

**WASHOE COUNTY  
DISTRICT BOARD OF HEALTH**

Matt Smith, Chairman  
Amy J Khan, MD, MPH, Vice Chairman  
George Furman, MD  
Councilman Dan Gustin  
Denis Humphreys, OD  
Commissioner Kitty Jung  
Councilwoman Julia Ratti

**ANNOTATED AGENDA**

Meeting of the  
DISTRICT BOARD OF HEALTH

Building B  
South Auditorium  
1001 East Ninth Street  
Reno, Nevada

**April 28, 2011**

1:00 PM

**NOTICE**

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ [WWW.WASHOECOUNTY.US/HEALTH](http://WWW.WASHOECOUNTY.US/HEALTH). PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as "(action)".

**Business Impact Statement** – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the April 28, 2011 Meeting (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the March 3, 2011 Budget Meeting and the Minutes of the March 24, 2011 Meeting (action)	APPROVED APPROVED

6. Recognitions and Proclamations

YEARS-OF-SERVICE  
MARGIE VARELA --- 15 YEARS  
FRANK CAUBLE -- 20 YEARS

RETIREMENT  
TRACIE DOUGLAS -- 31 YEARS

IREFILL WEB PAGE  
TRACIE DOUGLAS

NATIONAL FAMILY PLANNING &  
REPRODUCTIVE HEALTH  
ASSOCIATION CONFERENCE --  
WASHINGTON DC  
STACY HARDIE

ARTICLE PUBLISHED IN 'STORMWATER --  
JOURNAL FOR QUALITY PROFESSIONALS  
HOW ONE COUNTY HEALTH DISTRICT DEALS  
WITH MOSQUITOES IN THE URBAN  
INFRASTRUCTURE -- PREVENTION  
THROUGH DESIGN  
JIM SHAFFER & SCOTT MONSEN

7. Possible Interviews of Recommended Candidate(s) for the Position of Washoe County District Health Officer

- A. Orientation to the Interview Process to be Conducted
- B. Discussion of and Possible Offer of Employment and Appointment of the Washoe County District Health Officer (action)
- C. Discussion of Possible Employment Contract with Possible Start Date and Salary Negotiations for the Washoe County District Health Officer with Possible Direction to Staff and Human Resources (action)
- D. Possible Setting of Salary for the Washoe County District Health Officer (action)

PRESENTED

INTERVIEW & OFFER OF EMPLOYMENT  
TO DR JOSEPH ISER

DIRECTION PROVIDED TO HUMAN  
RESOURCES REGARDING THE  
EMPLOYMENT AGREEMENT

CONTINUED TO THE MAY MEETING

8. Consent Agenda

Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

A. Air Quality Management Cases

- 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
  - a. Evergreen Carpet Care -- Case No. 1062, NOV No. 4611 (action)
- 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
  - a. No Cases This Month

UPHELD, \$2500 FINE LEVIED

B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board

- 1. No Cases This Month

C. Budget Amendments / Interlocal Agreements

- 1. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$98,819 in Support of the Immunization Program, IO 10028 for the Period of January 1, 2011 through December 31, 2011 (action)
- 2. Ratification of the Interlocal Contract Between the State of Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the Total Amount of \$180,000 (\$90,000 Per Fiscal Year) in Support of the Safe Drinking Water Act (SDWA) Grant Program for the Period Upon Board of Examiners Approval through June 30, 2013 (action)

APPROVED

APPROVED

3. Approval of the Notice of Subgrant Award from the Nevada State Health Division to Provide Funding in the Total Amount of \$113,000 for the Tobacco Education and Prevention Program Grant, IO 10010 for the Period of March 29, 2011 Through March 28, 2012 (action)	APPROVED
D. Recommendation for Approval of the Request from Ticor Title for Exemption for Purchasers of Habitat for Humanity Homes from the Air Quality Management Division of Notice of Exemption Fee (action)	APPROVED
E. Recommendation for Acceptance of the 2010/2011 Oxygenated Fuels Program Report (action)	ACCEPTED
9. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month	
10. Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for March 2011 (action) B. Update of REMSA's Community Activities Since March 2011	ACCEPTED PRESENTED
11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2011 (action)	ACCEPTED
12. Update – Fiscal Year 12 Budget with Possible Direction to Staff (action)	ACCEPTED
13. Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff (action)	ACCEPTED
14. Update – Ending Fund Balance Policy	UPDATE PRESENTED
15. Staff Reports and Program Updates A. <b>Director, Epidemiology and Public Health Preparedness</b> – Communicable Disease; Public Health Preparedness (PHP) Activities B. <b>Director, Community and Clinical Health Services</b> – “Food for Thought” Menu Labeling; April is STD Awareness Month C. <b>Director, Environmental Health Services</b> – Vector-Borne Diseases Program; Swimming Pools and Spas D. <b>Director, Air Quality Management</b> - Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity E. <b>Administrative Health Services Officer</b> – Washoe County District Health Emergency Medical Services Program F. <b>District Health Officer</b> – Interim Health Officer's Plan Report on Progress to Date	PRESENTED
16. Board Comment – Limited to Announcements or Issues for Future Agendas	NO COMMENTS PRESENTED
17. Adjournment (action)	ADJOURNED

**NOTE:** Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.  
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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. Smith
	3.	Public Comment (3 minute time limit per person)	Mr. Smith
	4.	Approval/Deletions to the Agenda for the April 28, 2011 Meeting (action)	Mr. Smith
	5.	Approval/Additions/Deletions to the Minutes of the March 3, 2011 Budget Meeting and the Minutes of the March 24, 2011 Meeting (action)	Mr. Smith

6. Recognitions and Proclamations Mr. Smith
- A. Years-of-Service
    - 1. Margie Varela – AHS – 15 Years
    - 2. Frank Cauble – AHS – 20 Years
  - B. Retirement
    - 1. Tracie Douglas – 31 Years
  - C. Presentation of the iRefill Web Page – Tracie Douglas
  - D. National Family Planning and Reproductive Health Association Conference in Washington DC – *Nevada Family Planning Champions*
    - 1. Stacy Hardie
  - E. Article Published in “*Stormwater ~ Journal for Quality Professionals*” – *How One County Health District Deals with Mosquitoes in the Urban Infrastructure – Prevention Through Design*
    - 1. Jim Shaffer and Scott Monsen
  - F. Presentation of Two Abstracts to the Council of State and Territorial Epidemiologists – Addressing the Integration of Information Technology into Epidemiology for Local Antibigram Dissemination in the Local Medical Community; Providing an Overview of Local Antibiotic Resistance Trends in Washoe County
    - 1. Written and Submitted by Dr. Lei Chen and Mr. Steve Fisher
7. Possible Interviews of Recommended Candidate(s) for the Position of Washoe County District Health Officer Mr. Smith
- A. Orientation to the Interview Process to be Conducted Ms. Fox
  - B. Discussion of and Possible Offer of Employment and Appointment of the Washoe County District Health Officer **(action)** Ms. Hart
  - C. Discussion of Possible Employment Contract with Possible Start Date and Salary Negotiations for the Washoe County District Health Officer with Possible Direction to Staff and Human Resources **(action)**
  - D. Possible Setting of Salary for the Washoe County District Health Officer **(action)**
8. Consent Agenda Mr. Smith
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
    - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
      - a. Evergreen Carpet Care – Case No. 1062, NOV No. 4611 **(action)**
    - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
      - a. No Cases This Month
  - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
    - 1. No Cases This Month
  - C. Budget Amendments / Interlocal Agreements
    - 1. Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$98,819 in Support of the Immunization Program, IO 10028 for the Period of January 1, 2011 through December 31, 2011 **(action)**
    - 2. Ratification of the Interlocal Contract Between the State of Nevada Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the Total Amount of \$180,000 (\$90,000 Per Fiscal Year) in Support of the Safe Drinking Water Act (SDWA) Grant Program for the Period Upon Board of Examiners Approval through June 30, 2013 **(action)**

3. Approval of the Notice of Subgrant Award from the Nevada State Health Division to Provide Funding in the Total Amount of \$113,000 for the Tobacco Education and Prevention Program Grant, IO 10010 for the Period of March 29, 2011 Through March 28, 2012 (action)
- D. Recommendation for Approval of the Request from Ticor Title for Exemption for Purchasers of Habitat for Humanity Homes from the Air Quality Management Division of Notice of Exemption Fee (action) Ms. Cooke  
Mr. Dick
- E. Recommendation for Acceptance of the 2010/2011 Oxygenated Fuels Program Report (action) Mr. Dick
9. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health Mr. Bonderson
  - A. No Cases This Month
10. Regional Emergency Medical Services Authority Mr. Smith
  - A. Review and Acceptance of the Operations and Financial Report for March 2011 (action)
  - B. Update of REMSA's Community Activities Since March 2011
11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2011 (action) Ms. Coulombe
12. Update – Fiscal Year 12 Budget with Possible Direction to Staff (action) Ms. Brown  
Ms. Coulombe
13. Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff (action) Ms. Brown
14. Update – Ending Fund Balance Policy Ms. Brown
15. Staff Reports and Program Updates
  - A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities Dr. Todd
  - B. **Director, Community and Clinical Health Services** – “Food for Thought” Menu Labeling; April is STD Awareness Month Mr. Kutz
  - C. **Director, Environmental Health Services** – Vector-Borne Diseases Program; Swimming Pools and Spas Mr. Sack
  - D. **Director, Air Quality Management** - Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity Mr. Dick
  - E. **Administrative Health Services Officer** – Washoe County District Health Emergency Medical Services Program Ms. Coulombe
  - F. **District Health Officer** – Interim Health Officer's Plan Report on Progress to Date Ms. Brown
16. Board Comment – Limited to Announcements or Issues for Future Agendas Mr. Smith
17. Adjournment (action) Mr. Smith

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
 Board Room - Health Department Building  
 Wells Avenue at Ninth Street

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING  
April 28, 2011

PRESENT: Mr. Matt Smith, Chairman; George Furman; MD; Councilman Dan Gustin;  
Commissioner Kitty Jung; and Councilwoman Julia Ratti

ABSENT: Amy Khan, MD, Vice Chairman; and Denis Humphreys, OD

STAFF: Mary-Ann Brown, Interim District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Kevin Dick, Director, Air Quality Management; Stacy Hardie, Acting Division Director, Community and Clinical Health Services; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, EMS Coordinator; Tracie Douglas, Public Information Officer; Candy Hunter, Public Health Nurse Supervisor; Dave McNinch, Environmental Health Specialist Supervisor; Noel Bonderson, Air Quality Specialist Supervisor; Scott Monsen, Vector-Borne Diseases Program Manager; Tony Macaluso, Environmental Health Specialist Supervisor; Luke Franklin, Environmental Health Specialist; Jeanne Rucker, Environmental Health Specialist Supervisor; Scott Baldwin, Environmental Health Specialist; Mark Wickman, Environmental Health Specialist; Brenda Wickman, Environmental Health Specialist; Peggy Quinlan, Environmental Health Specialist; Janet Piette, WIC Nutritionist; Soni Monga, WIC Nutritionist; Nick Florey, Environmental Health Specialist; Laurie Griffey, Administrative Assistant; Bryan Tyre, PE, Registered Engineer; Mike Lupan, Environmental Health Specialist; Mike Ezell, Senior Environmental Health Specialist; Byron Collins, Environmental Health Specialist; Lee Salgado, Environmental Health Specialist; Kathleen Hanley, Senior Environmental Health Specialist; Peg Caldwell, RN; Jim English, Senior Environmental Health Specialist; Krista Hunt, Environmental Health Specialist; Steve Fisher, Department Computer Application Specialist; Curtis Splan, Department Computer Application Specialist; Jennifer Hadayia, Public Health Program Manager; Steve Kutz, RN, Public Health Nursing Supervisor; Rick Sanchez, Environmental Health Specialist; Frank Cauble, Community Health Aide; Tina Burton, Plans/Permit Application Aide; Jeff Whitesides, Manager, Public Health Preparedness Program; Margot Jordan, Public Health Nurse II; Jim Shaffer, Vector-Borne Diseases Specialist; Melissa Peek, Epidemiologist; Denise Stokich, Epidemiologist; AmberEnglish, Environmental Health Specialist; Bev Bayan, WIC Program Manager; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:05pm, Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance led by Commissioner Kitty Jung, member of the District Board of Health.

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ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Dr. Khan and Dr. Humphreys are excused.

PUBLIC COMMENT

Ms. Carla Fells, Executive Director, Washoe County Employees Association (WCEA)

Advised she is present "representing approximately 100 of the employees who work for the Health District; that she has received numerous calls 'across the strata' of Health District employees who are concerned regarding the selection of the new District Health Officer. She is not advocating for or speaking against any particular candidate." As the Board is "very aware, these are very austere financial times with the employees worried about pending layoffs, financial reductions within the programs provided to the citizens of Washoe County, etc." Regardless of whom the Board selects as the new District Health Officer, the "Board of Health has a responsibility to the public, which these employees serve, to ensure public health programs remain intact for the neediest of the community; that the employees want to make sure they are heard and there are no agendas. A number of the employees who contacted her have been with the Health District through successive Health Officers; that regardless of who is chosen the employees want to be able to participate in the process of which programs are reduced, and if layoffs are going to occur. Everyone is concerned, not only about their jobs; they are also concerned as to the level of services provided to the public."

APPROVAL/DELETIONS – AGENDA – APRIL 28, 2011

Chairman Smith called for any additions or deletions to the agenda.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the agenda of the District Board of Health April 28, 2011 meeting be approved as presented.  
Motion carried unanimously.**

APPROVAL/APPROVAL/CORRECTIONS – MINUTES – MARCH 3, 2011 BUDGET MEETING AND OF MARCH 24, 2011

Chairman Smith called for any additions or corrections to the minutes of the March 3, 2011 District Board of Health Budget meeting.

Councilman Gustin advised that he was not present during the Budget meeting; therefore, he would recuse himself from the vote.

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the minutes of the District Board of Health March 3, 2011 Budget meeting, be approved as received. Motion carried with Mr. Gustin abstaining.**

Chairman Smith called for any additions or corrections to the minutes of the March 24, 2011 District Board of Health meeting.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the minutes of the District Board of Health March 24, 2011 meeting be approved as received. Motion carried unanimously.**

Ms. Jung

Stated she would commend Ms. Smith, Recording Secretary, for doing an excellent job on the minutes; that "she can always be assured that what she says has accurately been recorded" by Ms. Smith.

#### RECOGNITIONS

Chairman Smith and Ms. Mary-Ann Brown, Interim District Health Officer, presented Certificates of Recognition to Ms. Margie Varela for 15 Years-of-Service; and Mr. Frank Cauble for 20 Years-of-Service.

Mr. Bob Sack, Director, Environmental Health Services, presented a plaque to Ms. Tracie Douglas, Public Information Officer, commemorating her retirement after thirty (30) Years-of-Service. Mr. Sack advised that Ms. Douglas "will be continuing her education and UNR and is the recipient of the Paul Leonard Journalism Scholarship."

Ms. Tracie Douglas, Public Information Officer

Stated her tenure at the Health District "has been one of the best things she has ever done; that she hopes the next things she does are just as much fun or even better." She stated "she has been able to accomplish so much due to the tremendous level of support she has had throughout the years." Stated, she "has worked under the auspices of several Health Officers and Division Directors, all of whom have given her incredible support allowing her to be very creative resulting in

her being able to do some really good things for the community. The bottom line is making everything the Health District does known to the community. She regrets the PIO position will be eliminated, as it is important for the public health message to get to the community." Ms. Douglas thanked the Board members, Mr. Sack, Mr. Dick, Mr. Monsen, Ms. Rucker and the Staff for supporting her efforts through her tenure as the PIO.

Mr. Gustin

Stated he has "known Tracie for a number of years and has always been impressed that her concerns were 'what is best for the Health Department'; that she will be missed."

PRESENTATION –iREFILL WEBPAGE

Ms. Douglas

Advised, the iRefill program was implemented last year in an effort to significantly decrease the use of "single-use plastic water bottles replacing those bottles with Nalgene refillable bottles; that this Program has received a tremendous amount of support." The iRefill Campaign webpage is through the Truckee Meadows Water Authority (TMWA) as a partner with the Health District in this Program.

In response to Ms. Jung

Regarding the County not allowing the iRefill Campaign on the County website, Ms. Douglas advised "that at the time the iRefill webpage was being developed there were concerns regarding other Health District website affiliations; therefore, the request for the iRefill website was denied. Ms. Douglas advised "there were no impacts to the Health District because of the denial; that TMWA is sharing the site with the Health District; that the Health District will have access to the passwords and codes for updating the site as needed."

Ms. Douglas presented the iRefill website, advising that "nationwide six (6) million single use water bottles are utilized every day with the majority not being recycled." Ms. Douglas reviewed the various links throughout the website including: the 'pledge' not to use single-use water bottles; information for public agencies and private businesses to participate; tips and resources, including how to clean your water bottle, etc. She has provided the Board members have been provided with a box of mint tins, which are intended to connect the public to the iRefill.org website."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

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Ms. Jung

Advised, the County has "just installed an iRefill hydration station in Building A." Stated, "Washoe County has adopted a policy, which prohibits the use of County dollars, for the purchase of single-use water bottles for any use; that she would challenge the Cities of Sparks and Reno to do the same."

Ms. Ratti

Requested Ms. Jung forward her a copy of the Washoe County Policy to allow the City of Sparks to respond to the challenge.

Ms. Douglas

Advised the website does promote the hydration station and displayed a picture of the hydration station in Building A.

The Board thanked Ms. Douglas for the update.

Ms. Brown introduced Ms. Stacy Hardie, RN, Public Health Nursing Supervisor of the Family Planning Program, and current Acting Director of Community and Clinical Health Services, advising that Ms. Hardie recently attended the National Family Planning and Reproductive Health Association Conference in Washington DC as the *Nevada Family Planning Champion*.

Ms. Brown introduced Mr. Scott Monsen, Vector-Borne Diseases Program Manager; and Mr. Jim Shaffer, Vector-Borne Disease Specialist, advising that Mr. Monsen and Mr. Shaffer recently had an article published in "*Stormwater – Journal for Quality Professionals*" – '*How One County Health District Deals with Mosquitoes in the Urban Infrastructure – Prevention Through Design*'.

Ms. Brown advised the last recognition will be continued to next month's meeting as Dr. Chen is unavailable.

INTERVIEW – RECOMMENDED CANDIDATE – POSITION – WASHOE COUNTY HEALTH DISTRICT OFFICER

Chairman Smith

Advised two (2) members of the Personnel and Administration Committee, Dr. Furman and Ms. Ratti are present; that Dr. Humphreys serves as Chairman of the Committee; however, he was unable to attend today's meeting.

Dr. Furman

Advised the Personnel and Administration Committee conducted interviews of the candidates for the position of the Washoe County District Health Officer; that the Committee's unanimous recommendation is that the Board of Health interview one (1) candidate, Dr. Joseph Iser.

Ms. Ratti

Requested Ms. Hart from Washoe County Human Resources (HR) provide an overview of yesterday's process.

Ms. Kathy Hart, Washoe County Human Resources

Advised the Board members have been provided with a copy of Dr. Joseph Iser's resume and Curriculum Vitae; that the Board members have been provided with the list of questions to facilitate the interview of Dr. Iser for the position of District Health Officer.

Advised, Washoe County Human Resources (HR) contracted with Avery Associates to conduct the recruitment of candidates on a national basis; that after a review of the candidates Avery Associates presented a final list of five (5) candidates for consideration as the Washoe County District Health Officer. The names of the five (5) candidates was presented to the District Board of Health's Personnel and Administration Committee for review, discussion and consideration; that it was the determination of the P/A Committee that it would interview all five (5) candidates. The five (5) candidates were contacted and invited to participate in the interview process, at which time two (2) of the candidates withdrew their names from consideration. The three (3) remaining candidates met with the Division Directors on Tuesday, April 26<sup>th</sup>; that she then met with the Division Directors to obtain feedback as to their insights and comments on the three (3) candidates. After the interviews of the candidates by the P/A Committee yesterday, April 27<sup>th</sup>, she reviewed the comments and insights of the Division Directors with the P/A Committee members. The

Committee then discussed the three (3) candidates and voted to recommend the Board of Health interview Dr. Iser for the District Health Officer position.

Ms. Ratti

Advised the Committee was "impressed with the three (3) excellent candidates, all of whom did an excellent job in the interview process from beginning to end. The interview process was robust with great questions and good dialogue"; that at the end of the interview process it was the consensus of the Committee members "there was one (1) candidate who was particularly qualified for the position. The candidate is Dr. Iser who has been asked back today to be interviewed by the full Board. Stated there is "no presumption by the P/A Committee" that the recommendation to interview Dr. Iser completes the process; that it will be a determination of the Board after Dr. Iser's interview. "The Committee didn't necessarily eliminate any other candidates; however, Dr. Iser is the top candidate being recommended for interview today. The Board members have been provided with a list of questions; that yesterday's process was to rotate to each member to ask the questions; that the Board will then have a discussion and present a determination as to how to proceed."

The Board members introduced themselves to Dr. Iser.

The Board conducted the interview of Dr. Iser for the position of the Washoe County District Health Officer. In response to the Board, Dr. Iser reviewed his extensive resume specific to his "relevant educational and background experience, including working with various size departments and agencies and budgets. Dr. Iser reviewed his strengths and weaknesses; his management and leadership style; his philosophy of public health; how he would advocate for public health; and how he would manage an organizational and/or community crisis. Dr. Iser reviewed his perception of the challenges *facing* public health and how he would address such challenges, including the "changing face of public health"; and the focus on public health preparedness. Dr. Iser reviewed his experience in community collaboration to achieve various public health objectives; his experience addressing the Legislature, the media and other governmental entities; and his *style* in conflict resolution. Dr. Iser reviewed the "public health priorities during the next year; the next five (5) years and how he would address those priorities."

In response to Ms. Ratti

Regarding his tenure of employment in Nevada and Yolo Counties, and his reason(s) for leaving, Dr. Iser advised while employed in Nevada County he was recruited to apply for the position in Yolo County. His recruitment by Yolo County was based upon the reputation he had achieved at

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

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the national level; and then through his relationship with the California Conference of Local Health Officers. Further, "there were aspects of the job in Yolo County, which were very attractive for him, including the supervision of the Environmental Health Division"; that another was the excellent reputation of how Yolo County treated its employees; Yolo County had a public health lab not available in Nevada County. After his interview with the County Board of Supervisors in Yolo County he accepted the job and left Nevada County.

Advised, his resignation from Yolo County was in part due to family issues; that the remainder of the reason was 'an act of consciousness', which cannot be discussed.

Dr. Iser reviewed his long-term goals, advising that a goal is to "grow the Health District back into a robust environment that can assist in taking care of the population who, after health care reform, will still *fall-through-the-cracks* and those who will still require services. After health care reform, there will remain public health issues that a health department will need to address; that most of those will have to do with assurance for the community."

Dr. Iser briefly reviewed his experience in working with budgets during times of financial downturns and crisis. He delineated his personal positives, advising his most personal positive is "his breadth of experience; and he is open and honest." Although he wasn't trained in management, "he has the experience to manage most issues along with the expertise of Division Directors." Advised a professional weakness would be "finances, as he is not an accountant; however, he has a rudimentary and necessary knowledge" of finances. Because of his "very strong sense of ethics he can be seen as a little rigid on ethical considerations"; however, "he works very well collaboratively." Stated "he is shy and not always social; that he is aware of this weakness; however, he can communicate to boards, media, community groups, etc. very well.

In response to Ms. Jung

Regarding reference checks, Dr. Furman stated Mr. Kimura advised the Committee that he (Mr. Kimura) had contacted Dr. Iser's references; and had conducted 'blind' reference checks; that all had given Dr. Iser "very positive references."

Ms. Kathy Hart

In response to Ms. Jung regarding Dr. Iser's references, Ms. Hart advised Mr. Kimura reviewed the comments from "both the references Dr. Iser provided and those who were not listed"; however, who had worked with Dr. Iser in Nevada and Yolo Counties. All of the 'blind' references contacted



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“provided similar information as Dr. Iser’s listed contacts had provided, including verifying the validity of the information Dr. Iser had provided; and information specific to his leadership and interpersonal skills”, which the Board had indicated were the characteristics the members wanted in a Health Officer. Advised that recruitment firms do provide both the positive and negative comments received during reference checks.

Ms. Ratti

Stated the words Mr. Kimura indicated were repetitively used to describe Dr. Iser were “empathetic, caring about the individuals with whom he worked, a good boss, an individual who can be trusted.” Stated a number of the comments were in regard to “relationships with employees; and comments regarding leadership and management; that all indicated he would be rehired.” Stated Mr. Kimura had advised that “he had received more cooperation in these reference checks than he was used to receiving.”

Dr. Furman

Stated he concurs with Ms. Ratti’s comments; that the comments received for Dr. Iser “were very positive.”

Chairman Smith

Advised, Dr. Iser has provided him an explanation as to the reasons he (Dr. Iser) left Yolo County; that “under the circumstances he would have also resigned.”

The Board continued the interview process. The Board members and Dr. Iser had a brief question and answer period.

In response to Mr. Gustin

Regarding “a duration of employment stipulated in the contract, and if there are any penalties for failure to meet the duration”, Ms. Katey Fox, Director, Human Resources, advised that the Human Resources and legal counsel would prepare the Employment Contract. Stated the Employment Contract would contain language specific to “opting out of the Contract by either party providing a thirty (30) day notification.” Should the Board make the determination “a minimum years of service can be stipulated in the Contract; however, that type of language is not generally stipulated in contracts.”

Ms. Admirand advised she would concur with Ms. Fox; that "it is usual for contracts within Washoe County to have a thirty (30) day termination notification period for either party without cause."

In response to Ms. Ratti

Regarding employment contracts "being one year in length", Ms. Fox advised that "typically Washoe County Employment Contracts are for one (1) year in length; that during the year performance expectations, goals to be accomplished may be stipulated in an addendum to the contract." The performance evaluation would then be completed "prior to the end of the year of employment at which time the terms of employment could be extended for an additional year." Typically should either party terminate the contract the employee receives "a month's pay."

In response to Mr. Gustin

Regarding accepting the offer of employment and the tenure he would anticipate, Dr. Iser stated that "he is 61 years of age; that he does not anticipate working beyond the age of 71; therefore, he would anticipate his tenure being five (5) to ten (10) years."

Mr. Gustin

Stated it is important for the Health Officer to "remain for a number of years in the position; that he would be asking for a commitment to the job."

Dr. Iser

Stated, should he be offered the job, he would request the opportunity to meet with the Division Directors prior to making a final decision; however, he would not be considering the move unless it was a long-term commitment."

**MOTION: Chairman Smith moved, seconded by Dr. Furman, that Dr. Joseph Iser be offered the position of Washoe County District Health Officer.  
Motion carried unanimously.**

Dr. Iser requested the opportunity to consider the offer of employment.

B. DISCUSSION – POSSIBLE EMPLOYMENT CONTRACT – POSSIBLE START DATE – SALARY NEGOTIATIONS – WASHOE COUNTY DISTRICT HEALTH OFFICER – POSSIBLE DIRECTION TO STAFF AND HUMAN RESOURCES

Ms. Ratti

Questioned what the “next step in the process would be.”

Ms. Fox

Stated the Board can direct Human Resources to confer with Dr. Iser and legal counsel to develop an Employment Agreement, with the anticipated start date and recommended salary. Stated, in a previous meeting the Board discussed the two (2) possible salary ranges for the position: one salary range for a physician and another for a non-physician. Human Resources would present the proposed Employment Agreement for the Board’s consideration at the May meeting.

**MOTION: Mr. Gustin moved, seconded by Chairman Smith, that Washoe County Human Resources be requested to confer with Dr. Iser and legal counsel to prepare an Employment Agreement between the Washoe County District Board of Health and Dr. Iser as the Washoe County District Health Officer, including the potential start date.  
Motion carried unanimously.**

C. POSSIBLE SETTING OF SALARY – WASHOE COUNTY DISTRICT HEALTH OFFICER

Chairman Smith

Stated the offer of employment has been presented to Dr. Iser; the Board has requested HR and legal counsel confer with Dr. Iser in the preparation of the Employment Agreement, including the salary range for the position of the Washoe County District Health Officer.

Dr. Iser

Stated that he “prefers the option” of being able to discuss the negotiations with HR and legal counsel privately, with the Agreement being presented during the Board’s May meeting for consideration.

In response to Ms. Ratti

Regarding the advertised salary range and the establishment of the salary, Ms. Fox advised that "there are no steps in the salary range as an Employment Contract position; that the salary can be established any where within the range."

**MOTION: Mr. Gustin moved, seconded by Chairman Smith, that the negotiations of the Employment Agreement include the proposed salary to be reviewed and considered at the Board's May meeting.  
Motion carried unanimously.**

In response to Chairman Smith

Regarding scheduling a meeting with the Division Directors, Ms. Coulombe advised the Division Directors have been asked to meet with Dr. Iser in the Administration Conference Room at the conclusion of today's Board of Health meeting.

Ms. Ratti

Stated, "on behalf of the Personnel and Administration Committee and the entire Board of Health, she would thank Washoe County Human Resources and Mr. Paul Kimura, Avery Associates for the support received in this process. Avery Associates did an excellent job in this recruitment."

Stated, she would "thank Dr. Iser for committing to the two (2) days of this process and for his patience during today's interview. She would thank the other two (2) candidates who were fabulous and provided a great pool of candidates, including the Health District's Ms. Mary-Ann Brown who did incredibly well."

Dr. Iser

Thanked the Board for the opportunity to interview and the offer of employment; that "he appreciates the fairness by which the Board has tried to make the decision."

Chairman Smith

Stated he would commend and thank the Personnel and Administration Committee "for their efforts throughout the process; that the Committee did an excellent job."

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – EVERGREEN CARPET CARE – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No.4611, Case No. 1062** was issued to **EVERGREEN CARPET CARE** on March 17, 2011, for the improper removal and disposal of possible “ACM” asbestos-containing materials from Units 626 and 636 at 1450 Idewild Drive, Reno, Nevada. The possible “ACM” materials were removed without the required surveys being taken or the proper notifications being filed with the Air Quality Management (AQM) Division, in violation of Section 030.107 (Hazardous Air Pollutants), Subsections (A) & (B) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised Evergreen Carpet Care was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4611, Case No. 1062 be **upheld** and a fine in the amount of **\$2,500** be levied as a **negotiated settlement** for a **major violation**.

**MOTION:** Ms. Ratti moved, seconded by Mr. Gustin, that Citation No. 4611, Case 1062 (Evergreen Carpet Care), be upheld and a fine in the amount of \$2500 be levied as a negotiated settlement for a major violation.  
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **approval** of **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$98,819** in support of the **Immunization Program, IO 10028** for the period of January 1, 2011 to December 31, 2011.

The Board was advised that Staff recommends the **ratification** of the **Interlocal Contract** between the **State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection** and the **Washoe County Health District** in the **total amount of \$180,000 (\$90,000 per fiscal year)** in support of the **Safe Drinking Water Act (SDWA) Grant Program** for the period upon approval of the Board of Examiners through June 30, 2013.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** to provide funding in the **total amount of \$113,000** for the **Tobacco Education and Prevention Program Grant, IO 10010** for the period of March 29, 2011 through March 28, 2012.

**MOTION:** Ms. Ratti moved, seconded by Mr. Gustin, that the Subgrant Awards; and the Interlocal Contract be approved as presented and the Chairman authorized to execute on behalf of the Board.

**Motion carried unanimously.**

CONSENT AGENDA – TICOR TITLE – REQUEST FOR EXEMPTION – PURCHASERS OF HABITAT FOR HUMANITY HOMES – AIR QUALITY MANAGEMENT DIVISION – NOTICE OF EXEMPTION FEES

The Board was advised that Staff recommends **approval** of the request from Ticor Title to **permanently waive** the fee associated with **filing the Notice of Exemption** for **purchasers of Truckee Meadows Habitat for Humanity Homes**. Staff advised the current fee is \$13 per home; that it is estimated the fiscal impact would be "between \$39 and \$52.

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the Air Quality Management Division Notice of Exemption Filing Fee (currently \$13), for purchasers of Habitat for Humanity Homes be permanently waived.**  
**Motion carried unanimously.**

CONSENT AGENDA – 2010/2011 OXYGENATED-FUELS PROGRAM REPORT

The Board was advised that pursuant to Section 040.095 (Oxygen Content of Motor Vehicle Fuel, Subsection D (Administrative Requirements) of the Washoe County District Board of Health Regulations Governing Air Quality Management, the Board members have been provided with a copy of the *2010—2011 Oxygenated-Fuels Program for Washoe County Report*. Staff recommends the Board accept the Report as presented.

Mr. Gustin

Questioned, "if Washoe County would ever be one of the areas that is no longer required to submit an Annual Oxygenated Fuels Report."

In response to Mr. Gustin

Mr. Kevin Dick, Director, Air Quality Management

Advised the Oxygenated-Fuels Program is mandated by law; that Staff have discussed "vehicle emission systems have improved in the past few years resulting in cleaner vehicles and less emissions." Additionally the fuels sold in Washoe County contain more ethanol throughout the

year; therefore, Staff will be investigating to determine if the Washoe County Health District will require this Program in the future.

Mr. Gustin

Questioned the effect the geographic region has on the District being mandated to have an Oxygenated Fuels Program,

In response to Mr. Gustin

Mr. Dick advised Washoe County receives its fuel from California, which have the additive; however, he has not yet had the opportunity to research that aspect of it.

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Annual 2010—2011 Oxygenated-Fuels Program Report be accepted as presented.  
Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – March 2011

Mr. Jim Gubbels, Vice President of REMSA

Advised the Board members have been provided with a copy of the March 2011 Operations and Financial Report; that the overall emergency response times for life threatening calls in March 2011 was 91% and 95% for non-life threatening calls; that within the eight (8) minutes zone it was 91%; within the fifteen (15) minute zone it was 98%; and within the twenty (20) minute zone it was 97%. The overall average bill for air ambulance service for March 2011 was \$6,826, with a year-to-date average off \$7,191. The overall average bill for ground ambulance service was \$988, with a year-to-date average of \$989.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the REMSA Operations and Financial Report for the month of March 2011 be accepted as presented.  
Motion carried unanimously.**

B. Update – REMSA's Community Activities Since March 2011

Mr. Gubbels

Advised he and Mr. Patrick Smith, will be attending the American Ambulance Association (AAA) *Stars of Life Awards* in Washington, DC, on Monday, May 2, 2011; that two (2) employees have been nominated to receive this award: Ms. Debbie Kubiak an Administrative Assistant, who was nominated for her support work for policies and procedures; grant writing, etc.; and Ms. Jessica Bauer, an EMT-Intermediate for "her rescuing of an individual from a burning vehicle last year on her way to work."

National EMS Week is May 16 – May 20, 2011; that he would request a Proclamation from the Board of Health in recognition of EMS Week; from the City of Sparks; the City of Reno; and Washoe County; that he can provide a template to the entities for that Proclamation.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – MARCH 2011

Ms. Eileen Coulombe, Administrative Health Services Officer

Advised the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of March 2011; she reviewed the Report in detail advising Staff recommends the Board accept the Report as presented.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the District Health Department's Revenue and Expenditure Report for March 2011 be accepted as presented.  
Motion carried unanimously.**

FISCAL YEAR 12 BUDGET UPDATE

Ms. Brown

Advised, "on May 10<sup>th</sup> the Board of Washoe County Commissioners will release 'budget targets' to the Departments; and on May 11<sup>th</sup> there will be the County Department Heads meeting during which additional detail will be provided to Staff.



Advised the Board members have been provided with a copy of a one-page handout '*Overview of Washoe County General Fund Budget Deficit Planning for Fiscal Year 2011/12*'; which provides "all of the information Staff has been providing regarding all of the challenges related to the budget and the process that will *unfold* as the County works through the very difficult and challenging times as the budget is finalized.

Advised, last month Dr. Khan had questions regarding the WIC Program; that Ms. Coulombe will provide an update.

Ms. Coulombe

Stated, she would thank Ms. Brown "who has done an excellent job in working very collaboratively with fiscal Staff in the budget process; that Ms. Brown is very knowledgeable and she (Ms. Coulombe) has appreciated that." As Ms. Brown indicated, May 10<sup>th</sup> is when the Health District will be advised as "to the specific budget targets; that as the Board is aware the Health District's initial target was 1.7% (\$136,000), which has been addressed." Advised, at the May 26<sup>th</sup> Board of Health meeting Staff will provide an updated "Sources and Uses specific to the adjustments for the Estimates to Complete; that she would request the Board members place the information in their Budget books."

Stated, at last month's meeting Dr. Khan questioned "how many participants receive WIC services each month"; that WIC provides services to an average of 6,000 participants per month. Advised this question was presented during the monthly FY 12 Budget update; therefore, she is presenting the response "during the same item, which is why there was not a 'Program Update' listed on the agenda for this month."

Advised, in previous years Staff had not listed budget updates as action item as the updates were informational without a necessary action required. Due to the budget issues it was the consensus of Staff in the event it was necessary for the Board to provide direction to Staff this item should be listed as an action item, although there is not a recommended action for anything specific.

Stated, "one of the items discussed during the Budget presentation are the five (5) vacant positions, with an estimated value of \$447,000"; that after the budget targets are presented on May 10<sup>th</sup>, she would question if it would be the Board's direction to utilize those five (5) vacant positions to achieve any budget targets. Stated, "it would be helpful to Staff to be able to start with that assumption as one (1) of the scenarios they could use."

As the Board has been advised the "OEC (Organizational Effectiveness Committee) will be working with the County on another process for the different plans which are due in June and July. The Budget, which was presented, does have all the Programs (i.e., WIC, Family Planning, etc.), included as discussed in the Budget meeting."

Ms. Brown

Advised that "utilizing those five (5) vacant positions was presented as Staff's first provision" to achieve budget targets scenarios.

Chairman Smith

Stated, after last month's budget update there was concern elimination of Programs "was set in-stone"; however, it is important to note, "as the minutes indicate, the only reduction, which had been achieved, was the 1.7% as Staff had presented." The other issues were potential scenarios and were not a direction to the Board; that the Board will have to make decisions after the budget targets are presented. The "concern regarding elimination of Programs was a misunderstanding."

Ms. Brown

Stated, that as Chairman Smith noted, "is how the budget update was presented to the Board, presented to Staff, presented to the Board of County Commissioners and reflected in the minutes, as a means by which the Health District identified methods for attaining target reduction scenarios, which will be beyond the 1.7% reduction." Stated, she met with "individual Staff, groups of Staff, attended Staff meetings reiterating the Health District is in the exploration phase of 'how' the District may achieve these very serious, significant budget target scenarios."

Ms. Ratti

Stated, "it was also her understanding the Board approved the initial 1.7% reduction, with the remaining discussion being 'scenario planning', addressing what the possibilities could be within a range of possible budget scenarios. None of those scenarios are anything the Board members would want to have to do; that because the Board of Health meetings are incongruent with the Board of County Commissioners, it becomes necessary to present information to the Board of Health a little early. This doesn't always allow for as much public or employee process as would be ideal; however, that it's the reality of the time line." Stated, it is her observation "the Interim District Health Officer is doing an excellent job in reaching out communication-wise; as with the City of Sparks the budget changes so dramatically from one (1) month to another that the public

process doesn't work well to keep-up with that changing reality." Stated, the process isn't any better "for the employees; that unfortunately there isn't a way to change that in this budget process; that she is sympathetic to it, is aware it is frustrating and very hard for the employees." She would request "the Interim Health Officer to continue to do the excellent job she has been doing within the reality of the process; accepting the expectation it isn't a perfect process.

Ms. Coulombe

Stated, "to provide context, the 1.7% reduction equates to \$136,000, which has been adjusted in the budget; that Staff is aware there will be challenges moving forward." The County provides the Health District with a tax transfer for the Health Fund; that this amount will be adjusted. The District will have more information after May 10<sup>th</sup>; that Staff is committed to keeping the Board members and the employees informed. Stated, as presented, should it be the Board's direction, Staff will "begin with the five (5) vacant positions" to achieve budget targets." Staff will continue to review all Programs "looking for efficiencies and to assist in mitigating the reductions which are anticipated to be coming."

Ms. Ratti

Stated, "she is comfortable with utilizing the five (5) vacant positions as a starting point, with other scenarios, as she believes this will be a continuing scenario process." Stated, it is important to acknowledge "these dynamic budget processes of utilizing vacancies result in a *swiss cheese* organizational chart; that it is necessary to have a meaningful strategic planning process following that to ensure core services. It is necessary to understand there may be a reallocation of positions to achieve a rationale organizational structure when there will be the time to do so."

Ms. Coulombe

Stated, Staff "is aware of this; that these times are uncharted waters."

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Fiscal Year 12 Budget update be accepted; that the five (5) current vacancies be utilized to achieve the budget targets as outlined by Staff.**

**Motion carried unanimously.**

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BILL TRACKING REPORT –  
POSSIBLE DIRECTION TO STAFF

Ms. Brown

Stated the Board members have been provided with the Health District's 2011 Legislative Bill Tracking Report for the period ending April 22, 2011 (a copy of which was placed on file for the record); that as the Board is aware "there has been a lot of activity with the deadlines being met, therefore, multiple Bills failed and are listed within that category." She provided the Board members with information regarding the Master [Tobacco] Settlement, "which is currently at-risk of being swept entirely." The Health District "currently does not receive any of those funds, as the Health District "lost those funds at the end of 2009"; however, this remains "a very important Bill for public health, specifically as it relates to the prevention of tobacco use and tobacco programs. The Master Settlement Agreement was established to assist in the prevention of people beginning to use tobacco products; and to address the results of tobacco use." Advised, "Staff has been waiting two (2) days to testify on this Bill as the hearings have been on-going.

Stated, the other update is in regard to SB 471, "which is the transfer of the authority and responsibility from the State Health Division to the local health authorities for a number of programs, including communicable disease investigation, containment and treatment." She "testified to the budget component of that Bill; that Staff is awaiting the Hearing on the actual changes in law, which would make this a reality." Advised this "Bill is exempt to the deadline rules"; therefore, it could happen at any time, including very late in the Session. Staff will keep the Board apprised of the status of this Bill.

Stated, "Staff has done a great job of letting her know the background analysis and the position of the Health District on any Bills. The quality and testimony of the Bill analysis has been amazing; that the written materials provided to the Legislature by Ms. Hadayia, Mr. Dick, and Dr. Todd – the content has been excellent." Staff has attempted to remain "aware of the hundreds of Bill, which have the potential, of impacting the public health of Washoe County."

Ms. Jung

Questioned, "if Staff is expending time on AB 314, which revises the sexual education curriculum", as the School District Superintendent is proposing to eliminate the program as a cost saving measure.

In response to Ms. Jung

Ms. Brown

Stated, she became "aware today that the School District will be eliminating sexual health education from the School District." She can confer with Ms. Hadayia regarding this Bill; that Staff may have provided testimony; however, it would have been earlier in the process.

In response to Ms. Jung

Ms. Ratti

Stated, "Staff has to be very careful, as the School District is setting forth its scenarios for "what will occur with the anticipated budget reductions."

Ms. Jennifer Hadayia, Public Health Program Manger

Advised, the first Hearing for AB 314 occurred in Assembly Education Committee; that Staff provided written testimony with very brief verbal testimony in support of the Bill; that it was a very long Hearing. Advised, the "Bill has been re-referred to the Ways and Means Committee due to the fiscal notes placed within the Bill; that Staff will continue to monitor the Bill and support it to the extent possible. Advised, "with the scenario planning that the School Superintendent has proposed, there are components of the Bill, which would address the various concerns, as it would allow for other qualified instructors to teach the course at the schools. This would allow for a reduction of the nine (9) full-time teachers who teach the *SHARE* Program; that components of the Bill would 'open' the teaching pool to include community members, health districts, etc. to provide that information to the schools, should it become necessary to reduce the number of teachers.

Advised Staff's written testimony won't change, as the Health District supports the Bill "for its ability to provide comprehensive abstinence-based sexuality education to the youths in the community; that it is know the need is there. More than one-half of the Chlamydia and gonorrhea cases are in teens; that is why the Health District supports the Bill." Advised, "another component of AB 314 is to ensure the standards are developed based on medically accurate information; that it currently is before the Ways and Means Committee, as it has a significant fiscal note attached. It is not known if it will pass because of the fiscal note; however, it has met the first deadline of passing out of a first committee."

In response to Ms. Jung

Regarding receiving reimbursement to "other providers", Ms. Hadayia advised that "that component is not addressed in the Bill; that she could not speak as to the intent of the School District."

Ms. Jung

Stated should the School District provide reimbursement for the provision of this Program the Health District "may consider planning a proposal for providing that program."

Ms. Brown

Stated, as the Board is aware, "testimony occurs 'in-between' District Board of Health meetings; however, it is along the lines of what Staff has identified as what the District is opposing or supporting; that testifying is fairly limited, as the District has limited resources, and is based on the District's content experts." Stated, "should she believe there would be an amount of media coverage or the Board has not been previously advised of the Health District's position she will provide electronic updates to the Board. Advised, all Legislative activity is coordinated with the Washoe County Legislative Team. Advised, that after the Board accepts the monthly Legislative Reports the Report is forwarded electronically to the Sparks City Manager so he is aware of the Health District's level of activity and position.

Ms. Ratti

Stated she would commend Staff "for doing an excellent job with limited resources."

Ms. Brown

Stated Ms. Janet Smith has done an excellent job in ensuring the incoming Bill notifications are disseminated to the appropriate individual, keeping all of those accurate and documented."

**MOTION: Ms. Ratti moved, seconded by Mr. Gustin, that the April 2011 Legislative Tracking Report be accepted as presented.  
Motion carried unanimously.**

UPDATE – ENDING FUND BALANCE POLICY

Ms. Brown

Advised, at last month's Board of Health meeting, Ms. Jung requested Staff investigate the establishment of an Ending Fund Balance Policy for the Health District, in consultation with Mr. Sherman. Advised, she has conferred with Mr. Sherman on two (2) occasions and was advised "that currently the County is in the process of reviewing the County's Ending Fund Balance Policy and what the Health District's relationship to the policy." The Health District is subject to the County's budget policies and the County provides the funding for the Health District, the Health District "is subject to the County's financial policies"; therefore, Mr. Sherman "is in discussion with the Comptroller and will provide her with more information. This item will continue to be an agenda item until such time as there resolution as to what is the most appropriate ending fund balance distinctly for the Health District." Stated, she advised Mr. Sherman "she would contact him prior to each meeting for a possible update."

Ms. Jung

Thanked Ms. Brown for the update, advising "there is no rush on this, as she is aware Mr. Sherman is in the process of completing the budget and getting it to the State."

Ms. Coulombe

Advised Staff will continue to work with Mr. Sherman and Finance; that Mr. Darin Conforti, Washoe County Budget Manager, has submitted his resignation for a position in Annapolis, which will impact the Finance Department. Stated, "once the County has completed the ground-work she and the Fiscal Compliance Officer will work with Finance to provide input in the process."

The Board thanked Ms. Brown and Ms. Coulombe for the update.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

In response to Ms. Jung

Regarding the P & I Ratio (pneumonia and influenza), "being almost 20%, with the national ratio and epidemic ratio being 8%", Dr. Todd advised he has not had the opportunity to conduct an analysis as to the difference in the ratios. Stated, this "underscores the messaging of the Health District regarding the importance of getting the flu shot, emphasizing this 'isn't just the flu', it is disease, which nationally results in approximately 36,000 deaths per year and 200,000 individuals in the hospital." In regard to providing an analysis and a publicity campaign, Dr. Todd stated, "it is a little late in this season to initiate a publicity campaign." Stated that "overall this has been a relatively mild flu season; that he and Staff will review the data; however, "he is not sure as to the ability to access data to fully answer the questions.

Ms. Jung

Stated, she would appreciate it if Staff could provide the Board with some additional information, as there is a disproportionate large number of seniors in the community."

Mr. Gustin

Stated he, too, would be interested in knowing if the deaths were among "the geriatric population."

Dr. Todd

Stated Staff will provide follow-up information to the Board. Advised, it is unusual "as the flu vaccine was in abundant supply and available very early in the season. This was noted in the District's annual POD exercise when there was a significant turn-out of individuals to receive the immunization; however, it was not as many as was anticipated. It was the consensus of Staff this was in-part due to the early availability of the vaccine."

B. Director – Community and Clinical Health Services

Ms. Stacy Hardie, Acting Division Director, Community and Clinical Health Services, presented the monthly CCHS Division Director's Report, a copy of which was placed on file for the record.



C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Mr. Gustin

Stated, he "was disappointed the Health District has had to reduce the number of swimming pool and spa inspections; that he is aware of Mr. Sack and Mr. Coutler's efforts to "bring swimming pools and spas into compliance with the requirements of the Regulations.

In response to Mr. Gustin

Mr. Sack advised to address the increased number of complaints and Staff's inability to conduct several inspections yearly, Staff is recommending the implementation of the Certified Pool Operators Course, in an effort to improve the knowledge and abilities of pool and spa operators. Advised, "within the last ten (10) years Staff has had to reduce the number of pool and spa inspections from an inspection once a month for annual pools/spas to two (2) inspections per year; that these are for the approximately 205 public permitted pools." Advised there are also approximately 300 seasonal pools/spas in the County.

Advised a problem being encountered, is most facilities "have the individual responsible for maintenance servicing the pool/spa; that one of the most technical aspects of maintenance is pool chemistry. Pool chemistry can be very difficult to understand, particularly if the chemicals of the pool/spa get out-of-balance; that Staff will assist in training the pool/spa maintenance personnel and then those individuals are no longer employed at these facilities." In the current economy with cut-backs it is the maintenance personnel who are dismissed first; therefore, the pools/spas are not being properly maintained and the Health District does not have the resources to continually train and provide these inspections. Staff will be proposing Regulations which will mandate this certification of the operators to maintain the pools and spas properly; that there are resources within the community to provide the necessary training for certification. The pool and spa industry, which provide service to the pools and spas are very supportive of this type of program; that it will provide the Health District with additional enforcement authority, as the Permit to Operate can be revoked for failure to comply.

Mr. Gustin

Stated this is an important program and Staff is to be commended for their efforts.

Ms. Ratti

Stated with "Farmer's Market season approaching, she would question if Staff has a campaign against 'bath-tub cheese' and illegal vendors."

In response to Ms. Ratti

Mr. Sack

Advised that Staff "does not have a public information campaign; however, the District does have an active surveillance and enforcement Program, working in the areas of the schools, particularly right after school gets out." Stated, it is the consensus of Staff "there is a lot less of it; that it is occurring; however, it is less prevalent."

D. Director – Air Quality Management

Mr. Kevin Dick, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Advised, the last three (3) pages of his report "are representations of a website widget, which was developed through funding from a Department of Motor Vehicles (DMV) grant; that this was initiated by Mr. Andy Goodrich and implemented through the efforts of Ms. Tracie Douglas, Public Information Officer; and significant assistance from Mr. Steve Fisher, Department Computer Application Specialist." Advised the "widget goes on a website, and is automatically updated with information from the Air Quality Monitoring Stations, on an hourly basis providing an update as to the status of the Air Quality Index – good; moderate; unhealthy for sensitive groups; unhealthful; very unhealthy; or hazardous. This will be a tool which Staff will be using and promoting to the media stations to include on their websites; the School District, etc.; that Staff will be launching a public outreach campaign next month to let everyone know it is available. Mr. Chris Matthews is currently reviewing it, working through any potential security issues to place it on the County website. There will also be a link, which will link to another website for additional air quality information, while providing an embed code allowing for the free-sharing of the website. The goal is for it to be a useful tool allowing for the public to obtain 'real-time' information regarding the air quality. There are a number of messages that will appear on the widget and will refresh with different ideas." Staff anticipates "doing the public promotion of this site next month."

Advised, "the Air Quality Management Division would not have been as effective from December 2010 through March 2011, had it not been for the outstanding work of Ms. Brown as the Interim District Health Officer. She has worked very hard and very long hours; and he would thank her for that."

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Services Officer Report, a copy of which was placed on file for the record.

F. Interim District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her monthly Interim District Health Officer's Report, a copy of which was placed on file for the record.

Stated, as she has advised the Board, Staff has been working in conjunction with the Washoe County Departments that perform permitting, inspection and enforcement functions investigating the feasibility of shared services or collaborate. "It has been a very challenging; that Mr. Sack and Mr. Dick are participating as the content experts; that it has been an effort of sharing information both directions, educating other Departments to understand the Health District and the different issues of jurisdictions. Advising other Departments that the Health District reports to a governing Board and is not a 'County Department'; that this may provide the opportunities across-the-board for more efficiencies; and a better understanding of how it all fits together. She appreciates Mr. Sack and Mr. Dick for participating in these discussions."

Advised, "within seven (7) meetings, the EMS Multi-stakeholder Task Force was able to complete the Board of County Commissioners request to develop what a consultant or group of experts might review as the EMS system is analyzed. The final report from the Task Force will be presented to the Board of County Commissioners during the last meeting in May."

Advised, as a follow-up after the Board's hearing on the Fee Schedule, she was contacted by and met with Mr. Jess Traver, Director of Governmental Affairs for the Builders Association of Northern Nevada (BANN), to discuss "why the Health District has certain fees, as he understood the methodology process for determining the fee structure; however, he was uncertain as to the rationale of why there are those fees." Advised she "volunteered Mr. Sack, Mr. Dick and selected

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

April 28, 2011

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Staff to participate in a presentation discussion to the Infrastructure and Planning Council of BANN, as to what the Health District does and why it does it and to answer their questions. She requested the presentation be scheduled for August 2011, immediately prior to the Board's review of the Fee Schedule in September and prior to the Strategic Planning meeting in October. This was a very successful meeting with Mr. Traver and should result in good dialogue."

Advised, at the request of Commissioner Jung she has begun attending the Shared Services Committee meetings. Advised Sheriff Haley requested her participation in the Regional Dispatch Working Group with "assigned multiple committees; that this will continue as a subcommittee of the Internal Working Group of the Elected Officials Shared-Services Committee."

Stated, she has provided the Board members with information presented by the National Association of Local Boards of Health (NALBOH), specific to the '2011 County Health Rankings'; that Nevada and Washoe County are included in the information; that she would recommend the Board members review the data, as it is very interesting."

Stated, the Board members are aware of discussions regarding "Managed Competition"; that she attended a presentation provided to Leadership and the Management Team last week; that she has provided the Board members with a copy of the Power Point presentation." Those attending "left with lots of ideas as to what managed competition can mean in a government entity."

The Board thanked Ms. Brown for the update.

BOARD COMMENT

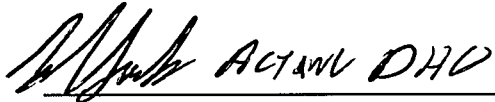
The Board members had no comments.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

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There being no further business to come before the Board, the meeting was adjourned at 4:20 pm.



\_\_\_\_\_  
MARY-ANN BROWN, RN, MSN  
INTERIM DISTRICT HEALTH OFFICER/SECRETARY



\_\_\_\_\_  
JANET SMITH  
RECORDER

DBDH 4/28/11  
Item No. 7

May 11, 2011

Paul Kimura  
Avery Associates  
3½ N. Santa Cruz Ave., Suite A  
Los Gatos, CA 95030

Dear Mr. Kimura:

Please find enclosed a copy of my CV and references in application for the position of District Health Officer, Washoe County, Nevada.

My Curriculum Vitae clearly outlines my qualifications in most of the areas that this position would oversee. As you can see, I have been in executive level positions for most of my US Public Health Service career and have been a Director of Health in both Nevada and Yolo Counties. You might recall my application for the Health Director for the City of Berkeley, California.

My clinical, evaluation/research, and management strengths, along with my scientific background, should provide an added dimension to this position. My CV highlights my ability to represent Washoe County in a wide variety of contexts, including policy and clinical areas.

If you have any questions, please contact me at your convenience. I look forward to interviewing for this position.

