilization or reassignment of resources among assigned incidents.

Area Commanders should allow ICs as much latitude as possible in implementing their respective Incident Action Plans. This is usually done by ensuring that they have a complete and accurate understanding of the overall objectives and priorities of not only their incident but also the magnitude of any other ongoing incidents. To accomplish this, the Area Commander will need to have planning and operational meetings with the ICs.

Area Command is designed to be the last command element that deals directly with incident management personnel in the field. As mentioned above, Area Command must meet six primary functions to provide efficient and effective oversight. It is not an operational aspect of command and control. It coordinates and facilitates with agency administrators, multiagency coordination centers, and emergency operations centers to ensure that the ICs objectives and needs are communicated up through channels. In turn, Area Commanders also ensure that the ICs understand agency officials' needs and requirements.

ADDITIONAL RESPONSE COMPONENTS

Alpha Plan

The MCIP includes a detailed response structure and processes for triage, treatment, and transport that should be used for any MCI, regardless of size. For all MCIs in Washoe County, response agencies shall use the DMS triage system, which includes initial ribbon triage and triage tags.

When the Alpha Plan is activated, there are some additional response components to consider. These considerations include the possible use of police vehicles to transport victims, strategically placed medical supplies, and a coordinated healthcare response to create more available beds in acute care facilities for victims of the incident. These response components should only be considered during major events.

Police Transports

Nevada Revised Statues (NRS) 450B.830 exempts the following from State EMS statues:

1. The occasional use of a vehicle or aircraft to transport injured or sick persons, which vehicle or aircraft is not ordinarily used in the business of transporting persons who are sick or injured.
2. A vehicle or aircraft rendering services as an ambulance or air ambulance in case of a major catastrophe or emergency if ambulance or air ambulance services with permits are insufficient to render the services required.
3. Persons rendering service as attendants in case of a major catastrophe or emergency if licensed attendants cannot be secured.
4. Ambulances based outside this State.
5. Air ambulances based outside this State which:
    a) Deliver patients from a location outside this State to a location within this State; and
    b) Do not receive any patients within this State.
6. Attendants based outside this State rendering service solely on ambulances which are exempt from the provisions of this chapter.
7. Attendants rendering service solely on-air ambulances which are exempt from the provisions of this chapter.
8. Vehicles owned and operated by search and rescue organizations chartered by the State as corporations not for profit or otherwise existing as nonprofit associations which are not regularly used to transport injured or sick persons except as part of rescue operations.
9. Ambulances or air ambulances owned and operated by an agency of the United States Government.

Therefore, during large scale MCIs when there is likely no criminal element, responding officers may elect to transport highly critical patients to definitive care.

The officers may assess the availability and/or proximity of EMS resources; this will provide situational awareness for the officers to determine whether police transport is necessary.
If law enforcement transport occurs in the initial incident response, officer(s) should take critical patients to Renown Regional Medical Center. If officer(s) vehicles are identified as a transport resource during later phases of the incident, then the officer(s) must communicate with Medical Branch and/or the Patient Transportation Group Supervisor to receive direction on which hospital to transport the patient(s).

In instances where police or Good Samaritans transport, the patient will likely receive no on-scene triage or care. The receiving hospital will be responsible for tagging the patient with the DMS triage tag once the officer arrives to the hospital with the patient(s). Tagging the patient at the hospital is indispensable for patient tracking and family reunification during/after the incident.

MCI Medical Supplies

In instances where there may be an inability to travel throughout the region due to a natural or man-man disaster, the WCHD has strategically placed MCI medical supplies in the quadrants of the County for access by first responders.

The medical supplies may vary at each location; however, the supplies are intended to provide basic support and care for victims of an MCI. The medical supplies may include items such as, personal protective equipment, bleeding control kits, airway management supplies and bandages.

In order to maintain the integrity of the medical supplies, those items that can be used by first responder agencies during daily operations will be exchanged prior to the expiration dates. The general locations of the medical supplies are on the map in Appendix A. The minimum medical supplies are included in Appendix B.[1]

Medical Dispatch Notification & Healthcare Response

The Medical Dispatch Center will immediately notify healthcare facilities within the County of an MCIP or Alpha Plan activation. The Emergency Department Charge Nurse at Renown Regional Medical Center, Renown South Meadows, Northern Nevada Medical Center, Saint Mary's Regional Medical Center, and the Administrator on Duty at VA Sierra Nevada Health System will be notified. Depending on the location of the incident and the number of patients, the Medical Dispatch Center shall also notify Incline Village Community Hospital for a patient care capacity inventory.

[1] The medical supplies were agreed upon and initially funded by the Inter-Hospital Coordinating Council (IHCC).

All healthcare facilities in the County should activate their own Emergency Management Plan. It is recommended that each healthcare facility develop internal guidelines to identify how many patients and what type the facility can accept in a disaster or Alpha Plan activation.

The MCIP baseline capacity numbers will be used initially, so that the Medical Dispatch Center can begin dispersing patients. It is the responsibility of the area facilities, through the IHCC, to periodically update baseline capacity numbers to ensure they remain current. During an activation of the Alpha Plan, healthcare facilities may need to move lower acuity patients to other facilities to increase acceptance numbers. If patients are being moved, the Evac1-2-3 patient tagging and tracking system of the Mutual Aid Evacuation Annex (MAEA) can be utilized. If it is determined that patients need to be moved in conjunction with the Alpha Plan activation, then non-ambulance transports (wheelchair vans, buses, etc.) can be requested to move patients from one facility to another.

The ambulance transport agency(s) will begin transporting patients from the scene(s) using the baseline capacity numbers as a guide. The ambulance transport agency(s) will update the healthcare facilities as additional information becomes available as to the number and types of patients the facilities may expect to receive.

Each facility is responsible for updating the Medical Dispatch Center if there is a change in capacity to receive patients in comparison to the baseline capacity numbers below:

Hospital Baseline Capacity Numbers*

Hospital	Red	Yellows	Greens
Carson Tahoe Medical Center	3	8	15
Banner Churchill Community Hospital	2	4	15
Carson Valley Medical Center	2	4	15
South Lyon Medical Center	0	2	8
Renown Regional Medical Center	20	25	50
Renown South Meadows	6	8	15
Northern Nevada Medical Center	6	12	20
Saint Mary's Regional Medical Center	10	10	20
VA Sierra NV Health Care System	3	7	10
Incline Village Community Hospital	0	2	8
Tahoe Forest (Truckee, CA)[2]	0	2	10
Total:	**52**	**84**	**186**

Within the Truckee Meadows region of Washoe County, the first six most critical patients will be transported to the Trauma Center at Renown Regional Medical Center. Additional patients will be distributed to healthcare facilities based on available patient care capacity (State Trauma Destination Guidelines do not apply in these instances). The Medical Branch Director, through the Medical Dispatch Center, will update the healthcare facilities as patient numbers are confirmed and notify the appropriate agencies when all patients have been transported.

There is the potential that green patients may impact the availability of critical resources that should be dedicated to the more critical red or urgent yellow patients. It is each facility's responsibility to notify the Medical Dispatch Center when they are considering the transfer of green patients to their affiliated urgent care and/or ancillary centers, whom the hospitals should pre-alert as part of the Alpha plan activation.

Currently there are no formal agreements in place for hospitals to utilize urgent care centers to receive walking wounded/green patients. However, the use of urgent

[2] With the exception of Tahoe Forest and Incline Village, the baseline numbers were taken from the Statewide Medical Surge West Region Annex.

care centers or community clinics can expand the capacity of the health care system to provide expedient care to non-critical green patients in an Alpha Plan activation.

Healthcare facilities further from the incident scene should prepare to provide manpower, equipment, and supplies as requested through the ICS. These facilities may be activated under Mutual Aid Agreements (MAAs).

Due to safety and logistical issues, the landing of helicopters at hospital helipads during an MCI will be limited to those agencies that have pre-approved agreements with the medical facilities. All other helicopters will be directed by the Medical Dispatch Center to land at the Reno-Tahoe International Airport, and the Medical Dispatch Center will make arrangements for those patients to be transferred to area facilities.

The receiving hospital will be responsible for tagging any patient with the DMS triage tag that is transported prior to receiving a tag on-scene. Tagging the patient at the hospital is indispensable for patient tracking and family reunification during/after the incident.

PLAN REFERENCES

Statewide Medical Surge Plan

The Nevada Statewide Medical Surge Plan is an all-hazards plan that works in conjunction with the Nevada Division of Emergency Management's State Comprehensive Emergency Management Plan (SCEMP), serving as the document to assist with the deployment of requested resources in a time of need for the citizens and visitors of the state of Nevada. The Statewide Medical Surge Plan includes regional annexes for response to various incidents like MCIs and healthcare evacuations. The West Region includes nine Northwestern Nevada counties: Carson City, Churchill County, Douglas County, Humboldt County, Lyon County, Mineral County, Pershing County, Storey County and Washoe County.

The West Region is committed to providing necessary emergency medical care to all patients encountered in an MCI. The plan establishes a mechanism to organize and mobilize emergency medical resources within the West Region should there be an MCI that warrants a West Region response and activation of this Annex.

Emergency medical personnel responding to an MCI must coordinate with a variety of agencies. Therefore, this plan also utilizes ICS to integrate these agencies. Emergency medical personnel should have formal training in the ICS to facilitate this plan.

The regional plans acknowledge that there are local variations in pre-healthcare facility medical management systems in the outlying areas of the West Region.
This plan acknowledges existing mutual aid agreements between public and private agencies inside and outside the State of Nevada.

Nevada Intrastate Mutual Aid System

Initial response to emergencies is the responsibility of the appropriate local jurisdiction. The expectation is that the jurisdiction has exhausted their ability to respond to the incident before requesting aid from the next higher level of government. When the size or complexity of an emergency threatens to overwhelm local capabilities, mutual aid may be utilized to request assistance from other political subdivisions, special districts, state agencies, and tribal nations within the State of Nevada. The assistance provided may be through local mutual aid agreements or through the Nevada Intrastate Mutual Aid System (IMAS).

Mutual aid agreements are strongly encouraged by the federal government under the NIMS. The National Mutual Aid and Resource Management Initiative established under NIMS provides a comprehensive, integrated national mutual aid and resource management system. All mutual aid agreements must incorporate NIMS and the ICS. The responsibility of preparedness is tasked to the federal, state, local, and tribal agencies, as well as private, nongovernmental organizations and citizens. The IMAS is in accordance with the Presidential Policy Directive 8 to achieve all-hazards national preparedness.

NRS Chapter 414 authorizes the State and its political subdivisions to provide emergency aid and assistance in the event of an emergency or disaster. Chapter 414 authorizes the Nevada State Division of Emergency Management (DEM) to coordinate the provision of equipment, services, or facilities owned or organized by the State or its political subdivisions, for use in the affected areas upon request of the duly constituted authority of the areas.

The IMAS was established by the 78th Session of the Nevada Legislature. Chapter 414A became effective July 1, 2015, and authorizes the Nevada Department of Public Safety DEM to administer the System pursuant to the provisions of the chapter and shall coordinate the provision of mutual aid during the response to and recovery from an emergency or disaster (NRS 414A.100(2) (a)).

COMMUNICATIONS

Communications are an integral component of MCI logistics. A large-scale MCI will overwhelm local agencies' ability to deploy adequate resources to manage injured victims. By virtue of the incident, local agencies will likely need to request out of jurisdiction resources to help manage the response; effective communication with the

out of jurisdiction agencies is paramount. Therefore, the following communication strategies will aid in a more effective Alpha Plan response:

1. On scene radio communications should be kept to a minimum. When possible, use direct verbal contact or runners.
2. Washoe County Emergency Management shall be responsible for posting the incident on WebEOC (if available), which should be used during the incident for patient tracking and family reunification.
3. The IC assures a Communications Plan is developed for primary communications during the event.
4. The Transportation Group Supervisor/Unit Leader shall report to their supervisor when all patients have been transported from the scene. This is a benchmark to be communicated to the Medical Dispatch Center and posted to WebEOC.
5. Only in cases of imminent life threats shall ambulances make en route changes to hospital destination. Notification must be made to both the receiving facility and to the Medical Dispatch Center.
6. Clear language shall be used in all MCI responses per ICS standards.
7. Facilities that have 800 MHz radios available should utilize them as a redundant source of communications. A list of the available channels for healthcare facilities can be obtained from the Washoe County Health District.

It is incumbent upon the Medical Dispatch Center to have operational mastery of radio spectrum (VHF, UHF, 800 trunked) and local topographical issues within the respective jurisdictions and to effectively mitigate these concerns. The Medical Dispatch Center must be intimately familiar with local, county, regional, and state communication channels/frequencies/talk groups (channels) available to meet communication needs during an Alpha Plan activation. Many of the agencies outside of Washoe County are on UHF/VHF frequencies, which may make communications more of a challenge when MAA resources are entering Washoe County to assist with the MCI response.

The pre-developed ICS 205 form should be used for any MCI. It can be revised based on the nature and location of the incident.

The ICS 205 provides information on radio frequency or trunked radio system talk group assignments for each operational period. In most incidents, communications are identified as a challenge for responding personnel. To overcome this barrier, regional Fire, EMS and Law Enforcement developed the following ICS 205 for pre-planned radio communication. It is understood that this is only a guideline for the beginning of an incident and the communications plan could expand or change as appropriate.

INCIDENT RADIO COMMUNICATIONS PLAN			1. Incident Name	2. Date/Time Prepared	3. Operational Period Date/Time
4. Basic Radio Channel Utilization					
System/Cache	**Channel**	**Function**	**Frequency/Tone**	**Assignment**	**Remarks**
800 MHz	PS Fire 1	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
800 MHz	PS Fire 2	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 1	Tactical	WCRCS	Comm to Responders	Coordinated with PSAP
800 MHz	PS LE 2	Command	WCRCS	PSAP Dispatch to Comm	Coordinated with PSAP
Med Radios	Mednet 3	EMS	UHF	Field to REMSA Dispatch	Subject to change depending on location
Med Radios	Mednet 8	EMS	UHF	REMSA Dispatch to hospitals	Subject to change depending on location
800 MHz	WC HDSUP	Command	WCRCS	Comm to WCHD	
VHF	NevCord 1	Air Resources	VHF	Air ambulance responders to ground crews	
800 MHz	PS Event 2	Tactical/Comm	WCRCS		
800 MHz	PS Event 3	Tactical/Comm	WCRCS	Optional – Comm to Responders	
5. Prepared by (Communications Unit)					

DEMOBILIZATION

One of the more difficult tasks of an incident is deciding when and how to begin scaling down resources after an MCI response. When deciding how many units should remain on-scene, UC should factor in resources to cover responder safety as well. During the incident and the demobilization phases, there should be adequate assets to deal with potential injuries or illnesses of responders as well.

The moment an asset is mobilized there should be plans for its demobilization. UC must remember that assets and resources are not just defined as personnel but also equipment. It is UCs responsibility to gauge the support required for each resource. UC must decide if the support is worth the advantages of maintaining the resource.

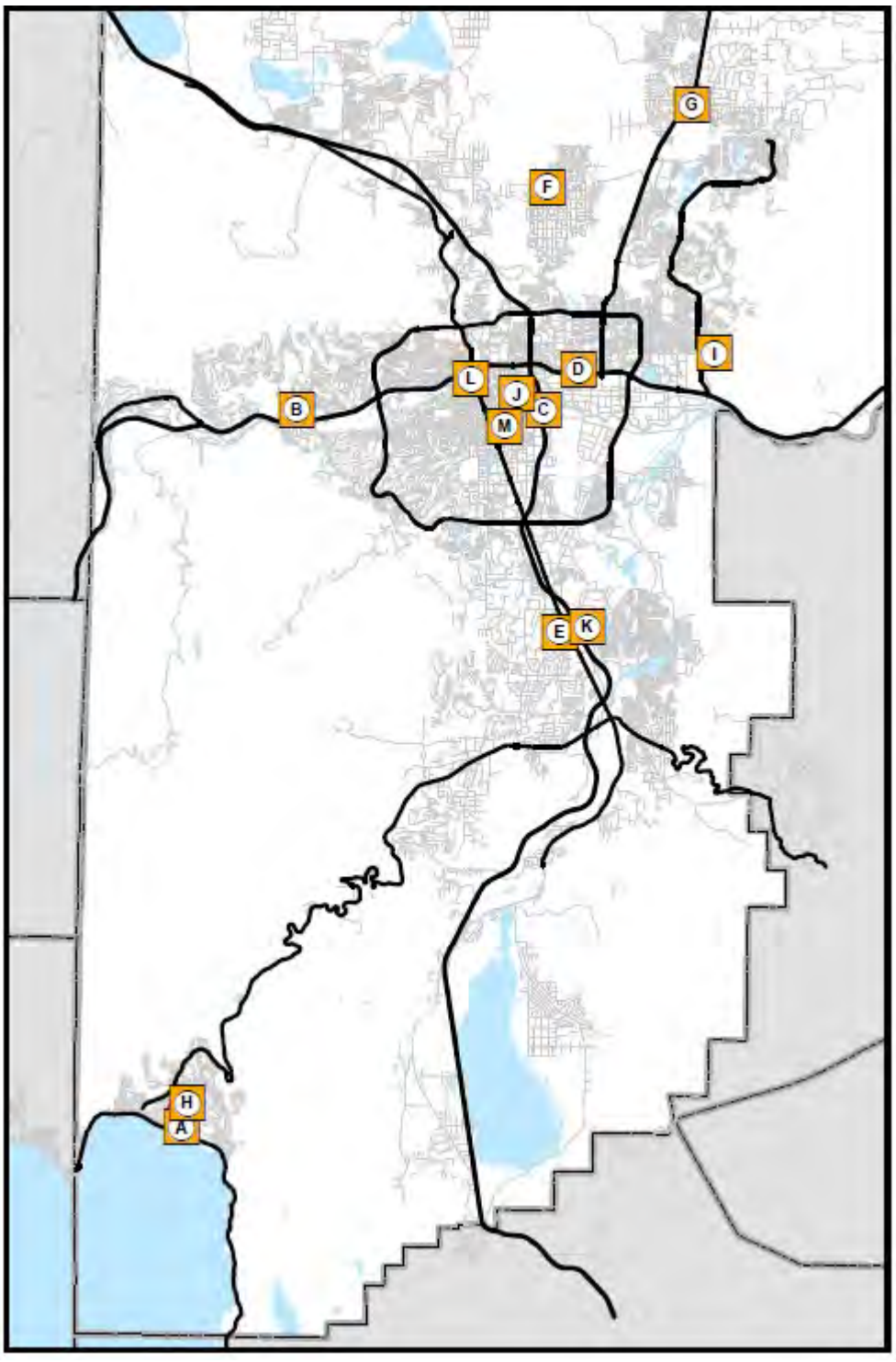
Regardless of incident type, demobilization should be well thought-out. Rapid demobilization may cause unintended hazards for responders and/or the community. Utilizing the NIMS model, UC will develop a demobilization plan. Included within the demobilization plan is the notification to the Medical Services Unit (MSU) Leader that the incident is terminated and that operations may return to normal. The MSU will then make notifications to all receiving facilities through phone calls and/or WebEOC.

TRAINING AND EXERCISES

Training is an important part of the MCI process. Agencies need to recognize the significance of understanding the overall components of both the MCIP and Alpha Plan. Agencies should conduct regular training and exercise in accordance with The Homeland Security Exercise and Evaluation Program (HSEEP). Training exercise events should include scenarios involving diverse populations such as pediatric patients or people with access and functional needs.

The nature of an MCI generally calls for the involvement of additional agencies and organizations other than Fire and the EMS/ambulance provider. These additional agencies are encouraged to participate in as much training relating to MCI response efforts as possible. Healthcare and law enforcement agencies should be included in all Alpha Plan exercises and training, in addition to field triage and bleeding control courses.

