

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

Thursday, August 26, 2021
1:00 p.m.

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

or via zoom at <https://zoom.us/j/97650445987>

Phone: 1-669-900-6833 - Meeting ID: 976 5044 5987

(please be sure to keep your devices on mute and do not place the meeting on hold)

1:00 p.m.

1. Roll Call and Determination of Quorum.
2. Pledge of Allegiance.
3. Public Comment.

Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. All public comment is limited to three minutes per person.

Requests for public comment via zoom must be submitted by email to svaldespin@washoecounty.us before the scheduled meeting. Please log into the ZOOM meeting via the above link. Reasonable efforts will be made to hear all public comment during the meeting.

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

4. Approval of Agenda. (FOR POSSIBLE ACTION)

August 26, 2021

5. Recognitions.

A. New Hires

- i. Carina Suazo, August 2, 2021, Health Educator I - IZ – CCHS
- ii. Mia Gzebb, August 16, 2021, Environmental Health Specialist Trainee – EHS
- iii. Zarmish Tariq, August 16, 2021, Health Educator II – Chronic Disease – CCHS
- iv. Lissa Callahan, August 16, 2021, Statistician– EPHP COVID Program

B. Retirements

- i. Michael Lupan, Environmental health Specialist effective September 14, 2021 - EHS

C. Promotions

- i. Kristen DeBraga, Environmental Health Specialist to Sr. Environmental Health Specialist, effective July 19, 2021 – EHS
- ii. Joshua Philpott, from Environmental Health Specialist Trainee to Environmental Health Specialist, effective August 2, 2021 – EHS
- iii. Julia Ratti, Health Educator to Director of Programs and Projects effective July 16, 2021 – ODHO
- iv. Falisa Hilliard, Office Support Specialist to Program Assistant effective July 1, 2021 - ODHO

D. Special Recognitions

- i. Mike Touhey, NACCHO Food Safety Workgroup member (term from 07/01/2021 – 06/30/2023)

6. Proclamations. (FOR POSSIBLE ACTION)

A. International Overdose Awareness Day.

Accepted by: Britany Wiele, Program Manager, JTNN
Staff Representative: Nicole Alberti

B. Breastfeeding Awareness Month.

Staff Representative: Kelcie Atkin and Alejandra Rosales

C. Emergency Preparedness Month.

Staff Representative: Raquel Depuy-Grafton

7. Consent Items. (FOR POSSIBLE ACTION)

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

A. Approval of Draft Minutes – (FOR POSSIBLE ACTION)

- i. July 22, 2021

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

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$383,437.00 (\$38,43.70 cash match) retroactive to July 1, 2021 through June 30, 2022 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY22 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies..
Staff Representative: Kristen Palmer

C. Recommendation of the appointment of Stephen Shipman to the Emergency Operations Plan Development Committee and Raquel DePuy Grafton and Andrea Esp as alternates to the Emergency Operations Plan Development Committee. (FOR POSSIBLE ACTION)

Staff Representative: Andrea Esp

- D. Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2022.
(FOR POSSIBLE ACTION)
Staff Representative: Anna Heenan

- END OF CONSENT -

8. Regional Emergency Medical Services Authority.

A. Review and Acceptance of the REMSA Operations Report for July 2021. (FOR POSSIBLE ACTION)

Presented by: Dean Dow

B. Update of REMSA's Public Relations during July 2021.

Presented by: Alexia Jobson

C. Review, discussion and possible approval of EMSAB-recommended changes to the REMSA Exemption Guideline letter, to include granting of exemptions during an MCI/MAEA event, weather, system overload, Status 99 situations, and miscellaneous events, as well as extending the three-day required reporting period to five for REMSA and identifying the required approval period for the EMS Oversight Program to three days. (FOR POSSIBLE ACTION)

Presented by: Aaron Abbott

9. Presentation regarding discussion with City and County Managers regarding provisions of the Interlocal Agreement (ILA) entered in to by the Cities of Reno and Sparks and Washoe County for creation of the Health District and possible action to forward recommendations for proposed amendments of the ILA to Reno, Sparks, and Washoe County. (FOR POSSIBLE ACTION)

Staff Representative: Kevin Dick

10. Recommendation to approve Washoe County Health District Public Records Policy and Addendum which allows for the recoupment of actual costs as provided in NRS Chapter 239. (FOR POSSIBLE ACTION)

Staff Representative: Francisco Vega

11. Discussion and possible direction to staff of the Process and Selection of Management Appraisal Form for the District Health Officer's Annual Review. (FOR POSSIBLE ACTION)

Presented by: Laurie Griffey

12. Staff Reports and Program Updates.

A. Air Quality Management, Francisco Vega, Division Director

Clean Cars Nevada, CARB Study on Wildfire Smoke, President Biden Announces Steps to Drive American Leadership Forward on Clean Cars and Trucks, Monitoring and Planning, Permitting and Compliance.

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

Divisional Update – National Immunization Awareness Month; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Immunizations.

C. Environmental Health Services, Erin Dixon, Division Director

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

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, Meeting with City and County Managers, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

13. Board Comment.

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

14. Public Comment.

Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item.

Members of the public wishing to attend via zoom can public comment by logging into the ZOOM meeting via link above. All public comment is limited to three minutes per person.

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

ADJOURNMENT. (FOR POSSIBLE ACTION)

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

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

Public Comment: During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent, by filling out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. For the remainder of the agenda, public comment will only be heard during items that are marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair. Reasonable efforts will be made to hear all public comment during the meeting.

All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Members of the public that wish to attend via zoom may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Downtown Reno Library, 301 S. Center St., Reno, NV

Washoe County Health District Website <https://www.washoecounty.us/health>

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

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

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

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

WHEREAS, in 2020 there were 916 deaths in Nevada and 93,331 in the United States;

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

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

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

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

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

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim August 31, 2021, as

INTERNATIONAL OVERDOSE AWARENESS DAY

ADOPTED, this 26th day of August, 2021.

Oscar Delgado, Chairman
Washoe County District Board of Health

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

WHEREAS, breastfeeding is recommended by the United States Surgeon General and the Nevada Division of Public and Behavioral Health; and

WHEREAS, breastfeeding is recognized by major medical organizations, such as the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, the American Dietetic Association, the Centers for Disease Control and Prevention, the United Nations International Children's' Emergency Fund, and the World Health Organization as the preferred method of infant feeding, and support breastfeeding throughout the early years of life; and

WHEREAS, the United States Breastfeeding Committee declares August National Breastfeeding Awareness month to promote continuity of care for families each step of their infant feeding journey; and

WHEREAS, the World Alliance for Breastfeeding Action is dedicated to the protection, promotion and support of breastfeeding worldwide and celebrates World Breastfeeding Week August 1-7th for the health, well-being, and survival of women, children, and nations; and

WHEREAS, all available knowledge indicates that human milk optimally enhances the growth, development and well-being of the infant by providing the best possible nutrition; and

WHEREAS, human milk is easily digested and contains antibodies passed from the mother to the infant and help protect against illness and allergies; and

WHEREAS, human milk is a safe infant feeding choice during the COVID-19 pandemic and contains antibodies passed from mother to infant which protect against infection from COVID-19; and

WHEREAS, breastfeeding promotes healthier mothers, infants, and children, and benefits society through lower health care costs, improved health, a more stable workforce, and less waste;

WHEREAS, Washoe County Health District and the WIC program support continued education to promote breastfeeding as a high priority to improve the health of infants, children, and women in Washoe County;

NOW, THEREFORE, be it resolved that the Washoe County District Board of Health does hereby proclaim the month of August, 2021, as

BREASTFEEDING AWARENESS MONTH

ADOPTED, this 26th day of August, 2021

Oscar Delgado, Chairman
Washoe County District Board of Health

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Proclamation

WHEREAS, “National Preparedness Month” creates an important opportunity for every resident of Washoe County to learn more about ways to prepare for all types of emergencies, including public health threats, potential terrorist attacks, and natural disasters; and

WHEREAS, it is often neighbors and friends who respond first on the scene after an emergency. This year’s National Preparedness Month theme is “*Prepare to Protect. Preparing for disasters is protecting everyone you love.*”, asking all citizens to *Be Ready* in case of emergency; and

WHEREAS, experience tells us that investing in the preparedness of ourselves, our families, businesses and communities can improve the response to and recovery from a disaster or other emergency, thereby reducing the physical, emotional and financial impact of that disaster or emergency in our communities and in our nation; and

WHEREAS, the Washoe County Health District in coordination with the Washoe County Emergency Management and Homeland Security Program as well as, throughout the various divisions, and other state, local, private and volunteer agencies are working together to increase public awareness in preparing for public health emergencies and to educate individuals on how to take responsibility for preparedness; and

WHEREAS, emergency preparedness is the responsibility of every citizen of Washoe County, and everyone is urged to make preparedness a priority, working together to ensure that individuals, families and communities are prepared for any type of emergency; and

WHEREAS, all citizens are encouraged to participate in citizen preparedness activities and to visit the website www.ReadyWashoe.com to learn more about emergency preparedness, which includes these simple steps:

- Make a Plan – know who to call, where to meet
- Assemble a Kit – know what to pack and have enough supplies for at least 3 days
- Stay Informed – know about our area’s top disasters and related response actions

NOW, THEREFORE, be it proclaimed by the Washoe County District Board of Health that September 2021 is

NATIONAL PREPAREDNESS MONTH

and encourages all citizens and businesses to develop their own emergency preparedness plan and work together toward creating a more prepared community.

ADOPTED, this 26th day of August, 2021.

Oscar Delgado, Chairman
Washoe County District Board of Health



Washoe County District Board of Health Videoconference Meeting Minutes

Members

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

Thursday, July 22, 2021
1:00 p.m.

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

1. Roll Call and Determination of Quorum

Chair Delgado called the meeting to order at 1:02 p.m.
The following members and staff were present:
Members present:

Oscar Delgado, Chair
Robert Lucey, Vice Chair
Michael Brown (via zoom)
Kristopher Dahir
Dr. Reka Danko
Dr. John Novak
Tom Young

Mrs. Valdespin verified a quorum was present.

Staff present:

Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Jim English
Brendan Schnieder
Joelle Gutman-Dodson (via zoom)
Dr. Nancy Diao
Francisco Vega
Erin Dixon
Lisa Lottritz

2. Pledge of Allegiance

Jim English led the pledge to the flag.

3. Public Comment

Chair Delgado opened the public comment period.

Ms. Valdespin call Ralph Coppola, as a registered public comment; however, Mr. Coppola was not available.

Ms. Katie Banuelos began her comment by asking the Board to refrain from taking similar action to that of Las Vegas regarding the institution of a new mask requirement for employees. She opined there is no need for further mandates. Ms. Banuelos asked the Board to put the level of risk locally into perspective, as she believes that even for those with pre-existing conditions the risk of death or hospitalization due to COVID is quite low. Ms. Banuelos opined that although the new variants are considered more transmissible there is no evidence that they are more deadly. Ms. Banuelos stated those that are concerned could protect themselves with the vaccine. Ms. Banuelos believes people have the tools and information they need to weigh their own risks and make decisions for themselves. Ms. Banuelos concluded by asking the Board to trust the people of Washoe County to make choices for themselves and their community.

Mr. Ian Gallagher stated he is concerned about adding additional mandates or further restriction on individuals in Nevada. He urged the Board to leave it up to the employers and individuals to decide how to protect themselves. Mr. Gallagher shared experiences from friends who have fainted due to the wearing masks under hot working conditions. He asked the Board to allow the individuals to decide how to protect themselves.

Ms. Katherine Pauly opined the issue of forcing vaccines on people in the State of Nevada is not a partisan issue, as it affects everyone. Ms. Pauly stated they know there is only a 1% morbidity rate for those who contract COVID-19 and almost 0% morbidity rate for those under the age of 30. Ms. Pauly opined these jabs were not tested on human beings and every animal test subject died during the studies. She believes the test subjects are now human beings who have allowed themselves to be injected with a gene altering mRNA toxin. Ms. Pauly opined that the fall season will be a dangerous time for many people, not due to Delta variant but rather ADE (Antibody Dependent Enhancement). Ms. Pauly continued to state that experts in epidemiology and infectious diseases are testifying that Delta variants are 1/10 as deadly as earlier variants of SARS-CoV-2 but are far more deadly to those that have been vaccinated due to ADE. Ms. Pauly continued to explain that the mRNA technology found in these jabs has been found to be permanently and irreversibly change the immune system by causing a spike protein response in the body which in turn forces the body into an auto-immune response. Mr. Pauly stated there is evidence that spike proteins pierce the blood brain barrier potentially causing neurological damage and causing issues with sterility. Ms. Pauly concluded by stating that Canada insurance companies have refused to insure aircrafts if their pilots have been vaccinated. She also stated that in Israel 40% of the people who have been reinfected with COVID have been vaccinated and those who previously had COVID but were not vaccinated is less than 1%. Ms. Pauly opines that the government and media driven censorship of this information may be viewed by future historians as one of the greatest mistakes of recorded human history and a crime against humanity. Mr. Pauly concluded by stating that they are here to stay and not going away, as this is a fight they will fight as long as they must.

Mr. Bruce Parks began his comment by stating he was there to give a lesson in civics. He referred to the constitution. Mr. Parks stated the constitution is the Supreme Law of the Land, but it doesn't appear to be. Mr. Parks stated a hamburger from McDonalds is attached to 40,000 different regulations put together by unelected bureaucrats that control every aspect of daily lives. He believes the federal registry is unacceptable. Mr. Parks continue to opine those unelected bureaucrats like those in the CDC flip and flop on the Wuhan virus issue. He doesn't believe that statistics can be trusted because they change almost daily. Mr. Parks referred to the World Health Organization as unelected bureaucrats telling people what to do. Mr. Parks continued to name some people that can be trusted: the Great Barrington

Declaration and America's Frontline Doctors Organization. Mr. Parks stated public safety is not the issue it is the money, as he feels the Board is afraid to upset the governor for fear that he will withhold money. Mr. Parks asked the Board to tell the governor the people do not need the money and will no longer follow the mandates.

Ms. Lorraine Dougherty addressed the governor's current state of emergency for the State of Nevada. Ms. Dougherty urged the Board to declare the state of emergency ended. She believes we are no longer in an emergency. Ms. Dougherty read the definition of a state emergency and feels this is no longer the case as well as it's not supported by the Washoe County Dashboard. Ms. Dougherty referred to the numbers in the Dashboard to state her opinion of the community's status as to the pandemic including the recovered numbers which she believes represents 96%. She opined this pandemic is much like the common cold, where people have it and some people are becoming immune. She concluded by urging the Board to end the state of emergency for Washoe County.

Mr. Nicholas St. John commented that while it sounds noble to protect people from the pathogen by mandating the wearing of masks, socially distancing, limiting the number of people in gatherings, and closing "non-essential" businesses in retrospect he feels that none of these protections did one thing to slow the spread. However, he feels it forced government overreach and invasion of the people's lives, property, and rights. Mr. St. John opined that for a disease that is less deadly than the seasonal flu and less contagious than the measles, the Board decided to go along with the governor and refused to protect the rights of the people. He continued to state that the science that has been ignored has showed that dozens of studies prior to 2020 proved that masks cannot keep a viral microbe, so small that would go through a mask, from infecting a person. He continued to refer to a study that showed that 85% of those infected wore their masks always or almost always, while 8% of those infected, never, or rarely wore their masks. Mr. St. John continued to refer to articles in the New York Post that spoke of alternative treatment for COVID namely high doses of vitamin C among others. Mr. St. John informed the people would hold this Board and the District accountable. He informed the Board is now on notice and the people are present to redress their grievances, as such he asked the Board must respond with the thoughts of the Board.

Ms. Cindy Martinez displayed images in Chambers, copies of which were placed on the record and began her comment by stating that she is asking for an end to the Public Health Emergency, no mandatory vaccinations, and a ban on vaccine passports. Ms. Martinez referred to a CDC's declaration to end reports on hospitalization of vaccinated persons but continue to report on hospitalizations for those who are not vaccinated in what she opined was advancing the narrative of this is a pandemic of the unvaccinated. Ms. Martinez commented that Pfizer is a sponsor of the American Academy of Pediatrics who wants to see children in mask, which she opined was a conflict of interest. She continued to speak about the vaccinated population of health care workers in Indonesia. Ms. Martinez also commented that the German pharmacies have stopped issuing COVID vaccine passes after a security breach. Ms. Martinez opines cyber security is also an issue of concern for the U.S. Ms. Martinez concluded by referring to a lawsuit from Tom Renz against the federal government based on a report from a CDC whistleblower regarding deaths after vaccination. Ms. Martinez asked the Board to access information outside of the CDC, Governor's Task Force, and the taskforce headed by the Health Officer.

Ms. Melanie Sutton asked the Board to end the Public Health Emergency. Ms. Sutton shared that she home-schools her children because she did not want to force them to wear masks, as she believes it's unconstitutional. Ms. Sutton reiterated she wants to end the Public Health

Emergency and get rid of the masks, as she opines, they do not help. Additionally, she asserted the vaccine is not a vaccine as it had not been approved by the FDA and continues to state she knew more people that have died from the vaccine than COVID. Ms. Sutton relayed her experience in having contact with a person that had COVID and stated she has not been sick and asked why if it's contagious she has not been infected. Ms. Sutton stated she has only worn a mask to play Commissioner Lucey's and the School Board's game. Ms. Sutton continued to speak of her continuous contact with the public without getting sick.

Mr. Donald Fossum began his comment by calling attention to his shirt "No more house arrest" and continued to state he has been everywhere including Trump rallies and other gathering without a mask. Mr. Fossum called attention to his age and states he has been healthy. He also referred to an article from CNN with a quote from the president where the president states "it's simple, we have a pandemic for those who haven't gotten a vaccination. It's that basic, it's that simple." Mr. Fossum concluded by asking the Board not to establish guidelines behind what the government is doing.

Ms. Katherine Snedigar displayed an image in Chambers. She discussed the everyday number of cases on the Dashboard. She noted that if she added all those numbers, there would be more new cases than people that live in Washoe County. She spoke about the COVID-19 vaccine and opined that it's an experimental bioweapon that is being tested on people. She believes COVID-19 is a lie. She spoke about the Chairman of the Commission when he was supporting hydroxychloroquine but was promised a job if he discontinued support, so he withdrew his support. She admitted to not wearing a mask, not isolating, and attending big crowds and has not been sick.

Ms. Erin Massengale asked the Board to agendize and pass a resolution to end the Public Health Emergency, ban vaccine passports, and discrimination based on vaccine status.

Mr. Kenji Otto said he reviewed the Board's qualifications and opined the only one qualified was the doctor. He asked for the Health Officer to be removed, as he opined the Health Officer is not qualified to do anything. He believes Nevada is being led by Marxists. Mr. Otto spoke about his monthly contact with the public and states he has not been sick. Mr. Otto spoke about his military medical experience.

Mr. Kenneth Coppola spoke about his exposure to the medical field and stated masks are worthless. He opines the only method that works is a quarantine. He asserted that this situation has only created misinformation, anxiety, fear, and depression. He further spoke about the invalidity of vaccine passports and asked the Board to end the Public Health Emergency.

Having no additional public comment, Chair Delgado closed the public comment period.

4. Approval of Agenda.

July 22, 2021

Dr. John Novak moved to approve the agenda for the July 22, 2021, District Board of Health regular meeting. Councilman Dahir seconded the motion which was approved unanimously.

5. Recognitions.

A. New Hires

- i. Sahara Cruz, July 6, 2021, Office Assistant II - IZ – CCHS
- ii. Kaelyn York, July 6, 2021, Public Health Nurse I – CCHS
- iii. Jordan Petrilla, July 6, 2021, Public Health Nurse I – CCHS

iv. Ernesto Rodriguez, July 19, 2021, Office Assistant II – IZ- CCHS

Mr. Kevin Dick recognized all the new hires and invite Lisa Lottritz to welcome the new hires.

Ms. Lottritz briefly introduced the new hires and their new positions.

B. Years of Service

i. Amy Santos, 5 years, hired July 11, 2016 – EHS

Mr. Dick recognized Ms. Santos for her years of service.

C. Transfers

i. Kaleigh Behrendt, transfer to Public Health Nurse II from Nursing Supervisor in Senior Services effective June 7, 2021 – CCHS

Ms. Kevin Dick recognized Ms. Behrendt on her transfer to the Health District.

D. Promotions

i. Mike White, from CCHS Storekeeper to COVID Office Support Specialist effective June 28, 2021– COVID EPHP

ii. Joseph Crump, from Intermittent Hourly Public Health Nurse to Public Health Nurse I, effective July 6, 2021 – CCHS

iii. Nicole Alberti, promoted from Health Educator II to Health Educator Coordinator, effective July 6, 2021 – CCHS

Mr. Kevin Dick acknowledged Mr. White as the OSS with COVID and acknowledged his great work as a Storekeeper.

Mr. Dick recognized Mr. Crump's promotion into CCHS as a Public Health Nurse I.

Mr. Dick acknowledged Ms. Alberti for her promotion.

E. Special Recognitions

i. Jim English, Advanced Leadership Academy - UNR

ii. Nicole Alberti, Advanced Leadership Academy – UNR

Mr. Kevin Dick recognized Mr. English and Ms. Alberti for their achievement with UNR to develop his leadership.

F. Recognition of County Staff Providing Critical Support for the Health District COVID-19 Response

i. Dan Cahalane, Planner, CSD

ii. Denise Evans, Volunteer Coordinator, CSD

iii. David Gonzales, Equipment Services Superintendent, CSD

iv. Dylan Menes, Sr. Engineer, CSD

v. Aaron Smith, Business Intelligence Program Manager, CSD

vi. Sarah Tone, Business Facilitator, CSD

vii. Shane Weckerly, Recreation Coordinator, CSD

viii. Kristy Lide, Curator, CSD

ix. Samantha Pierce, Internal Auditor, County Manager's Office

Mr. Kevin Dick asked Mr. Jim English to recognize County staff who have provided critical support for the COVID-19 Response Operations.

Mr. English briefly spoke about the roles the listed County Staff executed as a response to a call for additional resources, which included staff to work in areas that were unfamiliar these staff members. He also spoke about the time these employees spent supporting the COVID Response.

Mr. English presented all nine employees with challenge coins as a token of the Health District's appreciation.

Chair Delgado congratulated everyone for either joining the team or being recognized for their hard work on behalf of the County.

6. Consent Items

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

A. Approval of Draft Minutes

- i. June 24, 2021

B. Budget Amendments/Interlocal Agreements

- i. Approve an Interlocal Agreement between Washoe County Health District (District) and Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno School of Medicine (School) to provide services associated with detection and description of populational and environmental public health threats, retroactive to July 1, 2021 through June 30, 2022 unless extended by the mutual agreement of the Parties, with automatic renewal of two successive one-year periods for a total of 3 years unless previously terminated pursuant to other provisions of this Agreement.
Staff Representative: Lisa Lottritz
- ii. Authorize FY22 Purchase Order to Merck Sharp & Dohme Corporation in the amount of \$150,000.00 to purchase vaccines for the Immunization and Family Planning Programs.
Staff Representative: Kim Graham and Katherine Sobrio
- iii. Approve a Grant Award and Agreement from Nevada Clinical Services, Inc. retroactive to July 1, 2021 through June 30, 2022, in the total amount of \$132,000.00 (no match required) in support of the Community and Clinical Health Services Division's Tobacco Control Program IO# 29024; and authorize the District Health Officer to execute the Agreement and any future amendments.
Staff Representative: Kim Graham and Kelli Goatley-Seals
- iv. Approve a Subaward from the State of Nevada Department of Health and Human Services Grants Management Unit retroactive to July 1, 2021, through June 30, 2023 in the total amount of \$626,822.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11855 and authorize the District Health Officer to execute the Subaward and any future amendments.
Staff Representative: Kim Graham and Kelly Verling
- v. Approve the additional provisions outlined in the Addendum #1 to Interlocal Agreement No. 2100872 between the District Board of Health and the Board of Regents, NSHE on behalf of the University of Nevada Reno Public Health Training Center to provide a team of employees to assist in the Health District's COVID response for the period July 1, 2021 through June 30, 2023, and authorize the District Health Officer to execute any additional addendums.
Staff Representative: Kristen Palmer and Heather Kerwin
- vi. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the total amount of \$948,213.00 (\$94,821.30 cash match) retroactive to July 1, 2021 through June 30, 2022 in support of the Centers for Disease Control and Prevention (CDC) Public

Health Preparedness Program (PHP) and authorize the District Health Officer to execute the Notice of Subaward, any future amendments and MOU agreements with partnering agencies.

Staff Representative: Kristen Palmer

- vii. Approve the Grant Agreement from the U.S. Environmental Protection Agency (EPA) in the amount of \$707,547.00 retroactive to October 1, 2020, through September 30, 2021 for the Air Quality Management, EPA Air Pollution Control Program, IO# 11755 and authorize the District Health Officer to execute the Agreement.

Staff Representative: Kristen Palmer and Francisco Vega

C. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

- i. Preston Homes – Case No. 1252, NOV AQMV21-0031
- ii. Abbet Enterprises – Case No. 1253, NOV AQMV21-0033
- iii. Ryder NV Management, LLC – Case No 1260, NOV AQMV21-0029
- iv. DWF V Summit Club Holdings, LLC – Case No. 1263, NOV AQMV21-0036
- v. Tanamera Construction, LLC – Case No. 1298, NOV AQMV21-0027
- vi. Aspen Developers – Case No. 1299, NOV AQMV21-0026

Staff Representative: Joshua Restori

D. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2021.
Staff Representative: Anna Heenan

Tom Young moved to approve the consent agenda. Dr. John Novak seconded the motion which was approved unanimously.

7. Regional Emergency Medical Services Authority

A. Review and Acceptance of the REMSA Operations Report for June 2021.

Presented by: Dean Dow

Mr. Dean Dow opened this item for questions the Board may have regarding the report that was submitted by REMSA.

Vice-chair Lucey moved to approve REMSA's June 2021 Report. Dr. Reka Danko seconded the motion which was approved unanimously.

B. Update of REMSA's Public Relations during June 2021.

Presented by: Alexia Jobson

Alexia Jobson presented the Public Relations report for June 2021.

Ms. Jobson provided updates since the writing of her report. REMSA Health hosted a media event to encourage "water watcher" be designated to actively watch children near a body of water to prevent accidental drownings, which included a mock drowning scenario response.

Ms. Jobson reported REMSA Health sent a delegation of 10 people to the International Academies of Emergency Dispatch Navigator Conference in Las Vegas, in which they earned continuing education credits.

Ms. Jobson concluded her report by informing that REMSA Health's Regional Emergency Communications Center was recognized for its 20 continuous years as an accredited Center of Excellence. Additionally, Ms. Jobson reported Mr. Adam Heinz was installed as a member of the Board of Accreditation.

Ms. Jobson opened her item for questions from the Board.

C. Discussion and possible approval of the revisions to the REMSA Exemption

Guidelines Letter to better define exemptions related to construction, hospital evacuations and criteria for declared emergency exemptions.