Sincerely,

Joseph P. Iser, MD, DrPH, MSc  
154 Gates Street  
San Francisco, CA 94110  
Cell (415) 268-9450

Enclosure

Joseph P. Iser, MD, DrPH, MSc  
February 3, 2011

## References

### Former Supervisor

Barbara Cassens  
District Director  
San Francisco District, FDA  
1431 Harbor Bay Parkway  
Alameda, CA 94502-7070  
510.337.6859

### Former Colleague

Michael Heggarty, MA, LMFT  
Director, Department of Behavioral Health  
500 Crown Point Circle  
Grass Valley, CA 95945  
530.470.2784

### Former Colleague

RADM Clara H. Cobb, MSN, RN  
Regional Health Administrator, Region IV  
Sam Nunn Atlanta Federal Center  
61 Forsyth St., S.W., Suite 5B95  
Atlanta, GA 30303-8909

### Former Colleague

Glen Harelson, MSW, MPH  
Program Manager, Health and Human Services Agency  
Nevada County Joseph Center  
10075 Levon Avenue  
Truckee, CA 96161  
530.863.3476

### Former Supervisor

Ronald Banks, MD  
RADM, USPHS  
Regional Health Administrator, Region IX  
50 United Nations Plaza  
San Francisco, CA 94102  
415.437.8096

Former Supervisor

Craig Llewellyn, MD, MPH

Former Chair, Department of Military and Emergency Medicine

C-1039, USUHS

4301 Jones Bridge Road

Bethesda, MD 20814

301.295.3720



**JOSEPH P. ISER, MD, DrPH, MSc**

**EDUCATION:**

MD, University of Kansas School of Medicine, May 1979

DrPH, University of Michigan, Ann Arbor, April 2000

MSc (Infectious Diseases), University of London School of Hygiene and Tropical Medicine, November 2004

BA, Anthropology and Sociology, University of Colorado (Boulder), May 1972

Residency, Internal Medicine, University of Missouri at Kansas City Affiliated Program, training completed July 1982

**LICENSURE AND CERTIFICATION:**

State of California, 02 February 2007 (#G87952), active

State of Missouri, 19 May 1981 (#R3B57), inactive

Republic of Palau, 15 September 1995 (#9456), inactive

Board Certified in Internal Medicine, 14 September 1983, current

Board Certified in Occupational Medicine, 16 January 1995, current

Board Certified in General Preventive Medicine and Public Health, 15 January 1996, current

**POSITIONS HELD:**

**Director, Department of Health/Public Health Officer, Yolo County, California, 02/09 to 10/10.**

Director of all aspects of public health for Yolo County, including programs related to chronic diseases, communicable diseases, emergency preparedness, indigent health, environmental health, and public health laboratory, providing service to the residents of Yolo County. Most responsible health official for the county on all aspects related to emergency management of health related crisis operations. Provide direction to and oversight of all clinical and administrative programs provided by the health department, with roles and responsibilities and obligations of a county health officer.

**Director, Department of Public Health/Public Health Officer, Nevada County, California, 01/07 to 02/09.**

Director of all aspects of public health for Nevada County, including programs related to chronic diseases, communicable diseases, emergency preparedness, and clinics providing service to the residents of Nevada County. Most responsible health official for the county on all aspects related to emergency management of health related crisis operations. Provide direction to and oversight of all clinical programs provided by the health department.

**Medical Investigator/State Liaison**, Food and Drug Administration, San Francisco District Office. 09/02 to 01/07.

Inspect pharmaceutical companies and device manufacturing companies and developers, clinical investigators, preclinical facilities, and institutional review boards for compliance with FDA regulations related to research and development of pharmaceuticals, biologicals, and devices. Investigate complaints and allegations of research fraud and misconduct. Specialize in biomedical research monitoring. FDA District liaison to the States, counties, outside organizations, and the territories and Freely Associated States of the former Trust Territories of the United States. Work with organizations and political jurisdictions in many areas, including disease outbreaks or injuries. Led FDA response to the *E coli* spinach outbreak 2005.

**Regional Health Administrator**, Region VI. 7/99 to 9/02.

Most senior federal public health official for DHHS, Region VI. Represent the Secretary and Assistant Secretary for Health on Departmental issues in Texas, Oklahoma, New Mexico, Arkansas, and Louisiana. Direct programs related to emergency preparedness, family planning, women's health, minority health, border health, HIV in minority communities, and other programs in Region VI. Other priority areas include ethnic health disparities, HIV/AIDS, international health, child health, and emerging/reemerging diseases. Health and medical lead for FEMA activation—New Mexico fires and Houston flood. Work to coordinate programs among states, academic institutions, community-based organizations, and federal programs. Member, Federal Tuberculosis Task Force; Member, Congressional Black Caucus HIV Initiative Working Group.

**Director, Office of Pacific Health and Human Services**, Region IX. 10/94 to 6/99.

Direct and manage the development of international health policy, programs, and evaluation of health issues in the seven U.S.-affiliated jurisdictions in the Pacific (the Territory of American Samoa, the Territory of Guam, the Republic of the Marshall Islands, the Republic of Palau, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, and the State of Hawaii), coordinating among all DHHS Operating Divisions with program responsibilities in these jurisdictions (ACF, AoA, CDC, HCFA, HRSA, OPA, OMH, and SAMHSA). Manager of public health advisors and contractors who deal on a day-to-day or intermittent basis with these grantees and programs. Work to coordinate programs among state or state-equivalent Jurisdictions, community-based organizations, and federal programs. Chair, Pacific Health and Human Services Working Group. Member, Multiple Drug Resistant TB (MDRTB) Task Force. Member, Vice-President's Telemedicine Workgroup.

**Hepatitis Program Director**, Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA), Region IX. 8/92 to 9/94.

Directed the development, implementation, and evaluation of hepatitis B education, prevention, and immunization programs. These activities affect clinical, professional, and program issues throughout the levels of government (federal, state, and local) and individual health care organizations. Specifically worked on several community-based projects (San Francisco infant immunization program, San Francisco middle school immunization demonstration, Seattle middle school immunization demonstration, several community health center based programs), especially at their interface at the community, state (Washington State STD Program, for example), and federal level (HRSA and CDC programs). Developed

programs and policies related to developing new or strengthening existing programs designed to prevent hepatitis B. Engaged in active teaching, clinical practice, and research projects.

**Associate Bureau Director for Clinical Affairs**, Bureau of Primary Health Care (BPHC), Health Resources and Services Administration. 5/90 to 8/92.

Directed clinical aspects of Bureau health services programs targeted to indigent and special populations: persons at risk or infected with HIV/AIDS, community and migrant health centers, perinatal, elderly, homeless, and substance abuser. Coordinated BPHC programs within HRSA and the USPHS Regional Offices. Developed, directed, and provided consultation for various programs related to HIV/AIDS throughout the HRSA, among the USPHS agencies, and outside the USPHS as the Acting Chief Medical Officer for the Associate Administrator for AIDS. Developed and implemented new programs throughout BPHC and USPHS, including other federal departments and outside organizations: gaining access to NIH protocols and research grants for BPHC service population; development of a perinatal intervention program for hepatitis B (CDC, Office of Minority Health); implementation of the Ryan White CARE Bill; improving coordination of substance abuse/mental health, public health, and primary care (ADAMHA, CDC, NAPO, outside organizations); coordinating outreach to enhance screening and treatment for breast and cervical cancer (NIH/NCI, CDC, FDA), provide enhanced ocular diagnostic capabilities (American Optometric Association, American Academy of Ophthalmology); coordinating immunization activities (CDC, NVPO, FDA, outside organizations); and coordinating tuberculosis activities (CDC, ADAMHA, FDA, NIH, outside organizations), including MDRTB.

**Assistant Professor**, Department of Military and Emergency Medicine, Uniformed Services University of the Health Sciences/Department of Defense (USUHS); Assistant Professor, Department of Internal Medicine, USUHS; **Assistant Commandant**, Public Health Service Element, USUHS; Special Assistant to the Director, NHSC, in Disaster and Emergency Medicine. 7/86 to 5/90.

Full-time academic appointments in the School of Medicine, teaching in the areas described above. Course Director for Military Contingency Medicine, a required fourth-year course (1987-1990). Course Director for Introduction to Clinical Medicine I, a required first-year course (1990-1992). Line supervisor to all USPHS medical students assigned to USUHS; manager for other personnel, including medical staff, other professional staff, and support staff. Advisor to Disaster Medical Assistance Teams (DMATs), USPHS. Active on various University committees.

**Associate Regional Health Administrator for Clinical Affairs**, Region VII. 2/85 to 7/86.

Directed Regional Clinical Team (RCT), providing clinical oversight and consultation for regional Community and Migrant Health Centers, Maternal Child Health programs, family planning, sexually transmitted diseases programs, and other programs.

Directed Division of Federal Employee Occupational Health (DFEOH), with eleven Health Units in the four-state region. Managed 23 full-time and approximately 70 part-time employees. Examined and assessed individual patients; devised health maintenance, health education, and health screening programs; worked with federal agencies, state and local agencies, and private industry in the design and presentation of health education, health screening, and health maintenance programs; developed and presented series of lectures for AIDS educational activities, geared to medical and nonmedical audiences.

**Director, Division of Federal Employee Occupational Health, Region VII; Deputy Director, Regional Clinical Team, Region VII. 4/84 to 2/85.**

Directed both clinical and administrative programs of eleven Health Units, with same management responsibilities as outlined above. Deputy Director of RCT, providing site assessments and consultation for regionalized programs described above. Routinely directed activities of RCT. Met with and directed consultations for federal and military authorities as the chief regional physician on health, toxic exposures, and environmental health issues.

**Medical Officer, National Health Service Corps, Region VII. 6/82 to 4/84.**

Provided internal medicine physician services and care at Truman Medical Center (city/county hospital) and outpatient clinic. Staffed small outreach ambulatory care internal medicine clinic. Managed clinicians and administrative staff in outpatient clinics. Patients included primarily indigent, ethnically diverse population with a significant HIV+ population. Taught medical students and residents in inpatient and outpatient Internal Medicine.

**PUBLICATIONS:**

- Takayama JI, Iser JP, Gandelman A. "Regional differences in infant immunization against hepatitis B: did intervention work?" *Preventive Medicine* 1999; 28:160-166.
- Iser JP. "The Office of Pacific Health and Human Services," *Pacific Health Dialog*, Volume 4, No. 1; March, 1997:207-209.
- Woodruff BA, Gandelman AA, Boyer-Chu L, Iser JP, Stevenson MA, Grossman M, Taylor F. "The San Francisco Demonstration Project in Hepatitis B Vaccination," In: Centers for Disease Control and Prevention, National Immunization Program. *27<sup>th</sup> National Immunization Conference Proceedings*. Washington, DC: 27th National Immunization Conference, 1993:39-93.

**ABSTRACTS AND POSTER PRESENTATIONS:**

- Information Services for Physicians and Other Clinicians in the U.S.-affiliated Pacific Island Jurisdictions," Iser JP, Hamasu C, Cohen A, and Crofts J; APHA, November 1999. “
- Initiating Hemophilia Services in the U.S. Pacific Jurisdictions," Baker JR, Iser JP, and Zabala R; APHA, November 1998. “
- Needles in a Haystack: Hemophilia and the Pacific Basin," Baker JR, Hall J, and Iser JP; APHA Annual Meeting, November 1996. “
- Group Health Plan Policies Related to Infant Hepatitis B Immunization," Smith NM, Iser JP, and Taylor F; APHA Annual Meeting, November 1995. “
- Attitudes and Practices of Hospital Newborn Care Personnel Regarding Hepatitis B Vaccination," Woodruff BA, Ho C, Iser JP, Taylor F, and Gandelman A; APHA Annual Meeting, November, 1995. “
- “

School-Based Adolescent Hepatitis B Vaccination: Serosurvey Results Of 0,2,4-Month Vaccination Schedule,” Iser JP, Stoner BP, Buntain-Ricklefs JJ, Alexander, ER, Holmes, KK; Infectious Diseases Society of America, July 1995.

- “School-Based Adolescent Hepatitis B Vaccination: Innovative Strategies to Target Populations at Risk,” Stoner BP, Alexander ER, Buntain-Ricklefs JJ, Iser JP, Holmes KK; International Society of Sexually Transmitted Diseases, June 1995.

**ACADEMIC AND COMMISSIONED APPOINTMENTS:**

Commissioned Officer on active duty, USPHS, 7/82 to 11/89; inactive reserve officer 12/89 to 4/90; active duty 4/90 to 3/07, regular corps; promoted to CAPT (O-6), 7/95; retired 02/07.

Pew Fellow, University of Michigan, Ann Arbor, 9/92 to 9/95

Adjunct Professor, Southern California College of Optometry, 8/94 to 07/09; past course director, Health Care Policy, Financing, and Administration

Adjunct Associate Professor, University of North Texas Health Science Center School of Public Health, 5/01 to 06/03

Adjunct Professor, University of Texas School of Public Health at Houston, 09/01 to 06/03

Adjunct Assistant Professor, Department of Military and Emergency Medicine, USUHS, F. Edward Hebert School of Medicine, 12/86 to 06/03; former Director, Military Contingency Medicine

Adjunct Assistant Professor, Department of Preventive Medicine/Biometrics, USUHS, F. Edward Hebert School of Medicine, 12/99 to 06/03

Assistant Professor, Department of Medicine, USUHS, F. Edward Hebert School of Medicine, 1/87 to 7/93; former Director, Introduction to Clinical Medicine I

**PROFESSIONAL AFFILIATIONS:**

Fellow, American College of Physicians

Fellow, American College of Preventive Medicine

American Public Health Association

Commissioned Officers Association (past President, Kansas City Chapter)

Marshall Islands Medical Society, Honorary Member

National Medical Association

Pacific Basin Medical Association, former

Fellow, Royal Society for Public Health

Society for International Development, former

United States-Mexico Border Health Association, former

**HONORS AND AWARDS:**

DHHS: Secretary’s Award for Distinguished Service (2001); Region VII Special Recognition Award

USPHS: Outstanding Service Medal, Commendation Medal (3), Achievement Medal, PHS Citation, Crisis Response Service Award, Special Assignment Ribbon (2), Foreign Duty Service Ribbon, National Emergency Preparedness Service Ribbon, Crisis Response Service Ribbon, Unit Commendation (11), Outstanding Unit Citation (3); Assistant Secretary For Health's Award for Outstanding Team Performance; BHCDA Bureau Director's Special Recognition Award

DoD: Outstanding Service Medal

NOAA: Unit Commendation (2); Dive Medical Officer training completed, August 1989  
US Air Force: Flight Surgeon Wings awarded and training completed, April 1988;  
Appreciation Plaque, December 1987  
US Navy: Letter of Appreciation, Commanding Officer, US Naval Air Station Keflavik,  
Iceland, March 1987

### SPECIAL ASSIGNMENTS:

- USPHS response to Hurricane Katrina, New Orleans, 12/2005
- Emergency Preparedness Milk Exercise, 01/04 to 05/05
- Health and medical lead (ESF #8) for Houston flood, 06/01
- Health and medical lead (ESF #8) for response to New Mexico fires, 06/00
- Member, Healthy Indoor Environments: Asthma and Allergen Control national conference, 12/99 to 04/00
- Member, DHHS Congressional Black Caucus Working Group, 08/99 to 09/02
- Chair, Blood Safety in the Pacific Working Group, 05/98 to 07/99
- Chair, Pacific Interagency Child Health Committee, 04/98 to 06/99
- Chair, Pacific STD/HIV Working Group, 04/98 to 06/99
- Chair, International Hansen's Disease Working Group, 09/97 to 06/99
- Member, Departmental Working Group on AAPI Initiative, 06/97 to 06/99
- Member, Department of Energy assessment team for Marshall Islanders exposed to nuclear radiation during atomic testing in the Pacific, 10/97 to 11/97 (completed)
- Member, Mayor's [SF] HIV Summit Insurance Subcommittee, 08/97 to 03/98 (completed)
- Member, Joint Working Group on Telemedicine, 01/97 to 07/99
- Chair, Health and Human Services Working Group on the Pacific, 01/96 to 06/99
- Inter-Departmental Working Group on Health in U.S. Associated Pacific Jurisdictions, 01/95 to 06/99
- Member (ex officio), Republic of Palau Medical Licensure Board, 08/95 to 07/99
- Medical consultant to Los Angeles County Emergency Operations Center following Northridge earthquake, 01/94. Provided medical and management assistance to local, state, and federal medical/health relief efforts, including direct coordination of Disaster Medical Assistance Teams (DMATs), groups of physicians and health care professionals who provided direct medical/mental health assistance to earthquake victims
- Medical consultant to state of Hawaii and county of Kauai following Hurricane Iniki, 09/92 Served as an emergency response team member, working out of the Disaster Field Office in Oahu and traveling to Kauai on a daily basis
- Member, Federal Tuberculosis Task Force (formerly the Multidrug Resistant Tuberculosis Task Force (completed); Interagency Task Force on Breast and Cervical Cancer (completed); Interagency Committee on Immunization (completed); Commissioned Corps Uniform Work Group (completed); others (completed)
- Medical Board Member, Division of Commissioned Personnel, 1990-1991
- Member, curriculum development for Military Unique Curricula, Instructional Objectives for Military Physicians and Graduate Medical Education Programs
- Director, field phase of nutritional/physiological research in the mountains of Wyoming and Colorado, 06/88 to 08/88; developed and implemented research protocol;

managed day-to-day logistics, personnel, and resources of field team consisting of multiple military agencies

- Director, refugee medical relief, Brownsville (TX) American Red Cross Center, 03/89; established and developed clinical services and referral systems; managed 10-person team of health professionals
- Alternate Delegate for DHHS, American Medical Association Commission on Emergency Medical Services, 1988-1989
- Director, medical services, NOAA Ship Malcolm Baldrige, 06/89 to 08/89
- Director, field assessment tri-service emergency exercise conducted in Germany and Italy, 1986

### **SELECTED MEDIA CONTACTS:**

- Yolo County and Sacramento County newspapers, radio, and television, frequent contact 2009-2010
- Nevada County newspapers, radio, and television—generally 2-3 times monthly, 2007-2009
- KSIX TV-5 interview, Dallas, topic: environmental health and asthma, 05/02
- KPLC TV-7 interview, Louisiana, topic: environmental health, 02/02
- *Houston Chronicle* interview, topic: disaster preparedness and response, 09/01
- TV-4 television interview, topic: bioterrorism exercise (anthrax) with Dallas County, TX 06/01
- Press conference and media interview, topic: tuberculosis epidemiology and risk, Dallas, TX 03/01
- TV-5 television interview, topic: tuberculosis and World TB Day, Dallas, TX, 03/01
- *Dallas Morning News* interview, topic: HIV, behavior, and ethnic minorities, 02/01
- *AIDS and the Issues* cable television national program, topic: civil rights and HIV/AIDS, Dallas, TX, 11/99
- Press conference and media interview, topic: pneumococcal immunization issues and pneumococcal disease risk, Dallas, TX, 10/99
- Station KPFA-FM *The Morning Show* radio interview, topic: tuberculosis and multi-drug resistant tuberculosis, San Francisco Bay Area, 04/97
- Station WFGO (Fargo, ND) radio interview, topic: tuberculosis in the rural health setting, 05/92
- *Dallas Morning News* interview, topic: refugee housing and medical care, 04/89

### **SELECTED POLICY PRESENTATIONS:**

- Numerous presentations on a variety of health topics, Nevada County Board of Supervisors and councils of incorporated areas in Nevada County of Nevada
- Public presentations on the Health Status of Nevada County
- “FDA: Protecting Consumers,” Southern California College of Optometry, 02/04
- “FDA’s Bioresearch Monitoring Program,” University of California-Berkeley Extension Drug Development Process Course, San Francisco, CA 10/03 and 11/04
- “Healthy People 2010: Regional Implementation,” APHA, Philadelphia, PA 11/02



- “Incarcerated Health in Region VI,” Louisiana Sheriff’s Association, San Antonio, TX 07/02
- “Native American Programs,” Tribal Communication and Coordination Workshop, Dallas TX 05/02
- “Linking Community and Correctional Health Care in Louisiana and Region VI,” New Orleans, LA 11/01
- “Drug and Device Approval Process of the FDA,” Southern California College of Optometry, Fullerton, CA, 10/01 and 10/00
- “Federal Response Plan,” Region VI State Health Officer’s Meeting, Little Rock, AR 09/01
- “Healthy People 2010, Ethnic Disparities in Region VI, and Tobacco Prevention,” Arkansas Minority Health Conference, Little Rock, AR 08/01
- “Infectious Diseases in the Incarcerated: Improving Coordination Among Public Health, Community Based Organizations, and Incarcerated Systems of Care,” Linking Correctional Health with Community Health: Partners in Prevention and Care of Infectious Diseases, Dallas, TX 08/01
- “Special Opportunities for Improving Coordination in Disaster Preparedness and Response in Border Communities,” US Mexico Border Health Association, Las Cruces, NM 06/01
- “Medicaid and Border Health Issues,” Panel Convener, US Mexico Border Health Association, Las Cruces, NM, 05/01
- “Public Health Impact of Immigration Policies,” Southwest Tuberculosis Association, Oklahoma City, OK 05/01
- “TB and Bloodborne Diseases as Occupational Risks,” Southern California College of Optometry, Fullerton, CA 04/01
- “Historically Black Colleges and Universities, HIV/AIDS, and Programs,” HBCU grantee meeting, Dallas, TX 04/01
- “Health Disparities in Region VI,” University of Texas Health Sciences Center, San Antonio, TX 03/01
- “Healthy Gente 2010: Health Objectives for the US-Mexico Border,” American College of Preventive Medicine Annual Meeting, Preventive Medicine 2001: Science and Systems for Health, Miami, FL 02/01
- “Emergency Support Function 8 and Federal Emergency Preparedness,” US Army Office of the Surgeon General’s SMART Conference, San Antonio, TX 02/01
- “Region VI Border Health Support Activities,” New Mexico Border Health Council, Las Cruces, NM 02/01
- “Emergency Preparedness and Bioterrorism: Planning and Preparedness,” Dallas County Medical Society’s Board of Health, Dallas, TX 02/01
- “Ethnic Disparities in Region VI,” University of Texas-Southwestern School of Medicine, Dallas, TX 01/01
- “The Federal Role in Bioterrorism,” Texas State Department of Health and local health officers, Dallas, TX 01/01
- “Healthy People 2010 and Immunizations,” Dallas County Health and Human Services, 01/01
- Keynote and welcome, Texas Department of Health, Minority Health Meeting, Dallas TX, 12/00
- “Healthy People 2010: Immunizations in Mexico and the US,” East Coast Migrant Health Forum, Philadelphia, PA, 11/00
- “Ethnic Disparities in Older Americans,” Southwest Society on Aging Keynote, Houston, TX, 10/00

- “GPRA and OPHS: Measuring Program Results,” Region VI Strategic Planning Conference for Family Planning, Dallas, TX, 10/00
- “Summary of National Suicide Prevention Plan,” Region IV/VI hearings, Atlanta, GA, 09/00
- “Public Health Systems,” Dallas County Department of Health, 05/00
- “Health Disparities in Texas,” Texas Public Health Association, 04/00
- “Hepatitis ABCs” and “Tuberculosis for the Optometrist,” Southern California College of Optometry, Fullerton, CA, 04/00
- “Health Disparities in HIV,” Minority AIDS Initiative Meeting, Arlington, TX, 03/00
- “Federal Efforts in HIV Ethnic Disparities,” Congresswoman Eddie Bernice Johnson’s District AIDS Town Hall Meeting, Dallas, TX, 11/99
- “Healthy People 2010 and Health Disparities,” ARK-LA-TEX Public Health Conference, Richardson, TX, 10/99
- “Federal Initiative on Health Disparities,” Inaugural meeting of the Louisiana State Health Disparity Commission, Ruston, LA, 09/99
- “Pacific Islands Overview and Data Needs,” National Committee for Vital and Health Statistics, Washington, DC, 07/98
- “The Asian American-Pacific Islander Initiative,” Pacific Basin Medical Association, Chuuk State, Federated States of Micronesia, 02/98
- “The Changing Role of Public Health--Federal Perspective,” The Lessons and the Legacy of the Pew Health Policy Program, San Francisco, 06/97
- “Changing Progression of HIV/AIDS: Epidemiology, Federal Funding, and Public Health,” Coming Back to Our Future Discussion Forum, San Francisco, 05/97
- “Issues in Health Care Reform,” Southern California College of Optometry, 05/95
- “Health Status of Children in the U.S. Affiliated Caribbean and Pacific Jurisdictions,” American Academy of Pediatrics, 03/95
- “USPHS: Operational Mission in a Military or Field Environment,” USUHS, 09/94 and 11/93
- “History of the U.S. Public Health Service,” Southern California College of Optometry, 09/94
- “Hepatitis B Program and Immunization Update,” California Conference of Local Health Officers, 05/94
- “Public Health Elements in Health Care Reform: Current Federal Legislative Realities,” California Conference of Local Health Officers, 05/94
- “Region IX Update on Regional and National Issues Affecting Public Health,” California Conference of Local Health Officers, 05/94
- “Assessment of Single-Payor National Health Insurance Using Feldstein's Microeconomic Criteria,” University of Michigan, 04/94
- “Multicultural Approaches to Hepatitis B Immunization,” Hepatitis B Symposium, Centers for Disease Control and Prevention, 03/94
- “Tuberculosis: Resurgence, Resistance, Readiness,” American Optometric Association Congress, 06/93
- “Hepatitis B Prevention and Eradication,” South of Market Health Center, 02/93; Native American Health Center, 01/93; Mission Neighborhood Health Center, 12/92
- “The US Public Health Service in Peace and War,” USUHS, 10/92; 11/90; 10/88; 10/87; 10/86
- “HIV/AIDS in the Work Setting,” Region IX Clinical Conference, San Francisco, CA, 10/92
- “Refugee Health--Clinical and Administrative Aspects,” USUHS, 06/92; 04/92

- “Deployment Medicine in the USPHS,” USUHS, 04/92
- “Recent Developments in BHCDA and CDC Immunization Activities,” Region III Clinical/Administrative Conference, 11/91
- “The HIV/HBV Infected Health Care Worker,” Region VIII Clinical/Administrative Conference, 11/91
- “Immunizations in Public Health Practice,” “Hepatitis B Perinatal Intervention,” “Implementation of Clinical Measures,” Region IX Clinical/Executive Directors Conference, 07/91
- “Ryan White CARE Act,” Sixth National Conference on Human Retroviral Testing, ASTPHLD, 03/91
- “Maldistribution of HIV/AIDS and Healthcare Resources,” Council on Graduate Medical Education, Subcommittee of Bureau of Health Resources, 10/90
- “JCAHO Accreditation for Community, Migrant, and Homeless Health Centers,” Tri-regional Clinical Directors Conference, 09/90

#### **SELECTED CLINICAL/ACADEMIC PRESENTATIONS:**

- “Emergency Preparedness and Response: Floods,” Golden Gate Chapter Commissioned Officers Association, San Francisco, CA 04/04
- “Community Health Care: Health Screening Programs, Community Education,” Southern California College of Optometry, Fullerton, CA 12/03
- “Health Care Personnel and Manpower,” “Health Promotion and Disease Prevention,” Southern California College of Optometry, Fullerton, CA 01/04
- “Role of Private Agencies in Health,” “Professional Associations,” “Legislative Process,” “Health Care Economics and Financing,” Southern California College of Optometry, Fullerton, CA 12/03
- “Organization of Public Health,” “Role of Federal, State and Local Governments,” “Food and Drug Administration,” “Health/Public Health,” “Levels of Care/Providers/Practices and Settings,” “Alternative Delivery and Managed Care,” Southern California College of Optometry, Fullerton, CA 11/03
- “Hepatitis A to E: Border Implications,” UNIDOS Border Health Conference, Las Cruces, NM 11/02
- “Approaching the Problem and Developing a Nationwide Health Tracking Network,” regarding environmental health tracking programs, Children’s Environmental Health Institute/Community Medical Forum on Public Health, Baylor University, 06/02
- “Hepatitis A to E,” STD/HIV Prevention Training Center, Dallas, TX 04/02, 05/02, 08/02
- “Vesicant Agents,” “Nerve Agents,” and “Tuberculosis,” for Environmental Health, University of Texas School of Public Health at Dallas, Dallas, TX 03/02
- “Overview of Chemical Terrorism Agents,” “Pulmonary Agents,” and “Blood Agents,” for Environmental Health, University of Texas School of Public Health at Dallas, Dallas, TX 02/02
- “Public Health in the United States,” for Public Health Management, University of Texas School of Public Health at Dallas, Dallas, TX 02/02
- “Hepatitis A Update,” American College of Preventive Medicine, San Antonio, TX 02/02
- “Ethnic Disparities in Health,” Grand Rounds, University of Texas-Southwestern School of Medicine, Dallas, TX 02/02

- “Chemical Warfare Agents,” for Introduction to Toxicology, University of Texas School of Public Health at Dallas, Dallas, TX 10/01
- “HIV Viral Load and Infectivity,” “Immunization Update,” and “Workforce Development,” Region IV/VI State Health Officials Meeting, New Orleans, LA 09/00
- “Malaria Epidemiology, Prevention, Treatment, and Risk to Blood Supply,” California Blood Banking Clinicians Update, 03/98; 02/98
- “Hepatitis A to E,” San Francisco STD/HIV Prevention Training Center, 01/98; 09/97; 06/97; 07/96; 03/96; 03/95; 11/94; 10/94; 07/94; 05/94; 03/94; 11/93; 5/93; 02/93; University of Michigan, 10/93
- “Hepatitis A to E and Beyond,” Grand Rounds, Palau National Hospital, 07/96
- “Occupational Health Risks in Health Care - An Ethical Dilemma,” convener, American Public Health Association, 10/95
- “Head Start: Immunizations, the Medical Examination, and Control of Infectious Diseases,” Head Start Teleconference to the Pacific Jurisdictions, 08/95
- “Reportable Diseases,” Southern California College of Optometry, Fullerton, CA, 05/96; 05/95
- “The Hepatitides and Cost-Benefit Analysis of the Perinatal Hepatitis B Immunization Program,” Washington State Department of Health, 09/94
- “Tuberculosis,” San Francisco STD/HIV Prevention Training Center, San Francisco, CA, 05/94; 03/94
- “Epidemiology of Tuberculosis,” American Lung Association, San Francisco, CA, 11/93
- “Hepatitis B Vaccine,” American Liver Foundation, San Francisco, CA, 10/93
- “Tuberculosis,” University of Michigan, 06/93
- “Cholera,” University of Michigan, 05/93
- “Tuberculosis and Hepatitis B--Public Health Issues,” Southern California College of Optometry, Fullerton, CA, 05/97; 04/96; 05/94; 03/93
- “Hepatitis B: Perinatal and Infant Immunization,” Hepatitis Program, San Francisco Department of Health, 03/93
- “Screening for the Insensitive Foot in Diabetic and Hansen's Disease Patients,” BHCDA Grand Rounds, 06/92; 05/92
- “Chest Pain,” “Abdominal Pain,” “Diving Injuries,” and “Wound Treatment/Suture Laboratory,” NOAA Operational Medicine Course, 01/92
- “Barotrauma,” USUHS, 01/92; 10/91; 09/91; 01/91; 11/90; 09/90
- “The Importance of the Sexual History in the Medical Interview,” USUHS, 10/91
- “Contextual Thinking in the Practice of Medicine,” USUHS, 10/91; 10/90
- “The Importance of History-Taking as Part of the Total Physical Examination,” USUHS, 9/91; 9/90
- “The Field Team Medical Response Bag,” “Lightning Injuries,” “Heat Injuries,” and “Arthropod and Snake Envenomations,” PHS Disaster Medical Assistance Team (DMAT), US Army, and US Coast Guard joint training exercise, 7/91
- “Chest Trauma,” PHS DMAT, 1/91
- “Shock,” PHS DMAT, 1/91
- “Management of Burn Injuries,” USUHS, 1/91
- “Rhythm Strip Interpretation,” USUHS, 1/91
- “Initial Assessment of Trauma Patients,” USUHS, 9/90
- “Coma,” USUHS, 1/89
- “Emergency Radiology,” USUHS, 1/89

- “Emergency Assessment and Care of Burn Injuries,” part of symposium for Malcolm Grow Medical Center (USAF) course in Combat Medical Training, 10/87
- “Medical Triage in Mass Casualty Care,” PHS DMAT and US Army joint training exercise, 10/87



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

DATE: April 28, 2011

TO: District Board of Health

FROM: Kevin Dick, Director, Air Quality Management

SUBJECT: Evergreen Carper Care – Case No. 1062  
Unappealed Citation No. 4611  
Agenda Item: 8.A.1.a.

### Recommendation

Air Quality Management Division Staff recommends that Citation No. 4611 be levied against Evergreen Carpet Care and Dale Carter owner of the business, for the improper removal and disposal of possible "ACM" asbestos containing materials at 1450 Idlewild Drive, Units 626 and 636, Reno, Nevada. The possible "ACM" was removed without any surveys being taken or proper notices being filed with the Air Quality Management Division. The Citation was issued for a violation of Section 030.107 (A) & (B) of the District Board of Health Regulations Governing Air Quality. This is a negotiated settlement.

Recommended Fine: \$5,000

Negotiated Fine: \$2,500

### Background

On March 17, 2011, Air Quality Senior Specialist Dennis Cerfoglio received a complaint regarding improper removal and disposal of possible ACM from water damage at 1450 Idlewild Drive, units 626 & 636 in Reno, Nevada. When he arrived, Specialist Cerfoglio was granted access to the two units in question. Specialist Cerfoglio found large amounts of ceiling materials and floor base coving removed in both units. Numerous photographs were taken to confirm the removal of these materials in both units. In conducting further investigations into the matter, Specialist Cerfoglio was able to confirm that Evergreen Carpet Care was the organization that performed the removal and disposal of the possible ACM materials. Based upon the facts, Specialist Cerfoglio issued Notice of Violation Citation No. 4611 for the improper removal and disposal of possible ACM without proper surveys and notification.

On March 23, 2011, Air Quality Supervisor Noel Bonderson and Senior Air Quality Specialist Dennis Cerfoglio met with Mr. Tim Louck, General Manager for Evergreen Carpet Care. After considering all the facts of the case, Mr. Bonderson recommended that Notice of Violation Citation No. 4611 be upheld with a fine of \$2,500. A Memorandum of Understanding was signed by all parties.

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DBOH AGENDA ITEM # 8.A.1.a.

April 28, 2011  
DBOH/Evergreen Carpet Care  
Page 2

**Alternatives**

1. The District Board of Health may determine that no violation of the Regulations has taken place and dismiss Citation No. 4611.
2. The Board may determine to uphold Citation No. 4611 but levy any fine in the range of 0 to \$10,000.
3. In the event the Board determines to change the proposed penalty, the matter should be continued so that Evergreen Carpet Care may be properly noticed.

  
\_\_\_\_\_  
Kevin Dick, Division Director  
Air Quality Management

KD/DC; ma



**NOTICE OF VIOLATION**

NOV 4611

DATE ISSUED: 3-17-2011

ISSUED TO: Emergreen Carpet Care PHONE #: 825-7569

MAILING ADDRESS: 2805 Rock Blvd. #140 CITY/ST: Reno, Nev. ZIP: 89502

NAME/OPERATOR: Dale Carter PHONE #: 825-7569

DRIVER LICENSE #/SSN \_\_\_\_\_

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 3-17-2011 (DATE) AT 10:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

**MINOR VIOLATION OF SECTION:**

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

**MAJOR VIOLATION OF SECTION:**

- 030.000 OPERATING W/O PERMIT
- 030.2175 VIOLATION OF PERMIT CONDITION
- 030.105 ASBESTOS/NESHAP
- OTHER 030.107 A+B

VIOLATION DESCRIPTION: Removal of possible ACM "Asbestos Containing Materials" w/o proper sampling & notification plus improper removal and disposal of same materials

LOCATION OF VIOLATION: 1450 Idlewild Drive # 626 & 636

POINT OF OBSERVATION: On location at units 626 & 636

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

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

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 3-17-2011 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within Immediately hours/days. You are further advised that within ten days of the date of this violation you may submit a written notice of appeal to the Chairman, Hearing Board, P.O. Box 11130, Reno, Nevada 89520. Failure to submit a notice of appeal in the time specified will result in submission of this violation to the District Board of Health, together with a request that an administrative fine be levied against you. If you do not wish to file an appeal the appropriate fine may be paid at the District Health Department.

**SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT**

Signature: \_\_\_\_\_ Date: 3/17/11  
 Issued by: Dennis A. Corfoglio Title: Sr. Air Quality Specialist

WASHOE DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, COLOR, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN IN THE ACTIVITIES AND OR SERVICES WHICH IT PROVIDES. IF YOU HAVE ANY QUESTIONS, PLEASE CALL WASHOE COUNTY HUMAN RESOURCES - 328-2080; TDD NUMBER 328-3685.

An appeal Form Given To Jim Louck 3-17-2011





# DISTRICT HEALTH DEPARTMENT

## AIR QUALITY MANAGEMENT DIVISION

### MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: March 23, 2011

Company Name: Evergreen Carpet Care  
Address: 280 South Rock Blvd.  
Notice of Violation # 4611 Case # 1062

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 030.107 A+B Removal of possible ACM w/o proper sampling & notification plus improper removal and disposal of some materials.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,500<sup>00</sup>. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on April 28, 2011.

[Signature]  
Signature of Company Representative

[Signature: Dennis A. Cerfoglio]  
Signature of District Representative

TIM LOUCK  
Print Name

DENNIS A. CERFOGLIO  
Print Name

GENERAL MANAGER  
Title

SR. AIR QUALITY SPECIALIST  
Title

\_\_\_\_\_  
Witness

[Signature: Noe A. Bouleco]  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

COMPLAINT INVESTIGATION REPORT  
Washoe County Air Quality Management Division

Complaint Number: **CMP11-0028**

Complaint Status: NOV

Source of Complaint: CITIZEN

Complaint Type: ASBESTOS

Date Received: 03/16/2011

Time: 3:47:00 PM

Inspector: DCERFOGLIO

Inspector Area: 5

Complaint Description: NOV 4611/CASE 1062 - RENOVATION TO WALLS IN UNITS 626 & 636 - NO PERMITS - NO TESTING.

Address: 1450 IDLEWILD DR RENO

Location:

Parcel Number: 01056001

Related Permit Number:

Complainant:  
ANONYMOUS

Responsible Party:  
EVERGREEN CARPET CARE  
TIM LOUCK, GENERAL MANAGER  
280 SOUTH ROCK BLVD, SUITE 140  
RENO, NV 89502  
775-825-7569

Investigation:

On March 17, 2011 I arrived at the complaint address of 1450 Idlewild Drive units 626 and 636 for and illegal asbestos removal. I was able to confirm that the complaint was viable as photographs show large amounts of the ceiling material was removed and disposed of without proper sampling and notification. I wrote a NOV Citation 4611 (CASE 1062) to Evergreen Carpet Care for the improper removal and disposal of possible "ACM" under 030.107 A & B of the District Board of Health Regulations Governing Washoe County Air Quality.

Enforcement Activities

Warning Citation.:  
NOV.....:

Citation Number: 0  
NOV Number.....: 4611  
Case Number.....: 1062  
Amount.....: \$2,500.00

Settlement.....: 03/23/2011

Appealed.....:

Upheld.....:

Amount.....: \$0.00

Status Information

Initialized By.....: TBURTON  
Date Assigned.....: 03/16/2011

Completed Date...:  
Completed By.....:

# RECOMMENDED FINE WORKSHEET

DATE: 3-17-2011 CASE NO.: 1062 NOV NO.: 4611

COMPANY NAME: Evergreen Carpet Care

CONTACT NAME: Tim Louck, General Manager

VIOLATION OF SECTION(S): 030.107 (A) & (B) (NESHAP) (MAJOR / MINOR)

X 1<sup>ST</sup> VIOLATION \_\_\_\_\_ 2<sup>ND</sup> VIOLATION \_\_\_\_\_ 3<sup>RD</sup> VIOLATION

<u>YES</u>	HAZARDOUS AIR POLLUTANT	YES / NO	<u>HAPs</u>	TYPE OF AIR CONTAMINANT (CO, NOX, SOX, PM, VOC'S)	
<u>YES</u>	LEGALLY PERMITTED SOURCE	YES / NO	<u>YES</u>	PUBLIC HEALTH EXPOSURE	YES / NO
<u>Unknown</u>	NUMBER OF DAYS IN VIOLATION	YES / NO	<u>YES</u>	PUBLIC COMPLAINTS	YES / NO

1. **DEGREE OF VIOLATION:** MINOR MODERATE MAJOR  
(The degree to which the person/company has deviated from the regulatory requirements)

100% in that no asbestos samples were taken, no removal notification was filed, and possible ACM removed and disposed of improperly.

2. **ECONOMIC BENEFIT COMPONENT:** (OPTIONAL): MINOR MODERATE MAJOR  
ESTIMATED COST \$ 5,000

(Economic effect to the person/company for NOT complying with the Regulations including avoided costs and delayed costs)

Estimated cost for abatement per Tom Davis at Advance Installations. Cost of proper sampling, removal & disposal of any ACM on water damage job site.

3. **DEGREE OF COOPERATION:** MINOR MODERATE MAJOR  
(The person/company's efforts to immediately cease the violation and come into compliance)

Very good after the Citation was written and reasons for the Citation were explained to Mr. Tim Louck, General Manager of Evergreen Carpet Care.

4. **ADDITIONAL COMMENTS:**

Part of our settlement agreement with Evergreen Carpet Care was that they would send a couple of employees to an Asbestos Awareness Class. Tim Louck would be one of the employees to attend.

RECOMMENDED FINE: \$5,000

  
AQ SPECIALIST'S SIGNATURE

NOTE: "Minor Violations", per District Regulations, cannot exceed \$1000 for the first and second violations. Third minor violations, plus "major violations" cannot exceed \$10,000 per day.



# Washoe County Health District





**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: April 28, 2011**

**DATE:** April 4, 2011

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) 

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us) 

**SUBJECT:** **Approval of Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 to December 31, 2011 in the amount of \$98,819 in support of the Immunization Program, IO 10028.**

## SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District has received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division (NSHD), which provides for grant funding for the on-going Immunization Program, IO 10028. A copy of the Subgrant Award is attached.

*Goal supported by this item:* Approval of the Subgrant Award supports the Health District Immunization Program Mission to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

## PREVIOUS ACTION

The Washoe County District Board of Health approved an Intrastate Interlocal Contract in the amount of \$118,574.41 in support of the Immunization Program on October 28, 2010. After approval of the Intrastate Interlocal Contract, the NSHD decided to provide funding to the Health District via a Subgrant Award.

**AGENDA ITEM # 8.C.1.**

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**BACKGROUND**

The NSHD has received "Round 1" of funding from the Centers for Disease Control and Prevention (CDC). As such, the Notice of Subgrant Award reflects the subgrant period of January 1, 2010 through December 31, 2010, but only approximately one third of the CY11 anticipated funding. Once the additional round(s) are received by the NSHD, the WCHD will receive an amendment to increase funding. At this time, the anticipated CY11 funding is \$292,556.

This grant provides funding for: personnel and benefits (registry, technical assistance, training, surveillance, assessment, etc.), equipment, office supplies, training/travel, and operating supplies such as: MD consultants, other professional services, postage, copier charges, printing, telephone and repairs and maintenance.

**FISCAL IMPACT**

Should the Board approve the Subgrant Agreement, budget amendments for FY11 are not necessary as this award crosses County fiscal years and there is sufficient budget authority through June 30, 2011.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 to December 31, 2011 in the amount of \$98,819 in support of the Immunization Program, IO 10028.

**POSSIBLE MOTION**

Move to approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2011 to December 31, 2011 in the amount of \$98,819 in support of the Immunization Program, IO 10028.

**HEALTH DIVISION**

(hereinafter referred to as the DIVISION)

Budget Account #: 3213  
 Category #: 20  
 GL #: 8516

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Immunization Program Bureau of Child, Family & Community Wellness Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite #210 Carson City, NV 89706-2009		<b>Address:</b> PO Box 11130 Reno, NV 89520	
<b>Subgrant Period:</b> January 1, 2011 Upon approval by all parties through December 31, 2011  <i>Initial</i> <i>Initial</i>		<b>Subgrantee's</b> <b>EIN#:</b> 886000138 <b>Vendor#:</b> T40283400 Q <b>Dun &amp; Bradstreet#:</b> 73786998	
<b>Reason for Award:</b> To eliminate cases of vaccine-preventable diseases in Washoe County by raising the immunization levels of all Washoe County citizens with special emphasis placed on increasing the age-appropriate immunization levels of adolescent and adult populations.			
<b>County(ies) to be served:</b> ( ) Statewide (X) Specific county or counties: WASHOE COUNTY			
<b>Approved Budget Categories:</b>			
1. Personnel	\$	92,214.00	<b>Any categorical adjustments must be approved through the Immunization Program Manager. Written permission must be obtained and can be done via email.</b>
2. Travel	\$	2,358.00	
3. Operating	\$	336.00	
4. Equipment	\$	336.00	
5. Contractual/Consultant	\$		
6. Training	\$		
7. Other	\$	3,575.00	
<b>Total Cost</b>		<b>\$</b>	<b>98,819.00</b>
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ <b>98,819.00</b> during the subgrant period.			
<b>Source of Funds:</b>		<b>% of Funds:</b>	<b>CFDA#:</b>
1. Centers for Disease Control and Prevention		<b>100%</b>	<b>93.268</b>
			<b>Federal Grant #:</b> <b>5H23IP922549-09</b>
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Matt Smith District Board of Health Chair	<i>Matt Smith</i> Signature		Date 4-28-11
Erin Seward, MPH Program Manager	<i>Erin Seward</i> Signature		3/9/11
Deborah A. Harris, MA, CPM CFCW Bureau Chief	<i>Deborah A. Harris</i> Signature		3/15/11
Richard Whitley, MS Administrator, Health Division	<i>Richard Whitley</i> Signature		

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION A  
Assurances**

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

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).



9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION B**

Description of services, scope of work, deliverables and reimbursement

The intent of this subgrant is to perform activities deemed effective in improving immunization coverage among children age 0 through 18 years of age and to reduce hepatitis B disease among children and adults.

The activities addressed in this contract are required under the federal Immunizations and Vaccines for Children Grant, CFDA 93.268, administered by the Centers for Disease Control and Prevention, and identified within the Immunization Program Operations Manual (IPOM) dated June 11, 2010.

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

**CHAPTER 2 – VACCINE ACCOUNTABILITY AND MANAGEMENT**

VFC site visits ensure that federally provided vaccine is stored and handled appropriately. **Please note that for every VFC site visit (and the provider practice is large enough) a AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Vaccine Manager.**

<b>Goal: Provide Vaccine Accountability and Management to providers in your jurisdiction. (IPOM 2)</b>		
<b>Objectives</b>	<b>Activities</b>	<b>Date Due By</b>
<p>(IPOM 2.2) By 12/31/2011, conduct compliance site visits in at least 75% public and private VFC provider settings to assure vaccine accountability and appropriate vaccine storage and handling at the provider level.</p>	<ol style="list-style-type: none"> <li>1. Conduct a minimum of three (3) VFC site visits and respective feedback sessions per month;</li> <li>2. Utilize the most current VFC site visit questionnaire and VFC non-compliance checklist as provided by the NSIP</li> <li>3. Not later than the <del>fifth</del> (10<sup>th</sup>) day of each month post the previous month's Co-CASA export on an FTP site as designated by the NSIP.</li> <li>4. Conduct VFC site visits on 100% of newly enrolled VFC providers.               <ol style="list-style-type: none"> <li>a) Conduct VFC site visits on newly enrolled VFC providers no sooner than 90 days and not later than 120 of completion of enrollment.</li> <li>b) Utilize the VFC site visit questionnaire and original reporting sheet to note deficiencies while conducting site visits with newly enrolled providers.</li> </ol> </li> <li>5) Provide technical assistance and/or follow-up visits as directed by the NSIP.</li> </ol>	<p>12/31/2011</p>
		<p><b>Documentation</b></p> <p>Monthly Progress Report (to include):</p> <p>Within 30 days of the VFC site visit submit the following documentation for site visits completed:</p> <ul style="list-style-type: none"> <li>• VFC Areas of Non-compliance</li> <li>• Post visit letter</li> </ul> <p>Submit by the <del>fifth</del> (10<sup>th</sup>) day of each month the previous month's Co-CASA export on an FTP site as designated by the NVHD Immunization Program.</p>

**CHAPTER 4 PROVIDER QUALITY ASSURANCE**

AFIX is a continuous quality improvement process that is used to improve provider practice and raise immunization coverage rates. Please note that for every VFC site visit (and the provider practice is large enough) a AFIX assessment is also required. All county VFC/AFIX Coordinators are required to work closely with state Provider Quality Assurance Manager.