Appendix A: Map of Medical Supply Locations



Appendix B: Medical Supplies List

Category and Items	Quantity per Kit
5x9 Abd Pads	50
10x30 Trauma Dressing	10
4x4 Sponges	100
Kling Gauze Roll	24
Israeli Bandages	10
Burn Sheets	10
Halo Chest Seals	10
Self-Adherent Wrap	8
2" Cloth Tape	6
SWAT-T Tourniquets	10
CAT Tourniquets	2
Liter Sterile Saline	2
0.9% Sodium Chloride 500ml Bag	24
IV Administration Set	24
IV Catheters 16ga	25
IV Catheters 18ga	25
IV Catheters 20ga	10
IV Start Kits	25
Sharps Container	2
Ambu Bags - Adult	5
Ambu Bags - Child	2
Oropharyngeal Airway	10
Nasopharyngeal Airway	10
Suction - Bulb (Adult)	2
King Airway Sets	5

Category and Items	Quantity per Kit
Boxes of Gloves (M, L, XL)	6
Box of Face Masks	1
Sani- Cloth Germicide Disposable Wipes	1
Mega Movers	10
SAM Splints (M/L)	10
Roll of Duct Tape	1
Hand Towels	10
Blood Pressure Kits	2
Stethoscopes	2
Yellow Disposable Emergency Blankets	20
Trauma Shears	4
BioBags	1
MCI Triage Tape (Red, Yellow, Green)	1
Cyalume Glowsticks (Red, Yellow, Green, and White)	10
LED Lighting System (magnetic)	10
Sets of Batteries (9-Volt, AA, AAA, AAAA, C, D)	10
Sharpies (Black)	10

Appendix C: Agency Integration

In the event of an MCI within Washoe County wherein outside agencies are requested or respond to said incident, the initial triage and setup of incident will be as follows:

- All agencies within Washoe County will use the ribbon triage system as outlined in the MCIP; all agencies outside of Washoe County will be permitted to use their designated system.
- When the victims of the MCI reach the treatment area, the initial triage tag will be removed and replaced with the appropriate DMS triage tag for accurate tracking and accounting of patients.
- The initial triage tag, whether it is a ribbon or some other sort of tag, will be removed and replaced at this time to ensure compliance with the Washoe County MCIP.
- The majority of initial MCI triage systems are somewhat similar in using color coding to designate the severity of the patient. It will be the responsibility of the treatment area leader to classify any outside triaging into the appropriate category following the guidelines set forth within the Washoe County MCIP.

    - Immediate = Red
    - Delayed = Yellow
    - Minor = Green

- In the event of an outside agency being assigned to the treatment area, that agency will be given the appropriate tags to comply with the Washoe County MCIP.

Appendix D: Nevada Good Samaritan Law

1. Except as otherwise provided in NRS 41.505, any person in this State who renders emergency care or assistance in an emergency, gratuitously and in good faith, except for a person who is performing community service as a result of disciplinary action pursuant to any provision in title 54 of NRS, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured person.

2. Any person in this State who acts as a driver of an ambulance or attendant on an ambulance operated by a volunteer service or as a volunteer driver or attendant on an ambulance operated by a political subdivision of this State, or owned by the Federal Government and operated by a contractor of the Federal Government, and who in good faith renders emergency care or assistance to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

3. Any person who is an appointed member of a volunteer service operating an ambulance or an appointed volunteer serving on an ambulance operated by a political subdivision of this State, other than a driver or attendant of an ambulance, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person whenever the person is performing his or her duties in good faith.

4. Any person who is a member of a search and rescue organization in this State under the direct supervision of any county sheriff who in good faith renders care or assistance in an emergency to any injured or ill person, whether at the scene of an emergency or while transporting an injured or ill person to or from any clinic, doctor's office or other medical facility, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering the emergency care or assistance, or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

5. Any person who is employed by or serves as a volunteer for a public fire-fighting agency and who is authorized pursuant to chapter 450B of NRS to render

emergency medical care at the scene of an emergency is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care or as a result of any act or failure to act, not amounting to gross negligence, to provide or arrange for further medical treatment for the injured or ill person.

6. Any person who:

    - Has successfully completed a course in cardiopulmonary resuscitation according to the guidelines of the American National Red Cross or American Heart Association;
    - Has successfully completed the training requirements of a course in basic emergency care of a person in cardiac arrest conducted in accordance with the standards of the American Heart Association; or
    - Is directed by the instructions of a dispatcher for an ambulance, air ambulance or other agency that provides emergency medical services before its arrival at the scene of the emergency, and who in good faith renders cardiopulmonary resuscitation in accordance with the person's training or the direction, other than in the course of the person's regular employment or profession, is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

7. For the purposes of subsection 6, a person who:

    - Is required to be certified in the administration of cardiopulmonary resuscitation pursuant to NRS 391.092; and
    - In good faith renders cardiopulmonary resuscitation on the property of a public school or in connection with a transportation of pupils to or from a public school or while on activities that are part of the program of a public school, shall be presumed to have acted other than in the course of the person's regular employment or profession.

8. Any person who gratuitously and in good faith renders emergency medical care involving the use of an automated external defibrillator is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by that person in rendering that care.

9. A business or organization that has placed an automated external defibrillator for use on its premises is not liable for any civil damages as a result of any act or omission, not amounting to gross negligence, by the person rendering such care or for providing the automated external defibrillator to the person for the purpose of rendering such care if the business or organization:

    - Complies with all current federal and state regulations governing the use and placement of an automated external defibrillator;

- Ensures that the automated external defibrillator is maintained and tested according to the operational guidelines established by the manufacturer; and
- Establishes requirements for the notification of emergency medical assistance and guidelines for the maintenance of the equipment.

10. As used in this section, “gratuitously” means that the person receiving care or assistance is not required or expected to pay any compensation or other remuneration for receiving the care or assistance.

Appendix E: Acronyms

AHJ	Authority Having Jurisdiction
ALS	Advanced Life Support
BLS	Basic Life Support
DBOH	District Board of Health
DEM	Nevada State Division of Emergency Management
DHO	District Health Officer
DPBH	Nevada Division of Public and Behavioral Health
ED	Emergency Department
EM	Emergency Manager
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ETA	Estimated Time of Arrival
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
FSC	Family Service Center
HICS	Hospital Emergency Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HSEEP	Homeland Security Exercise and Evaluation Program
IAP	Incident Action Plan
IC	Incident Commander
ICS	Incident Command System
IHCC	Inter-Hospital Coordinating Council
IMAS	Nevada Intrastate Mutual Aid System
LZ	Landing Zone
MAA	Mutual Aid Agreement
MAEA	Mutual Aid Evacuation Annex
MCC	Medical Communications Coordinator
MCI	Multi-Casualty Incident
MCIP	Multi-Casualty Incident Plan
MHz	Megahertz
MOU	Memorandum of Understanding
MSU	Medical Services Unit
NAC	Nevada Administrative Code
NLTFPD	North Lake Tahoe Fire Protection District
NRS	Nevada Revised Statutes
NWS	National Weather Service
PSAP	Public Safety Answering Point
PTGS	Patient Transportation Group Supervisor
REOC	Regional Emergency Operations Center
REOP	Regional Emergency Operations Plan
REMSA	Regional Emergency Medical Services Authority
RTAA	Reno-Tahoe Airport Authority

RTC	Regional Transportation Commission
SCEMP	State Comprehensive Emergency Management Plan
START	Simple Triage and Rapid Treatment
TMFPD	Truckee Meadows Fire Protection District
UC	Unified Command
UHF	Ultra High Frequency
VA	VA Sierra Nevada Health Care System
VHF	Very High Frequency
WCHD	Washoe County Health District
WCMECO	Washoe County Medical Examiner/Coroner Office

Appendix F: Glossary

Agency Representative
A person assigned by a primary, assisting or cooperating Federal, State, local, or tribal government agency or private entity that has been delegated authority to make decisions affecting that agency's or organization's participation in incident management activities following appropriate consultation with the leadership of that agency.

Assistant
Title for subordinates of principal Command Staff positions. The title indicates a level of technical capability, qualifications and responsibility subordinate to the primary positions. Assistants may also be assigned to unit leaders.

Authority Having Jurisdiction
The government agency, responsible for public safety or code enforcement within any given geographical area.

Branch
The organizational level having functional or geographical responsibility for major aspects of incident operations. A branch is organizationally situated between the section and the division or group in the Operations Section, and between the section and units in the Logistics Section. Branches are identified by the use of Roman numerals or by functional area.

Care Capacity
The number and types of patients a facility is able to accommodate based on a variety of internal factors as defined by the facility to include physician and nurse staffing, operating rooms available, Emergency Department capacity/staffing, and in-house capacity.

Chief
The ICS title for individuals responsible for management of functional sections: Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established as a separate section).

Command Staff
In an incident management organization, the Command Staff consists of the Incident Commander and the special staff positions of Public Information Officer, Safety Officer, Liaison Officer, and other positions as required, who report directly to the Incident Commander. They may have an assistant or assistants, as needed.

Deceased Patient
Mortally wounded or clinically dead.

Delayed Patient
Serious injury or illness; which may become life threatening; likely to survive if care is received within thirty (30) minutes to several hours.

Deputy
A fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a deputy can act as relief for a superior and, therefore, must be fully qualified in the position. Deputies can be assigned to the Incident Commander, General Staff and Branch Directors.

Designated Overflow Area
Alternative care location identified by each facility where basic patient care can take place. Such locations may be auditoriums, cafeterias, hallways, or lobbies.

Division
The partition of an incident into geographical areas of operation. Divisions are established when the number of resources exceeds the manageable span of control of the Operations Chief. A division is located within the ICS organization between the branch and resources in the Operations Section.

Emergency Management Plan
A plan maintained by a jurisdiction or agency, which describes activities to plan for, respond to, mitigate or recover from potential hazards that may result in loss of life or property during an emergency.

Emergency Operations Center
The physical location at which the coordination of information and resources to support incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, medical services), by jurisdiction (e.g., federal, state, regional, county, city, tribal), or some combination thereof.

Field Command Post
The field location where primary tactical-level, on-scene incident command functions are performed.

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

Function
Function refers to the five major activities in ICS: Command, Operations, Planning, Logistics, and Finance/Administration. The term function is also used when describing the activity involved, e.g., the planning function. A sixth function, Intelligence, may be established, if required, to meet incident management needs.

General Staff
A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

Good Samaritan Law
A section of Nevada Revised Statutes, which describes the immunities under the law for those medical personnel who provide gratuitous medical services in an emergency.

Group
Established to divide the incident management structure into functional areas of operation. Groups are composed of resources assembled to perform a special function not necessarily within a single geographic division. Groups, when activated, are located between branches and resources in the Operations Section. (See Division).

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

Hospital Emergency Operations Center
A location where primary hospital command and coordination functions are carried out to manage a medical facility's emergency or catastrophic event.

Hospital Incident Commander
The individual responsible for decisions relating to the incident and management of all strategic and tactical operations within the hospital.

Immediate Patient
Critical, life-threatening injury or illness likely to survive if care is received within thirty (30) minutes.

Incident
An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wild land and urban fires, floods, hazardous material spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

Incident Command System
A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single or multiple incidents, without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, and designed to aid in the management of resources during incidents. It is used for all kinds of emergencies and is applicable to small as well as large and complex incidents; ICS is used by various jurisdictions and functional agencies, both public and private, to organize field-level incident management operations.

Initial Response
Resources initially committed to an incident.

JumpSTART
The pediatric triage method to help meet the needs of children and responders in an MCI. JumpSTART was developed because the physiologic parameters used in START are not suitable for children (i.e. walking, respiratory rates, mental status assessment, etc.).

Jurisdiction
A range or sphere of authority. Public agencies have jurisdiction at an incident related to their legal responsibilities and authority. Jurisdictional authority at an incident can be political or geographical (e.g., city, county, tribal, state or federal boundary lines) or functional (e.g., law enforcement, public health).

Liaison Officer
A member of the Command Staff responsible for coordinating with representatives from cooperating and assisting agencies.

Local Government
A county, municipality, city, town, township, local public authority, school district, special district, intrastate district, council of governments (regardless of whether the council of governments is incorporated as a nonprofit corporation under state law), regional or interstate government entity, or agency or instrumentality of a local government; an Indian tribe or authorized tribal organization, or in Alaska, a Native village or Alaska Regional Native Corporation; a rural community, unincorporated town or village, or other public entity. See Section 2(10), Homeland Security Act of 2002, Pub. L. 107-296, 116 Stat. 2135 (2202).

Logistics Section
The section responsible for providing facilities, services and material support for the incident.

Minor Patient
Not considered life threatening; care may be delayed hours or days; this group may be referred to as the walking wounded.

Multi-Casualty Incident Plan (MCIP)
Guidelines maintained by the Washoe County DBOH for the Reno, Sparks and Washoe County area to effectively, efficiently and safely organize multi-casualty incidents utilizing ICS as the management tool.

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

Preparedness
The range of deliberate, critical tasks and activities necessary to build, sustain and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process. Preparedness involves efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities and identify required resources. Within the NIMS, preparedness is operationally focused on establishing guidelines, protocols and standards for planning, training and exercises, personnel qualification and certification, equipment certification and publication management.

Prevention
Actions to avoid an incident or to intervene to stop an incident form occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

Recovery
The development, coordination and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private sector, nongovernmental and public assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Resources
Personnel and major items of equipment, supplies and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Response
Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation or quarantine; and specific law enforcement operations aimed at preempting, interdicting or disrupting illegal activities and apprehending actual perpetrators and bringing them to justice.

Safety Officer
A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and for developing measures for ensuring personnel safety.

Section
The organization level having responsibility for a major functional area of incident management (e.g., Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the branch and the Incident Command.

Skilled Nursing Facility
An institution or facility that provides sub-acute nursing and/or rehabilitation services to patients with an illness or injury who are unable to care for themselves.

Staging Area
Location established where resources can be placed while awaiting a tactical assignment. The Operations Section manages Staging Areas.

START
A process of triaging patients in an MCI quickly and efficiently. It focuses on being simple to use, does not require any special skills, rapid, provides minimal stabilization, does not require specific diagnosis, and is easy to learn and teach. The START method utilizes four assessment tools to evaluate and categorize patients – ability to walk, ventilation, perfusion and mental status.

Strike Team
A set number of resources of the same kind and type that have an established minimum number of personnel. All resource elements within a Strike Team must have common communications and a designated leader.

Task Force
Any combination of resources assembled to support a specific mission or operational needs. All resource elements within a Task Force must have common communications and a designated leader.

Unified Command (UC)
An application of ICS used when there is more than one agency with incident jurisdiction or when incidents cross-political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies and/or disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan (IAP).

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

EMSProgram@washoecounty.us

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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DHO_____ KD

Staff Report
Board Meeting Date: June 25, 2020

TO: District Board of Health

FROM: Charlene Albee, EHS Division Director
775-328-2644, calbee@washoecounty.us

Francisco Vega, P.E., AQM Division Director

775-784-7211, fvega@washoecounty.us

SUBJECT: Discussion and possible direction to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency until August 10, 2020.

SUMMARY

The Air Quality Management (AQM) and Environmental Health Services (EHS) Divisions are requesting the District Board of Health (Board) consider waiving the assessment of late fees in response to the economic impacts on the community from the COVID-19 emergency until August 10, 2020.

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

March 26, 2020 - The Board approved the deferral of annual renewal fee collection for businesses impacted by the COVID-19 emergency for 60 days after the Governor's lifting of restrictions on the business.

BACKGROUND

Washoe County continues to experience significant impacts from the COVID-19 emergency. The full economic impacts of this emergency cannot yet be completely quantified between businesses closing and unemployment. The previously approved fee deferral option was utilized by four (4) AQM facilities and fifty-nine (59) food facilities covering seventy-eight (78) permits.

Even with the fee deferral being offered to the community, a number of facilities are currently subject to the assessment of a 25% late fee due to permit fees not being submitted by their due date. Currently, AQM has twenty (20) permits and EHS has (154) late food facilities. Recognizing the economic challenges businesses are facing, staff is requesting the Board give direction to waive the assessment of late fees until August 10, 2020. This date aligns with the 60-day fee deferral from the reopening of Casino facilities on June 4, 2020, and would accommodate each of the previous phases.

FISCAL IMPACT

Should the Board provide direction to waive the assessment of late fees, it is expected a significant portion of the lost revenue would be offset by the staff hours saved manually processing the late fees. Additionally, the fiscal impact may be considered an investment in the economic health of the business community.

RECOMMENDATION

Staff recommends the Board provide direction to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency until August 10, 2020.

POSSIBLE MOTION

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

"Move to waive the assessment of late fees on Air Quality Management and Environmental Health Services permits in response to economic impacts on the community from the COVID-19 emergency until August 10, 2020."

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Staff Report
Board Meeting Date: June 26, 2020

TO: District Board of Health

FROM: Kevin Dick

SUBJECT: Presentation and possible acceptance of a report on Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19.

SUMMARY

The Health District has diverted personnel and resources to support the COVID-19 pandemic response. As a result of this and social distancing measures, the Health District will not be able to achieve most of the Strategic Plan objectives for the year, and delivery of programs and services will be curtailed, reduced and delayed.

Health District strategic priority supported by this item:

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

PREVIOUS ACTION

The District Board of Health (DBOH) accepted the revised 2020-2022 Strategic Plan during their December 12, 2019 Board meeting.

BACKGROUND

Since the first positive COVID-19 case in Washoe County, the Health District has responded to the public health emergency with an "all hands on deck" approach. Since January our epidemiology department has been working non-stop and soon thereafter every division of the Health District has been heavily immersed in the regional response. Case contacting, planning, testing, budgeting, and communications to the public of the worldwide pandemic within the Truckee Meadows. Many daily duties and regular activities were left unattended because the manner in which the Health District's duty to maintain the public health of our community changed overnight. Health District employees have worked non-stop to protect our Washoe County residents; however, many of our responsibilities that were not urgent or were closed to the public were put aside to focus our attention on the public health emergency as it has unfolded and continues to do so.

This report summarizes the items in the Strategic Plan that have not been attended to, as well as the tasks, programs and efforts of each division that have been temporarily paused, delayed or will not be able to be accomplished this calendar year. As we progress through this unprecedented time and have a clearer picture of what the foreseeable future will look like for the Health District, we will be resuming our daily jobs while maintaining and expanding our COVID-19 response.

FISCAL IMPACT

There is no additional fiscal impact to the FY 2019-20 budget should the DBOH accept the report on the Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19.

RECOMMENDATION

Staff recommends that the DBOH accept the report on the Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19.

POSSIBLE MOTION

Should the DBOH accept the presentation, a possible motion could be "Move to accept the report on the Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19.

Report on the Washoe County Health District's Strategic Plan and Division Activities impacted by COVID-19

Due to the Health District's full and necessary engagement in the COVID-19 Pandemic Response most of the Strategic Plan is not being implemented and many of the Health District's normal program and service activities have been curtailed, reduced and delayed. This document provides a summary of how the COVID-19 Response activities have impacted the strategic plan objectives and the program activities of the Health District.

Air Quality Management Division

Strategic Plan Items:

5.2.1.4 Increase the number of staff with at least one professional development opportunity in annual performance evaluations. COVID-19 has affected professional development opportunities.

Other Items Impacted by COVID-19 and COVID-19 Response

- AQMD will be delaying the 10-year replacement plan for monitoring equipment for 2 years.
- Some inspections may not be completed in person due to safety concerns.
- Lawn Mower Exchange Program has been put on indefinite hold.

Administrative Health Services Office

Strategic Plan Items:

6.2.1.2 Identify opportunities to support above base requests within division budgets.

- In February we had the opportunity for above base requests that were approved by the District Board of Health, however due to the decrease in revenue from licensing and permits, above base requests, with the exception of the Public Health Nurse Supervisor and epidemiology positions needed for the COVID-19 response, have been frozen until the economic impact of COVID can be determined.

Community and Clinical Services

1.1.4 The ability to reduce the percentage of youth who currently smoke cigarettes and e-cigarettes in Washoe County has been halted due to school closures.

1.2.3 The deadline of June 30, 2020, to increase the number of participants utilizing WIC services by 2% has been paused.

1.2.4 Increases in the percentage of children 19-35 months who receive recommended doses of vaccinations has not been met due to the reduced number of clinic hours and visits.

1.2.4.1 Increase Immunization outreach activities has been postponed.

1.3.2.3 Medical residents, medical students, nursing students, CHS students have not been onsite during COVID-19 event. (Hope to have them return in July)

1.3.3. Increasing the number of offsite services in Washoe County has been paused.

3.2.1.1: The objective and efforts to restrict smoking and vaping to designated areas on Washoe County properties have been delayed.

5.4.1.2 The effort to increase local funding for the Immunization Program has been postponed.

Other CCHS Items Impacted by COVID-19 and COVID-19 Response

- The scheduled fee revision analysis for CCHS services will not be completed this year.
- Immunizations
  - VFC Provider Compliance visits for Immunization grant were suspended.
    - Suspension of statewide VFC Provider compliance visits will have an impact on immunization grant deliverables.
  - Immunization walk-in and same day appointments have been greatly reduced.
  - The attempt to increase in the amount of Vaccine for Children (VFC) education provided has been greatly impacted.