Presented by: Aaron Abbott

Mr. Aaron Abbott began his presentation by reporting that the item was intended to add amended language to the REMSA Late Call Exemption Criteria that is authorized by the District Health Officer. He briefly outlined the process that led to the proposed revisions and listed the revisions for the Board.

Mr. Abbott continued to report that this item is proposed to clean some of the responses up and grant those authorities to the District Health Officer.

Mr. Abbot opened his item for questions from the Board.

Chair Delgado asked if these changes were presented to the EMS Advisory Board.

Mr. Abbott clarified that REMSA Health worked with the EMS Oversight Committee to create the proposed revisions.

Chair asked if the EMS Oversight Committee had the opportunity to review the presented information and provide recommendations.

Mr. Abbott confirmed the Committee recommended to take these revisions to the District Health Officer.

Chair clarified he was interested in knowing if the EMS Advisory Board had reviewed the proposed revisions.

Mr. Abbott reports EMSAB has not had the opportunity to review the proposed changes.

Chair Delgado asserted he would like to hear from the EMS Advisory Board in terms of their feedback on changes that may impact the different jurisdictions.

Mr. Abbott complied and stated they would take the proposed changes to EMS Advisory Board.

Chair Delgado reiterated the importance of all entities to be apprised of the revisions and obtain input.

Councilman Dahir asked that these types of requests be brought forth to EMSAB, as he opined communication is not where it needs to be. He also asked Health Officer Dick to bring these types of requests to the Board with suggestions from EMSAB, even if it's not a requirement of the official bylaws.

Mr. Young agreed with the opinion that the Advisory Board needs to be brought onboard on all these issues. Additionally, he asked if the Status 99 delays have improved.

Mr. Abbott stated they are not improving and are getting worse.

Mr. Councilman asked Mr. Abbott to expand on his response.

Mr. Abbott explained the long-term impact of COVID will not be alleviated for some time. Health Care networks have seen a dramatic shift in staffing and increases in attrition, which poses a challenge for hospital partners. He added they are seeing unprecedented call volumes at REMSA and high 911 utilization rate.

Councilman Dahir moved to postpone this item to allow REMSA to address the item with the Emergency Medical Services Advisory Board, prior to obtaining Board approval. Dr. John Novak seconded the motion which was approved unanimously.

D. Discussion and possible approval of the recommended Consultant Fitch & Associates to prepare a market survey study report.

Presented by: Aaron Abbott

Mr. Aaron Abbott informed the Board REMSA is attempting to satisfy the requirement of the franchise to retain a consultancy firm to do a 7-year market study. Mr. Abbot spoke briefly about the recommended consultant and their qualifications.

Councilman Dahir asked what the following steps are after the 7-year market study.

Mr. Abbott briefly described the process that is followed in compliance with the franchise.

Chair Delgado asked about the costs.

Mr. Abbott clarified that REMSA covers these costs, so there is no charge to the Health District.

Commissioner Lucey moved to approve the recommended Consultant Fitch & Associates to prepare a market survey study report. Dr. Reka Danko seconded the motion which was approved unanimously.

8. PUBLIC HEARING for review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 - Emergency Episode Plan.

Staff Representative: Brendan Schnieder

Chair Delgado called the Public Hearing to order.

Mr. Brendan Schnieder began his presentation by providing a brief description for the purpose of this item as well as a description of all revisions. Mr. Schnieder included a list of steps taken to discuss the impact to business.

Mr. Schnieder opened his item for questions from the Board.

Councilman Dahir asked that a provision be added to allow the Board to revisit these regulations if needed.

Mr. Kevin Dick reported that for this Emergency Episode Plan the emergency is determined by the air pollution reading from Air Quality Monitoring Network. The Emergency would only be while those air quality concentrations were occurring.

Dr. John Novak moved to adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 050.001 - Emergency Episode Plan. Councilman Dahir seconded the motion which was approved unanimously.

Chair Delgado closed the Public Hearing.

9. Recommendation and possible adoption of the July 21, 2020, Washoe County Public Records Request Policy.

Staff Representative: Kevin Dick

Health Officer Kevin Dick provided a brief explanation for the purpose of this item. Health Officer reported the policy presented to this Board reflects the policy passed and approved by the County Commission in July 2020, which incorporated revisions that were made into the NRS regarding public records in 2019.

Councilman Dahir moved to adopt of the July 21, 2020, Washoe County Public Records Request Policy. Commissioner Lucey seconded the motion which was approved unanimously.

10. Recommendation to Approve the delay of Community and Clinical Health Services (CCHS) scheduled fee revision analysis until September 2022, and possible adoption of the new fees to January 2024.

Staff Representative: Lisa Lottritz

Ms. Lisa Lottritz provided the Board with a brief description of her item and the reason behind the request, which included a requirement for a yearlong time study. Ms. Lottritz reports that CCHS is nowhere near daily normal operations, as such a study of current operations would not be a good identification of normal operations.

Councilman Dahir voiced concern over the increase in fees once the delay is remanded.

Ms. Lottritz reported that part of their fee analysis is looking at like-clinics in the area to determine increases in fees.

Health Officer Dick further confirmed that the fees collected by CCHS have the Western Medical CPI incorporated in them to keep pace with inflation, in an effort to prevent a big adjustment.

Dr. Reka Danko moved to approve the delay of Community and Clinical Health Services (CCHS) scheduled fee revision analysis until September 2022, and possible adoption of the new fees to January 2024. Tom Young seconded the motion which was approved unanimously.

11. Presentation, discussion and possible adoption of revised Bylaws, and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board.

Staff Representative: Kevin Dick

Health Officer, Kevin Dick provided an explanation for bringing this item to the Board. Board members were concerned with attendance policies/rules regarding DBOH meetings. Mr. Dick informed the Board that the additions to the current bylaws, and rules, policies, and procedures clarify the importance of attendance as well as formalizing attendance expectations and notifications of absenteeism.

Chair Delgado asked if there were further requests outside of the stated revisions.

Mr. Dick invited further changes if deemed necessary.

Vice-chair Lucey voiced some concerns with the language regarding the number of missed meetings as Board members do not have alternates. He asked that if this item moves forward, that members be allowed to have representatives to sub-in when member have scheduling challenges.

Councilman Dahir opined that a representative would be beneficial as he would like for Sparks to be represented in the event he must be absent.

Commissioner Lucey opined the item is too broad and suggested representatives be assigned for members with a waiver for the doctor seat.

Mr. Dick informed the Board that the District Board of Health composition is determined under NRS 439, which does not call for alternate members. He additionally clarified that bringing the item to the Board for discussion after 3 absences is not an automatic action.

Commissioner Lucey clarified that he understands NRS 439 to dictate size.

Chair Delgado suggested to adopt what was presented today and have the item return to the Board with further explanation with respect to membership to this Board. Additionally, Chair made note that 3 meetings of the year is a quarter of the year to have non-representation from a jurisdiction, which he believes is inappropriate. He further commented that the jurisdictions are entitled to be aware that their members are not attending.

Mr. Dick clarified that it would be more than 3 missed meetings, which would represent a

third of the meetings within a year.

Dr. Novak agreed with Chair that this is not meant to be disciplinary, it would just reinforce that being a member of this Board is an important position that requires consistent participation.

Councilman Dahir opined that his appointment came from his city, thus, he does not believe this Board is within its jurisdiction to decide a member should not be a member of this Board.

Chair Delgado pointed to the bylaws, Item 4.4.b. as it states this addition allows for a discussion for possible action by the Board to consider a request to the appointing Body to replace a member due to a lack of attendance.

Commissioner Lucey asked the verbiage of the addendum reflect a notice be sent to the appointing Body and not a letter requesting to replace a member. He opined that membership to this Board is a representation of the people.

Councilman Dahir agreed.

Chair Delgado reiterated that representation of the people is important via attendance.

Commissioner Lucey moved to adoption of revised Bylaws, and Rules, Policies and Procedures, to include additions, deletions or changes as requested by the Board and allow Counsel to bring forth issues regarding potential alternates and members. Dr. John Novak seconded the motion which was approved unanimously.

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

Presented by: Dania Reid, Deputy District Attorney

Deputy District Attorney, Dania Reid provided a brief explanation of her item, including the requirement of this Board to engage on an annual review of the agreement. Ms. Reid defined the roles to be played by the Board as to revisions whether it is approving the agreement as it exists or formulate recommendations that staff will forward to the three jurisdictions for their consideration. Ms. Reid reminded the Board that any revisions to the agreement must be complete 90-days before it's anniversary date.

Commissioner Lucey reference the January 2020 concurrent meeting as to recommendations to revise the agreement. He shared the recommendation brought forth for the County Commission to include changing the name of the Washoe County Health District, the membership arrangement to include two elected members and add three members to include the physician seat, local industry seat, and at-large public seat, amending the appellate process, and the requirement of Health District Officer be that of a medical professional.

Councilman Dahir agrees with expanding the elected officials, as he opined that when decisions made were not communicated effectively. He stated he is in a place to represent the City of Sparks for Health decisions, businesses, constructions, and other components.

Councilman Dahir also agreed regarding the name change. Additionally, he confirmed changing the requirements of the Health District Officer does not mean replacement of the current Health Officer, but rather future recruitments.

Tom Young commented that this department operates much like a business, so it needs someone that understands budget, personnel, public relations, and complex operations. He

opined the best person for the job is the best person for the job and it might not be someone with a medical degree as other operations take place within the Health District.

Commissioner Lucey opined that while he agrees that the Health Officer handles other matters in his role, there are hospitals who employ individuals that handle both the business and the health portion of the job. Commissioner Lucey stated that they are a policy board and provide overall direction and not to try to tell the Health Officer or any other staff how to perform their duties. Mr. Lucey opined that elected officials are purely representatives of policy direction. He also opined that the accountability that comes from an elected seat calls for more elected officials to be members of this Board. He stated he is looking for something similar to what Clark County is doing with Southern Nevada Health District.

Chair Delgado supported the name change and reported funds have been set aside to support that decision. In reference to clarifying the appeal process, he opined this was achieved. Chair Delgado expressed appreciation for the communications aspect, which was a heavy part associated with the concurrent meeting.

Chair Delgado expressed appreciation for this Body not consisting of more elected officials and more so the community, as he opined it takes the politics out of the operations. He also expressed that the non-elected members of the Board are not as heavily influenced as their names are not on a ballot during elections. Additionally, Chair Delgado referred to boards around the community that are not composed of only elected officials which he opined helps in taking the politics out. Chair Delgado also responded to the comparison of this Board with the Board of Southern Nevada, to which he opined is not a fair comparison as Clark County is much larger than Washoe County. Chair Delgado spoke as to the qualifications of the Health Officer. He opined this issue can be discussed at the time of his evaluation and further stated he feels discussing it mid-year is unfair and ahead of its time.

Councilman Dahir stated he needed an end result, as he does not want anything to be done or said that has his name and his city's name on it that is not something he would say or do.

Chair Delgado reiterated that some of the issues with the meeting expectations is the open meeting law. He also confirmed the Health Officer consults with Chair about any decision, so the Health Officer is not acting on his own. He asked the Board to have confidence and belief with the performance of the Health Officer to allow him to do his job. Chair also highlighted the Health Officer's efforts to have open communication with the rest of the Board, by setting regular meetings with all the members of the Board.

Dr. John Novak showed appreciation for the chair's comments and expressed agreement based on his experience as chair. Dr. Novak opined about an absolute requirement that the Health Officer must be a physician. He stated he knows there are physicians around the country that hold the Health Officer's position, but it doesn't make them qualified due to a medical degree. He asserted that he did not want to see the said requirement as part of the policy.

Commissioner Lucey stated that he would contend that if tax dollars pay for the majority of the Health District's budget this Board needs more elected official representation. He concluded by stating that it is his duty to bring this assertion forward as a liaison from the Board of County Commissioners.

Chair Delgado noted that around the country Health Officers are resigning due to the political pressures as well as political oppositions and distress. He concluded that allowing professionals to do their job. He respectfully opined, contrary to Vice-chair's opinion, that

non-elected members were just as responsive to the community.

Councilman Dahir stated that he serves in over 20 boards and opined this is the only Board that creates the communication problems he has had. He stated that while he appreciates the media wants things right away, however, he opines the Board works on their own timeline.

Chair Delgado asked guidance regarding the name change motion, as to whether it would necessitate a change in the Interlocal Agreement.

Deputy District Attorney, Dania Reid affirmed that any changes that would relate to the composition governance would require a change to the Interlocal Agreement. DDA Reid continued to provide instruction on how to move forward with a motion. DDA Reid also asserted that the 3 jurisdictions can act on their own.

Vice-chair made a motion to direct the Health Officer to meet with cities and county managers and take recommendations to build a plan on revisions to the Interlocal Agreement and for further discussion with this Board and the 3 entities, which include name change, membership arrangement, and all that was discussed today and follow up with the Board to find reasonable amendments based on the discussion.

Councilman Dahir stated he would second the motion; however, he added that he would like the Board to have a vote on this action.

Chair Delgado confirmed Vice-chair's motion which included changing the required qualification for the Health Officer and continued to assert he would not approve or vote yes on said motion.

Tom Young agreed that the name change is a positive change; however, he feels tabling this item to address the two other recommendations would be prudent.

Chair Delgado asked DDA Reid to bring back information as to Board members according to NRS and open a membership discussion.

Dr. Novak asked if a workshop can be facilitated to discuss these recommendations more in detail. He also asserted that he would vote no to the proposed recommendation.

Commissioner Lucey recommended Health Officer meet with the managers and discuss today's meeting and follow up with this Board at the next scheduled meeting for ratification.

DDA Reid reiterated the Interlocal Agreement requires that any amendments be effectuated 90-days before the anniversary date of the agreement which is January 1, 2022. Any amendment or revision to the Interlocal Agreement would have to be approved and effectuated by no later than October 1, 2021.

Councilman Dahir moved to direct staff regarding a name change to the Washoe County Health District. Commissioner Lucey seconded that motion which was approved unanimously.

Councilman Dahir moved to table this item to allow Health Officer, Kevin Dick to discuss the content of this meeting with Reno, Sparks and Washoe County regarding amendments to the Interlocal Agreement. Commissioner Lucey seconded that motion which was approved unanimously.

Mr. Kenji Otto asked Chair Delgado to speak up and Dr. Novak to turn on his microphone when speaking to avoid violation of open meeting laws. Mr. Otto spoke about his experience with doctors who ran large medical units using people like Mr. Otto to handle equipment tracking and budgets. Mr. Otto stated the public does not have confidence in this Board. In

conclusion he stated a doctor can run an office. Mr. Otto agreed with Commissioner Lucey and Councilman Dahir regarding the changes in the system.

Ms. Cindy Martinez thanked Councilman Dahir for representing the spirit and independence of Sparks. Ms. Martinez also thanked Commissioner Lucey for his comments. Ms. Martinez made references to the pneumonia cases, and she opined that history would sort out where the missteps were made. She expressed disappointment with the Health Officer's inability to make medical decisions that have affected the civil liberties of the citizens of Washoe County. Ms. Martinez stated she felt that there is no accountability to the people. Additionally, she expressed that she's unsure as to the expansion of the Board, unless expanding means being more accountable. Ms. Martinez expressed her strong feelings about the medical qualification the Health Officer should have.

13. Washoe County Health District Government Affairs Update.

Staff Representative: Joelle Gutman-Dodson

Ms. Joelle Gutman-Dodson began her update by providing a list of all the bills that the Health District was involved in. She continued by providing details of specific bills that directly affect the roles of the Health District including Senate Bills 424, 209, 460, 341, and 69.

Ms. Gutman-Olson opened this item for questions from the Board.

Vice-chair Lucey thanked Ms. Gutman-Dodson for her report and work with the legislation. He also asked if there have been discussions regarding changes to SB4.

Ms. Gutman-Dodson confirmed the bill was discussed and there was a bill related to SB4 but it did not go to the extent the casinos and the Health District would have hoped; however, SB386 revised some of the parts of SB4, such as removing language regarding regulating cleaning products. Ms. Gutman-Dodson reported these changes were effective July 1, 2021, and it expires when the Governor terminated the Emergency Directive or 8/31/2022.

Vice-chair asked for clarification of the expiration date.

Health Officer stated his understanding was the provisions set on SB386 would terminate and not the bill in its entirety. He also clarified that SB4 in its entirety would cease once the Governor ends the Declaration of Emergency.

14. Staff Reports and Program Updates

A. Air Quality Management, Francisco Vega, Division Director

Program Update - Clean Cars Nevada Webinar, Electric Vehicle Infrastructure Gets \$15 Billion, Electrification of Medium and Heavy-Duty (MHD) Vehicles, Monitoring and Planning, Permitting and Compliance.

Mr. Vega open his item by informing the Board he did not have anything additional to add to his submitted report.

Mr. Vega opened his item for question from the Board.

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

Divisional Update – CCHS Leadership Changes, Data & Metrics; Sexual Health (HIV and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children; COVID-19 Vaccinations.

Ms. Lottritz began her report by highlighting the Family Health Festival and their participation in the event. She also reported her division will be holding back-to-school

clinics. Ms. Lottritz added that the WIC's federal waiver was extended to November 16, which allows for remote visits.

Ms. Lottritz opened her item for questions from the Board.

Councilman Dahir asked if he can receive notification on events via email.

Chair Delgado acknowledged and thanked the non-profits that participate in these events.

C. Environmental Health Services, Erin Dixon, Division Director

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

Erin Dixon began her report by highlighting that the EHS Epi Team temporarily closed a childcare due to the inability of the facility to control an outbreak. Enforcement and education were provided to assist the childcare. Additionally, she reported a food facility was charged with a validated complaint fee. She concluded by informing the Board of the latest aerial treatment and the food program has received the physical Crumbine Award.

Ms. Dixon opened her item for questions from the Board.

Chair Delgado spoke of his experience with the EHS Division as they inspected the Traner Pool.

D. Epidemiology and Public Health Preparedness, Dr. Nancy Diao, Division Director

Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics.

Dr. Nancy Diao began her report by highlighting that the Hospital Preparedness Program participated in the Reno Rising 2021 Tabletop Exercise that was hosted by the VA. Dr. Diao reported that outside of COVID the largest outbreak being tracked is RSV with 3 open outbreaks in daycare settings.

Dr. Diao made herself available to respond to questions from the Board.

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

District Health Officer Report – COVID-19 Response, Joint Information Center, Public Health Accreditation, Community Health Improvement Plan, Strategic Planning, Workforce Development, NACCHO 360, and Public Communications and Outreach.

Health Officer, Kevin Dick opened his item by providing an update on the COVID-19 response. Mr. Dick reported the Health District continues to see increases in new cases daily reporting 51 new cases for today, bringing the 7-day average to 45 new cases per day which represents a 142% increase over the past 14-days. Additionally, Mr. Dick reported on hospitalization at the request of the public. He reported 39 hospitalizations in Washoe County, which is a 77% increase from June 22, 2021. He provided a brief comparison to Clark County, with Clark County reporting higher numbers in hospitalizations.

Mr. Dick reported status on vaccination efforts, with an increase in people seeking initial vaccination. He also reported that under the State's County Tracker Program Washoe County is flagged for having less than 100 tests per day per 100,000, however, he reported that due to the increase in cases the Health District is seeing an increase in people that are being tested. Mr. Dick reported that in Nevada, 9 out of 17 counties are flagged for elevated disease transmission.

Mr. Dick provided some clarification based on some of the comments received today. Mr. Dick reported the Health District does track breakthrough cases that are hospitalized; however, the Health District does not track every single person that has been vaccinated and ends up in the hospital as people get hospitalized for various reasons. He continued to report the number of Delta variant cases and deaths and asserted the vaccine is the best approach to move forward out of the pandemic.

Mr. Dick also clarified the Washoe County Health District doesn't have any mandates in place as far as the response to COVID-19. The State through the Governor's directive does have a mandate for mask wearing of unvaccinated individuals when indoors. He continued to assert the Health District does not declare a State of Emergency, under state law Public Health Emergencies are declared based on a recommendation from the Chief Medical Officer for the State to the Governor. Also, he informed the Health District does not play a role in making decisions for the types of treatments provided by medical providers and throughout the community. Additionally, he clarified the numbers being reported that were referred to by a commenter that add up to more than the population of Washoe County are statewide numbers.

Mr. Dick opened his item for questions from the Board.

Councilman Dahir asked if flu shots can be administered along with other vaccinations.

Mr. Dick informed flu shots have not been planned yet; however, agreed that concurrently vaccinating is a good idea.

Ms. Cindy Martinez referred to a door knock flyer for the vaccination lottery. Ms. Martinez feels its unconscionable. Ms. Martinez showed concern for what this act would mean for the future. Ms. Martinez made note of the Health Officer's report and asked Dr. Reka Danko to address the concerns of the citizens. Ms. Martinez asserted the information about prevention is not readily available.

15. Board Comment.

Councilman Dahir asked if more information can be provided regarding hospitals, as he would like to understand it better.

Chair Delgado thanked District Health Office, Kevin Dick, and his staff for their hard work, and continued to clarify that the District Health Officer has a team of professionals that surround him, and this team speaks through him to the rest of the County. He continued to assert that although often compared to Clark County the two counties are very different. Chair Delgado encouraged the community to acknowledge the work that has been done around the Washoe County to prevent situations like those in Clark County and others in the nation, and further encouraged the community to take the opportunity to continue to work together.

16. Public Comment.

Chair Delgado opened the public comment period.

Ms. Valdespin called Mr. Kenji Otto.

Mr. Kenji Otto opined social media is not an official communication mechanism of any government agency. He stated the County website should be used to post official information. He asserted employers should not have to pay employees to get vaccinated. Mr. Otto concluded that Health District staff should be trained on trespassing law, he asserted he will take legal action against the County, if staff come to his property.

Adjournment.

Chair Delgado adjourned the meeting at 3:55 p.m.

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

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

Public Comment: Members of the public may make public comment by submitting an email comment to svaldespin@washoecounty.us before the scheduled meeting, which includes the name of the commenter and the agenda item number for which the comment is submitted. Reasonable efforts will be made to hear all public comment during the meeting. During the “Public Comment” items, emails may be submitted pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment emails will only be heard during items that are not marked FOR POSSIBLE ACTION. All public comment should be addressed to the Board of Health and not an individual member. The Board asks that your comments are expressed in a courteous manner. All public comment is limited to three minutes per person. Unused time may not be reserved by the speaker nor allocated to another speaker.

Response to Public Comment: The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: “Board Comments – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

Posting of Agenda; Location of Website:

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

Washoe County Health District Website <https://www.washoecounty.us/health>

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

Under an emergency directive issued by Governor Sisolak on March 22, 2020, and extended by a subsequent directive issued on July 31, 2020, the physical location requirement has been suspended.

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

AHSO	___	AH	___
DHO	___		KD

Staff Report
Board Meeting Date: August 26, 2021

DATE: August 13, 2021

TO: District Board of Health

FROM: Kristen Palmer, Fiscal Compliance Officer
775-328-2419, kpalmer@washoecounty.us

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$383,437.00 (\$38,43.70 cash match) retroactive to July 1, 2021 through June 30, 2022 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY22 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

SUMMARY

The Washoe County Health District received a Notice of Subaward on July 9, 2021 from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program. The funding period is retroactive to July 1, 2021 through June 30, 2022. A copy of the Subaward is attached.

District Health Strategic Priorities supported by this item:

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

PREVIOUS ACTION

No previous action this fiscal year.

BACKGROUND

This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division's on-going activities in the Public Health Preparedness Program to strengthen the capacity of public health

Subject: Approve ASPR/PHP Subaward
Date: August 26, 2021
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infrastructure to detect, assess, and respond decisively to control the public health consequences of any public health emergency.

These funds support the IHCC, the completion of a jurisdictional risk assessment (JRA), National Incident Management System (NIMS) trainings, PHP exercise(s) and resource assessments.

This item will also support memorandums of understanding between the Washoe County Health District and local government agencies such as law enforcement, fire departments, public and private schools and as outlined in the scope of work by authorizing the District Health Officer to execute the MOU agreements with the partnering agencies.

FISCAL IMPACT

The District anticipated this award and included funding in the adopted FY22 budget. As such, there is no fiscal impact to the FY22 adopted budget should the Board approve the Notice of Subaward.

RECOMMENDATION

It is recommended that the District Board of Health approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$383,437.00 (\$38,343.70 cash match) retroactive to July 1, 2021 through June 30, 2022 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY22 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health in the amount of \$383,437.00 (\$38,343.70 cash match) retroactive to July 1, 2021 through June 30, 2022 in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness Program; approval of authorization to travel and travel reimbursements for non-County employees that are Inter-Hospital Coordinating Council (IHCC) Coalition members (to be designated by IHCC leadership) in an amount not to exceed the FY22 travel budget to attend the Health Care Coalition Conferences (dates to be determined); and authorize the District Health Officer to execute the Subaward and any subsequent amendments and give the District Health Officer authorization to execute MOU agreements with partnering agencies."



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

Agency Ref. #: **SG 25297**
 Budget Account: 3218
 Category: 23
 GL: 8516
 Job Number: 9388922

NOTICE OF SUBAWARD

Program Name: Public Health Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP) Malinda Southard / msouthard@health.nv.gov	Subrecipient's Name: Washoe County Health District (WCHD) Andrea Esp / aesp@washoecounty.us
Address: 4150 Technology Way, Suite # 200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO BOX 11130 Reno, Nevada 89512-2845
Subaward Period: July 1, 2021 through June 30, 2022	Subrecipient's: EIN: <u>88-60000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

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

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

Approved Budget Categories:		FEDERAL AWARD COMPUTATION:		
1. Personnel	\$235,501.00	Total Obligated by this Action:	\$	383,437.00
2. Travel	\$21,761.00	Cumulative Prior Awards this Budget Period:	\$	0.00
3. Operating	\$0.00	Total Federal Funds Awarded to Date:	\$	383,437.00
4. Equipment	\$0.00	Match Required <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	\$	38,343.70
5. Contractual/Consultant	\$37,404.00	Amount Required this Action:	\$	0.00
6. Training	\$0.00	Amount Required Prior Awards:	\$	38,343.70
7. Other	\$52,965.00	Total Match Amount Required:	\$	0.00
TOTAL DIRECT COSTS	\$347,631.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
8. Indirect Costs	\$35,806.00	Federal Budget Period:		
TOTAL APPROVED BUDGET	\$383,437.00	July 1, 2021 through June 30, 2022		
		Federal Project Period:		
		July 1, 2019 through June 30, 2024		

Source of Funds: Assistant Secretary for Preparedness and Response (ASPR)	% Funds: 100%	CFDA: 93.889	FAIN: U3REP190613	Federal Grant #: 5 U3REP190613-03-00	Grant Award Date by Federal Agency: 07/01/2021
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Agency Approved Indirect Rate: 12% **Subrecipient Approved Indirect Rate:** 10.3%

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

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

Incorporated Documents: Section A: Grant Conditions and Assurances; Section B: Description of Services, Scope of Work and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement;	Section E: Audit Information Request; Section F: Current/Former State Employee Disclaimer; Section G: DHHS Business Associate Addendum; and Section H: Matching Funds Agreement Section I: Acronym Key
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Name	Signature	Date
Kevin Dick District Health Officer		
Karen Beckley, MPA, MS Bureau Chief, BHPP		
for Lisa Sherych Administrator, DPBH		

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**SECTION A
GRANT CONDITIONS AND ASSURANCES**

General Conditions

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

Grant Assurances

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

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must

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have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Compliance with the Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended— Contracts and subgrants of amounts in excess of \$150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
9. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
10. No funding associated with this grant will be used for lobbying.
11. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
12. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
13. An organization receiving grant funds through the Department of Health and Human Services shall not use grant funds for any activity related to the following:
 - Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 - Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation; or
 - The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 - Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 - Any attempt to influence:
 - The introduction or formulation of federal, state or local legislation;
 - The enactment or modification of any pending federal, state or local legislation; or
 - The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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- Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 - Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
14. An organization receiving grant funds through the Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
- Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 - Not specifically directed at:
 - Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

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

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

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

SECTION B

Description of Services, Scope of Work and Deliverables
 Washoe County Health District (WCHD), hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Washoe County Health District
ASPR Hospital Preparedness Program (HPP)
Detailed Work Plan

July 1, 2021 through June 30, 2022 (BP3)

ASPR-HPP Requirements

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

CLINICAL ADVISOR

Percentage of FTE supporting the HCC: 5%

Is this position's HCC time paid by HPP funds, in-kind or other?