Goal: Annually, review and maintain achievement of Level 1 (required) AFIX Standards. (IPOM 4.1)			
Objectives	Activities	Date Due By	Documentation
(IPOM 4.1a) By 12/31/2011, use the AFIX Standards Self Assessment Worksheet to determine the components of the Level 1 Standards that have been achieved and to identify other areas that will be addressed. Implement a process to ensure continuous improvement and achievement of Level 1 AFIX Standards.	<ol style="list-style-type: none"> <li>1. Perform AFIX assessments on all VFC providers who immunized 10 or more children born in 2008.</li> <li>2. Utilize the NSHD Immunization Registry (WebIZ) to conduct AFIX assessments or directly enter immunization records into the most current Co-CASA module as provided by the Centers for Disease Control and Prevention (CDC).</li> <li>3. Generate the summary reports for the immunization series (4:3:1:3:3:1 &amp; 4:3:1:3:3:1:4) as selected by the CDC and complete "visit information" tab of Co-CASA.</li> <li>4. Generate the single antigen report to complete the information on the "Visit Information" tab of Co-CASA.</li> <li>5. Promote coalition reminder/recall program and NILE activities during site visits.</li> <li>6. Perform AFIX assessments for all WebIZ users in Washoe County for the Annual Silver Syringe Awards               <ol style="list-style-type: none"> <li>a) Coordinate with NSIP staff to conduct an AFIX assessment on all VFC providers that use WebIZ.</li> <li>b) Conduct an AFIX assessment on all VFC program enrolled registry users in Washoe County as requested by the NSIP staff.</li> </ol> </li> </ol>	12/31/2011	<p>Monthly Progress Report (to include):</p> <p>Within 30 days of the VFC/AFIX site visit submit the following documentation for site visits completed:</p> <ul style="list-style-type: none"> <li>• Provider AFIX feedback report (submitted after a six month follow up visit)</li> <li>• AFIX Summary Reports – page 1</li> <li>• Single Antigen Report</li> </ul>

## CHAPTER 5 - PERINATAL HEPATITIS B PREVENTION

Based on the success of past endeavors of Hepatitis B disease reduction among both children and adults, the CDC seeks to eliminate Hepatitis B virus transmission in the United States. However this goal cannot be achieved without the assistance from the immunization grantees, especially the Perinatal Hepatitis B prevention coordinators. **All county Perinatal Hepatitis B Coordinators are required to work closely with the state Perinatal Hepatitis B Coordinator.**

<b>Goal:</b> Establish a mechanism to identify all HBsAg-positive pregnant women. (IPOM 5.1)	
<b>Objectives</b>	<b>Activities</b>
<p>(IPOM 5.1b) By 12/31/2011, educate 30% of prenatal care providers in Washoe County to routinely screen pregnant women for HBsAg status during each pregnancy, implement procedures for documenting HBsAg screening results in prenatal care records, and forward original laboratory results to the delivery hospital. Educate 50% delivery hospitals to verify prenatal HBsAg test results of pregnant women on admission for delivery and test women with unknown HBsAg status and those with high-risk behaviors.</p>	<p><b>1.</b> Between January 1, 2011 and December 31, 2011, and utilizing any of the following methods, contact a minimum of 30% of prenatal care providers in Washoe County to educate them on routine screening for HBsAg and ACIP recommendations for the prevention of perinatal hepatitis B:</p> <ul style="list-style-type: none"> <li>b) US Mail or commercial mail services;</li> <li>c) Site visits;</li> <li>d) Approved electronic media.</li> </ul>
	<p><b>2.</b> Between January 1, 2011 and December 31, 2011, and utilizing any of the following methods, contact a minimum of 30% of pediatricians in Washoe County to educate them on the importance of following the ACIP recommendations for the prevention of perinatal hepatitis B, including use of the ACIP vaccine schedules and recommendations for hepatitis B vaccine administration and post serology testing of infants born to HBsAg-positive women.</p> <ul style="list-style-type: none"> <li>a) US Mail or commercial mail services;</li> <li>b) Site visits;</li> <li>c) Approved electronic media.</li> </ul>
	<p><b>3.</b> Between 1/1/2011 and 12/31/2011, and using the any of the following methods, contact a minimum 50% of delivery hospitals in Washoe County and provide education on ACIP recommendations for the prevention of perinatal hepatitis B:</p> <ul style="list-style-type: none"> <li>a) US Mail or commercial mail services;</li> <li>b) Site visits;</li> <li>c) Approved electronic media.</li> </ul> <p>Ensure that delivery hospitals have standing orders and policies that reflect the same prevention efforts.</p>
	<p><b>Date Due By</b> 12/31/2011</p>
	<p><b>Documentation</b> Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• A report identifying the prenatal care providers contacted during the month. Include the following information: <ul style="list-style-type: none"> <li>○ A list of prenatal care providers contacted;</li> <li>○ Method of contact utilized;</li> <li>○ Copy of educational materials provided.</li> </ul> </li> </ul>
	<p><b>Date Due By</b> 12/31/2011</p>
	<p><b>Documentation</b> Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• A report identifying the prenatal care providers contacted during the month. Include the following information: <ul style="list-style-type: none"> <li>○ A list of pediatric providers contacted;</li> <li>○ Method of contact utilized;</li> <li>○ Copy of educational materials provided.</li> </ul> </li> </ul>
	<p><b>Date Due By</b> 12/31/2011</p>
	<p><b>Documentation</b> Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• A report identifying the delivery hospitals contacted during the month. Include the following information: <ul style="list-style-type: none"> <li>○ A list of delivery hospitals contacted;</li> <li>○ Method of contact utilized</li> <li>○ Copy of educational materials provided.</li> </ul> </li> </ul>

**Goal:** Conduct case management of all identified infants born to HBsAg-positive women and case manage all household and sexual contacts of HBsAg-positive women. (IPOM 5.2)

Objectives	Activities	Date Due By	Documentation
<p>(IPOM 5.2a) By 12/31/2011, use case management to help assure that 90% infants born to HBsAg-positive mothers receive hep B birth dose, 70% complete hep B series, and 60% receive post testing on a monthly basis.</p> <p><i>Please note: for the most part, perinatal hep B is about babies born to HBsAg positive women. The goal is to prevent transmission of infection to babies.</i></p>	<ol style="list-style-type: none"> <li>Provide case management for infants at high risk (<i>born to women who are high risk</i>) for perinatally acquired hepatitis B infection by:               <ol style="list-style-type: none"> <li>Ensuring hepatitis B immune globulin (HBIG) and the birth dose of hepatitis B vaccine are administered to infants born to HBsAg-positive women within 12 hours of birth;</li> <li>Ensuring the full hepatitis B series of vaccinations is complete by 6-8 months of age;</li> <li>Ensuring that post vaccination serologic testing is conducted by 9-15 months of age.</li> </ol> </li> <li>Collaborate with pediatric providers to ensure infants born to HBsAg-positive women receive the full hepatitis B vaccine series according to the most current ACIP immunization schedule.</li> <li>Collaborate with pediatric providers to ensure infants born to HBsAg-positive women receive post vaccination serologic testing by 9-15 months of age.</li> <li>Perform annual analysis of case data to:               <ol style="list-style-type: none"> <li>Monitor progress;</li> <li>Measure the percentage of identified infants born to HBsAg-positive women who receive their hepatitis B vaccine series and post vaccination serologic testing on time.</li> </ol> </li> </ol>	12/31/2011	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>A report of perinatal hepatitis B case management including, but not limited to:               <ul style="list-style-type: none"> <li># of infants born to HBsAg-positive women;</li> <li># of infants who received hep B &amp; HBIG within 12 hours of birth;</li> <li># of infants who completed hep B series by 6-8 months of age;</li> <li># of infants who completed post vaccination serologic testing by 9-15 months of age;</li> <li># of birth dose hepatitis B refusals (<i>Hospitals may or may not keep track of this number. Depends on hospital policies.</i>)</li> </ul> </li> </ul>
<p>(IPOM 5.2b) By 12/31/2011, work with state surveillance staff to ensure 100% complete perinatal case reporting (when infants tests HBsAg-positive) to CDC via NNDSS on a monthly basis.</p>	<ol style="list-style-type: none"> <li>Coordinate with laboratories and pediatricians to ensure timely laboratory reporting of HBsAg-positive test results in infants who test HBsAg-positive.               <ol style="list-style-type: none"> <li>State Perinatal Hepatitis B Coordinator will determine what information is needed from counties for NNDSS.</li> </ol> <p><i>Some babies don't respond to prophylaxis and therefore become HBsAg-positive.</i></p> </li> </ol>	12/31/2011	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>Information needed for NNDSS.</li> </ul>
<p>(IPOM 5.2c) By 12/31/2011, identify 45% household contacts and sexual partners of HBsAg-positive women and ensure they receive the hepatitis B vaccine series and post</p>	<p>Identify household contacts and sexual partners of HBsAg-positive women. If susceptible, ensure at least 45% of these household contacts and sexual partners receive hepatitis B vaccine series and post vaccination serologic testing.</p>	12/31/2011	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li># of identified household &amp; sexual contacts for which susceptibility status was determined</li> <li># of susceptible household</li> </ul>

vaccination serologic testing if susceptible on a monthly basis.			& sexual contacts that completed three dose hep B series.
(IPOM 5.2d) By 12/31/2011, develop and maintain a database for tracking perinatal hepatitis B cases.	Collaborate with state Perinatal Hepatitis B Coordinator in the development of a statewide database. The state will develop a database to help counties better track case management since the four areas throughout the state currently utilize different methods for program tracking.	12/31/2011	No Monthly Progress Report Needed

<b>Goal:</b> Evaluate completeness of identification of HBsAg-positive women, birth dose administration, hospital policies, and appropriate care of infants born to HBsAg-positive and unknown status mothers. (IPOM 5.3)			
<b>Objectives</b>	<b>Activities</b>	<b>Date Due By</b>	<b>Documentation</b>
(IPOM 5.3a) By 12/31/2011, conduct medical record reviews at hospitals that deliver at least 90% of the jurisdiction's birth cohort by 12/31/2011.	<ol style="list-style-type: none"> <li>1. Conduct medical records review based on CDC requirements. <ol style="list-style-type: none"> <li>a) Identify the percentage of hospital medical records with documented HBsAg results for the current pregnancy and percent of infants born to women with HBsAg-positive or HBsAg-unknown status that receive appropriate prophylaxis within 12 hours of birth. Goal = 95%. Upon request and schedule, state Perinatal Hep B Coordinator will be available to assist.</li> </ol> </li> </ol>	12/31/2011	<p>Monthly Progress Report ( to include):</p> <ul style="list-style-type: none"> <li>• Report of medical record reviews conducted</li> <li>• Provide a list of delivery hospitals for which the medical records reviews have been completed.</li> </ul>

# CHAPTER 6 ADOLESCENT IMMUNIZATION (SPECIAL PROJECT)

Goal: Work with partners to support the establishment of the adolescent platform for adolescent immunizations. (IPOM 6.1)	Objectives	Activities	Date Due By	Documentation
	<p>(IPOM 6.1a) By 12/31/2011, increase grantee-specific vaccination coverage estimates by 15%* for each of the three non-annual vaccines recommended for adolescents.</p> <p>*As published in NIS teen estimates for 2009 and 2010 respectfully.</p>	<p>1. Increase vaccination coverage rates by 15% for each of the three non-annual vaccines recommended for adolescents. Measures of interest include 1 dose of Tdap vaccine, 1 dose of Meningococcal vaccine, 3 doses of HPV vaccines.</p> <p>2. WCHD will increase adolescent immunization rates for three zip codes in Washoe County for Tdap by 15% by December 2011. WCHD is working with the Washoe County School District (WCSD) to determine baseline coverage for adolescent immunization rates.</p> <p>3. Begin a vaccine program in a provider setting, to provide education on: vaccine inventory control, procedures for ordering adequate supplies, vaccine storage and handling, administration techniques, documentation, immunization information systems, and other related issues.</p> <p>a) Meet with St. Mary's Regional Medical Center and Renown Health System representatives to help develop open access to adolescent immunizations in their respective urgent cares and clinics throughout Washoe County clinics. (First quarter 2011)</p> <p>b) Work with the NSIP to obtain VFC and 317 funded vaccinations for adolescents to eliminate the inability to pay as a barrier for some parents. (May 2011)</p> <p>c) Post immunization clinic schedules on the NNIC website for the public; post links to other clinics on the WCHD immunization webpage.</p> <p>d) Obtain baseline adolescent immunization visit rates of WCHD through WebIZ; reassess quarterly.</p> <p>4. Work with WCSD student health services to promote recommended adolescent immunizations in order to increase compliance with national immunization recommendations.</p> <p>a) Immunization program staff will work directly with WCSD to identify under-immunized students by zip codes. (March 2011)</p> <p>b) Parents of under-immunized student will be notified by WCSD reminder/recall/exclusion letters and through the WCSD ConnectEd phone notification system. A minimum of three attempts shall be made to contact under-immunized children by July 2011.</p>	12/31/2011	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>Determine baseline of the three non-annual vaccines recommended for adolescents</li> <li>Percentage increase in adolescent vaccination coverage rates</li> <li>List of five zip codes, place on map</li> <li>Determine baseline rates</li> </ul>

<p>(IPOM 6.1b) Ongoing basis, promote public awareness of the recommended vaccines for adolescents and the importance of annual adolescent health care visits.</p>	<p>c) Identify under-immunized children will be referred for immunizations to their healthcare provider local clinics or the WCHD immunization clinic. Conduct immunization strike teams, offering 317/VFC vaccinations, at area schools, to increase student compliance with required and recommended vaccines.</p> <p>d) Implement the "Vaccinate Before You Graduate" immunization program, working with the WCSD and NNIC. This program will notify senior high school students of the importance and need to receive meningococcal vaccination if continuing on to college. HCPs will be encouraged to use this opportunity to provide other adolescent immunizations that patients may have missed such as Tdap, Varicella, HPV or MMR. (June 2011)</p> <p>e) Work with NSIP to obtain VFC and 317 funded meningococcal vaccine to eliminate the barrier of inability to pay for some parents.</p>	<p>Ongoing</p>	<p>Monthly Progress Report</p>
<p>1. Educate parents and adolescents about vaccines, including HPV vaccines, at various venues frequented by parents and adolescents, such as PTA's, adolescent CBO's, parenting classes, etc. Select five schools from the five identified zip codes from 6.1a (6<sup>th</sup> and 7<sup>th</sup> grades) to promote adolescent immunizations (Tdap, MCV4, HPV and Varicella [VZV]).</p> <p>2. During VFC/AFIX health care provider (HCP) assessments and during other HCP interactions, invite adolescent HCP's to monthly NNIC meetings to engage them in discussions regarding adolescent immunizations and the importance of the adolescent health visit.</p> <p>3. Encourage vaccine pharmaceutical representatives to visit adolescent HCPs to provide them with educational materials for parents of adolescents that promote recommended adolescent immunizations.</p> <p>4. Through the annual Silver Syringe Awards, give awards to providers who increase their adolescent immunization rates.</p> <p>5. As part of the annual survey of NNIC members, seek information from providers regarding NNIC membership, and if it has impacted the number of adolescents immunized, or the number of adolescent health visits. If so obtain qualitative data as to what was helpful so that this may be replicated in other offices.</p>			



	<p>6. Prepare to respond to media and community requests for immunization about adolescent immunization requirements.</p> <p>a) WCHD immunization program staff are immunization subject matter experts, and will conduct media interviews and will respond to informational requests.</p>	
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<p><b>Goal:</b> Provide, with guidance for CDC, information regarding the VFC program to appropriate medical providers and institutions that care for adolescents. (IPOM 6.2)</p>		
<p><b>Objectives</b></p> <p>(IPOM 6.2c) By 12/31/2011, Collaborate with professional organizations to promote adolescent vaccination in the primary care setting and identify providers who are not currently participating in the VFC program but who may not be interested.</p> <p>Baseline = 49</p>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>Recruit five new VFC providers during the 2011 grant year.             <ol style="list-style-type: none"> <li>Conduct office visits to former state 317/VFC HCPs to encourage re-enrollment in the state vaccine program. (March 2011)</li> <li>Conduct office visits on HCPs with no prior history of enrollment as identified by WCHD or NSIP.</li> <li>Consult with the Washoe County Medical Society to identify pediatricians and family practice providers who may be interested in the state vaccine program. Consult with vaccine manufacturers as to new health care providers in Washoe County.</li> <li>Explore funding opportunities with the NSIP regarding refrigeration needs for HCPs.</li> <li>Offer incentives to offices such as the CDC Pink Book, thermometers, and an opportunity to attend a State or National Immunization Conference attendance if made available by the NSIP, as encouragement to enroll in the state vaccine program.</li> </ol> </li> </ol>	<p><b>Date Due By</b></p> <p>12/31/2011</p>
		<p><b>Documentation</b></p> <p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>List of previous 317/VFC providers visited</li> <li>List of non 317/VFC offices visited with no prior history</li> <li>VFC provider enrollment paper work completed and sent to NSIP</li> <li>List of providers with refrigeration needs.</li> </ul>

<p><b>Goal:</b> Identify juvenile correctional facilities and/or social services agencies serving adolescent populations, and foster partnerships to promote increased coverage for recommended vaccines. (IPOM 6.3)</p>		
<p><b>Objectives</b></p> <p>(IPOM 6.3d) By 12/31/2011, promote knowledge and awareness among administrative officials and health care providers regarding...</p>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>Select five schools from the five identified zip codes from 6.1a (6<sup>th</sup> &amp; 7<sup>th</sup> grades) to promote adolescent immunizations (Tdap MCV4, HPV, and Varicella). Work with CBOs that engage adolescents to promote adolescent immunizations.             <ol style="list-style-type: none"> <li>Identify potential partners such as active school PTA/PFA organizations, and community programs such as Girl Scouts, Big Brothers Big Sisters, 4H, Junior Achievement. (First quarter 2011)</li> <li>Schedule educational sessions regarding the importance</li> </ol> </li> </ol>	<p><b>Date Due By</b></p> <p>12/31/2011</p>
		<p><b>Documentation</b></p> <p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>Name of schools selected</li> <li>Name of partners and how their partnership will benefit adolescent immunizations</li> </ul>

	<p>and benefit of adolescent immunizations with those form above interested in adolescent immunization information. (First quarter 2011)</p> <ul style="list-style-type: none"> <li>c) Conduct educational sessions to at least five identified CBOs regarding Tdap, MCV4, HPV, and VZV, along with the associated diseases that these vaccines prevent. Provide educational handouts from CDC, Immunization Action Coalition, and vaccine manufacturers. (Nov. 2011)</li> <li>d) Have participants complete pre and post-test vaccine and disease knowledge assessments at presentation. Use data to help improve trainings.</li> <li>e) Offer immunization resource lists to participants – private health care provider, and local clinics or the health district clinic for those without a medical home or access to immunization services.</li> <li>f) Conduct immunization strike team clinics, offering 317/MFC vaccinations at area schools.</li> <li>g) Conduct ongoing assessments to document demonstrated improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Pretest/Post-test results</li> <li>• # of adolescents vaccinated</li> </ul>
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<b>Goal: Increase adolescent immunizations. (IPOM 6.4)</b>		
<b>Objectives</b>	<b>Activities</b>	<b>Date Due By</b>
<p>(IPOM 6.4a) By 12/31/2011, conduct twelve (12) assessments of adolescent vaccination coverage levels during AFIX visits.</p> <p>Activities should be developed in accordance with the Level 1 AFIX standards.</p>	<p>1. Conduct 12 VFC/AFIX assessments of adolescent age group as defined by the NSIP. Provide direct feedback to each provider on rates and possible solution to increase rates.</p> <ul style="list-style-type: none"> <li>a) Average of three visits will be conducted per quarter.</li> <li>b) During visits with HCPs: <ul style="list-style-type: none"> <li>• Encourage office staff to conduct reminder/recall to adolescent patients.</li> <li>• Encourage office staff to implement the “Vaccinate before you Graduate” immunization campaign. This program will notify senior high school students of the importance and need to receive meningococcal vaccination if continuing on to college. HCPs can use this opportunity to provide other adolescent immunizations these individuals may have missed such as Tdap, Varicella, HPV or MMR. June 2011.</li> </ul> </li> <li>c) Provide HCP office staff with immunization educational materials from the CDC, Immunization Action Coalition and vaccine manufacturers.</li> <li>d) Provide HCP office staff with educational materials to</li> </ul>	<p>12/31/2011</p> <p><b>Documentation</b></p> <p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• # of AFIX assessments completed</li> <li>• Results of AFIX assessments</li> <li>• # and type of incentives awarded</li> </ul>

	<p>provide to parents that promote immunizations.</p> <p>e) Offer incentives to offices such as the CDC Pink Book, thermometers, and an opportunity to attend a State or National immunization conference attendance if made available by the NSHD, to encourage enrollment in the state vaccine program.</p> <p>f) Reassess provider offices in six months as outlined in the VFC/AFIX guidelines.</p>	
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### CHAPTER 7 - ADULT IMMUNIZATIONS (SPECIAL PROJECT)

<p><b>Goal:</b> Work with partners to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities and outpatient clinical settings. (IPOM 7.1)</p>		
<p><b>Objectives</b></p> <p>(IPOM 7.1b) By 12/31/2011, implement interventions to increase client or community demand by 5% for adult vaccinations, including client reminders or client education.</p>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Conduct monthly reminder/recall efforts for adults in WebIZ for Tdap, pneumococcal, HPV and MCV4. Monitor and report on changes in adult immunization rates post reminder/recall efforts for WCHD clients.</li> <li>2. Conduct assessment of baseline adult immunization rates in WebIZ for adults 18-64 years for those associated with the WCHD. Document methodology.</li> <li>3. Work with NNIC and WCHD PIO to promote adult immunizations through mass media efforts; explore creating a new campaign with NNIC and other stakeholders.</li> </ol>	<p><b>Date Due By</b> 12/31/2011</p> <p><b>Documentation</b> Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Baseline</li> <li>• Reminder/recall efforts</li> <li>• Description of new campaign</li> </ul>

<p><b>Goal:</b> As 317 funds permit, increase access to vaccines for high risk adults. (IPOM 7.3)</p>		
<p><b>Objectives</b></p> <p>(IPOM 7.3c) By 12/31/2011, collaborate with community-based organizations (eg. homeless shelters) to identify, refer, and follow-up high-risk adults in need of immunizations.</p>	<p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Meet with WCHD PHP staff 3-4 times per year to plan and execute the annual flu/POD clinic, a community exercise that is a collaborative IZ/PHP effort to immunize approximately 3,500 individuals against seasonal influenza.</li> <li>2. In addition, promote and conduct flu and pneumococcal clinics at area homeless shelters, and other locations that the homeless and indigent populations frequent.</li> <li>3. Offer 317 funded flu and/or pneumococcal vaccines to eligible school staff at two schools identified in 6.1a, as made available by the NSHD.</li> <li>4. Participate in monthly adult immunization coalition meetings (PPFI) to improve adult immunization coverage rates within Northern Nevada. Work with NNIC staff to increase coalition membership.</li> </ol>	<p><b>Date Due By</b> 12/31/2011</p> <p><b>Documentation</b> Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• # of flu and pneumococcal clinics at area homeless shelter and other locations homeless frequent</li> <li>• # of homeless vaccinated</li> </ul>

<p>(IPOM 7.3d) By 12/31/2011, collaborate with public clinics and treatment centers, including HIV counseling centers, intravenous drug use clinics, STD clinics, and correctional centers to provide hepatitis B vaccine to adults at high risk for hepatitis B or other vaccine preventable diseases.</p> <p>Baseline = # of WCHD clinics you are currently working with</p>	<ol style="list-style-type: none"> <li>1. Conduct assessment of baseline adult immunization rates in WebIZ for adults 18-64 years old for those associated with the WCHD. Document methodology.</li> <li>2. Support ongoing WCHD immunization activities and efforts in the STD clinic, the Family Planning/Teen Health program, and the Washoe County Detention Facility (jail) through procuring of 317 funded vaccine, education and training of staff, and promotion and offering of immunizations to adults in these clinic settings.</li> <li>3. Utilize adult immunization educational materials provided by the CDC, Immunization Action Coalition, and vaccine manufacturers to promote and educate adults regarding the importance of immunizations.</li> <li>4. If 317 funded vaccines are available, offer Tdap and other recommended vaccines to adults upon request, regardless of ability to pay. Consider offering parents Tdap vaccine along with childhood Tdap outreach efforts prior to the beginning of the school year.</li> <li>5. Encourage alternative sites such as drug treatment centers to become State Vaccine Providers so that they may offer immunizations to their at-risk clients. Provide ongoing technical assistance and support to these providers as needed in order for them to be successful with the provision of immunizations.</li> <li>6. Encourage vaccine pharmaceutical representatives to visit HCPs to provide educational materials that promote recommended adult immunizations.</li> </ol>	<p>12/31/2011</p>	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Baseline</li> <li>• Name of alternative sites</li> </ul>
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**CHAPTER 8 - EDUCATION, INFORMATION, TRAINING AND PARTNERSHIPS (SPECIAL PROJECT)**

<b>Goal:</b> Increase informational development and dissemination. (IPOM 8.3)		<b>Date Due By</b>	<b>Documentation</b>
<b>Objectives</b>	<b>Activities</b>		
<p>(IPOM 8.3a) By 12/31/2011, ensure that 100% of persons of all ages are provided general and specific immunization information in accordance with the program's overall strategy based on needs to assure immunizations for all age groups.</p>	<p>Childcare Provider Education</p> <ol style="list-style-type: none"> <li>1. Provide immunization and vaccine preventable disease information and educational materials to licensed childcare providers through community education sessions, held at least three times per year.                             <ol style="list-style-type: none"> <li>a) Provide a training packet that includes tools to assess immunization status of children in childcare.</li> <li>b) Provide educational materials on immunizations and vaccine preventable diseases for childcare providers to be better educated. Childcare providers will then be able to share important resources and materials with parents.</li> </ol> </li> <li>2. Conduct pre- and post-test knowledge assessments about immunizations on childcare providers as part of the sessions.</li> <li>3. Explore partnering with NNIC to offer educational webinars that childcare providers may access as needed to further their knowledge regarding immunizations and vaccine preventable diseases.</li> </ol>	12/31/2011	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Copy of training packet</li> <li>• Results of pre/post test</li> </ul>
<p>(IPOM 8.3c) By 12/31/2011, ensure that 100% of messages to consumers are relevant, accurate, appropriate, and useful. Collaborate with other agencies or groups to ensure that messages are consistent by 12/31/2011.</p>	<p>Community Education</p> <ol style="list-style-type: none"> <li>1. Provide immunization and vaccine preventable disease information and education to persons who contact WCHD staff either in person, by phone, email, mail, or any community presentation, with questions or concerns regarding immunizations on an ongoing basis.</li> <li>2. Offer immunization educational materials from the CDC, Immunization Action Coalition and vaccine manufacturers to share with individuals that answer common questions or concerns they may have regarding immunizations.</li> <li>3. Monitor trends with individuals seeking information to ensure that identified issues are addressed through either the media or other communication methods (EpiNews, websites, etc.).</li> </ol>		
<p>(IPOM 8.3q) By 12/31/2011, assess provider education needs and identify potential resources to meet needs.</p>	<ol style="list-style-type: none"> <li>1. Provide immunization educational presentations to University of Nevada, Reno health sciences students at least three times per year.</li> <li>2. Conduct pre- and post-test immunization knowledge at each presentation.</li> <li>3. During VFC/AFIX assessment visits, provide feedback regarding observed immunization practices, encouraging</li> </ol>		<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Copy of presentation</li> <li>• Results of pre/post test</li> </ul>

<p>(IPOM 8.3s) By 12/31/2011, work with local and state immunization coalitions or other community-based organizations and partners to help implement and promote provider education programs.</p>	<p>HCP staff to offer all required and recommended immunizations.</p> <ol style="list-style-type: none"> <li>1. Work with NNIC to promote and present at least two immunization educational sessions to HCPs regarding the importance of immunizations across the lifespan to increase their knowledge on immunizations. Obtain CEU and CME for professional staff.</li> <li>2. Partner with vaccine manufacturers to provide professional educational sessions.</li> </ol>	<p>12/31/2011</p>	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Copy of presentation</li> </ul>
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### CHAPTER 10 - POPULATION ASSESSMENT (SPECIAL PROJECT)


<p><b>Goal:</b> Use a CDC-approved survey methodology to annually estimate program-wide immunization coverage and exemption rates among children entering kindergarten. (IPOM 10.2)</p>			
Objectives	Activities	Date Due By	Documentation
<p>(IPOM 10.2b) By 12/31/2011, Assess coverage levels on each vaccine appropriate for the middle school grades you are surveying.</p>	<ol style="list-style-type: none"> <li>1. Adolescents and teenagers Assessments will be done by utilizing WebIZ and the WCSD database Infinite Campus, monitoring trends in coverage and subsets of under-immunized adolescents and teenagers. Utilize trending information to develop targeted programs to increase immunizations in this focus group.             <ol style="list-style-type: none"> <li>a) Work with the selected middle schools from 6.1a and assess immunization status of students.</li> <li>b) Schools will conduct reminder/recall, and/or exclusion notices of students not in compliance with immunizations requirements. Information provided to students will include required vaccinations, as well as recommended vaccines.</li> <li>c) Conduct immunization strike team clinics, offering 317/VFC vaccinations, at area schools, to increase student compliance with required and recommended vaccines.</li> <li>d) Conduct ongoing assessments of immunization rates to document demonstrated improvement.</li> </ol> </li> </ol>	<p>12/31/2011</p>	<p>Monthly Progress Report</p>

<p>(10.2c) By 12/31/2011, assess coverage levels on each vaccine appropriate for the child's age.</p>	<p>1. Child Care Center Assessments - Assessments must be completed by April 30<sup>th</sup> each calendar year. Validate the completeness of immunization records from childcare centers by comparing a subset of children's immunization records in WebIZ.</p> <ul style="list-style-type: none"> <li>a) Utilize Washoe County Social Services (WCSS) Childcare database SansWrite, to assess children in licensed childcare for UTD immunization status as noted above.</li> <li>b) Work with WCSS social workers to notify childcare center staff when children are not UTD. Childcare centers will then notify parents, and will exclude these children from childcare within two weeks if not brought into compliance.</li> <li>c) Provide childcare facilities with resource lists of immunization clinics, with an emphasis that parents receive immunizations as part of comprehensive healthcare within a medical home.</li> <li>d) Encourage childcare provider to attend the "Immunizations for the Childcare Setting" class held three times per year by WCHD immunization program staff to increase knowledge of required immunizations. This class is required for those new to licensed childcare within 90 days of hire.</li> <li>e) Provide childcare facilities with educational materials for parents about vaccine preventable diseases and immunizations.</li> <li>f) Conduct ongoing assessments of immunization rates to document demonstrated improvement.</li> </ul>	<p>12/31/2011</p>	<p>Monthly Progress Report (to include):</p> <ul style="list-style-type: none"> <li>• Final assessment report</li> </ul>
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Added by the Nevada State Health Division to Scope of Work:

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5H23IP922549-09 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5H23IP922549-09 from the Centers for Disease Control and Prevention.
- When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

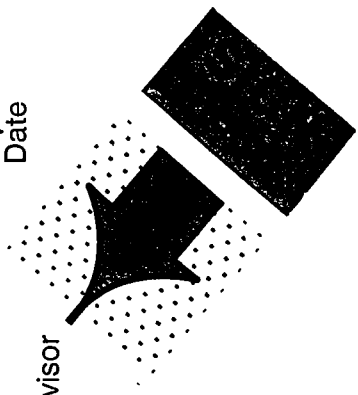
The following individuals agree to this Scope of Work:

  
Erin Seward, MPH  
Nevada Immunization Program Manager

Date 3/9/11

  
Steve Kutz, RN, MPH  
Public Health Nurse Supervisor

Date 4/5/11





Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	92,214.00	(1/3 - .80 PHN, Two (2) .75 PHNs, .21 PHN, .05 Perinatologist, .25 Office Support Specialist.)
2. Travel	\$	2,358.00	1 PHN, FTE to NIC in Washington D.C., March 28-31, 2011 for Up to date Immunization program training from the CDC. In State mileage for 1 FTE at 800 miles.
3. Operating	\$	336.00	General Office Supplies
4. Equipment	\$	336.00	Minor Furniture/Equipment
5. Contractual / Consultant	\$	0	
6. Training	\$	0	
7. Other	\$	3,575.00	Telephone, Postage, Printing, General Repair and maintenance, copy machine expenses, Professional Services (refrigerator alarm), MD Consultant.
Total Cost	\$	98,819.00	

- Any categorical adjustments must be approved through the State Immunization Program Manager. Written permission must be obtained and can be done via email.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- ~~Nevada State Immunization Program must receive Requests for Reimbursement no later than the fifteenth (15<sup>th</sup>) day of each month for the prior month's actual expenses.~~ Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work.
- The maximum available through this subgrant is \$98,819.00
- 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** such as:
  - a. Request for Reimbursement Form
  - b. Reimbursement Worksheet
  - c. ~~Receipts for supplies, equipment, and other items purchased.~~ Only allowable purchases per the 2008-2012 Immunization Program Operations Manual (IPOM) will be accepted for reimbursement. Any unallowable items purchased will not be reimbursed.
  - d. Subgrantee Monthly Progress Report.

- Request for Reimbursement must be completed in **WHOLE DOLLARS**. If a "Categories" monthly total is \$.01 - \$.49, round down; if \$.50 - \$.99, round up. Example: \$23.15 = round down to \$23.00; \$57.69 = round up to \$58.00.
- 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 your original, signed Request for Reimbursement, Reimbursement Worksheet, copies of receipts, along with your Monthly Progress Report.
- Monthly Progress Reports must accompany all reimbursement requests. Progress reports must include objectives, and activities accomplished for the reporting month. This does not need to be a large narrative. Please see attached template.
- Monthly submission of CoCASA data is due the fifth (5<sup>th</sup>) day of each month for the prior month. In addition, Areas of Noncompliance paperwork should be submitted within 30 days of the VFC site visit. Please submit the originals to the state Provider Quality Assurance Manager via postal mail.
- Reimbursement will not be processed without all reporting being current.
- Reimbursement will only be claimed for expenditures approved within the Notice of Subgrant Award.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

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

**The Nevada State Health Division agrees:**

- To provide technical assistance to subgrantee, upon request.
- Reimburse subgrantees for Scope of Work accomplished per subgrant upon proper documentation from subgrantee.
- Submit Request for Reimbursement to Nevada State Health Division's Fiscal Services within five business days but only upon receipt of all mandatory reporting documents.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Subgrantee is considered a Business Associate of the Health Division.

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.

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

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

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**E. Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

***\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.***

HEALTH DIVISION  
**NOTICE OF SUBGRANT AWARD**  
**SECTION D**

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES xx NO \_\_\_\_\_
3. When does your fiscal year end? June 30th
4. How often is your organization audited? Annually
5. When was your last audit performed? Approved by BCC 11/9/10
6. What time period did it cover? 7/1/09 through 6/30/10
7. Which accounting firm conducted the audit? Kafoury & Armstrong



SIGNATURE

Administrative Health Svcs. Officer

TITLE

4/2/11

DATE

**Nevada Department of Health and Human Services**

Health Division # \_\_\_\_\_

Bureau Program # \_\_\_\_\_

**HEALTH DIVISION**

Draw #: \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Immunization Program Bureau of Community Health Nevada State Health Division	<b>Subgrantee Name:</b>  
<b>Address:</b> 4150 Technology Way, Room 210 Carson City, NV 89706	<b>Address:</b>  
<b>Subgrant Period:</b>  	<b>Subgrantee EIN#:</b> <b>Subgrantee Vendor#:</b>

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0	\$ 0	\$ 0	\$ 0	0	0
2 Travel	\$ 0	\$ 0	\$ 0	\$ 0	0	0
3 Operating	\$ 0	\$ 0	\$ 0	\$ 0	0	0
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	0
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	0
6 Training	\$ 0	\$ 0	\$ 0	\$ 0	0	0
7 Other	\$ 0	\$ 0	\$ 0	\$ 0	0	0
8 <b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	0	0

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

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

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

**REIMBURSEMENT WORKSHEET**  
Reporting Period (EXAMPLE) March 01 - March 31, 2011

<b>Personnel</b>		Title	Description	Amount
Doe, Jane	Accounting Asst.	PP 21 Oct 1-14		\$1,234.56
Doe, John	Accounting Asst.	PP 21 Oct 1-14		\$546.00
Fringe				\$127.85
<b>Personnel Total</b>				<b>\$1,908.41</b>

<b>Travel</b>	Travel Dates	To:	Mileage	Lodging &	Air Fare &	Description	Amount
			@ .51/mi	Per Diem/Cab	Misc		
Doe, Jane	10/05-10/16/11	LV from Washoe	\$200.00	\$150.00	\$150.00	MRSA Conf	\$500.00
Doe, John	10/18-19/11	Elko from Reno	\$50.00	\$0.00	\$0.00	SNS Exercise	\$50.00
							\$0.00
							\$0.00
<b>Travel Total</b>							<b>\$550.00</b>

<b>Operating</b>		Description	Amount
Office Depot		9 Boxes Med Blk Pens @ 3.99 E	\$35.91
<b>Operating Total</b>			<b>\$35.91</b>

<b>Equipment</b>		Description	Amount
Uline		Refrigerator to keep Anti Virals Cooled	\$599.00
<b>Equipment Total</b>			<b>\$599.00</b>

<b>Contractual/Consultant</b>		Description	Amount
Consultants, Inc.		Set up Subprogram	\$358.00
<b>Contractual Total</b>			<b>\$358.00</b>

<b>Training</b>		Description	Amount
Red Cross		CPR Training	\$48.00
<b>Training Total</b>			<b>\$48.00</b>

<b>Other</b>		Description	Amount
Conference Room Rental Fee		SNS Tabletop Exercise on 10/12/11	\$60.00
Office space rent		March	\$650.00
Cell phone - Jane Doe		Reimbursement	\$75.00
<b>Other Total</b>			<b>\$785.00</b>

<b>Total Expenditures</b>			<b>\$4,284.32</b>
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**SUBGRANTEE NAME**

Immunization Grant No. \_\_\_\_\_  
 Monthly Progress Report CY11

**Directions:** Fill in the dates for the applicable report period. Please describe your progress towards accomplishing each objective and activity listed in your action plan. Please be as detailed as possible. If an item has been completed, provide the date of completion. If an item was not scheduled to be completed during the report period, simply state "no progress this report period". For items not completed as set forth in your activity plan (refer to the scope of work in your subgrant) please describe any problems or barriers encountered and any suggested solutions. List any documentation of completed activities next to the applicable activity as specified in your scope of work. Please attach a copy of any non-sensitive documentation to this report. If the documentation contains protected or sensitive information, do not attach it but indicate where the documentation is kept, i.e. completed survey – on file in office. If technical assistance is needed, please describe it in the area labeled "Requested Technical Assistance" at the end of the report.

Report Period: \_\_\_\_\_

**Progress Report Based on Scope of Work Objective**

Goal:	Objective	Activities	Progress to Date	Documentation

**Barriers:**  
 Please list barriers that exist (if any) that are affecting completion of activities.



**SUBGRANTEE NAME**  
**Immunization Grant No. \_\_\_\_\_**  
**Monthly Progress Report CY11**

**Progress Report Based on Scope of Work  
Objective**

<b>Goal:</b>			
<b>Objective</b>	<b>Activities</b>	<b>Progress to Date</b>	<b>Documentation</b>
<b>Barriers:</b> Please list barriers that exist (if any) that are affecting completion of activities.			

<b>Goal:</b>			
<b>Objective</b>	<b>Activities</b>	<b>Progress to Date</b>	<b>Documentation</b>
<b>Barriers:</b> Please list barriers that exist (if any) that are affecting completion of activities.			



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

## STAFF REPORT BOARD MEETING DATE: 4/28/11

**DATE:** April 18, 2011

**TO:** District Board of Health

**FROM:** Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District  
775-328-2418, [pbuxton@washoecounty.us](mailto:pbuxton@washoecounty.us) pb

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us)

**SUBJECT:** Ratification of Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2013 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

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### SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received an Interlocal Contract from the State of Nevada, Division of Environmental Protection in the amount of \$180,000 (\$90,000 per fiscal year) for the period upon Board of Examiners approval through June 30, 2013 in support of the Safe Drinking Water Grant Program. A copy of the Interlocal Contract is attached.

District Board of Health Priority supported by this item:  
Acceptance of this funding supports the District Board of Health's strategic priority: *Be assured of a reliable water supply; quantity and quality.* It also supports the Washoe County Health District Safe Drinking Water Program mission to protect ground water of Washoe County from contamination and to ensure a safe and reliable water supply for the public.

**AGENDA ITEM #8.C.2.**

**BACKGROUND**

This Interlocal Agreement supports the on-going Safe Drinking Water Grant Program. Funding supports a portion of a Licensed Engineer.

Included in this award is \$20,476 in funding for the Intermittent Hourly Licensed Engineer to conduct the following activities:

- 1) Provide technical support to Washoe County Health District staff for data entry and report generation with the SDWIS, SWIMR and SWIFT programs.
- 2) Establish public water system drinking water compliance as assigned using the State of Nevada SDWIS Data Base.
- 3) Conduct sanitary surveys on public water systems. Compose sanitary survey letters documenting the results of the sanitary survey.
- 4) Conduct public water system construction plan reviews on assigned water projects.
- 5) Assist with the update of the public water system regulations.
- 6) Provide technical support to Washoe County Public Water Systems.

**PREVIOUS ACTION**

The Board ratified the Interlocal Contract for the period July 1, 2009 through June 30, 2011 in the total amount of \$180,000 (\$90,000 per fiscal year) on May 28, 2009. The Board approved amendments totaling an increase of \$4,029.78 on January 27, 2011.

**FISCAL IMPACT**

There is no additional fiscal impact with the ratification of the Interlocal Contract as this level of funding was anticipated and included in the FY12 SDWA grant program (internal order # 10017) budget.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2013 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

**POSSIBLE MOTION**

Move to ratify the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2013 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

# INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting By and Through Its

Department of Conservation and Natural Resources, Division of Environmental Protection  
901 S. Stewart Street, Carson City, NV 89701-5429

**AND**

Washoe County Health District  
Hereinafter the "Public Agency"  
1101 East Ninth Street  
PO Box 11130  
Reno, NV 89520  
Phone: 775-782-6210 FAX: 775-782-9007

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

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

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

1. REQUIRED APPROVAL. This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. DEFINITIONS. "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. CONTRACT TERM. This Contract shall be effective upon approval to 06/30/2013 , unless sooner terminated by either party as set forth in this Contract.
4. TERMINATION. This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. NOTICE. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT A: SCOPE OF WORK (Consisting of 3 Pages)

ATTACHMENT B: ADDITIONAL AGENCY TERMS & CONDITIONS (Consisting of 3 pages)

7. CONSIDERATION. Washoe County Health District agrees to provide the services set forth in paragraph (6) at a cost of \$ N/A per N/A (state the exact cost or hourly, daily, or weekly rate exclusive of travel or per diem expenses) with the total Contract or installments payable: Quarterly, not exceeding \$ 90,000.00 per year and \$180,000.00 total. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

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

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

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

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and,

subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

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

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

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

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

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

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

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

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

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


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

Department of Conservation and Natural Resources, Division of Environmental Protection  
Public Agency #1

\_\_\_\_\_  
Public Agency #1 Signature

\_\_\_\_\_  
Date Title

Washoe County Health District  
Public Agency #2

  
\_\_\_\_\_  
Public Agency #2 Signature

4/28/11 Chairman, Wa Co District Board  
Date Title of Health

\_\_\_\_\_  
Signature – Nevada State Board of Examiners

APPROVED BY BOARD OF EXAMINERS  
On \_\_\_\_\_  
(Date)

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General, State of Nevada

On \_\_\_\_\_  
(Date)

# **ATTACHMENT A**

## **Scope of Work**



**INTRASTATE INTERLOCAL CONTRACT  
BETWEEN:  
NEVADA DIVISION OF ENVIRONMENTAL PROTECTION AND  
THE WASHOE COUNTY HEALTH DISTRICT**

**ATTACHMENT A: SCOPE OF WORK**  
Description of services, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Public Agency, agrees to provide the following services and reports to the Nevada Division of Environmental Protection, hereinafter referred to as State:

1. The Public Agency agrees to perform the following services for public water systems within Washoe County to assist the State with implementation of the federal Safe Drinking Water Act, for which the State is the designated primacy agency:

A. The Public Agency will contract or hire a part-time Licensed Engineer who has experience in the SDWA program to conduct the following activities:

- 1) Provide technical support to Public Agency staff for data entry and report generation with the SDWIS, SWIMR and SWIFT programs.
- 2) Establish public water system drinking water compliance as assigned using the State of Nevada SDWIS data base.
- 3) Conduct sanitary surveys on public water systems. Compose sanitary survey letters documenting the results of the sanitary survey.
- 4) Conduct public water system construction plan reviews on assigned water projects.
- 5) Assist with the update of the public water system regulations.
- 6) Provide technical support to Washoe County Public Water Systems using Nevada Revised Statute, Chapter 445A for public Water Systems and Nevada Administrative Code, Chapter 445A Regulations Governing Public Water Systems, American Water Works Standards or any other engineering manuals for the design, construction, operations and maintenance.

B. Conduct and document sanitary surveys within Washoe County as follows:

- 1) Annual sanitary surveys on all public water systems served by surface water sources or ground water under the direct influence of surface water;
- 2) Conduct and document sanitary surveys annually on at least one third of the total inventory of community and non-community public water systems served by groundwater sources;
- 3) Record the results of all sanitary surveys using the Safe Water Information Field Tool (SWIFT);
- 4) Schedule with State personnel a minimum of three joint sanitary surveys annually; and
- 5) Verify the status of public water system operators for community and non-transient non-community water systems at the time of the sanitary survey.

C. Utilize the Safe Drinking Water Information System (SDWIS) for the following:

- 1) Review and update the inventory of public water systems within Washoe County on at least a quarterly basis;
- 2) Enter all monitoring results and run compliance status for all public water systems for coliform, at least monthly, and for all other constituents at least quarterly; and
- 3) Enter sanitary survey information and associated observations into SWIFT and provide migration files for State SDWIS updates quarterly.

D. Participate in training programs, provided at no cost by the State, for the following programs:

- 1) SDWIS database; and
- 2) SWIFT sanitary survey tool

E. Assist the State in preparing reports on variance and exemption requests to be presented by State staff to the State Environmental Commission.

F. Work cooperatively with the State to prepare for implementation of new United States Environmental Protection Agency (USEPA) rules that have not been adopted at the state level. This may include activities such as contacting and informing public water systems of new requirements, providing data to the USEPA and assisting the USEPA with implementation of new federal rules prior to adoption by the State Environmental Commission.

G. Submit quarterly reports to the State within thirty days after the calendar quarter ends. The quarterly report will include:

- 1) A financial report including a summary of program expenditures during the preceding quarter and fiscal year-to-date, by category;
- 2) A summary of program activities during the preceding quarter including:
  - a) Information pertaining to all new public water systems added to the Public Agency public water system inventory;
  - b) A listing of all sanitary surveys conducted including public water system name, public water system identification number and date of the sanitary survey;
  - c) A brief description of any water system emergencies;
  - d) The total number of and a brief description of the reviews completed of public water system water projects;
  - e) A listing of all public water system violations, grouped by type of violation, which includes the following information:
    - 1) The name and PWS ID# of each public water system;
    - 2) The type and level of violation incurred by the public water system;
    - 3) A list of any enforcement actions, remedial follow-up visits or violations of orders occurring during the quarter;
    - 4) The date and nature of the Public Agency response to violations, including where appropriate, the rationale for response;
    - 5) The date of resolution;
    - 6) Method of determining resolution; and
    - 7) Action plans for any public water systems in significant noncompliance (SNC).

H. The Public Agency will maintain forms and applications for the Drinking Water State Revolving Fund and Grant Program, administered by the State, and will dispense information to Washoe County public water systems that may be interested in these programs. To the extent resources allow, the Public Agency will participate in meetings and workshops concerning these programs.

I. Adopt any local regulations or ordinances needed by the Public Agency to fully implement the requirements of NRS 445A.800 to 445A.955 and regulations adopted pursuant thereto. Regulations adopted by the Public Agency pursuant to this section must not conflict with regulations adopted by the State Environmental Commission.

2. The State will, to the extent funding allows, provide the Public Agency with the following:
  - A. Information on any changes or additions to NRS or NAC that pertain to public water systems;
  - B. Training to Public Agency staff on federal and state laws and regulations and database systems utilized by the State;
  - C. Computer software, including but not limited to, SDWIS, SWIFT;
  - D. Update emergency response contacts and phone numbers when changes occur and contact the Public Agency at (775) 328-3785 when necessary for emergencies; and
  - E. Upon request of the Public Agency, a list of Washoe County public water system certified operators.
3. The Public Agency and State agree to meet at least twice each year during the term of this agreement to review their respective programs and discuss any changes needed to improve coordination between the programs.
4. The Public Agency agrees to adhere to the following budget:

**See proposed budget for FY2012 & 2013 attached.**

Washoe County Health District  
Proposed Grant Budget  
Safe Drinking Water Act Grant Program  
July 1, 2011 – June 30, 2013 (\$90,000 per fiscal year)

WCHD#10017	State	Local	Total
	IO-10017	172200	
<u>Licensed Engineer</u>			
B. Tyre (55% of 1.0 FTE)	55%	45%	100%
701110 Base Salaries	\$ 50,474	\$ 41,297	\$ 91,771
701200 Career Incentive	\$ 1,155	\$ 945	\$ 2,100
705110 Group Insurance	\$ 4,940	\$ 4,042	\$ 8,982
705210 Retirement	\$ 12,206	\$ 9,987	\$ 22,193
705230 Medicare	\$ 749	\$ 612	\$ 1,361
<b>POSITION TOTAL</b>	<b>\$ 69,524</b>	<b>\$ 56,883</b>	<b>\$ 126,407</b>
701130 Pooled Positions *	\$ 20,476		\$ 20,476
701300 Overtime	\$ -		\$ -
<b>PERSONNEL TOTAL</b>	<b>\$ 90,000</b>	<b>\$ 56,883</b>	<b>\$ 146,883</b>

\* Licensed Engineer (460.54 hours @ \$44.46/hr)

\*\* Budget for FY13 based on estimated costs

# **ATTACHMENT B**

## **Additional Agency Terms & Conditions**

**ATTACHMENT B:  
ADDITIONAL AGENCY TERMS & CONDITIONS  
TO CONTRACT FOR SERVICES OF PUBLIC AGENCY  
CONTRACT CONTROL # DEP 11-037**

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection shall pay no more compensation than the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits) for individual consultants retained by the Public Agency or by the Public Agency's contractors or subcontractors. This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is \$74.50 per hour.
2. ***NDEP shall only reimburse the Public Agency for actual cash disbursed.*** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Public Agency to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Public Agency shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Public Agency shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.
3. The Public Agency shall, as part of its approved scope of work and budget under this Contract, provide third party match funds of not less than: \$N/A. If match funds are required, the Public Agency shall comply with additional record-keeping requirements as specified in 40 CFR 31.24 and Attachment N/A (Third Party Match Record-Keeping Requirements) which is attached hereto and by this reference is incorporated herein and made part of this Contract.
4. Unless otherwise provided in Attachment A (Scope of Work), the Public Agency shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.
5. All payments under this Contract are contingent upon the receipt by NDEP of sufficient funds, necessary to carry out the purposes of this Contract, from either the Nevada Legislature or an agency of the United States. NDEP shall determine if it has received the specific funding necessary for this Contract. If funds are not received from either source for the specific purposes of this Contract, NDEP is under no obligation to supply funding for this Contract. The receipt of sufficient funds as determined by NDEP is a condition precedent to NDEP's obligation to make payments under this Contract. Nothing in this Contract shall be construed to provide the Public Agency with a right of payment over any other entity. If any payments that are otherwise due to the Public Agency under this Contract are deferred because of the unavailability of sufficient funds, such payments will promptly be made to the Public Agency if sufficient funds later become available.
6. Notwithstanding the terms of paragraph 5, at the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the schedule stated in Attachment A.
7. Any funds obligated by NDEP under this Contract that are not expended by the Public Agency shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Public Agency. The Public Agency shall have no claim of any sort to such unexpended funds.
8. For contracts utilizing federal funds, the Public Agency shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

	MBE/SBE	WBE
Construction	12%	10%
Services	07%	25%
Supplies	13%	28%
Equipment	11%	23%

The Public Agency agrees and is required to utilize the following seven affirmative steps:

- a. Include in its bid documents applicable "fair share" percentages as stated above and require all of its prime contractors to include in their bid documents for subcontracts the "fair share" percentages;
- b. Include qualified Small Business Enterprises (SBEs) Minority Business Enterprises (MBEs), and Women Business Enterprises (WBEs) on solicitation lists;
- c. Assure that SBEs, MBEs, and WBEs are solicited whenever they are potential sources;
- d. Divide total requirements, when economically feasible, into small tasks or quantities to e. permit maximum participation of SBEs, MBEs, and WBEs;
- e. Establish delivery schedules, where the requirements of the work permit, which will encourage participation by SBEs, MBEs, and WBEs;
- f. Use the services and assistance of the Small Business Administration and the Minority Business Development Agency, U.S. Department of commerce as appropriate; and
- g. If a subcontractor awards contracts/procurements, require the subcontractor to take the affirmative steps in subparagraphs a. through e. of this condition.

9. The Public Agency shall complete and submit to NDEP a Minority Business Enterprise/Woman Business Enterprise (MBE/WBE) Utilization Report (Standard Form 334) within fifteen (15) calendar days after the end of each federal fiscal year (September 30th) for each year this Contract is in effect and within fifteen (15) calendar days after the termination date of this Contract.

10. The books, records, documents and accounting procedures and practices of the Public Agency or any subcontractor relevant to this Contract shall be subject to inspection, examination and audit by the State of Nevada, the Division of Environmental Protection, the Attorney General of Nevada, the Nevada State Legislative Auditor, the federal or other funding agency, the Comptroller General of the United States or any authorized representative of those entities.

11. All books, reports, studies, photographs, negatives, annual reports or other documents, data, materials or drawings prepared by or supplied to the Public Agency in the performance of its obligations under this Contract shall be the joint property of both parties. Such items must be retained by the Public Agency for a minimum of three years from the date of final payment by NDEP to the Public Agency, and all other pending matters are closed. If requested by NDEP at any time within the retention period, any such materials shall be remitted and delivered by the Public Agency, at the Public Agency's expense, to NDEP. NDEP does not warrant or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, report or product of any kind that the Public Agency may disclose or use for purposes other than the performance of the Public Agency's obligations under this Contract. For any work outside the obligations of this Contract, the Public Agency must include a disclaimer that the information, report or products are the views and opinions of the Public Agency and do not necessarily state or reflect those of NDEP nor bind NDEP.

12. Unless otherwise provided in Attachment A, when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with funds provided under this Contract, the Public Agency shall clearly state that funding for the project or program was provided by the Nevada Division of Environmental Protection and, if applicable, the U.S. Environmental Protection Agency. The Public Agency will insure that NDEP is given credit in all official publications relative to this specific project and that the content of such publications will be coordinated with NDEP prior to being published.

13. Unless otherwise provided in Attachment A, all property purchased with funds provided pursuant to this Contract is the property of NDEP and shall, if NDEP elects within four (4) years after the completion, termination or cancellation of this Contract or after the conclusion of the use of the property for the purposes of this Contract during its term, be returned to NDEP at the Public Agency's expense.

Such property includes but is not limited to vehicles, computers, software, modems, calculators, radios, and analytical and safety equipment. The Public Agency shall use all purchased property in accordance with local, state and federal law, and shall use the property only for Contract purposes unless otherwise agreed to in writing by NDEP.

For any unauthorized use of such property by the Public Agency, NDEP may elect to terminate the Contract and to have the property immediately returned to NDEP by the Public Agency at the Public Agency's expense. To the extent authorized by law, the Public Agency shall indemnify and save and hold the State of Nevada and NDEP harmless from any and all claims, causes of action or liability arising from any use or custody of the property by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees.

14. The Public Agency shall use recycled paper for all reports that are prepared as part of this Contract and delivered to NDEP. This requirement does not apply to standard forms.

15. The Public Agency, to the extent provided by Nevada law, shall indemnify and save and hold the State of Nevada, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by the Public Agency or the Public Agency's agents or employees or any subcontractor or their agents or employees. NDEP, to the extent provided by Nevada law, shall indemnify and save and hold the Public Agency, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by NDEP or NDEP's agents or employees.

16. The Public Agency and its subcontractors shall obtain any necessary permission needed, before entering private or public property, to conduct activities related to the work plan (Attachment A). The property owner will be informed of the program, the type of data to be gathered, and the reason for the requested access to the property.

17. This Contract shall be construed and interpreted according to the laws of the State of Nevada and conditions established in OMB Circular A-102. Nothing in this Contract shall be construed as a waiver of sovereign immunity by the State of Nevada. Any action brought to enforce this contract shall be brought in the First Judicial District Court of the State of Nevada. The Public Agency and any of its subcontractors shall comply with all applicable local, state and federal laws in carrying out the obligations of this Contract, including all federal and state accounting procedures and requirements established in OMB Circular A-87 and A-133. The Public Agency and any of its subcontractors shall also comply with the following:

- a. 40 CFR Part 7 - Nondiscrimination In Programs Receiving Federal Assistance From EPA
- b. 40 CFR Part 29 - Intergovernmental Review Of EPA Programs And Activities.
- c. 40 CFR Part 31 - Uniform Administrative Requirements For Grants And Cooperative Agreements To State and Local Governments;
- d. 40 CFR Part 32 - Governmentwide Debarment And Suspension (Nonprocurement) And Governmentwide Requirements For Drug-Free Workplace (Grants);
- e. 40 CFR Part 34 - Lobbying Activities;
- f. 40 CFR Part 35, Subpart O - Cooperative Agreements And Superfund State Contracts For Superfund Response Actions (Superfund Only); and
- g. The Hotel And Motel Fire Safety Act of 1990.

18. The Public Agency shall neither assign, transfer nor delegate any rights, obligations or duties under this Contract without the prior written consent of NDEP.



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

**STAFF REPORT**  
**BOARD MEETING DATE: April 28, 2011**

**DATE:** April 19, 2011  
**TO:** District Board of Health  
**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
 775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us)

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer

**SUBJECT:** Approval Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/11 through 03/28/12 for the Tobacco Education and Prevention Program Grant, IO 10010.

## SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Office to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

The Health District has received a Notice of Subgrant Award from the Nevada State Health Division for the period March 29, 2011 through March 28, 2012 in the amount of \$113,000 in support of the Tobacco Education and Prevention Program. A copy of the Subgrant Award is attached. This item is contingent upon Legal review and approval of the Confidentiality Addendum. Should changes be required, this subgrant will be brought back to the Board.

*Goal supported by this item:* Approval of this Subgrant Award and the budget amendments supports the Health District Tobacco Prevention and Education Program's mission to empower our community to be tobacco free through education, collaboration, policy, and evaluation.

## PREVIOUS ACTION

The Washoe County District Board of Health approved the FY10/FY11 Notice of Subgrant Award in support of the Tobacco Education and Prevention Program on August 9, 2010.

## AGENDA ITEM # 8.C.3.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279



**BACKGROUND**

The Health District has received from the Nevada State Health Division a Subgrant Award for the period March 29, 2011 to March 28, 2012 in support of the Tobacco Education and Prevention Program in the total amount of \$113,000..

**FISCAL IMPACT**

The adopted budget for this subgrant award is \$113,000; no budget amendments are necessary.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/11 through 03/28/12 for the Tobacco Education and Prevention Program Grant, IO 10010.

**POSSIBLE MOTION**

Move to approve the Notice of Subgrant Award from the Nevada State Health Division to provide funding in the total amount of \$113,000 for the period 03/29/11 through 03/28/12 for the Tobacco Education and Prevention Program Grant, IO 10010.

**HEALTH DIVISION**


(hereinafter referred to as the DIVISION)

Budget Account #: 3220

Category #: 10

GL #: 8516

**NOTICE OF SUBGRANT AWARD**

<b>Program Name:</b> Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division		<b>Subgrantee Name:</b> Washoe County Health District (WCHD)	
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706		<b>Address:</b> P.O. Box 1130 Reno, NV 89520	
<b>Subgrant Period:</b> Upon approval by all parties through March 28, 2012		<b>Subgrantee's</b> <b>EIN#:</b> 88-6000138 <b>Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 73-786-998	
<b>Reason for Award:</b> To provide tobacco prevention and education activities and services in Northern Nevada			
<b>County(ies) to be served:</b> ( ) Statewide (X) Specific county or counties: <b>Washoe</b>			
<b>Approved Budget Categories:</b>			
1. Personnel	\$ 95,195	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. <b>Budget expenditures must be made by March 28, 2012 for guaranteed reimbursement.</b>	
2. Travel	\$ 850		
3. Operating	\$ 1,040		
4. Equipment	\$ 0		
5. Contractual/Consultant	\$ 0		
6. Training	\$ 0		
7. Other	\$ 15,915		
<b>Total Cost</b>	<b>\$ 113,000</b>		
<b>Disbursement of funds will be as follows:</b> Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$113,000.00 during the subgrant period.			
<b>Source of Funds:</b>			
1. Centers for Disease Control and Prevention (CDC)	<b>% of Funds:</b> 100%	<b>CFDA#:</b> 93.283	<b>Federal Grant #:</b> 5U58DP002003-03
<b>Terms and Conditions</b> In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.			
Authorized Sub-grantee Official WCHD	Signature 		Date 4-28-11
Doug Banghart Program Manager			
Deborah A. Harris, MA, CPM Bureau Chief			
Richard Whitley, MS Administrator, Health Division			

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD**

**SECTION A**

Assurances

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

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

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

5. Subgrantee agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Health Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
8. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or

activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
  - a. any federal, state, county or local agency, legislature, commission, council, or board;
  - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
  - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
  - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
  - b. ascertain whether policies, plans and procedures are being followed;
  - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
  - d. determine reliability of financial aspects of the conduct of the project.
12. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27<sup>th</sup>, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year. To ensure this requirement is met Section D of this subgrant must be filled out and signed.**

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD**

**SECTION B**

Description of services, scope of work, deliverables and reimbursement

Washoe County Health District, hereinafter referred to as Subgrantee, will provide tobacco prevention and control activities focused in four areas; eliminating exposure to secondhand smoke; promoting quitting among young people and adults; preventing initiation of tobacco use among young people; and eliminating health disparities in communities that suffer disproportionately from tobacco related disease. Subgrantee will also conduct activities that facilitate regional collaboration on tobacco prevention and control efforts in Washoe County.

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

**DELIVERABLES**

Please submit all of the following data items in a report to the NSHD for your Quarterly and Annual Reports.

**REPORT SCHEDULE**

- Quarter 1 (April – June) – Due by July 10, 2011 – Table Format
- Quarter 2 (July - Sept) – Due by Oct 10, 2011 – Table Format
- Quarter 3 (Oct - Dec) – Due by Jan 10, 2012 – Table Format
- Quarter 4 (Jan – March) – Due by April 10, 2012 – Table Format
- 2012 ANNUAL Report (April 2011 – March 2012) – Due by April 15, 2012 – Full Report

<b>Goal 1: Prevent Initiation of Tobacco Use Among Adults &amp; Young People (Initiation)</b>		
<b>Performance Measures</b>	<b>Activities</b>	<b>County</b>
22.7% or less of Washoe County 18-24 year olds will be daily smokers (Source: BRFSS)	Coordinate the Smokefree Hotspots campaign for the young adult population, including education to local venues, the Hotspots website, various marketing activities, and promotional materials. <i>**Hotspots are venues frequented by the young adult population that are smokefree according to the conditions of the Nevada Clean Indoor Air Act (NCIAA).</i>	Washoe
	Document voluntary policy and environmental changes that exceed the conditions of the NCIAA among Hotspots and other young adult venues.	Washoe
<b>Goal 2: Eliminate Non-smokers Exposure to Second Hand Smoke (Second Hand Smoke)</b>		
95% of businesses will be in compliance with the NCIAA (Source: WCHD assessments)	Conduct a representative assessment of compliance with the Nevada Clean Indoor Air Act (NCIAA) among affected facilities.	Washoe
	Educate local businesses about the benefits of voluntary policy and environmental changes that exceed the conditions of the NCIAA.	Washoe
	Document voluntary policy and environmental changes that exceed the conditions of the NCIAA among local businesses.	Washoe

	Conduct at least one activity to acknowledge businesses with voluntary permanent policy changes that exceed the conditions of the NCIAA, e.g., "EMA Awards."	Washoe
	Promote and participate in collaborative activities that eliminate exposure to secondhand smoke, including the Nevada Tobacco Prevention Coalition (NTPC) Executive Board and the NTPC Northern Nevada Action Committee.	Washoe
	Participate in the Washoe County Chronic Disease Coalition to ensure tobacco prevention and control collaboration with other chronic disease prevention efforts.	Washoe
<b>Goal 3: Promote Quitting Among Adults and Young People (Cessation)</b>		
21.5% or less of Washoe County adults will be daily smokers (Source: BRFSS)	Include 1-800-QUIT-NOW and www.GetHealthyWashoe.com in media opportunities and marketing materials to promote cessation for all ages.	Washoe
	Facilitate at least two opportunities for direct education on cessation to priority populations, including youth, low SES, and health care providers.	Washoe
	Distribute cessation materials (e.g. Quit Cards, etc.) to priority populations, including youth, low SES, and health care providers.	Washoe
	Compile, analyze, and disseminate data on Washoe County smoking rates.	Washoe
<b>Goal 4: Identify and Eliminate Tobacco Related Disparities. (Disparities)</b>		
31.2% or less of Washoe County adults considered low SES will be daily smokers (Source: BRFSS)	Design and place targeted media messaging to the low SES population (e.g., billboards in low SES communities, bus lines, etc.).	Washoe
	Document voluntary policy and environmental changes that exceed the conditions of the NCIAA among venues frequented by the low SES population.	Washoe

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U58DP002003-03 from the Centers for Disease Control and Prevention." Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U58DP002003-03 from the Centers for Disease Control and Prevention.