- Sexual Health/Family Planning
  - The ability to provide HIV/STD testing at offsite, community events monthly has been impacted greatly. Offsite locations have been closed and events have been cancelled.
  - All offsite services were stopped during COVID-19 event (hope to reinstate when able).
  - The Long Acting Reversible Contraception (LARC) program at the Washoe County Sheriff's Office Program was cancelled (hope to start back in June).
  - There was a decrease in walk-in and same day appointments.
  - CCHS was unable to increase access to Reproductive and Sexual Health Services
  - CCHS was unable to increase access to family planning services for high risk populations.
  - Scheduled vasectomies through University of Nevada, Reno were paused, impacting a grant deliverable for Title X grant (should be able to start in July).
  - CCHS was unable to provide outreach events for testing and prevention education to identified populations, including presentations in schools.
- Chronic Disease
  - CCHS was unable to provide technical assistance on at least four smoke free policies in Washoe County that expand indoor and outdoor environments that are free from secondhand smoke exposure due to the efforts being put on hold (assistance with two policies was accomplished).
  - CCHS was unable to improve bicycle safety (injury prevention) by supporting at least one built environment bicycle infrastructure improvement in Washoe County because efforts were put on hold and Bike to Work Week was cancelled.
  - A local coordinated strategy to effectively addressing health and safety issues related to efforts to legalize cannabis consumption lounges in Nevada was postponed.
  - Activities with youth and community related to e-cig/vaping was not accomplished due to closure of schools, recommendations against gatherings, etc.
  - CDPP grant deliverables that involved working with the school district, TMCC, and UNR were all postponed.
  - Work on the Opioids and Marijuana were postponed.

- WIC
    - Distribution of medical grade, multi-user breast pumps has been reduced to a case by case basis and appointments have been severely limited. These changes may impact breastfeeding rates.
    - Developmental milestone program has been greatly impacted.
    - Assessment of infant and child growth, and hemoglobin program has been greatly impacted.
- General CCHS
    - Third Party Reimbursement have been greatly reduced.
    - Reduction in clinic visits.
    - Medicaid Enrollment assister has not been on site during COVID-19 event.
    - Challenging to spend down grants with staff being diverted to COVID-19 response.

Environmental Health Services Division

Strategic Plan Items:
2.1.3 Work with current and ongoing region organizations and partners to develop ideas and implement plans to reduce per capita waste generated in Washoe County have been delayed.
2.1.4 Meeting and exceed the 35% goal recycling rate in Washoe County has been delayed.
2.1.4.2 Create an educational and outreach plan to build on community partnerships to increase recycling rates, waste minimization, reuse and diversion throughout Washoe County
2.2.1 Developing risk based standards for all institution and facility programs has been delayed.
2.2.1.1 Developing and implement a work plan for establishing risk-based program standards for each program has been delayed. A basic work plan was developed for establishing risk based program standards and the implementation of risk based standards was implemented for schools.
2.2.2. Implementing a risk based food inspection program based on the criteria of FDA program standards has been delayed.
2.2.3 Implementing a staff QA program based on the criteria of FDA Standard 4, Uniform Inspection Program for food inspection has been delayed.
2.2.4 Efforts to reduce the percentage of foodborne illness risk factors in food establishments in Washoe County has been delayed.
3.1.4 Increasing the percentage of permits applied for online in Washoe County has been successful. The shutdown of government buildings actually provided the opportunity to achieve success in this initiative. The public was directed to the Accela Citizen Access (ACA) site in order to submit applications, pay fees and renew permits. Washoe County Tech Services updated the site with improved messaging to aid the customers through the system.

Other EHS Program Services and Activities

- 43% of risk level 3 food establishment inspections have received one routine inspection. Pending the opening of food establishments, we anticipate staff will complete at least one inspection for each risk level 3 food establishments. Some risk level 3 establishments will not receive two inspections.

- 56% of risk level 1 and 2 food establishment inspections have been completed. Pending the opening of food establishments, we anticipate staff will complete the remaining inspections of these facilities for the year.
- 8% of Pools/Spas have received one routine inspection. Pending the opening of all pools and spas we anticipate staff will complete at least one inspection for each permitted Pool/Spa. Some pools and spas will not receive two inspections.
- Area 21 – After Hours Inspections
    - 10% of risk level 3 food establishments have received one routine inspection. Pending the opening of food establishments, we anticipate staff will complete at least one inspection for each risk level 3 food establishment. Some risk level 3 establishments will not receive two inspections.
    - 6% of risk level 1 and 2 food establishment inspections have been completed. Pending the opening of food establishments, we anticipate staff will complete the remaining inspections of these facilities for the year.
- 29% of schools and school kitchens inspected prior to the government shutdown. We anticipate staff will complete all school inspections in the fall semester, pending the school operational status. Some schools will not receive two inspections.
- 29% of institutions (MHP/RV, PACC, and IBD) inspections have been completed. Pending reopening of some facilities, we anticipate staff will complete the remaining inspections of these facilities for the year.
- Some facilities may not receive any inspections pending re-opening guidelines or operational status.
- Newly hired staff will not complete the FDA Food Code training course as required by their food safety training program.
- The Food Safety Program will not complete field standardization of staff per the requirements of the FDA Program Standards.
- Food Safety Program staff will not participate in the NACCHO Mentorship Program participants meeting.
- Underground Storage Tank staff will not complete training of new staff for site inspections and reporting.
- The Environmental Health Services Division will not meet the following Performance Management objectives:
- Food Safety Program will not complete required Quality Assurance (QA) field evaluations of every staff member by the end date of December 31, 2020
- Food Safety Program will not calculate the compliance rate for the 20 performance measures evaluated during the QA field inspection by the end date of December 31, 2020
- Food Safety Program will not complete two risk based inspections for risk level 3 establishments by the end date of December 31, 2020
- Land Development Program may not have working record types in Accela
- Land Development Program will not update the Sewage, Wastewater, and Sanitation regulations
- Institutions and Facilities will not implement the Program Standards framework for additional program elements
- Institutions and Facilities will not update the Public Bathing and Public Spa Regulations

- Institutions and Facilities Program will not complete the NRS mandated two inspections per year for some schools due to the government shutdown of schools in March 2020
- Plan Review Program will not complete the efficiency report
- The Vector-Borne Disease Program will not complete an annual schedule for surveillance and treatment
- Waste Management Program did not complete the annual scope of work as outlined in the interlocal agreement with NDEP for the Underground Storage Tank program

Epidemiology and Public Health Preparedness

Almost the entire EPHP Division was directly impacted by COVID-19. All staff expect Vital Statistics redirected their time to COVID-19 activities. As a result many activities were not completed or are not anticipated to be completed in 2020. Outlined below are the strategic priorities and activities, linked to outcomes and initiatives that will be delayed or not accomplished in 2020 as a result of COVID-19.

Strategic Plan Items:
1.2.2. Efforts to increase the percentage of newly reported Hepatitis C cases with confirmatory test results in Washoe County were not implemented.
1.2.2.1 Targeted education among those healthcare providers who do not follow CDC's recommendation on hepatitis C testing was not conducted.
2.1.5.1 Maintenance of disaster plans and training was not updated.
2.2.5.1 An outreach campaign to increase awareness of the appropriate use of 911 was not implemented.
4.1.1. Efforts to reduce the duration of GI outbreaks in schools in Washoe County was not started.
4.1.1.1. Toolkits given to Washoe County School District toolkits to prevent GI outbreaks were not distributed.

Other EPHP Items Impacted by COVID-19 and COVID-19 Response

- Communicable Disease/Epidemiology
    - Weekly Communicable Disease Reports not performed
    - Weekly Flu Reports not performed
    - Flu surveillance not performed
    - Quarterly Carbapenemase Producing Organisms Reports not performed
    - Outbreak reports not performed
    - Reports to DHHS not performed
    - Reports to CDC not performed
    - Bi-monthly Carbapenemase Producing Organisms teleconference not conducted
    - Perinatal Hepatitis B surveillance not performed
    - Chronic Hepatitis B surveillance not performed
    - 2019 CD Annual Report not performed
    - 2018 and 2019 Antibiograms not performed
    - 2019 Hepatitis C Virus data cleanup not performed

- Public Health Emergency Preparedness
    - Washoe County Health District Continuity of Operations Plan update not performed.
    - School District closed Point of Dispensing (POD) plans not performed.
    - Biohazard Detection System plan for the Post Office update not performed.
    - Post Office on Biohazard Detection System exercise not executed.
    - Medical Countermeasures/Pharmacy cache education/training not held.
    - Anthrax/Smallpox vaccine administration training for community partners not held.
    - Development of response plan or operating procedure for mass care operations VOAD tabletop exercise not performed.
- Hospital Preparedness Program
    - Preparedness Summit not held
    - Active Shooter Training not conducted
    - Joint Commission Conference not held
    - Evacuation Training & Workshop not held
    - Identification of ways to meet member's requirements for tax exemption through community benefit not identified
    - Expansion of the Inter-Hospital Coordination Council's sustainability outside of grant funding not performed
    - Behavioral/resiliency Training not held
    - Burn Training not held
- EMS Oversight Program
    - EMS Oversight Program Mid-Year Report not completed
    - EMS Oversight Program Annual Report not completed

Office of the District Health Officer

Strategic Plan Item:
3.3.2.1 The objective to communicate Robert Wood Johnson Foundation county health data report in media efforts was not completed, because there was no event.
4.2.1 Efforts to reduce the percentage of Washoe County High School students who attempt suicide was delayed.
4.2.2 Efforts to reduce the percentage of Washoe County High School students who ever took a prescription drug without a prescription was delayed.
4.2.3 Efforts to reduce the percentage of Washoe County High School students who were offered, sold, or given an illegal drug by someone on school property were delayed due to school closures.
4.2.4 Efforts to reduce the rate of K-12 WCSD bullying incidents were delayed due to school closures.
4.2.5 Efforts to reduce the percentage of Washoe County High School students who currently drink alcohol were delayed.
4.3 Efforts to increase community participation in physical activity and nutrition programs were postponed.

4.5 Effort to increase the number of partners engaged to implement the 2018-2020 Washoe County Community Health Improvement Plan partners from 15 to 25 were delayed.
5.1.1.1 An annual engagement survey was not conducted.
5.1.1.2 85% On-time employee annual reviews may not be achieved.
5.1.4.1 The development and approval an annual Quality Improvement Plan was not executed.
5.2.1.1- 5.2.1.13 Implementation of the Workforce Development Plan was not completed.
5.2.1.1 Efforts to increase the number of staff with at least one professional development opportunity in annual performance evaluations have been postponed.
5.2.1.14. Efforts to establish a partnership with UNR to become an "academic health department" to better reflect the current status of the project was not completed.
5.2.1.15 Opportunities have not been available for leadership development through short courses, certificate programs, and distant learning.
5.4. The Health District has not been able to invest in an array of services to meet the needs of a growing community. The Health District has invested all available staff and resources to COVID-19.
6.1.1 It is unlikely that the State funding will increase to 1.5% and budget per capita due to the state budget shortfall.
6.1.4 The Health District has not been able to increase the number of QI projects implemented in last 12 months within the WCHD.

Other ODHO Items Impacted by COVID-19 and COVID-19 Response

- Efforts to create an improved internal communication tool have not been completed.
- Social media calendars created for each division have been delayed.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

STAFF REPORT
Board Meeting Date: June 25, 2020

DATE: June 16, 2020

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: Review and update on COVID-19 Emergency Response Activities.

The Washoe County Health District (WCHD) has continued to respond to the COVID-19 pandemic. Since the update provided at the May 28, 2020 District Board of Health (DBOH) meeting the Health District has conducted a Community Based Testing event for asymptomatic individuals through the drive through Point of Screening and Testing (POST) at the Livestock event Center, assisted partners in providing several mobile POSTs, provided test collection kits to assisted living facilities and first responders, conducted the sample collection for the Seroprevalence Study, relocated the POST for longer-term continued operations, submitted the grant budget and workplan for the long-term testing and contract tracing work, and is engaged in staffing positions for the long-term operations.

Community Based Testing at the POST

The Health District opened the POST to drive through testing of asymptomatic individuals the week of June 1, Friday through Saturday. While the POST had the ability to test 900 people each day, the number of people without symptoms that sought to be tested never approached that figure. A total of 2071 people were tested through the POST that week with the busiest day being 441 tests conducted on June 5. The Health District continued to leave the risk assessment filter open to allow scheduling of asymptomatic individuals the week of June 8. The Health District, Nevada Guard and volunteer partners have done an excellent job in designing and operating the POST. A number of people that have been tested have provided follow-up feedback praising the operation. Attached is a comment received from a retired Army Logistician.

Mobile POSTs

The Health District provided assistance, collection kits, and support for mobile POSTS that were provided in Gerlach on June 8 and Incline Village on June 12. The Truckee Meadows Fire Protection District conducted the testing of 26 individuals in Gerlach. The North Lake Tahoe Fire Protection District partnered with Incline Village Community Hospital to test 296 individuals at the Hospital parking lot.

The Health District is also providing assistance and support to Health Plan of Nevada for a mobile POST they will operate on June 26 and 27 at Miguel Ribera Park.

Distribution of Test Collection Kits

The Health District has provided test collection kits to first responders for testing of staff, and long-term care and assisted living facilities for testing of residents and staff. A total of 470 collection kits were provided to skilled nursing facilities, and 960 kits have been provided to first responders since the May 28 DBOH meeting. Medical directors of long term care and assisted living facilities are now being registered with the State lab through this effort and are able to secure resupply directly from the lab.

Seroprevalence Study

Extensive work was conducted on recruitment of the randomly selected households for participation in the study. A second invitation was mailed to the selected households and Health District staff visited census tracks that had not enrolled in the study and door-knocked 140 households to recruit additional participants for the study on Sunday June 7. A total of 233 individuals had serology samples collected for antibody testing on June 9 and 10. The Health District Epidemiology staff is working with UNR Epidemiology researchers to analyze and properly weight the results to determine the percent of the population that has been exposed to COVID-19 and developed antibodies.

POST Relocation

The POST was relocated from the east side of the Reno Livestock Event Center (RLEC) to the southwest corner of the RLEC property on June 12 and 13. The relocation was required to be able to continue POST operation as the RELC seeks to re-open with livestock events during the summer. A tremendous amount of work was done on the reconfiguration and design of the POST and the procurement of materials and infrastructure required to support it. The relocation of the POST marks the transition of the financial support for the POST location and infrastructure from Regional Unified Command to federal grant funding that the Health District is receiving from CARES and the Paycheck Protection Program. Items which were required to be leased in order to obtain FEMA reimbursement are being purchased when that provides a lower cost solution for the longer-term operation of the POST.

Grant Funding and Staffing for Testing and Contract Tracing

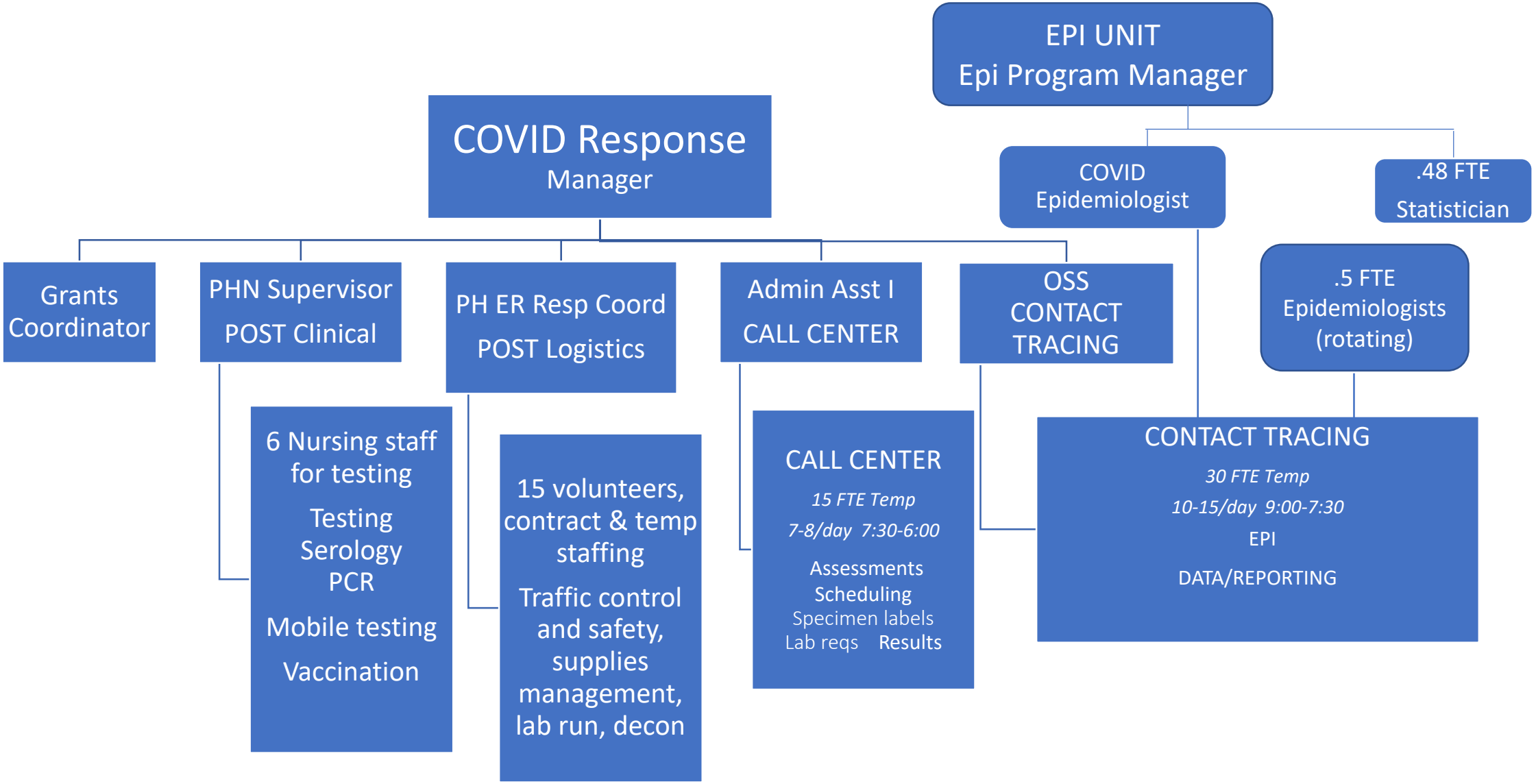
The Health District has developed a work plan, staffing plan, and budget for federal funding through the Paycheck Protection Program and other federal funding for PHP and ELC. The grant submitted June 1, 2020 for just under $9 million brings the total federal funding provided to the Health District for the COVID-19 response to approximately $10.4 million. We are filling some positions through the County hiring process. However, the State has developed plans to utilize the Nevada Public Health Training Center in the School of Community Health Sciences at UNR to provide training and staffing of the workforce needed for testing and contract tracing. We are working with them to hire and bring on the bulk of the staffing needed expeditiously. The staffing needs and the evolving organizational structure for the long-term continued testing and contract tracing are attached.

Comment Received on June 12 regarding the POST Operation.

I just got back from the Washoe County Health Department to take my COVID 19 test… I was extremely impressed with the military precision they operated… Every person executed their duties professionally, the signage, cones, and traffic cops (a term for people directing traffic, not actual cops) directed me to the appropriate place. I never felt confused or lost. The few who did not have masks on were smiling, and the troops and civilians alike were on their A game. Even though I was 15 minutes early for my appointment, they checked me in, processed me, confirmed who I was, and either directed me or led me to the right place. The young man who took the test gave me reading material took the test explained the period for results and I was out of there in less than 10 minutes total.

I have planned and coordinated a lot of large events such as the US Army Humanitarian Depot during Hurricane Andrew, two base closures, plus the opening of the world's largest electronics and appliance store. The organization and execution of this event was flawless. Please pass on my compliments as a retired Army Logistician to the appropriate offices if the opportunity presents itself.

Regards, Pieter D.



Effective June 12th
POST M – W – F only

Call Center / Contact Tracing
7:30a-7:30p - 7 days/week

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD__FV____
DHO _____ KD

Air Quality Management
Division Director Staff Report
Board Meeting Date: June 25, 2020

DATE: June 25, 2020

TO: District Board of Health

FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us

SUBJECT: Program Update – Nevada sues EPA, NHTSA and DoT over SAFE rule, Divisional Update, Program Reports, Monitoring and Planning, Permitting and Enforcement

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1. Program Update

a. Nevada sues EPA, NHTSA and DoT over SAFE rule

On May 27, 2020, Nevada Attorney General Aaron D. Ford and a multistate coalition of states, cities and counties filed a lawsuit against the Environmental Protection Agency (EPA), the National Highway Transportation Safety Administration (NHTSA) and the Department of Transportation (DoT). The lawsuit challenges the Trump Administration's disastrous Safer Affordable Fuel-Efficient Vehicles (SAFE) rule that rolls back the previously established national Clean Car Standards. It is anticipated the lawsuit will argue that the final rule unlawfully violates the Clean Air Act, the Energy Policy and Conservation Act, and the Administrative Procedure Act.

"Since their introduction in 2010, the Clean Car Standards have saved consumers money, reduced harmful emissions, and helped protect the health of our communities," said AG Ford. "The Trump Administration's dangerous and misguided decision to roll back these federal standards threatens to reverse the progress we've made in the fight against climate change. My office won't stand for it."