HPP Funds

Name of Advisor's agency and position (unrelated to coalition)

Renown Health (Trauma Critical Care RN and Charge Nurse) and Northern Nevada Medical Center (Director ED & RN)

HCC READINESS & RESPONSE COORDINATOR (RRC)

Percentage of FTE supporting the HCC: 95%

Is this position's time paid by HPP funds, in-kind or other?

HPP Funds

Name of RRC's agency and position (unrelated to coalition)

Washoe County Health District, Public Health Emergency Response Coordinator

- Additionally, All HPP subrecipients must complete the HPP Exercise Form for all HCC-sponsored exercises.
HPP Coalition Assessment Tool (CAT) Upload Requirements
All items below are required to be completed in HPP Scope of Work annually

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- 1) **Capability 1, Objective 1, Activity 2 (PHASE 1):** Upload documentation in the CAT regarding HCC recruitment of entities outlined in HPP FOA, as well as ensuring applicable transfer agreements with pediatric, trauma, and burn centers are incorporated into the corresponding specialty surge annex. (see HPP FOA pg.46-47)
- 2) **Capability 1, Objective 1, Activity 3 (PHASE 1):** HCC will update and maintain the information annually related to its governance and maintain updated documentation in the CAT. (see HPP FOA pg.47)
- 3) **Capability 1, Objective 2, Activity 1 (PHASE 1):** HCC will annually update and maintain their HVA to identify risks and impacts and upload into the CAT. (see HPP FOA pg. 49)
- 4) **Capability 1, Objective 3, Activity 1 (PHASE 1):** HCC will update and maintain the Preparedness Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; maintain current HCC Preparedness Plan uploaded into the CAT. (see HPP FOA pg.52)
- 5) **Capability 1, Objective 4, Activity 2 (PHASE 2):** HCCs will submit a list of planned training activities relevant to identified risks, resource gaps, work plan priorities, and corrective actions from prior exercises and incidents; uploaded into the CAT. (see HPP FOA pg. 55)
- 6) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC will coordinate the development of its Response Plan by involving core members and other HCC members; HCC will review and update Response Plan annually and following major incidents or large-scale exercises; all member organizations will receive a final copy of the plan; plan uploaded into CAT. (see HPP FOA pg. 56)
- 7) **Capability 2, Objective 1, Activity 2 (PHASE 1):** HCC Response Plan describes the HCC's operational roles that support strategic planning, situational awareness, information sharing, and resource management; uploaded into CAT. (see HPP FOA pg. 57)
- 8) **Capability 2, Objective 2, Activity 1 (PHASE 1):** HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EIs); uploaded into the CAT. (see HPP FOA pg.58)
- 9) **Capability 3, Objective 3, Activity 1 (PHASE 1):** HCC will conduct a supply chain integrity assessment by FY21 (BP3-SFY22) to evaluate equipment and supplies that will be in demand during emergencies and develop mitigation strategies to address potential shortfalls; uploaded into the CAT. (see HPP FOA pg. 62)
- 10) **Capability 3, Objective 3, Activity 2 (PHASE 1):** Annually as appropriate, HCC will document required information regarding purchasing pharmaceuticals and other medical materiel or supplies with HPP funds; upload HCC protocol documentation into the CAT. (see HPP FOA pg. 63)

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- 11) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will develop complementary coalition-level specialty surge annexes to the base medical surge/trauma mass casualty response plan(s) to manage a large number of casualties with specific needs; upload into the CAT. (see HPP FOA pg. 70-71)
- 12) Capability 4, Objective 1, Activity 3 (PHASE 1):** HCC will collaborate with the Nevada PHP Program (HPP recipient) to integrate the required crisis care elements into their HCC Response Plan by FY21 (BP3-SFY22); uploaded into the CAT. (see HPP FOA pg. 76)
- 13) Capability 4, Objective 2, Activity 1 (PHASE 3):** At least once during the HPP Project Period, HCCs with an FCC must participate in the NDMS patient movement exercise; upload exercise documentation into the CAT. (see HPP FOA pg. 77)
- 14) Capability 4, Objective 2, Activity 1 (PHASE 3):** HCC will review and update the information at minimum of every 2 years and encouraged to update on any major changes in HCC membership, related to the HCC Surge Estimator Tool, which was completed by January 1, 2020; maintain updated documentation in the CAT. (see HPP FOA pg. 78)
- 15) Capability 4, Objective 2, Activity 3 (PHASE 3):** HCC Response Plans should coordinate the use of alternate care systems, in collaboration with state and local public health agencies and emergency management organization, prior to the conclusion of FY21 (BP3-SFY22); maintain updated HCC Response Plan into the CAT. (see HPP FOA pg. 78)
- 16) Capability 4, Objective 2, Activity 4, 5, 6, 9 (PHASE 3):** HCC will validate specialty surge annexes via a standardized TTX/discussion exercise format and submit the results and data sheets to ASPR uploaded in the CAT. (see HPP FOA pgs. 79-80)

CAPABILITY 1: Foundation for Health Care and Medical Readiness

HPP Capabilities, Objectives, and Activities	Proposed Activity Details			Anticipated Completion Date
PHASE 1: Plan and Prepare				
Objective 1: Establish and Operationalize a Health Care Coalition				
Activity 1: Define Health Care Coalition Boundaries	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1) Review and revise, if necessary, IHCC bylaws.	Agenda, meeting minutes	Q1	
Output(s) for planned activities for Capability 1, Objective 1, Activity 1 (PHASE 1):				
	1) Bylaws (if necessary)			
Recurring Statewide Objective: Each HCC will demonstrate engagement in exercises and/or real-world events by June 30, 2022.				
Activity 2: Identify Health Care Coalition members	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
	1. At least two HCC representatives will be included on at least one HCC exercise planning team by March 31, 2022.		Q3	
	2. Core members should be represented at all HCC meetings, virtually or in person. Core members should sign all HCC-related documentation. Core members should participate in ALL HCC exercises. (see HPP FOA pg. 46)			

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

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Governance	<p>1. HCC will fund at least 1.0 FTE (combined and may include in-kind support of dedicated time) to support the Clinical Advisor and HCC Readiness and Response Coordinator (RRC). (see HPP FOA pg. 48-49; required documentation in scope of work and budget)</p> <ul style="list-style-type: none"> • Scope of practice for Clinical Advisor will be reviewed, if necessary • Reevaluation of existing HCC funding formula or boundaries 	Meeting notes & Scope of practice	Q2
	<p>2. The HCC will annually update and maintain the following information related to its governance. For example, bylaws, Preparedness Planning Guidelines and Response Guide.</p> <ul style="list-style-type: none"> • IHCC membership <ul style="list-style-type: none"> ○ Identification of core members • HCC led or co-led by hospitals or healthcare organizations • EFS # lead agency with IHCC jurisdiction • Member guidelines for participation • Appropriate policies and procedures 	Agenda, meeting minutes	Q3
<p>Output(s) for planned activities for Capability 1, Objective 1, Activity 3 (PHASE 1):</p> <p>1) Clinical Advisor MOU/MOA or contract</p> <p>2) Clinical Advisor Scope of work</p> <p>3) Bylaws, response guide, preparedness plan</p>			
Objective 2: Identify Risks and Needs			
<p>Recurring Statewide Objective: Nevada will include at-risk populations (HPP population is burn or infectious disease for FY21 – whichever was not completed in FY20) into planning and exercise activities by June 30, 2022.</p>			
Activity 1: Assess Hazard Vulnerabilities and Risks	<p>Planned activity(s)</p> <p>1) As requested, HCC will provide feedback on the JRA.</p> <p>2) HCC will annually update and maintain their HVA to identify risks.</p> <ul style="list-style-type: none"> • Send out HVA template during first quarter 	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q3</p> <p>Q2</p>

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	<ul style="list-style-type: none"> Collect partner HVAs during second quarter Collate partner HVAs into one document during second quarter to create coalition HVA Review and approve coalition HVA results during a second quarter HCC meeting 		
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 1 (PHASE 1):</p> <p>1) HVA</p> <p>2) JRA (as requested)</p>			
<p>Activity 2: Assess Regional Health Care Resources</p>	<p>Planned activity(s)</p> <p>1) HCC will update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared in an emergency, and available for verification during site visit. (see HPP FOA pg. 50)</p> <ul style="list-style-type: none"> HCC will maintain an inventory of the resources belonging to the coalition <p>2) HCC will review the Healthcare Operating Status form to ensure that resource needs are being met by coalition members.</p> <p>3) Coalition members to complete the coalition resource and gap analysis, adopted and modified from ASPR TRACIE Healthcare Coalition Resource and Gap Analysis Tool.</p> <ul style="list-style-type: none"> Send out resource and gap analysis survey during second quarter Analyze survey results during the second quarter Identify top goals by provider type for the calendar year in second quarter 	<p>Activity Documentation</p> <p>Meeting notes</p> <p>Meeting notes</p> <p>Agenda, meeting notes, resource and gap analysis</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q4</p> <p>Q2</p> <p>Q2</p>
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 2 (PHASE 1):</p> <p>1) Coalition Resource and gap analysis</p> <p>2) Healthcare Operating Status form</p>			
<p>Activity 3:</p>	<p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>

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<p>Prioritize Resource Gaps and Mitigation Strategies</p>	<p>1) Track HCC's 2021 and 2022 goals, objectives and activities. 1) For example, provide status at coalition meetings.</p> <p>2) Present HCC's 2021 accomplishments as it relates to goals, objectives and activities 2) For example, presentation by HCC Chair to the District Board of Health.</p> <p>3) Coordinate HCC's 2021 and 2022 goals, objectives and activities. <ul style="list-style-type: none"> • Schedule meetings with provider types to determine appropriate steps and activities to accomplish identified goals • For example: assist in the facilitation of meetings, provide administrative support </p>	<p>Tracking sheet, meeting notes</p> <p>Presentation</p> <p>Meeting notes, tracking sheet</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q3</p> <p>Q1/Q2/Q3/Q4</p>
<p>Recurring Statewide Objective: Each of Nevada's HCCs will utilize CMS (Center for Medicare and Medicaid Services) data, at least two times per year, by June 30, 2022.</p>			
<p>Activity 4: Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs People with</p>	<p>Planned activity(s)</p> <p>1) HHS emPOWER data will be obtained through the Nevada State PHP Program or HHS emPOWER website beginning July 1, 2021 during exercises or real-world events. <ul style="list-style-type: none"> • Obtain de-identified data from emPOWER (once every 6 months) <ul style="list-style-type: none"> i. Example: Obtain in September for the revision of the HCC Preparedness Planning Guidelines and January for the grant planning purposes </p>	<p>Activity Documentation</p> <p>De-identified data</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q3</p>

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Disabilities, and Others with Unique Needs	<p>2) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2022.</p> <p>3) The Nevada PHP Programs and each HCC will review data and identify populations with unique health needs and incorporate, as appropriate, into community emergency planning initiatives by June 30, 2021.</p> <ul style="list-style-type: none"> • Update HCC Preparedness Planning guidelines with whole community data. <ul style="list-style-type: none"> i. For example: incorporation of empower data and research the utilization of the Agency for Toxic Substances and Disease Registry Social Vulnerability Index 	De-identified data	Q1/Q3
		Meeting notes	Q4
	<p>4) If applicable, conduct training and exercises for populations with unique needs.</p> <ul style="list-style-type: none"> i. For example: provide training and exercise assistance 	Training and exercise documents	Q1/Q2/Q3/Q4
	<p>5) If requested, provide emergency preparedness materials/education to healthcare partners.</p> <ul style="list-style-type: none"> ii. For example, hospitals, home health, hospice, dialysis, skilled nursing, memory care, homes for individual residential facilities, ambulatory surgery centers, adult day care, behavioral health, federally qualified health centers, and clinics 	Meeting notes	Q1/Q2/Q3/Q4
	<p>6) As requested, work with organizations that work with at risk populations to prepare for emergencies.</p> <ul style="list-style-type: none"> iii. Examples: AFN training, education and exercising 	Meeting notes	Q1/Q2/Q3/Q4
	<p>7) As appropriate, HCC will support member agencies in developing or augmenting existing response plans for these populations, including mechanisms for family reunification through training opportunities.</p>	Emails, meeting notes	Q1/Q2/Q3/Q4
	<p>8) As requested, NNAFN Support Team representatives will participate in PODs and other exercise.</p>	Exercise documents	Q1/Q2/Q3/Q4

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	<p>9) HCC will continue to work with home health and hospice agencies to increase planning efforts, through education, for individuals to remain in their residences.</p>	Education material, meeting notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 4 (PHASE 1):</p> <p>1) De-identified data sets</p> <p>2) HCC Preparedness Planning Guidelines</p>			
<p>Activity 5: Assess and Identify Regulatory Compliance Requirements</p>	<p>Planned activity(s)</p> <p>1) HCC, if requested, will assist with review, update and training of the Isolation and Quarantine Plan and Public Health/Legal Regulatory</p>	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 1, Objective 2, Activity 5 (PHASE 1):</p> <p>1) If requested, meeting notes to review, update and train of the Isolation and Quarantine Plan and Public Health/Legal Regulatory Plan.</p>			
<p>Objective 3: Develop a Health Care Coalition Preparedness Plan</p>			
<p>Activity 1: Develop a Health Care Coalition Preparedness Plan</p>	<p>Planned activity(s)</p> <p>1) Review and revise the HCC Preparedness Planning Guidelines.</p> <ul style="list-style-type: none"> • Review guidelines during first quarter • Update with annual HVA information from second quarter • Update with annual coalition resource and gap analysis information in second quarter • Approved by all core member organizations • All member organizations will be provided a final copy upon approval 	<p>Activity Documentation</p> <p>Agendas, meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3</p>
<p>Output(s) for planned activities for Capability 1, Objective 3, Activity 1 (PHASE 1):</p> <p>1) HCC Preparedness Planning Guidelines</p>			
<p>Objective 5: Ensure Preparedness is Sustainable</p>			

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

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Activity 4: Engage Community Leaders	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) HCC Readiness and Response Coordinator will identify and engage community leaders in health care preparedness planning and exercises to promote the resilience of the entire community. (see HPP FOA pg. 53)</p> <p>Output(s) for planned activities for Capability 1, Objective 5, Activity 4 (PHASE 1):</p> <p>1) List of community organizations</p> <p>2) Exercise documents</p>	<p>Meeting notes, exercise documents</p>	<p>Q1/Q2/Q3/Q4</p>
<p>Activity 5: Promote Sustainability of Health Care Coalitions</p>	<p>Planned activity(s)</p> <p>1) Annually, HCCs should be available to offer HCC members Technical Assistance (TA) in meeting CMS Emergency Preparedness Rule; develop materials that identify and articulate benefits of HCC activities; explore ways to meet member’s requirements for tax exemption through community benefit; analyze critical functions to preserve and identify financial opportunities to expand HCC functions; develop a financing structure and document the funding sources that support HCC activities; determine ways to cost share with other organizations w/similar requirements; incorporate leadership succession planning into HCC governance; and leverage group buying power to promote consistent equipment across a region. (see HPP FOA pgs. 53-54)</p> <ul style="list-style-type: none"> ● HCC will offer members technical assistance, as requested in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Participating Providers and Suppliers <ul style="list-style-type: none"> ○ Example includes: trainings, exercise assistance, resource sharing 	<p>Meeting notes, calendar appointments</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>

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	<p>2) Revise, as appropriate, marketing materials will be developed to continue to share the benefits of HCC activities with members and additional stakeholders to promote HCC preparedness efforts.</p> <ul style="list-style-type: none"> For example: website and video development, newsletter distribution <p>3) Upon receipt, HHC Readiness and Response Coordinator will distribute state coalition newsletter to the HCC.</p> <p>4) Review by-laws and Preparedness Planning Guidelines and update financial structure and funding sources, as appropriate.</p> <p>5) The HCC and subcommittees such as Supply Chain, will review current leverage group buying power to promote consistent equipment across the region to facilitate sharing in an emergency allocation.</p> <ul style="list-style-type: none"> For example: Alpha Kits, MCI/MAEA supplies 	<p>Meeting notes</p> <p>Newsletter, email</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 1, Objective 5, Activity 5 (PHASE 1):</p> <p>1) By-laws</p> <p>2) Preparedness Planning Guidelines</p>			
<p>PHASE 2: Train and Equip</p>			
<p>Objective 4: Train and Prepare the Health Care and Medical Workforce</p>			
<p>Recurring Statewide Objective: Annually, Nevada will provide NIMS and other training opportunities for personnel identified as responders during an emergency activation beginning July 1, 2021. (see HPP FOA pg. 54)</p>			
<p>Activity 1: Promote Role-</p>	<p>Planned activity(s)</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>

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<p>Appropriate National Incident Management System Implementation</p>	<ol style="list-style-type: none"> 1) NIMS and other training sign-in sheets, for sponsored trainings, will be maintained and provided to Nevada State PHP upon request. <ul style="list-style-type: none"> • HCC will maintain sign-in sheets for sponsored trainings and provide to Nevada State PHP upon request. <ul style="list-style-type: none"> ○ For example: Position specific training, ICS 300 and 400 2) Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education and levels and need. 3) Continue to promote NIMS training opportunities to HCC and request certificates. 4) Assist HCC members, as requested, with incorporating NIMS components into their emergency operations plans. <ul style="list-style-type: none"> • For example: review of plans, trainings <p>Output(s) for planned activities for Capability 1, Objective 4, Activity 1 (PHASE 2):</p> <ol style="list-style-type: none"> 1) Certificates 2) Sign in sheets 3) Number of people trained 	<p>Training information, sign in sheets, certificates</p> <p>Training certificates or other applicable documentation</p> <p>Agendas, training information, sign in sheets, certificates</p> <p>Request for assistance</p>	<p>Q1/Q2/Q3/Q4</p> <p>Q2</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 2: Educate and Train on Identified Preparedness and Response Gaps</p>	<p style="text-align: center;">Planned activity(s)</p> <ol style="list-style-type: none"> 1) HCC will develop a list of planned training activities based on the 2021 and 2022 goals and objectives and appropriate improvement items from AARs. <p>Output(s) for planned activities for Capability 1, Objective 4, Activity 2 (PHASE 2):</p> <ol style="list-style-type: none"> 1) List of training activities 	<p style="text-align: center;">Activity Documentation</p> <p>Meeting notes</p>	<p style="text-align: center;">Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3</p>
<p>PHASE 3: Exercise and Respond</p>			

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Objective 4: Train and Prepare the Health Care and Medical Workforce			
Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) HCC will follow HSEEP fundamentals for coalition sponsored exercises.	Exercise documentation	Q1/Q2/Q3/Q4
	2) HCC will promote individual members to follow HSEEP fundamentals for individual exercises.	Meeting notes	Q1/Q2/Q3/Q4
	3) As appropriate, HCC sponsored exercises will include health care accreditation requirements. <ul style="list-style-type: none"> For example: Joint Commission Emergency Management Standards, Emergency Preparedness requirements for CMS 	Exercise documentation	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 4 (PHASE 3):			
	1) Coalition exercise documents in HSEEP format		
	2) Where able, health care accreditation requirements within exercise documents will be provided		
PHASE 4: Evaluate and Share Lessons Learned			
Activity 6: Share Leading Practices and Lessons Learned	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) After action reports will be shared with HCC members, when available.	Meeting notes, email	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 1, Objective 4, Activity 6 (PHASE 4):			
	1) AAR/IP(s)		

CAPABILITY 2: Health Care and Medical Response Coordination

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Develop and Coordinate Health Care Organization and Health Care Coalition Response Plans			
Activity 1: Develop a Health Care Organization Emergency Operations Plan	Planned activity(s) 1) HCC will promote healthcare member organizations to develop individual EOPs (see page 26 in Capabilities document) <ul style="list-style-type: none"> Examples: HCC Meetings, HCC MOU (possible update) 2) As requested, HCC will participate in the review, revision, and training/exercising of county response plans. <ul style="list-style-type: none"> HCC will participate in LEPC <ul style="list-style-type: none"> For example: hazard mitigation, damage assessment, and behavioral health plans 	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 1, Activity 1 (PHASE 1):			
Activity 2: Develop a Health Care Coalition Response Plan	Planned activity(s) 1) HCC Response Plan describes the HCC’s operational roles that support strategic planning, situational awareness, information sharing, and resource management. (see HPP FOA pg. 57)	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3

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	Output(s) for planned activities for Capability 2, Objective 1, Activity 2 (PHASE 1): 1) Response Guide		
Objective 2: Utilize Information Sharing Processes and Platforms			
Recurring Statewide Objective: Nevada will exercise processes to share real-time information related to an incident, the current state of the health care delivery system, and situational awareness across the various response organizations and levels of government during exercises and real-world events throughout the budget period.			
Activity 1: Develop Information Sharing Procedures	Planned activity(s) 1) HCC will define and integrate into HCC Response Plan procedures for sharing Essential Elements of Information (EEl)s). (see HPP FOA pg.58) <ul style="list-style-type: none"> • HCC will review procedures for sharing EEIs and, if necessary, update in Response Guide and Preparedness Planning Guidelines 2) HCC in coordination with its public health agency members and HPP and PHEP recipients will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses by June 30, 2022. (FOA pg. 58) <ul style="list-style-type: none"> • Information will be shared, as appropriate to HCC members • When requested, Information sharing forms will be reviewed with public health agency members 	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3
Activity 2: Identify	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Output(s) for planned activities for Capability 2, Objective 2, Activity 1 (PHASE 1): 1) If necessary, updates to Response Guide and Preparedness Planning Guidelines			

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Information Access and Data Protection Procedures	1) HCC will continue to provide training/exercising, as requested, and promote the coalition EEI collection form to provide	Meeting notes, training materials	Q1/Q2/Q3/Q4
	2) HCC will exercise EEI collection form at least twice a year.	Exercise documentation	Q2/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 2 (PHASE 1):			
1) AAR/IP			
Activity 3: Utilize Communications Systems and Platforms	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Coalition will conduct two redundant communication drills. <ul style="list-style-type: none"> For example: VESTA, WebEOC, 800 MHz, GroupMe and Ham radio 	Exercise documents	Q2/Q4
	2) Keep VESTA updated for redundant communications, based on updated Point of Contact quarterly information.	Calendar appointments	Q1/Q2/Q3/Q4
	3) Participate in weekly Washoe County Amateur Radio Emergency Services Hospital Net.	Net Control Log	Q1/Q2/Q3/Q4
	4) As appropriate, HCC will continue to share pertinent emergency information with HCC members, the ESF-8 lead agency and other stakeholders.	Meeting notes	Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 2, Objective 2, Activity 3 (PHASE 1):			
1) HCC Preparedness Planning Guidelines			
2) HCC Response Guide			
3) Redundant Communication AAR/IPs			
PHASE 2: Train and Equip			
PHASE 3: Exercise and Respond			
Objective 3: Coordinate Response Strategy, Resources, and Communications			
Statewide Objective: Nevada will conduct a supply chain integrity assessment to evaluate equipment and supplies that will be in demand during emergencies by June 30, 2022. (FOA pg. 62)			
Activity 1: Identify and	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Coordinate Resource Needs during an Emergency	1) HCC will continue to train its members on WebEOC, as one of the information sharing platforms.	Meeting notes, sign in sheets	Q1/Q2/Q3/Q4
	2) Continue to train and exercise on the Healthcare Operating Status Form.	Training	Q1/Q2/Q3/Q4
	3) Conduct redundant communications exercise utilizing Healthcare Operating Status Form. <ul style="list-style-type: none"> Examples include: redundant communications, WebEOC training, exercises 	Exercise documents	Q3
	4) Continue to ensure multiple HCC members, as deemed appropriate, understand and have access to the coalition's information sharing systems/platforms.	User information to platforms	Q1/Q2/Q3/Q4
	Output(s) for planned activities for Capability 2, Objective 3, Activity 1 (PHASE 3): 1) AAR/IP		
Activity 2: Coordinate Incident Action Planning During an Emergency	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) (Joint HPP/PHEP activity) HCC will review the Communications Plan within the Response Guide and update, if necessary. (page 30 HPP Capabilities document)	Meeting notes	Q1/Q2/Q3
Activity 3: Communicate	Output(s) for planned activities for Capability 2, Objective 3, Activity 2 (PHASE 3): 1) Response Guide		
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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<p>with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency</p>	<p>1) HCC should assist members with developing the ability to rapidly alert and notify their employees, patients, and visitors to provide situational awareness, protect their health and safety, and facilitate provider-to-provider communication. Will be validated through site visit and included in HCC Response Plans. (FOA pg. 60)</p> <ul style="list-style-type: none"> • For example: review resource and gap analysis question related to the ability to alert and notify staff, patients, and <p>Output(s) for planned activities for Capability 2, Objective 3, Activity 3 (PHASE 3):</p> <p>1) As necessary, meeting notes reviewing the resource gap analysis questions</p> <p>2) Response plan updates, if necessary</p>	<p>Request for assistance</p>	<p>Q1/Q2/Q3/Q4</p>
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CAPABILITY 3: Continuity of Health Care Service Delivery

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

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Health Care Coalition Continuity of Operations Plan	<p>1) HCC will develop an HCC continuity of operations (COOP) plan that is informed by its members' COOP plans and, at a minimum, includes the following elements:</p> <ul style="list-style-type: none"> a. Activation and response functions b. Multiple points of contact for each HCC member c. Orders of succession and delegations of authority for leadership continuity d. Immediate actions and assessments to be performed in case of disruptions e. Safety assessment and resource inventory to determine ongoing HCC operations f. Redundant, replacement, or supplemental resources, including communications systems g. Strategies and priorities for addressing disruptions to mission critical systems such as electricity, water, and medical gases. h. List of essential records and forms, including locations of electronic and hard copies of each. <p>Upload into the CAT.</p>	Meeting notes, to include identified potential updates	Q1/Q2/Q3
<p>Output(s) for planned activities for Capability 3, Objective 2, Activity 2 (PHASE 1):</p> <p>1) HCC Response Guide</p>			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 2: Assess and Address Equipment, Supply, and Pharmaceutical Requirements	<p>Planned activity(s)</p> <p>1) HCC will complete the resource and gap analysis to continue assessing the integrity assessment to evaluate equipment and supply needs that will be in demand during an emergency.</p> <ul style="list-style-type: none"> • The results from the analysis will be given to the Supply Chain Subcommittee to further support efforts <p>2) Review and revise (if necessary) the inventory tracking policy.</p>	<p>Activity Documentation</p> <p>Resource and gap analysis</p> <p>Meeting minutes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3</p> <p>Q4</p>