## **REPORTS AND INVOICES**

Quarterly invoices will not be approved for payment until quarterly reports are received by the Tobacco Program Manager.

NSHD reserves the right to conduct a site visit in regards to the subgrant and deliverables. If deliverables are not met for this subgrant period, NSHD is not obligated to issue continuation funding.

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 95,195	1.0 FTE Program Coordinator to conduct activities within the scope of work.
2. Travel	\$ 850	To provide travel needs such as mileage, registration, parking for training, program events and activities, conferences and other recommended and required meetings in Nevada including statewide workgroups and subcommittees, statewide coalition meetings and other in-state trainings.
3. Operating	\$ 1,040	Office supplies, postage, printing, network access, telephone
4. Contractual/ Consultant	\$ 0	
5. Supplies	\$ 0	
6. Other	\$ 15,915	Marketing and media purchase, health fair registration, promotional items, incentives, website maintenance.
7. Indirect	(\$18,030 not charged to the grant)	
Total Cost	\$ 113,000	
<b>In-Kind Match</b>	<b>\$ 28,250</b>	<b>(25% of Grant Award)</b>

- This subgrantee is asked to provide an in-kind match of up to 25% of the total grant award (reflected above). The in-kind match will be reported on quarterly basis with the deliverables, and can include any type of work, service, time, personnel, supplies, etc., that relate to the scope of work in this subgrant that is paid by a non-federal source, this can include Healthy Nevada Funding. Basically any contribution toward the scope of work that was not funded by a federal source and utilized for an in-kind match for other funding.
- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- Subgrantee is required to provide an in-kind match equal to or greater than 25% of their total project cost.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

**Reimbursement may be requested monthly for expenses incurred in the implementation of the Scope of Work, within 30 days of the end of the monthly reporting cycle and no later than 30 days of the end of the subgrant period which is March 28, 2012.**

- **The Maximum amount available under this subgrant is \$113,000**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided on a quarterly basis to the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

Additionally, the Subgrantee agrees to provide:

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

**The Nevada State Health Division agrees:**

- To providing technical assistance, upon request from the Subgrantee;
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

**Both parties agree:**

An annual site visit will be performed by the State of Nevada Health Division, Bureau of Child, Family and Community Wellness, Tobacco Program Manager.

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

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



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

**HEALTH DIVISION  
NOTICE OF SUBGRANT AWARD  
SECTION C  
Financial Reporting Requirements**

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> of the month.
- ☞ Reimbursement is based on **actual** expenditures incurred during the period being reported.
- ☞ Payment will not be processed without all reporting being current.
- ☞ Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

Provide the following information on the top portion of the form: Subgrantee name and address where the check is to be sent, Health Division (subgrant) number, Bureau program number, draw number, employer I.D. number (EIN) and Vendor number.

An explanation of the form is provided below.

**A. Approved Budget:** List the approved budget amounts in this column by category.

**B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.

**C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.

**D. Year to Date Total:** Add Column B and Column C for each category.

**Budget Balance:** Subtract Column D from Column A for each category.

**F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days **prior** to the end of the subgrant period.

**\* An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.**

**Nevada Department of Health and Human Services**

Health Division # \_\_\_\_\_  
 Bureau Program # 3220  
 GL # 8516  
 Draw #: \_\_\_\_\_

**HEALTH DIVISION**

**REQUEST FOR REIMBURSEMENT / ADVANCE**

<b>Program Name:</b> Tobacco Education and Prevention Program Bureau of Child Family and Community Wellness Nevada State Health Division	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4150 Technology Way, Suite 210 Carson City, NV 89706	<b>Address:</b> P.O. Box 1130 Reno, NV 89520
<b>Subgrant Period:</b> Upon Approval through March 28, 2012	<b>Subgrantee EIN#:</b> 88-6000138 <b>Subgrantee Vendor#:</b> T40283400Q <b>Dun &amp; Bradstreet#:</b> 73-786-998

**FINANCIAL REPORT AND REQUEST FOR FUNDS**

(report in whole dollars; must be accompanied by expenditure report/back-up)

**Month(s):** \_\_\_\_\_ **Calendar Year:** \_\_\_\_\_

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
2 Travel	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
3 Operating	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
6 Supplies	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
7 Other	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!
8 <b>Total</b>	\$ 0	\$ 0	\$ 0	\$ 0	0	#DIV/0!

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

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

**FOR HEALTH DIVISION USE ONLY**

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

**HEALTH DIVISION**  
**NOTICE OF SUBGRANT AWARD**  
**SECTION D**

NEVADA STATE HEALTH DIVISION  
AUDIT INFORMATION REQUEST

1. Non-Federal entities that expend \$500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of your fiscal year.
2. Did your organization expend \$500,000.00 or more in all Federal Awards during your most recent fiscal year? YES \_\_\_\_ NO \_\_\_\_
3. When does your fiscal year end? \_\_\_\_\_
4. How often is your organization audited? \_\_\_\_\_
5. When was your last audit performed? \_\_\_\_\_
6. What time period did it cover? \_\_\_\_\_
7. Which accounting firm conducted the audit? \_\_\_\_\_

---

SIGNATURE

TITLE

DATE

## SECTION E

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*NEVADA STATE HEALTH DIVISION*

**CONFIDENTIALITY ADDENDUM**

BETWEEN  
Nevada State Health Division

---

Hereinafter referred to as "Division"  
and  
(Enter Organization/Individual Name)

---

hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

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. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. TERM

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. USE OR DISCLOSURE OF INFORMATION

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. **OBLIGATIONS OF CONTRACTOR**

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

**IN WITNESS WHEREOF**, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect

**STAFF REPORT**  
**BOARD MEETING DATE: April 28, 2011**

**DATE:** April 4, 2011

**TO:** District Board of Health

**FROM:** Lori Cooke, Fiscal Compliance Officer, Washoe County Health District  
775-325-8068, [lcooke@washoecounty.us](mailto:lcooke@washoecounty.us) *LC*

**THROUGH:** Eileen Coulombe, Administrative Health Services Officer  
775-328-2417, [ecoulombe@washoecounty.us](mailto:ecoulombe@washoecounty.us) *EC*

**SUBJECT:** **Proposed Permanent Exemption to the Air Quality Management Division  
Notice of Exemption Fee for Purchasers of Habitat for Humanity Homes.**

## SUMMARY

The Washoe County District Board of Health must approve changes to the Health Department Fee Schedule. An exemption to the current and future adopted fee schedules is being requested by Ticor Title Company on behalf of the purchasers of Habitat for Humanity Homes.

*Goal supported by this item:* Approval of the exemption supports the District Board of Health's goal: *Enhance collaborations with community groups and constituents.*

## PREVIOUS ACTION

There has been no previous action regarding this request. At the February 26, 2009 District Board of Health (DBOH) Meeting, the Board approved permanent exemptions for Social Services and the Northern Nevada Food Bank related to food and child care facility inspection and permitting fees.

## BACKGROUND

The Washoe County Health District, Air Quality Management Division has received a request from Ticor Title to grant a permanent exemption to the cost of filing the Notice of Exemption Fee for purchasers of Habitat for Humanity homes. This fee is paid by the home purchaser and is included with other closing costs. A copy of the letter is attached.

**AGENDA ITEM # 8.D.**

District Board of Health  
April 28, 2011  
Page 2

**FISCAL IMPACT**

If approved by the Board, the fiscal impact is estimated to be between \$39 and \$52. If more homes close in the future, the fiscal impact will be commensurate with the increase in activity. The current Notice of Exemption fee is \$13.

**RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health approve the Permanent Exemption to the Air Quality Management Division Notice of Exemption Fee for Purchasers of Habitat for Humanity Homes.

**POSSIBLE MOTION**

Move to approve the Permanent Exemption to the Air Quality Management Division Notice of Exemption Fee for Purchasers of Habitat for Humanity Homes.





AIR QUALITY MGMT.

APR 01 2011

WASHOE COUNTY  
HEALTH DIST.

March 30, 2011

Washoe County Health District  
Air Quality Management Division  
P.O. Box 11130  
Reno, Nevada 89520-0027

Attn: Kevin Dick, Div.Dir

Re: Truckee Meadows Habitat for Humanity

Dear Mr. Dick:

Thank you so much for your time and consideration in connection with the Truckee Meadows Habitat for Humanity program and my request to the Health Dept to waive the cost of filing the Notice of Exemption fee, for the purchaser's of these homes.

To date, they close approximately 3-4 homes a year, but there are ambitions to close a few more a year as time goes on.

I have enclosed the list of sponsors for your review. Please advise if you choose to be listed as a sponsor and I will be happy to make the necessary arrangements

Again, thank you for considering this request.

Sincerely,

A handwritten signature in black ink that reads 'Janine Norvick'. The signature is written in a cursive, flowing style.

Janine Norvick  
Certified Senior Escrow Officer  
Ticor Title of Nevada

Enclosures as noted above



# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**Public Health**  
Prevent. Promote. Protect.

**Date:** April 12, 2011  
**To:** District Board of Health  
**From:** Kevin Dick, Director, Air Quality Management  
**Re:** Annual Oxygenated-Fuels Program Report  
Agenda Item: 8.E.

Pursuant to Section 040.095 (D) of the Regulations Governing Air Quality, attached is the annual Oxygenated-Fuels Program Report. Staff recommends that the District Board of Health accept this report.

Kevin Dick,  
Division Director

KD:YLB

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**2010 – 2011 OXYGENATED FUELS PROGRAM**  
**FOR WASHOE COUNTY**

Prepared by

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Washoe County Health District  
Air Quality Management Division  
<http://www.washoecounty.us/health/aqm>

April 2011

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## Background

The oxygenation of gasoline reduces carbon monoxide (CO) emissions from motor vehicles during the winter months, when climatic factors tend to exacerbate CO problems. In 1992, the U.S. Environmental Protection Agency (EPA), under authority of the Clean Air Act Amendments of 1990, mandated an oxygenated fuel (oxy-fuel) program for 39 urban areas in 23 states, including Washoe County, which had exceeded the National Ambient Air Quality Standard (NAAQS) for CO.

The Truckee Meadows was designated as a moderate CO non-attainment area since November 15, 1990. Washoe County began its oxy-fuel program in December 1989 and subsequently adopted the EPA's oxy-fuel program in 1992. From the onset of the oxy-fuel program, the oxygenate of choice were Methyl Tertiary Butyl Ether (MTBE) and ethanol. Depending on the urban areas of concern, the gasoline oxygen content ranges from 2.7 to 3.5% by weight during the oxy-fuel season. MTBE dominated the oxygenate market until the mid 1990's, making up almost 80% of the market share. By the mid 1990's, confirmed reports of MTBE groundwater contamination in California prompted MTBE's phase-out from use in the West.

On October 25, 2000, the District Board of Health (DBOH) adopted revisions to the Oxygenated Fuel Regulation, Section 040.095 (Oxygen Content of Motor Vehicle Fuel) of the DBOH Regulations Governing Air Quality Management. The revisions phased out the use of MTBE as oxygenate effective "the same date as the phase-out of MTBE in California." The original phase-out date was December 31, 2002, but in March 2002, the California Governor extended the date to December 31, 2003. In 2004, MTBE in gasoline was fully phased out in California and Washoe County.

On September 22, 2005, the DBOH further adopted revisions to Section 040.095. This revision primarily addressed enforceability issues during emergency fuel supply interruptions. It also removed the outdated MTBE phase-out date, leaving only the relevant regulation concerning the not-to-exceed MTBE contribution of 0.05% oxygen by weight (or 0.3% by volume) to the required 2.7% oxygen by weight in the oxy-fuel.

In November 2005, the Washoe County Air Quality Management Division (AQMD) submitted a request to EPA for redesignation of the Truckee Meadows from a moderate CO non-attainment area to an attainment/maintenance area. The redesignation to attainment/maintenance became effective on August 4, 2008. The oxy-fuel program remains in the ten-year CO maintenance plan, which has been approved by EPA and is effective until 2016. The oxy-fuel program will be reevaluated for its effectiveness in maintaining the CO NAAQS in the future. If the oxy-fuel program is removed from the State Implementation Plan (SIP), it will become a contingency measure to be reconsidered if the Truckee Meadows violates the CO NAAQS.

As of December 2010, all urban areas in the United States have achieved attainment for CO. However, only seven (7) urban areas keep the oxy-fuel program in their SIP maintenance plan. The other urban areas use the oxy-fuel program as a contingency measure in their SIP maintenance plans. The Energy Independence and Security Act of 2007 (EISA) required that eight (8) billion gallons of renewable fuels be blended in transportation fuels by 2008 and that thirty-six (36) billion gallons of renewable fuels be blended in transportation fuels by 2028.

Therefore, these urban areas would be expected to have ethanol in their fuel supply despite a lack of oxy-fuel program requirements in their maintenance plans.

Washoe County's oxy-fuel program has been successful in reducing CO emissions by 5 - 30% since its inception in 1989. The CO emission reduction was more significant during the earlier years of the program, when vehicles had less rigorous emission control requirements. In recent years, the benefit of oxy-fuel is diminishing due to cleaner vehicles and more stringent regulations. The 2010-2011 season is the 22<sup>nd</sup> year of the oxy-fuel program. Over these 22 seasons, decreases in CO concentrations during the winter months have been noticeable in Washoe County, especially in the first decade of the program. The 2010-2011 season continued to be a successful oxy-fuel season with minimal cost incurrence and inconvenience to motorists.

This report was prepared in accordance with Section 040.095.D.1 of the DBOH Regulations Governing Air Quality Management.

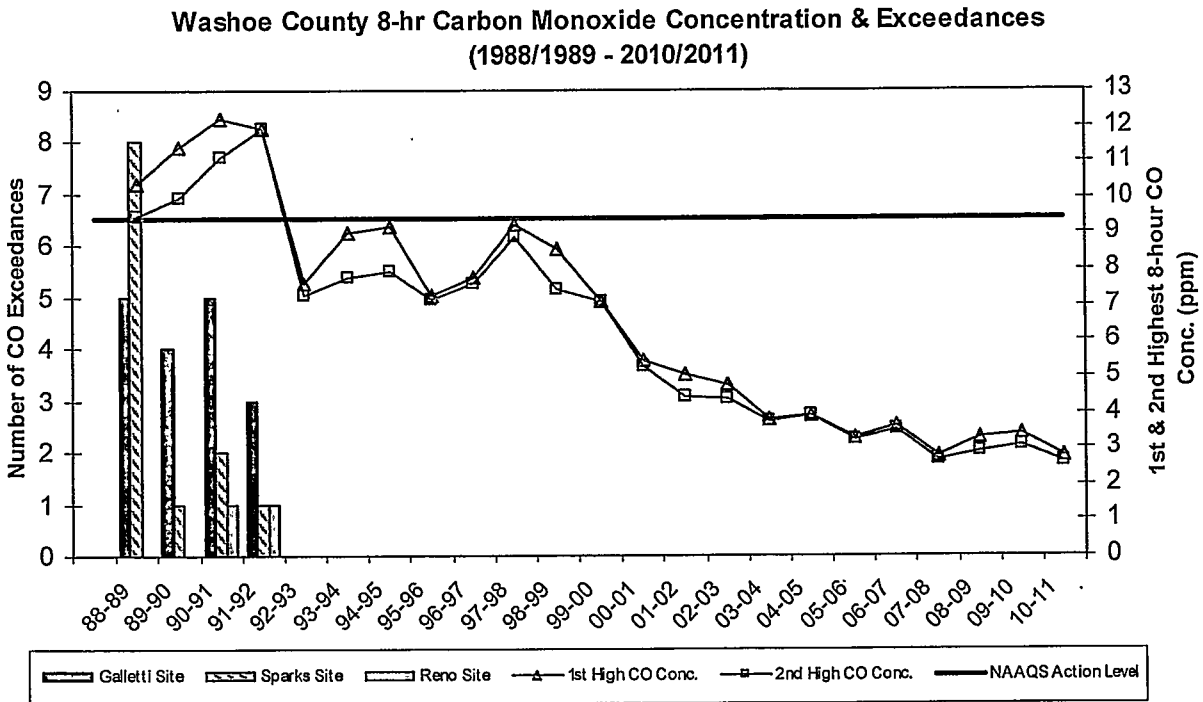
## 2010 - 2011 Program Details

Since the federal oxygenated fuel mandate in 1992, the oxy-fuel season has begun on October 1 and ended on January 31. Section 040.095 of the DBOH Regulations Governing Air Quality Management requires all gasoline delivered during the oxy-fuel season to contain a minimum of 2.7% oxygen by weight. Ethanol was again the only oxygenate fuel in the market during the 2010-2011 season, and MTBE was not found at any of the tested stations. According to the State of Nevada, Department of Motor Vehicles, approximately 54.9 million gallons of gasoline were delivered in Washoe County between October 1, 2010, and January 31, 2011.

### Air Quality

NAAQS for CO are based on 1-hour and 8-hour averaging times. The 2010-2011 oxy-fuel season was a clean season for CO, and levels were comparable to those observed in 2009-2010. No exceedances of either the 1-hour or 8-hour NAAQS for CO were measured at any of the air quality monitors in Washoe County this season. The AQMD has never measured an exceedance of the 1-hour NAAQS and the last exceedance of the 8-hour standard occurred on December 13, 1991.

Figure 1 illustrates the number of CO exceedances since 1988 at the Galletti, Sparks, and Reno sites. These are the sites in the AQMD's ambient air monitoring network that typically measure the highest CO levels.



**Figure 1**

Additionally, Figure 1 graphically depicts the highest and second highest 8-hour CO concentrations from 1988-1989 to 2010-2011. Although Washoe County has not exceeded the 8-

hour CO NAAQS since 1991, CO levels in 1994-1995 and 1997-1998 were very close to the standard and probably would have exceeded the standard if not for the oxy-fuel program.

### **Costs**

Normal fluctuations in market prices make it difficult to isolate the increase in gasoline prices due to the oxy-fuel program. According to Western Energetix, LLC, a major local gasoline distributor, oxygenates have not contributed to any gasoline price increase in the last several years. Therefore, no extra cost was incurred for CO emissions reduced by the oxy-fuel program. In comparison, the maximum reasonable cost for CO emission reductions per year for implementation of Best Available Control Technology in Washoe County was determined to be \$2,000 per ton.<sup>1</sup>

### **Air Quality Emission Reductions**

According to the 2008 Washoe County Emissions Inventory, gasoline-powered on-road motor vehicles accounted for approximately 53% of the CO emissions in the Truckee Meadows. That is over 48,000 tons of CO emissions per year. Based on the EPA MOBILE6.2 computer model, the oxy-fuel program reduced CO emissions from gasoline powered on-road motor vehicles by approximately 2,100 tons in Washoe County during the 2010-2011 oxy-fuel season.

Non-road mobile sources contributed 31%, of the total CO emissions, an additional 28,000 tons. Based on the EPA NONROAD 2008 computer model, the oxy-fuel program reduced CO emissions from gasoline powered non-road mobile sources by approximately 1,500 tons of CO during the 2010-2011 oxy-fuel season.

### **Compliance and Enforcement**

Through a Memorandum of Understanding (revised September 2000) between AQMD and the Nevada Department of Agriculture (NDOA), gasoline samples collected by AQMD are tested by the Petroleum Laboratory of the NDOA. The NDOA is responsible for testing gasoline octane and Reid Vapor Pressure (RVP) year round and oxygenates during the oxy-fuel season.

To ensure compliance with Section 040.095 of the DBOH Regulations Governing Air Quality Management, the AQMD collected a total of 91 random fuel samples of all available grades of gasoline during routine inspections of gasoline dispensing facilities. The AQMD collected four additional control samples during this season, bringing the total to 95 oxy-fuel samples tested.

The NDOA collected and tested 208 additional samples separate from AQMD's oxy-fuel program. The NDOA test results cannot be used for AQMD enforcement; however, they indicate if a facility's fuel supply contains any oxygenate thus determining whether a follow-up inspection needs to be conducted. Altogether, the NDOA tested 303 samples of gasoline in Washoe County for oxygenates this past season.

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<sup>1</sup> "Procedures for determining BACT emission controls," Washoe County District Health Dept. Air Quality Management Division, Policy # P-1-92, February 13, 1992

The NDOA analyzed all samples using gas chromatography. As a quality assurance measure, some samples were split and submitted to the lab as blind samples to ensure the analysis of each sample was accurate. The AQMD accepts a testing tolerance of +/- 6%, as outlined by ASTM 5599, which is used by the laboratories, to allow for minor variations in percent oxygen due to problems of test reproducibility.

Among the 303 samples tested, three samples were below the required oxygen content level. Based on delivery receipts, AQMD confirmed that the low oxygen content in one of those samples were from low sales of existing inventories due to low throughput. Therefore, no action was taken. However, two of the three failed samples were devoid of oxygen content. Due to an unknown and unexpected complication during NDOA's computer equipment replacement, the failed samples were not reported to AQMD until the last day of the 2010-2011 oxy-fuel season. Consequently, AQMD could not take enforcement action as outlined in the enforcement policy. Future procedures will ensure more timely reporting of failed samples for appropriate enforcement action.

The AQMD received no formal complaints from the public regarding oxygenated fuel this season.



## Summary

Washoe County's oxy-fuel program is successful as demonstrated by the fact that the AQMD has not measured an exceedance of the CO NAAQS since December 13, 1991.

Since implementing the oxy-fuel program in 1989, Washoe County's population has increased by 54%<sup>2</sup>, vehicle miles traveled has increased by 80%<sup>3</sup>, and gasoline sales during the oxy-fuel season has increased by 23%, from 44.5 million gallons in 1989-1990 to 54.9 million gallons in 2010-2011. At the same time, oxy-fuel accounted for 4% annual reduction of CO emissions from on-road mobile sources and 6% annual reduction from non-road mobile sources.

Since older vehicles have less efficient pollution control devices, oxy-fuel provides the greatest benefit to these older vehicles. As indicated earlier in this report, CO emission reduction benefits have been diminishing in the last few years due to aging vehicles being replaced by newer, less polluting vehicles. When the oxy-fuel program reaches a diminished contribution for further CO reductions, its effectiveness in maintaining the CO NAAQS in the future will be re-evaluated. If the oxy-fuel program is removed from the SIP, it will become a contingency measure to be reconsidered if the Truckee Meadows violates the CO NAAQS.

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<sup>2</sup> Population information obtained from Washoe County Community Development Planning Dept.

<sup>3</sup> Vehicle Miles Traveled information obtained from RTC Planning Dept – from 2010 Washoe County Consensus Forecast.



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*Regional Emergency Medical Services Authority*

**REMSA**

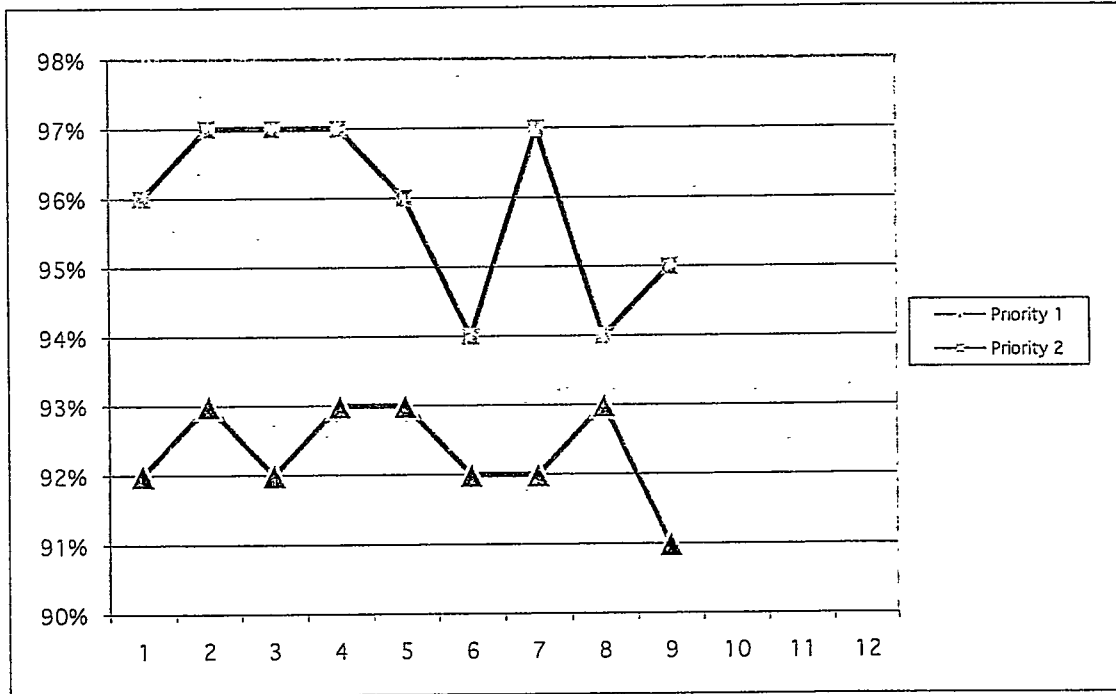
OPERATIONS REPORTS

FOR

MARCH 2011

Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.	5 mins. 54 secs.	4 mins. 49 secs.	93%	97%
Sept.	6 mins. 5 secs.	4 mins. 52 secs.	92%	97%
Oct.	5 mins. 58 secs.	4 mins. 56 secs.	93%	97%
Nov.	6 mins. 9 secs.	5 mins. 4 secs.	93%	96%
Dec.	6 mins 3 secs.	4 mins. 58 secs.	92%	94%
Jan. 11	6 mins. 2 secs.	4 mins. 54 secs.	92%	97%
Feb.	6 mins. 13 secs.	5 mins. 7 secs.	93%	94%
Mar.	6 mins. 4 secs.	4 mins. 55 secs.	91%	95%
Apr.				
May				
Jun-11				



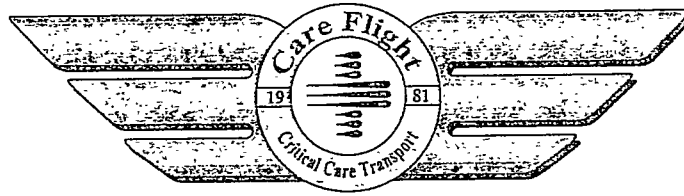
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	15	\$109,746	\$7,316	\$7,316
Aug.	9	\$58,163	\$6,463	\$6,996
Sept.	17	\$134,512	\$7,912	\$7,376
Oct.	11	\$76,615	\$6,965	\$7,289
Nov.	9	\$66,171	\$7,352	\$7,298
Dec.	9	\$60,165	\$6,685	\$7,220
Jan. 2011	16	\$117,532	\$7,346	\$7,243
Feb.	14	\$99,074	\$7,077	\$7,220
Mar.	8	\$54,604	\$6,826	\$7,191
Apr.			\$0	\$7,191
May			\$0	\$7,191
June			\$0	\$7,191
<b>Totals</b>	<b>108</b>	<b>\$776,583</b>	<b>\$7,191</b>	<b>\$7,191</b>
		Adjusted Allowed Average Bill -		\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-10	3090	\$3,040,510	\$984	\$984
Aug.	3121	\$3,079,796	\$987	\$985
Sept.	2934	\$2,905,935	\$990	\$987
Oct.	2889	\$2,859,349	\$990	\$988
Nov.	2750	\$2,724,649	\$991	\$988
Dec.	3129	\$3,122,929	\$998	\$990
Jan. 2011	2990	\$2,962,491	\$991	\$990
Feb.	2904	\$2,866,558	\$987	\$990
Mar.	3085	\$3,046,993	\$988	\$989
Apr.			\$0	\$989
May			\$0	\$989
June			\$0	\$989
<b>Totals</b>	<b>26892</b>	<b>\$26,609,210</b>	<b>\$989</b>	<b>\$989</b>
		Allowed ground avg bill -		\$966.00



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*Regional Emergency Medical Services Authority*

CARE FLIGHT  
OPERATIONS REPORT  
FOR  
MARCH 2011



CARE FLIGHT OPERATIONS REPORT  
MARCH 2011  
WASHOE COUNTY

- ❖ In Town Transfer:
  - 1 ITTs were completed
- ❖ Outreach, Education, & Marketing:
  - 0 Community Education & Public Events

❖ Statistics

Washoe County Flights

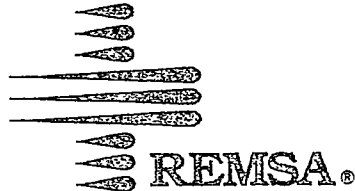
	# patients
Total Flights:	8
Total Patients	8
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	6
Hospital Transports	2
Trauma	4
Medical	4
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	0
Total	8



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*Regional Emergency Medical Services Authority*

REMSA  
GROUND OPERATIONS REPORT  
FOR  
MARCH 2011



## GROUND AMBULANCE OPERATIONS REPORT

March 2011

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5141
Total Number Of Responses In Which No Transport Resulted	2062
Total Number Of System Transports	3079

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		2%
Medical		50%
OB		1%
Psychiatric/Behavioral		4%
Transfers		15%
Trauma		25%
	Trauma – MVA	6%
	Trauma – Non MVA	19%
Unknown/Other		3%
Total Number of System Responses	100%	

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
  - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2577PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Will Hehn, Interim Communications Education and CQI Coordinator.



4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
3/4/11	Humboldt General Hospital	5
3/8/11	REMSA Education	20
3/16/11	REMSA Education	9
3/17/11	Great Basin College	23
3/31/11	REMSA Education	12

Advanced Cardiac Life Support Recert

Date	Course Location	Students
12/9/11	John Mohler & Company	27
2/25/11	Trent Waechter	4
3/1/11	EMS CES 911	1
3/1/11	Trent Waechter	11
3/4/11	Tahoe Pacific Hospital	1
3/4/11	Humboldt General Hospital	2
3/7/11	Nampa Fire Department	1
3/8/11	EMS CES 911	1
3/9/11	REMSA Education	1
3/9/11	EMS CES 911	1
3/10/11	REMSA Education	1
3/15/11	EMS CES 911	3
3/22/11	REMSA Education	24

3/22/11	Tahoe Pacific Hospital	4
3/23/11	EMS CES 911	6
3/23/11	Northstar Fire Department	6
3/24/11	Northstar Fire Department	5
3/26/11	REMSA Education	12
3/27/11	EMS CES 911	3
3/27/11	Kimberly Marcus	1
3/28/11	EMS CES 911	1
3/30/11	EMS CES 911	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
3/28/11	REMSA Education	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
3/3/11	REMSA Education	2

Advanced Medical Life Support

Date	Course Location	Students
3/16/11	REMSA Education	10

Bloodborne Pathogen

Date	Course Location	Students
3/23/11	Silver Legacy Hotel Casino	4

Health Care Provider

Date	Course Location	Students
12/15/10	Elko High School	37

2/25/11	Robert Painter	2
2/26/11	Nye County EMS	15
2/27/11	Kenny Cohen	13
3/2/11	REMSA Education	9
3/3/11	REMSA Education	9
3/3/11	NorCal EMS	1
3/5/11	Riggs Ambulance Service	11
3/8/11	REMSA Education	10
3/16/11	REMSA Education	15
3/16/11	NorCal EMS	1
3/17/11	NorCal EMS	1
3/21/11	Eastern Plumas Healthcare	2
3/23/11	REMSA Education	27
3/23/11	Silver Legacy Hotel Casino	3
3/24/11	REMSA Education	8
3/28/11	EMS CES 911	3
3/28/11	REMSA Education	5
3/30/11	REMSA Education	2
3/30/11	Sierra Nevada Job Corps	6
3/31/11	Small Mine Development	6

Health Care Provider, Employee

Date	Course Location	Students
3/2/11	REMSA Education	2
3/3/11	REMSA Education	1
3/23/11	REMSA Education	1

3/24/11	REMSA Education	1
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Health Care Provider, Recert

Date	Course Location	Students
2/12/11	Nevada Air National Guard	2
2/17/11	Washoe County School District	1
2/21/11	Humboldt General Hospital	6
2/24/11	Humboldt General Hospital	20
3/1/11	Humboldt General Hospital	6
3/1/11	EMS CES 911	1
3/2/11	Willow Springs	10
3/3/11	Rosewood Rehab	5
3/4/11	Nampa Fire Department	23
3/5/11	Nye County EMS	2
3/5/11	Nevada Air National Guard	4
3/6/11	Nampa Fire Department	9
3/7/11	EMS CES 911	1
3/7/11	REMSA Education	10
3/7/11	Nampa Fire Department	14
3/8/11	REMSA Education	6
3/9/11	REMSA Education	21
3/9/11	EMS CES 911	2
3/9/11	NorCal EMS	2
3/9/11	Nampa Fire Department	13
3/10/11	NorCal EMS	2
3/10/11	REMSA Education	7
3/10/11	Nampa Fire Department	13

3/12/11	REMSA Education	9
3/15/11	Tahoe Pacific Hospital	3
3/15/11	Tahoe Forest Hospital	8
3/16/11	REMSA Education	18
3/16/11	Silver Lake Fire Department	2
3/16/11	West Hills Hospital	6
3/17/11	REMSA Education	8
3/18/11	REMSA Education	1
3/18/11	Silver Lake Fire Department	1
3/20/11	Dave Zordell	1
3/22/11	Casey Quinlan	1
3/23/11	REMSA Education	7
3/24/11	Regent Care	4
3/25/11	REMSA Education	8
3/25/11	EMS CES 911	11
3/25/11	Eastern Plumas Healthcare	3
3/26/11	REMSA Education	10
3/30/11	REMSA Education	10
3/30/11	EMS CES 911	1
3/30/11	Marci Hays	5

#### Health Care Provider Skills

Date	Course Location	Students
1/18/11	Tahoe Forest Hospital	5
3/1/11	REMSA Education	1
3/1/11	Tahoe Pacific Hospital	3
3/2/11	Tahoe Forest Hospital	1

3/10/11	REMSA Education	1
3/10/11	Tahoe Forest Hospital	1
3/11/11	REMSA Education	1
3/11/11	REMSA Education	2
3/14/11	Tahoe Forest Hospital	1
3/15/11	REMSA Education	1
3/15/11	Tahoe Forest Hospital	1
3/17/11	Tahoe Forest Hospital	1
3/17/11	REMSA Education	1
3/18/11	REMSA Education	1
3/21/11	Riggs Ambulance Service	1
3/22/11	Tahoe Forest Hospital	1
3/23/11	REMSA Education	1
3/28/11	Tahoe Pacific Hospital	1
3/30/11	REMSA Education	1
3/30/11	Tahoe Forest Hospital	4
3/31/11	Tahoe Pacific Hospital	1

Heart Saver AED

Date	Course Location	Students
2/2/11	Washoe County School District	6
2/3/11	Washoe County School District	5
2/5/11	Washoe County School District	5
2/8/11	Washoe County School District	6
2/9/11	Washoe County School District	6
2/10/11	Washoe County School District	6
2/12/11	Washoe County School District	6

2/15/11	Washoe County School District	4
2/16/11	Washoe County School District	5
2/17/11	Washoe County School District	5
2/22/11	Washoe County School District	3
2/22/11	Randi Hunewill	2
2/23/11	Washoe County School District	5
2/24/11	Washoe County School District	4
2/26/11	Nevada Department of Corrections	6
2/28/11	Washoe County School District	6
3/3/11	Nampa Fire Department	1
3/3/11	Ralph Renteria	6
3/3/11	Tyler Teese	4
3/5/11	Humboldt General Hospital	3
3/8/11	Elko BLM	18
3/9/11	REMSA Education	6
3/12/11	Small Mine Development	22
3/15/11	Eldorado Hotel/Casino	6
3/20/11	Ronald Oliver	4
3/24/11	NorCal EMS	1
3/26/11	REMSA Education	2
3/27/11	Eastern Plumas Healthcare	15
3/31/11	Eldorado Hotel/Casino	6

Heart Saver CPR

Date	Course Location	Students
2/8/11	Elko BLM	29
3/2/11	REMSA Education	1

3/8/11	Sierra Nevada Job Corps	1
3/10/11	Sierra Nevada Job Corps	6
3/16/11	REMSA Education	1
3/19/11	John Renaud	2

Heart Saver First Aid

Date	Course Location	Students
12/15/11	Elko High School	37
2/5/11	Humboldt General Hospital	6
2/9/11	Washoe County School District	2
2/25/11	Charles Sparke	4
2/28/11	Jennifer Kraushaar	8
3/1/11	Kat Fivelstad	6
3/1/11	David Rebhan	2
3/2/11	REMSA Education	1
3/7/11	Jennifer Kraushaar	4
3/8/11	REMSA Education	6
3/8/11	SMRMC PAS Program	3
3/9/11	Jennifer Kraushaar	1
3/9/11	Work of Heart	6
3/10/11	Reno Tahoe Airport Authority	3
3/10/11	Silver Lake Fire Department	2
3/11/11	Sierra Nevada Job Corps	6
3/16/11	REMSA Education	8
3/17/11	REMSA Education	5
3/17/11	NorCal EMS	16
3/18/11	Work of Heart	4



3/19/11	REMSA Education	5
3/19/11	Riggs Ambulance Service	3
3/21/11	Nye County EMS	6
3/22/11	SMRMC PAS Program	4
3/23/11	Storey County Fire Department	7
3/23/11	REMSA Education	15
3/23/11	Silver Legacy Hotel Casino	4
3/23/11	Nye County EMS	16
3/23/11	Storey County Fire Department	5
3/24/11	REMSA Education	9
3/24/11	NorCal EMS	15
3/24/11	NorCal EMS	7
3/30/11	Work of Heart	2
3/30/11	REMSA Education	6
3/31/11	Sierra Nevada Job Corps	6

Heart Saver Pediatric First Aid

Date	Course Location	Students
3/12/11	Jennifer Kraushaar	5
3/13/11	Jennifer Kraushaar	1
3/15/11	Robert Painter	4
3/19/11	Alex MacLennan	9
3/20/11	Robert Painter	4

Neonatal Resuscitation Program

Date	Course Location	Students
2/22/11	REMSA Education	2

3/23/11	REMSA Education	10
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Pediatric Advanced Life Support

Date	Course Location	Students
3/11/11	REMSA Education	18
3/14/11	Storey County Fire Department	5

Pediatric Advanced Life Support Recert

Date	Course Location	Students
12/13/10	John Mohler & Company	24
3/2/11	Trent Waechter	9
3/4/11	Trent Waechter	3
3/10/11	REMSA Education	1
3/11/11	EMS CES 911	2
3/18/11	Eastern Plumas Healthcare	6
3/22/11	Summit Air Ambulance	2
3/24/11	EMS CES 911	1
3/28/11	Northstar Fire Department	3
3/29/11	REMSA Education	1
3/29/11	Northstar Fire Department	6

Pediatric Advanced Life Support Skills

Date	Course Location	Students
3/22/11	REMSA Education	1
3/25/11	REMSA Education	1

Pediatric Advanced Life Support Instructor

Date	Course Location	Students
3/1/11	REMSA Education	4

Pediatric Emergency Assessment, Recognition & Stabilization

Date	Course Location	Students
3/25/11	Great Basin College	8

Ongoing Courses

Date	Course Description / Location	Students
1/4/10	Paramedic Program	9
7/6/10	Paramedic Program	11
1/3/11	EMT Basic	18

Total Students This Report	1344
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

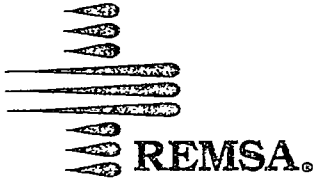
Date	Description	Attending
3/8/11	Small group training with Safe Embrace Staff	2 students
3/26/10	Child Safety Seat Checkpoint, Renown Medical Center, Reno. 27 cars and 31 seats inspected.	2 volunteers, 3 staff

Northern Nevada Fitting Station Project

Date	Description	Attending
3/23/11	Prepared Childbirth Class, Saint Mary's	32 parents
3/26/11 - 3/29/11	National Lifesavers Traffic Safety Conference, Phoenix, AZ.	1 staff

Safe Kids Washoe County

Date	Description	Attending
3/2/11	Safe Kids USA Advisory Council teleconference.	1 volunteer
3/2/11	Street Smart collaborative meeting, Reno.	5 volunteers
3/7/11	Sun Valley Give Kids A Boost Health and Safety Fair planning meeting, Sun Valley Family Resource Center.	6 volunteers
3/8/11	Intermountain Region EMS for Children Coordinating Council Family Representative teleconference.	9 volunteers
3/8/11	Safe Kids Washoe County monthly Coalition meeting.	16 volunteers
3/9/11	Northern Nevada Immunization Coalition monthly meeting. Presentation by Washoe County School District Board of Trustees.	24 volunteers
3/10/11	Chronic Disease Coalition monthly meeting.	10 volunteers
3/10/11	Nevada Committee on Emergency Medical Services monthly meeting; provided EMS for Children update, Carson City.	1 volunteer
3/14/11	Truckee Meadows Bicycle Alliance Bike to School committee planning meeting.	8 volunteers
3/16/11	Safe Routes to Schools monthly partner meeting.	8 volunteers
3/17/11	Nevada Bicycle Advisory Board meeting and grant hearing, Carson City. Safe Kids Washoe County awarded \$1,000 for Ready to Walk N' Roll Summer Camp.	1 staff
3/18/11 - 3/19/11	Co-instructed League of American Bicyclists Traffic Skills 101 course, Las Vegas, NV.	1 instructors, 16 students
3/21/11	Obesity Summit planning committee meeting.	12 volunteers
3/22/11	Truckee Meadows Bicycle Alliance Bike to Work committee planning meeting.	7 volunteers
3/24/11	Street Smart collaborative meeting, Reno.	5 volunteers
3/29/11	Safe Kids Washoe County bi-monthly Board of Directors meeting.	1 staff, 8 volunteers
3/29/11	Esther Bennett Safety Committee meeting, Sun Valley.	6 volunteers
3/30/11	Truckee Meadows Bicycle Alliance Bike to School committee planning meeting.	3 volunteers
3/31/11	Not Even For A Minute subcommittee meeting.	3 volunteers



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*Regional Emergency Medical Services Authority*

GROUND AMBULANCE AND CARE FLIGHT  
INQUIRIES  
FOR  
MARCH 2011

INQUIRIES

March 2011

There were no inquiries in the month of March.



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*Regional Emergency Medical Services Authority*

GROUND AMBULANCE  
CUSTOMER SERVICE  
FOR  
MARCH 2011

## GROUND AMBULANCE CUSTOMER COMMENTS MARCH 2011

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Having a doctor and ambulance on scene at Mt Rose was very helpful to my son.		Service was excellent. Thank you
2	Everything! The staff were very kind & professional. It made me more comfortable & confident. Thank you!	Nothing, everything was excellent.	Can I please have the EMT's & paramedics names? I have forgotten them & would like to write them a personal letter of thanks.
3	All		
4	I'm her daughter. Your crew picked my mom up in Sparks, put her dog in the house, locked up and took her to the hospital where I meet them. Job well done!		
5	Everything they did was very well done to keep me comfortable.		They explained very well what they were doing.
6	Quick in arrival @ home and hospital.	Be patient with repayment.	
7	Transporting me.	Your personnel did fine.	I was satisfied with the service and help.
8	Calm my wife and gave me encouragement.		
9	Arrived on time unbelievable	be more pontual	They Remsa crew were terrific.
10	Showed care and concern	Nothing	Fantastic crew, they came by the ER to see how we were doing.
11	Everything. They knew what to do and kept me alert and talking after they got here.	You have great people on your crew. Just keep up the good work and don't change a thing!	They were great don't let them go away! I can't say thanks enough.
12	Handled transfer to hospital well.		Did a great job
13	Everything went well.	Nothing, everything was done professionally.	
14	Transferred me from Truckee Ambulatory vehicle (which broke down) onto REMSA vehicle 200 yards from hospital entry.	I could have made the walk or the Truckee Ambulance crew could have carted me in a wheel chair.	Could I have made the decision to walk or opted for the wheelchair???
15	You were there within 5 minutes of the call. Everyone was very professional and knowledgable	You did everything right	
16	yes, but on wet, muddy, snowney your feet, leight carpet took a beating.		
17	Everybody was very professional		
18	Driver and escort were very nice and helpful		
19	Everything went well - crew were well prepared kept me informed of what was happening		
20	Everything went well - see other form		
21	The medics took care of my husband		
22	Everything		
23	Fast Response		
24	Everything!	Doing what you're doing!	
25	Saved my life!	My family said everyone was very helpful - fast and communicated everything to them.	Thank you - you are all angels on earth.
26	When the EMT's were running the tests, they kept me informed of the findings.		
27	Everything		
28	Saved my husband's life	Keep up the excellent work	Your crew was professional, polite, kind and respectful.
29	Got there fast and did a lot of testing and treatment before we even got to the hospital		



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
30		Have no idea how service could better	
31	Arrival time and care while transportation to hospital	You're the best already!	Greatful for your service for my wife before she passed and now your service for me.
32	Ella had passed away and you did what needed to be done until a directive was found and her wishes were made known.		Thank you for being kind and respecting her wishes.
33	Saving my life	Just keep up the great work!	
34	Caring and friendly assistance		
35			My wife passed away on 2/16. Thank you for all the care and service provided by the people of your company.
36	Helped getting to ambulance		
37	Everything- very compassionate to me. Keeping me calm and explained everything they did so I could understand.	Can't honestly think of anything	
38	Very professional and able to improvise using O2 bag as heavy weight to help hematoma from becoming larger.		
39	Everything.	Keep up the prompt service.	Your charges are outrageously high!!!
40	Your personnel were extremely helpful in governing my hullucinating wife to go with them		
41	Very calming to me and most particularly my family.	Can't think of anything	Please be sure to thank the men that cared for me. They were amazing.
42	Your medics were awesome, efficient, accomodatingand overall excellent. Remsa does more than ever does.		
43	Responded in a timely manner and arrived with the proper equipment	You did well, Thanks	
44	Everything was perfect!		
45	I can't see to answer questions but I was very please with the call response.		
46	Provided speedy readings of vital's safe and fast transport to hospital- spoke to me calmly. Thank you!		
47	Helped in moving.	Communicate better	They did communicate but not as much as I would have liked
48	Everything	Keep on keeping on!	
49	I wasn't coherent at the time of the accident	n/a	From what I hear and from current experiance you were great.
50	Everything was great!		
51	Responded promptly	Good job Thanks	This call was a repeat of the incident
52	The staff was very careful and caring and comforting in a very people oriented way.		Keep up the great work!
53	Concern for my grandma was great, they didn't act like she was just another person.	N/A	
54	Everyone did a great job. Thanks a lot!		
55	Excellent service		
56	Communicated with me. We were flown in and you picked up and transported to Renown.		
57	Communicate very well and kind		
58	I did not see anything that I would consider good, they were rough with my wife from the beginning.	Provide a staff that is more patient & considerate for the patient & family members.	When they moved my wife from the hospital bed to the gurney they dropped her hard. When they put her in the ambulance they were rough and tilted her up too far which caused bar lung to burst since there was fluid in her lungs, apparently, which ultimately caused her death She was throwing up blood & instead of them turning her on her side or stomache they laid her onher

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
59	Assist me with my worries	Slow down, everything was way too fast. Explain to my family what you are doing.	
60	Everything		
61	Offered appropriate advice for the situation. Advised that I be seen by a doctor.	Service was prompt and helpful.	
62	Everything!	No Suggestions	Excellent
63	Keep me calm!	Nothing	N/A
64	Job well done!		
65	Were extremely sympathetic, caring and understanding in a difficult situation.	Nothing. The compassionate and caring were very moving and greatly appreciated.	Exceptional from the firemen, police and paramedics. Thank you Remsa!
66	Transporting down stairs and painless IV insertion	cannot think of anything	No further comments other than personnel were very kind and gentle
67	Quick response and paramedic stayed on phone with me until they arrived at our home.	Nothing, service was excellent.	
68	The personnel were friendly, gently and caring	Nothing I can think of	Nothing I can think of
69	Everything		
70	Arrived promptly, courteous.		
71	Made transport smooth and easy		The crew was great
72	The response was rapid, and all personnel (fire and Remsa) were professional and courteous.		
73	The ambulance crew called my husband at work to let him know I was having a stroke.	You were on time. Thank you.	I recieved the clot buster in time. Thank you again.
74	On time, good service.	Nothing that I know of.	I did not meet the billing staff.
75	Spoke soft to resedent and was patient.		
76	Was impressed with the whole organization! You seem to care and it shows Thanks!		
77	Very friendly and helpful	Better shocks on unit	Very good.
78		Tell the patient "Do you want to take things with you?"	
79	Great crew - careful, curtious pleasant	Keep up the great training	
80	The paramedics are always very compassionate, friendly, pay attention to detail.		
81	Everything	Just keep up the good work	
82	Responded fast		
83	Excellent service		
84	Everything was great		
85	The dispatchers were very nice and helpful.		
86	every body was wonderful - I have never called 911 before and was taken back by all the questions but the dispatcher was great patient		The patient was my mother your staff was great thankyou so much
87	It was handled very well. I was well pleased	Thanks for the great service!	
88	Service was excellent.	How can you better excellence?	
89	Very kind		
90	Everything - we were very pleased		
91	Everything	I hope I wont have to call you again	Very quick coming to our house
92	Everything, Excellent care	Nothing	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
93	The REMSA personnel are kind and helpful	There's nothing I can say	No comment.
94	Calmed me down	Nothing	
95	The short transport with the flight med crew, from the airport to Renown and back was fine. Not much interaction.	Nothing. All went well.	During these types of transport, these questions don't really apply.
96	Everything		
97	Everything	Nothing	Everything was perfect.
98			Transported from Manor Care- wingfield Springs to hospital
99	The attitude of the staff was exceptional and showed concern.	This is the 2nd time we have used your service- don't change, you're great.	
100	All was very professional.		
101	The paramedics were extremely helpful in keeping me calm while I was immobilized on a backboard. They explained things well so I didn't have any flashbacks.		It is a bad law that requires your paramedics to ask someone complaining of a head injury whether they want to refuse transport. If I had refused, I would have had enormous difficulties with insurance claims, and I know very little about how to tell how bading I'm hurt. I was not in condition to make a decision like that. I am very impressed with the people who helped me. P.S. Your envelopes should be folded so they will fit into the return envelopes (which was NOT postage paid.)
102	Everything	Thank you	
103	Very good	Everything was fine. They were at the airport waiting for the plane to land.	
104		We hope that you will always be there. "many thanks"	
105	You did a good job		
106	Everything	They were great.	
107	As always, the field crew is great.	The 911 dispatchers are a pain - once they have info they need let is get off the phone. Not everyone has a cordless pone! Patient in one part of house and phone in another at this location.	I reviewed the 911 call, The requestor was the patients son, who stated the address and phone number when asked, then offered information stating he is having a stroke and in another room (bathroom) and does not have a wireless phone. The EMD started asking the stroke protocol questions which were answered with rude tone stating "you have the address, send me some help" He also left to phone to put away a cat, came back and insisted that he cannot answer these questions and need to be with his dad and hung up.
108	Super fast service and very nice staff, caring.	I'm well satisfied.	None.
109	You cared!	Just what your doing	Great people who show they care- wonderful!
110	Calm and personable. Explained procedures	Not again please!	Long wait- in hotel
111	I am 75 years old and was alone, my son was at work. Both the dispatcher and young men helped me and eased my fear.	No way that I can see my experience was as perfect as possible under these conditions.	I felt completely safe and comfortable the minute the men arrived. If I were you I'd be very about keeping the 2 men the lady on the phone.
112	Quick response but first came fire dept personnel.	REMSA is doing a great job in saving lives.	If patients cannot afford to pay for REMSA services, who do they turn to? Need to advise patient or family members.
113	As far as I know you did everything well. I felt safe and comfortable as I could.		
114	Everyone was really professional and we felt that I was in good hands.	Keep doing what you're doing.	Keep up the good service. You made us feel comfortable. Thanks!
115	Everything		Great
116	Getting my "out of control" daughter on to a gurney and to the hospital	Called too many people (fire, Remsa, police, ?) kept me on the phone too long I needed to move my car, etc. Send fewer people - there must have been 12 people here - only needed 3 to 4.	Excellent
117	It is always the same - professional and very helpful! It is appreciated!		
118	The crew who came were extra helpful- caring and considerate.		
119	Got me to the hospital		You were fast getting to me
120	"Wonderful"	You were great.	You were very special, Thank you-