In 2010, the EPA, NHTSA, the California Air Resources Board (CARB), and car manufacturers established a unified national program harmonizing greenhouse gas emission standards and fuel efficiency standards. Two years later, the agencies extended the national program to model years 2017-2025 vehicles. As part of the program, California and the federal agencies agreed to undertake a midterm evaluation to determine if the greenhouse gas emission standards for model years 2022-2025 vehicles should be maintained or revised. In January 2017, the EPA completed the midterm evaluation and

issued a final determination affirming that the existing standards were appropriate and would not be changed.

The following year, the Trump Administration took its first step toward dismantling the national Clean Car Standards by reversing the final determination with a new mid-term evaluation that alleged the standards were no longer appropriate or feasible. The Trump Administration later made its rollback proposal official, despite the fact that the auto industry was currently on track to meet or exceed the Clean Car Standards.

On March 31, 2020, the Trump Administration announced its final rule rolling back the Clean Car Standards. The rule takes aim at the corporate average fuel efficiency standards, requiring automakers to make only minimal improvements to fuel economy, on the order of 1.5 percent annually, instead of the previously anticipated annual increase of approximately 5 percent. The rule also guts the requirements to reduce vehicles' greenhouse gas emissions, allowing hundreds of millions of metric tons of avoidable carbon emissions into our atmosphere over the next decades.

In his presentation to the National Association of Clean Air Agencies (NACAA), Chet France, Former Division Director, EPA, Office of Transportation and Air Quality (Retired), stated that "recent modeling using EPA's own modeling tools shows that the rollback emission increases will cause 18,500 pre-mature deaths and $190 billion in health damages from 2021 through 2050."

In addition to Nevada, other states participating in this lawsuit include: California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, Vermont, Virginia, Washington, Wisconsin, and the District of Columbia. The California Air Resources Board, the Cities of Los Angeles, New York, San Francisco, and Denver, and the Counties of San Francisco and Denver also joined the coalition in filing the lawsuit.

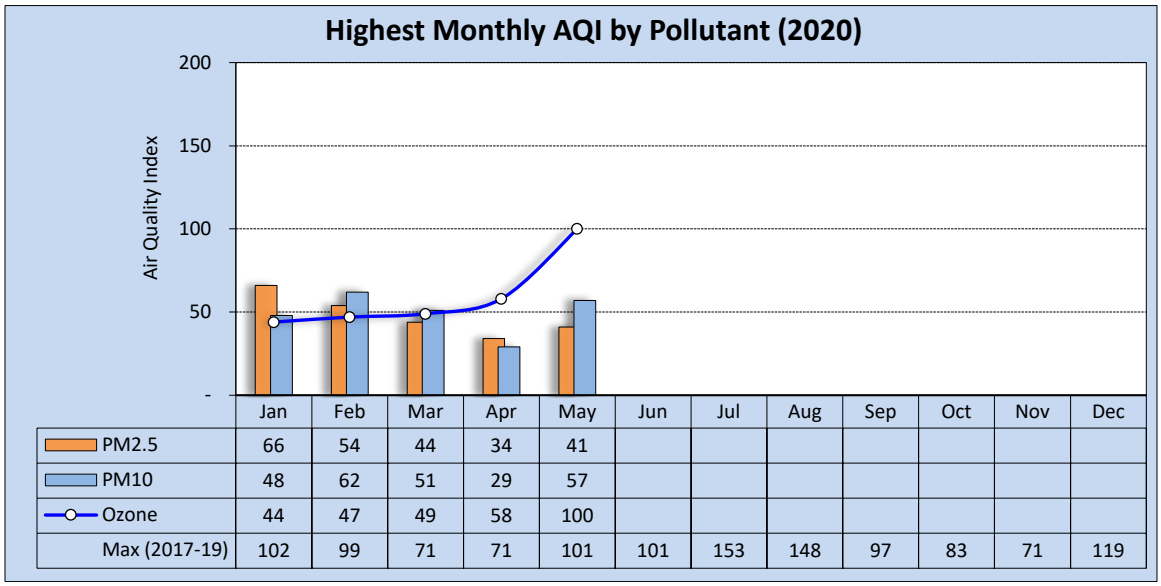
The majority of the information presented above is from the AG's office press release available here:
http://ag.nv.gov/News/PR/2020/Attorney_General_Ford_Sues_Trump_Administration_for_Reckless_Rollback_of_National_Clean_Car_Standards/

The filed petition is available here:
https://oag.ca.gov/system/files/attachments/press-docs/5.27.20%20Petition%20for%20Review.pdf

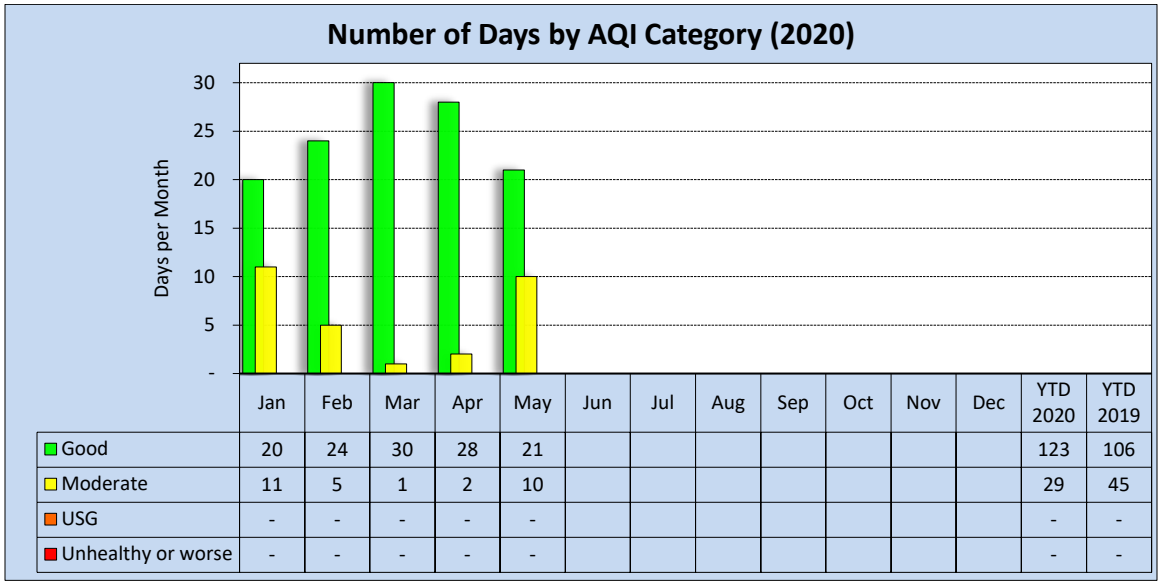
Francisco Vega, P.E., MBA
Division Director

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.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
PM2.5	66	54	44	34	41							
PM10	48	62	51	29	57							
Ozone	44	47	49	58	100							
Max (2017-19)	102	99	71	71	101	101	153	148	97	83	71	119



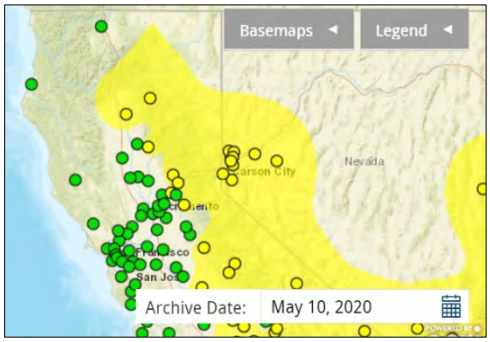
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD 2020	YTD 2019
Good	20	24	30	28	21								123	106
Moderate	11	5	1	2	10								29	45
USG	-	-	-	-	-								-	-
Unhealthy or worse	-	-	-	-	-								-	-

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

3. Program Reports

a. Monitoring and Planning

May Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of May. The highest 8-hour ozone concentration of 0.070 ppm occurred on May 10 at Incline Village. It's unusual to see these levels so early in the year, especially at Incline Village. AQM staff have investigated similar springtime events and concluded that it occurs under these meteorological conditions:



- Temperatures in Sacramento Valley are more typical for early summer than spring. This creates higher than typical ozone concentrations in California.
- Strong springtime low-pressure systems come through California/Nevada and transport pollution west to east. Elevated ozone concentrations can occasionally follow this west to east pattern. Western Nevada ozone concentrations can be much higher than those in the Sacramento Valley.
- As the low-pressure system passes, cleaner ozone concentrations follow the west to east pattern.

A more detailed description of a similar event in May 2014 was included in AQM's initial designation recommendation for the 2015 ozone NAAQS (https://www.epa.gov/sites/production/files/2016-11/documents/nv-rec.pdf).

Air Quality Trends Report: The annual Air Quality Trends Report has been completed and posted on the AQMD website (OurCleanAir.com). It summarizes ten-year trends for each NAAQS pollutant with an emphasis on calendar year 2019. AQM has prepared an annual Trends Report for over 20 years. Due to its usefulness in summarizing ambient air monitoring data, it's now included as a component of the recently EPA-approved ambient air monitoring Quality Assurance Project Plan. Kudos to the AQM Monitoring and Planning Teams for applying Quality Improvement and making this the go-to report for our local air quality!

Daniel Inouye
Chief, Monitoring and Planning

Most Popular Tweet for May

Impressions: 1,929

b. Permitting and Compliance

May

Staff reviewed (48) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In May 2020, Staff conducted (11) stationary source inspections, (21) gasoline station inspections and (3) initial compliance inspections. Staff was also assigned (19) new asbestos abatement projects, overseeing the removal of approximately 25,911 square feet of asbestos-containing materials. Staff received (14) new building demolition projects to monitor. Further, there were (18) new construction/dust projects to monitor. and Staff documented (27) 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	
	May	YTD	May	Annual Total
Renewal of Existing Air Permits	126	399	131	1,086
New Authorities to Construct	4	25	5	52
Dust Control Permits	18 (117 acres)	113 (907 acres)	14 (132 acres)	197 (2,436 acres)
Wood Stove (WS) Certificates	22	154	49	442
WS Dealers Affidavit of Sale	7 (6 replacements)	37 (28 replacements)	4 (2 replacements)	118 (83 replacements)
WS Notice of Exemptions	401 (2 stoves removed)	2,499 (13 stoves removed)	615 (7 stoves removed)	8,353 (80 stoves removed)
Asbestos Assessments	51	261	88	1,034
Asbestos Demo and Removal (NESHAP)	36	95	25	300

COMPLAINTS	2020		2019	
	May	YTD	May	Annual Total
Asbestos	1	3	0	11
Burning	0	7	0	14
Construction Dust	14	40	10	74
Dust Control Permit	0	0	0	6
General Dust	5	16	0	35
Diesel Idling	0	0	1	4
Odor	0	1	3	31
Spray Painting	1	4	0	3
Permit to Operate	0	0	0	8
Woodstove	1	1	0	2
TOTAL	**22**	**72**	**14**	**188**

NOV's	May	YTD	May	Annual Total
Warnings	0	0	7	27
Citations	0	0	1	15
TOTAL	**0**	**0**	**8**	**42**

Mike Wolf
Chief, Permitting and Enforcement

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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DHO_____

Community and Clinical Health Services
Director Staff Report
Board Meeting Date: June 25, 2020

DATE: June 12, 2020

TO: District Board of Health

FROM: Lisa Lottritz, MPH, RN
775-328-6159; llottritz@washoecounty.us

SUBJECT: Divisional Update – Client Satisfaction Survey Results 2020; 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.

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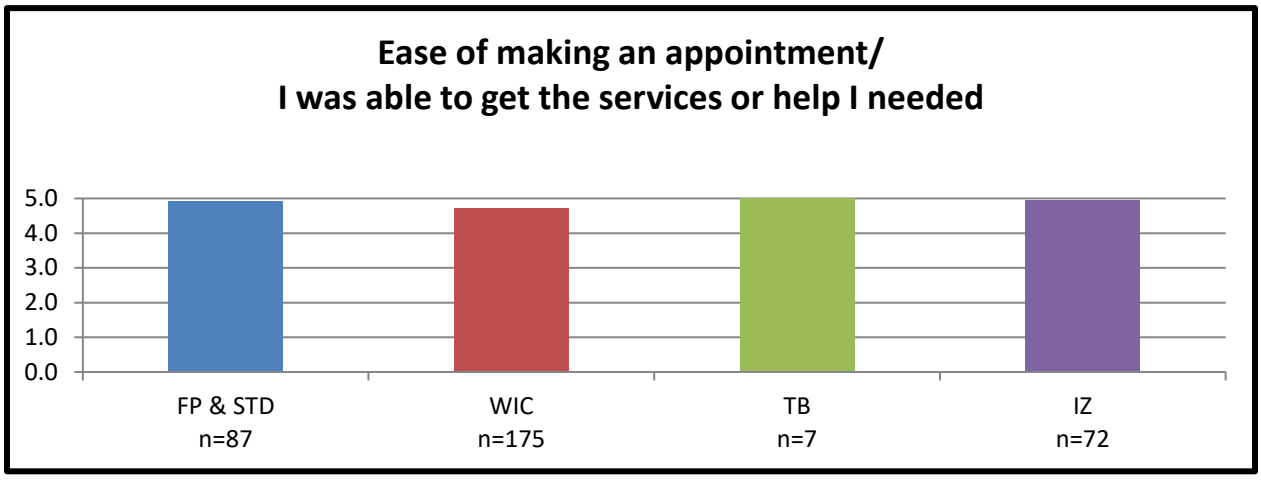
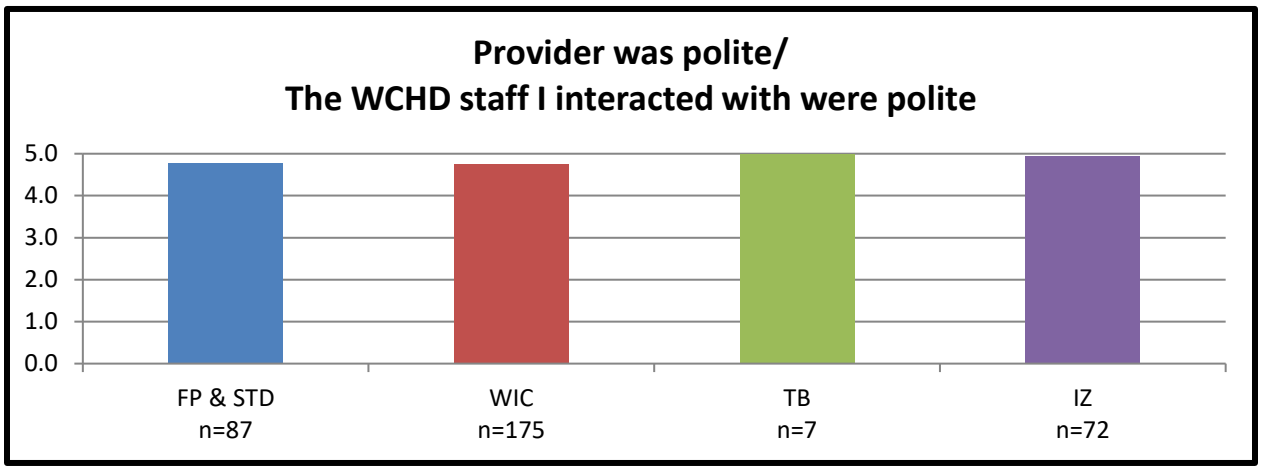
1. Divisional Update –

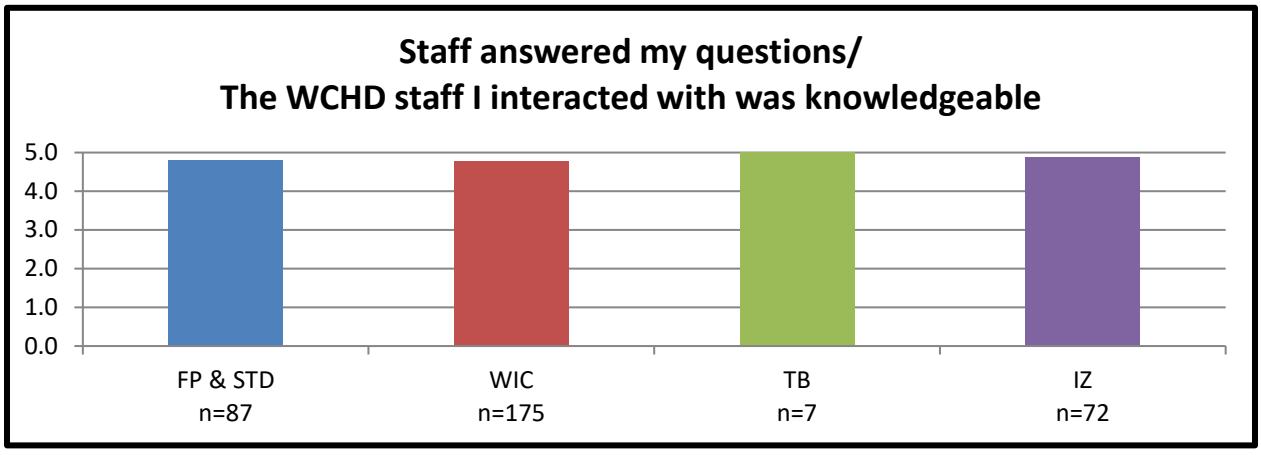
a. Client Satisfaction Survey Results 2020

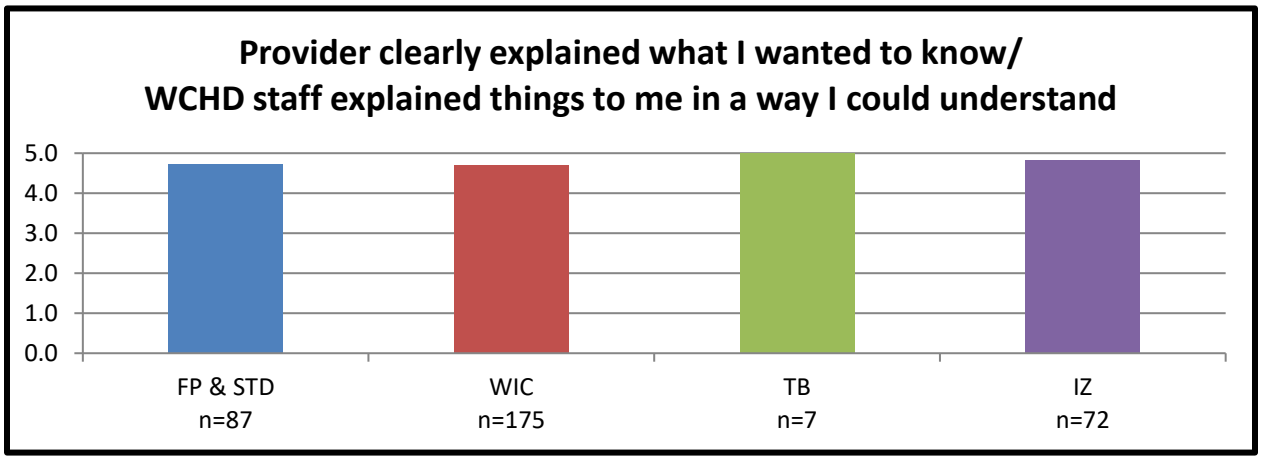
As has been the norm in our surveys over the past few years, client responses were overwhelmingly positive –

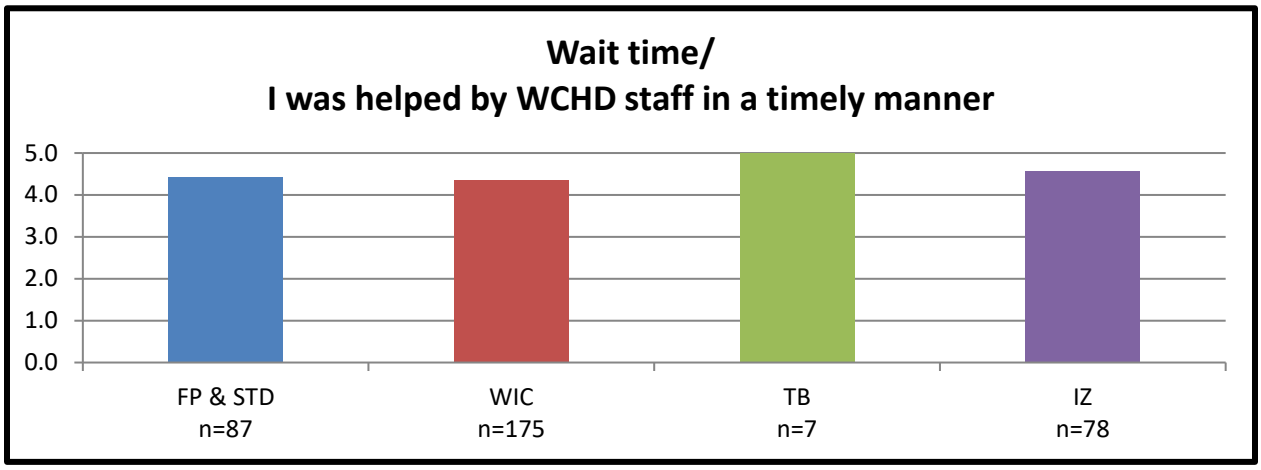
Public Health
Prevent. Promote. Protect.