	<p>Output(s) for planned activities for Capability 3, Objective 3, Activity 2 (PHASE 1):</p> <p>1) Resource and gap analysis</p>			
Objective 6: Plan for Health Care Evacuation and Relocation				
Activity 1: Develop and Implement Evacuation and Relocation Plans	<p>Planned activity(s)</p> <p>1) Annually as appropriate, HCC will sustain or further develop their evacuation planning and response activities. (see HPP FOA pg. 63)</p> <ul style="list-style-type: none"> • HCC will revise the Response Guide as identified <p>Output(s) for planned activities for Capability 3, Objective 6, Activity 1 (PHASE 1):</p> <p>1) Response Guide</p>		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4
Activity 2: Develop and Implement Evacuation Transportation Plans	<p>Planned activity(s)</p> <p>1) HCC will be prepared to engage, if necessary, when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation.</p> <ul style="list-style-type: none"> • Examples include: alternate care site, evacuation, emergency credentialing, MAEA <p>2) HCC will provide MAEA training and purchase supplies as identified.</p> <p>Output(s) for planned activities for Capability 3, Objective 6, Activity 2 (PHASE 1):</p> <p>1) Updated Emergency Credentialing, if appropriate</p>		Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4
Objective 7: Coordinate Health Care Delivery System Recovery				

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Activity 1: Plan for Health Care Delivery System Recovery	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Integrate recovery plan into HCC response plan	Meeting notes	Q3
	Output(s) for planned activities for Capability 3, Objective 7, Activity 1 (PHASE 1): 1) Update Preparedness Plan		
PHASE 2: Train and Equip			
Objective 5: Protect Responders' Safety and Health Activities			
Activity 1: Distribute Resources Required to Protect the Health Care Workforce	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	1) Annually as appropriate, HCC will support and promote regional PPE procurement and provide documentation in HCC Preparedness Plan. (see HPP FOA pg. 6) <ul style="list-style-type: none"> • HCC will review Preparedness Planning Guidelines and identify language to support and promote regional PPE 	Meeting notes	Q1/Q2/Q3
	Output(s) for planned activities for Capability 3, Objective 5, Activity 1 (PHASE 2): 1) Preparedness Planning Guidelines		
Recurring Statewide Objective: Annually, Nevada will provide training and exercise opportunities for HCC members and personnel identified as responders during an emergency activation beginning July 1, 2021.			
Activity 2: Train and Exercise to Promote	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)

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Responders' Safety and Health	<p>1) Annually as appropriate, HCC will equip, train, and provide resources necessary to protect responders, employees and their families from hazards during response and recovery operations and document in HCC training planning. (see HPP FOA pg. 65)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC will review previously identified equipment, trainings and resources necessary to protect responders, employees and their families from hazards during response and recovery operations and make any relevant recommendations 	Meeting notes	Q1/Q2/Q3
	<p>2) Annually as appropriate, HCC will educate stakeholders on current policies and practices regarding the type of PPE necessary for various infectious pathogens and the availability of PPE resources and document in HCC training planning. (see HPP FOA pg. 65)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) HCC, in collaboration with PHEP, will identify policies and practices regarding the type of PPE necessary for various pathogens <ul style="list-style-type: none"> ○ For example: Pharmaceutical Cache Plan, activation of coalition stockpiles 	Meeting notes	Q1/Q2/Q3/Q4
	<p>3) Promote HCC involvement in PODS (joint activity with PHEP).</p>	Meeting notes	Q3
<p>Output(s) for planned activities for Capability 3, Objective 5, Activity 2 (PHASE 2):</p> <p>1) POD MOUs</p>			
PHASE 3: Exercise and Respond			
Objective 7: Coordinate Health Care Delivery System Recovery			
Activity 3: Facilitate Recovery Assistance and Implementation	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
	<p>1) If requested, HCC will facilitate recovery assistance and implementation with coalition partners.</p>	Meeting notes	Q1/Q2/Q3/Q4

	Output(s) for planned activities for Capability 3, Objective 7, Activity 3 (PHASE 3): 1) If appropriate, recovery plan		
PHASE 4: Evaluate and Share Lessons Learned			
Objective 3: Maintain Access to Non-Personnel Resources during an Emergency			
Activity 1: Assess Supply Chain Integrity	Planned activity(s) 1) HCC will continue to review strategies for acquisition, storage, rotation with day-to-day supplies in regard to purchasing pharmaceuticals and identify strategies for other medical material. <ul style="list-style-type: none"> Review HCC Inventory Tracking Policy and make identified updates 	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q4
Output(s) for planned activities for Capability 3, Objective 3, Activity 1 (PHASE 4): 1) HCC Inventory Tracking Policy			

CAPABILITY 4: Medical Surge

HPP Capabilities, Objectives, and Activities	Proposed Activity Details		Anticipated Completion Date
PHASE 1: Plan and Prepare			
Objective 1: Plan for a Medical Surge			
Recurring Statewide Objective: Annually, volunteers will be invited to participate in training and exercise opportunities sponsored by HCCs, LHAs and the Nevada State PHP Program. (see HPP FOA pg. 66-67)			
Activity 1: Incorporate Medical Surge Planning into a Health Care Organization Emergency Operations Plan	Planned activity(s) 1) Related to trainings, training opportunities will be distributed to volunteers as the trainings are identified as appropriate. <ul style="list-style-type: none"> • HCC will distribute training opportunities to volunteers as appropriate 	Activity Documentation Meeting notes/emails	Completion Quarter (Q1, Q2, Q3, Q4) Q1/Q2/Q3/Q4
Output(s) for planned activities for Capability 4, Objective 1, Activity 1 (PHASE 1):			
1) Emergency Credentialing Form update, if necessary.			
Activity 2: Incorporate Medical Surge into an Emergency Medical Services Emergency Operations Plan	Planned activity(s) 1) HCC will work with Public Health and EMS coalition members to confirm that regional plans include disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment.	Activity Documentation Meeting notes	Completion Quarter (Q1, Q2, Q3, Q4) Q1

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Output(s) for planned activities for Capability 4, Objective 1, Activity 2 (PHASE 1):			
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 3: Incorporate Medical Surge into a Health Care Coalition Response Plan	1) HCC will develop complementary coalition-level Burn or Infectious Disease annex to the base medical surge/trauma mass casualty response plan(s); upload into the CAT. (see HPP FOA pg. 70-72). Either burn or infectious disease annex was a requirement in FY20, therefore HCCs will need to complete the applicable plan not yet completed. <ul style="list-style-type: none"> HCC will provide input on elements to be include in an infectious disease annex 	Meeting notes	Q3
	2) HCC will collaborate with the Nevada PHP Program to integrate crisis care elements into their response plan. (HPP FOA pg. 76) <ul style="list-style-type: none"> If requested, HCC integrate crisis care elements into their response plan 	Meetings notes	Q3
Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1) – Statewide Objective 1:			
	1) Updated Response Plan		
Statewide Objective: Nevada’s Crisis Standards of Care CONOPS Plan will be incorporated and validated in an HCC-level exercise as described in the FOA on pg. 77 by June 30, 2022.			
	Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)
Activity 3: Incorporate			

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<p>Medical Surge into a Health Care Coalition Response Plan</p>	<p>1) (State-led) Nevada PHP Program will coordinate and collaborate with HCCs, LHAs, and other healthcare stakeholders to identify an exercise planning team and hold the Concept and Objectives meeting.</p> <ul style="list-style-type: none"> As requested, HCC/LHA will participate in the exercise planning team <p>2) (State-led) Nevada PHP Program will hold planning meetings to detail the exercise.</p> <ul style="list-style-type: none"> As requested, HCC/LHA will participate in planning meetings <p>3) (State-led) Nevada PHP Program will host Crisis Standards of Care CONOPS Plan in an HCC level exercise.</p> <ul style="list-style-type: none"> As requested, HCC/LHA will participate in the exercise 	<p>Documentation of planning team members; C & O meeting documentation.</p> <p>IPM, MPM, FPM documentation</p> <p>Exercise documentation</p>	<p>Q1</p> <p>Q2</p> <p>Q3</p>
<p>Output(s) for planned activities for Capability 4, Objective 1, Activity 3 (PHASE 1):</p> <p>1) AAR/IP</p>			
<p>Objective 2: Respond to a Medical Surge</p>			
<p>Activity 3: Develop an Alternate Care System</p>	<p>Planned activity(s)</p> <p>1) If appropriate, revise and review Alternate Care Site Plan as needed based on exercises and real world events.</p> <p>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 1):</p> <p>1) Alternate Care site plan, if appropriate</p>	<p>Activity Documentation</p> <p>Meetings notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q4</p>
<p>PHASE 3: Exercise and Respond</p>			

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Objective 2: Respond to a Medical Surge			
Recurring Statewide Objective: Annually, each HCC will conduct a “low to no-notice” surge test exercise, including all core HCC members, by June 30, 2022.			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	
Activity 1: Implement Emergency Department and Inpatient Medical Surge Response	Meeting notes	Q1/Q2/Q3/Q4	
1) Documented identification of “trusted insider” and planning committee. <ul style="list-style-type: none"> • HCC will identify a trusted insider and planning committee for the coalition surge exercise 	Meeting notes	Q1/Q2/Q3/Q4	
2) Within two weeks of exercise, committee will pull HCC acute care census for planning purposes. <ul style="list-style-type: none"> • If appropriate, HCC will use licensed bed count, as this is a higher number than the census 	Meeting notes	Q1/Q2/Q3/Q4	
3) Provide the Nevada PHP Program with all surge test exercise documentation, to include the After-Action Report within 90 days of exercise. <ul style="list-style-type: none"> • HCC will provide exercise documentation within 90 days of the exercise 	Exercise documentation	Q4	
4) As appropriate, purchase supplies to be utilized by the HCC for medical surge, healthcare facilities evacuation or mass casualty training and/or response.	Meeting materials, purchasing documents	Q1/Q2/Q3/Q4	
5) As necessary, HCC will participate in the update of the Mass Casualty Incident Plan (MCIP) <ul style="list-style-type: none"> • For example: planning meetings, training and exercising • As able, purchase supplies as identified 	Meeting notes	Q1/Q2/Q3/Q4	
Output(s) for planned activities for Capability 4, Objective 2, Activity 1 (PHASE 3):			
1) AAR/IP 2) Updated MCIP			

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Statewide Objective: Nevada PHP Program and HCCs will coordinate the use of alternate care systems to incorporate the additional factors in alternate care system activities as described in HPP FOA pg. 78 by June 30, 2022.			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	Completion Quarter (Q1, Q2, Q3, Q4)
<p>Activity 3: Develop an Alternate Care System</p> <p>1) Nevada PHP Program will request Technical Assistance and additional detail regarding this FOA requirement to help guide activities.</p> <ul style="list-style-type: none"> • AS needed, staff will request Technical Assistance from Nevada PHP. <p>2) Annually as appropriate, HCC will coordinate with PHEP to address the public health, medical and mental health needs of those impacted by an incident at congregate locations. (see HPP FOA pg. 79)</p> <ul style="list-style-type: none"> • (Joint HPP/PHEP activity) As requested, HCC will coordinate with PHEP to address public health, medical and mental health needs of those impacted by an incident at congregate locations <ul style="list-style-type: none"> i. For example: Serve as a subject matter expert, update alternate care site plan 	<p>Emails</p> <p>Meeting notes</p>	<p>Q1</p> <p>Q1/Q2/Q3/Q4</p>	
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 3 (PHASE 3):</p> <p>1) As requested, meeting notes discussing public health, medical and mental health needs of those impacted by an incident at congregate locations</p>			
Planned activity(s)	Activity Documentation	Completion Quarter (Q1, Q2, Q3, Q4)	Completion Quarter (Q1, Q2, Q3, Q4)
<p>Activity 4: Provide Pediatric Care during a Medical Surge Response</p>			

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	<p>1) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a Pediatric Care needs response:</p> <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging 	Meeting Notes	Q1/Q2/Q3/Q4
	<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 4 (PHASE 3):</p> <p>1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a Pediatric Care medical surge response.</p>		
<p>Activity 6: Provide Burn Care during a Medical Surge Response</p>	<p>Planned activity(s)</p> <p>1) HCC will validate their Burn Care Surge Annex (or Infectious Disease Preparedness and Surge Annex, respectively) via a standardized tabletop/discussion exercise format and submit the results and data sheet to ASPR; upload in CAT. (FOA pg. 79)</p> <p>2) Continue to include HAI coordinators and quality improvement professionals at the health care facility and jurisdictional levels in coalition activities.</p> <p>3) As appropriate, HCC will work to enhance burn and trauma response capability within the region.</p>	<p>Activity Documentation</p> <p>Exercise documents, meeting notes</p> <p>Meeting notes</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q4</p> <p>Q1/Q2/Q3/Q4</p> <p>Q1/Q2/Q3/Q4</p>
<p>Activity 8: Respond to</p>	<p>Planned activity(s)</p> <p>1) AAR/IP</p> <p>2) Training certificates</p>	<p>Activity Documentation</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p>

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Behavioral Health Needs during a Medical Surge Response	<p>1) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands during a behavioral health needs response:</p> <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging 	Meeting Notes	Q1/Q2/Q3/Q4
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 8 (PHASE 3):</p> <p>1) As appropriate, HCC will provide activities for the ability to surge to meet the demands during a behavioral health needs response.</p>			
Activity 10: Distribute Medical Countermeasures during Medical Surge Response	<p>Planned activity(s)</p> <p>1) (Joint HPP/PHEP activity) When appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasures:</p> <ul style="list-style-type: none"> • Establish a medical common operating picture • Develop or update plans accordingly • Establish key indicators in EEIs • Provide real-time information sharing • Coordinate public messaging 	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>
<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 10 (PHASE 3):</p> <p>1) As appropriate, HCC will coordinate the following activities to ensure the ability to surge to meet the demands for distributing medical countermeasure</p>			
Activity 11: Manage Mass Fatalities	<p>Planned activity(s)</p> <p>1) As requested, update with regional partners, the Mass Fatality Plans</p>	<p>Activity Documentation</p> <p>Meeting notes</p>	<p>Completion Quarter (Q1, Q2, Q3, Q4)</p> <p>Q1/Q2/Q3/Q4</p>

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<p>Output(s) for planned activities for Capability 4, Objective 2, Activity 11 (PHASE 3):</p> <p>1) Updated plans, as requested</p>	
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SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached detailed Work Plan is for Budget Period 3, July 1, 2021 to June 30, 2022 and is broken down by capabilities, goals, objectives, and activities. The Detailed Work Plan contains activity description, output documentation and estimated date of completion for each activity.
- Achievements of capability objectives for this budget period are to be completed by June 30, 2021. Outcome of the funded capability will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Detailed Work Plan of the funded activities. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- RFRs are due monthly by the 15th of the month for the previous month. If there are no claims for any specific month, a signed zero-dollar RFR is to be submitted by the 15th of the month.
- Your Program Manager, the PHP Manager and both fiscal staff need to be copied on all fiscal e-mails including RFR submissions, Redirect Requests, Match Reporting and any other Fiscal Documents.
- Submit written Progress Reports to the Division electronically on or before:
 - 1st Quarter Progress Report (For the period of 7/1/21 to 9/30/21)
 - 2nd Quarter Progress Report (For the period of 7/1/21 to 12/31/21)
 - 3rd Quarter Progress Report (For the period of 1/1/22 to 3/31/22)
 - 4th Quarter Progress Report (For the period of 7/1/21 to 6/30/22)
- Submit written Quarterly Match Sharing Report to the Division electronically on or before:
 - 1st Quarter Match Report (For the period of 7/1/21 to 9/30/21)
 - 2nd Quarter Match Report (For the period of 10/1/21 to 12/31/21)
 - 3rd Quarter Match Report (For the period of 1/1/22 to 3/31/22)
 - 4th Quarter Match Report (For the period of 4/1/22 to 6/30/22)

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

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

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchases or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Department of Health and Human Services through Grant Number 5 U3REP190613-03-00 from the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department nor the Assistant Secretary for Preparedness and Response (ASPR)."

Any activities performed under this subaward shall acknowledge the funding was provided through the Department by Grant Number 5 U3REP190613-03-00 from the Assistant Secretary for Preparedness and Response (ASPR).

Subrecipient agrees to adhere to the following budget:

Total Personnel Costs	including fringe	Total:	\$	235,501
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	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Months worked</u>	<u>Amount Requested</u>
<u>Nancy Diao</u>	\$163,500.00	37.000%	15.000%	12	100.00%	\$33,599
Director, Epidemiology and Public Health Preparedness: Responsible for the overall direction of the epidemiology, surveillance and public health preparedness functions of the Washoe County Health District (WCHD); provides strategic leadership for the Epidemiology and Public Health Preparedness (EPHP) Division, which includes health care emergency preparedness, emergency medical services, vital records, communicable disease investigation, surveillance and epidemiology, data collection, analysis and dissemination; provides medical expertise on infectious and communicable diseases for staff, health care providers and the general community and is the liaison between Public Health Preparedness and the medical community. During an event, assist with risk communication by providing technical expertise. The EPHP Director is also a partner of the healthcare coalition, provides technical expertise on emergency planning for communicable disease as well as provides technical support in the designing of functional processes for emergency response and reporting.						
<u>Andrea Esp</u>	\$103,269.00	44.360%	16.000%	12	100.00%	\$23,853
Preparedness and EMS Program Manager: Directly supervises PHP staff at the WCHD; develops and manages the CDC and ASPR grants and monitors progress on accomplishing grant objectives to include healthcare coalition identified activities. The Program Manager directs all administrative functions of the PHP program, is responsible for planning and project management; provides direct, consistent, timely and accurate communication and coordination with PHP program staff at the Nevada State Health Division, Health District Leadership Team, EPHP Director and PHP staff. The Program Manager provides close fiscal and programmatic accountability and feedback; provides continuous monitoring of PHP grant activities to ensure that projects are completed on time and with high quality. Specific to the healthcare coalition, the Program Manager participates on the development and/or revision of emergency plans, is the primary planner for mass fatality initiatives, is a responder to the Emergency Operations Center facilitating communication with the coalition membership during an emergency. With the Health District being the fiduciary agent for the healthcare coalition, the Program Manager is the first approval within the financial structure.						
<u>J. Latchaw</u>	\$91,000.00	47.580%	95.000%	12	100.00%	\$127,583
Public Health Emergency Response Coordinator (HCC Readiness and Response Coordinator): specifically identified to work with the coalition as the Healthcare Coalition Readiness and Response Coordinator. Work is achieved by coordinating planning actions between the WCHD and local healthcare system and emergency response professionals; through the coalition, develops and strengthen partnerships with hospitals, healthcare organizations, community groups, emergency response personnel, medical examiner's office, and healthcare organizations; through the coalition, collaborate with healthcare system leaders on disaster preparedness planning, training and exercises. With approval from the coalition, the coordinator is able to represent the coalition on various boards and committees, research and write staff reports, make recommendations and presentations to the healthcare coalition leadership and financial sub-committee.						
<u>J. Lawson</u>	\$63,113.00	52.000%	50.000%	12	100.00%	\$47,966
Office Support Specialist (OSS): Works to support the healthcare coalition through documenting and achieving the identified grant initiatives and annual goals. Provides information or resolves problems with require explanation of coalition or department processes; performs support services to management and the coalition through preparation of agendas, transcribes minutes, maintains records						

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and updates contact lists; processes paperwork for purchases that support coalition initiatives and maintains all related documentation and records.

	<u>Annual Salary</u>	<u>Fringe Rate</u>	<u>% of Time</u>	<u>Months</u>	<u>Percent of Annual</u>	<u>Amount Requested</u>
Overtime - COVID-19-EID	\$2,500.00	0.000%	100.000%	12	100.00%	\$2,500
Overtime in support of after-hours exercises and trainings and COVID-19/EID response.						

Total Fringe Cost	\$73,946	Total Salary Cost:	\$161,555
Total Budgeted FTE	2.76000		

Travel	Total:	\$21,761
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Out-of-State Travel

Association of Healthcare Emergency Preparedness Professionals (AHEPP), San Antonio, TX (Oct 26-28)

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$800 per trip x 1 trip x 2 staff	\$800	1		2	\$1,600
Baggage fee: \$100 per person x 1 trip x 2 staff	\$100	1		2	\$200
Per Diem: \$61 per day per GSA rate for area x 1 trip x 2 staff	\$61	1	4	2	\$488
Lodging: \$250 per day x 1 trip x 4 nights x 2 staff	\$250	1	3	2	\$1,500
Ground Transportation: \$40 per r/trip x 1 trip x 2 staff	\$40	1	2	2	\$160
Parking: \$14 per day x 1 trip x 4 days x 2 staff	\$14	1	4	2	\$112
					\$17,534

Justification: 2 coalition members to share research and best practices, network, and collaborate on ways to move healthcare preparedness forward.

Out-of-State Travel

Preparedness Summit, Unknown City, State

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$950 per trip x 1 trips x 4 staff	\$950	1		4	\$3,800
Per Diem: \$76 per day per GSA rate for area x 1 trip x 4 staff	\$76	1	4	4	\$1,216
Lodging: \$298 per day x 1 trip x 2 nights x 4 staff	\$298	1	3	4	\$3,576
Ground Transportation: \$50 per r/trip x 1 trip x 4 staff	\$50	1	2	4	\$400
Parking: \$14 per day x 1 trip x 5 days x 4 staff	\$14	1	4	4	\$224

Justification: WCHD PHERC and 5 coalition members will gain knowledge to assist in protecting the health of the Washoe County community in the event of a public health emergency.

Out-of-State Travel

Joint Commission Conference, Unknown City, State

	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$800 cost per trip x 1 trip x 2 staff	\$800	1		2	\$1,600
Baggage fee:	\$0	0		0	\$0
Per Diem: \$76 per day per GSA rate for area x 1 trip x 2 staff	\$76	1	4	2	\$608

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Lodging: \$289.60 per day x 1 trip x 3 nights x 2 staff	\$290	1	3	2	\$1,738
Ground Transportation: \$50 per r/trip x 1 trip x 2 staff	\$50	1	2	2	\$200
Mileage:	\$0.000	0		0	\$0
Parking: \$14 per day x 1 trip x 4 days 2 staff	\$14	1	4	2	\$112

Justification: 3 coalition members to learn how to break down related accreditation standards and the opportunity to network.

In-State Travel

\$4,227

<u>Coalition Conference, Las Vegas, NV</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$500 cost per trip x 1 trip x 3 staff	\$361	1		3	\$1,083
Baggage fee: \$ amount per person x # of trips x # of staff	\$0	0		0	\$0
Per Diem: \$61 per day per GSA rate for area x 1 trip x 3 staff	\$61	1	4	3	\$732
Lodging: \$202 per day x 1 trip x 3 nights x 3 staff	\$120	1	3	3	\$1,080
Motor Pool:	\$0.00	0	0		\$0
Mileage: \$.56 rate per mile x 11.6 miles per r/trip x 12 trips x 3 staff	\$40.000	2		3	\$240
Parking: \$10 per day x 1 trip x 4 days x 3 staff	\$14	1	4	3	\$168

Justification: WCHD PHERC and 2 coalition members will attend the Coalition Preparedness Conference to learn about healthcare preparedness planning and methods to involve and engage other healthcare and non-traditional partner facilities in planning efforts.

In-State Travel

<u>Partner Meetings</u>	<u>Cost</u>	<u># of Trips</u>	<u># of days</u>	<u># of Staff</u>	
Airfare: \$300 cost per trip x 1 trip x 1 staff	\$357	1		1	\$357
Baggage fee:	\$0	0		0	\$0
Per Diem: \$61 per day per GSA rate for area x 1 trip x 1 staff	\$61	1	1	1	\$61
Lodging:	\$0	0	0	0	\$0
Motor Pool:	\$0.00	0	0		\$0
Mileage: \$.56 rate per mile x 10 miles x 43.86 trips x 1 staff	\$246.000	1		2	\$492
Parking: \$ per day x # of trips x # of days x # of staff	\$14	1	1	1	\$14

Justification: Meeting with coalition partners throughout the State; routine local trips to healthcare facilities.

Equipment	Total:	\$0
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Contractual		\$37,404
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Name of Contractor, Subrecipient: TBD	Total	\$11,904
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Method of Selection: Competitive bid or sole source depending on training topic

Period of Performance: July 1, 2020 - June 30, 2021

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Scope of Work: Contractual support to provide training to healthcare coalition membership as identified in hazard vulnerability assessment. Training topics could include, but are not limited to, burns, behavioral/resiliency, supply management, radiation, HICS, decontamination, EOP workshops, MCIP and MAEA.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$11,904.00
Travel	\$0.00
Total Budget	\$11,904.00

Method of Accountability:

Define - The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

Name of Contractor, Subrecipient: TBD **Total \$2,500**

Method of Selection: Competitive bid or sole source depending on topic

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Contractual support to provide emergency planning assistance to the IHCC. Topic areas could include emergent evacuation planning, burn surge planning, and/or supply management plans.

* Sole Source Justification: Define if sole source method, not needed for competitive bid

Budget

Personnel	\$2,500.00
Travel	\$0.00
Total Budget	\$2,500.00

Method of Accountability:

Define - The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

Name of Contractor, Subrecipient: HCC Approved **Total \$18,000**
Clinical Advisor

Method of Selection: Sole source

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Clinical Advisor position, sole source with the sponsoring hospital.

* Sole Source Justification: Clinical advisor is a required position within the grant, the applicant's sponsoring hospital would be the appropriate contractor for services. We are unable to do a competitive bid.

Budget

Personnel	\$18,000.00
Travel	\$0.00
Total Budget	\$18,000.00

Method of Accountability:

Define - The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

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Name of Contractor, Subrecipient: Utah Medical Center

Total \$5,000

Method of Selection: Sole source

Period of Performance: July 1, 2020 - June 30, 2021

Scope of Work: Utah personnel to provide burn training to Washoe County.

* Sole Source Justification: Training was held during FY20 and was very well attended, and then online training was provided. The region would like to bring it back.

Budget

Personnel		\$3,000.00
Travel		\$2,000.00
Total Budget		\$5,000.00

Method of Accountability:

Define - The contractor will be accountable to the Healthcare Readiness and Response Coordinator to ensure the SOW objectives are met.