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
121	Emt's were extremley polite.		
122	Everything		
123	Very well		
124	Everything	I found the service to be excellent	
125	Took my vitals. Assured me they were going to take good care of me.		
126	Everything. Excellent.	Stay in business.	
127	You helped me when I hurt to much to move.	Everything was fine	Your crew was very caring and helpful.
128	All	you	fine Thank you
129	All	you did	fine Thank you
130	Made me feel better when they arrived. I was scared being by myself.	I wish i could of been transported faster to emergency So I could be given pain medications faster, I was really hurting	
131	Your staff was very polite and helpful	Nothing.	Everything went very well and we were very satisfied.
132	Everything	Same effort	Great!
133	Thank you!		
134	The staff helped me on the gurney, covered me up and helped me stay warm	nothing	excellent
135	Talked to my wife and assured her that they would take good care of me.		
136	Took care of my needs to the fullest in a very timely manner		
137	Helpful and very caring. Arrived fast.		Job well done.
138	Explained what happen. Explained well that the State of NV DNR had to be honored by emergency room doctors. Very personable personnel.	Couldn't have been better service.	See above
139	Everything		
140	Service was excellent! The crew was top notch. The most professional and helpful of all the medical personnel I came in contact with.		I was impressed when one of the crew came to see me in the emergency room after his shift was over.
141	Great		
142	Communicate to me what was happening to my husband medically so I could understand.	Nothing	2 paramedics were wonderful, knowledgable, comforting, perfect!!
143	Everything		
144	Attentive		Staff was organized and caring
145	All services were great	Nothing	Perfect
146	Everything!		
147	Thank you		
148	Everything		
149	Took care of me	Stop billing me I have silver saver	
150	Dispatcher stayed on phone until help arrived and asked questions to see what was happening while waiting. Arrived fast.	Was a little slow in getting out of house and getting to hospital, should have been faster.	Didn't update us on what was happening when checking vitals & preparing to leave.
151	You get me to hospital very fast and the crew was very friendly and kind	Nothing	
152	Very caring paramedic and EMT		
153	Very bright, efficient, helpful in all aspects of transfer	I did not come in contact with billing staff so no comment on that.	I was very pleased with all the service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
154			
155	Response time	You are great now.	In general, care and services are great.
156	Yes	Can't think of anything	Everyone was great.
157	Arrived promptly. Kept me informed while doing procedures.		Very professional and kind.
158	Everything	Nothing	good
159	give information, with care and concern		
160	Both persons were very polite and caring	I feel everything was perfect.	
161	Understanding of situation		
162	Everything. Your staff was great!		
163	You saved my life!	Nothing	
164	They were exceptionally helpful		they were so nice and kind - being a larger person they were great!
165			The paramedic decided to start an IV in my parking lot. It was not covered properly and I bled out. Had to throw all my cloths away even my underwear was blood soaked.
166	patient felt comfortable and safe		
167	Under turbulent weather the crew did well and got me to the hospital safely -	Keep up the service	
168	Diverting to necessary hospital.		
169	Moved patient from one hospital to another	Nothing that occurs to me	It did the job
170	Thanks to everyone who responded My husband died 3/10/11		
171			I realy don't remember to much but I think you were efficient and did your job well
172	Everything		
173	I do not remember much of the ride but they were fast.	No problem here with service.	
174	The effort put in to get her flight out in the middle of stormy weather		Thank you so much!
175	You did well with your staff They were so nice and helpful and very polite	There is not anything you could make better than it is - This was my first time in an ambulance	I would never be afaride to hafe to ride again. Thank you very much.
176	Got my husband to the hospital before he bled out coded and died. revived x4	Excellent	
177	Calmed and relaxed me and my family members	Can't think of anything	Fine work and wonderful service
178	Wonderful treatment I was flown to the reno airport		
179	Friendly and efficient		
180	Everything	Nothing	
181	Your team was here quickly. We did not tarry along the way.	Keep up the good work!	
182	Care and transportation		Well done
183	Prompt and effecient		
184	Everything		Excellent
185	Quick responce, very helpful.		
186	You were very prompt and professional		
187	All	None	
188	Everything was perfect.	Keep up the good work!	
189	Very well - When we've had to call you		My husband passed away at St. Mary's hospital on 2/23/2011. He was 87 years old.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
190	Everything	Absolutely Nothing!	
191	Everything they were super	nothing	
192	Exceedingly	Can't think of anything	Terrible snowstorm- impressed with promptness and professionalism.
193	Explained what was going on.	Nothing	Very good
194	They took me to the hospital quickly	Nothing	
195	Displayed confidence in themselves and their jobs		Your crews are great!!
196	Everything was fantastic		Care was super outstanding
197	Very helpful		
198	Everything! I'm very grateful for those gentlemen. They treated me with respect every time, they tell me what they have to do to take my pain away.	I don't think they need to change anything. Everyone did their job very well	Thank you!
199		not a thing	
200	Everything	Nothing	
201	Timely and courteous. Transported patient carefully		Excellent
202	Transportation arranged by Renown Skilled Nursing was not in Reno and can not respond		
203	Staff listened! Really listened to my request to go to S. Renown with my daughter	We have used REMSA about 5 times in the last 3 years. Not a single complaint!	Thanks! loved how staff did vitals in back of truck before starting out to hospital
204	Very nice staff/medics - communicated well.	n/a	n/a
205	I wasn't present.	Reduce cost for simple non emergency transfer if possible.	This was just a transfer from hospital to senior asst living.
206	Your crew were excellent and very professional. Again thanks for all of the life.		
207	Everything	Stay the way you now do things	Everything is very good
208	Everything	Nothing	Very good
209	Everything		
210	They were very caring. Thank you.		
211	The paramedic was very attentive and I felt comfortable in his care.		
212	I was transported with the utmost care and concern. I felt I was in excellent hands.	Care was the best	
213	Everything well		
214	Making sure that I was comfortable		
215	Got my mama to the hospital	Nothing rite now.	
216	Tone of voice - Making sure I was, ok.	Perfect!	Thank you
217	Everything		
218	Professional but caring, explained very well what they were doing and why.		
219			Please send copy of bill to medicare & AARP "United Health Care".
220	Yes very well	Nothing. They were great.	I was happy with the service.
221	Prompt service. Kept me calm.		
222	Informed me of the treatment that I needed.		
223	Did well at taking care of me.		The service was great!
224	Created a friendly, caring atmosphere.		5 stars!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
225	Asked necessary questions and took notes, careful in transporting, comfort and security.	I can't think of anything else.	
226	The attendant in the back of ambulance was great.	Have respect for patient even when he/she may be in police custody. My wife and I had a domestic dispute. The police and paramedics showed up while I was face down on the floor with major intense lower pain pain. I felt I couldn't/shouldn't move. The paramedics would not help me until I roled over, so in great pain I finally did. I asked why they weren't following protocol of a patient with back injury/pain.. they scoffed & laughed and finally with my wifes prodding, they finally back boarded me and got me to the hospital.	NOTE: I'm strongly considering a lawsuit.
227	Everything!		
228	Everything. Very kind, competent and helpful		
229	Appreciated their quick arrival		
230	Dispatch stayed on line with me for the few minutes it took until the ambulance came to my home. The EMTs were excellent!	Couldn't have been better!	
231	Arrived quickly even though the roads were icy. Releaved my fears, kept me warm in the van.		Great service - Thank you so much.
232	Good	Good	
233	Courteous, friendly	n/a	Good
234	Glad you were available.	Keep up the good work.	No particular comments.
235	You saved me (big sister) a trip to his Park Place room and the ER room.	Notify me at (xxx-xxxx) when you take Jim to the ER @ Renown. I am his sister.	Please remove the 'lockbox' at 2301 Oddie Blvd., Space #45. Jim no longer living tere.
236			
237	Everything (10+)	Keep doing what you are doing	All outstanding
238	Calmed a worried mother while taking care of baby- correct diagnosis- good job!		I can feel good about this because insurance is covering everything otherwise I might feel a little sick about paying \$1100 for 5 min ride and a dose of tyonal
239	Everything. I would like to thank REMSA for allowing paramedic the ability to bring my father, his grandfather, home for the last time. This will always be A special memorie for all of us.		
240	You came quick and got the patient up and stable. THEN took the patient to the ER south meadows.	Just keep doing the way you did here. Like you always do.	We are very grateful for your professional help.
241	Put mother-in-law at ease and explained everything clearly.	Just keep up the wonderful job that you do!	
242		Oxygen macnine was left on.	
243	Anything we ask for	Don't think of anything	Thank you for everything!
244	Get me to the hospital	You are the best	
245	2 man crew could not be better. They were excellent	Just continue like this	If all your crews like this then you have an excellent Remsa
246	Leading me on gurney so easy in such a cramped area.	I do not see any area of this service that could be improved on.	Your personnel as far as qualified are a top notch bunch. This is the second time I had to use REMSA. Both times it was excellent service.
247	Asked questions and listened to us.		
248	Everything		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
249	Yes, very helpful	The ways you did.	Excellent in services
250	Everything went great.	Nothing I know of	1st time I used you, everything went well
251	Everything	Keep doing what you do	All very professional
252	Arrival sensitive. Very concerned and professional	Stay with all the above.	I just need to thank all of you.
253			Overall very good service.
254	Your men are always great		
255	Was happy you was able to fly me out in my time of medical trouble.	Everything was perfect as far as I could see!	
256	Got me to the hospital down a flight of stairs	Nothing	
257			Good service. I didn't speak with billing staff.
258	The guys were great. The one even help my hand on the way		
259	Friendly and did well checking my vitals		The EMTs were very professional and concerned
260	Everything, the crew not only was great medically, they showed care and compassion for our comfort		
261	Everything	Nothing	Good
262	Everything	Nothing	
263	Very patient and polite		Just what it should be!
264	Everything as usual	Stay as you are	
265	Communicating was very good with the family members		
266			Excellent
267	Tried to make my husband very comfortable he was on a ventilator	Stay as nice and caring as ya'll are	My husband passed away March 5th and I appreciate all of you who helped care for him. Everyone was so nice to him and me, and it means alot. God bless you all
268	The trip was very smooth and comfortable. the flight staff was helpful and very sensitive to the medical situation		
269	All good. One problem	Could not get the IV in	
270	Everything and thank you		I was in hospital will pay soon
271	Yes. Respondents were friendly and able to calm me down when I was in pain.	The service I received was great just as it was - they arrived quickly and the care and service was great	N/A
272	Informed me of my rights to choose my hospital of my choice. extremely nice, very professional		
273	Everything as far as an untrained observer could tell!	Nothing!	Excellent service and timing. Very Professional!
274	Fast, communicated to family members well.	Keep up with all the excellent work. Thanks!	
275	Everything - my sons oxygen level was 61, the firemen and paramedics worked with him till they got his oxygen in the 90's	Keep on keep on	
276	All the above	Nothing that I can think about!	
277	They did their jobs very profoundly and as well as they could under the circumstances.	Nothing I hope.	My husband was in great pain and they did their job the best they could.
278	Great care given		Very good staff
279	Stretcher accommodations		
280	Excellent - sorry the only name I remember is Keith and his partner both good		
281	All the necessary procedures were fine.	Just knowing you were there was all that was needed.	
282	Talk to me / let me know what was going on		2 men did excellent job
283	Taken to hospital		



	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
284	Quick to respond.		Excellent
285	My husband fell, they came promptly to his aid, they and asked questions. they put him in the ambulance and took him to the hospital	Your service was excellent	Your people did a very good job. took very good care of my husband
286	They were all very kind.		
287			Can not answer why questions. Patient was not coherent. Have not had any correspondance w/personall or billing staff
288	Everything		
289	Very good service in general.		
290	Take care of patient	Everything was fine	
291	All	Nothing	All good
292	Prompt attention and arrived with ambulance		
293	Courtesy	Nothing	
294	Very patient and considerate		Excellent response and care. Verry professional.
295	Polite - efficient - knowiedgable	0	Nice to find help when you need it!
296	Tried to calm me and explain the reason why.	"Keep up the good work"	
297	Could not ask for any better treatment well done!!		
298	As usual everything performed to the highest standards - with a difficult patient	Heep up the great work you have always provided	Five stars as always
299	Was very thoughtful and helpful	Your service was very good	The crew was very helpful
300	Everything imaginable	Absolutely nothing	Excellent
301	Rescue squad responded within minutes of call. Very quick and professional responce	Don't change at all!	I did not call dispatcher but response was adequate, so he / she must have done a good job! Have not d.scussed anything w/billing dept vet.
302	Asked a lot of questions to try and understand my situation	Gave me meds that I needed to feel better.	
303	The ambulance crew were very caring and efficient		
304	Everything	Nothing - everything was great	It was my first time in an ambulance and I was really impressed
305	Fast courteous and helpful	?	
306	I was unaware that Remsa took me to the hospital because the Red Rock Volunteer Fire Dept came first - then a gurney just appeared. I was put into what I thought was a fire truck or a van o2 attached, questions asked. Everyone was nice. No one from Remsa introduced themselves - they were efficient but I didnt know who they were not comforting but there and I knew they could help as nessary		
307	Very professional		
308	Medics were very organized and helpful and comforting to me I felt I was in good hands		I didn't remember a lot except they were very nice - comforting
309	The care was wonderful. Could not have been better!!	Thank you!!	
310	I was treat very nice.	I hope not to use again, but nothing.	I do think if I didn't have Ins it would of been \$900.00 plus to go 3 blocks from Sands, the price is outrageous.
311	Made me feel comfortable	You did good	Excellent
312			The two men were professional and compassionate to a distressed patient. They could not have been more considerate and helpful - as important as their medical skills to me at the time.
313	Everything		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
314	Putting me on the backboard and transferring me to the ambulance	There were so many people in my house I had no idea who was who	The paramedics should be the leader of the situation
315	In my condition they kept me aware and calm and were very considerate.	Personnel is always very considerate and understanding. Nothing less.	Never had an issue of unconsideration.
316	Everything	Nothing	
317	Crew was excellent		
318	Medications were given for pain and explained to me.		The attendents were very nice and helpful!
319			You did fine
320	Everything imaginable	Absolutely nothing	Excellent
321	Dispatch stayed with me on the phone until the ambulance came	Your ok thank you	Thank you for being their
322	Handeled the situation calm and professionally. Drove safely in snow and ice. Very helpful and friendly	I can't think of anything	
323	One of the ambulance personnel went back into my apartment to get my glasses which I had left behind.		Excellent
324	Transported me to hospital	n/a	n/a
325	Made me comfortable. Gave me something for nausea right away. Drove very well on snow/ice roads. Kept me and husband calm.	They were great!	
326	Being professional and informative		
327	REMSA responded quickly ( God bless them) and didn't over react!	I thought personally, that there were too many people responding	Excellent service extremely nice and personable workers! There EKG was read wrong - hospital EKG indicated weak heart. . whatever that means!
328	Very kind, I felt safe. Got there fast. Felt well taken care of. I have nothing negative to say. aaand I am happy to pay the bill if my ins won't	Nothing	Never been in an ambulance, at least that I remember. it was actually a positive experience. Gentle, kind and caring indivuals were taking care of me. Thank you!
329	Brought calm and expertise to a scary situation		My husband has needed you assistance via ambulance and care flight. We are very grateful for your services! Thank you!
330	Yes		
331	Get my son response fast		
332	Everything. They couldn't be nicer. You have a wonderful staff.	Not a thing	I have always been very grateful having your service.
333	The EMT's were very helpful and very sweet		Excellent
334	Showed genuine concern for my well being EMT were awesome as well as nurse at hospital		Excellent
335	Everything excellent	None. Couldn't be better	
336	Co - ordinated well with American Med flight	Try to put yourself in our place in regards to the patient, not to mention the timeliness of billing	
337	Fast service and communicated well		
338	Quick service and cair		I did not go to the hospital and message did not get to James that I would not be there and hospital was to call me. I finally called and they had no message to call me.??? I was concerned about road conditions at night lce.
339	Dad is alive!		Yay! My dad is alive! Thank you!
340	Yes		
341	Very professional deliverd me		Thank you
342	Very polite, pleasure to work with		
343	Kept me well informed of my daughter's condition		

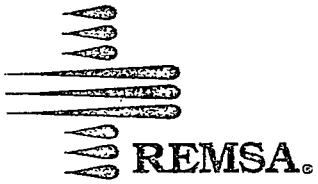
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
344	You did everything great, but my husband passed away in the hospital on Feb 28,11	You did everything very well	My husband was a very large man 6'3" and 230 lb. That is as much as anyone can handle. Thank you
345	Everything		Excellent
346			Everyone was incredibly nice and very professional I could not have asked for better care.
347	Everything		
348	Everything was great. Thank you		
349	Everything! Attendants were very sensitive to our needs		80 years old. Your people were so nice to me and explained everything in a caring manner!
350	Timely arrived at residence. Very professional during treatment and procedures. Shared information.		
351	Everything - it wasn't an emergency but everything was done well.		
352	Everything was handled perfectly	Everyone was very friendly.	Thank you for all you did for me.
353	Responding quickly	Continue the good humanitarian service to the community	I can't complain, you do good professional service.
354	Made me feel at ease and well taken care of		Haven't heard from billing yet
355	Quick response, treatment started immediately	Can't think of one thing that could be done better	Thank you so much for your quick response. It saved my life!
356	Very understanding / non-judgemental, caring, courteous, attentive to patient (self)	Nothing honestly	Fast service
357	Whatever was needed	no comment	
358	Everything.... Very helpful during a difficult time -- thank you -		
359	Very professional and informative	More warm blankets available in ambulance	
360	Timely transport saved life		
361	Your crew were very professional and compassionate		
362	Everything	Not one thing.	
363	They were here fast and extremely polite and helpful	I can't think of anything else you can do.	
364	Good patient service	n/a	
365	Very professional and compassionate		
366	Took me to destination safely	show up earlier	
367	My mother is 84 suffers from a stroke and is frail. They treated her very kindly - she trusted them.	Not a thing	My mother is typically confused and they were kind.
368	REMSA staff was very nice to me; and they help me alot.		
369	Responded quickly, efficiently with appropriate concern	make the ride smoother!	
370	They were very professional. They helped me feel more at ease and relaxed. Had calming affect		The service was great
371	Their care was outstanding and appreciated considering the extreme pain I was in.	Just continue to be there when I need you.	They did a super job and I san think of no improvements.
372	Made me feel safe-	Everything was fine	
373	Top flight service		My husband was very impressed with all your employees - Thank you again!
374	Everyone was very professional	Nothing	
375	Extremely compassionate and professional very very pleased	I can think of nothing. Job well done.	Many thanks
376	Got here fast helped me stop the bleeding on my head and got me to Renown	Fast. Thank you all. God bless you.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
377	Everything - response (time and communication) compassion (towards elderly patient and family)	Nothing	All personnel we came in contact with were special people Thank you!
378	Were very fast and pro's to help before I got to the hospital	Nothing - you all did a great job	Have a great day! Thanks to you all!
379	Very courteous - friendly caring and gentle		
380	Very efficient		Very good
381	Arrived in a timely way and communicated well.		
382	Gave good care		
383	You listen and understand peoples injuries & illnesses & talk with patient.		Could you send me an insurance form for ambulance services?
384	The level of care that I needed was given to me	Nothing everything was great	
385	Came in the home and had Tony responding within five minutes. Made me feel at ease with his condition.	Cost a little less	Your EMT's that came in were professional, courteous and very caring
386	Responded too Parr when dispatched and let me smoke when we got to Washoe med	not too much	Great job guys and gals!
387	Responded quickly, correctly reported my symptoms to the ER at Renown, transported me to the ER during my heart attack. Saved my life!	Nothing could be better than saving a life. Thank you.	I understand that I will be billed for my ambulance ride, but I have not yet been billed. Does insurance apply?
388	Focused on the patient	Don't vote Republican - they are out to ruin this country	Thank you so much!
389	Response time was very fast. REMSA personal were very professional.	No tall correct information was entered in my records - delayed filling out CDS paperwork at hospital.	In general the only questions or minor problems were paper-work related.
390	Kept us calm	0	
391	All of it. They were great!	Nothing! They did everything right.	Need an ambulance that tracks smoother!! Not so bumpy! I told them that.
392	Everything professional from the time you arrived until we arrived at the ER		
393	I was not able to help myself	Great service	
394	Showed up immediately - calm, professional and efficient crew	can't think of anything.	
395	Everything went very well with everything the ambulance came in a very short time, assisted my wife in a very professional manner		
396	Everything		
397	Always excellent response - highly competent and professional		
398	Everything	You did it.	
399			The people came out very helpful.
400	Got there fast		
401	The response was timely and driver and other responder were courteous and professional		The care and service were exceptional.
402	Prompt assessment of patient.	Be sure to tell family member what assessment reveals & the plan to transport to hospital and you need to follow, etc.	
403	Everything	Don't change a thing	Everyone involved were great!! From the Firemen to the EMT's we all couldnt have asked for better
404	You got to Renown		
405	Pilot informative and good flight nurses kept me informed	Doing what you do	Seem excessively over priced

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
406	I remember asking to be taken to the VA Hospital. But don't recall why they did not and took me to Renown instead.		
407	Everything	Nothing you were amazing	
408	Prompt delivery to St. Mary's ER.	Sharpen your IV needles, they could not get one in either arm.	
409	Competent, warm, communicative		
410	Made my husband feel better about being transferred by air ambulance	Cant think of anything	
411	Everything		
412	Everything!	Keep up the good work	Very good
413	All of the ambulance crew were very efficient and helpful in doing their job.		The crew were very kind and gentle in trying to ease my pain and keeping me comfortable. I thank them all.
414	Inserting IV		Service very professional and patient, very gentle people
415	Very good		Felt safe-
416	Talked to me on phone and let me know she was in good hands to Renown.	Nothing they were great	My mother passed, that night @ hospital but your team helped get her there in time . Thank you
417	Compassion - treated like a human being! Good job!		
418	Timely, Through, Professional		
419	Very good		I'm very kappy w/service
420	The EMT got the IV needle in the top of the arm between the wrist and elbow, explained what was being done and why	What you are now doing!!	I was informed neighbor has same address on her curb. She'll have to fix that!!
421	Listened		
422	EMT was great.	Everything was great and they were very cordial and polite	
423	Everything	Nothing	They were fine, helpful, and kind.
424	Answered all questions, gave excellent suggestions and handled the patient with extreme care	Just keep up the good work.	Thank you so much for caring for us in our time of need
425	The two paramedics gave me the best service and were very kind. They had a heart of compassion. Great experience 4 me.	I could not have ask 4 better service and care	I just wish other hospitals would follow the great care that the paramedics gave me.
426	ETA for pick up time was earlier than originally quoted - excellent.	Lower the mileage charge it is outrageous!	
427	Everything	The staff was very professional	
428	You were fast - the surgon did a good on my wound above my eye		Unfortunatly, our family has used emergency from time to time. Your emergency was outstanding!
429	I just say enough great things about them	Keep these men around	from the time they got there I could not have better care done. Thank you.
430	Everything!	Excellent!	Why all the bells and whistles?
431	Your dispatcher was wonderful. He stayed on the line until the ambulance got here, I was scared and he was very calming. I never had to call an ambulance before, so it was all good! Thanks again		
432	Yes		
433	Everything!		Everybody was great! Service was above and beyond
434	Everything	Doing it already	Always sensitive and caring
435			Very good

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
436	Very nice guys - arrived fast	n/a	
437	Everything		
438	Provided necessary breathing assistance and monitored heart and oxygen intake	n/a	n/a
439	Everything.	The service was great!	The service was great, but I must add that the cost is way too high, I can understand a couple hundred but almost a thousand is just plain nuts!
440	Everyone was very helpful and kind	Everything was done well	service was excellent
441	Made me feel comfortable and safe		
442	Transport me from hotel to hospital		Very good
443	Made me feel comfortable throughout the trip	Continue what you did for me.	
444	Communication		
445	at dispatcher level by walking care givers through an evaluation of med emergency		
446	Everything	?	
447	Everything	Your EMT are the best. I have not met one I didn't like	I didn't call for help my husband did so #1
448	Your staff is very professional and well trained	Keep up the excellent service	
449	The care was awesome, I was so happy they were there for me in my time of need.		
450		Everything!	Outstanding - very competent and efficient Thank you! * I was unconscious for most of the event.
451	Very kind crew		
452	Prompt & pleasant	The young man who was affixing the the IV gadget had to try multiple times so I was left with a purplish forearm which lasted nearly 2 weeks.	
453	Responded in a timely manner		Always very professional.
454	Calm and kind to me, as far as I can remember		I was "out of it" due to vertigo and nausea
455	Were nice and responsive to a 76 year old man		
456			It would be beneficial for all staff to learn how to use an infant car seat.
457	Everything	Everything was great	
458	Put the Ivy in the first time attempted explained as we went from one thing to the next	Nothing at all the two EMT's were perfect	It was so awesome to not be fearful. I'm a very big woman and I had the fear of them dropping me. But they didn't so it was helpful. God bless you all.
459	Provided transport from Hearthstone to SMRMC timely and safely	What more could you ask for?	
460	Quick and rapid transport		Excellent service
461	Quick and rapid transport		Excellent service
462	After it was decided that my leg needed stitches I was placed into a wheel chair then into a van and taken to "St. Mary's"	Everything was fine and efficient. The driver even was permitted to swing by wallgreen's to pick up my pin prescription	After midnight on 3/9/11 on my way back to the "Silver Legacy" where I was staying with "Pfeffered Charters" a bus trip for the "Herman sons" from petaluma I am grateful!
463	Provided transport from SMRMC to Hearthstone timely and safely	You did what your supposed to do. Can't ask for much more.	
464	Very quick response	Keep up the good work	Excellent we love you guys!
465	Paramedics carefully, calmly,clearly explained what would be done to my son and how he would get to hospital		
466	Reassuring and caring	Prompt response for urgent calls	You fill the very much needed emergency services.
467			Very professional Thank you
468		Response time	Service was great - response crew excellent

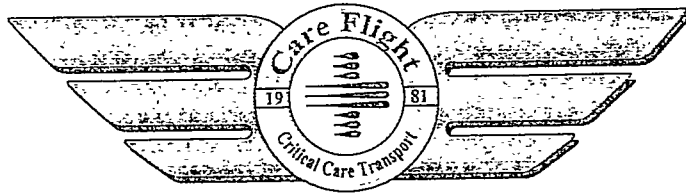
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
469	Everything - They were nice to our dog	You have it all - A+	
470	Administered the right medication to ease the discomfort of the emergency patient	Bring right away to the nearest hospital	Very excellent
471	The staff seemed to understand that I, the patient am very deaf and weak.	I was uncomfortable , when weak a being walked to the ambulance	It worked out very well, but I was nervous.
472	Everything		
473			Service was expensive for a 7.5 mile transport.
474	Transport to hospital	n/a	Was told to me by 3rd party
475	Excellent job. Very helpful from beginning to end.		
476	Not very well. We have used your services in the past and the crews were always very professional.	This crew especially the female was not professional at all. Both of them need more training on interacting with people.	
477	We weren't there and she is not here, so just how would any of us here know what happened there?		
478	Your crew was very helpful and cautious for us and retrieved some things for us.		Care was great. Your business office was very patient and helpful. We still haven't gotten our settlement and they are working with us.
479	Arrived promptly- professional- caring	Good Job!	Thank You!!
480	Everything - great service		
481	Attended to, communicated with, and assisted the patient well	Communicated with the patient	n/a
482	Everybody was great. They did a very good job.		
483			Excellent service!!
484	Very attentive to my breathing (Asthma) cared about my pain and treated me well.	Absolutely great!	Excellent trained staff, and very professional
485	You gave me a REMSA blanket because I was half dressed	You have always served me as well as possible.	
485	You have always been very courteous and polite.	Don't change a thing	
487	Great care! They were very careful and patient in helping and lifting me off the stairs onto the backboard since I was in a ton of pain. Awesome team!!	Keep up the great work. My Aunt (Pxxxx: Bxxxx, same address) sees you guys often and loves your service too.	N/A on the dispatcher since I was semi-conscious, so my Aunt called 911. (I put my new address below, but please don't send me paper mail. If you want to email, that's fine- xxxxxxxx@yahoo.com)
488	Everything, I felt was the best. And I felt I was being well taken care of.	Nothing	I thank you for the treatment I received from all of your staff
489	Very prompt service	being as prompt as you are	
490	Quick Response-helpful	Nothing	I was unresponsive and 14 year old grandson called 911 and gave info.
491	Yes	Nothing	Good
492	Very fast respond.	The female attendant sat with my daughter during transport, but never spoke to her. She was very nervous.	
493	Your fast, friendly staff did an outstanding job with making me feel comfortable and calm.	Waiting to be seen by the doctor took awhile longer than I'd like. Prompter service would be appreciated.	Once I was seen by the Dr. we were grateful for his kindness and understanding. He showed and appreciate the way he explained everything clearly and understandable.
494	Everyone- extremely professional- courteous and caring.		
495		They do okay	
496	Fast and courteous service Thank you		
497	Everything; seemed to do all that was needed well.	Nothing	Everyone knew their job and did it in a caring, competent manner.
498	The crew both helped me get out of my truck & helped me onto the gurney. The attached (scanned) letter.		



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*Regional Emergency Medical Services Authority*

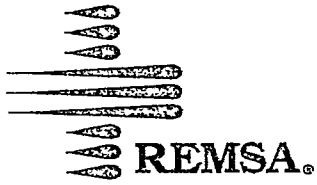
CARE FLIGHT  
CUSTOMER SERVICE  
FOR  
MARCH 2011





CARE FLIGHT CUSTOMER COMMENTS MARCH 2011

	What Did We Do Well?	What Can We Do to Serve You Better?	Description/Comments
1	Everything I was not conscious but know that I was transported quickly and safely.	Thank you!	
2	Every person involved with Care Flight was kind and understanding and helpful Thank you!!		
3	Assured me they would take care of my baby while they were with her!		
4			These invoices for 11-7055 and 11-7130 arrived before he has gotten out of the hospital. The additional stress is tremendous. This flight was from Yerington to Reno (\$19,574.00). Michael's flight from Reno to San Francisco (\$16,100.00) Holy cow!
5	They made sure where I was hurting wasn't hurting when they put me in the ambulance and when they Care Flighted me!		
6	You did everything well!	You did it all to your best for me	
7	Got me there quickly!	I hope I will never find out.	
8	Good help from place A-5. Happy about the whole transport.	nothing	
9	Very unfortunate. We have used you before. You have treated us very great. We honor your helpfulness.		
10	Calmed my fear.		
11	The whole staff made sure my husband was safely secured and comfortable before the lift off.	None, better than you all did, thank you so much	



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*Regional Emergency Medical Services Authority*

REMSA  
PUBLIC RELATIONS REPORT  
FOR  
MARCH 2011

PUBLIC RELATIONS

March 2011

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding home improvement safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Wrote press release regarding Alan Tom receiving the State EMT of the Year award from VFW.	The Reno Gazette Journal ran a feature story on Alan on 3/27.
Pitched press release regarding Care Flight giving a life saving award to Carson Pool.	N/A
Continued to work with Care Flight on 30 <sup>th</sup> Anniversary mailer to rural areas of Nevada	N/A
Prepped for potential Hazmat issue in Sparks on 3/31.	No patients were seen during the incident.



## REMSA's Alan Tom honored as Nevada EMT/Paramedic of Year

9:42 PM Mar. 27 2011

If you've been to a special event in Northern Nevada in the past decade or so, you've probably crossed paths with Reno's Alan Tom.

From the back of the bucking chutes at the Reno Rodeo to the asphalt at the Reno National Championship Air Races to the playa of the Black Rock Desert during Burning Man to the fairways of Montreux and the Reno-Tahoe Open, Tom has been there -- on the job.

Tom is the manager of special events and an emergency medical technician for REMSA, the emergency medical service in the Truckee Meadows.

He's one of the nicest guys you'll ever meet, and speaking as someone who has seen him at work, he's cool under pressure and exceptional at his job.

This week, Tom was named the Nevada EMT/Paramedic of the Year by the Veterans of Foreign Wars Department of the United States for his exemplary service in administering emergency medical assistance.

Tom began his professional medical career in 1982 at Saint Mary's Regional Medical Center as the emergency department coordinator/emergency preparedness coordinator. He remained at Saint Mary's for 22 years before joining REMSA in 2005.

With REMSA, Tom provides pre-hospital emergency care to the sick and injured in Washoe County on an ambulance and serves in a leadership position as the special events manager for the organization. Tom currently holds five separate EMS certifications including: EMT-Intermediate, Hazardous Materials Technician, Ski Patrol, Swift Water Rescue and Dive Master Rescue.

He also served as a Washoe County Reserve Sheriff for seven years and has been a volunteer for 26 years with the Washoe County Hasty Team and Special Vehicles Unit, the community's local technical search and rescue teams. Tom continues to volunteer his time and serve on the Hasty Team and SVU. He also is the chairman for the medical committee for the



Reno Rodeo and has been a rodeo volunteer for the past 24 years.

Tom's skills under pressure were exemplified in late 2009 while he was responding to a 911 call for a water rescue of possible drowning victims at Pyramid Lake. On the way to the scene, Tom passed a vehicle on the side of the road that had pulled over and called 911. After seeing the lights and sirens of the REMSA vehicle (non-ambulance), the passengers of the car waived down Tom who was en route to the lake because of the initial drowning call.

Arriving at the vehicle, he found a 1-year-old girl who was involved in the drowning at Pyramid Lake without a pulse or respirations. Tom promptly called for an ambulance and began life-saving measures. After many minutes working on the young child by himself, he resuscitated her. She subsequently was transferred to the hospital, where she fully recovered.

After the transport, Tom continued to respond to the lake rescue to assist in the recovery of additional victims of the incident.

Tom received the REMSA Star Care Quarterly Award in December 2009 for his outstanding performance and efforts that saved the young child's life. REMSA's Star Care program is a peer driven recognition program.

"Alan has dedicated his entire career to public service," said Brian Taylor, director of special operations for REMSA. "He is

passionate in his desire to serve his community in any capacity necessary. Alan embodies the ideal, dedication and proven commitment required of a recipient of this prestigious award."

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## Child safety seat checkpoint on Saturday

by Tribune Staff

Mar 21, 2011 | 36 views | 0 | 1 | | |

RENO — The Regional Emergency Medical Services Authority's (REMSA), in partnership with Renown Children's Hospital, will hold a child safety seat inspection checkpoint at 10 a.m. Saturday at Renown Regional Medical Center's Center for Advanced Medicine, 1500 E. Second St.

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Each seat will be checked by nationally certified child passenger safety technicians to ensure that it is properly installed, is the appropriate seat for the age and weight of the child riding in it and that the seat has not been recalled. Parents also will receive education on the proper installation and use of car seats. The inspection is limited to 30 cars and early arrival is recommended.

According to the National Highway Traffic Safety Administration, more than 75 percent of cars inspected at checkpoints arrive with seats improperly installed.

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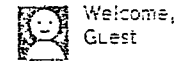
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### Carson pool staff lauded for saving boy's life

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By Teri Vance  
tvance@nevadaappeal.com

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ENLARGE

Benjamin Anderson, 11, talks about what he has been doing since he got out of the hospital.  
*Shannon Litz / Nevada Appeal*

What could have been the worst day of the Anderson family's life when 11-year-old Benjamin sank to the bottom of the Carson City pool, turned out to be a miracle.

"If he wasn't at the pool," said his dad, Darren, "if he was anywhere else, he probably wouldn't have made it."

During routine swim lessons Oct. 27 at the Carson City Aquatic Center, Ben suddenly let go of his kick board and dropped down in the water.

When the instructor realized he wasn't playing around, she jumped in and pulled him out.

She and other lifeguards started administering CPR. When that didn't work, they used the aquatic center's automated external defibrillator, which ended up saving his life.

"The fact that they did it within one minute of his heart stopping saved him," explained Ben's mom, Niki.

Ben was later diagnosed with what is commonly referred to as Sudden Death Syndrome, a heart condition that is nearly impossible to detect until the heart stops.



ENLARGE

Niki Anderson hugs flight nurse Tracy Hood on Thursday at the Carson City Aquatic Facility where the Care Flight crew, Carson City Fire Department and aquatic facility staff gathered to meet the Anderson family.  
*Shannon Litz / Nevada Appeal*

"The doctors said the first symptom is usually death," Niki said. "We were one of the lucky ones."

The family joined staff from Care Flight on Thursday to thank the pool staff for their quick actions in resuscitating Ben.

"These public safety entities deal with trauma and medical emergencies on a regular basis," said Kurt Althof, public relations manager with Care Flight. "Pool lifeguards are well trained and capable, but it is rare that their CPR skills get put to the test in a real life or death situation."

The Dayton family shook hands with and hugged everyone from the pool staff to Care Flight medics and firefighters.

They also thanked Bill Hartman, 71, who was instrumental, along with four fellow lap swimmers, in getting the automated external defibrillator at the pool.

"It's ironic," he said. "We thought we needed one for us old guys, but it saved the life of an 11 year old. It's amazing."

When Ben was pulled from the water, everyone initially assumed it was a near-drowning.

It soon became apparent something worse had happened, but medics weren't sure what. Ben was taken by ambulance to Carson Tahoe Regional Medical Center, then by Care Flight to Renown Regional Medical Center then on to Primary Children's Hospital in Salt Lake City.

With three other children at home, the Andersons arranged for family to meet Ben at the hospital in Salt Lake, and they drove to meet them.

"I think the worst was that drive across Nevada," Darren said. "We were scared for him and we hadn't slept in 24 hours."

Even at the hospital, doctors weren't sure what had happened.

"For the first week, they were just baffled" Niki said. "They had no idea what was wrong with him."

Once they narrowed down the cause, they implanted him with a pacemaker and defibrillator that now regulates his heart.

That was the first thing Ben remembers of the accident and his stay in the hospital. What stands out for him the most: "I missed Halloween," he said.

But he plans on recycling his Spock costume for this year's celebration.

He's back home now with his siblings Brittni, Ethan and Ryan and attending classes at Dayton Intermediate School.

Carson City Mayor Bob Crowell praised the life-saving efforts of the pool staff, and expressed his gratitude for their actions.

"Benjamin, we're terribly proud and thankful you're here," he said.

Although shy by nature and a bit overwhelmed at all the attention Thursday, Niki said her oldest son should not be underestimated.

"He's a fighter," she said. "Otherwise, he wouldn't be here."

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*Commission on Accreditation of Ambulance Services*  
1926 Waukegan Rd., Suite 1  
Glenview, IL 60025 -1770  
ph 847-657-6828  
fax 847-657-6825  
Website: www.caas.org

March 23, 2011

Jane Miller  
CAAS Coordinator  
Regional Emergency Medical Services Authority (REMSA)  
450 Edison Way  
Reno, NV 89502

Dear Jane:

At their March 7, 2011 meeting, the CAAS Panel of Commissioners considered the consolidated on-site report of Regional Emergency Medical Services Authority (REMSA). The purpose of this letter is to forward to you the results of the Panel's review of your report.

There were no deficiencies cited in your on-site report by the review team. The Panel's decision is to grant full three-year accreditation to Regional Emergency Medical Services Authority (REMSA). Your accreditation expires March 31, 2014.

A bronze accreditation plaque will be mailed in a few weeks. Enclosed is an accreditation package that includes a sample news release and suggestions for promoting your accredited status, sample decal and more. Please use the enclosed Change Report to notify us of any significant agency changes. You can order promotional items using the enclosed order form. We will notify your state EMS Office of your achievement.

Our most sincere congratulations on your accreditation. The Panel members asked that you receive their special commendation for an outstanding achievement. Please let us know if you have any questions or need any materials.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah L. McIntee'.

Sarah L. McIntee  
Executive Director

Enclosures

**Board of Directors  
Representatives:**

- American Ambulance Association
- International Association of Fire Chiefs
- National Association of Emergency Medical Technicians

- National Association of EMS Physicians
- National Association of State EMS Directors

**Board Liaison:**

- National Highway Transportation Safety Administration

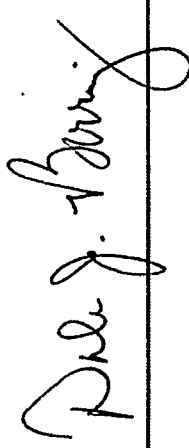


# Certificate of Accreditation

## Regional Emergency Medical Services Authority (REMESA) Reno, Nevada

*The Commission on Accreditation of Ambulance Services presents this Certificate of Accreditation in recognition of this service's voluntary compliance with the Commission's high standards. These standards have been established to encourage and promote improved quality patient care in America's medical transportation system. This service has successfully completed a comprehensive external review to verify compliance with these national standards.*

Issued: March, 2011

  
\_\_\_\_\_

Dale J. Berry, Chair  
Panel of Commissioners

Expires: March 31, 2014

  
\_\_\_\_\_

Josef H. Penner, Chair  
Board of Directors



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect.

April 19, 2011

To: Members District Board of Health  
 From: Eileen Coulombe  
 Subject: Public Health Fund Expenditure and Revenue Report for March 2011  
 Agenda Item No. -

**Recommendation**

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for March 2011 of fiscal year 11.

**Background**

The attached reports are for the accounting period 09/11 and the percentages should approximate 75% of the year. Our total revenues and expenditures for the current year (FY11) compared to last year (FY10) are as follows:

March 2011	FY11 – REV	FY10 – REV	FY11 – EXP	FY10 – EXP
Transfer				
AHS	57%	60%	59%	63%
AQM	76%	74%	66%	63%
CCHS	60%	59%	67%	63%
EHS	76%	66%	68%	63%
EPHP	54%	41%	54%	40%
<b>TOTAL</b>	<b>65%</b>	<b>57%</b>	<b>64%</b>	<b>59%</b>

The Environmental Oversight Account for March 2011 is \$163,210.56.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

Administrative Health Services Officer

Enclosure

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	40,459.00-	2,541.00-	94	69,000.00-	35,244.00-	33,756.00-	51
422504 Pool Permits	63,000.00-	37,024.00-	25,976.00-	59	33,000.00-	39,898.00-	6,898.00	121
422505 RV Permits	10,500.00-	7,770.00-	2,730.00-	74	10,500.00-	8,349.00-	2,151.00-	80
422507 Food Service Permits	342,000.00-	271,972.00-	70,028.00-	80	355,000.00-	275,398.00-	79,602.00-	78
422508 Wat Well Const Perm	34,500.00-	16,442.00-	18,058.00-	48	44,000.00-	23,101.00-	20,899.00-	53
422509 Water Company Permits	4,000.00-	2,567.00-	1,433.00-	64	12,000.00-	4,387.00-	7,613.00-	37
422510 Air Pollution Permits	391,000.00-	273,458.50-	117,541.50-	70	402,399.00-	289,580.25-	112,818.75-	72
422511 ISDS Permits	47,000.00-	39,554.00-	7,446.00-	84	90,000.00-	33,084.85-	56,915.15-	37
422513 Special Event Permits	70,500.00-	46,604.00-	23,896.00-	66	75,000.00-	54,623.20-	20,376.80-	73
422514 Initial Applic Fee	35,000.00-	22,970.00-	12,030.00-	66	38,000.00-	22,418.00-	15,582.00-	59
* Licenses and Permits	1,040,500.00-	758,820.50-	281,679.50-	73	1,128,899.00-	786,083.30-	342,815.70-	70
431100 Federal Grants	6,045,553.54-	3,422,426.19-	2,623,127.35-	57	8,060,346.66-	4,046,844.87-	4,013,501.79-	50
431105 Federal Grants - Indirect	32,599.00-	56,092.02-	23,493.02	172	31,540.00-	31,851.34-	311.34	101
432100 State Grants	470,737.42-	291,158.25-	179,579.17-	62	627,556.00-	321,707.91-	305,848.09-	51
432310 Tire Fee NRS 444A.090	370,535.00-	357,042.56-	13,492.44-	96	370,534.52-	299,675.99-	70,858.53-	81
432311 Pol Crtl 455B.830	290,140.86-	229,370.00-	60,770.86-	79	280,000.00-	228,975.00-	51,025.00-	82
* Intergovernmental	7,209,565.82-	4,356,089.02-	2,853,476.80-	60	9,369,977.18-	4,929,055.11-	4,440,922.07-	53
460162 Services to Other Agencies					63,657.69-	23,909.21-	39,748.48-	38
460500 Other Immunizations	85,000.00-	65,484.44-	19,515.56-	77	110,000.00-	65,541.39-	44,458.61-	60
460501 Medicaid Clinical Services	32,000.00-	37,147.98-	5,147.98	116	36,500.00-	21,245.37-	15,254.63-	58
460503 Childhood Immunizations	140,000.00-	40,201.40-	99,798.60-	29	190,000.00-	102,195.45-	87,804.55-	54
460505 Non Title X Revenue								
460508 Tuberculosis	7,000.00-	4,772.36-	2,227.64-	68	10,000.00-	1,369.00-	1,369.00	65
460509 Water Quality		432.00-	432.00			6,527.94-	3,472.06-	
460510 IT Overlay	111,000.00-	69,203.00-	41,797.00-	62	121,001.00-	81,465.00-	39,536.00-	67
460511 Birth and Death Certificates	210,000.00-	243,375.00-	33,375.00	116	215,000.00-	163,719.00-	51,281.00-	76
460512 Duplication Service Fees	115.00-	1,129.43-	1,014.43	982	200.00-	94.50-	105.50-	47
460513 Other Health Service Charges	2,700.00-	7,411.25-	4,711.25	274	8,000.00-	3,449.00-	4,551.00-	43
460514 Food Service Certification	8,000.00-	10,536.00-	2,536.00	132	8,000.00-	11,761.00-	3,761.00	147
460515 Medicare Reimbursement	500.00-	310.23-	189.77-	62	500.00-	672.90-	172.90	135
460516 Pgm Inc-3rd Prty Rec	6,500.00-	18,375.85-	11,875.85	283	9,000.00-	5,292.20-	3,707.80-	59
460517 Influenza Immunization	12,000.00-	6,490.99-	5,509.01-	54	5,000.00-	24,941.06-	19,941.06	499
460518 STD Fees	30,000.00-	23,038.97-	6,961.03-	77	30,000.00-	22,497.84-	7,502.16-	75
460519 Outpatient Services					12,500.00-		12,500.00-	
460520 Eng Serv Health	55,000.00-	29,217.00-	25,783.00-	53	90,500.00-	43,596.00-	46,904.00-	48
460521 Plan Review - Pools & Spas	2,500.00-	4,273.00-	1,773.00	171	5,000.00-	5,510.00-	510.00	110
460523 Plan Review - Food Services	17,000.00-	18,184.15-	1,184.15	107	30,000.00-	16,110.15-	13,889.85-	54
460524 Family Planning	66,000.00-	33,083.00-	32,917.00-	50	100,000.00-	51,167.95-	48,832.05-	51
460525 Plan Review - Vector	24,000.00-	26,742.00-	2,742.00	111	64,000.00-	23,427.00-	40,573.00-	37
460526 Plan Review-Air Quality	11,270.00-	21,467.00-	10,197.00	190	15,500.00-	23,665.00-	8,165.00	153
460527 NOE-AQM	40,000.00-	58,090.00-	18,090.00-	145	32,900.00-	60,388.00-	27,488.00	184
460528 NESHAP-AQM	62,000.00-	55,586.00-	6,414.00-	90	62,000.00-	62,346.00-	346.00	101
460529 Assessments-AQM	21,000.00-	22,218.00-	1,218.00	106	22,000.00-	22,658.00-	658.00	103
460530 Inspector Registr-AQ	1,900.00-	3,395.00-	1,495.00	179	1,900.00-	3,735.00-	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00-	99,344.00-	65,656.00-	60	178,333.00-	152,562.00-	25,771.00-	86

Washoe County Health District  
 REVENUE  
 Pds 1-9, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
460532 Plan Rvw Hotel/Motel		69.00-	69.00			414.00-	414.00	
460533 Quick Start		87.00-	87.00			344.00-	344.00	
460534 Child Care Inspection	8,300.00-	5,467.00-	2,833.00-	66	9,000.00-	6,016.00-	2,984.00-	67
460535 Pub Accomod Inspectn	17,000.00-	10,358.00-	6,642.00-	61	21,000.00-	11,088.00-	9,912.00-	53
460570 Education Revenue	13,400.00-	8,913.00-	4,487.00-	67		15,428.00-	15,428.00	
* Charges for Services	1,149,185.00-	924,402.05-	224,782.95-	80	1,451,491.69-	1,033,135.96-	418,355.73-	71
484000 Donations,Contributions						3,360.00-	3,360.00	
484050 Donations Federal Pgm Income		32,702.89-	32,702.89			100.00-	100.00	
485100 Reimbursements		150.00-	150.00			150.00-	150.00	
485300 Other Misc Govt Rev		80.50-	80.50		450.00-	564.00-	114.00	125
* Miscellaneous		32,933.39-	32,933.39		450.00-	4,174.00-	3,724.00	928
** Revenue	9,399,250.82-	6,072,244.96-	3,327,005.86-	65	11,950,817.87-	6,752,448.37-	5,198,369.50-	57

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
701110 Base Salaries	10,299,441.92	6,826,492.78	3,472,949.14	66	10,661,133.97	6,869,749.82	3,791,384.15	64
701120 Part Time	654,044.80	434,997.73	219,047.07	67	700,249.99	508,768.41	191,481.58	73
701130 Pooled Positions	381,237.66	284,189.99	97,047.67	75	325,364.33	175,184.56	150,179.77	54
701140 Holiday Work	1,200.00	1,969.91	769.91-	164	1,500.00	1,691.46	191.46-	113
701150 xcContractual Wages					255,500.00	75,266.63	180,233.37	29
701200 Incentive Longevity	162,000.00	80,444.26	81,555.74	50	167,094.00	76,877.73	90,216.27	46
701300 Overtime	43,664.26	75,449.48	31,785.22-	173	301,520.21	141,902.56	159,617.65	47
701406 Standby Pay	30,000.00	26,426.79	3,573.21	88	30,000.00	24,994.10	5,005.90	83
701408 Call Back	3,000.00	1,611.08	1,388.92	54	3,000.00	3,768.79	768.79-	126
701412 Salary Adjustment	48,368.57-		48,368.57-		185,747.75		185,747.75	
701413 Vac Payoff/Sick Pay-Term		84,627.01	84,627.01-			87,082.68	87,082.68-	
701417 Comp Time		17,002.32	17,002.32-			32,846.58	32,846.58-	
701500 Merit Awards	120,175.23-		120,175.23-		329,645.39-		329,645.39-	
* Salaries and Wages	11,406,044.84	7,833,211.35	3,572,833.49	69	12,301,464.86	7,998,133.32	4,303,331.54	65
705110 Group Insurance	1,598,298.03	1,056,693.42	541,604.61	66	1,570,574.85	1,038,211.20	532,363.65	66
705210 Retirement	2,377,608.28	1,579,031.53	798,576.75	66	2,467,024.18	1,598,917.47	868,106.71	65
705215 Retirement Calculation	410,797.00		410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	148,666.06	103,449.44	45,216.62	70	151,277.42	104,570.95	46,706.47	69
705320 Workmens Comp	54,530.00	40,897.53	13,632.47	75	64,271.45	46,000.17	18,271.28	72
705330 Unemploy Comp	33,440.00	33,440.01	0.01-	100	12,350.00	12,330.00	20.00	100
705360 Benefit Adjustment	8,471.00		8,471.00		9,504.31		9,504.31	
* Employee Benefits	4,631,810.37	2,813,511.93	1,818,298.44	61	4,475,002.21	2,800,029.79	1,674,972.42	63
7100 Professional Services	714,388.94	125,743.93	588,645.01	18	2,031,672.72	327,825.67	1,703,847.05	16
7105 Medical Services	7,248.00	1,196.50	6,051.50	17	13,600.00	12,383.50	1,216.50	91
710108 MD Consultants	60,900.00	40,067.50	20,812.50	66	55,382.00	31,850.00	23,532.00	58
710110 Contracted/Temp Services	86,607.22	50,263.16	36,344.06	58				
710119 Subrecipient Payments	186,242.00	136,713.99	49,528.01	73	147,602.00	80,371.44	67,230.56	54
710200 Service Contract	74,415.00	45,406.27	29,008.73	61	102,210.00	59,639.91	42,570.09	58
710205 Repairs and Maintenance	16,864.00	15,190.63	1,673.37	90	15,505.00	25,536.69	10,031.69-	165
710210 Software Maintenance	12,000.00	10,550.00	1,450.00	88	350.00	26,802.29	26,452.29-	7,658
710300 Operating Supplies	140,195.14	76,990.93	63,204.21	55	270,541.22	120,703.44	149,837.78	45
710302 Small Tools & Allow	2,185.00	325.50	1,859.50	15	1,385.00	750.33	634.67	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710310 Parts and Supplies		173.11	173.11-					
710319 Chemical Supplies	360,450.00	321,497.39	38,952.61	89	560,707.00	360,810.19	199,896.81	64
710334 Copy Machine Expense	32,011.00	19,716.90	12,294.10	62	36,024.50	19,319.35	16,705.15	54
710350 Office Supplies	49,948.43	31,606.88	18,341.55	63	62,342.26	33,495.23	28,847.03	54
710355 Books and Subscriptions	11,084.00	4,645.30	6,438.70	42	7,587.00	6,126.11	1,460.89	81
710360 Postage	19,538.00	16,227.23	3,310.77	83	26,958.44	15,125.91	11,832.53	56
710361 Express and Courier	815.00	332.37	482.63	41	1,135.00	285.63	849.37	25
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	34,355.88	54,218.21	19,862.33-	158	94,550.30	20,160.30	74,390.00	21
710502 Printing	24,366.72	9,821.32	14,545.40	40	49,651.24	19,438.29	30,212.95	39
710503 Licenses & Permits	6,875.00	6,420.00	455.00	93	8,625.00	6,142.67	2,482.33	71
710504 Registration					900.00-		900.00-	

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710505 Rental Equipment	1,800.00	360.00	1,440.00	20	2,800.00	2,669.00	131.00	95
710506 Dept Insurance Deductible		326.19	326.19-		273.40	450.00	176.60-	165
710507 Network and Data Lines	5,460.00	6,008.22	548.22-	110	4,705.00	4,055.37	649.63	86
710508 Telephone Land Lines	53,739.92	30,906.32	22,833.60	58	60,808.05	33,419.37	27,388.68	55
710509 Seminars and Meetings	38,033.00	30,101.18	7,931.82	79	29,770.00	13,811.00	15,959.00	46
710512 Auto Expense	16,457.00	8,591.85	7,865.15	52	20,954.14	9,708.11	11,246.03	46
710514 Regulatory Assessments		27.99	27.99-					
710519 Cellular Phone	13,410.00	12,808.83	601.17	96	13,597.00	10,610.31	2,986.69	78
710529 Dues	6,961.00	8,605.00	1,644.00-	124	4,476.00	6,873.00	2,397.00-	154
710535 Credit Card Fees	10,545.00	7,344.43	3,200.57	70	12,394.78	7,573.40	4,821.38	61
710546 Advertising	20,394.70	29,127.18	8,732.48-	143	37,047.00	30,905.92	6,141.08	83
710577 Uniforms & Special Clothing	3,450.00	695.73	2,754.27	20	3,150.00	1,094.08	2,055.92	35
710585 Undesignated Budget	3,155.00-		3,155.00-		31,540.05		31,540.05	
710590 Bad Debt Expense						1,293.40	1,293.40-	
710600 LT Lease-Office Space	120,932.89	93,261.51	27,671.38	77	195,423.01	126,068.76	69,354.25	65
710703 Biologicals	313,025.68	105,866.10	207,159.58	34	291,252.68	100,743.80	190,508.88	35
710714 Referral Services	11,300.00	3,400.00	7,900.00	30	11,300.00	570.76-	11,870.76	5-
710721 Outpatient	122,249.97	55,955.28	66,294.69	46	119,940.00	76,271.56	43,668.44	64
710872 Food Purchases	3,001.00	1,890.28	1,110.72	63	2,695.00	1,055.50	1,639.50	39
711010 Utilities	1,100.00	1,212.00	112.00-	110		1,362.00	1,362.00-	
711100 ESD Asset Management	21,600.00	15,000.00	6,600.00	69				
711113 Equip Srv Replace	41,946.18	33,476.60	8,469.58	80	101,823.48	82,353.79	19,469.69	81
711114 Equip Srv O & M	58,538.39	36,030.13	22,508.26	62	71,986.43	36,363.37	35,623.06	51
711115 Equip Srv Motor Pool	2,325.00	5,359.70	3,034.70-	231	12,070.00	6,400.00	5,670.00	53
711117 ESD Fuel Charge	41,646.75	34,852.85	6,793.90	84	54,173.64	30,620.81	23,552.83	57
711119 Prop & Liab Billings	72,200.00	54,149.94	18,050.06	75	66,930.00	49,447.44	17,482.56	74
711210 Travel	203,618.25	54,760.41	148,857.84	27	194,849.02	34,132.21	160,716.81	18
711213 Travel-Non Cnty Pers			24.27		1,942.00		1,942.00	
711300 Cash Over Short								
711504 Equipment nonCapital	61,312.37	24.27-	24.27					
* Services and Supplies	3,084,501.43	69,132.82	7,820.45-	113	76,536.11	197,532.04	120,995.93-	258
781004 Equipment Capital	211,173.72	1,666,353.39	1,418,148.04	54	4,909,465.47	2,031,010.43	2,878,455.04	41
** Capital Outlay	211,173.72	43,283.58	167,890.14	20	371,424.85	103,677.12	267,747.73	28
** Expenses	19,333,530.36	43,283.58	167,890.14	20	371,424.85	103,677.12	267,747.73	28
485192 Surplus Equipment Sales		12,356,360.25	6,977,170.11	64	22,057,357.39	12,932,850.66	9,124,506.73	59
* Other Fin. Sources						12.60-	12.60	
621001 Transfer From General	8,192,500.00-	3,413,540.00-	4,778,960.00-	42	8,795,500.00-	4,961,711.67-	3,833,788.33-	56
** Transfers In	8,192,500.00-	3,413,540.00-	4,778,960.00-	42	8,795,500.00-	4,961,711.67-	3,833,788.33-	56
** Other Financing Svc/Use	8,192,500.00-	3,413,540.00-	4,778,960.00-	42	8,795,500.00-	4,961,724.27-	3,833,775.73-	56
*** Total	1,741,779.54	2,870,575.29	1,128,795.75-	165	1,311,039.52	1,218,678.02	92,361.50	93