Ease of making an appointment/
I was able to get the services or help I needed
5.0
4.0
3.0
2.0
1.0
0.0
FP & STD
n=87
WIC
n=175
TB
n=7
IZ
n=72


Provider was polite/
The WCHD staff I interacted with were polite
5.0
4.0
3.0
2.0
1.0
0.0
FP & STD
n=87
WIC
n=175
TB
n=7
IZ
n=72

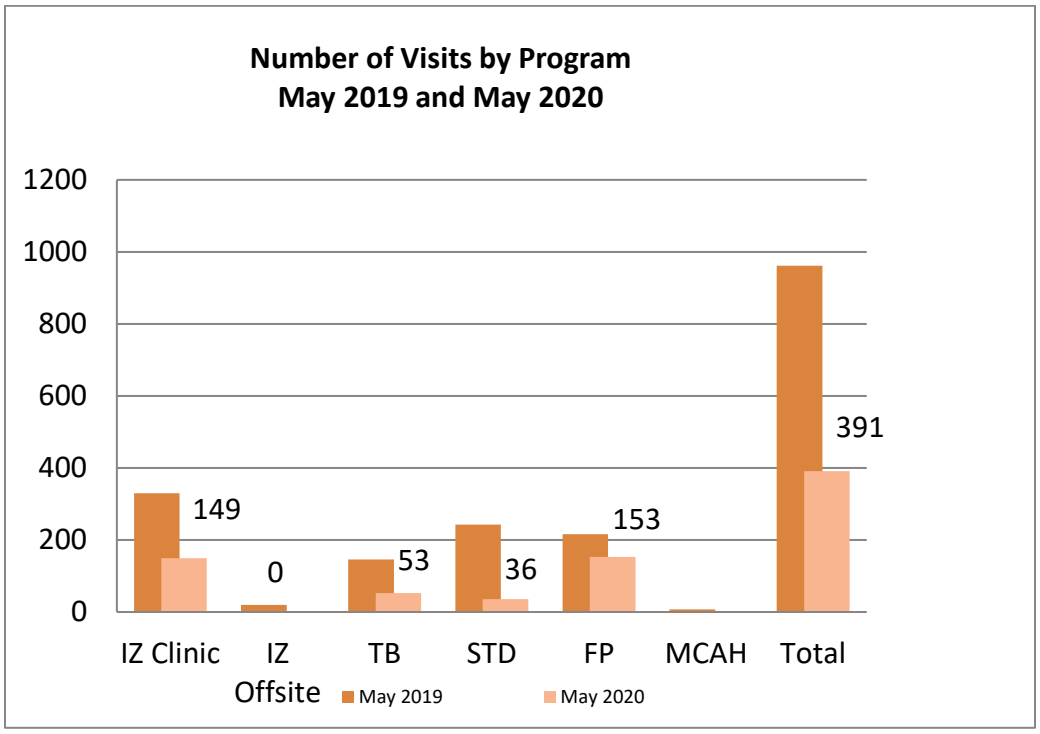

Staff answered my questions/
The WCHD staff I interacted with was knowledgeable
5.0
4.0
3.0
2.0
1.0
0.0
FP & STD
n=87
WIC
n=175
TB
n=7
IZ
n=72



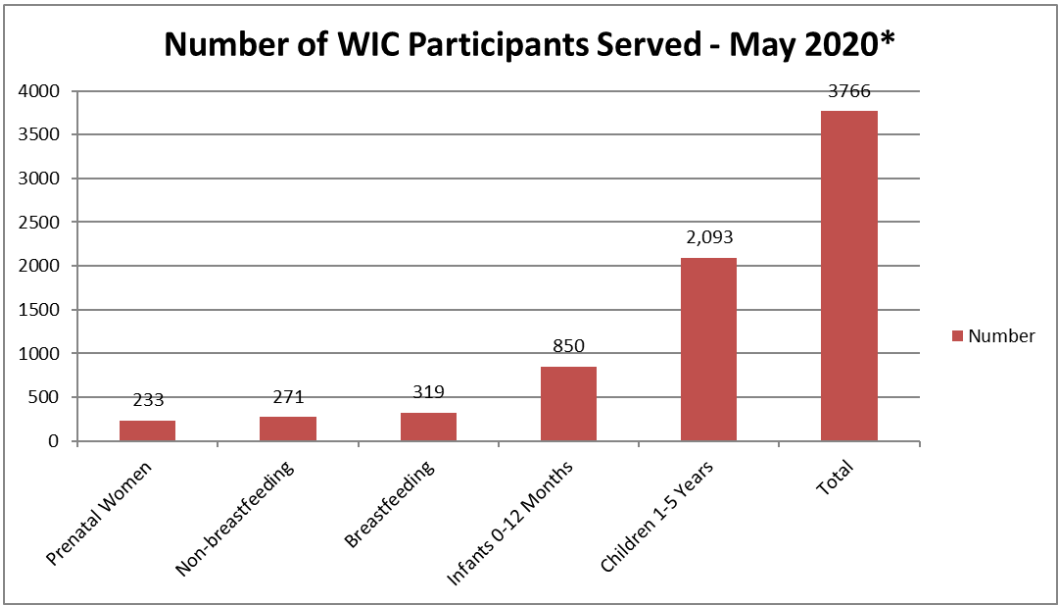


Opportunities for improvement, while minor, will be reviewed by CCHS programs. Areas for improvement included wait times for clients in the WIC, Immunization, and Family Planning/STD Programs. The continued positive survey responses and favorable client comments highlight the incredible services staff provided through the CCHS programs.

2. Data & Metrics



3,927 COVID-19 Point of Screening and Testing (POST) tests were conducted in May



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 Sexual Health program welcomes back Allison Schleicher, one of our DIS/Public Health Investigators, who had been working in Disease Investigation for COVID-19 full time since March. We look forward to more staff returning to normal duties as other arrangements are implemented for COVID response. In the meantime, staff continue to assist with POST and Mobile POST while also maintaining DIS and clinic activities.

   While staff did notice a decrease in STD reports for March and April, numbers increased to pre-COVID-19 levels in May. Since January 2020, Sexual Health has handled three congenital syphilis cases and prevented numerous cases via careful monitoring with timely and appropriate maternal treatment. The total number of congenital syphilis cases for 2019 was five.

   HIV cases have been reported consistently throughout the COVID-19 response. One HIV cluster has been identified with over 45 contacts named for investigation. Staff have been working on HIV Partner Services (contact tracing) throughout their shared time with COVID-19 response.

b. **Immunizations** – The Immunization clinic has continued to provide vaccinations during the COVID-19 response and has implemented safety procedures for clients coming in for appointments which include: curbside check-in, temperature and symptom check, mask and hand sanitizing requirements, staggering appointment times, limiting the number of people in waiting area, and disinfecting areas before and after client visits. The Immunization team is working with Immunize Nevada to ensure messaging regarding the importance of preparing for "back to school" requirements and catching up on missed vaccinations.

   Nursing staff continue to assist with COVID-19 testing at the POST and Mobile POST, providing clinical service in the clinic and following up on grant related activities. Suspension of statewide VFC Provider compliance visits will have an impact on meeting grant deliverables. Clerical staff have returned to their regular duties after being released from COVID-19 response. They are catching up with scanning offsite clinic paperwork and quality assurance checks as well engaging in employee training.

   Mhervin Dagdagan was hired as our new Public Health Nurse replacing Lynnie Shore who retired last month. Mhervin has worked as a per diem RN in the program since January of 2020 and has taken an integral role in working the POST for COVID-19 testing. He is currently working on his Clinical Nurse Leadership degree and he is passionate about immunization and Public Health. He started on June 8th and we are excited to have him on our team.

c. **Tuberculosis Prevention and Control Program -** The TB program is down one case manager whose time has been reassigned full time to COVID-19 disease investigation. Remaining staff are working with their first pulmonary case of the year; successfully working around language and

transportation issues with this client. Treatment and contact investigation for this client are going well. Staff continue to follow a client diagnosed with M. Kansasii who will meet with Dr. Krasner through UNR later this month. The client with questionable ocular TB is currently on a treatment hold pending further evaluation with their infectious disease MD, TB staff will be participating in the evaluation. Immigrant evaluations continue as well as Civil Surgeon referrals for treatment of Latent Tuberculosis Infection (LTBI). All open cases are currently managed by the remaining case manager while our clinic coordinator is working with Dr. Zell to complete training with medical residents in NP swab collection for COVID-19 testing as well as finalizing the Washoe County Annual Report.

d. **Reproductive and Sexual Health Services** – The Family Planning Sexual Health Clinic continues to serve clients with safety protocols for COVID-19 in place for clients and staff. This includes providing curbside pickup for qualifying prescriptions and curbside appointment check-in to limit the number of clients waiting in the lobby. Supervisors, APRNs, RNs and Community Health Aides are continuing to support the POST and Mobile POST COVID testing. Intermittent hourly APRNs are returning to working in the clinic as we return to our 'new normal'

   Christina Sheppard was hired as an APRN in the Family Planning and Sexual Health Program replacing Jackie Gonzalez who retired in May 2020. Christina previously worked in the Family Planning Program. We are excited to have her back. Emily Barnes and Shaun Hasty, Intermittent hourly APRNs are retiring in June 2020. Sarah Sudtell, intermittent hourly APRN is currently training in the Family Planning program and supporting COVID-19 POST operations. Elke Houser, new intermittent hourly APRN is scheduled to begin training in June.

e. **Chronic Disease Prevention Program (CDPP)** – Health educators in the CDPP are participating in the recently formed WCHD Health Educator group. The purpose of the group is to connect health educators across programs to problem solve and share information and resources.

   CDPP staff continues to partner with the Green Team and county volunteers on the County garden. Recently lettuce and onions were harvested, and tomatoes, peppers, squash, cilantro and watermelon were planted.

   CDPP staff have been participating with the planning group for the Vaping Summit which is scheduled for August. The focus of the summit is vaping related to nicotine and marijuana. Initial plans were for an in-person summit in Las Vegas, but current plans include a virtual format.

f. **Maternal, Child and Adolescent Health (MCAH) –** Fetal Infant Mortality Review (FIMR) team has continued to meet and review cases virtually. FIMR related community meetings have been attended by staff virtually. Cribs for Kids services continue to be provided on an as needed basis. Nurses continue to provide follow-up on children with high lead levels.

g. **Women, Infants and Children (WIC)** – WIC continues to serve clients remotely per use of national WIC waivers with alternative clinic hours. These waivers are set to expire on June 30 if no additional action is taken at the federal level. Clients that need specialty formulas, breast pumps, or other assistance can still call the office and staff will meet them at their cars.

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DBOH AGENDA PACKET #12C

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Environmental Health Services
Division Director Staff Report
Board Meeting Date: June 25, 2020

DATE: June 12, 2020

TO: District Board of Health

FROM: Charlene Albee, Director
775-328-2644; calbee@washoecounty.usALB

SUBJECT: Environmental Health Services (EHS) Division Program Updates:
Consumer Protection (Food, Food Safety, Commercial Plans, Permitted Facilities); Environmental Protection (Land Development, Drinking Water, Vector, WM/UST); and Inspections.

Program Updates

A. Consumer Protection

Food/Food Safety

- The Food Program resumed training for new staff and implemented new processes in order to comply with social distancing guidelines. Food inspection field training for new staff must include at least 25 joint field inspections with a trainer who has successfully completed all elements of the training program for conformance with Standard Two of the FDA Retail Program Standards.
- Staff returning from COVID-19 duties have resumed routine food inspections in their respective areas and focused on high risk facilities and grocery stores.
- Special Events/Temporary Food – A limited number of events are starting. Permits were issued for Farmer's Markets businesses that sell Time/Temperature Controlled for Safety Foods such as raw animal products and egg producers. No open food handling or sampling is permitted at this time. Bigger events are starting to receive approvals if they can maintain social distancing requirements and the Phase 2 capacity limitations.
- Epidemiology (EPI) – Staff are operating as disease investigators for COVID-19. EPI activities were slow for the month of May, likely due to the pandemic closures and mitigation efforts.

Epidemiology	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	2020 YTD
Foodborne Disease Complaints	20	20	11	4	7	62
Foodborne Disease Interviews	14	12	5	1	3	35
Foodborne Disease Investigations	0	1	0	0	0	1
CD Referrals Reviewed	12	9	13	1	0	35
Product Recalls Reviewed	3	1	7	5	4	20
Child Care/School Outbreaks Monitored	13	22	8	0	0	43

Commercial Plans

- The Commercial Plans group continues to feel the impact from the COVID-19 response. Limited resources have been assigned to the program, and several staff continue to complete plan reviews and construction inspections in a timely manner.

Community Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	2020 YTD	2019 TOTAL
Development Reviews	21	33	39	37	31	161	373
Commercial Plans Received	97	91	117	88	97	490	1,325
Commercial Plan Inspections	33	30	38	20	35	156	395
Water Projects Received	9	5	3	2	3	22	87
Lots/Units Approved for Construction	158	108	85	68	184	603	1,337

Permitted Facilities

- Child Care – Staff completed inspections for licensing for May. Heading into June inspections were on track with license and health permit expiration dates. Staff is working with the Human Services Agency to advise childcare operators on COVID-19 guidelines and control measures.
- Mobile Home/RV Park – Staff has resumed inspections. An affidavit was created and completed for backflow prevention information of Mobile Home and RV Park for permittees to complete. The affidavit will allow staff to document backflow prevention on premises without concern over entering private residences.
- Pools/Spas/Aquatic – Per Governor Sisolak's Phase 2 guidance, pools are allowed to be opened. The Health District is allowing Certified Pool Operators (CPO) to self-open pools. A CPO is required to submit a self-opening checklist to verify all requirements are met. Staff will follow up with routine pool inspections as soon as possible. The opening of spas is not included in the Phase 2 guidance. Staff is working to open the first ever ozone enhanced system to disinfect a pool in Washoe County. The process of review, revision and construction took nearly two years. These pools are expected to open in June.
- Schools – Staff is working with the Washoe County School District (WCSD) on plans to reopen the school facilities in mid-August for the start of the Fall Semester. The Recovery Task Force from WCSD is meeting twice weekly and staff is advising regarding Social Distancing, Screening, Outbreak Procedures, Facility Sanitizing and Application of Guidelines for various levels of school occupancies. Summer Session for the WCSD is planned for Distance Learning only heading into June.
- Training – All REHS Trainees are currently working COVID-19 response. Training will resume with new schedules for each trainee as they return to the normal EHS duties.

B. Environmental Protection

Land Development

- Land Development septic plan intake continues to be slow and is down approximately 33% to date this year. Well plans sharply increased 51%, with 49 plans to date this year versus 24 in 2019.
- With reduced staffing, plan review times are hovering around 2 weeks. As staff returns and training of new staff resumes, the goal is to reduce those timeframes.
- Electronic plan submittal has increased dramatically after its introduction in April. In May, approximately 63% of plans received from Building were in electronic form. The program has developed an interim electronic plan review SOP which seems to be working well. One concern is how well it will transfer to construction; this has yet to be seen.
- Based on the popularity of electronic plans, the team is looking at allowing electronic submittal for its other areas.

Land Development	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	2020 YTD	2019 TOTAL
Plans Received (Residential/Septic)	53	58	43	45	37	236	913
Residential Septic/Well Inspections	72	99	102	76	77	426	1,051
Well Permits	10	14	7	14	14	59	72

Safe Drinking Water (SDW)

- SDW activities resumed in May with the return of a staff member from working COVID-19. That staff was dedicated 75% to the program and is working to catch up on activities that were on hold. Nine sanitary surveys out of 35 for the year were conducted in May.
- SDW will remain a high priority at least through June to ensure work will be conducted and the contract can be billed. It is anticipated that SDW will be able to recover and accomplish the contracted tasks for the year.
- Training is targeted to resume once more staff resumes normal EHS duties.

Vector-Borne Diseases (VBD)

- An aerial larvicide was conducted on 5-5-20 with a total of 864 acres treated.
- Mosquito populations continue to remain below typical virus transmission levels.
- Public service interns have been conducting 3-4 adult mosquito surveys/trappings per week.
- Mosquito abatement resumed, including storm drain treatments.

Service Requests	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	2020 YTD
Tick Identifications	4	2	0	0	3	9
Rabies (Bat testing)	1	1	0	0	3	5
Mosquito Fish Requests	2	1	0	0	3	6

Waste Management (WM)/Underground Storage Tanks (UST)

- Program staff was requested to provide a presentation on the Waste Characterization Study the Health District had completed in July 2018 to the Chamber Leadership Group on Wednesday, June 10.
- Staff resumed UST inspections in June.
- The Washoe County 2019 Recycle report will be completed by the end of the week and submitted to NDEP. The 2019 recycling numbers are abnormal and not correct, but EHS only has what the recyclers submit to generate the report. NDEP will be rolling out an online registration for recyclers in 2021 for the 2020 report, in hopes of cleaning up some of these reporting anomalies and get a more accurate representation of what the actual recycle rate is for the Counties and State.

EHS 2020 Inspections

	JAN 2020	FEB 2020	MAR 2020	APR 2020	MAY 2020	2020 YTD	2019 TOTAL
Child Care	13	4	5	0	5	27	129
Complaints	76	67	69	60	69	341	817
Food	369	535	273	127	344	1,648	5,819
General*	39	71	57	15	50	232	2,051
Temporary Foods/Special Events	3	25	0	0	0	28	1,541
Temporary IBD Events	1	0	0	0	0	1	86
Waste Management	5	26	6	18	9	64	136
TOTAL	**506**	**728**	**410**	**220**	**477**	**2,341**	**10,579**
EHS Public Record Requests	204	274	399	154	225	1,256	3,508

* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

DD AE
DHO

Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: June 25, 2020

DATE: June 12, 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

SUBJECT: Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

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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 June 7, 2020 there were 1,747 cases of COVID-19 reported among Washoe County residents. This number changes daily and is updated on the Regional Information Center website at https://covid19washoe.com/.

The Communicable Disease Program, Public Health Preparedness (PHP) staff, and WCHD leadership have continued holding weekly meetings to plan and provide updates for the rapidly evolving 2019 novel coronavirus situation.

The Communicable Disease Program met June 10, 2020, to discuss the close out of influenza data for the end of year influenza report. As all other communicable disease surveillance ceased once COVID-19 cases began to be reported early March 2020, the weekly flu report has not been produced since.

The Seroprevalence Surveillance Study specimen collection occurred on June 9 and 10, 2020, with a total of 233 serum specimens collected. Data entry for the brief epidemiologic survey answered by the particpants will be finished by end of the week of June 8.

Public Health Preparedness (PHP)

Inter-Hospital Coordinating Council

The latest purchase of the Command Vehicle Kits have been distributed to local EMS, hospital and first responders. Reno-Sparks Tribal Health and Reno-Sparks Indian Colony, and Hungry Valley were recipients of some of the kits and most hospitals have received their requested numbers. A total of 125 kits have been distributed thus far. Future purchases and distributions will provide more kits to local law enforcement agencies, EMS first responders, and the UNR and Washoe County School District Police Departments.

On May 14, 2020, a Mobile Point of Screening and Testing (MPOST) site was set up at the downtown Reno Convention Center in coordination with the Volunteers of America to test the downtown homeless population. A total of 106 tests were completed in less than two hours.

On May 28, 2020, a MPOST was set up at a long-term residential care facility, with coordination among the National Guard and WCHD staff. A total of 239 staff and residents were tested in two hours.

COVID-19 testing kits were provided to all ten skilled nursing facilities to facilitate testing of staff and residents prior to the May 29, 2020 state deadline. Four other long-term care facilities were provided COVID-19 testing kits as requested.

As part of the federal government's response to COVID-19, HHS provided four Abbott ID NOW instruments and tests to Washoe County. In coordination with the Helath District, they were distributed to Community Health Alliance, Nothern Nevada Medical Center, Renown Regional Medical Center, and Saint Mary's Regional Medical Center to increase testing capacity.

In anticipation of the end of National Guard deployement, PHP successfully trained 13 Medical Reserve Corps (MRC) volunteers for deployment at the POST beginning June 15, 2020.

The PHP program has been actively working with Environmental Health Services (EHS) staff to transition of all POST operations over to the EPHP Division by June 15, 2020. The POST was transitioned to a new location at the Reno-Sparks Livestock Event Center to prepare for long-term sustainability. The POST will start operating from the new location on June 15, 2020.