Other **Total:** **\$52,965**

Minor Furniture and Equipment: As needed to replace printer, fax, office chair, etc. \$12.50/mo. x 12 months	\$150	1	\$150
Telephone: Phone for staff (2 landlines, long distance, & conference calls) \$27.91/mo. x 12 months	\$335	1	\$335
Postage: \$1.00/mo. x 12 months	\$12	1	\$12
Copy Machine Expenses: \$29.33/mo. x 12 months	\$352	1	\$352
Conference Registration - AHEPP	\$695	2 attendees	\$1,390
Conference Registration - Coalition Conference	\$650	2 attendees	\$1,300
Conference Registration - Preparedness Summit	\$650	4 attendees	\$2,600
Conference Registration - Joint Commission	\$900	3 attendees	2,700
Office supplies 2.76 FTE x \$37 p/m x 12 mo.	\$1,126		1,126
			\$
Operating Supplies	\$38,000		38,000
Equipment such as medical surge supplies, evacuation supplies, burn supplies, trauma supplies, etc.	\$5,000		\$5,000

Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures or public information. Tie budget piece to project deliverable. Operating Supplies to support IHCC objectives and identified gaps from the Hazard & Vulnerability Assessment. Items could include, but are not limited to, bleeding control kits, MCI/MAEA tags, MCI/MAEA supplies, alpha kit supplies, and/or exercise supplies. Equipment identified in the hazard and vulnerability assessment, to be purchased for Coalition members to increase preparedness efforts such as medical surge supplies, evacuation supplies, burn supplies, trauma supplies, etc.

TOTAL DIRECT CHARGES **\$ 347,631**

Indirect Charges **Indirect Rate: 10.300% \$35,806**

Indirect Methodology: An annual indirect cost rate proposal is prepared in compliance with 2 CFR 225 Subpart A. EPHP Divisional rate for FY21 is 22.34%; the Health District is requesting 10.3% for this funding.

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TOTAL BUDGET	Total:	\$383,437
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Form 2

Applicant Name: Washoe County Health District
PROPOSED BUDGET SUMMARY

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

FUNDING SOURCES	GMU	Other Funding	Other Funding	Other Funding	Other Funding	Other Funding	Program Income	TOTAL
SECURED								
ENTER TOTAL REQUEST	\$383,437							\$383,437

EXPENSE CATEGORY

Personnel	\$235,501							\$235,501
Travel	\$21,761							\$21,761
Equipment	\$0							\$5,000
Contractual/Consultant	\$37,404							\$37,404
Other Expenses	\$52,965							\$47,965
Indirect	\$35,806							\$35,806

TOTAL EXPENSE	\$383,437	\$0	\$0	\$0	\$0	\$0	\$0	\$383,437
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These boxes should equal 0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Total Indirect Cost	\$35,806
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Total Agency Budget	\$383,437
Percent of Subrecipient Budget	100%

B. Explain any items noted as pending:
n/a

C. Program Income Calculation:
n/a

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- Department of Health and Human Services policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).
- Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for the budget period will be **\$38,343.10**. This Match may be provided directly or through donations from public or private entities and may be in case or in kind, fairly evaluated, including location, equipment or services, and is **required to be reported no less than quarterly by the 30th of the month following the close of the quarter**. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of the Division. Subgrantee will sign attached Match Certification (Section H). These reports shall be held on file in the program for audit purposes and shall be furnished as documentation for match reporting on the Financial Status Report (FSR) 90 days after the end of the grant period.

The Subrecipient agrees:

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

- Total reimbursement through this subaward will not exceed **\$383,437.00**.
- ****Overtime expenses (also known as call back pay): overtime expenses will only be reimbursed after receiving correct documentation stating the following for each individual in which overtime expenses are requested: name and title of staff, number of hours worked on which date(s), hourly rate of pay being requested for reimbursement, and detailed justification of work accomplished. All overtime expenses requested must be submitted in a separate Request for Reimbursement (RFR) providing sole justification and request for overtime expenses only.***
- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. Funds may only be redistributed budget categories in the original award. Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% (**\$38,343.70**) require a formal amendment. **All redistribution of funds must be submitted for written approval no later than May 1, 2022 at 5:00 PM PST.**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line-item description of expenses incurred.
- Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Attach invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items that have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (i.e., laptops, iPads, printers, etc.).
- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 90 days of exercise completion.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Department within 15 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Department at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Department may not be able to provide reimbursement.
- If a credit is owed to the Department after the 45-day closing period, the funds must be returned to the Department within 30 days of identification.

The Department agrees:

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

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- Provide prior approval of reports or documents to be developed;
- The Department reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Department.

Both parties agree:

- Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the funding may be reallocated other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.
- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Department are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Department, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

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

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

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Agency Ref. #: **SG 25297**
 Budget Account: 3218
 GL: 8780
 Draw #: _____

SECTION D

Request for Reimbursement

Program Name: Public Health and Preparedness Program (PHP) Bureau of Health Protection and Preparedness (BHPP)	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89512-2845
Subaward Period: July 1, 2021 to June 30, 2022	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR REIMBURSEMENT

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

Month(s)

Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$235,501.00	\$0.00	\$0.00	\$0.00	\$235,501.00	0.0%
2. Travel	\$21,761.00	\$0.00	\$0.00	\$0.00	\$21,761.00	0.0%
3. Operating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$37,404.00	\$0.00	\$0.00	\$0.00	\$37,404.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$52,965.00	\$0.00	\$0.00	\$0.00	\$52,965.00	0.0%
8. Indirect	\$35,806.00	\$0.00	\$0.00	\$0.00	\$35,806.00	0.0%
MATCH REPORTING	Approved Match Budget	Total Prior Reported Match	Current Match Reported	Year to Date Total	Match Balance	Percent Completed
<i>INSERT MONTH/QUARTER</i>	\$38,343.70	\$0.00	\$0.00	\$0.00	\$0.00	-

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

Authorized Signature _____ Title _____ Date _____

FOR Department USE ONLY

Is program contact required? ___ Yes ___ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

Chief (as required): _____ Date _____

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SECTION E

Audit Information Request

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

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

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SECTION F

Current or Former State Employee Disclaimer

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward.

The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

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

- YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.
- NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Department.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Department of Health and Human Services

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District (WCHD)

Hereinafter referred to as the "Business Associate"

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

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

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

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

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

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

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

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13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.

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9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.
12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

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

1. **Permitted Uses and Disclosures:**

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

2. **Prohibited Uses and Disclosures:**

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

IV. OBLIGATIONS OF COVERED ENTITY

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

V. TERM AND TERMINATION

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

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

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

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

**SECTION H
Matching Funds Agreement**

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

Program Name	Public Health Preparedness Program (PHP)	Subrecipient Name	Washoe County Health District (WCHD)
Federal Grant Number	5 U3REP190613-02-00	Subaward Number	SG 25297
Federal Amount	\$383,437.00	Contact Name	Adrea Esp
Non-Federal (Match) Amount	\$38,343.70	Address	1001 East Ninth Street / PO Box 11130 Reno, NV 89512-2845
Total Award	\$421,780.70		
Performance Period	July 1, 2021 through June 30, 2022		

Under the terms and conditions of this Agreement, the Subrecipient agrees to complete the Project as described in the Description of Services, Scope of Work and Deliverables. Non-Federal (Match) funding is required to be documented and at least quarterly by the 30th of the month following the close of a quarter during the grant period and will be verified during subrecipient monitoring.

FINANCIAL SUMMARY FOR MATCHING FUNDS

Total Amount Awarded **\$383,437.00**
Required Match Percentage 10%
Total Required Match **\$38,343.70**

Approved Budget Category		Budgeted Match	
1	Personnel	\$	23,550.10
2	Travel	\$	2,176.10
3	Equipment	\$	0.00
4	Contractual/Consultant	\$	3,740.40
5	Other	\$	9,796.50
6	Indirect Costs	\$	3,580.60
	Total	\$	38,343.70

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

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC & BEHAVIORAL HEALTH
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**SECTION I
Acronym Key**

AAR/IP: After Action Report/Improvement Plan	DMORT: Disaster Mortuary Operational Response Team
ACS: Alternate Care Site/System	DOC: Division Operations Center
AED: Automated External Defibrillators	DPBH: Division of Public and Behavioral Health
AFN: Access and Functional Needs	EDR: Electronic Death Records
ARES: Amateur Radio Emergency Services	EEG: Exercise Evaluation Guide
ARRL: Amateur Radio Relay League	EM: Emergency Management/Manager
ASPR: Assistant Secretary for Preparedness and Response	EMAC: Emergency Management Assistance Compact
BDR: Bill Draft Request	EMI: Emergency Management Institute
BHPP: Bureau of Health Protection and Preparedness	EMS: Emergency Medical Services
BNICE: Biological, Nuclear, Incendiary, Chemical, Explosive	EMT: Emergency Medical Technician
BP: Budget Period	EOC: Emergency Operations Center
C³: Command, Control, Communications	EOP: Emergency Operations Plan
CASPER: Community Assessment for Public Health Emergency Response	EPA: Environmental Protection Agency
CBRNE: Chemical, Biological, Radiology, Nuclear, and Explosive (high yield)	Epi: Epidemiology/Epidemiologist
CCHHS: Washoe County Health District (WCHD)	ESAR-EHP: Emergency System for Advanced Registration of Volunteer Health Professionals
CDC: Centers for Disease Control and Prevention	ESF: Emergency Support Function
CEMP: Comprehensive Emergency Management Plan	EVD: Ebola Virus Disease
CERC: Crisis and Emergency Risk Communications	ExPlan: Exercise Plan
CERT: Community Emergency Response Team	FAC: Family Assistance Center
CFAN: Children with Functional Access Needs	FaR: Frontier and Rural Health
CHEMPACK: Chemical Emergency Response Package	FDA: Food and Drug Administration
CHN: Community Health Nurse	FEMA: Federal Emergency Management Agency
CIKR: Critical Infrastructure and Key Resource	FOUO: For Official Use Only
CM: County Manager	FSC: Finance Section Chief
CMP: Crisis Management Plan	FSE: Full Scale Exercise
CMS: Centers for Medicare & Medicaid Services	GSA: General Services Administration
CMT: Crisis Emergency Team	HAM: Amateur Radio Operator
Comms: Communications	HAN: Health Alert Network
CONOPS: Concept of Operations	HAvBED: Hospital Available Beds Tracking System
COOP: Continuation of Operations	HAZMAT: Hazardous Materials
CP: Check Point	HCC: Hospital Command Center
CSC: Crisis Standards of Care	HCQC: b
CSTE: Council of Statewide and Territorial Epidemiologists	HEPE: Health Emergency Preparedness Evaluator
DEM: Division of Emergency Management	HF: High Frequency
Demob: Demobilization	HHS: Health and Human Services
DHHS: US Department of Health and Human Services	HICS: Hospital Incident Command System
DHS: Department of Homeland Security	HIPAA: Healthcare Information Portability and Accountability Act
DMAT: Disaster Medical Assistance Team	HPP: Healthcare Preparedness Program
DME: Durable Medical Equipment	HRA: Health Resource Analyst
DMF: Disaster Medical Facility	HSEEP: Homeland Security Exercise and Evaluation Program
	HSPD: Homeland Security Presidential Directive
	HVA: Hazard Vulnerability Assessment

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I&Q: Isolation and Quarantine
IAP: Incident Action Plan
IC: Incident Commander
ICAMS: Incident Cause Analysis Method
ICP: Incident Command Post
ICS: Incident Command System
IMT: Incident Management Team
IS: Independent Study
IT: Information Technology
ITERC: Inter-Tribal Emergency Response Commission
JAS: Job Action Sheets
JFO: Joint Field Office
JIC: Joint Information Center
JIS: Joint Information System
JITT: Just-in-time-training
JRA: Jurisdictional Risk Assessment
LEPC: Local Emergency Planning Committee
LHA: Local Health Authority
LO or LNO: Liaison Officer

LRN: Laboratory Response Network

LSC: Logistics Section Chief
MAA: Mutual Aid Agreement
MAC: Multiagency Coordination
MACS: Multiagency Coordination System
MAEA: Mutual Aid Evacuation Annex
MCI: Mass Casualty Incident
MCIP: Multi-Casualty Incident Plan
MCM: Medical Countermeasures
MCM ORR: Medical Countermeasure Operational Readiness Review
MERS: Mobile Emergency Response Support
MFI: Mass Fatality Incident
MHFA: Mental Health First Aid
MHz: Mega Hertz
MOA: Memorandum of Agreement
MOU: Memorandum of Understanding
MRC: Medical Reserve Corps
MSAC: Medical Services Advisory Committee
MSU: Mobile Support Unit
NAC: Nevada Administrative Code
NACCHO: **National Association of County and City Health Officials**
NDEM: Nevada Division of Emergency Management
NEPA: Nevada Emergency Preparedness Association
NGO: Nongovernmental Organization

NHA: Nevada Hospital Association

NHP: Nevada Highway Patrol
NIMS: National Incident Management System
NLT: No Later Than
NOGA: Notice of Grant Award
NPG: National Preparedness Goals
NPI: Non-Pharmaceutical Interventions
NRF: National Response Framework
NRP: National Response Plan
NRS: Nevada Revised Statute
NSHD: Nevada State Health Division
NSPHL: Nevada State Public Health Laboratory
NTR: Nevada Trauma Registry
NVHAN: Nevada Health Alert Network
NVPHRAT: Nevada Public Health Risk Assessment Tool
OIT: Office of Informatics and Technology
OPHIE: Office of Public Health Informatics and Epidemiology
OSC: Operations Section Chief
OSHA: Occupational Safety and Health Administration
PACE-EH: Protocol for Assessing Community Excellence in Environmental Health
PAHPA: Pandemic and All-Hazards Preparedness Act
PAIS: Preparedness, Assurance, Inspections and Statistics
PAPR: Powered Air-Purifying Respirator
Peds: Pediatrics
PHAB: Public Health Accreditation Board
PHCS: Public Health Community Services
PHDs: Public Health Departments
PHEP: Public Health Emergency Preparedness
PHP: Public Health Preparedness Program
PIC: Public Information and Communication
PIO: Public Information Officer
PMT: Performance Management Team
POC: Point of Contact
POD: Point of Dispensing
PPE: Personal Protective Equipment
PSA: Public Service Announcement
PSC: Planning Section Chief
QCHCC: Quad County Healthcare Coalition
QCPHP: Quad County Public Health Preparedness
RACES: Radio Amateur Civil Emergency Services
Rad Control: Nevada Radiation Control Program
RAILS: Radio, Internet, Landline phone/fax, Satellite phone
RCHS: Rural Community Health Services

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RDS: Regional Distribution Sites
REMSA: Regional Emergency Medical Services Authority
RFR: Request for Reimbursement
RHPP: Rural Health Preparedness Partners
RN: Registered Nurse
RP: Release Point
RSS: Receive, Stage, Store
RTAB: Regional Trauma Advisory Board
SCEMP: State Comprehensive Emergency Management Plan
SEOC: State Emergency Operations Center
SERT: State Emergency Response Team
SERV-NV: State Emergency Registry of Volunteers – Nevada
SME: Subject Matter Expert
SNAMHS: Southern Nevada Adult Mental Health Services
SNHD: Southern Nevada Health District
SNHPC: Southern Nevada Health Preparedness Coalition
SNS: Strategic National Stockpile
SO: Safety Officer
SOP: Standard Operating Procedure
SP: Start Point
SUV: Spontaneous Unaffiliated Volunteers
SWAT: Special Weapons and Tactics
TEPW: Training and Exercise Planning Workshop
THIRA: Threat Hazard Incident Risk Assessment
TTX: Tabletop Exercise
UC: Unified Command
UHF: Ultra-High Frequency
UVIS: Unified Victim Identification System
VA: Veterans Affairs
VG: Vigilant Guard
VHF: Very High Frequency
VMF: Volunteer Management System
VRC: Volunteer Reception Center
VSA: Volunteer Staging Area
WCHD: Washoe County Health District
WebEOC: Web Based Emergency Operations Center
WHO: World Health Organization
WIC: Women, Infants and Children Program

DD	ND	
DHO		AD

Staff Report
Board Meeting Date: August 26, 2021

DATE: August 10, 2021

TO: District Board of Health

FROM: Andrea Esp, PHP and EMS Program Manager
775-326-6042, aesp@washoecounty.us

SUBJECT: Recommendation of the appointment of Stephen Shipman to the Emergency Operations Plan Development Committee and Raquel DePuy Grafton and Andrea Esp as alternates to the Emergency Operations Plan Development Committee.

SUMMARY

Senate Bill 36 made revisions to NRS 388.241, 394.1685 requiring the board of trustees of each school district and the governing body of each charter school and private school to establish a development committee to develop a plan to be used by the schools in responding to a crisis, emergency or suicide. The bill requires at least one member of such an emergency operations plan development committee be a representative of the county or district board of health.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

No action has been previous taken on.

BACKGROUND

A representative of the District Boarh of Health has not previously been a member of the Emergency Operations Plan Development Committee.

FISCAL IMPACT

There is no fiscal impact from these appointments to the Emergency Operations Plan Development Committee.

RECOMMENDATION

Public Health Preparedness Staff recommend appointing Stephen Shipman as members, Raquel DePuy Grafton as an alternate, and appointing Andrea Esp as an alternate to the Ms. DePuy Grafton, Emergency Operations Plan Development Committee.

POSSIBLE MOTION

Should the Board agree with the staff recommendation, a possible motion would be “move to appointment of Stephen Shipman to the Emergency Operations Plan Development Committee and Raquel DePuy Grafton and Andrea Esp as alternatives to the Emergency Operations Plan Development Committee”.

Staff Report
Board Meeting Date: August 26, 2021

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, ahenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for July, Fiscal Year 2022

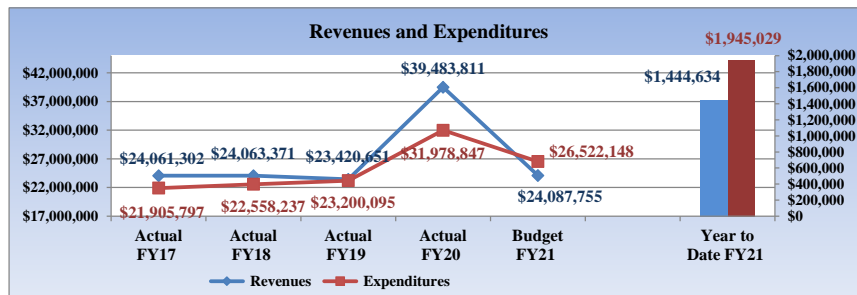
SUMMARY

Update for Fiscal Year 2021 (FY21):

Total FY21 revenues reported June 30th were \$35,460,266 and expenditures were \$31,113,278 for a surplus of \$4,346,988. With the year-end processing of grants, as of August 5th, the FY21 revenues were \$39,483,811 and the expenditures were \$31,978,847 for a surplus of \$7,504,964 and a fund balance of \$15,567,057 or 48.7% of expenditures. The increase in fund balance was due to the ability to transfer previously budgeted local general dollar expenditures onto COVID-19 grants due to the response for the pandemic and unanticipated increase in revenues due to Air Quality dust plans, birth and death records, clinic insurance reimbursements, food service permits and water well construction permits.

Fiscal Year 2022 (FY22):

The first month of FY22 ended with a cash balance of \$14,216,616. The total revenues of \$1,444,634 or 6.0% of budget and 1.3% or \$18,932 over FY21. The expenditures totaled \$1,945,029 down \$84,222 or 4.5% compared to FY21.



District Health Strategic Priority supported by this item:

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

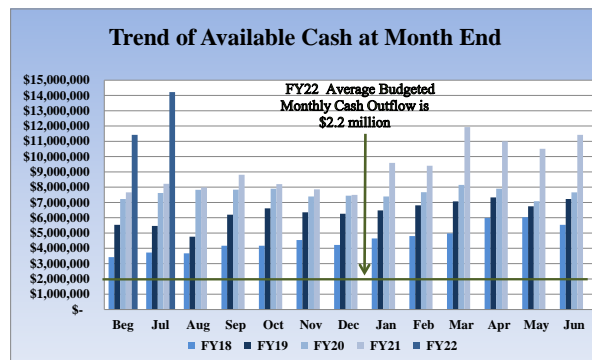
PREVIOUS ACTION

Fiscal Year 2022 Budget was adopted May 19, 2021.

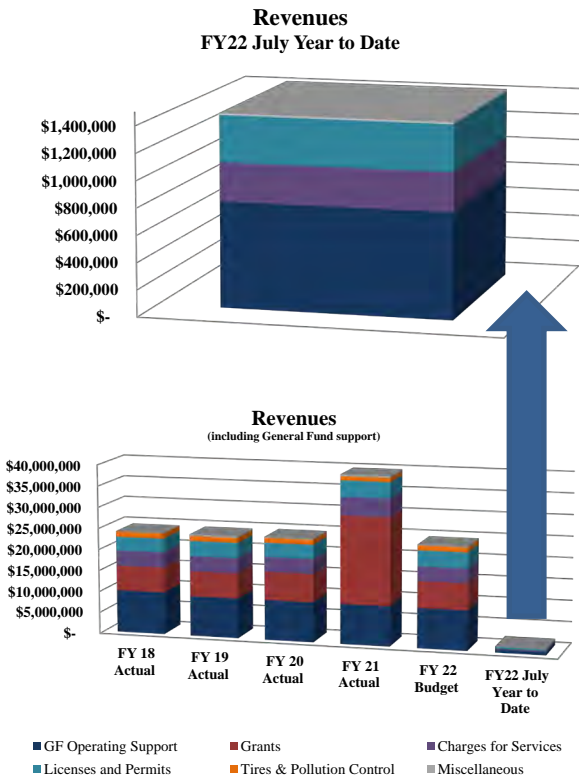
BACKGROUND

Review of Cash

The available cash at the end of July, FY22, was \$14,216,616 which is enough to cover approximately 6.4 months of expenditures. The cash balance is \$5,998,987 greater than FY21. The encumbrances and other liability portion of the cash totals \$3.6 million; the cash restricted as to use is approximately \$1.8 million; leaving a balance of \$8.8 million.

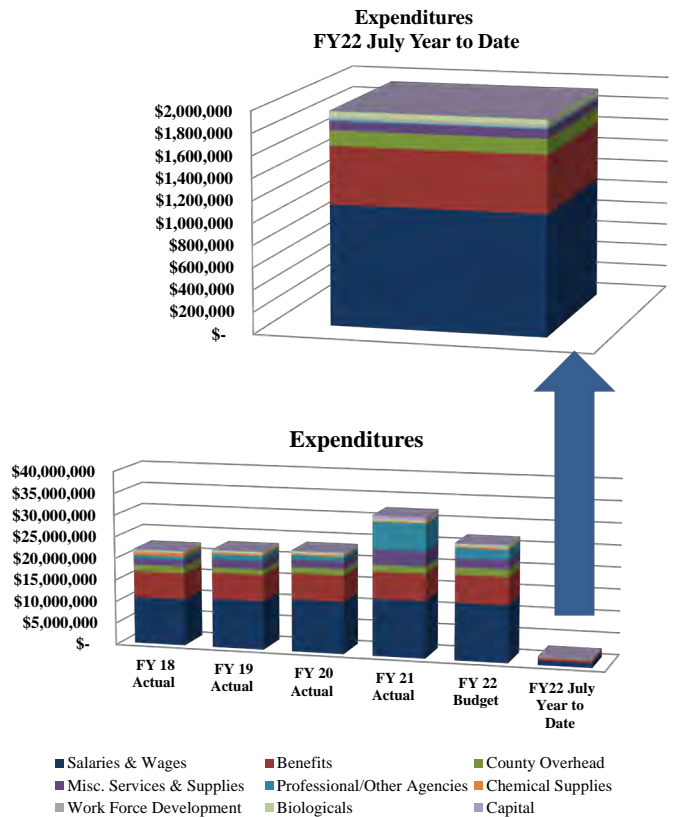


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$1,444,634 up \$18,932 or 1.3% compared to July FY21. The revenue categories up over FY21 were licenses and permits of \$347,954 up \$93,710 or 36.9%; Federal and State grants of \$495 up \$495; and, miscellaneous revenues of \$12,949 up \$12,372. The revenue categories down compared to FY21 were charges for services of \$290,164 down \$10,995 or 3.7%; and tire and pollution control revenue was not received in July compared to \$76,650 in July FY21. The County General Fund support of \$793,071 is level compared to FY21 and has remained level since FY19.

The total year to date **expenditures** of \$1,945,029 were up \$84,222 or 4.5% compared to FY21. Salaries and benefits expenditures for FY22 were \$1,633,263 up \$94,447 or 6.1% over the prior year and 8.4% of budget. The total services and supplies of \$311,766 were down \$10,225 or 3.2% compared to FY21 and 4.5% of budget. The major expenditures included in the services and supplies were the professional services, which totaled \$11,289 up \$5,892; the biologicals of \$49,223 up \$48,685 mainly due to back-to-school vaccinations being purchased; chemical supplies were not needed in July, so no expenditures were made; and County overhead charges of \$140,357 up \$11,951 or 9.3% over FY21. There were no capital expenditures in July FY22.



Review of Revenues and Expenditures by Division

ODHO has spent \$89,348 up \$45,159 or 102.2% over FY21 mainly due to the reallocation of staff off the COVID-19 response back to normal operations.

AHS has spent \$88,732 up \$2,695 or 3.1% compared to FY21.

AQM revenues were \$144,383 down \$88,843 or 38.1% mainly due to the August distribution of DMV Pollution Control funds received in July of FY21. The Division spent \$237,575 up \$12,034 or 5.3%.

CCHS revenues were \$63,393 up \$12,040 or 23.4% over FY21 mainly due to an increase in Medicaid and insurance reimbursements. The division spent \$768,142 up \$240,689 or 45.6% more than FY21 mainly due to additional staff and equipment needed for the COVID19 Immunization response.

EHS revenues were \$365,612 up \$76,420 or 26.4% over FY21 mainly due to an increase in revenue for the food service permits. Total expenditures were \$517,434 up \$70,155 or 15.7% compared to FY21 mainly due to the reallocation of staff off the COVID-19 response.