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,191,109.00-	681,373.95-	509,735.05-	57	1,205,291.00-	724,030.14-	481,260.86-	60
* Intergovernmental	1,191,109.00-	681,373.95-	509,735.05-	57	1,205,291.00-	724,030.14-	481,260.86-	60
460512 Duplication Service Fees	115.00-		115.00-		200.00-	94.50-	105.50-	47
* Charges for Services	115.00-		115.00-		200.00-	94.50-	105.50-	47
485300 Other Misc Govt Rev	115.00-				450.00-	205.00-	245.00-	46
* Miscellaneous	115.00-				450.00-	205.00-	245.00-	46
** Revenue	1,191,224.00-	681,373.95-	509,850.05-	57	1,205,941.00-	724,329.64-	481,611.36-	60
701110 Base Salaries	1,806,128.35	1,227,723.42	578,404.93	68	1,748,051.93	1,216,539.00	531,512.93	70
701120 Part Time	24,427.89	16,623.72	7,804.17	68	24,553.03	16,231.72	8,321.31	66
701130 Pooled Positions	83,483.00	22,250.48	61,232.52	27	68,296.19		68,296.19	
701140 Holiday Work		484.11	484.11-			844.97	844.97-	
701200 Incentive Longevity	29,800.00	14,559.62	15,240.38	49	31,000.00	13,003.10	17,996.90	42
701300 Overtime	1,000.00	11,166.32	10,166.32-	1,117	6,000.00	8,278.32	2,278.32-	138
701412 Salary Adjustment	5,347.52-		5,347.52-		7,104.00	7,104.00	7,104.00	
701413 Vac Payoff/Sick Pay-Term		10,715.38	10,715.38-			7,335.40	7,335.40-	
701417 Comp Time						26.23	26.23-	
* Salaries and Wages	1,939,491.72	1,303,523.05	635,968.67	67	1,885,005.15	1,262,258.74	622,746.41	67
705110 Group Insurance	288,679.65	201,196.47	87,483.18	70	268,699.06	192,089.87	76,609.19	71
705210 Retirement	394,720.53	266,215.45	128,505.08	67	381,561.51	263,633.04	117,928.47	69
705215 Retirement Calculation	410,797.00		410,797.00		200,000.00	200,000.00	200,000.00	
705230 Medicare April 1986	26,138.11	18,159.50	7,978.61	69	24,601.66	17,290.34	7,311.32	70
71320 Workmens Comp	10,332.00	7,748.91	2,583.09	75	11,458.00	8,593.47	2,864.53	75
71330 Unemply Comp	6,336.00	6,335.97	0.03	100	2,210.00	2,210.00		100
* Employee Benefits	1,137,003.29	499,656.30	637,346.99	44	888,530.23	483,816.72	404,713.51	54
710100 Professional Services	2,300.00	3,255.00	955.00-	142	3,300.00	735.00	2,565.00	22
710105 Medical Services		207.00	207.00-			74.50	74.50-	
710200 Service Contract	750.00	850.98	100.98-	113	750.00	794.38	44.38-	106
710205 Repairs and Maintenance	700.00	43.16	656.84	6	800.00	152.57	647.43	19
710300 Operating Supplies	26,100.00	9,075.85	17,024.15	35	52,049.29	12,542.77	39,506.52	24
710334 Copy Machine Expense	11,594.00	3,559.03	8,034.97	31	11,594.00	5,344.46	6,249.54	46
710350 Office Supplies	16,200.00	7,060.72	9,139.28	44	16,185.00	8,740.01	7,444.99	54
710355 Books and Subscriptions	1,350.00	1,420.85	70.85-	105	1,370.00	2,062.90	692.90-	151
710360 Postage	1,550.00	847.27	702.73	55	1,600.00	748.45	851.55	47
710361 Express and Courier	100.00	14.56	85.44	15	100.00	31.77	68.23	32
710500 Other Expense	1,100.00	907.55	192.45	83	1,100.00	753.50	346.50	69
710502 Printing	9,050.00	757.00	8,293.00	8	9,550.00	2,023.58	7,526.42	21
710503 Licenses & Permits	2,300.00	905.00	1,395.00	39	2,400.00	400.00	2,000.00	17
710507 Network and Data Lines	480.00	323.67	156.33	67	203.61	203.61	203.61-	
710508 Telephone Land Lines	11,380.00	6,566.01	4,813.99	58	11,800.00	7,250.98	4,549.02	61
710509 Seminars and Meetings	5,300.00	2,997.18	2,302.82	57	5,100.00	2,491.00	2,609.00	49
710512 Auto Expense	3,900.00	1,044.44	2,855.56	27	4,350.00	1,147.99	3,202.01	26
710519 Cellular Phone	250.00	1,069.56	819.56-	428	350.00	81.48	268.52	23
710529 Dues	2,650.00	515.00	2,335.00	18	955.00	2,605.00	1,650.00-	273
710546 Advertising	150.00	80.69	69.31	54	150.00	126.39	23.61	84
710600 LT Lease-Office Space	80,296.00	59,554.91	20,741.09	74	80,296.00	67,674.16	12,621.84	84



Washoe County Health District  
 Administrative Health Services  
 Pds 1-9, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	100.00	330.00	230.00-	330		63.00	63.00-	
711100 ESD Asset Management	360.00	270.00	90.00	75				
711113 Equip Srv Replace		516.90	185.40	74	2,122.20	1,981.65	140.55	93
711114 Equip Srv O & M	702.30	645.00	355.00	65	1,043.60	760.04	283.56	73
711115 Equip Srv Motor Pool	1,000.00	465.21	44.25	91		440.00	440.00-	
711117 ESD Fuel Charge	509.46	10,259.91	3,420.09	75	636.64	384.69	251.95	60
711119 Prop & Liab Billings	13,680.00	7,211.78	10,288.22	41	11,798.00	8,848.53	2,949.47	75
711210 Travel	17,500.00	0.68	0.68-		16,500.00	6,768.62	9,731.38	41
711300 Cash Over Short		5,678.11	3,978.11-	334	1,700.00	4,847.32	3,147.32-	285
711504 Equipment nonCapital	213,401.76	126,433.02	86,968.74	59	237,749.73	140,078.35	97,671.38	59
* Services and Supplies	3,289,896.77	1,929,612.37	1,360,284.40	59	3,011,285.11	1,886,153.81	1,125,131.30	63
** Expenses	2,098,672.77	1,248,238.42	850,434.35	59	1,805,344.11	1,161,824.17	643,519.94	64
*** Total								

Washoe County Health District  
 Air Quality Management  
 Pds 1-9, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422510 Air Pollution Permits	391,000.00-	273,458.50-	117,541.50-	70	402,399.00-	289,580.25-	112,818.75-	72
* Licenses and Permits	391,000.00-	273,458.50-	117,541.50-	70	402,399.00-	289,580.25-	112,818.75-	72
431100 Federal Grants	686,099.00-	461,580.85-	224,518.15-	67	681,349.00-	379,891.11-	301,457.89-	56
431105 Federal Grants - Indirect		17,900.15-	17,900.15			16,839.89-	16,839.89	
432100 State Grants	140,000.00-	140,000.00-		100				
432311 Pol Ctr'l 455B.830	290,140.86-	229,370.00-	60,770.86-	79	280,000.00-	228,975.00-	51,025.00-	82
* Intergovernmental	1,116,239.86-	848,851.00-	267,388.86-	76	961,349.00-	625,706.00-	335,643.00-	65
460513 Other Health Service Charges		701.00-	701.00			992.00-	992.00	
460526 Plan Review-Air Quality	11,270.00-	21,467.00-	10,197.00	190	15,500.00-	23,665.00-	8,165.00	153
460527 NOE-AQM	40,000.00-	58,090.00-	18,090.00	145	32,900.00-	60,388.00-	27,488.00	184
460528 NESHAP-AQM	62,000.00-	55,586.00-	6,414.00-	90	62,000.00-	62,346.00-	346.00	101
460529 Assessments-AQM	21,000.00-	22,218.00-	1,218.00	106	22,000.00-	22,658.00-	658.00	103
460530 Inspector Registr-AQ	1,900.00-	3,395.00-	1,495.00	179	1,900.00-	3,735.00-	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00-	99,344.00-	65,656.00-	60	178,333.00-	152,562.00-	25,771.00-	86
* Charges for Services	301,170.00-	260,801.00-	40,369.00-	87	312,633.00-	326,346.00-	13,713.00	104
485300 Other Misc Govt Rev		55.50-	55.50			90.00-	90.00	
* Miscellaneous		55.50-	55.50			90.00-	90.00	
** Revenue	1,808,409.86-	1,383,166.00-	425,243.86-	76	1,676,381.00-	1,241,722.25-	434,658.75-	74
701110 Base Salaries	1,368,978.42	952,159.79	416,818.63	70	1,311,733.43	927,167.93	384,565.50	71
701130 Pooled Positions	18,000.00	14,647.04	3,352.96	81	8,000.00	6,071.78	1,928.22	76
701150 xContractual Wages					50,000.00		50,000.00	
701200 Incentive Longevity	23,000.00	10,575.02	12,424.98	46	21,150.00	10,400.00	10,750.00	49
701300 Overtime	6,576.10	3,019.56	3,556.54	46	6,057.21	524.73	5,532.48	9
701408 Call Back		101.02	101.02			409.82	409.82	
701413 Vac Payoff/Sick Pay-Term		42,911.41	42,911.41-					
701417 Comp Time		11,850.01	11,850.01-					
* Salaries and Wages	1,416,554.52	1,035,263.85	381,290.67	73	1,396,940.64	944,574.26	452,366.38	68
705110 Group Insurance	175,898.81	124,503.73	51,395.08	71	156,554.89	111,779.15	44,775.74	71
705210 Retirement	299,272.94	206,679.14	92,593.80	69	285,871.82	200,760.84	85,110.98	70
705230 Medicare April 1986	18,558.58	13,717.79	4,840.79	74	17,726.98	12,390.18	5,336.80	70
705320 Workmens Comp	5,740.00	4,304.97	1,435.03	75	6,740.00	5,055.03	1,684.97	75
705330 Unemploy Comp	3,520.00	3,519.99	0.01	100	1,300.00	1,300.00		100
* Employee Benefits	502,990.33	352,725.62	150,264.71	70	468,193.69	331,285.20	136,908.49	71
710100 Professional Services	205,628.23	31,401.16	174,227.07	15	176,599.41	13,470.34	163,129.07	8
710105 Medical Services		628.00	628.00-					
710110 Contracted/Temp Services	40,000.00		40,000.00					
710200 Service Contract	350.00	252.92	97.08	72	350.00	363.00	13.00-	104
710205 Repairs and Maintenance	7,000.00	11,592.76	4,592.76-	166	7,000.00	3,551.33	3,448.67	51
710210 Software Maintenance		1,550.00	1,550.00-					
710300 Operating Supplies	9,100.00	8,198.08	901.92	90	4,100.00	9,750.72	5,650.72-	238
710310 Parts and Supplies		173.11	173.11-					
710334 Copy Machine Expense	4,400.00	3,464.40	935.60	79	4,387.20	3,266.42	1,120.78	74
710350 Office Supplies	4,000.00	4,689.08	689.08-	117	3,500.00	3,355.55	144.45	96
710355 Books and Subscriptions	224.00	242.82	18.82-	108	224.00	221.86	2.14	99
710360 Postage	2,200.00	2,070.32	129.68	94	2,200.00	2,809.79	609.79-	128

Washoe County Health District  
 Air Quality Management  
 Pds 1-9, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710361 Express and Courier	200.00	72.34	127.66	36	200.00	39.95	160.05	20
710500 Other Expense	200.00	57.00	143.00	29	200.00	567.77	367.77	284
710502 Printing	1,000.00	698.53	301.47	70	1,000.00	380.59	619.41	38
710503 Licenses & Permits	90.00		90.00		90.00	2,372.67	2,282.67	2,636
710505 Rental Equipment	1,800.00		1,800.00		1,800.00	1,800.00		100
710506 Dept Insurance Deductible		150.00	150.00					
710507 Network and Data Lines		1,560.00	1,560.00					
710508 Telephone Land Lines	7,000.00	4,452.37	2,547.63	64	9,000.00	4,705.91	4,294.09	52
710509 Seminars and Meetings	5,000.00	2,820.00	2,180.00	56	4,200.00	1,205.00	2,995.00	29
710512 Auto Expense	1,200.00	164.12	1,035.88	14	1,200.00	354.68	845.32	30
710519 Cellular Phone	3,800.00	3,927.97	127.97	103	3,800.00	2,679.55	1,120.45	71
710529 Dues	435.00	3,451.00	3,016.00	793	435.00	2,185.00	1,750.00	502
710535 Credit Card Fees	1,500.00	863.40	636.60	58	1,500.00	1,306.20	193.80	87
710546 Advertising	1,000.00	406.50	593.50	41	5,700.00	731.63	4,968.37	13
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space					74,490.12	24,688.00	49,802.12	33
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711100 ESD Asset Management	2,880.00	2,460.00	420.00	85				
711113 Equip Srv Replace	7,677.51	10,380.34	2,702.83	135	30,340.92	14,525.99	15,814.93	48
711114 Equip Srv O & M	13,966.50	7,970.71	5,995.79	57	13,520.37	7,675.36	5,845.01	57
711115 Equip Srv Motor Pool		325.00	325.00			262.50	262.50	
711117 ESD Fuel Charge	11,125.62	8,033.17	3,092.45	72	12,187.68	8,154.07	4,033.61	67
711119 Prop & Liab Billings	7,600.00	5,699.97	1,900.03	75	7,940.00	5,204.97	2,735.03	66
711210 Travel	28,500.00	7,572.82	20,927.18	27	40,227.52	7,864.56	32,362.96	20
711504 Equipment nonCapital	14,000.00	15,623.02	1,623.02	112	4,000.00	69,492.73	65,492.73	1,737
* Services and Supplies	384,292.86	140,950.91	243,341.95	37	412,608.22	192,986.14	219,622.08	47
781004 Equipment Capital	92,697.72	43,283.58	49,414.14	47	91,708.35	15,973.00	75,735.35	17
* Capital Outlay	92,697.72	43,283.58	49,414.14	47	91,708.35	15,973.00	75,735.35	17
** Expenses	2,396,535.43	1,572,223.96	824,311.47	66	2,369,450.90	1,484,818.60	884,632.30	63
485192 Surplus Equipment Sales						12.60	12.60	
** Other Financing Src/Use						12.60	12.60	
*** Total	588,125.57	189,057.96	399,067.61	32	693,069.90	243,083.75	449,986.15	35

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,350,640.70-	1,429,997.29-	920,643.41-	61	2,462,560.00-	1,487,441.15-	995,138.85-	60
431105 Federal Grants - Indirect		17,106.62-	17,106.62-					
432100 State Grants	255,737.42-	94,908.25-	160,829.17-	37	552,556.00-	283,957.91-	268,598.09-	51
* Intergovernmental	2,606,378.12-	1,542,012.16-	1,064,365.96-	59	3,035,136.00-	1,771,399.06-	1,263,736.94-	58
460162 Services to Other Agencies					63,657.69-	23,909.21-	39,748.48-	38
460500 Other Immunizations	85,000.00-	65,484.44-	19,515.56-	77	110,000.00-	65,541.39-	44,458.61-	60
460501 Medicaid Clinical Services	32,000.00-	37,147.98-	5,147.98	116	36,500.00-	21,245.37-	15,254.63-	58
460503 Childhood Immunizations	140,000.00-	40,201.40-	99,798.60-	29	180,000.00-	102,195.45-	87,804.55-	54
460505 Non Title X Revenue						1,369.00-	1,369.00	
460508 Tuberculosis	7,000.00-	4,772.36-	2,227.64-	68	10,000.00-	6,527.94-	3,472.06-	65
460515 Medicare Reimbursement	500.00-	310.23-	189.77-	62	500.00-	672.90-	172.90	135
460516 Pgm Inc-3rd Prty Rec	6,500.00-	18,375.85-	11,875.85	283	9,000.00-	5,292.20-	3,707.80-	59
460517 Influenza Immunization	12,000.00-	6,490.99-	5,509.01-	54	5,000.00-	24,941.06-	19,941.06	499
460518 STD Fees	30,000.00-	23,038.97-	6,961.03-	77	30,000.00-	22,497.84-	7,502.16-	75
460519 Outpatient Services					12,500.00-		12,500.00-	
460524 Family Planning	66,000.00-	33,083.00-	32,917.00-	50	100,000.00-	51,167.95-	48,832.05-	51
460570 Education Revenue	11,000.00-	7,219.00-	3,781.00-	66		12,020.00-	12,020.00	
* Charges for Services	390,000.00-	236,124.22-	153,875.78-	61	567,157.69-	337,380.31-	229,777.38-	59
484000 Donations, Contributions						3,360.00-	3,360.00	
484050 Donations Federal Pgm Income						100.00-	100.00	
485300 Other Misc Govt Rev						6.00-	6.00	
* Miscellaneous						3,466.00-	3,466.00	
** Total	2,996,378.12-	1,810,839.27-	1,185,538.85-	60	3,602,293.69-	2,112,245.37-	1,490,048.32-	59
70110 Base Salaries	2,613,684.20	1,728,398.20	885,286.00	66	3,078,262.37	1,860,251.55	1,218,010.82	60
701120 Part Time	573,266.06	400,630.45	172,635.61	70	640,119.02	434,688.58	205,430.44	68
701130 Pooled Positions	153,345.03	140,500.73	12,844.30	92	120,571.14	68,138.45	52,432.69	57
701200 Incentive Longevity	52,628.00	28,123.63	24,504.37	53	54,703.00	27,332.98	27,370.02	50
701300 Overtime	300.00	9,755.66	9,455.66-	3,252	2,175.00	4,329.12	2,154.12-	199
701412 Salary Adjustment	175,244.98-		175,244.98-		114,541.03		114,541.03	
701413 Vac Payoff/Sick Pay-Term		10,684.89	10,684.89-			52,337.82	52,337.82-	
701417 Comp Time		194.12	194.12-			7,925.32	7,925.32-	
701500 Merit Awards	53,002.53		53,002.53		329,645.39-		329,645.39-	
* Salaries and Wages	3,270,950.84	2,318,287.68	952,663.16	71	3,680,726.17	2,455,003.82	1,225,722.35	67
705110 Group Insurance	473,252.59	291,418.44	181,834.15	62	524,221.04	328,337.47	195,883.57	63
705210 Retirement	695,312.38	464,140.29	231,172.09	67	808,950.04	508,179.66	300,770.38	63
705230 Medicare April 1986	42,923.94	29,894.48	13,029.46	70	49,212.59	32,371.30	16,841.29	66
705320 Workmens Comp	17,220.00	12,915.09	4,304.91	75	21,231.00	15,923.07	5,307.93	75
705330 Unemploy Comp	10,560.00	10,560.03	0.03-	100	4,095.00	4,085.00	10.00	100
705360 Benefit Adjustment					1,505.00-		1,505.00-	
* Employee Benefits	1,239,268.91	808,928.33	430,340.58	65	1,406,204.67	888,896.50	517,308.17	63
710100 Professional Services	95,586.00	59,922.04	35,663.96	63	305,393.00	181,529.50	123,863.50	59
710105 Medical Services	600.00	186.00	414.00	31	13,000.00	9,818.50	3,181.50	76
710108 MD Consultants	48,900.00	32,087.50	16,812.50	66	43,382.00	24,850.00	18,532.00	57
710110 Contracted/Temp Services	3,355.00		3,355.00					
710119 Subrecipient Payments	186,242.00	136,713.99	49,528.01	73	147,602.00	80,371.44	67,230.56	54

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710200 Service Contract	4,395.00	4,605.84	210.84-	105	12,200.00	8,403.78	3,796.22	69
710205 Repairs and Maintenance	6,786.00	2,204.22	4,581.78	32	6,105.00	19,921.31	13,816.31-	326
710210 Software Maintenance					350.00		350.00	
710300 Operating Supplies	61,200.00	35,245.29	25,954.71	58	97,132.00	72,959.01	24,172.99	75
710334 Copy Machine Expense	12,310.00	8,948.39	3,361.61	73	16,463.00	8,405.08	8,057.92	51
710350 Office Supplies	9,720.01	8,210.80	1,509.21	84	14,405.00	6,261.29	8,143.71	43
710355 Books and Subscriptions	1,900.00	982.06	917.94	52	1,730.00	907.62	822.38	52
710360 Postage	4,840.00	3,778.96	1,061.04	78	4,858.00	3,366.69	1,491.31	69
710361 Express and Courier	290.00	132.42	157.58	46	535.00	120.53	414.47	23
710500 Other Expense	19,131.67	9,023.34	10,108.33	47	60,624.30	18,826.27	41,798.03	31
710502 Printing	6,060.00	3,630.10	2,429.90	60	11,303.24	3,149.92	8,153.32	28
710503 Licenses & Permits	2,150.00	3,035.00	885.00-	141	3,800.00	1,405.00	2,395.00	37
710504 Registration					900.00-		900.00-	
710506 Dept Insurance Deductible					273.40		273.40	
710507 Network and Data Lines	2,280.00	1,817.35	462.65	80	1,505.00	1,750.80	245.80-	116
710508 Telephone Land Lines	14,580.00	9,835.98	4,744.02	67	18,459.00	11,019.87	7,439.13	60
710509 Seminars and Meetings	7,350.00	6,465.00	885.00	88	8,050.00	3,398.00	4,652.00	42
710512 Auto Expense	11,057.00	6,986.51	4,070.49	63	14,793.00	6,974.48	7,818.52	47
710519 Cellular Phone	505.00	504.32	0.68	100	462.00	594.70	132.70-	129
710529 Dues	1,100.00	2,294.00	1,194.00-	209	1,550.00	819.00	731.00	53
710535 Credit Card Fees	4,245.00	2,960.30	1,284.70	70	5,935.00	2,792.13	3,142.87	47
710546 Advertising	17,124.70	24,958.44	7,833.74-	146	29,997.00	28,714.72	1,282.28	96
710577 Uniforms & Special Clothing	650.00		650.00		350.00		350.00	
710590 Bad Debt Expense						459.00	459.00-	
710703 Biologicals	308,879.00	105,474.10	203,404.90	34	286,952.00	100,519.58	186,432.42	35
710714 Referral Services	11,300.00	3,400.00	7,900.00	30	11,300.00	570.76-	11,870.76	5-
710721 Outpatient	117,933.97	55,411.52	62,522.45	47	109,576.00	75,748.52	33,827.48	69
710872 Food Purchases	2,851.00	1,398.40	1,452.60	49	2,545.00	1,055.50	1,489.50	41
711010 Utilities	1,000.00	702.00	298.00	70		228.00	228.00-	
711100 ESD Asset Management	360.00	30.00	330.00	8				
711113 Equip Srv Replace	1,047.46	28.65	1,018.81	3	1,397.28	1,321.11	76.17	95
711114 Equip Srv O & M	472.80		472.80		904.60	252.16	652.44	28
711115 Equip Srv Motor Pool	1,125.00	625.00	500.00	56	4,870.00	345.00	4,525.00	7
711117 ESD Fuel Charge		379.63	379.63-		538.69		538.69	
711119 Prop & Liab Billings	22,800.00	17,100.00	5,700.00	75	21,861.00	16,395.66	5,465.34	75
711210 Travel	34,016.53	10,909.13	23,107.40	32	48,190.50	6,442.63	41,747.87	13
711213 Travel-Non Cnty Pers		4.95-	4.95		1,942.00		1,942.00	
711300 Cash Over Short								
711504 Equipment nonCapital	4,876.00	2,936.69	1,939.31	60	6,828.00	5,323.05	1,504.95	78
* Services and Supplies	1,029,019.14	562,918.02	466,101.12	55	1,316,262.01	703,879.09	612,382.92	53
** Expenses	5,539,238.89	3,690,134.03	1,849,104.86	67	6,403,192.85	4,047,779.41	2,355,413.44	63
*** Total	2,542,860.77	1,879,294.76	663,566.01	74	2,800,899.16	1,935,534.04	865,365.12	69

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	40,459.00-	2,541.00-	94	69,000.00-	35,244.00-	33,756.00-	51
422504 Pool Permits	63,000.00-	37,024.00-	25,976.00-	59	33,000.00-	39,898.00-	6,898.00	121
422505 RV Permits	10,500.00-	7,770.00-	2,730.00-	74	10,500.00-	8,349.00-	2,151.00-	80
422507 Food Service Permits	342,000.00-	271,972.00-	70,028.00-	80	355,000.00-	275,398.00-	79,602.00-	78
422508 Wat Well Const Perm	34,500.00-	16,442.00-	18,058.00-	48	44,000.00-	23,101.00-	20,899.00-	53
422509 Water Company Permits	4,000.00-	2,567.00-	1,433.00-	64	12,000.00-	4,387.00-	7,613.00-	37
422511 ISDS Permits	47,000.00-	39,554.00-	7,446.00-	84	90,000.00-	33,084.85-	56,915.15-	37
422513 Special Event Permits	70,500.00-	46,604.00-	23,896.00-	66	75,000.00-	54,623.20-	20,376.80-	73
422514 Initial Applic Fee	35,000.00-	22,970.00-	12,030.00-	66	38,000.00-	22,418.00-	15,582.00-	59
* Licenses and Permits	649,500.00-	485,362.00-	164,138.00-	75	726,500.00-	496,503.05-	229,996.95-	68
431100 Federal Grants	311,029.78-	174,565.73-	136,464.05-	56	277,000.00-	151,581.77-	125,418.23-	55
432100 State Grants	75,000.00-	56,250.00-	18,750.00-	75	75,000.00-	37,750.00-	37,250.00-	50
432310 Tire Fee NRS 444A.090	370,535.00-	357,042.56-	13,492.44-	96	370,534.52-	299,675.99-	70,858.53-	81
* Intergovernmental	756,564.78-	587,858.29-	168,706.49-	78	722,534.52-	489,007.76-	233,526.76-	68
460509 Water Quality		432.00-	432.00-					
460510 IT Overlay	111,000.00-	69,203.00-	41,797.00-	62	121,001.00-	81,465.00-	39,536.00-	67
460512 Duplication Service Fees		583.22-	583.22-					
460513 Other Health Service Charges	2,700.00-	6,710.25-	4,010.25	249	8,000.00-	2,457.00-	5,543.00-	31
460514 Food Service Certification	8,000.00-	10,536.00-	2,536.00-	132	8,000.00-	11,761.00-	3,761.00	147
460520 Eng Serv Health	55,000.00-	29,217.00-	25,783.00-	53	90,500.00-	43,596.00-	46,904.00-	48
460521 Plan Review - Pools & Spas	2,500.00-	4,273.00-	1,773.00	171	5,000.00-	5,510.00-	510.00	110
↳ 523 Plan Review - Food Services	17,000.00-	18,184.15-	1,184.15	107	30,000.00-	16,110.15-	13,889.85-	54
↳ 525 Plan Review - Vector	24,000.00-	26,742.00-	2,742.00-	111	64,000.00-	23,427.00-	40,573.00-	37
↳ 532 Plan Rvw Hotel/Motel		69.00-	69.00			414.00-	414.00	
460533 Quick Start		87.00-	87.00			344.00-	344.00	
460534 Child Care Inspection	8,300.00-	5,467.00-	2,833.00-	66	9,000.00-	6,016.00-	2,984.00-	67
460535 Pub Accomod Inspectn	17,000.00-	10,358.00-	6,642.00-	61	21,000.00-	11,098.00-	9,912.00-	53
460570 Education Revenue	2,400.00-	1,694.00-	706.00-	71		3,408.00-	3,408.00	
* Charges for Services	247,900.00-	183,555.62-	64,344.38-	74	356,501.00-	205,596.15-	150,904.85-	58
485100 Reimbursements		150.00-	150.00			150.00-	150.00	
485300 Other Misc Govt Rev		150.00-	150.00			173.00-	173.00	
* Miscellaneous	1,653,964.78-	1,256,925.91-	397,038.87-	76	1,805,535.52-	1,191,429.96-	323.00	66
** Revenue	3,313,782.63	2,157,288.60	1,156,494.03	65	3,399,403.84	2,135,473.16	1,263,930.68	63
701110 Base Salaries	96,407.64	106,619.98	10,212.34-	111	90,097.00	66,626.67	23,470.33	74
701130 Pooled Positions	1,200.00	671.28	528.72	56	1,500.00	846.49	653.51	56
701140 Holiday Work					9,500.00	6,121.44	3,378.56	64
701150 xcContractual Wages					52,100.00	23,246.17	28,853.83	45
701200 Incentive Longevity	48,750.00	23,100.00	25,650.00	47	34,288.00	19,743.39	14,544.61	58
701300 Overtime	33,788.00	28,020.93	5,767.07	83	30,000.00	24,994.10	5,005.90	83
701406 Standby Pay	30,000.00	26,426.79	3,573.21	88	3,000.00	3,358.97	358.97-	112
701408 Call Back	3,000.00	1,510.06	1,489.94	50	304.20-		304.20-	
701412 Salary Adjustment						21,031.55	21,031.55-	
701413 Vac Payoff/Sick Pay-Term						10,046.59	10,046.59-	
701417 Comp Time								
701500 Merit Awards	173,177.76-		173,177.76-					

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
* Salaries and Wages	3,353,750.51	2,343,637.64	1,010,112.87	70	3,619,584.64	2,311,488.53	1,308,096.11	64
705110 Group Insurance	496,011.19	334,153.23	161,857.96	67	480,654.08	305,293.02	175,361.06	64
705210 Retirement	724,004.28	474,275.54	249,728.74	66	740,272.62	468,559.15	271,713.47	63
705230 Medicare April 1986	43,660.48	29,994.57	13,665.91	69	43,911.91	29,214.11	14,697.80	67
705320 Workmens Comp	16,072.00	12,054.06	4,017.94	75	18,535.00	13,901.13	4,633.87	75
705330 Unemploy Comp	9,856.00	9,856.02	0.02	100	3,575.00	3,575.00		100
* Employee Benefits	1,289,603.95	860,333.42	429,270.53	67	1,286,948.61	820,542.41	466,406.20	64
710100 Professional Services	257,890.90	7,895.50	249,995.40	3	179,930.29	76,491.00	103,439.29	43
710105 Medical Services	6,548.00	175.50	6,372.50	3	500.00	1,758.50	1,258.50	352
710110 Contracted/Temp Services	67,300.00	19,212.60	19,212.60	28	87,300.00	45,507.56	41,792.44	52
710200 Service Contract	1,000.00	37,452.70	29,847.30	126	1,000.00	969.48	30.52	97
710205 Repairs and Maintenance		1,255.54	255.54			17,802.29	17,802.29	
710210 Software Maintenance		5,599.22	16,625.78	25	23,593.05	8,957.89	14,635.16	38
710300 Operating Supplies	22,225.00	325.50	1,859.50	15	2,000.00	750.33	634.67	54
710302 Small Tools & Allow	2,000.00		2,000.00		2,000.00		2,000.00	
710308 Animal Supplies	360,450.00	321,497.39	38,952.61	89	560,707.00	360,810.19	199,896.81	64
710319 Chemical Supplies	930.00	1,420.91	490.91	153	1,280.00	413.01	866.99	32
710334 Copy Machine Expense	10,000.00	6,016.62	3,983.38	60	9,150.00	7,509.86	1,640.14	82
710350 Office Supplies	5,400.00	1,229.47	4,170.53	23	1,600.00	1,233.24	366.76	77
710355 Books and Subscriptions	7,800.00	7,784.26	15.74	100	5,900.00	6,655.59	755.59	113
710360 Postage	225.00	80.61	144.39	36	300.00	93.38	206.62	31
361 Express and Courier	100.00		100.00		100.00		100.00	
391 Fuel & Lube	5,800.00	37,632.82	31,832.82	649	800.00	12.76	787.24	2
500 Other Expense	3,925.00	2,841.50	1,083.50	72	3,225.00	1,452.07	1,772.93	45
710502 Printing	2,335.00	2,480.00	145.00	106	2,335.00	1,965.00	370.00	84
710503 Licenses & Permits		176.19	176.19			450.00	450.00	
710506 Dept Insurance Deductible	2,700.00	1,908.35	791.65	71	3,200.00	1,750.80	1,449.20	55
710507 Network and Data Lines	10,800.00	6,812.85	3,987.15	63	11,425.00	7,185.36	4,239.64	63
710508 Telephone Land Lines	16,585.00	12,930.00	3,655.00	78	11,200.00	5,337.00	5,863.00	48
710509 Seminars and Meetings	200.00	4.21	195.79	2	375.00	60.78	314.22	16
710512 Auto Expense		27.99	27.99					
710514 Regulatory Assessments	8,455.00	5,579.04	2,875.96	66	8,405.00	5,341.04	3,063.96	64
710519 Cellular Phone	1,726.00	1,385.00	341.00	80	896.00	1,214.00	318.00	135
710529 Dues	4,000.00	2,503.00	1,497.00	63	4,959.78	2,930.21	2,029.57	59
710535 Credit Card Fees	1,050.00	551.61	498.39	53	500.00	206.79	293.21	41
710546 Advertising	1,700.00	695.73	1,004.27	41	1,700.00	1,094.08	605.92	64
710577 Uniforms & Special Clothing						444.40	444.40	
710590 Bad Debt Expense	40,636.89	33,706.60	6,930.29	83	40,636.89	33,706.60	6,930.29	83
710600 LT Lease-Office Space					6,048.00		6,048.00	
710721 Outpatient	18,000.00	10,440.00	7,560.00	58	67,963.08	64,525.04	3,438.04	95
711100 ESD Asset Management	33,221.21	22,556.25	10,664.96	68	56,517.86	27,171.06	29,346.80	48
711113 Equip Srv Replace	43,396.79	27,076.10	16,320.69	62	7,000.00	5,290.00	1,710.00	76
711114 Equip Srv O & M		3,537.20	3,537.20					
711115 Equip Srv Motor Pool		25,896.26	4,115.41	86	39,610.63	22,082.05	17,528.58	56
711117 ESD Fuel Charge	30,011.67							

Washoe County Health District  
 Environmental Health Services  
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
711119 Prop & Liab Billings	21,280.00	15,960.06	5,319.94	75	19,085.00	14,313.78	4,771.22	75
711210 Travel	54,677.48	17,706.92	36,970.56	32	35,650.00	8,688.18	26,961.82	24
711300 Cash Over Short		20.00-	20.00					
711504 Equipment nonCapital	12,652.00	21,302.29	8,650.29-	168	2,643.97	734,173.32	2,643.97	61
* Services and Supplies	1,057,205.94	663,635.79	393,570.15	63	1,198,921.55	464,748.23	464,748.23	63
** Expenses	5,700,560.40	3,867,606.85	1,832,953.55	68	6,105,454.80	3,866,204.26	2,239,250.54	63
621001 Transfer From General					350,000.00-	89,711.67-	260,288.33-	26
** Other Financing Src/Use					350,000.00-	89,711.67-	260,288.33-	26
*** Total	4,046,595.62	2,610,680.94	1,435,914.68	65	3,949,919.28	2,585,062.63	1,364,856.65	65



Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,506,675.06-	674,908.37-	831,766.69-	45	3,414,126.66-	1,303,900.70-	2,110,225.96-	38
431105 Federal Grants - Indirect	32,599.00-	21,085.25-	11,513.75-	65	31,540.00-	15,011.45-	16,528.55-	48
* Intergovernmental	1,539,274.06-	695,993.62-	843,280.44-	45	3,445,666.66-	1,318,912.15-	2,126,754.51-	38
460511 Birth and Death Certificates	210,000.00-	243,375.00-	33,375.00-	116	215,000.00-	163,719.00-	51,281.00-	76
460512 Duplication Service Fees		546.21-	546.21					
* Charges for Services	210,000.00-	243,921.21-	33,921.21-	116	215,000.00-	163,719.00-	51,281.00-	76
485300 Other Misc Govt Rev		25.00-	25.00			90.00-	90.00	
* Miscellaneous		25.00-	25.00			90.00-	90.00	
** Revenue	1,749,274.06-	939,939.83-	809,334.23-	54	3,660,666.66-	1,482,721.15-	2,177,945.51-	41
701110 Base Salaries	1,196,898.32	760,922.77	435,975.55	64	1,123,682.40	730,318.18	393,364.22	65
701120 Part Time	56,350.85	17,743.56	38,607.29	31	35,577.94	57,848.11	22,270.17-	163
701130 Pooled Positions	30,001.99	171.76	29,830.23	1	38,400.00	34,347.66	4,052.34	89
701140 Holiday Work		814.52	814.52-					
701150 xcContractual Wages					196,000.00	69,145.19	126,854.81	35
701200 Incentive Longevity	7,822.00	4,085.99	3,736.01	52	8,141.00	2,895.48	5,245.52	36
701300 Overtime	2,000.16	23,487.01	21,486.85-	1,174	253,000.00	109,027.00	143,973.00	43
701412 Salary Adjustment	132,223.93		132,223.93		64,406.92		64,406.92	
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33-			6,377.91	6,377.91-	
701417 Comp Time		4,958.19	4,958.19-			14,848.44	14,848.44-	
* Salaries and Wages	1,425,297.25	832,499.13	592,798.12	58	1,719,208.26	1,024,807.97	694,400.29	60
705110 Group Insurance	164,455.79	105,421.55	59,034.24	64	140,445.78	100,711.69	39,734.09	72
705120 Retirement	264,298.15	167,721.11	96,577.04	63	250,368.19	157,784.78	92,583.41	63
705130 Medicare April 1986	17,384.95	11,683.10	5,701.85	67	15,824.28	13,305.02	2,519.26	84
705140 Workmens Comp	5,166.00	3,874.50	1,291.50	75	6,307.45	2,527.47	3,779.98	40
705330 Unemploy Comp	3,168.00	3,168.00		100	1,170.00	1,160.00	10.00	99
705360 Benefit Adjustment	8,471.00		8,471.00		11,009.31		11,009.31	
* Employee Benefits	462,943.89	291,868.26	171,075.63	63	425,125.01	275,488.96	149,636.05	65
710100 Professional Services	152,983.81	23,270.23	129,713.58	15	1,366,450.02	55,599.83	1,310,850.19	4
710105 Medical Services	100.00		100.00		100.00	732.00-	632.00-	732
710108 MD Consultants	12,000.00	8,000.00	4,000.00	67	12,000.00	7,000.00	5,000.00	58
710110 Contracted/Temp Services	43,252.22	31,050.56	12,201.66	72				
710200 Service Contract	1,620.00	2,243.83	623.83-	139	1,610.00	4,571.19	2,961.19-	284
710205 Repairs and Maintenance	1,378.00	94.95	1,283.05	7	600.00	942.00	342.00-	157
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75		9,000.00	9,000.00-	
710300 Operating Supplies	21,570.14	18,872.49	2,697.65	87	93,666.88	16,493.05	77,173.83	18
710334 Copy Machine Expense	2,777.00	2,324.17	452.83	84	2,300.30	1,890.38	409.92	82
710350 Office Supplies	10,028.42	5,629.66	4,398.76	56	19,102.26	7,628.52	11,473.74	40
710355 Books and Subscriptions	2,210.00	770.10	1,439.90	35	2,663.00	1,700.49	962.51	64
710360 Postage	3,148.00	1,746.42	1,401.58	55	12,400.44	1,545.39	10,855.05	12
710361 Express and Courier		32.44	32.44-					
710500 Other Expense	8,124.21	6,597.50	1,526.71	81	31,826.00	12,432.13	31,826.00	51
710502 Printing	4,351.72	1,894.19	2,457.53	44	24,573.00	869.00	12,140.87	87
710505 Rental Equipment		360.00	360.00-		1,000.00	350.16	350.16-	
710507 Network and Data Lines		398.85	398.85-					
710508 Telephone Land Lines	9,979.92	3,239.11	6,740.81	32	10,124.05	3,257.25	6,866.80	32

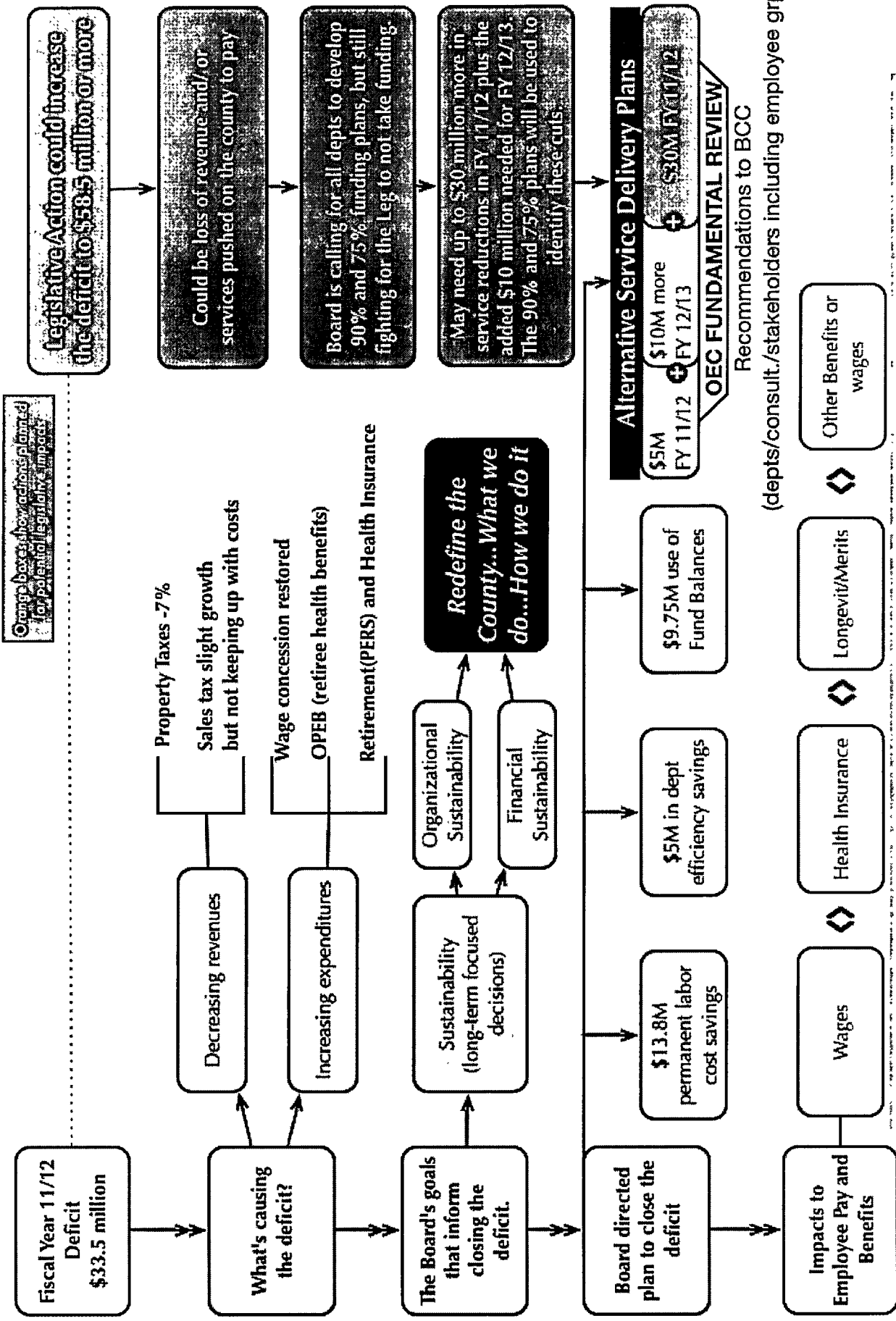
Washoe County Health District  
 Epidemiology and Public Health Preparedness  
 Pds 1-9, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710509 Seminars and Meetings	3,798.00	4,889.00	1,091.00-	129	1,220.00	1,380.00	160.00-	113
710512 Auto Expense	100.00	392.57	292.57-	393	236.14	1,170.18	934.04-	496
710519 Cellular Phone	400.00	1,727.94	1,327.94-	432	580.00	1,913.54	1,333.54-	330
710529 Dues	850.00	960.00	110.00-	113	640.00	50.00	590.00-	8
710535 Credit Card Fees	800.00	1,017.73	217.73-	127	700.00	544.86	544.86-	161
710546 Advertising	1,070.00	3,129.94	2,059.94-	293	31,540.05	1,126.39	426.39-	
710585 Undesignated Budget	3,155.00-		3,155.00-				31,540.05	
710590 Bad Debt Expense						390.00	390.00-	
710703 Biologicals	4,146.68	392.00	3,754.68	9	4,300.68	224.22	4,076.46	5
710721 Outpatient	3,000.00	543.76	2,456.24	18	3,000.00	523.04	2,476.96	17
710872 Food Purchases		491.88	491.88-					
711010 Utilities		180.00	180.00-			1,071.00	1,071.00-	
711100 ESD Asset Management		1,800.00	1,800.00-					
711113 Equip Srv Replace		511.36	511.36-					
711114 Equip Srv O & M		466.42	466.42-			504.75	504.75-	31
711115 Equip Srv Motor Pool	200.00	227.50	27.50-	114	200.00	62.50	137.50	
711117 ESD Fuel Charge		78.58	78.58-		1,200.00		1,200.00	
711119 Prop & Liab Billings		78.58	78.58-					
711210 Travel	6,840.00	5,130.00	1,710.00	75	6,246.00	4,684.50	1,561.50	75
711504 Equipment nonCapital	68,924.24	11,359.76	57,564.48	16	54,281.00	4,368.22	49,912.78	8
* Services and Supplies	28,084.37	23,592.71	4,491.66	84	61,364.14	117,868.94	56,504.80-	192
711304 Equipment Capital	400,581.73	172,415.65	228,166.08	43	1,743,923.96	259,893.53	1,484,030.43	15
* Initial Outlay	118,476.00	118,476.00	118,476.00		279,716.50	87,704.12	192,012.38	31
*** Total	2,407,298.87	1,296,783.04	1,110,515.83	54	4,167,973.73	1,647,894.58	2,520,079.15	40
*** Total	658,024.81	356,843.21	301,181.60	54	507,307.07	165,173.43	342,133.64	33

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# OVERVIEW OF WASHOE COUNTY GENERAL FUND BUDGET DEFICIT PLANNING FOR FISCAL YEAR 2011 / 12



Negotiated with all Employee Groups (Board has established savings targets for each group based on percent of total personnel costs)



# Washoe County Health District



**Public Health**  
Prevent. Promote. Protect

April 18, 2011

TO: District Board of Health Members  
FROM: Mary-Ann Brown, RN, MSN  
SUBJECT: Legislative Bill Tracking for 2011 Session

## Recommendation

Staff recommends the Board accept the April update to the Legislative Bill Tracking for the 2011 Session.

## Background

Attached is the update to the current report of Bills the Health District Staff have reviewed, are tracking or monitoring; and for which Staff has provided testimony. Staff continues to review these various Bills for the 2011 Legislative Session.

Respectfully,

Interim District Health Officer

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
AB-2	Assemblywoman Kirkpatrick	Introduced in the Assembly. Referred to the Committee on Transportation  Read first time to Committee 02/07/11  Transportation Committee Hearings on 2/24, 3/3, amend and do pass as amended.  Passed Assembly 04/08/11	Provides for the exemption of older motor vehicles that have applied for antique vehicle, street rod, classic rod or classic vehicle license plates from emissions testing requirements if the owner of the motor vehicle certifies that the motor vehicle has not been driven more than 2,500 miles the previous year. Imposes a one time \$6 fee payable to the Department of Motor Vehicles.  Amendment: Increase annual mileage to 5,000.	<p>1) The bill allows for the elimination of the initial emissions control testing requirement for vehicles issued special license plates including antique vehicles, street rods, classic rods and classic vehicles. Rather than passing an initial "smog check" when the vehicle is registered for the special plates, the vehicle owner is merely required to pay a fee equivalent to the \$6 emissions control compliance certificate fee, and certify that the vehicle is driven less than 2,500 miles per year to be exempted from the emissions control testing requirements.</p> <p>2) Washoe County Health District is delegated implementation of the Federal Clean Air Act by U.S. EPA. This is conditioned upon adherence to State Implementation Plans and associated regulations which were submitted to U.S. EPA and approved by them. The emissions testing requirements are included in the State Implementation Plans (SIP) for PM10, Ozone and Carbon Monoxide (CO) and are accounted for in the emissions budgeting as the basis for the SIP's approach to meet federal National Ambient Air Quality Standards (NAAQS) for CO. If this regulation is enacted, Washoe County District Health would need to determine that the change in emissions that would result from the change to this regulation is not significant. If it is a significant change, a SIP amendment will need to be prepared by Washoe County Health District AQMD and submitted to EPA to seek their approval. In addition, the CO emissions budget which is the basis for EPA's determination of whether to approve the CO SIP will need to be reviewed for any significant</p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: Tracking</li> <li>• Testify: Testimony provided 2/24.</li> <li>• Position: Neutral with Concerns</li> <li>• Ordinance: No</li> <li>• Policy: If it is determined that the legislation results in significant increases in vehicle emissions <b>this would require SIP amendments to be prepared for EPA, revision of the CO emissions budget.</b></li> <li>• Fiscal Impact: If emissions impacts are determined to be significant, <b>cost of preparing SIP amendments, (Kevin Dick)</b></li> </ul>

*(Bills that are no longer active are located at the end of the document and identified in italics).*

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				impacts from this change to the statute.	
19--288 AB 59	Attorney General	Referred to Committee on Gov't Affairs Amend, do pass (03-25-11)	Makes various changes to the Open Meeting Law.	<p><b>Background:</b> If the Attorney General finds that a public body has taken an action which violates the Open Meeting Law, this bill requires the public body to include an item on the next agenda posted for a meeting of the public body acknowledging the finding of the Attorney General regarding such a violation. Existing law makes each member of a public body who attends a meeting where action is taken in violation of the Open Meeting Law with knowledge of the fact that the meeting is in violation guilty of a misdemeanor. This bill further makes each such member who attends such a meeting subject to a civil penalty in an amount not to exceed \$500 regardless of knowledge of the violation.</p> <p><b>Analysis:</b> Various meetings conducted by the Health District that fall under the Open Meeting Law. Potential impacts if any violations to the Open Meeting Law occur.</p> <p><b>Fiscal Impact: None</b> <b>Amendment:</b></p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: Monitor</li> <li>• Testify: No</li> <li>• Position: No</li> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: None (S. Akurosawa)</li> </ul>
AB 73	Government Affairs	Assembly	Revises provisions governing beneficial use of water	<p>Proposed changes will affect the State Engineers Office and the local Public Water Systems. These will have no effect on the Health District</p> <p><b>Fiscal Impact: None</b> <b>Amendment:</b></p>	<ul style="list-style-type: none"> <li>Priority: Low</li> <li>Action: Monitor</li> <li>Testify: Maybe</li> <li>Ordinance: No</li> <li>Policy: No</li> <li>Fiscal Impact: No (Bob Sack)</li> </ul>
AB 92		Read first time. To committee on Judiciary	This bill would require the Washoe County Health District's Vital Records Office to waive the fee for issuance of a birth	<p>Although passage of this legislation would have a negative impact on fee revenues, it is not possible to estimate how large this impact would be. Anecdotally, the number of homeless individuals taking advantage of the existing</p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: Monitor</li> <li>• Testify: No</li> <li>• Position: Neutral</li> <li>• Ordinance: No</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>certificate for persons released from prison within the immediately preceding 6 months. Existing law already requires such a waiver for a homeless person who submits a signed affidavit stating they are homeless. Under the provisions of this bill a person released from prison would need to submit documentation from the Department of Corrections verifying that the person was released from prison within the immediately preceding 6 months.</p>	<p>waiver has not been large in Washoe County. Any fiscal impact would be significantly greater if the language of the bill is interpreted to also apply to persons released from jails.</p> <p>With respect to released prisoners, the primary problem they encounter in obtaining a birth certificate is lack of acceptable identification. This bill will not and should not solve that problem because strict enforcement of identification requirements is an important deterrent to identify theft.</p> <p>Current and proposed language is ambiguous with regard to whether the fee waiver applies only to the individual or any family member certificates they may wish to obtain.</p>	<ul style="list-style-type: none"> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Uncertain</b></li> <li>• (R Todd)</li> </ul>
<p><i>Enacts the Uniform Emergency Volunteer Health Practitioners Act.</i></p> <p>Allows out-of-state healthcare providers to volunteer their services in Nevada under certain conditions and circumstances</p>	<p>This bill relates to how volunteer healthcare providers from other states may practice legally in Nevada during an emergency. It requires such volunteers to be registered in a system that includes information about the licensure and standing of the healthcare provider. The bill specifically identifies the Emergency System for Advance Registration of Volunteer Healthcare Practitioners (ESARVHP) as one such system that would be acceptable. The Nevada State Health Division under a Public Health Preparedness grant requirement has already established an ESARVHP into which Washoe County Medical Reserve Corps volunteers are registered. MRC volunteers from other states who are registered in ESARVHP would be allowed under the provisions of this bill to provide services in Nevada that are within their scope of practice.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Track</b></li> <li>• Testify: <b>Yes</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>Yes</b></li> <li>• Fiscal Impact: <b>Uncertain</b></li> <li>• (R Todd)</li> </ul>

AB 98

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				<p>Section 28 of the bill offers protection from civil liability for volunteer healthcare providers and in subsection 2 appears to protect the County as well by prohibiting vicarious liability for acts or omissions of volunteers who are not otherwise liable. This section does appear to leave open the possibility that a host entity could still file a claim against a volunteer. (Section 28 Subsection 3(d)) It may be appropriate to ask for a legal interpretation of this section to determine if there are any potential amendments that would better protect Washoe County interests while still promoting volunteerism.</p> <p>Section 29 of the bill defines these volunteers as employees for the purpose of receiving benefits for death or injury pursuant to NRS 616A to 616D and 617.</p> <p>As submitted this bill does not appear to offer any liability protection to the County for deployment of volunteers during exercises or other situations during which there is not an emergency declaration.</p> <p>Amendments offered by the Nevada State Medical Association add definition per NRS for healthcare workers and extend application to training and exercises as well as pre-declaration deployments. If approved, these amendments along with the existing prohibition on vicarious liability would seem to add liability protection to the County for deployment of volunteers during exercises and other situations during which there is not an emergency declaration.</p>	
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

AB 114	Government Affairs	Assembly	Revises provisions governing water rights for irrigation purposes	No effect on us	Priority: Low Action: No (Bob Sack)
AB 115	Government Affairs	Assembly	Revises provisions governing beneficial use of water	No effect on us	Priority: Low Action: No (Bob Sack)
AB123	Health and Human Services	Assembly	Requires State Health Division to inspect health care facilities 4X/year	No effect on us	Priority: Low Action: No (Bob Sack)
AB128 Exempt	Assemblyman (Dr.) Aizley	Assembly Judiciary Amend, do pass (4-15-11)	Prohibits smoking on buildings and grounds of the facilities of the Nevada System of Higher Education (BDR 15-911)	Analysis. This bill seeks to include the Nevada System of Higher Education (NSHE) in the list of locations where smoking is universally prohibited, including in outdoor spaces of all properties leased, owned, or occupied for the System's purposes. Currently, smoking is prohibited only indoors per the Nevada Clean Indoor Air Act. In addition, UNR has banned smoking within 25' of all doors and entrances and has relegated smoking at outdoor sporting events to designated smoking areas.  This bill furthers the Health District's goals of creating additional smokefree public spaces, particularly those frequented by youth and young adults in order to protect them from the health hazards of secondhand smoke.	<ul style="list-style-type: none"> <li>Priority: High</li> <li>Action: Attention</li> <li>Testify: Yes (2-25-11); written</li> <li>Position: Support</li> <li>Ordinance: No</li> <li>Policy: No</li> <li>Fiscal Impact: No</li> </ul> (J. Hadayia)
AB 129	Health and Human Services	Assembly	Requires certain training of employees in health care facilities	No effect on us	Priority: Low Action: No (Bob Sack)
AB137	Assembly Committee on Education	Assembly Education and Ways and Means Amend, do pass (4-8-11)	Revises provisions governing programs of nutrition in public schools. (BDR 34-191)	Analysis. This bill would require breakfast in the classroom for all students in those schools that have been designated as low-performing for 3 consecutive years. In addition, the Nevada Department of Education would be required to prepare a report on school breakfast participation.  According to the Washoe County School District	<ul style="list-style-type: none"> <li>Priority: Moderate</li> <li>Action: Track</li> <li>Testify: No</li> <li>Position: Support</li> <li>Ordinance: No</li> <li>Policy: No</li> <li>Fiscal Impact: No</li> </ul> (J. Hadayia, K. Seals)