In collaboration with the Communications Manager, Washoe County Emergency Management & Homeland Secruity Program, and PHP staff, the Washoe County Emergency Public Information and Education Plan Outline has been updated. It is expected to by finalized by June 30, 2020.

The Pandemic Influenza Plan is currently being updated and expected to be approved in July 2020.

Emergency Medical Service (EMS)

The EMS Protocols revisions have been completed and approved by the Protocols Committee, and are anticipated to go into effect July 1, 2020.

A new freestanding emergency department (FED) destination protocol is being developed. A workgroup met on June 5 and 11 to draft a protocol. It was reviewed by the Pre-Hospital Medical Advisory Committee and will be reviwed by ED Corsortium and the Protocols Committee before going effective in July 2020 prior to the area's first FED opening at the end of July.

Revisions are complete on the Multi-Casualty Incident Plan and its annexes, the Alpha Plan and the Family Service Center and will be effective August 1, 2020.

Due to low call volumes in the separately defined response Zone B, Zone C, and Zone D, REMSA compliant response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014 as combined Zone B, C, and D for all Priority 1 calls.

On June 3, 2020, REMSA notified the EMS Oversight Program of the upcoming construction project on US 395N Parr/Dandini Blvd occurring June 12 – June 15, 2020. The project may impact ambulance response. REMSA will continue to inform the PHP and EMS Program Manager of any logistics and operations modifications or challenges in preparation for and during the project.

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%
May 2020	92%	-	-	-	97%	-

Fiscal Year 2019-2020 (Quarter 3 & 4)

Vital Statistics

Vital Statistics has continued to serve the public through mail, online and in-person. Vital Statistics registered 430 deaths and 406 births.

Number of Process Death and Birth Records

May	In Person	Mail	Online	Total
Death	1341	118	401	1860
Birth	5	72	224	301
Total	**1346**	**190**	**625**	**2161**

WASHOE COUNTY HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: June 25, 2020

DATE: June 12, 2020

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us

SUBJECT: District Health Officer Report – COVID-19 Response, Impact of COVID-19 on Health District Operations, Community Health Improvement Plan, County Strategic Plan, and Health District Media Mentions

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COVID-19 Response

The Office of the District Health Office (ODHO) staff continues to assist with contact investigations and contact tracing in an effort to identify and investigate individuals with confirmed diagnoses of COVID-19 or possible exposure to individuals with confirmed diagnoses of COVID-19. As additional staff from the National Guard joined the COVID-19 investigation team, lead investigators were assigned trainees and provided in-depth training to new staff on conducting investigations, contact tracing, and data management. In addition, staff provided administrative support to schedule and survey individuals for the Convalescent Plasma study and antibody testing.

The Communications Program Manager assumed leadership of the Joint Information Center and provided extensive communications regarding COVID-19 and the Health District response and updating the COVID-19 cases counts and statistics on a daily basis.

The DHO and Health Branch Director provide regular briefings for members of the local jurisdictions and meet with the City and County Manager team for coordination and direction of the unified regional response.

Impact of COVID-19 on Health District Operations

ODHO staff led the effort with Division representatives to evaluate and compile the strategic plan and operational objectives impacted by the diversion of personnel and resources for the COVID-19 response for presentation to the Board.

Community Health Improvement Plan

Work is underway to review progress of Community Health Improvement Plan (CHIP) 2.0 action plans with subcommittees in an effort to distribute a CHIP update to community partners. Meetings with focus area committees will resume to solicit input and consider further items for addition due to the number of items completed under each focus area. A CHIP version 3.0 will be developed and presented to the Board to continue work next year on the priority areas since the Community Health Needs Assessment will not be updated this calendar year.

The Family Health Festival committee is partnering with community partners to assemble a back to school event to provide vaccines for students. Planning is underway to host a drive-thru clinic with a limited number of essential vendors, in an effort to socially distance while meeting the needs of the community.

County Strategic Plan

On June 11, 2020, I participated in a County Strategic Plan meeting on the economic impact objective led by OnStrategy. I emphasized the importance of the COVID-19 response, testing, contact tracing, and the continued social distancing and precautionary measures required to be able to continue to reopen the economy and for the region to recover economically.

Friday, May 1, 2020

Published to Media, Website and Community

Daily news release from Washoe County Health District includes two additional deaths and 48 more cases.

BCC Special Meeting news release.

Media Coverage

RGJ: Increase in positive cases Friday.

https://www.rgj.com/story/news/2020/05/01/coronavirus-nevada-update-reno-las-vegas-washoe-county/3062299001/

RGJ: What can and can't open

https://www.rgj.com/story/news/politics/2020/04/30/how-to-watch-nevada-gov-steve-sisolak-coronavirus-update-reopening/3058834001/

RGJ: Lake Tahoe crowds.

https://www.rgj.com/story/news/2020/05/01/coronavirus-lake-tahoe-trails-beaches-lack-social-distancing-face-masks/3053511001/

RGJ: Nevada's curve.

https://data.rgj.com/coronavirus-curve/

CV in nursing homes climb.

https://www.rgj.com/story/news/2020/05/01/nevada-coronavirus-covid-19-cases-nursing-homes-deaths/3061863001/

Ch.4: Washoe Sheriff says crime down during CV.

https://mynews4.com/news/local/washoe-sheriff-crime-down-across-all-major-categories-during-coronavirus-pandemic

Ch.4: RSCVA cuts.

https://mynews4.com/news/local/rscca-furloughs-half-of-staff-as-tourism-remains-halted

KUNR: Visitations to foster children debate.

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F1%2F2020+8%3A31%3A40+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A1386210

Media Requests

RIC held media briefing with elected officials and Health District Heather Kerwin and Kevin Dick.

Presser hosted by Chair Lucey and Reno Mayor Schieve.

Reno

RGJ-How will donations from local businesses work. Asked how reopening phases will work with businesses within county.

Ch.2-Salons not opening. Why?

KUNR-City or WC considering order or public information mask campaign.

This is Reno-When and where antibody testing available.

RIC

AP-Asked about County Commission supporting lawsuit regarding COVID drugs.

Nevada Independent- Road to Recovery Plan's impact on cities and counties and phases.

KUNR- Our counties and cities working with the state to decide when government offices fully functionally open. Contact tracing.

Ch.8- Governor Sisolak says county has more responsibility to make special decisions. Denise Wong wanted Chair Lucey's thoughts.

RGJ- Concerns of Dr. Todd's resignation. Satisfied with testing capacity.

Published to Social Media

HSA message to seniors during COVID for Older Americans Month published. **(News release coming Monday).**

COVID19Washoe @Covid19Washoe · 6m

The Regional Information Center is reporting two #COVID19-related deaths and 48 new cases.

That is the highest one-day jump in positive cases for Washoe County and the most active cases at any point.

More:
covid19washoe.com/press-release/...

Washoe County @washoecounty · 25m

Please joins us in wishing all of our seniors in Washoe County a happy and safe Older Americans Month! #OAM2020

The Daily Show @TheDailyShow · 25m

Celebrate Cinco de Mayo from home and raise a glass to first responders. Use #CincUp on your public post on 5/5 and Modelo will donate $1 to #FirstRespondersFirst. Visit @ModeloUSA for more information #ad

---

9 61 209

COVID19Washoe Retweeted

@NVHealthResponse @NVHealthRespon1 · 15h

Today's #NevadaHero is Nicole Lamboley, president/CEO of @FoodBankNN, working with WCSD to distribute meals for kids in @washoecounty. They partnered with many including Reno Sparks Conv Ctr to pack/distribute emergency food boxes and expand food distribution. Thank you Nicole!

Monday, May 4, 2020

Published to Community, Website and Media

Washoe County Health news release includes an additional 11 cases and another passes away.

Older Americans Month impacted by COVID news release and video thank you message to seniors.

Media Coverage

Nevada Independent-CPS cases during COVID. HSA Division Director interviewed.

https://thenevadaindependent.com/article/reports-of-childhood-abuse-and-neglect-drop-during-march-but-officials-and-advocates-worry-about-underreporting

Ch.2: Local officials discuss reopening after Governor's plan published.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F1%2F2020+4%3A06%3A17+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

KUNR: Spanish speaking town hall.

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F4%2F2020+8%3A45%3A48+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

KUNR: Our face coverings required?

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F2%2F2020+8%3A04%3A38+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

RGJ: Protestors march to Governor's Mansion Saturday.

https://www.rgj.com/picture-gallery/news/2020/05/02/photos-protesters-encroach-governors-mansion-carson-city/3073542001/

RGJ: Dr. Todd lashes out at Health Officer.

https://www.rgj.com/story/news/2020/05/03/washoe-epidemiologist-lashes-out-health-officer-ouster/3075475001/

RGJ: What we know Monday.

https://www.rgj.com/story/news/2020/05/04/coronavirus-nevada-update-monday-washoe-county-reno-las-vegas/3075394001/

Media Inquiries

RIC held 11:30am presser with Washoe Health Officer Kevin Dick

Ch.8-How many of WC deaths connected to nursing homes.

Ch.4-How to flatten curve if more testing leads to increased positive cases. Maximum capacity for testing. Concern about spike late last week due to Easter could have domino effect.

Ch.2-Strategy behind testing.

KUNR-How does contact tracing work.

This Is Reno- How many being tested daily.

Ch.4- What's maximum capacity for testing.

Ch.4-Joe Hart on Edison Housing status of us and cost.

Washoe County

- Ch. 4 Ask Joe, Edison Housing inquiry if anyone was occupying the units. Adam Mayberry responded.
-
- NV Independent, Tabitha Mueller, inquired on where to watch CHAB meeting. Communications sent reporter Agenda and directed her.
-
- Ch. 8 News Director, Stanton Tang, inquired of Washoe County employees who have been furloughed due to COVID. Communications worked with HR to provide a response that we have not laid off or furloughed any employees.
-
- NV Independent, Daniel Rothberg, inquired about Washoe County reopening plans. Kate Thomas conducted phone interview this afternoon.
-
- Sparks Tribune worked with Deanna Spikula on a question for an upcoming story.
-

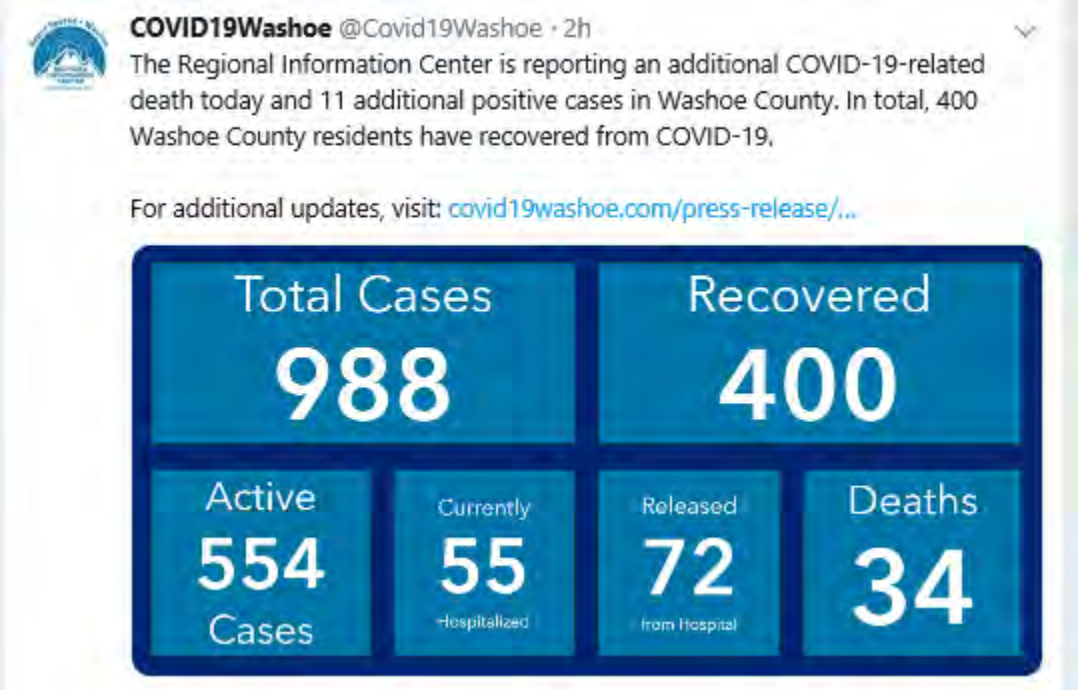
Ch. 4 reporter, Joe Hart, inquired about businesses working from their homes.

Sparks

Ch.8- Can you tell me how many employees have been furloughed or laid off by the City of Sparks and in what job categories? I told him that We have laid off 177 part time employees in our Parks and Recreation Department. These are temp employees such as lifeguards, before and after school program and Kid Konnection employees and sports officials.

- ommunications worked with CSD to provide a response.

Published to Social Media



Thanks KUNR Public Radio for sharing about the Spanish Town Hall. #ICYMI watch the complete SpanishTown Hall here: https://www.youtube.com/watch?v=hZHG7UNv0X0

KUNR Public Radio is in Reno, Nevada.
April 30 at 6:25 PM ·

Like Page

The City of Reno Government will offer a virtual board in Spanish on May 1th at 1 p.m. to answer questions about health, public safety, business and education. ...

See More

· See original · Rate this translation

Washoe County, Nevada
Published by Washoe Joe · 2 hrs ·

We thank Washoe County seniors for their invaluable contributions to our community throughout the years. Happy Older Americans Month! Please be well during this most difficult time. #OAM See the complete Human Services Agency's statement to our seniors here at https://bit.ly/2YtYn3D

WASHOECOUNTY.US
Honoring our seniors
Washoe County Human Services Agency celebrates seniors during Older...

Washoe County, Nevada
Published by Amy Loza Ventetuolo · 1 hr ·

Check out the new Nevada Secretary of State website dedicated to the upcoming mail-in #2020PrimaryElection, www.MailItInNevada.com

Nevada Secretary of State Like Page
May 1 at 3:00 PM ·

To protect the health and safety of all Nevadans, this year's primary election will be conducted through secure mail-in voting. Over the next couple of weeks, a...

See More

REGISTERTOVOTENV.GOV
Nevada Voter Registration

COVID19Washoe @Covid19Washoe · 15m

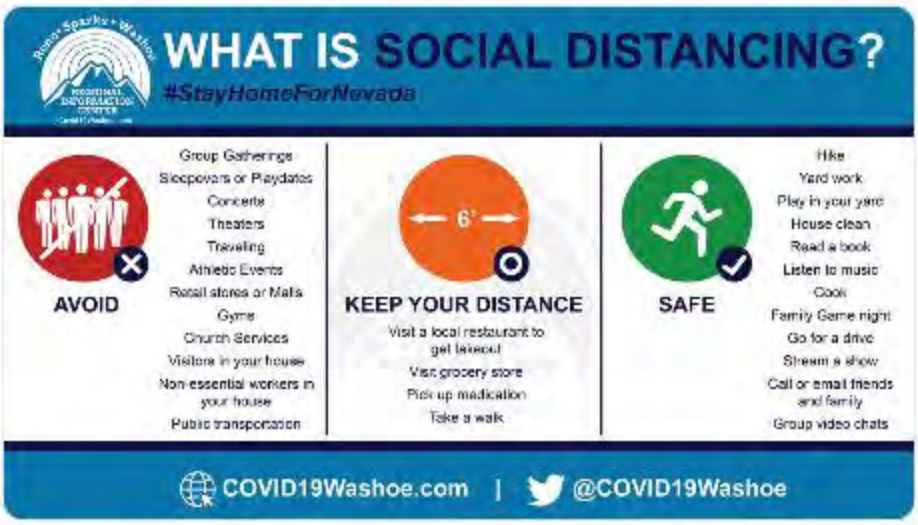
May is Wildfire Awareness Month. Regional Fire Departments encourage you to learn how to protect your home & community from wildfire. Help keep our first responders focused on local response efforts, including COVID-19, rather than wildfires. Read more: covid19washoe.com/press-release/...

COVID19Washoe @Covid19Washoe · 19h

The Regional Information Center is reporting 19 additional #COVID19 recoveries and 28 additional positive cases in Washoe County. More: covid19washoe.com/press-release/...

COVID19Washoe @Covid19Washoe · May 3

Reminder that social distancing guidelines remain in effect. @washoecounty @CityofReno @cityofsparks @WashoeHealth @WashoeSheriff



COVID19Washoe @Covid19Washoe · May 2

The Regional Information Center is reporting 28 additional COVID-19 cases in Washoe County and 20 additional recoveries. More: covid19washoe.com/press-release/...

Tuesday, May 5, 2020

Published to Website, Media and Community

Washoe County Health Tuesday news release.

Media Coverage

RGJ: Children's shelter sees first CV case.

https://www.rgj.com/story/news/2020/05/05/coronavirus-update-nevada-washoe-county-covid-deaths-reno-nursing-home/3082611001/

Ch.2: 36 deaths in Washoe County and now more than 1,000 cases.

https://www.ktvn.com/story/41917304/coronavirus-cases-across-nevada

Ch.2: Health District Officer on testing.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F4%2F2020+11%3A06%3A44+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A83490

NewtoReno.com: HSA honors seniors. Older Americans Month canceled.

https://www.newtoreno.com/older-americans-month-may-reno-nevada.htm

Ch.8: Washoe Health expanding drive-thru testing.

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F5%2F2020+6%3A04%3A37+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: Covid and homeless.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F4%2F2020+11%3A04%3A38+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

KOH: Chair Lucey on reopening.

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F5%2F2020+7%3A49%3A53+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: Cinco de Mayo concerns during Covid outbreak.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F4%2F2020+7%3A05%3A06+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.8: More elderly pass away.

https://mms.tveyes.com/Transcript.asp?StationID=3755&DateTime=5%2F4%2F2020+6%3A29%3A24+PM&LineNumber=&MediaStationID=3755&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Media Inquiries

RIC

Washoe

Ch. 2 & Ch. 4-about today's Drive-Thru Pet Food Assistance hosted by Washoe County Reg. Animal Services. Shyanne interviewed.

Reno

Ch.4- asking about when recreations centers might reopen.

Published to Social Media

COVID19Washoe @Covid19Washoe · 57m

The Regional Information Center is reporting an additional COVID-19-related death today in Washoe County. Total cases now over 1,000.

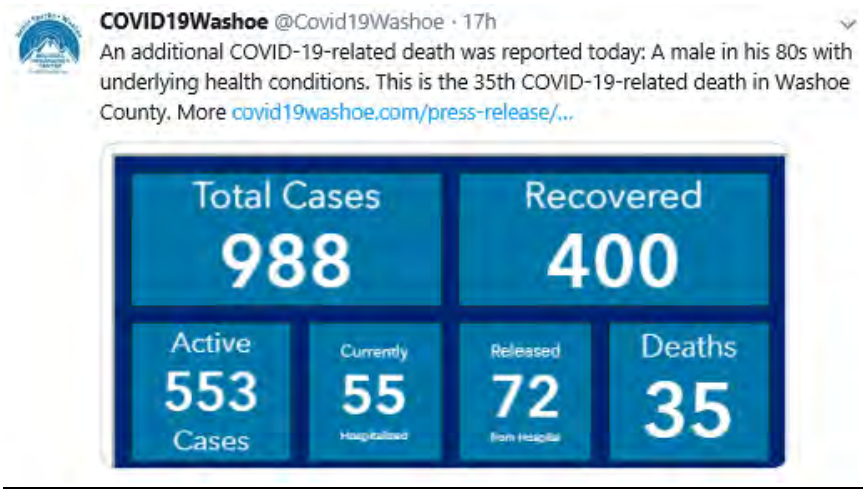
More updates at: covid19washoe.com/press-release/...

- Total COVID-19 cases in Washoe County: 1,014
- Deaths: 36
- Recoveries: 415
- Active cases: 563

COVID19Washoe @Covid19Washoe · 14m

Celebrate safely this Cinco de Mayo. Please continue to follow social distancing guidelines & limit large gatherings to prevent possible transmission of COVID-19.

#StayHomeForNevada



Wednesday, May 6, 2020

Published to Website, Media and Community

Washoe County Health District news release includes one more person passing away and 8 new cases.