EPHP revenues were \$78,174 up \$19,314 or 32.8% due to the FY21 fourth quarter REMSA payment for EMS being booked in FY22, adjustments are pending to move to FY21. The division spent \$243,799 down \$286,509 or 54.0% over FY21 due to vacant positions, staff removed from the COVID-19 response and less operating supplies required for the response.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2017/2018 through July Year to Date Fiscal Year 2021/2022 (FY22)									
	Actual Fiscal Year			FY 2020/2021		Fiscal Year 2021/2022			
	2017/2018	2018/2019	2019/2020	Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	FY22 Increase over FY21
Revenues (all sources of funds)									
ODHO	3,365	-	-	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	3,543,340	3,443,270	3,493,840	3,966,854	233,226	3,591,431	144,383	4.0%	-38.1%
CCHS	4,179,750	4,104,874	4,044,674	5,107,072	51,353	4,360,626	63,393	1.5%	23.4%
EHS	4,428,294	4,871,791	4,297,872	5,389,858	289,192	4,389,356	365,612	8.3%	26.4%
EPHP	1,854,862	2,126,580	2,067,409	15,503,172	58,860	2,229,486	78,174	3.5%	32.8%
GF support	10,051,691	9,516,856	9,516,856	9,516,856	793,071	9,516,856	793,071	8.3%	0.0%
Total Revenues	\$ 24,061,302	\$ 24,063,371	\$ 23,420,651	\$ 39,483,811	\$ 1,425,702	\$ 24,087,755	\$ 1,444,634	6.0%	1.3%
Expenditures (all uses of funds)									
ODHO	826,325	1,336,494	1,153,186	776,920	44,189	2,477,840	89,348	3.6%	102.2%
AHS	1,016,660	1,059,669	1,083,771	1,040,308	86,037	1,511,936	88,732	5.9%	3.1%
AQM	2,936,261	2,935,843	2,985,827	2,778,205	225,541	3,578,867	237,575	6.6%	5.3%
CCHS	7,538,728	7,700,440	7,547,364	7,925,975	527,453	8,612,532	768,142	8.9%	45.6%
EHS	7,030,470	6,669,768	5,815,690	5,919,009	447,279	7,099,675	517,434	7.3%	15.7%
EPHP	2,557,352	2,856,024	4,614,255	13,538,430	530,309	3,241,298	243,799	7.5%	-54.0%
Total Expenditures	\$ 21,905,797	\$ 22,558,237	\$ 23,200,095	\$ 31,978,847	\$ 1,860,808	\$ 26,522,148	\$ 1,945,029	7.3%	4.5%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(822,960)	(1,336,494)	(1,153,186)	(776,920)	(44,189)	(2,477,840)	(89,348)		
AHS	(1,016,660)	(1,059,669)	(1,083,771)	(1,040,308)	(86,037)	(1,511,936)	(88,732)		
AQM	607,078	507,427	508,014	1,188,649	7,685	12,563	(93,191)		
CCHS	(3,358,978)	(3,595,566)	(3,502,690)	(2,818,903)	(476,100)	(4,251,906)	(704,749)		
EHS	(2,602,177)	(1,797,977)	(1,517,818)	(529,151)	(158,087)	(2,710,319)	(151,822)		
EPHP	(702,490)	(729,444)	(2,546,846)	1,964,742	(471,449)	(1,011,812)	(165,625)		
GF Operating	10,051,691	9,516,856	9,516,856	9,516,856	793,071	9,516,856	793,071		
Surplus (deficit)	\$ 2,155,505	\$ 1,505,134	\$ 220,557	\$ 7,504,964	\$ (435,106)	\$ (2,434,393)	\$ (500,396)		
Fund Balance (FB)	\$ 6,336,402	\$ 7,841,536	\$ 8,062,093	\$ 15,567,057		\$ 13,132,664			
FB as a % of Expenditures	28.9%	34.8%	34.8%	48.7%		49.5%			

Note: ODHO=Office of the District Health Officer, AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

Date: DBOH meeting August 26, 2021
Subject: Fiscal Year 2022, July Financial Review
Page 4 of 4

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health Fund financial review for July, Fiscal Year 2022.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for July, Fiscal Year 2022.

Attachment:

Health District Fund financial system summary report

Period: 1 thru 1 2022
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Acct#	2021 Plan	2021 Actual	Balance	Art#
422503 Environmental Permits	129,414	4,460	124,954	3	127,376	4,150	123,226	3
422504 Pool Permits	310,595	22,266	288,329	7	305,703	18,478	287,225	6
422505 RV Permits	29,856	2,513	27,343	8	29,386	2,186	27,200	7
422507 Food Service Permits	1,662,560	155,025	1,507,535	9	1,636,378	118,297	1,518,081	7
422508 Wat Well Const Perm	95,000	14,315	80,685	15	91,018	14,372	76,645	16
422509 Water Company Permits	3,351		3,351		3,298	1,703	1,595	52
422510 Air Pollution Permits	691,950	74,656	617,294	11	709,437	64,676	644,762	9
422511 ISPS Permits	420,000	35,292	384,708	8	412,744	26,433	386,312	6
422513 Special Event Permits	125,000	27,936	97,064	22	194,950	1,013	195,963	1-
422514 Initial Applic Fee	118,000	11,491	106,509	10	116,022	4,963	111,059	4
* Licenses and Permits	3,585,726	347,954	3,237,772	10	3,626,311	254,244	3,372,066	7
431100 Federal Grants	5,306,597	495	5,306,102	0	38,626,377	38,626,377	508,832	
431105 Federal Grants - Indirect	597,362		597,362		508,832		508,832	
432100 State Grants	300,729		300,729		673,512		673,512	
432105 State Grants-Indirect	41,069		41,069		41,013		41,013	
432310 Tire Fee NRS 444A.090	525,000		525,000		525,000		525,000	
432311 Pol Ctrl 445B.830	610,000		610,000		628,105		551,455	12
* Intergovernmental	7,380,757	495	7,380,262	0	41,002,839	76,650	40,926,189	0
460160 Other General Government								
460162 Services to Other Agencies	5,000		5,000		10,000		10,000	
460500 Other Immunizations	66,040	4,847	61,193	7	65,000	5,661	59,339	9
460501 Medicaid Clinical Services	158,496	19,964	138,532	13	156,000	12,235	143,765	8
460508 Tuberculosis								
460509 Water Quality								
460510 IT Overlay								
460511 Birth and Death Certificates	597,476	65,485	531,991	11	589,467	58,860	530,607	10
460512 Duplication Service Fees	70,000	9,472	60,528	14	68,154	13,887	54,267	20
460513 Other Health Services Charges								
460514 Food Service Certification								
460516 Pgm Inc-ld Prty Rec	226,568	25,325	201,243	11	223,000	19,826	203,174	9
460518 STD Fees	15,240	1,114	14,126	7	15,000	5,142	9,858	34
460519 Outpatient Services								
460520 Eng Serv Health	300,000	52,102	247,898	17	295,255	36,635	258,620	12
460521 Plan Review - Pools & Spas	2,500		2,500		2,588	485	2,103	19
460523 Plan Review - Food Services	102,000	9,963	92,037	10	99,442	12,537	86,905	13
460524 Family Planning	89,408	11,387	78,021	13	88,000	7,913	80,087	9
460525 Plan Review - Vector	84,169	15,407	68,762	18	82,843	20,454	62,389	25
460526 Plan Review-Air Quality	115,994	6,694	109,300	6	118,045	10,123	107,921	9
460527 MOE-AQM	288,220	26,178	262,042	9	272,665	31,598	241,067	12
460528 NESBAP-AQM	246,130	16,077	230,053	7	249,213	29,440	219,773	12
460529 Assessments-AQM	84,500	9,088	75,412	11	120,422	7,478	112,944	6
460530 Inspector Regstr-AQ	2,240	110	2,130	5	3,485		3,485	
460531 Dust Plan-Air Quality	664,600	12,132	652,468	2	578,414	7,076	571,338	1

Period: 1 thru 1 2022
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2022 Plan	2022 Actuals	Balance	Act's	2021 Plan	2021 Actual	Balance	Act's
460532 Plan Rvw Hotel/Motel	23,700-	2,840-	20,860-	12	23,263-	2,678-	20,584-	12
460534 Child Care Inspection	30,000-	1,955-	28,045-	7	29,316-	1,969-	27,348-	7
460535 Pub Accomod Inspectn								
460570 Education Revenue	223,061-	23-	223,038-	0	230,234-	17,162-	213,072-	7
460723 Other Fees								
461202 OH-Health								
* Charges for Services	3,395,342-	290,164-	3,105,177-	9	3,319,806-	301,159-	3,018,647-	9
441079 COVID Non Compliance Fines								
* Fines and Forfeitures								
481150 Interest-Non Pooled	4,000-	4-	3,996-	0	8,950-	0-	0	1
484000 Donations, Contributions	6,000-	257-	5,743-	4	6,000-	358-	5,642-	6
484050 Donations Federal Pgm Income	125,231-		125,231-		125,231-		125,231-	
484195 Non-Govt'l Grants	24,987-		24,987-		24,987-		26,210-	5-
484197 Non-Gov. Grants-Indirect	48,857-	12,689-	36,168-	26	48,857-	1,374-	47,482-	3
485100 Reimbursements								
485300 Other Misc Govt. Rev								
* Miscellaneous	209,074-	12,949-	196,125-	6	214,024-	577-	213,447-	0
** Revenue	14,570,899-	651,562-	13,919,337-	4	48,162,981-	632,630-	47,530,350-	1
701110 Base Salaries	11,486,710	1,024,282	10,462,428	9	11,141,668	908,915	10,232,753	8
701120 Part Time	484,081	47,209	436,872	10	508,540	42,357	466,183	8
701130 Pooled Positions	592,494	77,368	515,126	13	504,800	63,318	441,482	13
701140 Holiday Work	4,717	205	4,512	4	4,319	4,717	399-	109
701199 Bud Labor Cost Savings-Wages								
701200 Incentive Longevity	143,401	142	143,259	0	144,900	242	144,658	0
701300 Overtime	86,820	36,287	50,533	42	63,017	43,299	19,718	69
701403 Shift Differential	300	32	268	11	300	8	292	3
701406 Standby Pay	38,950	4,027	34,923	10	38,000	5,476	32,524	14
701408 Call Back	4,050	425	3,625	10	5,000	61-	5,061	1-
701412 Salary Adjustment	64,907	150,402-	215,309	232-	6,117,240	90,054-	6,207,294	1-
701413 Vac Payoff/Sick Pay-Form	208,970	32,374	176,596	15	228,970	33,983	194,987	15
701414 Vacation Denied-Payoff	13,852	21,704	7,853-	157	3,852	10,565	6,713-	274
701417 Comp Time		12,322	12,322-			8,907	8,907-	
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	13,129,252	1,105,976	12,023,276	8	18,760,604	1,031,671	17,728,933	5
705110 Group Insurance	1,612,765	137,881	1,474,884	9	1,526,134	123,597	1,402,537	8
705115 Employer HSA Contributions	181,540		181,540		170,000	3,736	166,264	2
705190 OPEB Contribution	600,808	50,067	550,741	8	1,113,772	76,529	1,037,243	7
705199 Lab Cost Sav-Benef								
705210 Retirement	3,592,296	313,771	3,278,525	9	3,441,515	280,260	3,161,255	8
705215 Retirement Calculation	12,578		12,578		12,578		12,578	
705230 Medicare April 1986	167,256	18,308	148,948	11	163,320	16,200	147,120	10
705240 Insur Budgeted Incr	49,199		49,199		46,656		46,656	

Period: 1 thru 1 2022 P&L Accounts
 Accounts: GO-P-L Health Fund
 Business Area: * Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Acct#	2021 Plan	2021 Actual	Balance	Acct#
705320 Workmens Comp	75,718	6,759	68,959	9	77,146	6,247	70,900	8
705330 Unemply Comp	11,374	500	10,874	4	11,501	576	10,925	5
705360 Benefit Adjustment	28,865		28,865		1,931,048		1,931,048	
* Employee Benefits	6,332,399	527,287	5,805,112	8	8,493,671	507,145	7,986,525	6
710100 Professional Services	934,311	2,818	931,493	0	1,053,981	2,145	1,051,836	0
710101 Lab Testing Services	11,563	1,284	10,279	11	1,550,809		1,550,809	
710105 Medical Services	60,763		60,763		11,288		11,288	
710108 MD Consultants	414,404	264	414,140	0	55,401	675	54,726	1
710110 Contracted/Temp Services	600		600		17,197,459	617	17,196,842	0
710155 Lobbying Services	65,518	1,356	64,162	2	600		600	
710201 Laundry Contract	1,894		1,894		436,847	1,337	435,510	0
710203 Landscape Maint. Agreements					2,322	110	2,212	5
710205 Repairs and Maintenance	10,307		10,307		10,307		10,307	
710210 Software Maintenance	4,200		4,200		4,200	300	3,900	7
710212 Software Subscription	86,436		86,436		233,510		233,510	
710215 Operating Contracts					1,720,558		1,720,558	
710300 Operating Supplies	141,163	3,214	137,949	2	1,686,167	54,751	1,631,416	3
710302 Small Tools & Allow	1,435		1,435		1,735		1,735	
710308 Animal Supplies	1,600		1,600		1,600		1,600	
710310 Parts and Supplies								
710312 Special Dept Expense	100,000		100,000		100,000		100,000	
710319 Chemical Supplies	236,200		236,200		236,200		236,200	
710325 Signs and Markers								
710334 Copy Machine Expense	23,408		23,408		54,203	1,767	52,436	3
710335 Copy Machine-Copy Charges	11,322		11,322		11,348		11,348	
710350 Office Supplies	38,940	625	38,315	2	192,019	1,187	190,832	1
710355 Books and Subscriptions	11,518	707	10,811	6	10,990	617	10,373	6
710360 Postage	21,183	44	21,140	0	17,034	2,336	14,699	14
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube					8,558		8,558	
710400 Payments to Other Agencies	739,434	6,923	732,511	1	920,975	1,960	919,015	0
710412 Do Not Use								
710500 Other Expense	101,287		101,287		1,255,286	500	1,254,786	0
710502 Printing	24,747	1,400	23,347	6	67,729		67,729	
710503 Licenses & Permits	8,730	250	8,480	3	9,345	880	8,465	9
710504 Registration	1,650	1,500	150	91	1,900		1,900	
710505 Rental Equipment								
710506 Dept Insurance Deductible	150	150	150-					
710507 Network and Data Lines	10,740	23	10,717	0	60,196		60,196	
710508 Telephone Land Lines	30,969	771	30,198	2	48,815	4,477	44,338	9
710509 Seminars and Meetings	64,456	18,850	45,606	29	76,690		76,690	
710512 Auto Expense	10,760	276	10,484	3	18,948	272	18,676	1

Period: 1 thru 1 2022
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2022 Plan	2022 Actuals	Balance	Acct#	2021 Plan	2021 Actual	Balance	Act#
710514 Regulatory Assessments	25,000		25,000		25,000		25,000	
710519 Cellular Phone	13,745	614	13,131	4	18,165	1,047	17,118	6
710529 Dues	23,705	465	23,240	2	21,755		21,755	
710535 Credit Card Fees	62,431		62,431		60,890	234	60,656	0
710546 Advertising	108,577	228	108,349	0	353,594	384-	353,978	0-
710551 Cash Discounts Lost								
710563 Recruitment								
710571 Safety Expense	50,000		50,000		68,000		68,000	
710577 Uniforms & Special Clothing	7,800		7,800		7,800		7,800	
710585 Undesignated Budget	385,997		385,997		631,771		631,771	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 IT Lease-Office Spaces	77,422	6,363	71,059	8	83,722		83,722	
710620 IT Lease-Equipment								
710703 Biologicals	371,100	49,223	321,877	13	357,635	538	357,096	0
710714 Referral Services	5,040		5,040		9,040		9,040	
710721 Outpatient	65,759		65,759		63,216		63,216	
710872 Food Purchases	6,510		6,510		22,710		22,710	
711008 Combined Utilities	105,926		105,926		107,715	8,976	98,739	8
711011 Waste Removal	9,502		9,502		25,000		25,000	
711050 Propane								
711100 ESD Asset Management	58,680	4,420	54,260	8	46,200	3,920	42,280	8
711113 Equip Srv Replace	83,757	4,615	79,142	6	58,410	4,553	53,857	8
711114 Equip Srv O & M	53,787	11,033	42,754	21	53,015	4,745	48,270	9
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	29,994	4,640	25,354	15	27,211	2,181	25,030	8
711119 Prop & Lieb Billings	30,679	2,557	28,122	8	95,845	7,987	87,858	8
711210 Travel	190,975	5,889	185,086	3	207,562		207,562	
711213 Travel-Non Cnty Pers	16,000	15	16,000		16,000	199	16,000	
711300 Cash Over Short								
711399 ProCard in Process								
711400 Overhead - General Fund	1,684,286	140,357	1,543,929	8	1,540,871	128,406	1,412,465	8
711410 Overhead - Administration								
711503 Road Bridge non Capital								
711504 Equipment nonCapital	89,759	39,894	49,865	44	320,200	11,920	308,280	4
711508 Computers nonCapital	118,793	999	117,794	1	213,143	1,926	211,217	1
711509 Comp Srv nonCap	7,281		7,281		286,821	4,054	282,767	1
* Services and Supplies	6,862,959	311,766	6,551,192	5	31,789,225	254,233	31,534,992	1
781002 Build Imprv Capital					182,627		182,627	
781004 Equipment Capital	128,050		128,050		348,635		348,635	
781007 Vehicles Capital					177,616		177,616	
* Capital Outlay	128,050		128,050		147,172		147,172	
					856,050		856,050	

Period: 1 thru 1 2022 P&L Accounts
 Accounts: GO-P-L
 Business Area: *
 Fund: 202 Health Fund
 Fund Center: 000 Default Washoe County
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2022 Plan	2022 Actuals	Balance	Act%	2021 Plan	2021 Actual	Balance	Act%
** Expenses	26,452,659	1,945,029	24,507,630	7	59,899,551	1,793,050	58,106,501	3
621001 Transfer From General	9,516,856-	793,071-	8,723,785-	8	9,516,856-	793,071-	8,723,785-	8
* Transfers In	9,516,856-	793,071-	8,723,785-	8	9,516,856-	793,071-	8,723,785-	8
812230 TF to Regional Permt	69,489		69,489		69,489	67,758	1,731	98
814430 To Reg Permits Capit								
* Transfers Out	69,489		69,489		69,489	67,758	1,731	98
** Other Financing Src/Use	9,447,367-	793,071-	8,654,296-	8	9,447,367-	725,314-	8,722,053-	8
*** Total	2,434,394	500,396	1,933,998	21	2,289,203	435,106	1,854,097	19

REMSA HEALTH

**FRANCHISE COMPLIANCE
REPORT**

JULY 2021



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 33%
July	4,253	\$5,839,002.20	\$1,372.91	\$1,372.84	\$ 453.04
August	4,224	\$5,806,006.60	\$1,374.53	\$1,373.06	\$ 453.11
September	4,089	\$5,622,367.80	\$1,375.00	\$1,373.28	\$ 453.18
October	4,409	\$6,040,357.20	\$1,370.01	\$1,372.93	\$ 453.07
November	4,251	\$5,800,733.40	\$1,364.56	\$1,372.14	\$ 452.80
December	4,347	\$5,981,323.40	\$1,375.97	\$1,372.47	\$ 452.92
January	4,227	\$6,306,218.60	\$1,491.89	\$1,372.79	\$ 453.02
February	3,780	\$5,623,933.60	\$1,487.81	\$1,372.79	\$ 491.69
March	4,093	\$6,108,707.20	\$1,492.48	\$1,372.79	\$ 491.97
April	4,180	\$6,315,334.80	\$1,510.85	\$1,372.79	\$ 493.67
May	4,196	\$6,400,979.20	\$1,525.50	\$1,372.79	\$ 495.66
June	4,461	\$6,809,069.60	\$1,526.35	\$1,372.79	\$ 497.10
Totals	50,510	\$72,654,033.60	\$1,438.99		

Current Allowable Average Bill: \$1,517.66

Year to Date: July 2021

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-21	6 Minutes 44 Seconds	84%	77%
Aug-21			
Sep-21			
Oct-21			
Nov-21			
Dec-21			
Jan-22			
Feb-22			
Mar-22			
Apr-22			
May-22			
Jun-22			

Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 53 Seconds	84%	77%

Year to Date: July 2021

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-21	P-1	6:02	7:00	11:00
	P-2	6:50	7:37	11:03
Aug-21	P-1			
	P-2			
Sep-21	P-1			
	P-2			
Oct-21	P-1			
	P-2			
Nov-21	P-1			
	P-2			
Dec-21	P-1			
	P-2			
Jan-22	P-1			
	P-2			
Feb-22	P-1			
	P-2			
Mar-22	P-1			
	P-2			
Apr-22	P-1			
	P-2			
May-22	P-1			
	P-2			
Jun-22	P-1			
	P-2			

Fiscal Year to Date: July 2021

Priority	Reno	Sparks	Washoe County
P1	6:02	7:00	11:00
P2	6:50	7:37	11:03

**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2021 THRU 07/31/2021**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	7/2/21 4:19	7/2/21 4:24	1C06	0:12:09	0:04:58
Zone A	7/4/21 12:30	7/4/21 12:40	1C34	0:09:42	0:09:42
Zone A	7/4/21 23:58	7/5/21 0:07	1C41	0:15:47	0:08:38
Zone A	7/7/21 3:42	7/7/21 3:47	1C24	0:20:01	0:04:49
Zone A	7/8/21 6:03	7/8/21 6:07	1C16	0:17:30	0:03:26
Zone A	7/8/21 17:49	7/8/21 18:01	1P17	0:12:11	0:12:11
Zone A	7/10/21 7:50	7/10/21 7:55	1C21	0:04:43	0:04:43
Zone A	7/13/21 20:23	7/13/21 20:29	1C02	0:09:56	0:05:59
Zone A	7/14/21 17:18	7/14/21 17:23	1C36	0:18:56	0:05:32
Zone A	7/14/21 17:37	7/14/21 17:55	1C24	0:18:02	0:18:02
Zone B	7/15/21 13:53	7/15/21 13:59	1C44	0:16:47	0:05:56
Zone A	7/16/21 10:20	7/16/21 10:29	1C05	0:18:33	0:08:22
Zone A	7/16/21 17:36	7/16/21 17:38	1C17	0:12:44	0:02:05
Zone A	7/16/21 18:46	7/16/21 18:46	1C17	-0:00:21	0:00:07
Zone A	7/20/21 21:26	7/20/21 21:34	1C02	0:18:20	0:07:27
Zone A	7/23/21 9:24	7/23/21 9:29	1C06	0:09:45	0:05:24
Zone A	7/23/21 14:38	7/23/21 14:39	1C26	-0:00:25	0:00:51
Zone A	7/25/21 18:34	7/25/21 18:38	1C38	0:09:54	0:04:12
Zone A	7/26/21 7:09	7/26/21 7:13	1C05	0:12:40	0:03:38
Zone A	7/28/21 12:35	7/28/21 12:42	1C45	0:21:29	0:07:06
Zone A	7/30/21 8:47	7/30/21 8:54	1C04	0:12:33	0:06:28
Zone A	7/30/21 12:37	7/30/21 12:37	1C23	-0:00:05	0:00:36
Zone A	7/30/21 13:29	7/30/21 13:35	1C17	0:16:01	0:06:03

UPGRADE REQUESTED				
Zone	Priority Original	Priority Upgrade	Response Time Original	Response Time Correct
Zone A	9	1	0:15:35	0:09:42
Zone A	9	1	0:08:59	0:03:26
Zone A	9	1	0:14:03	0:12:11
Zone A	9	1	0:08:59	0:07:54

EXEMPTIONS REQUESTED				
Incident Date	Approval	Exemption Reason	Zone	Response Time
07/19/2021	No Exemption Appeal Requested	Construction	Zone A	:10:39
07/04/2021	Exemption Approved	Overload	Zone A	:12:16
07/04/2021	Exemption Approved	Overload	Zone A	:09:20
07/04/2021	Exemption Approved	Overload	Zone A	:13:45
07/04/2021	Exemption Approved	Overload	Zone A	:10:55
07/04/2021	Exemption Approved	Overload	Zone A	:10:47
07/04/2021	No Exemption Appeal Requested	Overload	Zone A	:09:24
07/04/2021	No Exemption Appeal Requested	Overload	Zone A	:19:35
07/05/2021	Exemption Approved	Overload	Zone A	:11:44
07/05/2021	Exemption Approved	Overload	Zone A	:11:33
07/05/2021	Exemption Approved	Overload	Zone A	:12:02
07/05/2021	Exemption Approved	Overload	Zone B	:16:56
07/05/2021	Exemption Approved	Overload	Zone A	:11:41
07/05/2021	Exemption Approved	Overload	Zone A	:10:53
07/05/2021	Exemption Approved	Overload	Zone A	:11:48
07/06/2021	Exemption Approved	Overload	Zone A	:10:09
07/06/2021	Exemption Approved	Overload	Zone A	:13:47
07/06/2021	Exemption Approved	Overload	Zone A	:14:45
07/06/2021	Exemption Approved	Overload	Zone A	:14:06
07/06/2021	Exemption Approved	Overload	Zone A	:14:06
07/06/2021	Exemption Approved	Overload	Zone A	:15:40
07/06/2021	Exemption Approved	Overload	Zone A	:11:29
07/06/2021	Exemption Approved	Overload	Zone A	:12:26
07/06/2021	Exemption Approved	Overload	Zone A	:11:11
07/06/2021	Exemption Approved	Overload	Zone A	:10:09
07/06/2021	Exemption Approved	Overload	Zone A	:09:42
07/06/2021	Exemption Approved	Overload	Zone A	:10:45
07/07/2021	Exemption Approved	Overload	Zone A	:10:09
07/07/2021	Exemption Approved	Overload	Zone A	:10:48
07/07/2021	Exemption Approved	Overload	Zone A	:10:01
07/07/2021	No Exemption Appeal Requested	Overload	Zone A	:12:27
07/08/2021	Exemption Approved	Overload	Zone A	:09:04
07/08/2021	Exemption Approved	Overload	Zone A	:09:21
07/08/2021	Exemption Approved	Overload	Zone A	:12:44
07/09/2021	Exemption Approved	Overload	Zone A	:13:09
07/09/2021	Exemption Approved	Overload	Zone A	:12:16
07/19/2021	Exemption Approved	Overload	Zone A	:11:05
07/19/2021	Exemption Approved	Overload	Zone A	:11:08

07/19/2021	Exemption Approved	Overload	Zone A	:12:25
07/19/2021	Exemption Approved	Overload	Zone B	:22:10
07/19/2021	Exemption Approved	Overload	Zone A	:09:15
07/19/2021	Exemption Approved	Overload	Zone A	:21:52
07/19/2021	Exemption Approved	Overload	Zone A	:14:53
07/19/2021	Exemption Approved	Overload	Zone A	:15:20
07/19/2021	Exemption Approved	Overload	Zone A	:10:08
07/19/2021	Exemption Approved	Overload	Zone A	:11:21
07/19/2021	Exemption Approved	Overload	Zone A	:14:21
07/19/2021	Exemption Approved	Overload	Zone A	:13:13
07/26/2021	Exemption Approved	Overload	Zone A	:09:58
07/26/2021	Exemption Approved	Overload	Zone A	:09:05
07/26/2021	Exemption Approved	Overload	Zone A	:13:24
07/26/2021	Exemption Approved	Overload	Zone B	:19:43
07/26/2021	Exemption Approved	Overload	Zone A	:09:41
07/26/2021	Exemption Approved	Overload	Zone A	:12:39
07/26/2021	Exemption Approved	Overload	Zone A	:09:12
07/26/2021	Exemption Approved	Overload	Zone A	:11:43
07/04/2021	Exemption Approved	Status 99	Zone A	:09:49
07/04/2021	Exemption Approved	Status 99	Zone B	:19:14
07/04/2021	Exemption Approved	Status 99	Zone A	:09:09
07/04/2021	Exemption Approved	Status 99	Zone A	:12:34
07/06/2021	Exemption Approved	Status 99	Zone A	:12:43
07/06/2021	Exemption Approved	Status 99	Zone A	:10:05
07/06/2021	Exemption Approved	Status 99	Zone A	:12:23
07/07/2021	Exemption Approved	Status 99	Zone A	:09:22
07/07/2021	Exemption Approved	Status 99	Zone A	:10:42
07/08/2021	Exemption Approved	Status 99	Zone A	:11:04
07/08/2021	Exemption Approved	Status 99	Zone A	:15:00
07/08/2021	Exemption Approved	Status 99	Zone A	:17:31
07/08/2021	Exemption Approved	Status 99	Zone A	:14:39

GROUND AMBULANCE OPERATIONS REPORT JULY 2021

1. Overall Statics

- a) Total number of system responses: 7,689
- b) Total number of responses in which no transports resulted: 3,192
- c) Total number of system transports: 4,497

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 47.6%
- c) Obstetrics (OB): 0.3%
- d) Psychiatric/Behavioral: 6 %
- e) Transfers: 16.7%
- f) Trauma – MVA: 5.9%
- g) Trauma – Non MVA: 16.9%
- h) Unknown: 5.4%

3. Medical Director's Report

- a) The Clinical Director or designee reviewed:
 - 100% of cardiopulmonary arrests
 - 100% of pediatric patients (transport and non-transport)
 - 100% of advanced airways (excluding cardio pulmonary arrests)
 - 100% of STEMI alerts or STEMI rhythms
 - 100% of deliveries and neonatal resuscitation
 - 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.