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

			<p>(WSCD) Director of Nutrition Services, 62% of Washoe County schools currently offer breakfast in their food program (including 100% of at-risk schools), and 13 schools are implementing breakfast in the classroom. The WCSD has placed a \$104,000/year Fiscal Note on this bill.</p> <p>There is some indication to support that school breakfast programs and breakfast in the classroom contribute to preventing childhood obesity. At a minimum, if pupils eat breakfast provided by school nutrition services, which by definition meet federal nutrition standards, then there is improved nutrition.</p>	
<p><b>AB170</b></p>	<p>Assemblywoman Pierce</p>	<p>Assembly Health and Human Services</p> <p>Amend, do pass (4-13-11)</p>	<p>Establishes provisions relating to warnings about the health hazards of smoking during pregnancy. (BDR 40-884)</p>	<p><u>Background.</u> This bill was also introduced in the 2009 Session. The DHD was in support but did not provide testimony.</p> <p><u>Analysis.</u> This bill requires each retail establishment in which cigarettes are sold or offered for sale to post at the point-of-sale at least one sign (in English and Spanish) regarding the dangers of smoking tobacco during pregnancy. An owner who fails to post the sign is subject to a civil fine. The bill further outlines what must be printed on the sign and its required dimensions.</p> <p>The bill also allows (but does not require) the Health Division to promulgate regulations that could include alternate language for signage. It also empowers the Health Division to solicit donations of for signs and to distribute signs received or developed via donations. The bill does not appear to require the Health Division to produce signage for all impacted establishments.</p>
				<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: Monitor</li> <li>• Testify: No</li> <li>• Position: Support</li> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: No (J. Hadayja)</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>AB 218 Exempt 2/3 majority required</p>	<p>Assemblyman Segerblom</p>	<p>Assembly Taxation</p>	<p>Revises provisions governing the application of sales and use taxes to bottled water. (BDR 32-542)</p>	<p><u>Fiscal impact.</u> There could be fiscal impact to the DHD as calculated in signage costs and staff time for enforcement if oversight is delegated to local jurisdictions by the Health Division via regulation. <u>Analysis.</u> This bill would exempt bottled water from the state and local sales and use tax; and offers a "bottled water" definition. The bill sponsor has requested "sugar-sweetened beverages" be added via amendment to the legislation, making this bill relevant to DHD goals. Staff is working with community partners to provide research on sugar-sweetened beverage taxes and model legislation. <u>Background.</u> The American Heart Association (AHA) has recommended increasing the price of sugar-sweetened beverages (i.e., those that contain added sugars and caloric sweeteners) as a policy solution for overweight/obesity, citing data that shows: (1) sugar-sweetened beverages are the largest single source of added sugars in the US diet, (2) sugar-sweetened beverage consumption is increasing in all ages, and, as consumption increases, there is a concurrent rise in "empty calorie energy intake," and (3) soda consumption is associated with lower intakes of milk, calcium, and other nutrients as well as an increased risk of diabetes and other chronic health conditions.  They do acknowledge that there is limited research on the consumption impact of such a tax; however, there is strong public health evidence on the impact of tobacco and alcohol taxes on consumption of these products. There also appears to be a 1:1 impact of price to consumption in regards to sugar-sweetened beverages (a 10% increase in price results in a</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes</b></li> <li>• Position: <b>Support</b></li> <li>• Amendment Only</li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No for DHD; Yes to County (+)</b> (J. Hadayia)</li> </ul>
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>10% decrease in demand, etc.). To date, 19 states have imposed taxes on soda in excess of the overall sales tax rate.</p> <p>Exempting sugar-sweetened beverages from state and local sales and use taxes would increase the price of these items by the amount of the total tax in each county. In Washoe County, the price of these beverages would increase 7.725%. Per the research, this should reduce consumption commensurately. An evaluation of consumption impact should be conducted if this bill passes.</p>		<p>Requires schools to provide access to their athletic fields to nonprofit youth sport programs</p>	<p>Assembly Education No action (4-8-11)</p>	<p>Assemblyman Hambrick (primary)</p>	<p>AB227</p>
<p><u>Background.</u> This bill aims to create "joint-use" agreements in which schools grant the use of facilities (including athletic fields) to non-profit organizations (including youth sports associations) for the purpose of physical activity. CDC and other national organizations consider this good practice for increasing physical activity opportunities for children.</p> <p>This version of the bill requires school districts to grant the use of athletic fields (except for high schools) to non-profit organizations that provide programs specifically for youth sports; and requires those organizations to comply with the insurance coverage and indemnification provisions required by the school district. If a school district has in place contracts outlining a "joint-use" agreement with such organizations, they would not be subject to the bill.</p> <p>The Washoe County School District Administrative Regulations (Sec. 1330) includes guidelines for "Community Use Of School Facilities." In general, principals may grant the use of school facilities (incl. buildings, gyms, cafeterias, and day/night fields) by non-school</p>	<p>Priority: Low Action: Monitor Testify: Yes (4-8-11); verbal &amp; written Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)</p>				

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

			<p>organizations through an application process. Organizations are subject to fees and insurance requirements.</p> <p>As currently written, AB227 would have no direct impact on Washoe County schools. However, it could create "joint use" programs in other school districts. Joint use agreements are considered a best practice in increasing children's physical activity by the CDC, the American Heart Association, and other national groups. Staff recommend supporting this bill, but at a low priority level.</p> <p>In 2009, a similar bill [AB145] was passed by Assembly Education and referred to Ways and Means (with no further action taken); the DHD was in support of the bill, and staff provided testimony.</p>	
19-107 AB 257	<p>Ellison, Goicoechea, Hickey, Livermore and Segerblom</p> <p>Referred to Committee on Government Affairs</p> <p>Amended, do pass</p>	<p>Revises periods devoted to public comment</p>	<p><b>Background:</b> This bill revises provision to the Open Meeting Law pertaining to period devoted to public comment.</p> <p><b>Analysis:</b> The District Board of Health and related agenda that are governed under the Open Meeting Law would have to be amended to allow for public comment before taking action on an agenda item that is denoted as such, and also require one additional public comment period immediately before the adjournment of the meeting.</p> <p><b>Fiscal Impact:</b> None</p> <p><b>Amendment:</b> None</p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: None</li> <li>• Testify: No</li> <li>• Position: None</li> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: None</li> </ul> <p>(S. Akurosawa</p>
AB 295	<p>Bobzien, Anderson, Bustamante, Adams, Hogan, Kirkpatric, Mastroluca, Smith</p> <p>Referred to Committee on Health and Human Services</p>	<p>Revises provisions governing the disposition of the human remains of certain deceased military personnel</p>	<p><b>Background:</b> This bill allows military personnel to designate an individual who can order disposition of their remains in the event of their death. Existing law provides a prioritized list of who can do this. This bill would add the individual so designated to the top of this list.</p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: None</li> <li>• Testify: No</li> <li>• Position: None</li> <li>• Ordinance: No</li> <li>• Policy: No</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p><b>AB 298</b></p>	<p>Assemblyman Atkinson</p>	<p>Introduced 03/17/11 Referred to Assembly Committee on Transportation  Bill not heard, Dead Bill 4/15/11</p>	<p>Revises the circumstances under which a person may operate an off-highway vehicle on a highway</p>	<p><u>Analysis:</u> This bill would appear to have minimal impact on the Health District</p> <p><u>Fiscal Impact:</u> None</p> <p><u>Amendment:</u> None</p> <p>Off-highway vehicles as defined in NRS 490.060 generally includes, but is not limited to, all-terrain vehicles; all-terrain motorcycles; dune buggies; snowmobiles; and any motor vehicle used on public lands for the purpose of recreation. Many of these vehicles do not have emissions control equipment and they are not subject to the Inspection and Maintenance (I/M) program.</p> <p>This bill proposes to: 1) Allow the city or county to designate any portion of a highway other than an interstate highway, as permissible for the operation of off-highway vehicles for any purpose, and 2) remove the prohibition against operating an off-highway vehicle on a paved highway for more than 2 miles.</p> <p>The proposed bill may potentially affect Washoe County by increasing air pollutant emissions from off-highway vehicles as they travel on paved highways. The increased use of OHVs on paved roadways that could be anticipated from passage of this bill would increase emissions of Ozone precursors which could negatively impact ambient air quality and attainment of EPA's health based National Ambient Air Quality Standards (NAAQS).</p> <p>EPA will be lowering the Ozone NAAQS by July 28, 2011. Washoe County may be out of attainment with the new standard. Ozone issues</p>	<ul style="list-style-type: none"> <li>• Fiscal Impact: None (R Todd)</li> </ul> <ul style="list-style-type: none"> <li>• Priority: High</li> <li>• Action: Tracking</li> <li>• Testify: No</li> <li>• Position: Opposed</li> <li>• Ordinance: None</li> <li>• Policy: Would require Air Quality Management to monitor proposed changes to allow OHV use on paved roadways and oppose them. May limit effectiveness of air pollution control measures that may be required by EPA.</li> <li>• Fiscal Impact: Staff time. (K. Dick)</li> </ul>
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p><b>AB314</b> Exempt</p>	<p>Assemblyman Bobzien, Senator Leslie</p>	<p>Assembly Education Without recommendation, and referer (4-14; 11)</p>	<p>Revises provisions governing a course of instruction on sexual education. (BDR 34-143)</p>	<p>Analysis. This bill standardizes school-based sexuality education curricula statewide. In addition, it changes the parental consent model for the program to an "opt out" option (rather than the current "opt in"), expands the definition of instructors to include "other qualified instructors" (in addition to the previously identified teacher and school nurse), requires dating violence be included as a course topic, and puts forth a definition of a "medically accurate" curriculum. The bill also amends the membership of the Board of Trustee's sexuality education advisory committee, but does not include a public health representative (see amendment proposed below). All of the proposed changes would make the current sexuality education course more comprehensive and reach more youth.</p> <p>The Health District supports comprehensive abstinence-based education for all Washoe County youth. The clarification of a "medically accurate" curriculum helps ensure that current and scientifically based information is presented. The "opt out" option and expanded definition of qualified instructors may help to increase access to sexuality education by students. It may also</p>	<p>can be regional and extend beyond the boundaries of the Truckee Meadows. If the bill is adopted it could complicate the establishment and maintenance of control measures for Ozone precursors that would be required by U.S. EPA. AQMD might be required to monitor off-road vehicle use proposals of cities and counties in the Region potentially impacting ambient air ozone levels and convince each jurisdiction not to allow increases in usage of these vehicles that could impact air quality.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (4-8-11); verbal &amp; written</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (S. Hardie)</li> </ul>
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

			<p>allow for greater involvement by Health District staff in providing education to Washoe County youth, a priority population for the Sexual Health program.</p> <p><u>Proposed Amendment.</u> To strengthen the partnership between the Health District and the School District in regards to this bill, staff propose an amendment to add a public health representative to the bill's list of potential advisory committee members as follows:</p> <p><b>2. (c) (1) <i>Medicine nursing; or a public health representative.</i></b></p> <p>The public health representative would provide expertise related to STD investigations, epidemiological data, and observed trends in STD risk factors.</p> <p><u>Background.</u> The State AIDS Task Force Ad Hoc Policy Committee voted on November 3, 2010 to formally support this bill as a legislative priority for the Session. Staff serve as the Chair of this committee.</p>
<p><b>AB 319</b></p>	<p>Diaz</p>	<p>Referred to Committee on Health and Human Services</p>	<p><u>Revises provisions governing the final disposition of human remains</u></p> <p><b>Priority: Low</b></p> <p><b>Action: None</b></p> <p><b>Testify: No</b></p> <p><b>Position: None</b></p> <p><b>Ordinance: No</b></p> <p><b>Policy: No</b></p> <p><b>Fiscal Impact: None (R Todd)</b></p>
<p><b>AB 466</b></p>	<p>Committee on Government Affairs</p>	<p>Introduced 03/28/11 Referred to Assembly</p>	<p><u>Requires the State Engineer to define, by regulation, the term "environmentally sound" for the purpose of making certain determinations relating to interbasin transfers of groundwater.</u></p> <p><b>Priority: Low</b></p> <p><b>Action: Monitor</b></p> <p><b>Testify: No</b></p> <p><b>Position: Support</b></p>

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

		Committee on Government Affairs Amend, Do Pass 04/12/11	<p>Defining "environmentally sound" would provide an opportunity to ensure that by regulation the State Engineer considers potential air quality impacts that could result from soils drying up and becoming sources of particulate pollution.</p> <p>Proposed amendment establishes schedule for developing regulations and process to report back to legislature.</p>	<ul style="list-style-type: none"> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: No (K. Dick)</li> </ul>
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
SB-12	Natural Resources	Passed Senate 3/17, in Assembly 3/18. Natural Resources, Ag and Mining Hearing 4/19/11	Repeals certain reporting requirements for the emission of greenhouse gases	This bill merely removes the state law requiring reporting of greenhouse gas emissions from the largest sources (power plants) because the EPA now has federal greenhouse gas reporting requirements for these facilities and the state law is now unnecessary.	<ul style="list-style-type: none"> <li>Priority: Low</li> <li>Action: <b>Monitoring</b></li> <li>Testify: <b>No</b></li> <li>Position: <b>Support</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>No</b></li> </ul> (Kevin Dick)
SB27	Senator Wiener	Senate final passage (4-7-11) Assembly Health and Human Services (4-20-11)	Requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health and safety of children. (BDR 38-24)	<p><u>Analysis.</u> The amended version of SB27 requires licensed childcare providers to complete at least 2 hours of continuing education "related to <i>childhood obesity, nutrition and physical activity</i>" annually as part of current continuing education requirements. The intent of this bill is to ensure that licensed childcare providers have training in childhood obesity prevention strategies in the early childcare setting. Preliminary data from Washoe County show that 11% of preschoolers are overweight and 16% are obese. Obesity prevention interventions targeting the early childcare setting is considered a national best practice. DCFS, NSHD, NSMA, SNHD, and AHA are also in support of the bill.</p>	<ul style="list-style-type: none"> <li>Priority: <b>High</b></li> <li>Action: <b>Attention</b></li> <li>Testify: <b>Yes (2-15-11); written &amp; verbal Yes (4-20-11) written</b></li> <li>Position: <b>Support, As Amended</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>No</b></li> </ul> (J. Hadayia)
SB 52		Read first time. To committee on Health and Human Services	Revises provisions relating to vital statistics	<p>This bill provides some much needed cleanup and updating to NRS 440 covering registration of births and deaths.</p> <p>As written the bill would require a change in how death certificates are issued. Specifically it requires that they be issued by default without a specific cause of death listed. The bill goes on to specify the conditions under which a certificate can be issued with the specific cause of death. This will require a procedural change in Washoe</p>	<ul style="list-style-type: none"> <li>Priority: <b>Low</b></li> <li>Action: <b>Monitor</b></li> <li>Testify: <b>No</b></li> <li>Position: <b>Neutral</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>Uncertain</b></li> </ul> (R. Todd)

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WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<p><b>SB53</b></p>	<p>Committee on Health and Human Services</p>	<p>Senate Health and Human Services Amend, do pass (4-4-11)</p>	<p>Excludes locations where programs are operated by a local government to supervise children from certain licensing requirements. (BDR 38-242)</p>	<p>County and the rest of the state.  Currently the computer system used statewide will not allow us to print a death certificate without a specific cause of death. This will need to be modified if the bill passes as written. The Nevada State Health Division will need to make this modification.  <u>Analysis.</u> This bill seeks to amend the definition of a "child care facility" in NRS 432A.024 to exclude non-full-day childcare facilities (a.k.a., after-school programs, camps, etc.) that are also "operated by a local government."  Staff have conducted additional research on this impact of this bill since the prior report, and, contrarily to prior analysis, there are currently no government-run after-school programs (ASP) licensed in Washoe County to which these changes would apply. Currently, Washoe County does not license any ASPs; should this bill pass, licensing of government-run ASPs would be prohibited by statute.  There is some concern in the community that, should this bill fail, state regulatory bodies will require local entities to begin licensing these types of programs. This could have a policy and fiscal impact on the DHD. However, this outcome is uncertain at this time and is not directly related to the legislation.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Moderate</b></li> <li>• Action: <b>Track</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b></li> </ul> <p>(J. Hatayia, R. Gonzales)</p>
<p><b>SB79</b></p>	<p>Senate Committee on Revenue</p>	<p>Senate Revenue Committee Amend, do pass (4-7-11)</p>	<p>Makes various changes relating to the Tobacco Master Settlement Agreement. (BDR 32-291)</p>	<p><u>Analysis.</u> This bill clarifies a process and structure for the collection of non-Master tobacco Settlement Agreement (MSA) tobacco manufacturers' and wholesalers' contribution to the Nevada settlement fund. It also allows the Attorney General's office to apply for FDA enforcement grants.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b></li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p><b>SB-81</b></p>	<p>Government Affairs</p>	<p>Introduced in Senate Referred to Committee on Government Affairs Meeting 3/9 recommended No Action</p>	<p>Makes various changes relating to state financial administration. Requires professional and occupational licensing agencies to deny the issuance or renewal of licenses possessed by certain persons who owe debts to the State</p>	<p>This bill could affect the Neutral Inspectors Registration for the Air Quality Management Division's Woodstove Program and the Environmental Health Services Division's Certified Food Managers Program. There are approximately 35 Registered Neutral Inspectors, and approximately 2900 Certified Food Managers. If passed, the Divisions would be required to review the State's database of persons that owed a debt to a state agency. The Health District would not be allowed to issue the Neutral Inspector Registration or the Food Manager Certification until such time as the persons name was removed from the State list. The amount of additional work for the Divisions might be minimal or more substantial depending on the quality and timeliness of the State's list development efforts.</p>	<p>(J. Hadayia, E. Dixon)</p> <ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: <b>Monitoring</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Anticipated to be small, additional review of the State list by staff prior to granting certification/registration.</b></li> </ul> <p>(Kevin Dick, Bob Sack)</p>
<p><b>SB 81</b></p>	<p>Government Affairs</p>	<p>Senate</p>	<p>Requires agencies who issue licenses or certifications to check a State database to check if an individual owes the State money. If they owe money then the license or certification can not be issued</p>	<p>Will require us to review the database to determine if individual owes money. If the database is easy to use and access it will not add much effort to the process. No fiscal impact</p>	<p>Priority: <b>Low</b> Action: <b>Monitor</b> Testify: <b>No</b> Position: <b>Neutral</b> Ordinance: <b>No</b> Policy: <b>Yes</b> Fiscal Impact: <b>No (Bob Sack)</b></p>
<p><b>SB 119</b></p>	<p>Natural Resources</p>	<p>Senate</p>	<p>Revises Agency for Nuclear Projects</p>	<p>No effect on us</p>	<p>Priority: <b>Low</b> Action: <b>No (Bob Sack)</b></p>
<p><b>SB120</b></p>	<p>Natural Resources</p>	<p>Senate</p>	<p>Revises scope of review for the legislative Committee On High Level Nuclear Waste to include hazardous waste disposal sites</p>	<p>No effect but NDEP is looking into the circumstances to see if there are hidden effects</p>	<p>Priority: <b>Low</b> Action: <b>No (Bob Sack)</b></p>

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WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<b>SB 121</b>	Natural Resources	Senate	Revises definition of radioactive waste	No effect on us	Priority: Low Action: <b>No</b> (Bob Sack)
40-642 <b>SB 138</b>	Senator Lee	Referred to Committee on Health & Human Services Amend, do pass (04-11-11)	Makes various changes concerning emergency medical services.	<b>Background:</b> This bill authorizes the holder of a permit for the operation of an ambulance or a vehicle of a fire-fighting agency to use a person other than a licensed attendant or firefighter to provide certain emergency care and assistance in a county whose population is less than 15,000. <b>Analysis:</b> Pertains only to counties whose population is less than 15,000. Does not affect Washoe County Health District. <b>Fiscal Impact:</b> None <b>Amendment:</b>	<ul style="list-style-type: none"> <li>Priority: <b>Low</b></li> <li>Action: <b>None</b></li> <li>Testify: <b>No</b></li> <li>Position: <b>None</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>None</b> (S. Akurosawa)</li> </ul>
<b>SB-158</b> <b>(BDR 40-310)</b>	Senator Gustavson	Introduced in Senate Referred to Committee on Natural Resources Hearing Scheduled 04/06/11 Amend and do pass as amended 4/15/11	Reduces the frequency of smog checks for new motor vehicles and vehicles that have not previously failed a test.	Extend the requirement for an initial emissions control test for new vehicles by one year, and limits emissions control test frequency to every two years for vehicles which pass the emissions control test.  Will result in increased emissions from these vehicles.  Will decrease the revenue received by AQM from the DMV Pollution Control Account (\$1 per emissions testing certificate in Washoe County) and excess reserve grant funding. Revenue loss projected at \$360,000 FY 12, and \$367,000 FY13.  Will require CO SIP, and Ozone Maintenance Plan amendments to U.S. EPA, revisions of emissions budget/emissions inventories. May require additional control measures (might include stationary sources and consumer	<ul style="list-style-type: none"> <li>Priority: <b>High</b></li> <li>Action: <b>Tracking</b></li> <li>Testify: <b>Yes, 04/06/11</b></li> <li>Position: <b>Oppose</b></li> <li>Fiscal Impact: <b>Revenue loss of \$360,000 in FY11, \$367,000 in FY12, Amendment removes revenue impact. Additional costs of plan amendment preparation, and potential for costs of additional control measures by Washoe County residents.</b></li> <li>Additional Action: Testimony and additional information provided to Senator Lee who voted in favor but reserved the</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				<p>products) to offset vehicle emission increases.</p> <p>Makes non-attainment with July 2011 revised Ozone NAAQS more probable.</p> <p>Revenue reductions will impact AQM's ability to conduct monitoring and planning activities required for implementation of the Clean Air Act.</p> <p><b>Proposed Amendment No. 423</b> will remove the fiscal impact of revenue reduction to AQMD, however the staff time cost associated with revisions that will be required for EPA approval of State Implementation and Maintenance Plans remains.</p>	<p>right to reverse his vote due to missing Air Quality testimony 04/06/11. (Kevin Dick)</p>
<b>SB177</b>	<p>Senators Gustavson, Halseth, and Ellison (primaries)</p>	<p>Senate Transportation Amend, do pass (4-13-11)</p>	<p>Revises provisions governing the wearing of protective headgear when operating motorcycles. (BDR 43-571)</p>	<p><u>Analysis.</u> This bill proposes to exempt the following motorcycle riders from the requirement to wear protective headgear: riders who are over 21 years old; have been licensed to operate a motorcycle for at least 1 year; and have completed a motorcycle safety class. It would also exempt passengers over 21 years of age from wearing protective headgear.</p> <p>There is no known research to support exempting certain categories of motorcycle riders from the wearing of safety equipment. Creating such exemptions will expose certain riders to injuries that could result from motorcycle crashes. Motor vehicle and motorcycle crashes remain among the top 5 leading causes of minor and major trauma in Washoe County.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b></li> </ul> <p>(J. Hadayia)</p>
<b>SB 210</b>	<p>Senator Wiener</p>		<p>Requires food manufacturers to comply with federal standards for food safety as adopted by</p>	<p>No negative impact. It will provide more tools to use in working with manufacturing facilities.</p>	<p>Priority: <b>Low</b> Action: <b>Monitor</b> Testify: <b>if needed</b></p>

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<p><b>SB225</b></p>	<p>Senator Cegavske</p>	<p>Senate passage (3-17-11) Assembly Health and Human Services</p>	<p>state or local health jurisdictions. Also requires manufacturers to test food when required by health authority at the facilities cost Establishes provisions relating to the designation of certain hospitals as primary stroke centers. (BDR 40-938)</p>	<p>Analysis. This bill would require the State Health Division to compile and promote a list of hospitals that are designated as primary stroke centers; it also authorizes the State Board of Health to adopt regulations relating to primary stroke center designations. The bill would not prohibit any hospital from providing stroke care.  The intent of the bill is to promote public awareness of the value of primary stroke centers and stroke center certification as part of an ongoing process of building a stroke system of care in Nevada that adheres to national guidelines. This is a high priority bill for community partners.</p>	<p>Position: <b>Support</b> Ordinance: <b>uncertain</b> Policy: <b>Uncertain</b> Fiscal impact: <b>None</b> (Bob Sack)</p> <ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>Sign-In Only (3-10-11)</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (J. Hadayia)</li> </ul>
<p><b>SB230</b></p>	<p>Senators Denis, Wiener, Breedon, Bobzien (primaries)</p>	<p>Senate Education Amend, do pass (4-13-11)</p>	<p>Prohibits the sale or provision of foods containing trans fats at public schools within this State. (BDR 34-666)</p>	<p>Analysis. This bill would comprehensively ban industrially produced trans fats from all public and charter schools; trans fats may also not be used in the production of food and beverage intended for student consumption. The ban would apply to school nutrition services, vending, fundraising, and school stores; and to all activities conducted on school grounds, including before and after school activities, even if the activity is not sponsored by the school. It would not apply to foods and beverages in federal food programs.  A Quick Poll conducted by LCB in 2010 showed that both Washoe and Clark County School District nutrition services do not purchase products containing trans fats; however, neither has an official policy. They stated they would</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (3-23-11); written &amp; verbal</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (J. Hadayia)</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

				<p>"support a policy banning trans fats from school meals."</p> <p><u>Background.</u> The scientific research has shown a definitive link between artificial trans fat intake and increased high cholesterol and increased coronary heart disease. One study showed that a 2% increase in trans fat intake increases a woman's risk of heart disease by 23%. National organizations have called for a ban of artificial trans fats in restaurants and schools, including the American Heart Association and the American Medical Association. 29 states have considered legislation to limit or ban artificial trans fats in restaurants and schools.</p>	
<p><b>SB247</b></p>	<p>Senator Wiener</p>	<p>Senate Education</p> <p>No action (4-13-11)</p>	<p>Establishes the Program for School-Based Health Centers. (BDR 34-112)</p>	<p><u>Analysis.</u> This bill would establish the Office of School-Based Health Centers at the State Health Division and charge that office with the development of statewide standards for School-Based Health Centers, seek grants and other funds to establish Centers, and provide technical assistance. The bill further outlines the parameters of School-Based Health Centers, including liability, staffing, use of school facilities, and services to be provided.</p> <p>While a medical home is the ideal, it is acknowledged that many individuals in Washoe County do not have access to a medical home. Children could have access through school based health centers. In particular, school-based health centers could provide easy access to immunizations as they become required, such as Tdap, meningococcal, and HPV vaccines. Some children may also need to "catch up" on certain immunizations, such as Varicella and Hepatitis A and B, in order to be fully protected. In a Washoe County School District 10<sup>th</sup> grade</p>	<ul style="list-style-type: none"> <li>• Priority: High</li> <li>• Action: Attention</li> <li>• Testify: Sign-In Only</li> <li>• Position: Support</li> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: No</li> </ul> <p>(S. Kutz, S. Hardie, J. Hadayia)</p>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				immunization assessment, 32% of students had two doses of Varicella vaccine; 51% had a dose of meningococcal vaccine; and only 11% had completed the HPV vaccine series. Low coverage rates for these immunizations leaves these students at risk for disease. School based health centers would give these students an opportunity to receive these recommended vaccinations, better protecting them from various diseases.	
<b>SB335</b>	Senator Parks, Assemblywoman Pierce (primaries)	Health and Human Services Amend, do pass (4-11-11)	Revises provisions governing drug paraphernalia. (BDR 40-795)	<p><u>Analysis.</u> The intent of this bill is allow individuals to purchase or possess sterile syringes in order to prevent the spread of HIV, hepatitis C, and other blood borne diseases associated with sharing injection drug-using equipment. The mechanism for achieving this goal is to "de-regulate" needles and syringes by removing them from the Nevada drug paraphernalia statute. This makes it legal for individuals to possess sterile syringes as well as for community-based organizations to provide safe injecting supplies. This is the recommended approach to syringe access and is currently in place in 11 states. In addition, the ban on the use of federal funds for syringe access was lifted in 2009. Affirmative legislation would make it possible for community-based organizations to begin clean syringe distribution in their communities using existing funding.</p> <p>The national <b>Harm Reduction Coalition</b> has been providing subject matter expertise and technical assistance on this bill. A community coalition (called the <b>Public Health Alliance for Syringe Access</b>) has also been formed to garner community support.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (4-5-11); written &amp; verbal</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (J. Hadayria)</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				<p><u>Background.</u> This bill was "by request" of the State AIDS Task Force (SATF). Staff serve as Chair of their Ad Hoc Policy Committee.</p>	
<b>SB421 Exempt</b>	Division of Budget and Planning/DHHS	Senate Finance	Revises provisions relating to certain funds. (BDR 40-1170)	<p><u>Analysis.</u> This bill would permanently eliminate the tobacco prevention and control allocation of the Master Tobacco Settlement Agreement administered via the Fund for a Healthy Nevada.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Yes (- to Health District)</b></li> </ul> <p>(J. Hadayia)</p>
<b>BDR or Bill #</b>	<b>Primary Sponsor</b>	<b>Status</b>	<b>Summary</b>	<b>Background/Analysis/Fiscal Impact</b>	<b>Recommendation &amp; Staff Assignment</b>
<b>BDR 753</b>	Assemblyman Woodbury	Filed 12/14/2010 No Bill	Revises provisions governing smog checks of motor vehicles. Nevada Clean Indoor Air Act (NCIAA)	No further information	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Tracking</b></li> </ul> <p>(Kevin Dick)</p>
<b>TBD</b>	<b>TBD</b>	<b>TBD</b>		<p><u>Background.</u> Community efforts will begin soon to prepare for and oppose any legislation that may be introduced to weaken the NCIAA as occurred in the 2009 Session (<b>SB372</b>). Details will be forthcoming.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes</b></li> <li>• Position: <b>Uncertain</b></li> <li>• Ordinance: <b>Uncertain</b></li> <li>• Policy: <b>Uncertain</b></li> <li>• Fiscal Impact: <b>Uncertain</b></li> </ul> <p>(J. Hadayia)</p>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
AB 35	Committee On Natural Resources, And Agriculture, And Mining	Assembly Failed 4 / 15 – No further action allowed	Revises provisions governing custom application of pesticides	This bill makes various changes regarding businesses and farms which apply pesticides. Does not affect our operations	<ul style="list-style-type: none"> <li>Priority: <b>Low</b></li> <li>Action: <b>None</b></li> <li>Testify: <b>No</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>No</b></li> </ul> <p><b>(Bob Sack)</b></p>
40--447 AB 51	Health Division- Health and Human Services	Failed April 15 <sup>th</sup> Deadline – No further action allowed	Revises provisions to provide consistency with national educational standards for emergency medical service providers.	<p><b>Background:</b> Existing law provides for the training and certification of three types of emergency medical technicians based upon the level of care provided. This bill revise the terms used to refer to those three types of emergency medical technicians for consistency with the terms used in the National Emergency Medical Services Education Standards released by the National Highway Traffic Safety Administration in 2009. That publication establishes the minimum education competencies required for persons who provide emergency medical services and will replace the National Standard Curriculum of the United States Department of Transportation. The term “emergency medical technician” in existing law continues to refer to the basic level of emergency medical technician. However, this bill replaces the term “intermediate emergency medical technician” with “advanced emergency medical technician” and replaces the term “advanced emergency medical technician” with “paramedic.” In addition, the training for certification as an emergency medical technician, advanced emergency medical technician and paramedic to follow the curriculum or educational standards prepared by the United States Department of Transportation which are now set forth in the</p>	<ul style="list-style-type: none"> <li>Priority: <b>Low</b></li> <li>Action: <b>Monitor</b></li> <li>Testify: <b>No</b></li> <li>Position: <b>None</b></li> <li>Ordinance: <b>No</b></li> <li>Policy: <b>No</b></li> <li>Fiscal Impact: <b>None</b></li> </ul> <p>(S. Akurosawa)</p>

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<p>40-624 <b>AB 139</b></p>	<p>Goicoechea, Ellison, Hansen</p>	<p>Failed April 15<sup>th</sup> Deadline -- No further action allowed</p>	<p>Revises provisions relating to emergency medical services.</p>	<p>National Emergency Medical Services Education Standards. <b>Analysis:</b> Brings NRS into alignment with NHTSA's new National EMS Education Standards and provider levels. Will not affect the Washoe County Health District directly but may affect REMSA. <b>Fiscal Impact:</b> None</p> <p><b>Background:</b> This bill authorizes the holder of a permit for the operation of an ambulance or a vehicle of a fire-fighting agency to use a person other than a licensed attendant or firefighter to provide certain emergency care and assistance in a county whose population is less than 15,000 if the county health officer or any other person designated by the board of county commissioners of the county has determined that an insufficient number of attendants and firefighters are available and the health or safety of the public is in danger as a result of that insufficiency. <b>Analysis:</b> Pertains only to counties whose population is less than 15,000. Does not affect Washoe County Health District. <b>Fiscal Impact:</b> None</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>None</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>None</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>None</b> (S. Akurosawa)</li> </ul>
<p><b>AB153</b></p>	<p>Segerblom, Ohrenschaal, Diaz, Aizley</p>	<p>Failed 4/15 -- No further action allowed</p>	<p>Requires agencies not use a criminal arrest record as a reason for denying a permit</p>	<p>None. We do not review (and do not have access to) arrest records for determination as to permit issuance</p>	<p>Priority: <b>Low</b> Action: <b>None</b> Testify: <b>No</b> (Bob Sack)</p>
<p><b>AB165 Exempt</b></p>	<p>Assembly Committee on Taxation</p>	<p>Assembly Taxation Failed 4/19 -- No further action allowed</p>	<p>Revises the manner in which to determine the tax imposed on moist snuff. (BDR 32-605)</p>	<p><b>Background.</b> This bill is boilerplate legislation introduced in both 2007 and 2009 that proposed to revise the rate of taxation on smokeless tobacco products from a percent of wholesale price to a weight-based tax (specifically 58 cents per ounce based upon the net weight of the product, per BDR language.)</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b></li> </ul>

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			<p>Research shows that applying a weight-based tax on smokeless tobacco results in lighter-weight products from tobacco manufacturers. This then leads to a lower cost to the consumer and, therefore, increased sales, which equates to increased consumption of tobacco.</p> <p>The DHD was in opposition to this bill in both prior sessions and provided testimony.</p>	<p>(J. Hadayia)</p>
<p><b>AB 234</b></p>	<p>Aizley, Carrillo, Ohrenschaal, Pierce, and Segerblom</p>	<p>Commerce and Labor</p> <p>Failed – 4/15 – No further action allowed</p>	<p>Allows Health Authority to adopt a plan that controls fragrances, offending odors, and pesticide applications in public accommodations.</p>	<p>Priority: <b>High</b>                  Action: <b>Oppose</b>                  Testify: <b>Maybe</b>                  Position: <b>Oppose</b>                  Ordinance: <b>Maybe</b>                  Policy: <b>Yes</b>                  Fiscal Impact: <b>Maybe</b>                  (Bob Sack)</p>
<p><b>19--527</b> <b>AB 239</b></p>	<p>Assemblyman Bobzien                  Joint Requester: Assemblywoman Kirkpatrick</p>	<p>Failed April 15<sup>th</sup> Deadline – No further action allowed</p>	<p>Revises provisions governing the use of websites by local governments to comply with the Open Meeting Law.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>None</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>None</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>None</b>                      (S. Akurosawa)</li> </ul>
			<p><b>Background:</b> This bill requires that a public body post supporting materials on its website not later than the earliest date and time that the supporting materials are provided to the public or a requester. Additionally, the public body posts that minutes or audio/video tapes of those meetings on its website not later than the earliest date and time that the supporting materials are provided to the public or a requester.</p> <p><b>Analysis:</b> The posting of supporting materials on the Health District website is already done and thus would not cause a change in procedure. Required posting of audio tapes would require additional assistance from internal resources but the equipment currently exists within the department to comply.</p> <p><b>Fiscal Impact:</b> The only potential impact would be in increased staff time to satisfy the requirement.</p>	

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<p><b>530</b> <b>AB278</b></p>	<p>Assemblyman Segerblom</p>	<p>Failed April 15<sup>th</sup> Deadline – No further action allowed</p>	<p>Provides for consolidation of fire departments by county.</p>	<p><b>Background:</b> Authorizes the consolidation of county and city fire departments into county-wide metropolitan fire departments. <b>Analysis:</b> Would require any county whose population is 100,000 or more to only merge city and county fire departments pursuant to the provisions of this chapter. Would affect Washoe County as consolidation of fire departments in currently in discussion at the BCC level. <b>Fiscal Impact:</b> None</p>	<ul style="list-style-type: none"> <li>• Priority: Low</li> <li>• Action: None</li> <li>• Testify: No</li> <li>• Position: None</li> <li>• Ordinance: No</li> <li>• Policy: No</li> <li>• Fiscal Impact: None (S. Akurosawa)</li> </ul>
<p><b>AB 302</b></p>	<p>Assemblyman Goedhart</p>	<p>March 17, 2011 - First reading. Referred to Assembly Committee on Transportation. Hearing scheduled 04/05/11. Bill not heard,  Dead Bill 4/15/11 No further action allowed</p>	<p>This bill authorizes the off-highway vehicles to be operated on highways under certain circumstances.</p>	<p>Off-highway vehicles as defined in NRS 490.060 generally includes, but is not limited to, all-terrain vehicles; all-terrain motorcycles; dune buggies; snowmobiles; and any motor vehicle used on public lands for the purpose of recreation. These vehicles do not have emissions control equipment and are not subject to the Inspection and Maintenance (I/M) program.</p> <p>This bill proposes to eliminate the general prohibition against operating an off-highway vehicle on a paved highway (Section 1), and under certain circumstances, does not prohibit operating an off-highway vehicle on a controlled access freeway (Section 2). Highway is defined as a paved roadway. So this bill would allow Off-highway vehicles to travel on all roadways in Washoe County that are not interstate highways or controlled access highways. The Bill removes the previous limitations of OHV use on highways which included unloading from trailers, crossing roadways, and a two mile limitation on allowed travel on roadways between trails.</p> <p>The increased use of OHVs on Washoe County roadways that could be anticipated from</p>	<ul style="list-style-type: none"> <li>• Priority: High</li> <li>• Action: Tracking</li> <li>• Testify: No</li> <li>• Position: Opposed</li> <li>• Ordinance: None</li> <li>• Policy: Increased emissions from OHVs may require amendment of AQM Emission Inventories, and Maintenance Plans and SIPs for EPA.</li> <li>• Fiscal Impact: Staff time required to prepare revisions to PM10 SIP. (K. Dick)</li> </ul>

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WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<p><b>AB333</b> Exempt (2/3 majority required)</p>	<p>Assemblywoman Pierce</p>	<p>Assembly Taxation No action (4-5-11) Failed 4/15 – No further action allowed</p>	<p>Revises taxes on intoxicating liquors and tobacco products (BDR 32-881).</p>	<p>passage of this bill would increase emissions of Ozone precursors, and might increase particulate emissions which could negatively impact ambient air quality and attainment of EPA's health based National Ambient Air Quality Standards. <u>Analysis.</u> This bill would increase the excise tax on cigarettes by \$0.90 and by \$0.55 for "other tobacco products" (OTP) such as smokeless tobacco. According to research from the Campaign for Tobacco-Free Kids, this increase will produce the following public health impacts in Nevada:</p> <ul style="list-style-type: none"> <li>• A 12.6% reduction in youth smoking</li> <li>• 12,200 adult smokers who would quit</li> <li>• 8,400 fewer smoking-related deaths</li> <li>• \$401.2 million in long-term health savings from smoking declines</li> </ul> <p>The bill does <u>not</u> include earmarks for the revenue generated by the increase nor does it adjust the local government allocation.</p> <p>Staff have no position on the liquor tax increase also proposed in the bill.</p> <p><u>Background.</u> A statewide coalition (called the Health Investment Partnership) has been formed to advocate for an increase to the Nevada tobacco excise tax as was sought in the 2009 Session. Research shows that increases in the price of tobacco products lead to the most predictable improvements in tobacco rates. The DHD was in support of this bill in 2009 and provided testimony, and is a formal member of the 2011 coalition. The coalition also recommends a partial earmark of the new revenue to tobacco prevention, cessation, and research programs in Nevada as well as</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (4-5-11); written &amp; verbal</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (J. Hadayia)</li> </ul>
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				clarification of the definition of OTP.	
19-271 AB342	Assemblyman Aizley	Failed April 15 <sup>th</sup> Deadline – No further action allowed	Authorizes local governments to publish material electronically in lieu of the newspaper.	<p><b>Analysis:</b> Currently legal notices are published for public hearings and workshops on both the Health District Website and in the Reno Gazette Journal. This would enable the Health District to eliminate one step in publication and save funds.</p> <p><b>Fiscal Impact:</b> Would save several thousand dollars per year in not publishing legal notices of public workshops and hearings for fees and regulation changes. Direct mailing would still be done to affected parties as well as web publishing.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Savings – Amt. TBD</b> (S. Akurosawa)</li> </ul>
AB547	Assembly Education (on behalf of the Legislative Committee on Health Care)	Assembly Education No action (4-8; 11) Failed 4/19 – No further action	Prescribes provisions relating to school wellness policies. (BDR 34-188)	<p><b>Analysis:</b> This bill directs the Department of Education (in collaboration with the Nevada State Health Division) to mandate by regulation a School Wellness Policy for each school district and charter school. It also outlines the minimum components of such as policy, lists the individuals with whom school districts will consult when developing the policy, assigns responsibility for policy implementation at the District level, and outlines a mechanism for evaluating the policy. The outcome of the bill will be that School Wellness Policies are mandated in Nevada. As a result, multiple national recommendations regarding child nutrition and physical activity in the school-based setting will have greater assurance of implementation and evaluation.</p> <p>Staff remain in communication with the Committee Chair/Bill Sponsor on next steps related to the bill. This bill has been identified as a priority by several community coalitions and groups on which staff serve in a leadership capacity, including the Nevada Childhood Obesity Workgroup, Washoe County K-8 Wellness Committee, Washoe County Chronic</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (4-8-11); verbal</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (J. Hadayia)</li> </ul>

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BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
SB 69	Government affairs	Senate Failed – 4/19 – No further action allowed	Revises provisions governing the issuance of city business licenses	<p>This bill would disconnect the requirement that a health permit must be issued before a business license is issued. This would apply in the cities only. We believe the present process works well and does not need to change. We have discussions on a periodic basis with the cities and county on these processes. Changes are made on an as needed basis to help streamline the process.</p>	<p>Priority: <b>Low</b> Action: <b>Monitor</b> Testify: <b>Yes</b> Ordinance: <b>Uncertain</b> Policy: <b>Uncertain</b> Fiscal Impact: <b>No (Bob Sack)</b></p>
SB172	Senator Parks	Senate Health and Human Services No action (4-11; 11) Failed 4/19 – No further action allowed	Establishes the Statewide Program for Public Education and the Prevention of Sudden Infant Death Syndrome. (BDR 40-826)	<p><u>Analysis:</u> The bill creates a state education program for prevention of SIDS through the Nevada State Health Division. It will require certain providers of health care and certain medical facilities to distribute information concerning SIDS and sudden unexpected infant death to certain persons; and requires the Advisory Board on Maternal and Child Health to assist the Health Division in developing the Program.</p> <p>In the years 2005-2009, 47 infants less than 1 year old died of SIDS in Washoe County. An additional 37 infants died due to accidents in the sleep environment. Education provided at birth would increase the knowledge of safe sleep practices, additional resources would be necessary to translate the knowledge into action and overcome barriers related to psycho-social and economic factors. Public Health Nurses in the Home Visitation Program routinely screen and educate families on safe sleep; Washoe County Safe Kids (REMSA) also trains facilitators to promote safe sleep practices through Cribs for Kids.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (C. Hunter)</li> </ul>

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<p><b>40-368</b> <b>SB 173</b></p>	<p>Senator Parks</p>	<p>Failed April 15<sup>th</sup> Deadline – No further action allowed</p>	<p>Authorizes reorganization of public health function of district health departments in larger counties.</p>	<p><b>Background:</b> Currently only applies to Clark County (over 400,000 in population). Authorizes the board of county commissioners to authorize the board of health to maintain an integrated system to provide comprehensive health and social services including; adoption; alcohol &amp; drug abuse prevention; child abuse prevention; child welfare; delinquency prevention; foster care, and mental health services. <b>Analysis:</b> Does not affect Washoe County or Washoe County Health District <b>Fiscal Impact:</b> None</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (S. Akurosawa)</li> </ul>
<p><b>SB 183</b></p>	<p>Senator Schnieder</p>	<p>Failed April 15 – No further action allowed</p>	<p>Requires common interest communities to allow residents to place recycling containers in same places and timing as trash containers</p>	<p>No impact</p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Priority: <b>Low</b></li> <li>• Action: <b>None</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b> (Bob Sack)</li> </ul>
<p><b>40-1114</b></p>	<p>Natural resources</p>	<p>Failed – April 19 – No further action allowed</p>	<p>Enacts provisions requiring the payment of certain beverage containers sold in the state</p>	<p></p>	<ul style="list-style-type: none"> <li>• Priority: <b>Low</b></li> <li>• Action: <b>Neutral</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Neutral</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (Environmental)</li> </ul>
<p><b>SB 240</b></p>	<p>Senator McGinniss</p>	<p>Introduced March 16, 2011 Referred to Committee on Natural Resources Bill not heard,  Failed - Dead Bill 4/15/11</p>	<p>Makes changes to NRS defining small exploration and mining projects, exempts these projects from being sources or indirect sources of air emissions in regard to particulate matter, air contaminants from combustion of low sulfur diesel, and natural gas used for drying of earthen</p>	<p>AQMD is not certain that the proposed changes to the NRS has any impact to our authorities and our regulations since under NRS 445B.500 (c) ordinances or local regulations may be established which are stricter than those established by statute and regulation. However, the Clark County Department of Air Quality and Environmental Management believes that there is the potential for local programs to be affected by the proposed NRS changes. Therefore, AQMD is concerned about the proposed changes because they create conflict and</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Monitor</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b> (K Dick)</li> </ul>

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		<p>materials. The bill allows for automatic renewal of operating permits for these projects upon payment if Department of Conservation and Natural Resources is informed that no charges are contemplated. It also allows for alterations of any existing source to occur before plans are submitted and approval is received for such alterations, if the alterations do not allow the source to exceed its allowable limits and the permitted source processes less than 80,000 tons of earthen material consisting primarily of industrial mineral during any calendar year. If the alterations exceed allowable limits the source is required to comply with permit emissions limits within thirty days of notice.</p>	<p>inconsistency between the State Air Pollution Statutes and the Federal Clean Air Act, and conflicts between the State Statutes regulations contained in our State Implementation Plans which are federally enforceable.</p> <p>This bill provides special treatment for "small exploration projects" and "small mining operations" without any real regard for the actual or potential amount of pollution that they may add to the air. The bill could exempt from regulation sources of pollution that AQMD must have the ability to regulate to fulfill its air quality responsibilities under its EPA delegation and the approved State Implementation Plans.</p> <p>If the bill passes, the language may conflict with federally approved regulations, placing the County in the untenable position of violating either state law or federal law. The language allowing any alteration at an existing source does not limit this to a minor source. It appears that it would allow even a major source, subject to federal Title V Operating Permit program(40 CFR Part 70) requirements, to avoid going through New Source Review if "During any calendar year, the existing permitted source processes not more than 80,000 tons of earthen material consisting primarily of industrial mineral". This appears to allow an existing permitted source to violate federal law by avoiding New Source Review and also may have the effect of allowing a source at least 30 days to exceed its allowable emissions of air pollutants, before it faces any enforcement consequences.</p>	
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<p><b>SB253</b></p>	<p>Senator Hardy</p>	<p>Senate Committee on Commerce, Labor and Energy</p> <p>No action (3-21-11). Failed April 19 – No further action allowed</p>	<p>Requires certain policies of health insurance and health care plans to provide coverage for tobacco cessation treatments. (BDR 57-1052)</p>	<p><u>Analysis.</u> This bill requires all public and private health care plans and policies of insurance in Nevada to include smoking cessation services in their benefits coverage for employees in accordance with guidelines outlined by the U.S. Public Health Service. Minimum coverage would be: two courses of treatment within a one year period, including not less than four sessions of counseling (group or individual; in-person or telephone) and any FDA-approved cessation drug, not subject to prior authorization or co-payments, etc.</p> <p>Currently, Nevada Medicaid provides cessation coverage to enrollees according to these guidelines; S.B.253 is attempting to create a consistent cessation benefit in the state regardless of the coverage provider. Eight states currently have legislation mandating minimum cessation coverage levels.</p> <p>The benefits of comprehensive tobacco cessation coverage have been estimated in both health and economic terms. Tobacco use remains the leading cause of preventable death in the world and is proven to contribute to all chronic health conditions (U.S. Surgeon General). However, most smokers want to quit (recent estimates place that percentage at about 80%). Research shows that making cessation counseling available to smokers directly correlates to lives saved from decreased tobacco use. In addition, a 2010 study by the American Lung Association showed that, for every \$1 spent on cessation benefits coverage to employees, \$1.10-\$1.40 in health care expenditures and lost productivity are saved as a result of decreased tobacco use and associated chronic illnesses.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Yes (to County as employer; per WC HR, it would be minimal)</b></li> <li>• (J. Hadayia)</li> </ul>
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WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<p><b>SB 298</b></p>	<p>Senator McGinness</p>	<p>Introduced 03/21/11 Referred to Committee on Natural Resources Hearing 3/25/11 Dead Bill 4/15/11 Failed April 19 - No further action allowed</p>	<p>An act to odors; authorizing a person to submit a written complaint to the Director or the State Department of Conservation and Natural Resources (DCNR) alleging the existence of a noxious odor; authorizing the Director to conduct an investigation concerning the existence and cause of the noxious odor; authorizing the State Environmental Commission (SEC) to order the abatement of the noxious odor under certain circumstances; and providing other matters properly relating thereto.</p>	<p>State funding for tobacco cessation services in Nevada was eliminated in the 2009 Special Session, creating gaps in available tobacco treatment that S.B. 253 would help to fill. Existing law provides for regulation by the SEC and the DCNR of all direct and indirect sources of air contaminants and air pollution in this State. Section 1 of this bill authorizes any person to submit a written complaint to the Director of the Department alleging the existence of a noxious odor. The term "noxious odor" is defined in Section 1 to mean any odor which is objectionable to the senses of any ordinary person and interferes with the comfortable enjoyment of life or property in any usual place of occupancy. Section 1 requires the Director to serve a written notice of the complaint upon the person allegedly causing the noxious odor and authorizes the Director to conduct an investigation concerning the existence and cause of the noxious odor. Section 1 authorizes the written notice to include an order requiring an order requiring a person to take corrective action and provides that the order becomes final within 10 days unless a hearing is requested. AQMD believes that the Health District already has a better and more effective approach established through our existing Section 040.055 Odorous/Gaseous Contaminants. The Health District regulation does not require the odor complaint to be written and it allows for verification of odors by actual measurements, on site by staff, or by a group of people. It establishes a response threshold of two or more violations of the regulation within a one-year period to</p>	<ul style="list-style-type: none"> <li>• Priority: High</li> <li>• Action: Tracking</li> <li>• Testify: Yes, 3/25/11</li> <li>• Position: Oppose.</li> <li>• Ordinance: Yes, Existing Section 040.055 (Odorous/Gaseous Contaminants) in District Board Air Regulations would be required to be modified to conform with portions of SB298 that are more stringent than our existing regulation.</li> <li>• Policy: No</li> <li>• Fiscal Impact: Yes, to modify regulations and administer a more administratively cumbersome response to odor complaints. (Kevin Dick)</li> </ul>
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(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<p><b>SB386</b> (2/3 majority required)</p>	<p>Senate Committee on Revenue (Leslie)</p>	<p>Senate Revenue No action (4-5-11). Failed – April 19 – No further action allowed</p>	<p>Makes various changes concerning the taxation of certain tobacco products. (BDR 32-869)</p>	<p>trigger the requirement to submit and implement an odor control plan. This avoids over-reaction to one-time short duration events. In addition, the Health District regulation is not restricted to places of occupancy and affords protection from odors at public places and places of business as well.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Attention</b></li> <li>• Testify: <b>Yes (4-5-11); written &amp; verbal</b></li> <li>• Position: <b>Support</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>Yes for DHD (+)</b> (J. Hadayia)</li> </ul>
<p><i>Analysis.</i> This bill would increase the excise tax on cigarettes by \$1.20 and to 60% of the wholesale price for "other tobacco products" (OTP) such as smokeless tobacco. According to research from the Campaign for Tobacco-Free Kids, these increases will produce the following public health impacts in Nevada:</p> <ul style="list-style-type: none"> <li>• A 16.8% reduction in youth smoking</li> <li>• 16,300 adult smokers who would quit</li> <li>• 11,200 fewer smoking-related deaths</li> <li>• \$536.4 million in long-term health savings from smoking declines</li> </ul> <p>The bill also includes an earmark for a portion of the additional revenue generated by the tax to "<b>the district board of health in each county whose population is 100,000 or more for expenditure for [tobacco prevention and cessation] programs in the county</b>" It does <u>not</u> adjust the local government allocation.</p> <p>The bill also clarifies the definitions of cigarettes and OTP to meet current standards.</p> <p><u>Background.</u> A statewide coalition (called the Health Investment Partnership) has been formed to advocate for an increase to the Nevada tobacco excise tax as was sought in the 2009 Session. Research shows that increases in the price of tobacco products lead to the most predictable improvements in tobacco rates. The</p>					

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

<p><b>20-1140 SB 398</b></p>	<p>Government Affairs</p>	<p>Failed April 19<sup>th</sup> Deadline – No further action allowed</p>	<p>Authorizes certain persons to request that personal information contained in certain public records be kept confidential</p>	<p>DHD was in support of this bill in 2009 and provided testimony, and is a formal member of the 2011 coalition. The coalition also recommends a partial earmark of the new revenue to tobacco prevention, cessation, and research programs in Nevada as well as clarification of the definition of OTP.</p> <p><b>Background:</b> The Bill would have allowed employees of the Health District to request that a county assessor keep confidential personal information about such officers and employees. . <b>Proposed Amendment:</b> The intent is to move more towards administrative enforcement and less criminal enforcement; however, the results of administrative enforcement will also 'irritate' some people to seek retribution.</p>	<ul style="list-style-type: none"> <li>• Priority: <b>High</b></li> <li>• Action: <b>Supported</b></li> <li>• Testify: <b>No</b></li> <li>• Position: <b>Oppose</b></li> <li>• Ordinance: <b>No</b></li> <li>• Policy: <b>No</b></li> <li>• Fiscal Impact: <b>No</b></li> <li>• (K Dick &amp; B Sack)</li> </ul>
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# WASHOE COUNTY HEALTH DISTRICT

## EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION

April 13, 2011

### MEMORANDUM

**To:** Members, Washoe County District Board of Health

**From:** Randall L. Todd, DrPH  
Epidemiology and Public Health Preparedness (EPHP) Director

**Subject:** Report to the District Board of Health, April 2011

#### **Communicable Disease –**

##### Influenza

For the week ending April 9 (week 14) seven of eight participating sentinel healthcare providers in Washoe County saw 110 patients presenting with influenza-like-illness (ILI) out of 4,323 total patients. This yields a total ILI percentage of 2.5% which is below the regional baseline of 4.1%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (13) was 1.6%. This is below the national baseline of 2.5%.

Also during week 13, fifteen Washoe County death certificates were received listing pneumonia or influenza as a factor contributing to the death. The ratio of deaths with pneumonia or influenza to all deaths (P & I Ratio) for week 13 was 19.5%. The national P & I Ratio for week 13 was 8.0%. The epidemic threshold set by CDC for week 13 was 7.9%.

##### Meningococcal Meningitis

Staff investigated a fatal case of meningococcal meningitis and identified more than 50 contacts who received prophylactic treatment.

##### Gastroenteritis Outbreaks

Staff have investigated two outbreaks of gastroenteritis. One is a suspected Norovirus outbreak in a childcare facility. The other is confirmed Norovirus associated with a food service facility.

#### **Public Health Preparedness (PHP) Activities –**

##### Training and Education

The Public Health Preparedness program hosted an Agro-terrorism and Community Preparedness Seminar on April 5<sup>th</sup>, 9-11 a.m., as part of National Public Health Week. Dee Grimm from Emergency Management Professionals, facilitated the training, and 60 WCHD staff, Medical Reserve Corps, and community partners (e.g., WC Sheriff's Office) attended.

Thirteen WCHD staff (representing EPHP, EHS and CCHS) attended trainings to learn about best practices in addressing disease outbreaks and emergency preparedness, along with effective community outreach practices. This training was facilitated by the San Francisco Bay Area Advanced Practice Center and hosted by Carson City Health and Human Services.

Staff are completing the update of the Learning Management System, which tracks WCHD staff trainings related to public health emergency management, to adhere to new ICS/NIMs training requirements.

Dr. Todd and Steve Fisher attended the WebEOC User and Training Conference in Augusta, Georgia, from March 28 through April 1. This conference provided an excellent opportunity to learn best practices for maximizing the use of WebEOC as our crisis information management system.

### Community Outreach

The Public Health Preparedness health educator provided handwashing and preparedness outreach to 120 children (ranging from elementary school students to high school students, all of low socioeconomic status) through the community group Pathfinders.

Staff members are in the initial planning stages of putting together a community advisory group to help guide the Public Health Preparedness Program in ensuring vulnerable populations are represented in the plans put together by staff, as well as outreach strategies implemented by staff.

Phil Ulibarri, Public Information Officer, presented the *Careers in Public Health* education program to five separate classes of middle and high school students with the High Sierra Area Health Education Center (AHEC) executive director Andrea Gibbons. The educational program which was developed by Phil reviews types of jobs that exist in public health and the types of salaries students can expect if they graduate from college. Two classes of Hug High School students attended the hour-long educational sessions in our South Auditorium and four classes of middle school students participated in their classrooms as part of their career day activities. High Sierra AHEC offers several different types of fun programs for middle and high school students, such as UNR's Summer of Discovery Camp. This camp allows students who have an interest in science or healthcare the opportunity to partner with a medical student at UNR for a week, work on a research project, and stay on campus for a minimal fee (\$75) or for free if the student demonstrates financial hardship.