Media Coverage

Ch.2: Updated Washoe County COVID statistics as of Wednesday afternoon.

https://www.ktvn.com/story/41917304/coronavirus-cases-across-nevada

RGJ: DA concerned a bout domestic violence and child abuse during CV. https://www.rgj.com/story/news/2020/05/06/rise-domestic-abuse-during-covid-19-lockdown-worries-washoe-da/5179527002/

RGJ: WC short of reaching benchmarks to reopen.

https://www.rgj.com/story/news/2020/05/05/report-washoe-county-still-short-hitting-reopening-benchmarks/5170649002/

KOH: HSA honors seniors during CV.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F6%2F2020+7%3A07%3A23+AM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A1386210

KUNR: Contractor with HSA has CV.

https://mms.tveyes.com/Transcript.asp?StationID=17750&DateTime=5%2F6%2F2020+7%3A04%3A45+AM&LineNumber=&MediaStationID=17750&playclip=True&RefPage=&pbc=WatchlistTerm%3A1386210

KOH: WC hospitalization numbers.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F5%2F2020+11%3A05%3A14+PM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

KOH: Chair Lucey discusses budget issues.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F6%2F2020+6%3A33%3A59+AM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Media Inquiries

RIC

Ch.4-Joe Hart on Status of Edison Housing and if it is an option for Lakeside Employees

Ch.8- UNR on Hospital Bed Data

News 4/Fox 11-Tony Phan with TM Fire PIO on COVID response during wildfire season

Hosted press briefing with Health Officer Kevin Dick.

RGJ- What metrics used to reopen? Are models changing? How preventing spread between employees at businesses.

Ch.2- Are we past the worst? When expanding to those who are asymptomatic.

Nevada Independent- How many new cases caused by people not social distancing?

This is Reno.com-Why aren't more people being tested? Has Washoe County provided report to NACO?

Sparks

Ch.2-is going live from Golden Eagle Regional Park tonight at 6:30 with and interview with the Sparks Centennial Little League club.

Reno

We did announce this today through the EPA:
https://www.reno.gov/Home/Components/News/News/19440/576

There was a call with media, and they had a TON of follow-up questions.

Washoe County

Ch. 2 producer: Is camping during the pandemic allowed? Specifically at Davis Creek? Communications is working with Parks on the request.

Health

Ch.4-Karsen Buschjost interviewed Scott Oxarart about COVID-19 test for law enforcement.

Published to Social Media

COVID19Washoe @Covid19Washoe · 2h

It's National Nurses Day! Thank you to all of the nurses serving our community! We appreciate all that you do! @NNMCHealth @RenownHealth @SaintMarysReno @VARenoNevada

#NationalNursesDay

COVID19Washoe @Covid19Washoe · 3h

COVID-19 testing at the Washoe County drive-thru site expands to allow for more testing. More: covid19washoe.com/press-release/...

If you have symptoms of #COVID19, including cough, shortness of breath & others, submit a risk assessment online (covid19washoe.com/covid-19-asses...) or call 775-328-2427.

Thursday, May 7, 2020

Published to Website, Media and Community

Washoe County Health and Regional Information Center news release.

BCC Highlights news release.

Media Inquiries

RIC

Washoe

Our Town Reno-Interviewing Amber Howell Friday about how serving homeless in region to include post-COVID.

Health

Media Coverage

RGJ: Beginning of reopening Saturday.

RGJ: Businesses that can open.

Ch.2: 8 more cases and additional death.

Ch.2: Commissioners withdraw support of ban of two possible COVID drugs.

RGJ: State set to possibly reopen earlier than expected.

RGJ: Casinos will look different when reopen.

Ch.2: Health Officer urges social distancing and safe practices when out.

RGJ: Washoe Sheriff employee returns to work after COVID.

KOH: Social distance learning at school district.

KOH: HSA recognizes Older Americans Month.

Published to Social Media

COVID19Washoe @Covid19Washoe · 3h

Nominate a Nevada Hero of the Day!

Nevada Heroes are among us. They're the people going above and beyond to help their friends and neighbors.

Send your #NevadaHero of the Day nomination to NevadaHero@gmail.com

You, City of Reno, City of Sparks, NV and 4 others

COVID19Washoe Retweeted

Governor Sisolak @GovSisolak · 3h

This afternoon, I will hold a press conference to announce plans and a date for Nevada's Phase 1 reopening. Please tune in at leg.state.nv.us at 3 p.m.

241 281 791

Promoted Tweet

HannahPekarek @HannahPekarek · Feb 25

Over 30,000 people in the US have tried GenoPalate. DNA-based nutrition has been a game changer for so many people! I'm so happy to have found something that actually works.

Friday, May 8, 2020

Published to Website, Media and Community

Washoe Health District Friday update news release.

Washoe County phase one guidelines to open.

ReIgnite Reno news release.

Media Inquiries

RGJ: Reno, Sparks and Washoe discuss phase one.

RGJ: One more death and 35 new cases.

RGJ: Reno Mayor says will follow phase one reopening plan.

Ch.2: Nurses demand more protection

Ch.2: Portion of East Shore Trail Sand Harbor closed.

Ch.8: Reno Rodeo canceled.

Ch.4: Nevada Gaming Regulators approve new rules.

Media Coverage

RIC (Held presser with local leaders to discuss phase one reopening).

RGJ-Haven't hit all benchmarks, so why reopening? What's guidelines for businesses?

KUNR-What more can be done to control the outbreaks within nursing homes? How going to enforce regulations?

This is Reno- How will gauge success of phase one rollout? Where are we on PPE distribution?

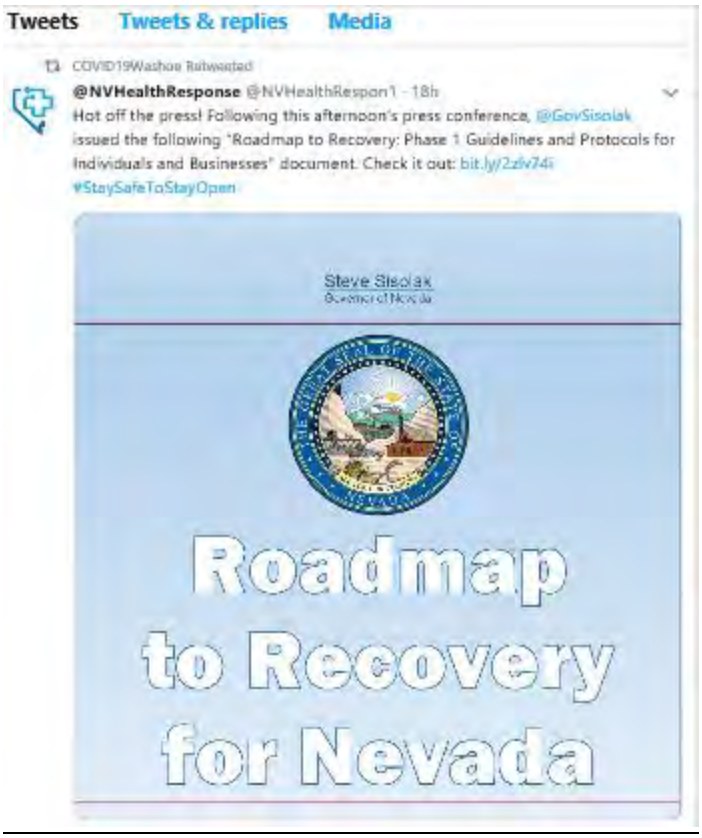
Ch.4- Who will be enforcing these new regulations?

AP-Hearing from businesses that phase one won't be worth opening?

Washoe County

Our Town Reno-Interviewed HSA Director Amber Howell about COVID and helping homeless.

Published to Social Media


Tweets
Tweets & replies
Media
COVID19Washoe Retweeted
@NVHealthResponse @NVHealthRespon1 · 18h
Hot off the press! Following this afternoon's press conference, @GovSisolak issued the following "Roadmap to Recovery: Phase 1 Guidelines and Protocols for Individuals and Businesses" document. Check it out: bit.ly/2zlv74i
#StaySafeToStayOpen
Steve Sisolak
Governor of Nevada
Roadmap
to Recovery
for Nevada

COVID19Washoe @Covid19Washoe · 29m

The Regional Information Center is reporting an additional COVID-19-related death today in Washoe County. There were 35 new positive COVID-19 cases & 10 recoveries.

More : covid19washoe.com/press-release/...

- Total cases: 1,065
- Deaths: 39
- Recoveries: 466
- Active cases: 560

COVID19Washoe @Covid19Washoe · 2h

Mother's Day is Sunday, May 10. We encourage you to find creative & unique ways to thank mothers on this special day. Please celebrate safely and limit large gatherings to prevent possible transmission of COVID-19.

COVID19Washoe Retweeted

Washoe County @washoecounty · 4h

Washoe County, @CityofReno & @cityofsparks Unveil Reopening Plan for our region, details and plan here: bit.ly/3fzxCk6

Reno • Sparks • Washoe

REGIONAL INFORMATION CENTER

Covid19Washoe.com

Monday, May 11, 2020

Published to Website, Community and Media

Washoe County Health District news release includes five new cases and 32 recoveries.

Media Inquiries

RIC

Ch.2: Interviewed Adam on the importance of social distancing to avoid crowds and to prevent a second phase of COVID-19.

Reno

NV Indy- Reached out to see if we could provide any information related to how Washoe County/City of Reno went about enforcement of the first weekend of business re-openings.

Media Coverage

Ch.8: Latest COVID Washoe County numbers Monday afternoon.

RGJ: Sisolak declares state of fiscal emergency.

RGJ: Artown cancels all events at Wingfield and Hawkins.

RGJ: Safety message from local leaders.

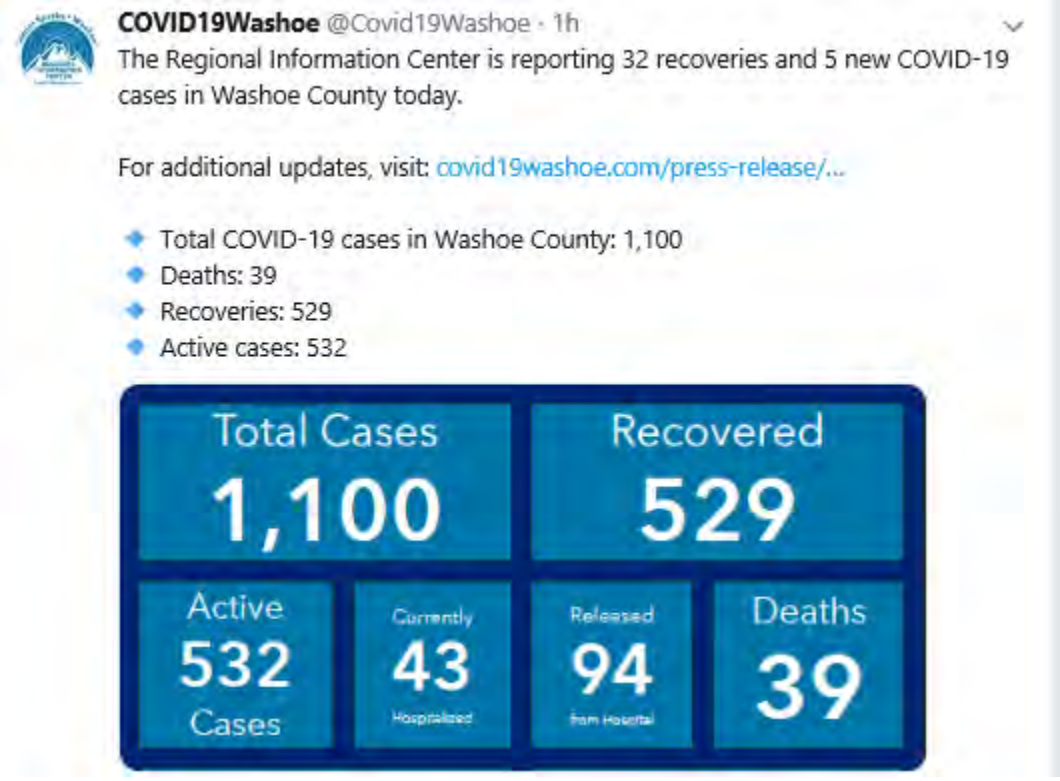
KUNR: Local leaders urge social distancing.

Ch.2: Tour WCHD testing site.

Ch.2: WCSD third phase distance learning.

RGJ: Tahoe and COVID.

Published to Social Media



Thursday, May 14, 2020

Published to Website, Media and Community

Daily RIC and Health update news release includes

Media Inquiries

RIC

Washoe County

Reno

Media Coverage

Ch.2: Washoe County prepares for antibody testing.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F13%2F2020+6%3A32%3A43+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: Health District stresses importance of face coverings.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F13%2F2020+5%3A00%3A13+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

RGJ: List of events cancelled in area.

https://www.rgj.com/story/news/2020/05/12/canceled-postponed-events-around-northern-nevada-coronavirus-covid-19/3114832001/

RGJ: Jobless claims continue to soar.

https://www.rgj.com/story/money/2020/05/14/coronavirus-3-million-workers-file-jobless-claims-layoffs-continue/5188141002/

Published to Social Media

Friday, May 15, 2020

Published to Community, Website and Media

https://covid19washoe.com/all-press-releases/

Media Inquiries

RIC Held Presser this morning.

KOLO 8- Bridget Chavez and travel restrictions for TMFR firefighters under COVID-19 Crisis

Reno

Channel 2, wanting more details on our ReIgnite Reno rental assistance program.

Media Coverage

Ch.2: Latest Coronavirus statistics.

https://www.ktvn.com/story/41917304/coronavirus-cases-across-nevada

RGJ: Governor updates Nevadans.

https://www.rgj.com/story/news/2020/05/15/nevada-coronavirus-cases-deaths-washoe-county-covid-19-las-vegas/5196292002/

RGJ: Nevada to use rainy day fund.

https://www.rgj.com/story/news/2020/05/14/nevada-pulls-401-million-rainy-day-fund-plug-gaping-budget-hole/5195696002/

Ch.2: Random testing coming in June.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F14%2F2020+7%3A06%3A49+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.8: Regional shooting facility to reopen.

https://mms.tveyes.com/Transcript.asp?StationID=3755&DateTime=5%2F14%2F2020+6%3A41%3A07+PM&LineNumber=&MediaStationID=3755&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: Testing of hundred homeless at shelter.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F14%2F2020+6%3A29%3A35+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

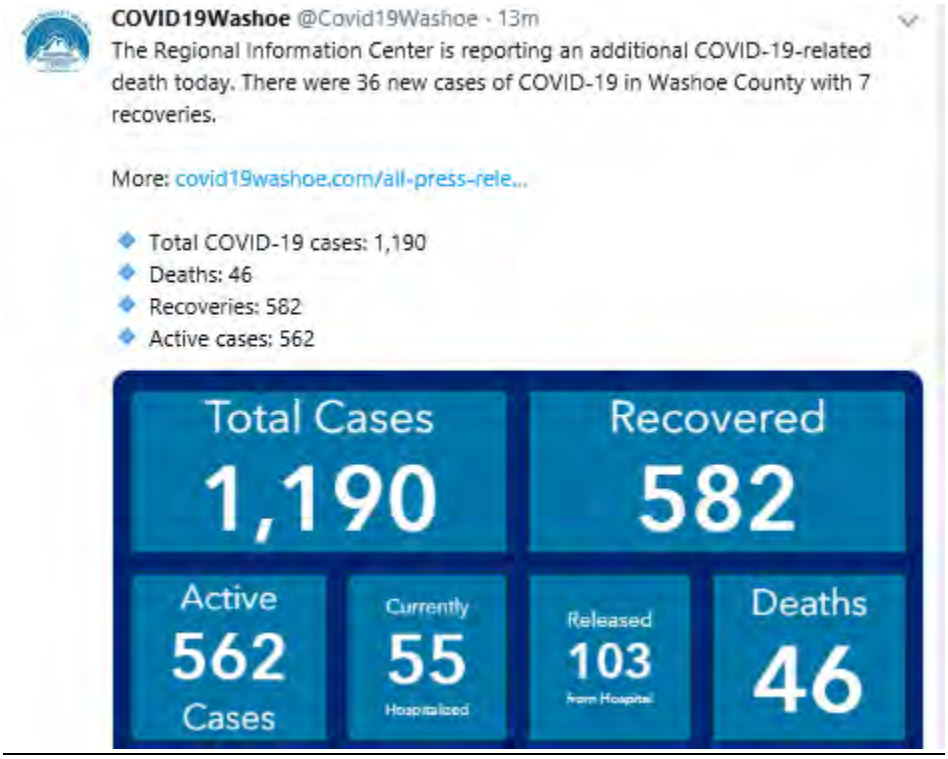
Ch.4: Dr. Todd interview.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F14%2F2020+4%3A13%3A19+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

KOH: WC spending to weather COVID storm.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F14%2F2020+5%3A04%3A28+PM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

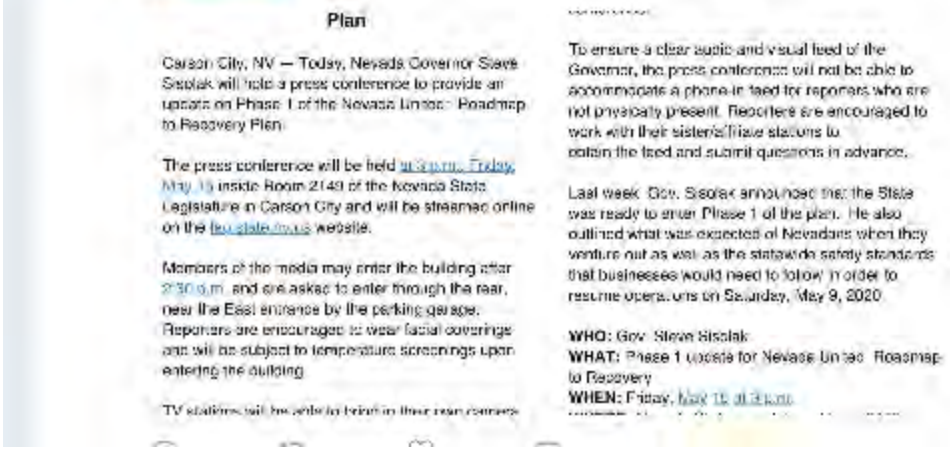
Published to Social Media



COVID19Washoe Retweeted

Governor Sisolak @GovSisolak · 4h

This afternoon, I will hold a press conference to provide updates as to our Phase 1 reopening in Nevada. Please tune in at 3 pm. You can watch online at leg.state.nv.us



Plan

Carson City, NV — Today, Nevada Governor Steve Sisolak will hold a press conference to provide an update on Phase 1 of the Nevada Unified Roadmap to Recovery Plan.

The press conference will be held at 3 p.m. Friday, May 15 inside Room 2149 of the Nevada State Legislature in Carson City and will be streamed online on the leg.state.nv.us website.

Members of the media may enter the building after 2:30 p.m. and are asked to enter through the rear, near the East entrance by the parking garage. Reporters are encouraged to wear facial coverings and will be subject to temperature screenings upon entering the building.

TV stations will be able to feed in their own camera

To ensure a clear audio and visual feed of the Governor, the press conference will not be able to accommodate a phone-in feed for reporters who are not physically present. Reporters are encouraged to work with their sister/affiliate stations to obtain the feed and submit questions in advance.

Last week, Gov. Sisolak announced that the State was ready to enter Phase 1 of the plan. He also outlined what was expected of Nevadans when they venture out as well as the statewide safety standards that businesses would need to follow in order to resume operations on Saturday, May 9, 2020.

WHO: Gov. Steve Sisolak
WHAT: Phase 1 update for Nevada Unified Roadmap to Recovery
WHEN: Friday, May 15 at 3 p.m.

COVID19Washoe Retweeted

Governor Sisolak @GovSisolak · 7h

Today is the last day for Nevadans to enroll in the @NVHealthLink Exceptional Circumstance Special Enrollment.

Nevada Health Link @NVHealthLink

Friday, May 15, is the last day to enroll in Exceptional Circumstance Special Enrollment. For assistance applying for health coverage, call 1-800-547-2927 today! We're here to help you. #MyHealthNV

Monday, May 18, 2020

Published to Media, Community and Website

Regional Information Center and Health District news release includes additional person passes and 10 new cases.

Media Inquiries

Health

Ch.4-Miles Buergin asked about what we're doing to help those in long term care facilities. Did an interview about PPE and COVID-19 testing.

Washoe County

Ch.8- Asked for HSA interview about funding to feed seniors, which is based off last week's news release. Abby was interviewed. Story scheduled for tomorrow mornings.

Media Coverage

Ch.8: 10 new cases and additional death in WC.

https://www.kolotv.com/content/news/Washoe-County-COVID-19-Updates-569446171.html

RGJ: Washoe reports biggest single day jump in cases Sunday.

https://www.rgj.com/story/news/2020/05/17/coronavirus-washoe-county-health-covid-19-cases-nursing-home-outbreak/5210072002/

RGJ: Casino workers to be tested.

https://www.rgj.com/story/news/2020/05/18/covid-19-testing-required-workers-station-casinos-unveils-new-protocols/5215696002/

Published to Social Media

COVID19Washoe @Covid19Washoe · 15m

The Regional Information Center is reporting an additional COVID-19-related death today. There were 15 recoveries from COVID-19 & 10 new cases in Washoe County.

More: covid19washoe.com/press-release/...