Total number of ALS Calls: 1,416

Total number of above calls receiving QA Reviews: 82

Percentage of charts reviewed from the above transports: 5.79%

JULY 2021 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	26	102
BLS (CPR)	137	445
Heartsaver (CPR)	109	615
ITLS/PHTLS	1	1
PALS	19	64

COMMUNITY OUTREACH JULY 2021

Point of Impact		
7/10/2021	Checkpoint at Renown: 23 vehicles and 42 car seats checked; 17 seats donated	3 staff; 3 volunteers
7/01-31/2021	Six (6) office installation appointments; Six (6) cars and eight (8) seats inspected.	
Cribs for Kids/Community		
7/1/2021	Immunize Nevada Community Meeting	
7/22/2021	NV SHSP Drivers and Passenger quarterly meeting	
7/23/2021	SIDS Awareness Month Preparation Webinar	
7/27-28/2021	Cribs for Kids Train-the-Trainer Las Vegas - Southern Nevada Health District	3 participants
7/30/2021	Festival of Family Services- Event Hosted by Women & Children`s Center of the Sierra	400+ people attended event
07/15-30/2021	Received \$7500 donation from Safe Kids Washoe County. Worked with funds to hire per diem Car Seat Technician to help provide appointments to community.	1 per diem tech 20 hrs./ week

REMSA

Reno, NV
Client 7299



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

July 1, 2021 to July 31, 2021

Your Score

94.98

Number of Your Patients in this Report

150

Number of Patients in this Report

5,787

Number of Transport Services in All EMS DB

173



REMSA
July 1, 2021 to July 31, 2021



Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **07/01/2021** and **07/31/2021**.

The overall mean score for the standard questions was **94.98**; this is a difference of **1.49** points from the overall EMS database score of **93.49**.

The current score of **94.98** is a change of **-0.38** points from last period's score of **95.36**. This was the **31st** highest overall score for all companies in the database.

You are ranked **8th** for comparably sized companies in the system.

87.47% of responses to standard questions had a rating of Very Good, the highest rating. **97.67%** of all responses were positive.

5 Highest Scores



5 Lowest Scores



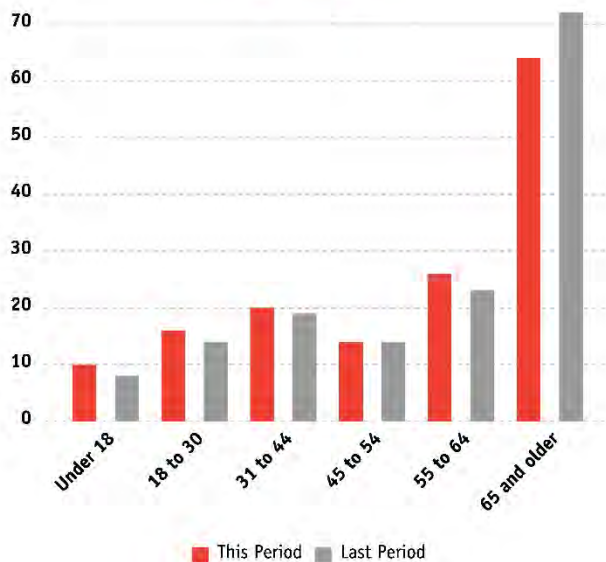
REMSA
July 1, 2021 to July 31, 2021



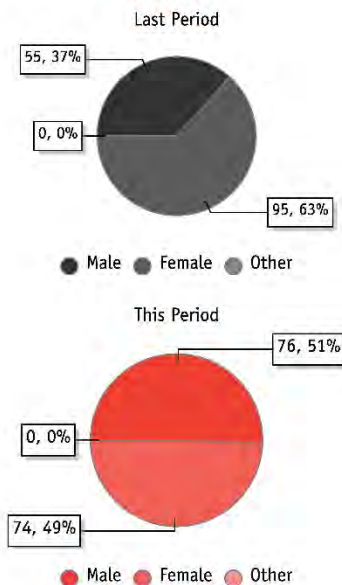
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	8	3	5	0	10	5	5	0
18 to 30	14	7	7	0	16	9	7	0
31 to 44	19	5	14	0	20	11	9	0
45 to 54	14	3	11	0	14	9	5	0
55 to 64	23	12	11	0	26	13	13	0
65 and older	72	25	47	0	64	29	35	0
Total	150	55	95	0	150	76	74	0

Age Ranges



Gender



REMSA
July 1, 2021 to July 31, 2021



Monthly Breakdown

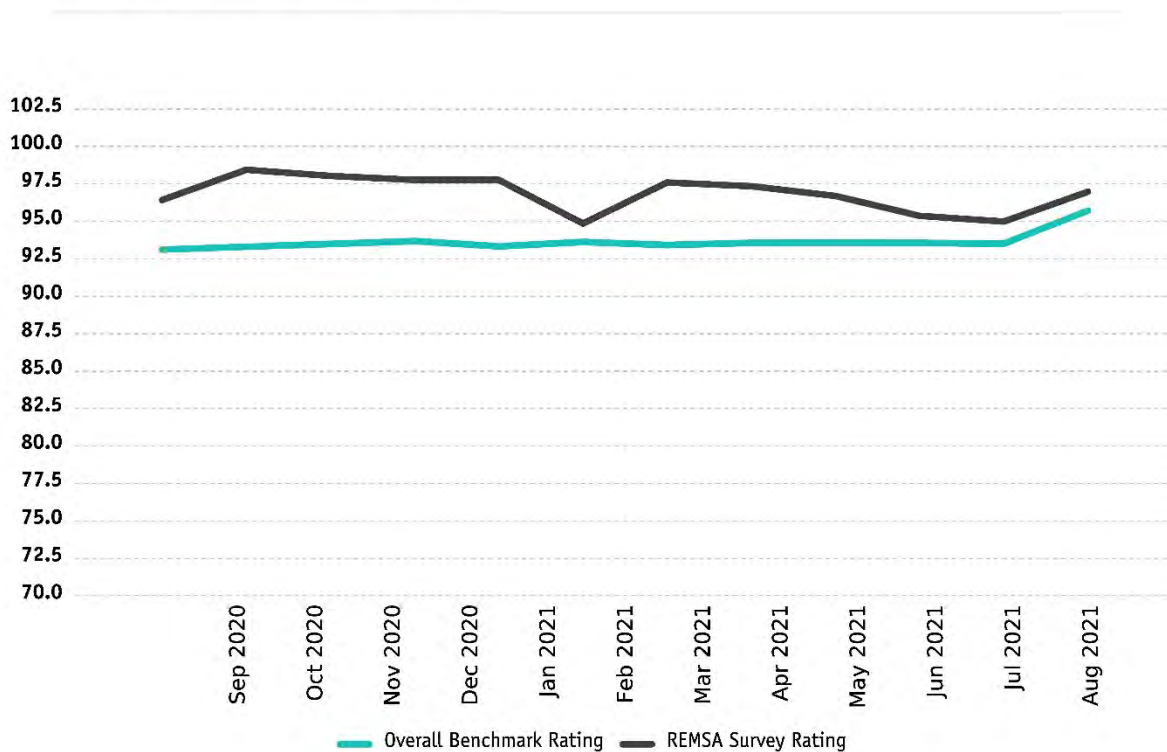
Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021
Helpfulness of the person you called for ambulance service	98.30	96.83	97.01	97.85	98.46	98.13	96.53	97.69	94.40	95.63	93.42	92.86
Extent to which you were told what to do until the ambulance arrived	98.30	96.79	96.88	97.83	98.45	98.13	96.26	98.36	94.40	96.25	94.20	92.74
Extent to which the ambulance arrived in a timely manner	95.80	94.26	97.68	98.04	96.53	97.96	95.11	98.37	96.43	95.04	93.89	93.93
Cleanliness of the ambulance	98.41	96.98	99.17	99.06	98.33	98.47	97.20	98.99	99.35	97.71	97.27	97.39
Skill of the person driving the ambulance	97.22	96.23	97.63	97.79	98.35	97.93	95.68	97.88	97.83	95.77	95.22	96.55
Care shown by the medics who arrived with the ambulance	98.32	96.80	99.00	97.51	97.83	97.64	94.83	97.82	98.17	98.15	95.68	95.81
Degree to which the medics took your problem seriously	98.32	96.73	99.50	98.33	97.32	97.64	95.00	97.48	98.15	98.31	95.65	95.01
Degree to which the medics listened to you and/or your family	97.60	96.36	99.31	97.99	96.96	97.29	94.05	97.43	97.93	97.41	95.05	94.41
Extent to which the medics kept you informed about your treatment	97.71	96.00	97.59	98.14	97.40	97.92	94.18	97.07	98.21	95.57	95.87	93.59
Extent to which medics included you in the treatment decisions (if	96.85	96.10	98.71	97.91	98.32	97.78	94.44	96.95	97.14	95.54	94.26	95.89
Degree to which the medics relieved your pain or discomfort	93.23	94.55	95.60	96.79	96.92	96.83	90.36	94.81	91.76	92.98	90.88	90.41
Medics' concern for your privacy	97.69	97.00	98.84	98.41	97.57	98.05	95.65	98.58	98.35	98.02	97.16	96.59
Extent to which medics cared for you as a person	98.65	97.49	98.94	98.33	97.97	96.96	95.27	97.97	99.00	98.63	96.99	96.15
Professionalism of the staff in our ambulance service billing office	100.00		100.00	100.00	100.00	100.00	100.00	85.00	93.75	75.00		81.25
Willingness of the staff in our billing office to address your needs	100.00		100.00	100.00	100.00	100.00	100.00	100.00	87.50	75.00		81.25
How well did our staff work together to care for you	98.48	97.31	99.12	98.49	98.00	97.83	95.21	97.28	98.97	98.44	96.92	96.55
Extent to which the services received were worth the fees charged	85.07	94.11	98.33	97.62	98.02	98.03	90.63	97.31	88.69	87.21	89.50	85.16
Overall rating of the care provided by our Emergency Medical Transportation	98.31	97.12	98.99	97.98	97.50	97.67	95.24	97.62	97.82	97.11	95.61	95.47
Likelihood of recommending this ambulance service to others	98.55	97.23	98.80	98.14	98.31	97.80	95.41	97.73	98.26	97.20	95.53	96.27
Your Master Score	97.50	96.42	98.44	98.03	97.76	97.76	94.85	97.59	97.34	96.69	95.36	94.98
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150

REMSA
July 1, 2021 to July 31, 2021



Monthly tracking of Overall Survey Score



REMSA HEALTH GROUND AMBULANCE JULY 2021 CUSTOMER REPORT

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
1	04/13/2021			"Everything was fantastic and could not be any better!"	
2	04/13/2021		"I feel they have been amazing."	"I have no complaints, honestly I have had a lot of ambulance trips and REMSA Health is the best!"	
3	04/13/2021	"When the medics came, they did not take my problem seriously, they said anyone's stomach would hurt if they just ate something. They were very rude," "I still did not feel good, so after they refused to take me to the hospital, I went to Urgent Care and they called an ambulance. When this team came, they were very rough and the girl slammed my arm down on the gurney. The IV did not feel too good either. I don't remember her name."		"They told me on the ride that I was probably suffering from a psychiatric disorder and they dropped me at the hospital. I was very ill and vomiting blood. I have been advised to sue the ambulance company by someone. All I know is they were very rough and did not take me seriously."	YES
4	04/13/2021		"Everything was done well."		
5	04/13/2021		"Patient said the medics resuscitated her and saved her life. She is grateful and thankful."		
6	04/10/2021		"The ambulance	"The way the	

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			service arrived quickly and were efficient."	Service bills is "weird." Patient said he was able to get it resolved but feels it shouldn't have been billed out that way in the first place."	
7	04/13/2021		"Patient noted the medics got an IV started immediately and were very professional."		
8	04/13/2021			"The medics didn't do anything to relieve the pain."	YES
9	04/13/2021		"Patient noted the ambulance arrived in a timely manner."		
11	04/14/2021			"They saved my life! They were excellent, I just hope there isn't a next time."	
12	04/14/2021	"I told them that he has adverse reactions to the medication and he becomes angrier and they saw him as a bad kid. They really did not understand his mental health issues and they did not listen to me." "I was mad that they said "good luck with this one" after dropping him off at the mental health hospital. He was only 7 at the time and he is learning to deal with his		"To be trained better in mental health and to be more empathetic to the patient and family concerning mental health issues."	YES

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		mental health issues."			
13	04/14/2021	"Dispatcher was helpful and got them there right away."		"They were great. I can't thank them enough."	
14	04/14/2021		"The ambulance arrived in about five minutes, very quick. The mother took the survey regarding her young son and she wants to say, "Thank You"."		
15	04/14/2021		"It was a smooth transition into the medical facility. The medics did a great job overall."		
16	04/14/2021		"Everything was terrific."		
17	04/15/2021			"Air ride shocks to make the ride smoother and better pain medication."	
18	04/15/2021		"Patient stated the medics were courteous, professional, kept him informed, and explained everything very well. They calmed him down and defused the situation."		
19	04/15/2021		"Patient was annoyed the medics wouldn't allow him to take		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			his own car, but in the end they were right and he did need to take the ambulance."		
20	04/15/2021		"Patient stated the ambulance service treated her much better than the hospital. She also noted the medics quickly assessed her situation and began caring for her."		
21	04/15/2021		"Patient stated he doesn't remember everything about the event, but he does remember the medics reviewing everything step-by-step with him. He feels he was well cared for and wants to say 'Thank You'."		
22	04/15/2021		"Patient stated this was a simple transfer, the medics communicated to her what was happening and it was a smooth process. She would have no qualms about using the service again."		
23	04/15/2021		"Patient stated she was picked up at a		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			casino and security tried to intervene, but the medics took charge and cared for her. She deeply appreciates the care she received."		
24	04/15/2021		"Prompt and professional."		
25	04/10/2021			"Please make sure the patient is covered with a blanket while they are waiting on the tarmac, it can be very cold."	
26	04/15/2021		"The medical POA took the survey. She stated the smoothest part of the whole hospital experience was dealing with the paramedics and the ambulance service. "The ambulance service did an absolutely wonderful job."		
27	04/16/2021		"Patient stated the medics saved his life. He wants to tell them 'Thank You' for everything they did for him that day."		
28	04/17/2021			"Patient stated it was freezing cold, much too cold for comfort. The	YES

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				medics wouldn't give any medication for her anxiety."	
29	04/17/2021		"The patient said she was very scared and the medics calmed her down, petted her dog to keep her calm as well and explained everything thoroughly."	"Please tell patients the after effects of being given nitroglycerine, the headache was awful. A thicker gurney pad would be nice, the ride was rough."	
30	04/17/2021		"Patient noted the medics had great communication with her midwife, they also had good teamwork with the firemen. The midwife also noted the ambulance arrived very quickly."		
31	04/16/2021	"The operator did not want to send an ambulance. He wanted one due to health history." "The medics calmed him down. They helped him out of his house, as he could not walk."	"The medics were very compassionate."		
32	04/18/2021	"The medics arrived on time. They always do a good job taking her to the emergency room."			
33	04/18/2021	"The medics asked her if she wanted to go to	"The medics checked all of her		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		the hospital and gave her choices."	vitals. They asked her how she felt."		
34	04/18/2021	"The driver almost got into an accident. He ran through a red light. He felt he was a reckless driver." "The medics made him go to the hospital. He told them that he did not want to go. He asked to get out of the ambulance and the medics refused to let him out." "The medics worked well as a team, but did not work well for him. They were more interested in getting paid, it seemed. His insurance was billed for a ride to the hospital that he had refused."	"The medics did their job well, but they did not listen to what he was requesting."	"The medics should be more concerned with what the patients want and treat them more like human beings."	YES
35	04/18/2021	"POA said that the medics know her son by heart. The medics were wonderful to him, and took good care of him."	"POA said that the REMSA Health medics always try to calm her son down. They did well getting him on a stretcher and took care of his needs."		
36	04/18/2021	"The medics took good care of him during the transport between hospitals."	"The medics seemed to know what they were doing. They were quick and efficient."		
37	04/18/2021		"The medics did their best with everything."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
38	04/18/2021	"He was very impressed with protocol of the medics."	"He liked how the medics explained what they were doing and where they were going."		
39	04/19/2021		"The medics were very informative."		
40	04/19/2021		"She appreciated the courtesy of the medics."		
41	04/19/2021		"The medics got him transported fast."		
42	04/19/2021	"The medics were very nice. They constantly informed her about what they were doing and asked questions." "She has used REMSA Health every time she has to go to the hospital. Everything is always very good."	"The medics made sure that she was calm and comfortable."		
43	04/19/2021	"The medics did their jobs beautifully." "Everything was perfect."	"She appreciated the medics just being there for her."		
44	04/19/2021		"The medics got him to the hospital fast."		
45	04/16/2021		"The medics took good care of him. They found out what his problem was and went right to work on it."		
46	04/18/2021	"The medics were good at keeping him informed about everything. They were	"The medics communicated very well with him and his family. They		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		compassionate and caring." "He would definitely recommend REMSA Health to others."	were good at consoling them after their accident. He really appreciated the medics."		
47	04/20/2021	"The driver was good, but the ride was rough."	"The medics were good with their diagnosis and prepping him to travel."		
48	04/20/2021	"The medics were very humanistic."	"The medics let his family see him. They greeted his mother and allowed her to go into the back of the ambulance to see him. He really appreciated that."		
49	04/20/2021		"The medics were good with privacy, as he lives in a condo complex. They treated him with dignity and respect."		
50	04/20/2021	"The driver was wonderful." "She liked how the medics were careful with her."	"The medics relieved her discomfort with medication. They gave her a smooth ride down the driveway to the ambulance."		
51	04/20/2021		"Patient noted the medics were very, very kind."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
52	04/21/2021		"The medics immediately got her hooked up to an EKG, inquired about her medications and also gave her baby aspirin. They arrived within minutes and quickly got her loaded. She is very happy."		
53	04/20/2021		"Patient said the nurses at the hospital later told him that he was alive because of the medics and their quick work. He is very thankful and grateful to the paramedics and the ambulance service itself."		
54	04/20/2021		"Patient stated she believes the medics did everything they possibly could for her."		
55	04/20/2021		"Patient stated the service is excellent and that is why she keeps renewing it every year. She can't think of a thing they can improve on."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
56	04/20/2021			"The medics should be more aware of a patient's comfort. She said she was so cold it was aggravating her symptoms. She had to ask for a blanket and socks instead of being offered the items."	YES
58	04/22/2021		"Mother took the survey regarding her teen son. She said it was a simple transfer that went smoothly. She did not ride in the ambulance that day."		
59	04/22/2021		"The mother took the survey regarding her young son. She wants to thank the medics for making her son comfortable and treating him so well. He is very afraid of doctors and they really helped him stay calm."		
60	04/23/2021		"Very good teamwork together."	"The address did not show up as valid so it took the medics awhile to arrive."	

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
61	04/23/2021		"Patient stated the medics took his situation very seriously and he appreciates that. They also gave him oxygen right away."		
62	04/23/2021		"Mother took the survey regarding her teen daughter. She said the service was very good."		
63	04/23/2021		"The medics tried to talk to her to get answers. They were asking the questions too fast though."	"The medics should take more time with the patient. Listen more to the patient. Have more IV training."	
64	04/21/2021	"The driver was a very courteous and a safe driver." "The Silver Saver program is a worthwhile investment."	"The medics were great. They worked well together. They were a class act."		
65	04/24/2021		"The medics were efficient and worked well together with prompt arrival time."		
66	04/24/2021		"Patient noted the medics seemed quite experienced and worked well together."		
67	04/24/2021	"The operator was perfect." "The medics listened to him, about previous difficulty in	"The medics were caring. They found his problem, and dealt with it."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		starting his IVs. They waited until they got to the hospital to start the IV." "The medics were great."			
68	04/24/2021	"The medics did their jobs very well. He appreciated what the medics did for him."	"The medics kept asking questions. They were looking out for him."		
69	04/24/2021		"The medics were super sweet and helpful. They helped her and her child after the accident. She appreciated how they calmed her child with a toy."		
70	05/01/2021	"Driver was diligent and quick to get her to the hospital."	"The medics were very quick. They got her to the hospital that she needed to go to fast."		
71	05/01/2021	"The medics kept him calm through his heart attack. The medics told him what to expect at the hospital. That meant a lot to him."	"This was his first ambulance ride. The medics made the experience not so frightening. The medics were amazing. He wishes to thank the medics."		
72	05/01/2021	"He felt the operator needed to listen better. He had to repeat himself four times."	"The medics were extremely professional and well trained."		
73	05/01/2021		"Father said that the medics were really attentive. The		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			medics took good care of his daughter. They handled her situation well."		
74	05/01/2021	"The medics did well at explaining things."	"The medics were concise, asked good questions and worked well together."		
75	05/01/2021	"He felt he is alive today because of the medics."	"The medics had good heart attack protocol."		
76	05/01/2021		"The medics talked to her to keep her calm. They gave her good care. They were very nice and professional. They got her to the hospital fast."		
77	05/02/2021	"She really liked the medics."	"The medics picked her up from the floor using a blanket. That worked well. The medics were concerned for her."		
78	05/02/2021	"The ambulance came quickly." "The medics told him everything that they were doing."	"The medics did everything well."		
79	05/02/2021		"The medics did a good job getting him onto the gurney and into the ambulance, after		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			his fall."		
80	05/02/2021	"The driver was nice. The ambulance was clean. It came quickly." "The medics listened to her. They were both very nice. They did a good job calming her. They made her feel comfortable." "The medics did a beautiful job working together."			
81	05/02/2021	"POA followed the ambulance and said the driver did a great job." "POA said that the medics got her mother onto the gurney and made her comfortable."	"POA said that the medics were wonderful. They worked well with the firemen. It was a relief to have eight people helping her mother."		
82	05/02/2021	"The medics were really good. He appreciated them getting him to the hospital."	"The medics did very well at getting him down the stairs in a special chair."		
83	05/02/2021		"The medics gave her attention. They acted carefully. She said that she perceived that the medics worked in an excellent manner."		
84	05/02/2021	"POA said that the medics were above excellent. They were very happy with the service."	"POA said that the medics came and took him to the hospital he wanted to go to. The medics were		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			fantastic."		
85	05/02/2021		"He appreciated that the medics took his situation seriously. They did whatever was possible to keep him comfortable."		
86	05/02/2021		"The medics did well getting her in and out of the ambulance and taking her to the hospital."		
87	05/03/2021		"The medics were prompt, courteous and respectful."		
88	05/03/2021		"Patient stated everything was done well."		
89	05/03/2021		"The patient stated he lives quite far out, but the ambulance still arrived quickly. He said they were professional, got an IV started and then left for the hospital. He is very happy with the professionalism and care."		
90	05/03/2021		"The medics were prompt. The mother took the survey regarding her minor daughter."	"Mother said it would have been nice to get text updates along the way since she did not ride in the ambulance that	

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				day."	
91	05/03/2021		"Patient stated this was her first ambulance experience and they took very good care of her."		
93	05/04/2021		"The medics arrived in a timely manner and got him quickly to the hospital. The care is consistently good."		
94	05/04/2021		"Mother took the survey regarding her young daughter. She said the medics took good care of her child and also were there for her as well, calming her down and explaining everything. She is very happy with the care."		
96	05/04/2021		"Patient stated the medics did the best they could given the situation, everything was done well."		
97	05/06/2021		"Patient said to tell the medics, "Good teamwork". They took very good care of her when she thought she was dying."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
98	05/06/2021		"Patient said he was impressed all of the way around."		
99	05/05/2021	"He called the billing office with a question. It took a week for the billing office to get back to him. He feels they should have called him back much faster than that." "No complaints with the service."	"The medics handled his problem very well."		
100	05/06/2021	"The medics were very caring and nice. They were very helpful. They allowed her to help make decisions, and worked well with her." "It was a great experience. The medics worked well together."	"The medics talked to her. They did everything they could to make sure that she was comfortable."		
101	05/06/2021	"The medics were not very nice. They were making jokes about how she got stuck in her car and had a bathroom accident."			YES
102	05/07/2021		"The medics did a wonderful job. They got her to the hospital, so she could get treated for her problem."		
103	05/05/2021		"The medics were great. They were kind and compassionate."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
104	05/07/2021		"They medics were very good. They were compassionate and helpful. She has used REMSA Health before, and they are always helpful."		
105	05/07/2021	"She was asking questions, and the medics would turn away and ignore her. It was very frustrating. She said she needed reassurance. It made the situation even worse." "The medics were not compassionate and caring. She felt like she was treated like a junkie on the street without knowing her story. They did not bother to even ask what was going on."			YES
106	05/07/2021		"The medics did everything right. They got there quick and took care of everything. They were very professional."		
107	05/07/2021	"It was a good experience with the medics."	"He appreciated that the medics were very calm with him. They were very professional. They tended to his		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			needs extremely well."		
108	05/07/2021	"Extremely pleased with the service from REMSA Health. That is why he joined the Silver Saver Program."	"The medics listened to what his problems were. They assisted him with getting up. They were overall wonderful, caring people."		
109	05/07/2021		"Mother said that the medics listened well."		
110	05/07/2021		"She was glad that the medics put her on a heart monitor and checked her heart."		
111	05/07/2021		"The medics wanted to make sure that she felt better."		
112	05/07/2021	"The medic in the back was super kind. The medics differed in their opinion with the hospital, as to what was wrong with her."	"The medics did very well with being compassionate, empathetic and trying to make a connection with her. They did a wonderful job."		
113	05/07/2021	"The medics never used a circus lift before and he explained to the medics how to use it. They were able to get him up, off of the floor, without pain."	"The medics communicated well with him and with each other. He felt they were all on the same page with each other."		
114	05/08/2021		"The medics made sure that he was comfortable, and		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			got him to the hospital in a timely manner."		
115	05/08/2021	"The ambulance was very clean." "He thinks the Silver Savers program is excellent. He said that there should be more advertisement out there for this. It would really help people on fixed incomes."	"The medics showed up on time, got him out of the house and into the ambulance quickly"		
116	05/08/2021	"The ambulance was nice and clean." "The medics kept her informed. They even told her about taking her blood pressure." "REMSA Health gets a five plus."	"The medics came in, held her hand, and made sure that she was okay. They talked to her and asked her questions. They were very nice. There were no problems."		
119	05/09/2021	"Patient noted he was in so much pain he doesn't remember everything about the situation."	"The paramedics got me out of where I was and then got me where I needed to be."		
120	05/09/2021		"Patient stated she was impressed with the arrival time and the medics got her exactly where she needed to be. She also noted the medics had a good rapport."		
121	05/10/2021			"I think they did a great job. Your paramedics do	

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
				amazing work and I am very thankful!"	
122	05/10/2021	"Transferred my calls around and had to wait time while in an emergency." "Above and beyond care was shown."		"No, maybe not passing around my phone call so much time is a necessity some times in emergencies. The paramedics were excellent though."	
123	05/10/2021			"I have taken them several times and each time the paramedics are great!"	
124	05/05/2021	"Have not seen the bill."		"They were great it was only a 5 minute trip, but they were very good."	
125	05/10/2021	"I have only the nicest things to say. Every time I call, they go above and beyond." "They are professional, kind and very skilled always."		"I have called them several times and they did amazing. I can't say enough good things."	
126	05/10/2021	"The dispatcher was very helpful and the ambulance arrived very quickly." "It was a hectic situation, they tried their best to keep me informed."		"Nothing, they treated me and my husband very well. You could tell they really cared, they were wonderful!"	
127	05/11/2021	"Someone else called for my daughter" "I did not ride with her"		"They were great with my daughter, I can't see how they could be any better."	