### Medical Reserve Corps

**Volunteer Appreciation Week** – April 11-15 is National Volunteer Appreciation Week. MRC volunteers who completed ICS-100 and IS-700 by March 30 received MRC neck wallets (similar to a passport wallet, worn with a neck strap), along with a certificate of appreciation. Approximately 35% of the 167 MRC volunteers have completed the required ICS-100 and IS-700 courses to date.

**American Red Cross Update** – The management team from the Northern Nevada Chapter of the American Red Cross (ARC) and the MRC Unit Leader reviewed the standing Memorandum of Understanding (MOU) that is currently endorsed on a national level by both organizations. This MOU is identical to that which has been signed between the Southern Nevada Health District (SNHD) and the Southern Nevada Chapter of the American Red Cross. The MOU, in its current form, will be sent through the proper channels at the WCHD for review and approval. If approved, the terms contained in the MOU could help alleviate anticipated delays in MRC deployment into ARC General Population Disaster Shelters, thereby expediting community assistance during a widespread emergency or natural disaster.

**NXT database update** – MRC contact information is currently being uploaded into the Las Vegas Fire Department's NXT Communicator database, which is shared by a number of public agencies throughout the state. This information, when completely updated, will provide a redundant communication system for the deployment of the MRC during emergencies and for regularly-scheduled MRC call-down exercises. The SNHD MRC currently conducts monthly tests using this telephone emergency notification system, which generates a report showing who answered and who didn't. Those reports are reviewed on a quarterly basis for responses and can be used to update and cull local MRC databases.

#### Exercises/Drills

PHP staff participated in the Mid Term Planning Conference for the May 9/10 Strategic National Stockpile "Eagle Package" statewide public health exercise. The Eagle Package exercise is designed to simulate an actual deployment of material from the Strategic National Stockpile. Four entities in Washoe County will be receiving the mock medical cache on May 10 after submitting their medical requesting form to WCHD. Those are:

- Northern Nevada Medical Center
- Tahoe Pacific Hospital at Renown South Meadows
- Incline Village Community Hospital
- NV Energy (Closed POD Partners)

#### ASPR-Hospital Information

Dee Grimm from Emergency Management Professionals has identified all long-term/assisted care/urgent care facilities within Washoe County and is in the process of gathering data related to their level of emergency preparedness and alternate care site planning for their patients. Ms. Grimm is designing a workshop that will educate these healthcare facilities about alternate care site planning and help build their capabilities.

Maile Sherman of Galena Properties began discussions with Health District leadership staff as the first step in developing a robust Continuity of Operations Plan for the Health District. After thorough research, Ms. Sherman will provide WCHD with a comprehensive plan that will include recommendations for alternate work locations in the event of an emergency rendering the County Complex uninhabitable.

Ms. Sherman is in the process of designing a COOP template for healthcare facilities, which includes touring various facilities and meeting with their leadership to determine the needs and level of preparedness relative to continuity of operations. This information will result in a template for healthcare facilities to use in the design of their specific continuity of operations plans.

#### CDC- Public Health Preparedness

The program is planning to participate at the 2011 High Sierra Family Kitefest on May 22 at Rancho San Rafael Park to distribute emergency preparedness materials to the 2,000 plus attendees that are expected for this event. The Reno Fire Department has already provided 900 free backpacks for the Kitefest, an event sponsored in part by the Child Abuse and Neglect Prevention Task Force (CAN Prevent) and AMERICOM broadcasting.



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Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



# Washoe County Health District


DBOH AGENDA ITEM NO.



**Public Health**  
Prevent. Promote. Protect

April 15, 2011

TO: District Board of Health

FROM: Stacy Hardie, RN, BSN   
Acting Division Director, Community and Clinical Health Services

SUBJECT: Report for April 2011 District Board of Health Meeting  
1. Menu Labeling  
2. April is STD Awareness Month

## 1. Menu Labeling

The Chronic Disease Prevention Program (CDPP) has launched a voluntary menu labeling program for local food-permitted facilities that will not be subject to the federal regulations that become effective July 1, 2011. Entitled "Food for Thought," the CDPP program works with local restaurants and a contracted registered dietician to provide nutritional content analysis of non-seasonal menu items. To date, four local restaurants have joined the program, and three have completed an analysis. All will display the "Food for Thought" logo on their nutritional information:



**food for  
thought**

nutrition information available

The State Health Division has launched a statewide media campaign to promote the federal nutrition labeling requirements, and, with our permission, is utilizing a version of the CDPP logo. Information about the state media campaign can be found at: [www.lookfortheightbulb.org](http://www.lookfortheightbulb.org).

The intent of menu labeling is to provide consumers with calorie, fat, and nutrient information to assist them in making healthier food and beverage choices.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

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DBOH AGENDA ITEM # 14.B.

Additional benefits occur when restaurants and vendors make adjustment to recipes in order to improve nutritional content. This impact has already been seen in the Washoe County program when upon learning the sodium content of several menu items one “Food for Thought” participant reduced the salt level in their recipes by 50% with no reported negative response from customers.

2. April is STD Awareness Month

Americans of every age, race, religious and cultural background, and socioeconomic status are affected by sexually transmitted diseases (STDs). The Center for Disease Control (CDC) estimates more than 19 million new cases of STDs occur each year in the United States.

Chlamydia continues to be the most commonly reported communicable disease and STD in the nation, Nevada, and Washoe County. In 2010, over 1,400 cases of chlamydia were reported in Washoe County, which is an increase from 1,200 in 2009.

<b>Chlamydia Cases by Year in Washoe County</b>	
<i>Year</i>	<i># of Chlamydia Cases Reported</i>
2010	1426
2009	1243
2008	1340
2007	1520
2006	1276

The burden of chlamydia infection is greatest among sexually active adolescents and young adults. In Washoe County, 75% of chlamydia cases are reported in the 14-25 year old age group. If untreated, chlamydia infections can progress to serious reproductive and other health problems with both short-term and long-term consequences. Untreated chlamydia infection in females can cause fallopian tube infection, or pelvic inflammatory disease (PID). PID is a “silent” infection in the upper genital tract that can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. The damage can lead to chronic pelvic pain, infertility, and potentially fatal ectopic pregnancy. Chlamydia may also increase the chances of becoming infected with HIV, if exposed. Direct medical costs associated with STDs in the United States are estimated at \$17.0 billion annually.

A combination of interventions is needed to detect, treat, and prevent STD infection, including chlamydia. The Washoe County Health District’s STD Clinic follows the CDC’s Infertility Prevention Program screening guidelines for screening and testing of chlamydia and gonorrhea. Prompt and efficient disease investigation including partner contact tracing is another crucial method of intervening in STD infection and transmission. Behavioral risk reduction efforts, such as promoting correct and consistent condom use, client risk reduction action plans, and raising awareness of

the impact of STDs through marketing campaigns and community outreach testing can positively impact STD rates, including HIV, and unintended pregnancy. The Washoe County Health District (WCHD) employs these methods and is able to mediate the impact of STDs in Washoe County through our trans-disciplinary approach.

The WCHD's Sexual Health Program commemorated STD Awareness Month 2011 by co-sponsoring an STD Update training for area providers in partnership with the University of Nevada School of Medicine's AIDS Education and Training Center and the Pacific HIV/STD Prevention Training Center. Staff also participated in expanded outreach testing activities targeting youth and young adults at higher risk for STD infection and promoted the month through the media.



# Washoe County Health District

## ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: April 19, 2011  
TO: District Board of Health Members  
FROM: Robert O. Sack, Division Director of E.H.S.  
SUBJECT: Division Director's Report – Environmental Health Services  
AGENDA ITEM NO. 15.C.

### Vector-Borne Diseases Prevention Program

The Vector-Borne Diseases Prevention Program is announcing its mosquito abatement activities to finish out the fiscal year (June 30). Helicopter applications are scheduled for May 19<sup>th</sup> and June 9<sup>th</sup>. Due to uncertainties in funding for next years budget (July 1) we have not yet scheduled any helicopter flights for the rest of the summer season. Federal laws pertaining to the use of pesticides require that mosquito larva be present before any type of pesticide is applied. During the mosquito season, staff maps out all local wetlands and standing water, and then manually checks each area for mosquito larvae every two weeks. These tasks must be done to calculate the correct amount of larvicide that is used during helicopter application. If the sites cannot be checked and GIS mapped, the program runs the risk of missing an area where mosquito larvae has appeared, allowing larvae to continue growing into biting and possibly virus- infected adult mosquitoes. In addition staff will be performing the following:

Placing traps in various locations throughout the County

Collecting mosquitoes from traps, count and sort by sex and species

Feeding and watering sentinel chicken flocks

Bleeding chickens and processing blood samples for West Nile Virus, St Louis encephalitis and/or Western Equine Encephalitis

Checking and treating as many storm drain catch basins as possible during the summer (currently over 24,000 in the Truckee Meadows)

Spraying liquid larvicide where necessary

DBOH AGENDA ITEM # 15.C.

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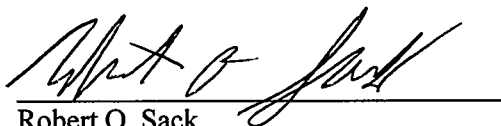
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**Swimming Pools and Spas**

Health District staff has taken a number of steps to improve the efficiency of implementing the Public Pool and Spa Program without sacrificing the quality of the inspections. These steps include better use of the Permits Plus to schedule inspections and document inspection reports. We use the zip code to schedule inspections in geographical areas to reduce travel time. This increases the number of inspections that can be performed per day and reduces the number of miles driven which also reduces fuel costs. We have updated water chemistry kits to more efficient, accurate, and faster units. These are also more economical and will reduce program costs of replacement chemistry reagents. We continue to look for and implement ways to improve the efficiency of the staff and the safety of the public pool and spas. Our latest proposal is to implement a Public Swimming Pool and Spa Operator Certification Program similar to the Clark County Health District program.

Due to staff reductions, the number of pool/spa inspections by staff has been reduced from once per month to two times per year. This has resulted in an increase in customer complaints and disinfection and water quality violations. The Health District staff provide training during the routine inspections and complaint investigations, but two inspections per years does not provide enough contact with the pool/spa operators to make much of an impact. We have seen the greatest increase in the number of customer complaints and water quality violations in the last two years. The current pool and spa regulations require facilities to have qualified staff but do not require the operators complete the Certified Pool Operators Course. In a effort to improve the knowledge and abilities of the pool/spa operators the Health District Staff have drafted Public Swimming Pool and Spa Operator Certification Program” regulations. Public workshops are scheduled in May and we plan to present the regulations at the June District Board of Health meeting for review and approval. The intent of the proposed “Public Swimming Pool and Spa Operator Certification Program” regulations is to create a more knowledgeable workforce that will work in conjunction with the Health District staff to ensure the pools and spas are operated in a safe manner and to reduce the number of customer complaints and water quality violations.



Robert O. Sack  
Division Director  
Environmental Health Services Division

ROS:sn





# WASHOE COUNTY HEALTH DISTRICT

## AIR QUALITY MANAGEMENT DIVISION



**PublicHealth**  
Prevent. Promote. Protect.

**Date:** April 18, 2010  
**To:** District Board of Health  
**From:** Kevin Dick, Director, Air Quality Management  
**Re:** Monthly Report for Air Quality Management  
**Agenda Item:** 15.D.

The enclosed Air Quality Management Division Report is for the month of March, 2011 and includes the following sections:

- Air Quality
- Monitoring Activity
- Planning Activity
- Permitting Activity
- Compliance/Inspection Activity
- Enforcement Activity
- Air Quality Widget



# Director's Report

March 2011

## Japanese Nuclear Plant Radiation:

The catastrophic Japanese earthquake and tsunami that occurred on March 11<sup>th</sup> and the subsequent nuclear power plant disaster brought world concern and attention to releases of radioactivity from the Fukushima Daiichi plant.

Since the beginning of 2009, the Air Quality Management (AQM) Division has operated a U.S. Environmental Protection Agency RadNet monitoring station which is on the roof of the Washoe County Complex at 9<sup>th</sup> and Wells. This monitoring station is part of a 124 site national network of monitors across the U.S. It is used to monitor atmospheric radiation levels. Filters are sent for analysis twice weekly to the National Air and Radiation Lab in Birmingham, Alabama.

The RadNet monitor also provides real-time data on an hourly basis for gross beta and gamma radiation. Unfortunately, the Washoe County RadNet site's real-time capabilities were not operational at the time of the Japanese earthquake. However, a number of other West Coast sites were operational and they indicated that radiation levels resulting from the Japanese disaster were thousands of times below any levels of concern.

On March 22<sup>nd</sup> and 23<sup>rd</sup> an EPA technician installed a new computer module for our RadNet station and the real-time monitoring has been operational and on-line since March 24<sup>th</sup>. Our monitored radiation levels remain thousands of times below levels of concern.

In addition, EPA analyzed a sample of milk from Reno, Nevada. Concentrations of radioactive isotopes were below detection limits, including Iodine and Cesium isotopes which would be expected to originate from the Japanese reactor.

## Compliance and Permitting Group:

AQM began participation in the County's compliance and permitting group meetings to explore potential for collaborative efficiencies with other County department operations.

## Air Quality Widget:

Attached to this month's report is a graphical representation of a new Air Quality Index (AQI) website widget developed by KPS3. The widget was developed with contract funding provided through a grant from the Department of Motor Vehicles' Air Pollution Control Account, and under the direction of retiring Public Information Officer, Tracie Douglas. The AQI widget will be posted on the Washoe County Website, and the embed code will be available free from the Washoe County and Health District websites. This will allow users to place the widget on their WebPages. The widget will provide hourly updates of the AQI with appropriate messages related to actions suggested for people to take to protect their health. AQM currently issues a daily AQI report via email and on the air quality line. The automated and frequently updated widget will be a valuable communication tool that we believe can be used to better protect our population, and in particular, sensitive populations such as school children and preschoolers.

*Kevin Dick, Director*

## AIR QUALITY COMPARISON FOR MARCH

Air Quality Index Range		# OF DAYS MARCH 2011	# OF DAYS MARCH 2010
GOOD	0 to 50	31	30
MODERATE	51 to 100	0	1
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
<b>TOTAL</b>		<b>31</b>	<b>31</b>

**HIGHEST AQI NUMBER BY POLLUTANT**

Air Quality

POLLUTANT	MARCH 2011	YTD for 2011	MARCH 2010	Highest for 2010
CARBON MONOXIDE (CO)	14	39	18	31
OZONE 8 hour (O3)	47	40	47	104
PARTICULATES (PM <sub>2.5</sub> )	39	102	32	112
PARTICULATES (PM <sub>10</sub> )	32	69	65	83

For the month of March, there were no exceedances of Carbon Monoxide, Particulate Matter or 8-Hour Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of March was forty-seven (47) for 8-hour Ozone. There were thirty-one (31) days in the month of March where the Air Quality was in the good range.

*Duane Sikorski, Air Quality Supervisor*

Monitoring Activity

Daily monitoring operational, quality assurance and data submission activities continued throughout the month. The section is in the process of upgrading the monitoring network's manual filter-based particulate matter network with more efficient beta attenuation method continuous samplers (BAM) providing for real-time particulate matter data. That being said, the extremely old BAM located at the Sparks site failed on February 15<sup>th</sup> and with no spare parts available a new BAM has been ordered scheduled for delivery and installation hopefully sometime in April.

*Duane Sikorski, Air Quality Supervisor*

Planning Activity

The Planning Section has completed this winter season's Oxy-fuel Report which has been submitted to the April DBOH meeting consent agenda for Board review and potential discussion.

Additionally, staff has been reviewing those legislative bills that have the potential for impact to Washoe County and state-wide air quality programs.

*Duane Sikorski, Air Quality Supervisor*

Permitting Activity

TYPE OF PERMIT	2011		2010	
	March	YTD	March	ANNUAL TOTAL
Renewal of Existing Air Permits	101	314	85	1296
New Authorities to Construct	4	25	2	40
Dust Control Permits	10 (56 acres)	18 (98 acres)	18 (130 acres)	127 (2814 acres)
Wood Stove Certificates	17	48	34	254
WS Dealers Affidavit of Sale	9 (5 replacements)	46 (27 replacements)	1 (1 replacements)	82 (46 replacements)
WS Notice of Exemptions	437 (6 stoves removed)	997 (10 stoves removed)	389 (3 stoves removed)	5767 (41 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	67	210	101	1027

Compliance &  
Inspection Activity

Staff reviewed twenty-nine (29) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-six (46) stationary source renewal inspections in March. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

A major asbestos removal project began on April 4<sup>th</sup> at the old courthouse located at 75 Court St. The fireproofing and TSI will be removed from the mechanical rooms on floors 1 through 5. Most of the work will occur after normal work hours since this building is occupied by a variety of tenants.

Staff is developing a better documentation process for abandoned or foreclosed properties in regards to dust permits. In some cases, we have found it difficult to contact the new property owners because many of them are out of state. Therefore, staff has developed a formal dust permit notification letter to be sent out to the legal property owners who have not responded to our verbal requests. In this manner, the responsible party(s) will be on record regarding the requirements of the Dust Control regulation and what needs to be done for compliance purposes.

Finally, staff has recently made numerous presentations on dust and asbestos issues to local industry. We will also be having another asbestos seminar exclusively for the local fire/water restoration companies since many of them seem to be unaware of the asbestos testing/abatement requirements.

*Noel Bonderson, Air Quality Supervisor*

Enforcement Activity

COMPLAINTS	2011*		2010		
	March	YTD	March	YTD	Annual Total
Asbestos	1	5	2	4	22
Burning	1	1	0	2	6
Construction Dust	3	10	8	9	52
Dust Control Permit	0	3	0	0	0
Diesel Idling	0	1	1	1	5
Odor	2	3	0	1	22
Spray Painting	0	1	1	2	10
Permit to Operate	1	2	1	4	14
Woodstove	0	2	0	0	0
<b>TOTAL</b>	<b>8</b>	<b>28</b>	<b>13</b>	<b>23</b>	<b>131</b>
NOV'S	March	YTD	March	YTD	Annual Total
Warnings	0	1	2	4	7
Citations	1	3	1	3	12
<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>19</b>

\* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There was one (1) Notice of Violation (NOV) issued in March 2011, this NOV Citation was issued for No Asbestos Assessment prior to Demo, Asbestos Sampling & Notification, and Unacceptable Control Work Practices. There were one no NOV Warnings issued.

JUL  
**12**  
Monday



UPDATED HOURLY

**G**  
Good

No restrictions! Get outside and enjoy the air:  
play, exercise and have fun!

For More Information Click [HERE](#) or call 775-785-4110

JUL  
**12**  
Monday



UPDATED HOURLY

**M**  
Moderate

People with respiratory or heart disease, the elderly and  
children should reduce their outdoor activities.

For More Information Click [HERE](#) or call 775-785-4110

JUL  
**12**  
Monday



UPDATED HOURLY

**USG**  
Unhealthy  
Smaller Groups

People with respiratory or heart disease, the elderly  
and children should remain indoors.

For More Information Click [HERE](#) or call 775-785-4110

JUL  
**12**  
Monday



UPDATED HOURLY

**U**  
Unhealthy

People with respiratory or heart disease, the elderly  
and children should remain indoors.

For More Information Click [HERE](#) or call 775-785-4110



JUL  
**12**  
Monday



UPDATED HOURLY

**VU**  
Very  
Unhealthy

People with respiratory or heart disease, the elderly  
and children should remain indoors.

For More Information Click [HERE](#) or call 775-785-4110

JUL  
**12**  
Monday



UPDATED HOURLY

**H**  
Hazardous

People with respiratory or heart disease, the elderly  
and children should remain indoors.

For More Information Click [HERE](#) or call 775-785-4110



# Washoe County Health District



**Public Health**  
Prevent Promote Protect.

April 19, 2011

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for January 2009 Administrative Health Services Division

## Health District Emergency Medical Services (EMS) Program Activities:

Stacey Akurosawa, Emergency Medical Services Coordinator and Eileen Coulombe, Administrative Health Services Officer participated in on scene activities with REMSA on March 31, 2011.

Ms. Akurosawa received a full day orientation including meeting with key staff members at REMSA. She listened to dispatching of incoming calls, and rode with an ambulance crews. During the course of the ride along, she experienced first hand three Priority 1 responses ranging from a fall to a motor vehicle accident. She observed the transfer of a patient from the Veterans Administration hospital to Renown in order to be transported by Careflight. She interacted with response staff from REMSA, Careflight, Reno Police Department, and Reno Fire Department. She oriented with emergency department staff at Renown, Saint Mary's, and the Veterans Administration Hospital.

Ms. Akurosawa will arrange follow-up orientation with key contact individuals at REMSA and other EMS related agencies in Washoe County as part of her continued training.

The morning of 3/31/11, Washoe County Health District staff advised Ms. Coulombe of a hazardous material incident in Sparks. Ms. Coulombe was scheduled to be at REMSA in the afternoon. Upon her arrival at REMSA dispatch, the notification call was received. Ms. Coulombe listened in on the call coming into dispatch from the field regarding the incident in Sparks. Ms. Coulombe and a REMSA Supervisor deployed to the field. Ms. Coulombe oriented to Field Operations and observed the collaborative efforts and response of Sparks Fire, REMSA, as well as the Washoe County Health District Hazmat response.

  
Administrative Health Services Officer

DBOH AGENDA ITEM # 15.E.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

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# Washoe County Health District

DBOH Agenda Item No. 15.F.



**Public Health**  
Prevent. Promote. Protect.

April 21, 2011

**TO:** District Board of Health Members

**FROM:** Mary-Ann Brown, R.N., M.S.N.  
Interim Health Officer Washoe County Health District

**SUBJECT:** Interim Health Officer Report

## 2010-2011 Legislative Sessions

- A large number of Legislative Bills continue to be reviewed and analyzed for the Washoe Bills tracking system including fiscal impacts as requested. Several staff members have provided testimony or information as content experts to Legislative committees. Details can be found in the District Board of Health (DBOH) Legislative Tracking Report. All testimony is coordinated with the Washoe County legislative team.
- DBOH Bill tracking reports continue to be presented at each Board meeting. As requested the City of Sparks receives the WCHD Bill Tracking Reports after DBOH approval.

## Budget

- The Draft WCHD Budget Presentation for FY2011-12 was presented at the last DBOH meeting on 3/24 and then at a General Staff meeting to all employees on 3/25. The finalized presentation which included direction from the DBOH was presented to the Board of County Commissioners (BCC) on Monday 4/4. A copy of the finalized presentation was e-mailed to all DBOH members in advance and provided to staff.
- Discussions continue with Kevin Schiller Washoe County Social Service Director on efforts to maintain prevention services for high risk infants, children and families because of the decreases in services or the potential for program elimination related to budget reductions.
- A team representing Washoe County departments who have permitting, inspection and enforcement functions are meeting to discuss options for internal service sharing and potential opportunities for consolidation. AQM Division Director Kevin Dick, EHS Division Director Bob Sack, the Interim Health Officer and key staff are participating.

**DBOH AGENDA ITEM # 15.F.**

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- An Initial discussion with the Nevada State Health Division (NSHD) on the potential for providing Public Health services to rural counties was held. Leadership staff is currently reviewing information and data provided by the NSHD on current scope of services and funding.

#### Human Resources

- Leadership continues to work on conducting employee evaluations to bring all staff into compliance. Data is being provided to each Division Director on compliance rates which are increasing.
- Work continues with Washoe County Human Resources and WCHD leadership to address employee development needs.

#### Communication

- Friday 5's continue to be distributed weekly. Key budget information has been included as an additional method of providing timely information to staff.
- The Interim Health Officer met with individual employees, small groups of employees and attended program staff meetings to discuss the budget presentation and answer staff questions. In addition responses were provided for several questions related to the WCHD budget presentation submitted to the County Managers intranet site.
- Walking rounds, informal meetings, attendance at trainings and meetings continues.

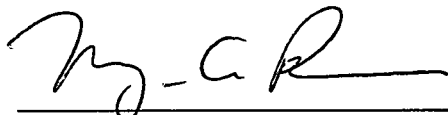
#### Washoe County & Community Activities

- Attendance and participation with various community Boards, committees and work groups. Examples include:
  1. Saint Mary's Regional Medical Center Community Health Assessment Advisory Committee 4/4.
  2. Title X Family Planning site visit 4/5.
  3. Washoe County Organization Effectiveness Committee (OEC) meeting with presentations by potential contract consultations for Countywide Operational Review Project 4/6.
  4. Governor's Workforce Investment Board Healthcare Sector Council Meeting 4/7.
  5. EMS Multi-stakeholder Taskforce meeting 4/7 & 4/22.
  6. Nevada State Board of Health Meeting 4/8.
  7. Division Director EHS Bob Sack participated in interviews on 4/14 representing Washoe County for the Nevada Public Health Foundation Performance Improvement Manager position. The successful candidate will work with the local health districts on preparation for accreditation.
  8. HOPES Board of Directors meeting 4/19.

9. Meeting held 4/22 with Jess Traver, Director of Governmental Affairs for the Nevada Builders Association. Plan discussed for WCHD to present to the Infrastructure Planning Council on WCHD fees and laws and mandates requiring EHS and AQM functions.
10. Participation at the meeting of the Regional Dispatch Working Group of the Elected Officials Shared Services Committee 4/22.

District Board of Health Information and Resources

1. National Association of Local Boards of Health (NALBO) has released the 2011 County Health Rankings. Nevada and Washoe County is included in the report. The release notice with the web link and the Nevada data is attached to this report.
2. A presentation was made to Washoe County Leadership on managed competition. A copy of the PowerPoint presentation "Creating Competitive and Sustainable Communities" by Tim Guilfroy, Director of Competition for Carrollton County Texas is attached.



---

Mary-Ann Brown RN MSN  
Interim Health Officer  
Washoe County Health District

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# NALBOH

National Association of Local Boards of Health

## In This Issue

[Top Stories](#)


[Tools & Training](#)

[News You Can Use](#)

[Get Involved!](#)



[View Upcoming Events and Webinars](#)

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## Board of Health Brief

Members Edition: April 2011

### Top Stories

#### Spring Into Advocacy!

The Spring Recess for the U.S. House of Representatives begins next week (April 18 - 29). Many representatives will be back in their home districts, so take this opportunity to deepen your relationships with them. Board of health members can address public health issues with a unique credibility that no other group can. Make sure your representatives know you and understand why public health is important. [Contact your representative](#) today.

*Other useful links:*

United States Senate: [www.senate.gov](http://www.senate.gov)

National Conference of State Legislatures: [www.ncsl.org](http://www.ncsl.org)

#### 2011 County Health Rankings Released

Visit the [new County Health Rankings website](#) for ideas on taking action in your community. Learn more about a [related funding opportunity](#) from the Robert Wood Johnson Foundation that will help counties translate the Rankings into action.

### Tools & Training

#### NALBOH Webinar Series on Evidence-Based Practices

Learn how your board of health can utilize evidence-based approaches to improve public health services.

**Part 1:** *Pathways to Integrate Evidence-Based*

*Approaches: A "How-To" for Governing Boards of Health*  
Tuesday, May 10 from 3-4 pm, Eastern. [Register today.](#)

[Visit the NALBOH website for more information and resources on evidence-based approaches.](#)

**NALBOH Webinar *Local Licensing and Zoning: Uses in Tobacco Control***

Thursday, April 21 from 1-2 pm, Eastern.

Presenter: David Schaibley, J.D.-Tobacco Control Legal Consortium. [Register now.](#)

**NALBOH Webinar *Smoke-Free Air Laws: Aren't We There Yet?***

Thursday, May 5 from 2-3 pm, Eastern

Presenters: Kate Armstrong, J.D. and Kerry Cork, J.D.-Tobacco Control Legal Consortium. [Click to register.](#)

**Information Sharing Session *Local Best Practices for Tobacco Prevention and Control***

Monday, May 9 from 2-3 pm, Eastern

Presenters: NALBOH and NACCHO Tobacco Programs  
[Register here.](#)

**Training Opportunity *"Improving Public Health: Exploring Agency, Systems, and Community Health Improvement"*** is a newly enhanced training workshop of the 9<sup>th</sup> Annual NPHPSP Training and MAPP Training, being held in St. Louis, MO on May 10-13, 2011. This training includes opportunities to learn about accreditation, performance and quality improvement, health assessment, and improvement planning, and how all of these support an overall public health improvement strategy.

Register by April 18! [Learn more.](#)

## News You Can Use

**Experience the 19th Annual NALBOH Conference**

Begin making your plans today to attend the **19th Annual NALBOH Conference in beautiful Coeur d'Alene, ID, Sept. 7-9.** Conference registration will begin in early May, so [reserve your hotel room](#) and make your travel arrangements now! Come early and [experience all Coeur d'Alene has to offer.](#) Conference questions? Contact Tracy Schupp at (419) 353-7714 or [tracy@nalboh.org](mailto:tracy@nalboh.org).

### **Conference Scholarship for Students**

Each year NALBOH offers a conference scholarship to a student seeking a degree in the field of public health, environmental health, health education, or clinical services. This is a great opportunity to attend the only national conference focusing on boards of health. [Learn more and apply today!](#)

### **\$1000 Conference Scholarship Opportunity**

Have you used the *Guide to Community Preventive Services (Community Guide)* to address public health challenges in your community? Enter the **"I'm Your Community Guide" Contest** from the Public Health Foundation (PHF) and be eligible for a \$1,000 conference scholarship and other prizes! Entries must be received by May 6, 2011.

## **Get Involved!**

### **REMINDER: Candidates Sought for NALBOH Board**

NALBOH is seeking qualified candidates for Board of Director positions for 2012. Five positions will be filled during the annual election process. Nominations are accepted through June 3, 2011. [Click to learn more.](#)

### **WANTED: Outstanding Board of Health Members**

NALBOH is once again seeking nominations for awards that recognize board of health members for their dedication and service to improving public health in their communities.

[Nominate your peers and colleagues today!](#)

## **Need More Information?**

### **Tim Tegge**

Director of Membership and Affiliate Relations

### **National Association of Local Boards of Health**

1840 East Gypsy Lane Road

Bowling Green, OH 43402

Phone: (419) 353-7714

Fax: (419) 352-6278

Email: [tim@nalboh.org](mailto:tim@nalboh.org)

[www.nalboh.org](http://www.nalboh.org)



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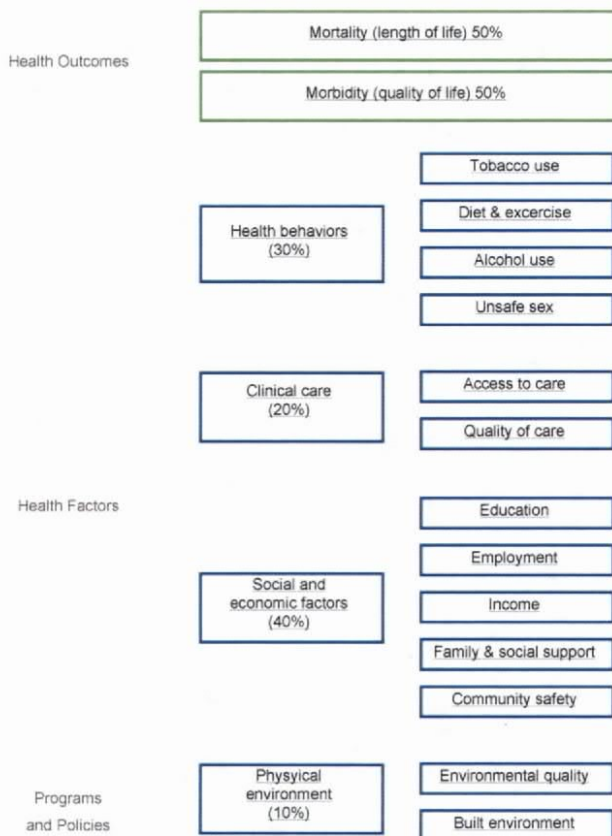
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## OUR APPROACH

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of [America's Health Rankings](#), the [University of Wisconsin Population Health Institute](#) has used this model to rank the health of Wisconsin's counties every year since 2003.

To explore the elements of our model, you can click on any of the boxes below.



### About this Project

The *County Health Rankings* show us that where we live matters to our health. The health of a community depends on many different factors - ranging from health behaviors, education and jobs, to quality of health care, to the environment.

### Find Us On:



#### @CHRankings Twitter Feed:

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## RANKING METHODS

The *County Health Rankings* are a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

If you have not done so already, we suggest starting with the [County Health Rankings model](#). It provides the foundation for the entire ranking process.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

Health Factors--rankings are based on weighted scores of four types of factors:

Health behaviors (6 measures)

Clinical care (5 measures)

Social and economic (7 measures)

Physical environment (4 measures)

The remainder of this section details the process of developing the *County Health Rankings* with descriptions of

[The places that we rank](#)

[The weights used in the ranking model and the logic behind them](#)

[The data sources and measures used to calculate summary scores and ranks](#)

[The quality of the data underlying our measures](#)

[The computational details of calculating scores and ranks](#)

[Ways you can explore the County Health Ranking data](#)

For additional information, you may also wish to look over our page of [Frequently Asked Questions](#).

### About this Project

The *County Health Rankings* show us that where we live matters to our health. The health of a community depends on many different factors - ranging from health behaviors, education and jobs, to quality of health care, to the environment.

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## Washoe, Nevada

	WASHOE COUNTY	ERROR MARGIN	NATIONAL BENCHMARK*	NEVADA	RANK (OF 15)
<b>HEALTH OUTCOMES</b>					<b>4</b>
<i>Mortality</i>					3
<b>Premature death</b> — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,500	7,210-7,791	5,564	8,232	
<i>Morbidity</i>					10
<b>Poor or fair health</b> — Percent of adults reporting fair or poor health (age-adjusted)	15%	14-16%	10%	18%	
<b>Poor physical health days</b> — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.4	3.2-3.6	2.6	3.6	
<b>Poor mental health days</b> — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.6	3.4-3.8	2.3	3.7	
<b>Low birthweight</b> — Percent of live births with low birthweight (< 2500 grams)	8.4%	8.1-8.6%	6.0%	8.0%	
<b>HEALTH FACTORS</b>					<b>5</b>
<i>Health Behaviors</i>					3
<b>Adult smoking</b> — Percent of adults that report smoking >= 100 cigarettes and currently smoking	20%	19-21%	15%	23%	
<b>Adult obesity</b> — Percent of adults that report a BMI >= 30	22%	20-23%	25%	25%	
<b>Excessive drinking</b> — Binge plus heavy drinking	21%	20-22%	8%	19%	
<b>Motor vehicle crash death rate</b> — Motor vehicle crash deaths per 100,000 population	15	14-17	12	17	
<b>Sexually transmitted infections</b> — Chlamydia rate per 100,000 population	328		83	377	
<b>Teen birth rate</b> — Teen birth rate per 1,000 female population, ages 15-19	49	47-50	22	57	
<i>Clinical Care</i>					2
<b>Uninsured adults</b> — Percent of population under age 65 without health insurance	23%	20-26%	13%	23%	
<b>Primary care providers</b> — Ratio of population to primary care providers	791:1		631:1	1,153:1	
<b>Preventable hospital stays</b> — Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	46	44-47	52	59	
<b>Diabetic screening</b> — Percent of diabetic Medicare enrollees that receive HbA1c screening	74%	69-79%	89%	75%	
<b>Mammography screening</b> — Percent of female Medicare enrollees that receive mammography screening	61%	56-66%	74%	57%	
<i>Social &amp; Economic Factors</i>					9
<b>High school graduation</b> — Percent of ninth grade cohort that graduates in 4 years	50%		92%	52%	
<b>Some college</b> — Percent of adults aged 25-44 years with some post-secondary education	59%		68%	53%	
<b>Unemployment</b> — Percent of population age 16+ unemployed but seeking work	11.6%	11.5-11.7%	5.3%	11.8%	
<b>Children in poverty</b> — Percent of children under age 18 in poverty	17%	13-20%	11%	15%	
<b>Inadequate social support</b> — Percent of adults without social/emotional support	22%	21-24%	14%	24%	
<b>Single-parent households</b> — Percent of children that live in household headed by single parent	32%		20%	33%	
<b>Violent crime rate</b> — Violent crime rate per 100,000 population	523		100	738	
<i>Physical Environment</i>					14
<b>Air pollution-particulate matter days</b> — Annual number of unhealthy air quality days due to fine particulate matter	1		0	1	
<b>Air pollution-ozone days</b> — Annual number of unhealthy air quality days due to ozone	3		0	24	
<b>Access to healthy foods</b> — Healthy food outlets include grocery stores and produce stands/farmers' markets	63%		92%	60%	
<b>Access to recreational facilities</b> — Rate of recreational facilities per 100,000 population	10		17	8	

\* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

Source URL: <http://www.countyhealthrankings.org/nevada/washoe>



## Creating Competitive and Sustainable Communities

Washoe County/Reno/Sparks NV Briefing  
April 19-20, 2011

Tom Guilfooy, Director of Competition

## Desired Outcomes

- What is Managed Competition(MC)?
- Why others have implemented MC?
- What are the Results and Benefits of MC?
- What are Critical Success Factors?
- Carrollton's MC Process
- Employee roles & responsibilities
- Outsourcing – Pros & Cons
- Answer your questions and concerns

## How our journey started...

### City Council Strategic Goals FY2001-02:

1. Transform city organization to a service business
  - Managed Competition program and attitude
  - Create a sense of urgency among staff
  - Stop studying things to death
  - Focus on essential services
    - Provide services with a large customer base
    - It's OK to say 'No' politely and explain why
    - If a service competes with the private sector -- drop it or price it at market
  - Create business plans for all departments

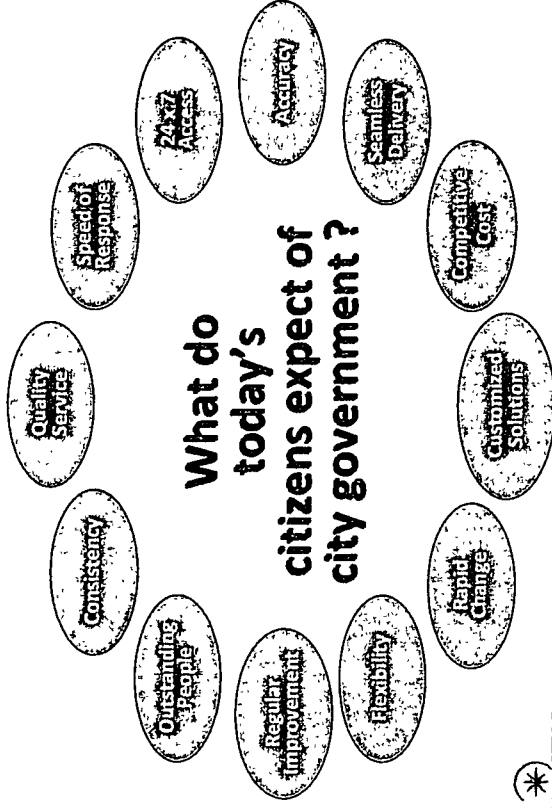
## Only Two Choices?

1. Cut services or programs?  
OR
2. Raise Taxes?
3. Transform culture to a *Competitive Service Business* -- reduce costs, streamline processes, adopt best practices, leverage technology and increase employee productivity ...

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# The operating environment



# Key Leadership Challenges

- ❖ Tighter budgets will be the norm for several years
- ❖ Need to separate essential from non-essential services
- ❖ Efficient and competitive service delivery is more critical than ever
- ❖ Lower revenue and reduced staffing when citizen demands are increasing
- ❖ Citizens are demanding higher government accountability (No new taxes!)
- ❖ New service-delivery models needed to balance budgets
- ❖ Change the culture to a competitive "service business"

# What is Managed Competition?

- "A guided process where private-sector providers are encouraged to compete with city departments to provide public services."
- Our goal is not outsourcing but getting the Best Value available in the marketplace

# MC – A Brief History

- Pioneered by the City of Phoenix's Public Works Department in the late 1970s
- Indianapolis's competitive services program success (Mayor Stephen Goldsmith, 1992-2000)
- Other cities: Atlanta, GA; Chicago, IL; Jacksonville, FL; Charlotte, NC; San Diego, CA; Arlington, TX; Glenview, IL; Germantown, TN

## How is MC different than Outsourcing and Privatization?

- In **outsourcing**, the organization has already made the decision to use an outside contractor but is still responsible to ensure customer satisfaction
- In **privatization**, the organization sells the operation's assets and exits the business
- In **managed competition**, in-house units restructure, innovate and compete against external contractors to provide services under contract



## Managed Competition Process

- Step 1:** Select a candidate for evaluation
- Step 2:** Conduct in-depth operational and competitive assessment
- Define all current services and functions. Group into lines-of-business
  - ID service costs; allocate all equipment & personnel. Determine costs by LOB
  - Benchmark against competitive service providers; ID competitive gaps
  - ID industry best practices and trends; ID gaps.

## MC Toolkit

- Operational Assessment/Best Practices
- Competitive Assessment/Benchmarking
- Cost-of-service analysis
- Performance improvement plan & coaching
- Competitive safeguards in place
- Competitive readiness period
- Performance measures and targets
- Signed service agreements
- Contract management



## Managed Competition Process

- Step 3:** Strategic review with CMO; Options considered:
- Reengineer
  - Compete
  - Retain as is
  - Outsource/Partner
  - Privatize
- Step 4:** Develop RFP or Reengineering work plan during Competitive Readiness Period (3 mos -- 3 years)
- Step 5:** Implement Work Plan; close gaps; measure results
- Step 6:** Sign Service Agreement; monitor contract



## Managed Competition Progress 2002-2010

### The Honor Roll

1. Solid Waste Operations (2002-03)
2. Traffic Operations (2004)
3. Parks Maintenance Operations (2004)
4. Water/Wastewater Operations (2005)
5. Utility Billing & Collections (2006)
6. Facility Maintenance Services (2007)
7. Workforce Services (2008)
8. Payroll Accounting (2009)
9. Fleet Maintenance (2010)
10. Building Inspection & Planning (2010)
11. Risk Management (2010)

**Cost Savings = \$25+ Million and counting**

## Costs & Benefits of Allowing In-house Competitive Bidding

### Advantages of MC:

- Provides access to alternate suppliers
- Provides a level of safety when unsure of external market
- Spurs more internal reforms, culture change
- Gives in-house provider a chance to retain the business
- Employees are actively involved

### Costs of MC:

- Increased costs for internal unit to prepare for competition
- Perception that in-house unit will get preference
- Competitive bidding process needs to be carefully managed

## Preparing Government Units for Competition

### Questions about current operations:

- What core businesses are we in?
- What level of service is currently being provided? What is mandated by law?
- When was the last time we calibrated our current service levels?
- What levels of service should we be providing? Customer/Council expectations?
- What are our full costs?
- How can we streamline our internal business processes to deliver services more efficiently?

## MC: Critical Success Factors

- Political leadership must be committed and involved
- Community political climate must be open to change  
Stability = high probability for success
- Favorable marketplace dynamics
- Top management must be courageous and leaders of change
- Employee communication, involvement, motivation are key

## How to Change the Culture...

1. Educate to the need for change
2. Define the new culture (vision and values)
3. Create strategic alignment at all levels
4. Build leadership/management skills and solve problems (application)
5. Communicate continuously (never ending)
6. Systematize (implement changes in measurements, systems and processes)
7. Coach to the desired behaviors

*“Change is a law of life. Those who live only for the past or present are sure to miss the future.”*

--President John F. Kennedy

## Change is a Process

- Awareness
- Interest/Desire
- Knowledge
- Ability
- Reinforcement

## Shifting the Paradigm...

Traditional Gov't →

Service Business

- Service Based on Tradition
- Compare to other cities
- Expenditure focused
- Business Based on Community Needs
- Compare to private-sector
- Cost conscious, creative solutions

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# Cost Savings & Efficiencies Since 2001

Business Unit	FY2001 FTEs	FY2011 FTEs
---------------	-------------	-------------

**Reductions**

Accounting & Budget	12	10
Facilities Maintenance	11	7
Fleet Services	22	11 *
Public Works	151	115.5
Library	66.5	37.75
Parks	121.5	84.25

**Increases:**

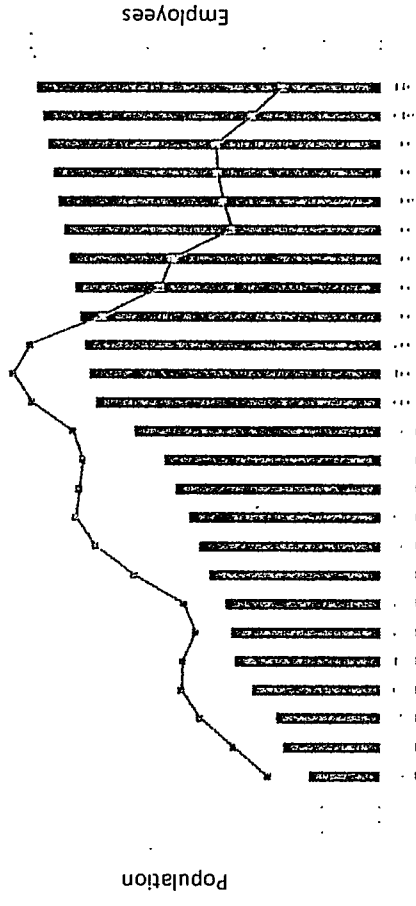
Public Safety (Police, Fire, Env. Svcs., Animal Control)	388	420 FT
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\* Outsourced in 2010

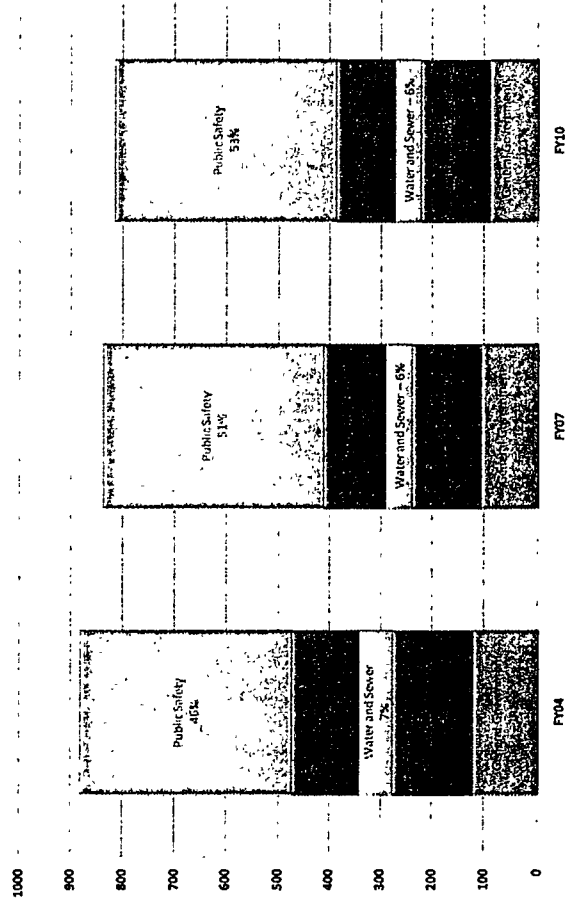
# Managed Competition Scorecard

Outsourced or Subcontracted	Insourced & Retained
IT Operations (1998, 2010)	Traffic Operations
Solid Waste (2003, 2010)	Parks Maintenance
Golf Course Maintenance (2006)	Water & Sewer Line Maintenance
Fleet Maintenance (2010)	Utility Billing & Collections
Risk Management (2010)	Facility Services
	Workforce Services (HR)
	Payroll Accounting
	Building Inspection & Planning

# Meeting Citizen Needs with Fewer Employees



# FTE Comparison by Type



## Effective City Leaders

- Visionary (“Create the Future”)
  - Grounded in reality
  - Creative, “out-of-the-box” thinking
  - Action-oriented
- Team Builders (“Develop Partnerships”)
  - Internal cooperation and resource sharing (“One Team”)
  - Networked at the local, regional and state levels
  - Works with public & private partners to get results
- Re-engineering & Restructuring (“Continuous Improvement”)
  - Streamline business processes
  - Focus on core businesses

## Making Intelligent Outsourcing Decisions

- The Goal: “Best Value” services (cost, quality)
- Outsourcing parties have conflicting interests
- Outsourcing can involve significant costs
- Costs & Benefits must be viewed comprehensively
- Cost savings can result from shifting labor expenses & regulatory obligations
- Organizational dynamics:
  - Monopoly-like behavior hinders efficiency
  - Inability to achieve minimum production costs
  - Internal production may require a distinct culture
  - Governance is an additional cost & critical success factor

## Making Intelligent Outsourcing Decisions (cont'd)

- Strategic Outsourcing (business boundaries)
  - A non-core business or function
  - Where the private-sector provider has:
    - Capital cost & buying advantages
    - Significant economies of learning or experience
    - Economies of scale/scope
    - That cannot be easily imitated
  - Example: Solid Waste Collection & Disposal
- Tactical Outsourcing
  - An input, sub-function or service element
  - Complements overall internal service delivery
  - Example: Parks Maintenance Operations outsourcing of median maintenance

## Making the Outsourcing Decision

- Focus on adding value
- Thorough vendor selection process
- Make performance measurable
- Contract management is key
- Know when you're in over your head
- Assessing market conditions
  - Mature market/experienced vendors?
  - Oligopoly or near Perfect Competition?
  - Barriers to entry & exit?
  - Competitive pricing?
  - Normal profit margins?
- Evaluate Consequences – short & long-term


**In This Issue:**

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April 23-30, 2011

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**National Infant Immunization Week**  
**Love them. Protect them. Immunize them.**

April 23-30, 2011



## NATIONAL INFANT IMMUNIZATION WEEK

April 23-30, 2011

Washoe County Health District, in conjunction with the Centers for Disease Control and Prevention (CDC), observes the 17th annual National Infant Immunization Week (NIIW) during April 23--30, 2011. Local and state health departments, national immunization partners, health care professionals, and community leaders from across the country will collaborate to highlight the achievements and benefits of immunization through community-wide activities and events, including grand rounds and educational training for health care professionals and parents, media briefings, and immunization clinics. In Washoe County, the Northern Nevada Immunization Coalition (NNIC) holds a number of events for NIIW. See <http://www.immunizenevada.org> for more NIIW information in Washoe County.

Currently, in the United States, CDC recommends that children aged  $\leq 2$  years receive vaccines to protect against 14 diseases<sup>i</sup> (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a6.htm>). In September 2010, CDC announced that childhood immunization rates for vaccines routinely recommended for children remain at or near record highs<sup>ii</sup> (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5936a2.htm>). Parental acceptance of routine childhood immunization is essential because high vaccination coverage results in decreased rates of vaccine-preventable diseases. Results from a recent survey of U.S. parents with children aged <6 years show that a majority of parents are confident or very confident in vaccine safety (79.0%) and believe that vaccines are important to children's health (79.8%).<sup>iii</sup> This same survey showed that health-care providers are parents' most important source of information for making decisions regarding vaccination (81.7%). To help facilitate communication between health care providers and parents about vaccines, vaccine safety, and vaccine-preventable diseases (VPD), CDC, the American Academy of Pediatrics, and the American Academy of Family Physicians have

developed a series of educational materials called Provider Resources for Vaccine Conversations with Parents (available at <http://www.cdc.gov/vaccines/conversations>). These resources will be a focus of this week's NIIW educational efforts.

Washoe County has been fortunate related to VPDs, but these diseases are often just a plane ride or car trip away. California has had significant pertussis cases since the latter half of 2010, with 10 infant deaths, and Europe has reported 6,500 cases of measles (rubeola) so far in 2011.<sup>iv</sup> In the first two months of 2011, CDC received reports of seven imported measles cases among returning U.S. travelers; four required hospitalization.<sup>v</sup> Several outbreaks of measles are currently ongoing in the U.S.: in Minnesota 23 cases have been confirmed since the beginning of March (with 14 cases hospitalized)<sup>vi</sup> and in Utah 9 cases have been confirmed since the beginning of April.<sup>vii</sup>

Additional information about national NIIW efforts is available at <http://www.cdc.gov/vaccines/events/niiw>.

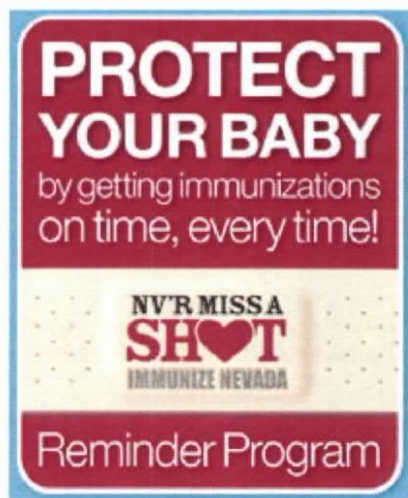
### TWO YEAR-OLD IMMUNIZATION RATES

NIIW is a great opportunity for healthcare provider offices to take a look at their immunization practices to ensure they are making every effort to protect their patients against VPDs. Many physicians' offices overestimate how up to date their two year-old population is with immunizations. 2009 National Immunization Survey data for Nevada was 65.8% for 19-35 month olds (4:3:1:3:3:1; DTaP, Polio, MMR, Hib, Hep B, & Varicella). A 2010 assessment of 19-35 month olds who are Washoe County Health District (WCHD) clients had an up to date rate of 73% for those in WebIZ; Washoe County immunization providers in WebIZ had an up to date rate of 71%.

**Please share this document with all physicians & staff in your facility/office.**

If you would like to learn what your two year-old rate is, consider joining the Nevada State Immunization Program's Vaccine Program. You will receive a rate assessment, as well as vaccine at no cost. This is an ideal opportunity to get vaccine for your patients without insurance, or who may be on Medicaid. Call Nicole Mertz, RN, at 328-6132 for more information.

### REMINDER/RECALL SYSTEM TO INCREASE IMMUNIZATION RATES



Does your office send out a reminder letter or postcard to your patients needing immunizations? This is an intervention that can improve immunization rates of any age range of your population. The WCHD

Immunization Program reinstated this activity summer of 2010, and has experienced positive results, that may be impacting your practice. Immunization rates for WCHD patients increased by 3% after reminder/recall efforts.

Interested in a low or no cost option? Contact your Pfizer/Wyeth Vaccine representative to get information about their reminder/recall program, a proven way to improve your pediatric populations' immunization rate.

### STANDING ORDERS FOR VACCINATION

Using pre-approved standing order protocols for vaccination in healthcare settings allows eligible nurses and other healthcare professionals to administer vaccines to children, adolescents, and



adults, improving protection against VPDs. If you're looking for quick access to standing orders protocols for vaccination, check the Immunization Action Coalition's (IAC) Standing Orders web section, which provides links to sets of standing orders for administering all routinely recommended vaccines to children and adults.

To access links to all IAC's standing orders protocols for vaccine administration, as well as guidance for newborn-nursery hepatitis B vaccination, visit:

<http://www.immunize.org/standing-orders>.

IAC also has a "Handouts for Patients and Staff" web section that offers healthcare professionals and the public more than 250 FREE English-language handouts (many also available in translation), which they encourage website users to print out, copy, and distribute widely. To access all of IAC's free handouts, go to:

<http://www.immunize.org/handouts>.

### QUESTIONS REGARDING IMMUNIZATIONS?

Send an email to Washoe County Immunization Program staff at

[immunizations@washoecounty.us](mailto:immunizations@washoecounty.us).

<sup>i</sup> Centers for Disease Control and Prevention. Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States, 2011. MMWR 2011;60:(Quick Guide, 1-4).

<sup>ii</sup> Centers for Disease Control and Prevention. National, State, and Local Area Vaccination Coverage Among Children Aged 19-35 Months – United States, 2009. MMWR 2010;59:1171-1177.

<sup>iii</sup> Kennedy A, Basket M, Sheedy K. Vaccine attitudes, concerns, and information sources reported by parents of young children: results from the 2009 HealthStyles survey. Pediatrics 2011;127(Suppl 3):S1-8.

<sup>iv</sup> Accessed 04/27/2011 at: <http://www.euro.who.int/en/what-we-publish/information-for-the-media/sections/latest-press-releases/measles-outbreaks-spread-across-europe-european-immunization-week-offers-chance-to-promote-immunization>.

<sup>v</sup> Centers for Disease Control and Prevention. Measles Imported by Returning U.S. Travelers Aged 6-23 Months, 2001-2011. MMWR 2011;60:397-400.

<sup>vi</sup> Accessed 04/27/11 at: <http://www.health.state.mn.us/divs/idepc/diseases/measles/>.

<sup>vii</sup> Accessed 04/27/11 at: <http://www.slvhealth.org/html/measles.html>.