- Total COVID-19 cases: 1,266
- Deaths: 48
- Recoveries: 672
- Active cases: 546

COVID19Washoe Retweeted

COVID19Washoe @Covid19Washoe · 2h

Looking for the latest COVID-19 information? Here are 3 websites to help you and your loved ones stay updated on COVID-19 news nationally, state-wide, and locally.

- cdc.gov
- nvhealthresponse.nv.gov
- covid19washoe.com

#StayHomeForNevada

Tuesday, May 19, 2020

Published to Media, Community and Website

BCC Highlights news release includes Older Americans Month proclamation.

Regional Information Center and Health District news release.

Media Coverage

RGJ: Latest CV numbers.

https://www.rgj.com/story/news/2020/05/19/coronavirus-cases-deaths-nevada-covid-19-update-reno-carson-city/5218333002/

RGJ: Nevada COVID cases surpasses 7,000.

https://www.rgj.com/story/news/2020/05/19/coronavirus-cases-deaths-nevada-covid-19-update-reno-carson-city/5218333002/

KOH: Governor names new state director for COVID response.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F19%2F2020+6%3A50%3A14+AM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Published to Social Media

Wednesday, May 20, 2020

Published to Media, Website and Community

Washoe Health news release includes ten more cases.

Media Inquiries

Washoe Health hosted media briefing Aaron Kenneston and Kevin Dick.

RGJ-Who is tracking testing from Lab Corp? Testing plan at long-term care facilities.

ThisisReno- Impacts from Cinco de Mayo showing up still in positive tests. How do we determine which holiday people were infected?

KUNR-How is Washoe Health conducting contact tracing?

AP- How effective would masks be at polling places? Do people pay to be tested?

Ch.2-Are we on track for phase two at end of month?

Reno

Ch.4- On parks programs affected by COVID

Media Coverage

RGJ: Ten more cases Wednesday in county.

https://www.rgj.com/story/news/2020/05/20/nevada-coronavirus-updates-reno-las-vegas-cases-deaths-testing/5226191002/

RGJ: Positive rate of tests continues to decline.

https://www.rgj.com/story/news/2020/05/20/nevada-coronavirus-updates-reno-las-vegas-cases-deaths-testing/5226191002/

KOH: Chair Lucey says NV Splash Park, Lazy Five Water Park, and Bowers Mansion Pool to remain closed for summer.

https://mms.tveyes.com/Transcript.asp?StationID=3755&DateTime=5%2F20%2F2020+6%3A04%3A21+AM&LineNumber=&MediaStationID=3755&playclip=True&RefPage=&pbc=WatchlistTerm%3A982937

Ch.2: WC parks plan.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F20%2F2020+7%3A26%3A55+AM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.11: WC submits budget amid COVID.

https://mms.tveyes.com/Transcript.asp?StationID=3770&DateTime=5%2F20%2F2020+7%3A02%3A51+AM&LineNumber=&MediaStationID=3770&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.4: Nevada to received fed funds to expand testing.

https://mynews4.com/news/coronavirus/nevada-gets-89-million-to-expand-covid-19-testing

Ch.8: Trump threatens to withhold funds to Nevada.

https://www.kolotv.com/content/news/President-Trump-threatens-to-withhold-funds-from-Nevada-570623701.html

Published to Social Media

COVID19Washoe @Covid19Washoe · 34m

Our @washoecounty, @CityofReno and @cityofsparks leaders are sharing why they are choosing to wear face coverings during #COVID19. Share your pics and tell us your why! #ShareYourWhy

COVID19Washoe @Covid19Washoe · 2h

The Regional Information Center is reporting 11 additional recoveries & 10 new cases of COVID-19 in Washoe County. Total number of recoveries reaches 700.

More: covid19washoe.com/press-release/...

- Total cases in Washoe County: 1,305
- Deaths: 48
- Recoveries: 700
- Active cases: 557

Thursday, May 21, 2020

Published to Community, Web, and Media

Reignite Reno news release.

RIC and Washoe Health news release includes highest single day of recoveries.

Media Inquiries

Channel 8 - follow up on the ReIgnite Reno business operations release

Channel 2 - asking if it's OK for residents to pitch tents and "camp" in their front yards

Media Coverage

Ch.8: Record day recoveries.

https://www.kolotv.com/content/news/Washoe-County-COVID-19-Updates-569446171.html

RGJ: Peppermill to test. Nevada cases up by 84 Thurs morning.

https://www.rgj.com/story/news/2020/05/21/coronavirus-update-nevada-reno-las-vegas-cases-deaths-washoe-county/5233898002/

RGJ: Casinos could open soon.

https://www.rgj.com/story/news/2020/05/21/nugget-peppermill-hyatt-regency-tahoe-announce-plans-reopen/5237372002/

RGJ: No Covid cuts in city budget.

https://www.rgj.com/story/news/2020/05/20/reno-council-passes-status-quo-budget-no-covid-19-related-cuts/5231358002/

Ch.8: HSA Senior Services seeing increase of more than 400 seniors needing meals.

https://www.kolotv.com/content/news/Washoe-County-receives-grants-for-Meals-on-Wheels-program-570661711.html?fbclid=IwAR06iqWQyCB6YJ6aYdrHC1PUzSIn5_DhwvPBv7NOCQZae5kjroQO4RBuD9c

Ch.4: Health Officer says could see uptick of cases due to recent holidays.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F20%2F2020+6%3A00%3A08+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.4: Voting by mail still the plan.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F20%2F2020+5%3A02%3A52+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: Washoe judges using Zoom during CV.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F21%2F2020+8%3A26%3A16+AM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

RGJ: Reno easing restriction on businesses.

https://www.rgj.com/story/news/2020/05/21/coronavirus-update-nevada-reno-las-vegas-cases-deaths-washoe-county/5233898002/

Published to Social Media

Washoe County, Nevada
Published by Washoe Joe [?] · 18 mins ·

Thank you, KOLO 8 News Now, for the story about ways the Human Services Agency continues to serve our seniors during this difficult time. #Whenyouneedus

Gurajpal Sangha
46 mins ·

Like Page

As the demand for services grow during this pandemic, the Washoe County Meals on Wheels program is not different.

KOLOTV.COM

Washoe County receives grants for Meals on Wheels program

Friday, May 22, 2020

Published to Website, Community and Media

Health District news release includes 40 new cases today.

Media Inquiries

- **RGJ** reporter, Anjeanette Damon, inquired if there were any occupants in the Atco housing. Communications working on a response.
- **Ch. 8** reporter Ed Pearce conducted interview with Deanna Spikula about Voter Fraud. Story to air tonight.
- **Ch. 8** reporter Gurajpal Sangha conducted interview with Deanna Spikula about early voting.

Media Coverage

RGJ: 40 new cases in Washoe Friday.

https://www.rgj.com/story/news/2020/05/22/nevada-coronavirus-cases-update-reopening-reno-las-vegas-covid-19/5241594002/

RGJ: More than 7,000 cases in Nevada but positivity rate falling.

https://www.rgj.com/story/news/2020/05/22/nevada-coronavirus-cases-update-reopening-reno-las-vegas-covid-19/5241594002/

RGJ: Willow Springs fined.

https://www.rgj.com/story/news/2020/05/21/covid-19-reno-willow-springs-childrens-hospital-fined-outbreak-riots-coronavirus/5240400002/

RGJ: List is casinos and when they hope to open.

https://www.rgj.com/story/news/2020/05/21/coronavirus-nevada-las-vegas-casinos-reopening-reno/5238440002/

Ch.2: WCSD implements recovery task force.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F21%2F2020+11%3A03%3A55+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

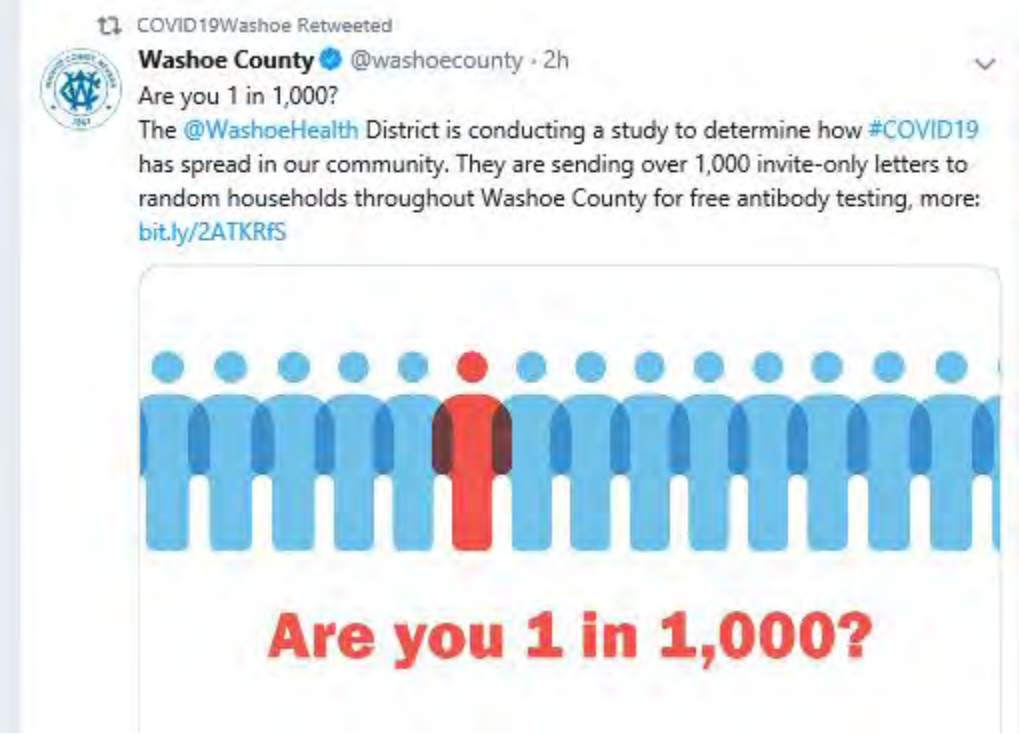
Ch.2: Antibody testing to begin.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F21%2F2020+6%3A29%3A30+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.4 Ask Joe: Regulations for home businesses.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F21%2F2020+6%3A09%3A21+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Published to Social Media



COVID19Washoe @Covid19Washoe · 1h

The Regional Information Center is reporting 40 new cases of COVID-19 in Washoe County with 17 recoveries.

For additional updates, visit: covid19washoe.com/press-release/...

- Total COVID-19 cases in Washoe County: 1,356
- Deaths: 48
- Recoveries: 764
- Active cases: 544

COVID19Washoe Retweeted

@NVHealthResponse @NVHealthRespon1 · May 21

#MemorialDay weekend is coming up! We all want to keep Nevada's great outdoors enjoyable for all, while also protecting public health. Follow these guidelines when exploring recreation destinations: bit.ly/2XgXB7L #RecreateResponsibly

Tuesday, May 26, 2020

Published to Media and Community

Washoe Health District Tuesday news release includes 54 new cases, 18 from homeless pop.

BCC Highlights news release includes COVID update.

Media Inquiries

Reno

Channels 4 and 8 want to know more about plans for Reno Parks and Rec reopenings

Channel 2 asked for follow up on homeless persons that tested positive. They will ask WCHD on tomorrow's RIC media call

Health

Reno Al Dia interviewed Scott about how those with COVID-19 are lifted from self-isolation and deemed "recovered."

Media Coverage

RGJ: 54 cases reported Tuesday.

https://www.rgj.com/story/news/2020/05/26/nevada-coronavirus-cases-deaths-covid-recovery-plan-reno-carson-city/5257267002/

RGJ: Sisolak to roll out phase two.

https://www.rgj.com/story/news/2020/05/26/nevada-coronavirus-cases-deaths-covid-recovery-plan-reno-carson-city/5257267002/

KOH: Antibody testing underway in WC.

https://mms.tveyes.com/Transcript.asp?StationID=7015&DateTime=5%2F25%2F2020+7%3A04%3A58+AM&LineNumber=&MediaStationID=7015&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.2: COVID cases surpass 50 over holiday weekend.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F24%2F2020+11%3A24%3A09+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

RGJ: Family Court using Zoom.

https://www.rgj.com/story/news/2020/05/26/coronavirus-nevada-family-court-hearings-held-remotely-zoom/5240651002/

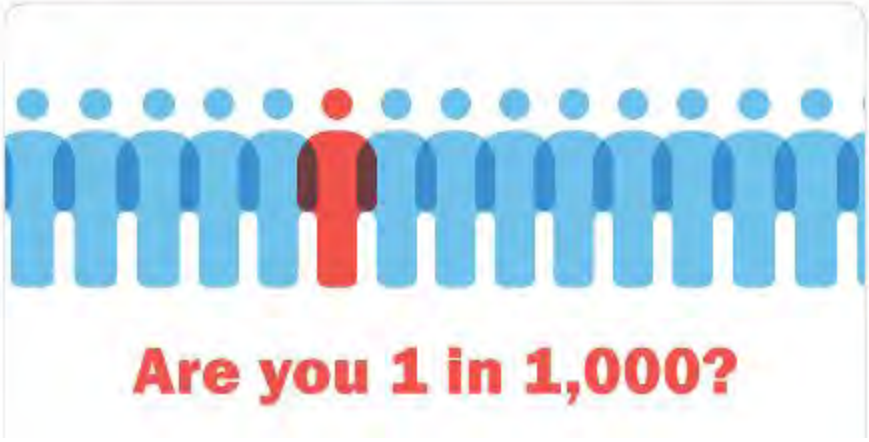
RGJ: Nevada nursing facilities receive federal funds.

https://www.rgj.com/story/news/2020/05/24/coronavirus-update-what-we-know-sunday-reno-carson-city-nevada/5251920002/

Published to Social Media

COVID19Washoe @Covid19Washoe · 17h

Were you selected? Last week @Washoehealth mailed info to over 1,000 random houses to participate in a #COVID19 antibody study. The deadline to sign up is soon. See the letter for more info. The study is only for those who were randomly selected.



COVID19Washoe Retweeted

COVID19Washoe @Covid19Washoe · 21h

The Regional Information Center is reporting two additional COVID-19-related deaths in Washoe County:
- A female in her 90s with underlying health conditions
- A female in her 80s with underlying health conditions

More: covid19washoe.com/press-release/...

Wednesday, May 27, 2020

Published to Community, Website and Media

Washoe Health Wednesday news release includes 26 new cases, 12 recoveries. WC public pools to open.

Phase 2 regional message news release.

Media Inquiries

Registrar's Office hosted press briefing to answer the following questions:

- Expect results to be faster because mail in ballots?
- Election security. How to maintain validity of election.

Washoe Health questions:

- Why aren't positive COVID cases decreasing?
- Message for community while move into phase two.
- Antibody testing and results process.
- Homeless pop positive cases from Reno Events Center.
- Process for quarantine after positive test and follow-up plans.
- How reliable antibody testing?
- Any plans to make masks mandatory?

Sparks

Channel 4- Asking if we are opening up pools in the city of Sparks. I told him we are excited to open up our pools, we just aren't sure when yet as we are awaiting direction from the governor with additional information.

Response: Julie told Karsen from Channel for that we were excited to open our pools but did not have an exact date as we are working on hiring back lifeguards and additional part time staff.

Reno

Channel 4 - Asking about Parks and Rec openings and reopenings. This was covered in today's Council Highlights release.

Health

KOLO-Terri Russell interviewed the Health District's Lisa Lottritz about immunizations during the COVID-19 pandemic.

KRNV-Karsen Bushjost inquired about pool openings.

Media Coverage

RGJ: Washoe hits highest number of active COVID cases.

https://www.rgj.com/story/news/2020/05/27/coronavirus-nevada-sisolak-phase-2-reopening-washoe-county-cases-deaths/5264175002/

RGJ: Phase 2 begins Friday.

https://www.rgj.com/story/news/2020/05/26/sisolak-nevadas-phase-2-reopening-begin-friday-bars-gyms-more/5264546002/

Ch.4: Washoe libraries to offer grab n go.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F26%2F2020+11%3A28%3A08+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.4: BCC highlights news release list includes Our Place.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F26%2F2020+11%3A07%3A24+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.4: Covid testing available for all beginning in June.

https://mms.tveyes.com/Transcript.asp?StationID=3765&DateTime=5%2F26%2F2020+11%3A04%3A19+PM&LineNumber=&MediaStationID=3765&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Ch.8: WCSD approves budget and contingency plan for COVID cuts.

https://mms.tveyes.com/Transcript.asp?StationID=3755&DateTime=5%2F27%2F2020+4%3A35%3A37+AM&LineNumber=&MediaStationID=3755&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Friday, May 29, 2020

Published to Media, Community and Website

Washoe Health news release includes four deaths and 17 new cases.

Media Inquiries

Reno

Ch.2: Asking about status of public pools.

Media Coverage

RGJ: Four more pass away from COVID.

https://www.rgj.com/story/news/2020/05/29/coronavirus-update-nevada-washoe-county-covid-cases-las-vegas-casinos/5280264002/

RGJ: Washoe County provides guidelines for phase 2.

https://www.rgj.com/story/news/2020/05/29/what-washoes-reopening-look-like-according-county-guidelines/5282964002/

RGJ: Naturalization ceremonies delayed.

https://www.rgj.com/story/news/2020/05/29/nevada-coronavirus-impact-naturalization-ceremonies-delayed/5263994002/

RGJ: How summer events will adapt.

https://www.rgj.com/story/news/2020/05/29/coronavirus-update-nevada-washoe-county-covid-cases-las-vegas-casinos/5280264002/

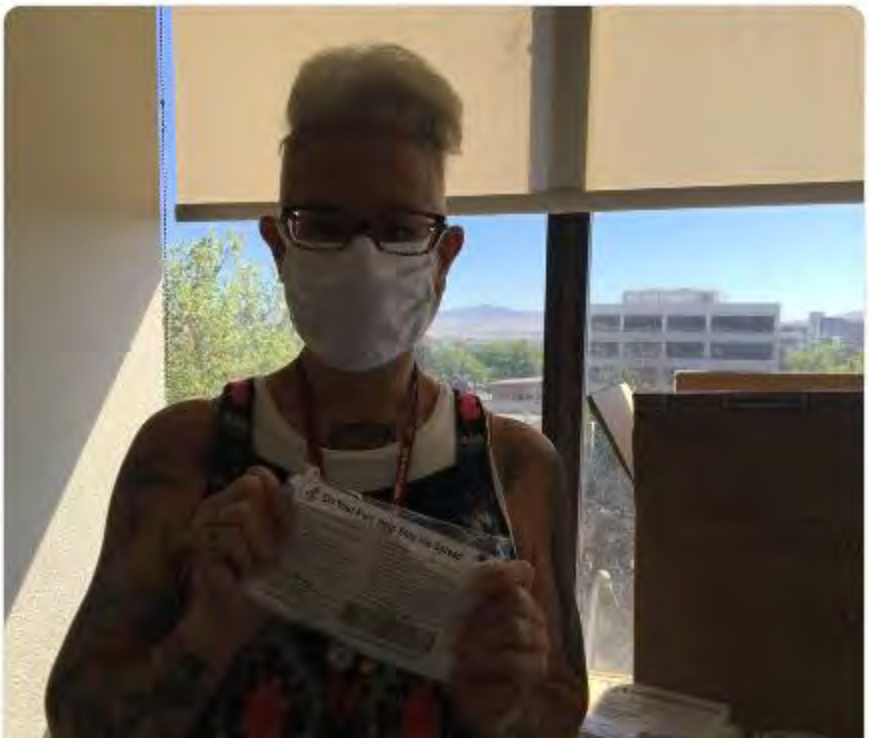
Ch.2: Phase two openings.

https://mms.tveyes.com/Transcript.asp?StationID=3760&DateTime=5%2F28%2F2020+11%3A02%3A51+PM&LineNumber=&MediaStationID=3760&playclip=True&RefPage=&pbc=WatchlistTerm%3A834902

Published to Social Media

Washoe County @washoecounty · 46s

Health Plan of Nevada donated 5,000 reusable facemasks to the Washoe County Human Services Agency, which serves our most vulnerable children, adults and seniors. Thank you!



COVID19Washoe @Covid19Washoe · 6h

Phase 2 Guidelines for Washoe County released. Read more at:
covid19washoe.com/press-release/...

Get quick reference guides by industry and the full set of guidelines at:
covid19washoe.com/businesses/

#StaySafeToStayOpen

> **Washoe County** @washoecounty
> Guidelines for Phase 2 Reopening Released, details here:
> covid19washoe.com/all-press-rele... @Covid19Washoe

COVID19Washoe Retweeted

COVID19Washoe @Covid19Washoe · 4h

Want to get tested for COVID-19? Community-wide testing event begins June 1. Having COVID-19 symptoms is not required to get tested; however, registration is required.

To register, complete the COVID-19 Assessment form at:
aca.accela.com/WASHOE-COVID19...