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
128	05/11/2021			"Nothing I can see as they were perfect in my eyes."	
129	05/11/2021	"My daughter called." "I'm legally blind so I could not see. I just assume it was clean. The driver tried to make the ride comfortable."	"They have responded quickly and shown me care."	"I can't think of a thing they have always given me amazing service!! Thank you!"	
130	05/11/2021	"Someone else called, I fell in a parking garage." "It took them 20 minutes to get there and they are right around the corner. But on the way to the hospital they got there rather quickly." "Very caring and attentive."		"I have had them twice and both times the staff was professional, kind and efficient. I says volumes because they were excellent both times, especially the time after this one."	
131	05/11/2021	"All around the service was excellent!" "She was fighting for her life and was flaring and hitting and they were very caring and professional with her." "I have not finished getting her billing under way now that she is deceased."	"They were fantastic and were very caring."	"When she got to the hospital she had no complaints and from everything I saw, they were excellent! She is deceased now, but the service was excellent."	
133	05/12/2021		"Patient stated that the medics overall did their job very, very well."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
134	05/12/2021		"Patient did not want to comment."		
135	05/12/2021		"Patient said she is a retired nurse and as far as she is concerned, everything was excellent. The medics listened to all of her concerns and were professional."		
136	05/12/2021		"Everything was done well."		
137	05/12/2021		"Patient said the medics did everything they possibly could to help him with the pain and discomfort."		
138	05/12/2021		"Patient stated everything was done well."		
139	05/12/2021		"Patient stated the medics were awesome and she thanks them for their service that day."		
140	05/13/2021		"Patient stated he doesn't remember much about the event, but his wife said he was well taken care of. They communicated well with her, got him		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
			quickly to the hospital and appropriately checked in."		
141	05/13/2021		"Medical POA said everything appeared to be done properly and orderly. She did not ride in the ambulance that day."		
142	05/13/2021		"The medics did the best they could to relieve his extreme pain. With the pain relief onboard they weren't able to help him but they did try."	"Stronger pain medication availability."	
143	05/13/2021	"POA said that the medics were caring and saved her life."	"POA said that the medics worked well together with the fire department. They jumped right into action to ventilate and bring her back. They did a great job."		
144	05/13/2021	"The ride was kind of rough. They got there as soon as they could." "The medics tried to be gentle with him."		"He wishes they had larger adult oxygen masks in the ambulance."	
145	05/14/2021	"The medics were marvelous." "The Silver Saver program is one of the best investments ever made. Silver Savers is always a	"The medics did their jobs with high quality on everything. They were excellent, and always have been."		

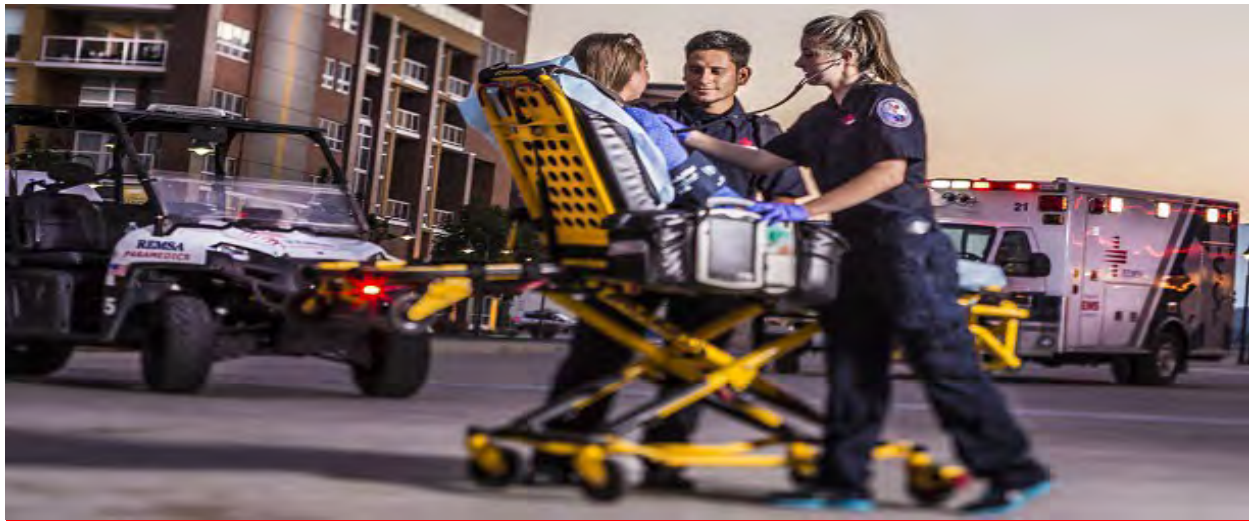
	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
		good program."			
146	05/14/2021		"The medics did great resolving issues."	"The medics need a little more compassion. They also need to improve on their listening skills."	YES
147	05/14/2021	"The medics talked to her, and listened to her." "They did a good job working together. The medics did a very good job taking care of her."			
148	05/14/2021	"The ambulance crew, communicated with the crew on the airplane, while they were waiting for her plane at the airport." "The medics were attentive, and kept checking on her."	"The medics communicated well with her and with the medics who handed her off from the airport. They were timely. They knew exactly where they were going. They were experienced and professional."		
149	05/14/2021		"Mother said that the medics spoke to her daughter in a calm manner, in order in order to reduce her anxiety."		
150	05/14/2021		"The medics got her to where she needed to be in the proper amount of time."		

	DATE OF SERVICE	DESCRIPTION/COMMENT	WHAT WAS DONE WELL BY REMSA HEALTH?	WHAT COULD WE DO TO BETTER SERVE YOU NEXT TIME?	ASSIGNED
FOLLOW UP					
3		Called and left a message for patient. I left my direct line and asked her to call me back if she would like to follow up on her complaint. HM 8/7/21 1230, I left a message for pt about both of her calls on 4/13/21. Her chart includes an unsigned AMA. The second call, transport from the Urgent Care was less than 1hr later both from the same crew. In the chart no IV was obtained or attempted and pt took off the BP cuff/pulse ox. No further, Stacie			
8		Pt's number obtained from billing. 8/7/21 1052, left a message for pt. Stacie			
12		Obtained phone number from billing. Contacted the patient's mom and left message. TK 8/7/21 1300, left a message with the pts mother. No further, Stacie			
28		Attempted to leave a voice message but her mailbox was full and not accepting messages. TK 8/7/21 1312, left a message for the pt. No further, Stacie 8/7/21 1725, closed ticket. Stacie			
34		No phone number was indicated on the chart. I contacted billing and was able to obtain one. Left a message. TK 8/7/21 1321, left a message for the pt. No further, Stacie 8/7/21 1525, closed ticket. Stacie			
56		Called and left a message for the patient asking her to call me back on my direct line for follow up of her concern. -HM Left a message 8/6 T 11:38. TK 8/7/21 1331, left message for pt. No further, Stacie			
101		I called and spoke with the patient. She said that someone else had already called and followed up with her and she told the other woman everything. I asked her what else I could do and she said nothing that it was already taken care of and didn't want any other follow up. HM			
105		Attempted to call to discuss pts concerns and pt refused to talk with me and hung up. -HM			
146		Called and left a message for pt to call me back if he wanted to follow up on his concerns from the EMS survey. HM 8/7/21 1210, I spoke to the pt, he was nice and concerned the crew was not listening to him. He told me he has anxiety and sometimes people don't listen. I apologized to him and told him I would be talking to the crew about this incident. He thanked me for calling him today. No further, Stacie			



JULY 2021

REMSA HEALTH AND CARE FLIGHT PUBLIC RELATIONS REPORT



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

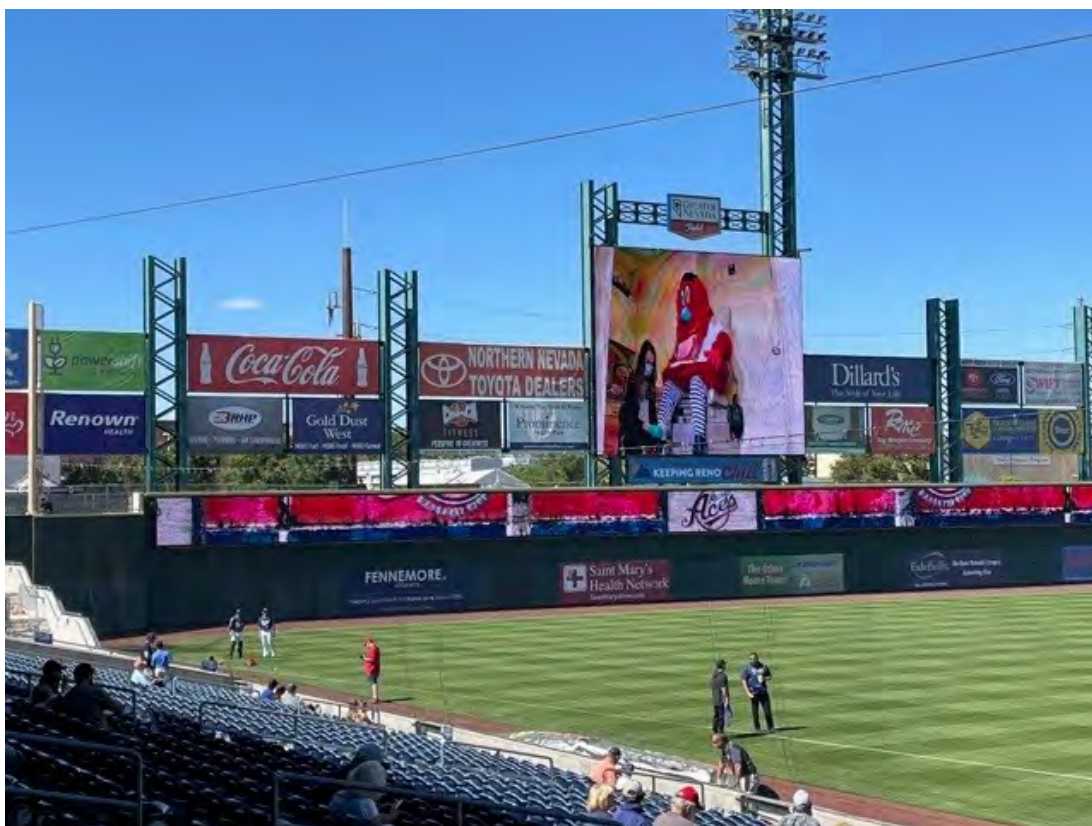
REMSA Health maintains its operational and clinical standards as one of the most recognized high- performance EMS systems in the country. REMSA Health responds to approximately 70,000 requests for service per year.

PUBLIC & COMMUNITY RELATIONS



REMSA HEALTH SHARES REMINDER AT RENO ACES GAMES

Be sure to keep an eye out for the REMSA Health “Choose the Right Care” video at every Reno Aces game this season. This video was created to remind the community to use 911 for emergencies only to keep our first responders and ambulances available for when they are needed most. It also highlights our Nurse Health Line as a great option for non-life threatening situations, like when Archie twists his ankle!



PUBLIC & COMMUNITY RELATIONS

REMSA HEALTH CELEBRATES 4th OF JULY

To help celebrate the 4th of July, REMSA Health created a video highlighting Ground Supervisor, Cody Clifford, who serves in the Army National Guard and REMSA Health's Tactical Emergency Medical Services Team. This was shared on our social media platforms.



PUBLIC & COMMUNITY RELATIONS

CARE FLIGHT
CELEBRATES 40
YEARS

July 1st marked 40 years of service for Care Flight. We are very proud to offer this service to communities in northern Nevada and northeastern California.





**REMSA Health 2020-21 Penalty Fund Reconciliation as
of
June 30, 2021**

**2020-21 Penalty Fund Dollars Accrued by
Month**

Month	Amount
July 2020	8,916.19
August 2020	14,106.85
September 2020	11,012.69
October 2020	11,085.94
November 2020	13,538.25
December 2020	10,433.63
January 2021	12,828.33
February 2021	9,431.94
March 2021	12,415.88
April 2021	13,218.09
May 2021	14,927.33
June 2021	11,943.59
Total Penalty Fund Dollars Accrued	\$143,858.71

2020-21 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted
Fiscal Year 2020 Approved Carryover	7,993.52	Fiscal Year 2020 over- expenditure approved carryover	Jan 2021
CARES (Cardiac Registry to Enhance Survivability)	2,500.00	Annual Subscription Fee	Jan 2021
Community AEDs	7,466.25	5 Community AEDs Donated	Jan 2021
PulsePoint Application	13,000.00	Annual Subscription Fee	June 2021

**Total Encumbered as
of 06/30/2021** **\$30,959.77**

**Penalty Fund Balance
at 06/30/2021** **\$112,898.94**



**REMSA INQUIRIES
JULY 2021**

No inquiries for July 2021.



**STAFF REPORT
DISTRICT BOARD OF HEALTH
MEETING DATE: August 26, 2021**

TO: District Board of Health Members

FROM: Aaron Abbott, Executive Director of Operations
aabbott@remsa-cf.com

SUBJECT: Review, discussion and possible approval of EMSAB-recommended changes to the REMSA Exemption Guideline letter, to include granting of exemptions during an MCI/MAEA event, weather, system overload, Status 99 situations, and miscellaneous events, as well as extending the three-day required reporting period to five for REMSA and identifying the required approval period for the EMS Oversight Program to three days.

SUMMARY

The EMS Oversight Program and REMSA worked to revise the 2016 Exemption Guidelines to better define the criteria used by the District Health Officer (DHO) for approval of late call exemptions requested by REMSA Health. This item was presented to the Washoe County District Board of Health on July 22, 2021.

This agenda item is for discussion and possible approval of the EMS Advisory Board (EMSAB)-recommended revisions to the REMSA Exemption Guidelines Letter presented on August 5, 2021.

PREVIOUS ACTION

- May 26, 2016, the DHO approved the Exemption Guidelines.
- July 22, 2021, the DBOH asked that the REMSA Exemption Guideline revisions be presented to the EMS Advisory Board (EMSAB) for discussion and recommendation to the DBOH.
- August 5, 2021, the EMS Oversight Program presented the EMSAB with the proposed revisions to the REMSA Exemption Guidelines letter. The EMSAB recommended the proposed revisions to the guidelines with the exception of two categories requested to have further discussion by EMSAB:
 - Local, State or Federal Declared Emergency
 - Construction

Previous exemption criteria, approved in 2016, needed to be updated to better meet the needs of the current EMS system. The EMS Oversight Program and REMSA Health recommended changes to:

- Add language to account for impacts to response times during multiple construction projects affecting traffic congestion, and intermittent road or lane closures during known construction times.

- Develop language amendments to better define exemption criteria for local, state, or federal declared emergencies that also accounts for recovery phases of a response and local disaster responses.
- Activate of the Multi Agency Evacuation Agreement (MAEA) plan to accomplish emergency evacuation of hospitals.
- Change due dates for exemption requests to meet a five-day deadline for all requests (previous was three or five days).

The EMSAB agreed with the following updates and recommended approval by the DBOH:

- Activation of the Multi Agency Evacuation Agreement (MAEA) plan to accomplish emergency evacuation of hospitals.
- Changing due dates for exemption requests to meet a five-day deadline for all requests (previous was three or five days).
- Weather exemptions
- Miscellaneous exemptions
- Status 99

A special meeting may be called and held by the EMSAB to discuss the items that require further analysis and review:

- Local, State or Federal Declared Emergency
- Construction

FISCAL IMPACT

There is no fiscal impact resulting from this agenda item.

RECOMMENDATION

Staff recommends the Board approve EMSAB-recommended changes to the REMSA Exemption Guideline letter, to include granting of exemptions during an MCI/MAEA event, weather, system overload, Status 99 situations, and miscellaneous events, as well as extending the three-day required reporting period to five for REMSA and identifying the required approval period for the EMS Oversight Program to three days.

POSSIBLE MOTION

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

“Move to approve EMSAB-recommended changes to the REMSA Exemption Guideline letter, to include granting of exemptions during an MCI/MAEA event, weather, system overload, Status 99 situations, and miscellaneous events, as well as extending the three-day required reporting period to five for REMSA and identifying the required approval period for the EMS Oversight Program to three days.

ATTACHMENTS

Exemption Guidelines Letter May 26, 2016

Revised Exemption Guidelines Redline

Final Exemption Guidelines

July 1, 2021

Dean Dow, President/CEO REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2021

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI/MAEA

An exemption will be granted during a declared multi-casualty incident (MCI) or Multi Agency Evacuation for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI and/or evacuation is declared. However, the first responding unit must meet response requirements if the occurs within the Franchise service area.

2. Incorrect Address

In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

Exemptions to be reviewed and approved by the WCHD:

1. Miscellaneous

A request for a miscellaneous exemption must be submitted in writing within 5 business days from which the event occurred. Miscellaneous exemptions may include requests like units driving "off road" or AVL clock stop confirmation, etc.

Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "an exemption to response time penalties may be granted by the District Health Officer (DHO), or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel."

REMSA shall use the approved REMSA Communications Blanket Weather Exemption Request Form for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification within 3 business days.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA's response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within 5 business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one-hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions within 3

business days and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

3. Local, State or Federal Declared Emergency

A blanket exemption will be granted for late calls occurring during a local, state or federally declared emergency for which REMSA's resources have been utilized, formally requested through the appropriate emergency management process or as a function of managing the local EMS system. The exemption begins at the time the declared emergency is affirmed or the event causing the declaration occurs. Applicable documentation for this exemption must be provided to the EMS Oversight Program for review.

Calls to be exempted will be tracked and documented through the regular exemption process for tracking and data collection purposes. REMSA will be provided the option to continue to be assessed for fines associated with the late calls, to be accrued in the penalty fund, or discontinue fines, until the emergency event is declared over. REMSA may petition the District Health Officer to continue the exemptions for ongoing impacts for a period of time after the declaration of emergency has ended. The DHO may elect to continue the blanket exemption for a specified period of time to account for recovery phases of the response.

4. System Overload

REMSA shall use a third-party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

A request for a system overload exemption should be made to the EMS Oversight Program, within 5 business days of the initial real time system overload notification. The submitted documentation should include quantitative system information and will encompass the timeframe of beginning no sooner than one hour after the system overload trigger is recognized and ending no later than one hour after the system returns below the system overload threshold.

If there is not enough supporting documentation, then the WCHD may deny the exemption.

5. Construction

An exemption due to road construction may be considered if a written request is submitted to the EMS Oversight Program within 5 business days of the incident. The written exemption request must demonstrate the following:

- Management received updates from the Nevada Department of Transportation, the Regional Transportation Commission and/or other jurisdictional divisions and used

that information to review the System Status Management Plan and made necessary adjustments.

- REMSA sent notifications to field staff of closures and delays.
- REMSA authorized additional unit hours (staffing) for large road construction projects (i.e. major lane closures).
- REMSA validated that the crew experienced conditions beyond their control.

If the scene is in the middle of a construction zone or there are no feasible alternate routes to reach the scene, an exemption may be approved based on review of documentation provided by REMSA. Additionally, intermittent closures for construction operations during a known project are unpredictable. REMSA may submit for exemptions related to intermittent closures for known project.

REMSA is expected to be aware of and plan for road construction. Response time exemptions for construction will not be automatic. Requests for exemptions due to construction will be considered on a case by case basis by the EMS Oversight Program within 3 business days.

Aggregate multiple construction projects occurring throughout the franchise area are likely to cause overall traffic congestion and emergency response alternative routing and preposition/posting delays. REMSA may submit exemption requests for aggregate construction-related delays within 5 business days following the end of the month for consideration. The DHO may approve exemptions for response delays.

6. Status 99

Status 99 is a term used to describe the situation when an ambulance cannot offload its patient(s) at the hospital because staff and/or facilities are not available at the hospital to receive the patient(s). REMSA shall keep a daily Status 99 Report (the "Daily Report") detailing each Status 99 delay and list the specific times of those delays. A Status 99 delay will be included in the Daily Report when the ambulance has been at the hospital for twenty 20 minutes or more, as that is the average drop off time. Written documentation to support the Status 99 exemption request must be submitted within 5 business days to the EMS Oversight Program.

The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will review and Status 99 exemption requests within 3 business days and verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident - regardless of cause - or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Sincerely,

Subject: Exemption Guidelines
Date: July 1, 2021
Page 5 of 5

Kevin Dick
District Health Officer

July 1, 2021

Dean Dow, President/CEO REMSA
450 Edison Way
Reno, NV 89502-4117

RE: Exemption Guidelines

Dear Mr. Dow,

The Washoe County Health District (WCHD) revised the list of allowable exemption requests for Priority 1 calls in the REMSA Franchise service area. The following exemptions will be effective July 1, 2021

All exemptions shall be reviewed by the WCHD EMS Oversight Program. Additionally, for the purpose of all compliance calculations, approved exemptions shall not be included as part of the calculation process.

Exemptions to be reviewed by REMSA and the WCHD:

1. MCI/MAEA

An exemption will be granted during a declared multi-casualty incident (MCI) or Multi Agency Evacuation for which REMSA's resources have been requested. The exemption automatically begins at the time the MCI and/or evacuation is declared. However, the first responding unit must meet response requirements if the occurs within the Franchise service area.

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In the event a calling party gives dispatch an incorrect address, and the stated address is verified by the Communications Specialist and confirmed by the caller to be the correct address, response time shall be measured from the time REMSA receives, or otherwise discovers, the correct address until the unit arrives on scene.

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Miscellaneous exemptions are granted on a per call basis following a review of the documentation provided by REMSA and/or investigation by the EMS Oversight Program. The request must include all applicable supporting reports and documentation in order for the EMS Oversight Program to approve a miscellaneous exemption.

2. Weather

Pursuant to Article 7.6 of the Amended and Restated Franchise, "an exemption to response time penalties may be granted by the District Health Officer (DHO), or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel."

REMSA shall use the approved REMSA Communications Blanket Weather Exemption Request Form for blanket weather exemption requests to determine the necessity and validity of the request. Upon completion of the checklist, if the request is outside the hours of 7am-8pm, REMSA shall grant a preliminary blanket weather exemption status to ensure the safety of crews. If REMSA is granting a preliminary blanket weather exemption, an email correspondence is required to the EMS Oversight Program at EMSProgram@washoecounty.us to notify staff of the exemption status start time. The EMS Oversight Program staff will acknowledge the preliminary exemption notification within 3 business days.

Blanket weather exemptions will be granted for 12 hours, or less. At, or before, the eleventh hour of the request, REMSA must re-examine the weather conditions and outlook using information from NWS Reno and information from field providers and supervisors. Based on the findings, REMSA will either (1) request additional exemption hours, or (2) terminate the requested blanket exemption. REMSA must notify the WCHD immediately of their determination.

Blanket weather exemptions will be granted with the expectation that additional field staffing will be used to mitigate the impact of known severe weather condition on REMSA's response to priority 1 calls. The additional field staffing used must be included in the written request, if applicable. Written documentation to support the blanket weather exemption request must be submitted within 5 business days of the verbal request or email notification. If there is not enough supporting documentation, the WCHD may deny the exemption.

Individual weather exemptions for weather related hazardous driving conditions affecting individual ground ambulances are a matter to be negotiated between REMSA and the Contractor. The individual weather exemption is applicable when a single region of the ambulance franchise service area is impacted by a weather event. If a weather event impacts more than one region within a one-hour period of time, REMSA should closely monitor these conditions and begin to utilize the checklist for a blanket weather exemption request if conditions become widespread.

In the event that REMSA is made aware that multiple isolated weather exemptions were utilized when a blanket was more appropriate, a retroactive request for a blanket weather exemption may be made. A request for a retrospective request must be submitted in writing within 5 business days following the end of the month in which the event occurred. All documentation supporting the request would need to be submitted with the request.

The EMS Oversight Program will review such individual weather exemptions within 3

business days and may recommend denying the exemption if there is not sufficient supporting documentation to justify the individual weather exemption.

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Calls to be exempted will be tracked and documented through the regular exemption process for tracking and data collection purposes. REMSA will be provided the option to continue to be assessed for fines associated with the late calls, to be accrued in the penalty fund, or discontinue fines, until the emergency event is declared over. REMSA may petition the District Health Officer to continue the exemptions for ongoing impacts for a period of time after the declaration of emergency has ended. The DHO may elect to continue the blanket exemption for a specified period of time to account for recovery phases of the response. If the exemption extension is denied, REMSA may petition the Washoe County District Board of Health for approval.

4. System Overload

REMSA shall use a third-party vendor to calculate system overload with the following equation:

$$\text{System Overload} = \text{Average Demand (20 weeks)} + 2X \text{ Standard Deviation,}$$

EMS Oversight Program staff shall receive real-time system information through a notification from the third party-vendor concerning REMSA surpassing the overload threshold. This will serve as notification only and is not actionable as an exemption request. Once overload is reached, REMSA shall monitor the system and determine if an exemption request is necessary.

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The process for the Status 99 exemptions is based on criteria agreed to by both parties in writing. The EMS Oversight Program will review and Status 99 exemption requests within 3 business days and verify the date and time of the call with the Daily Report to determine if an exemption is warranted.

No other reasons for late response, such as equipment failure, vehicular accident - regardless of cause - or any other causes within REMSA's reasonable control, shall justify an exemption from response time requirements.

Sincerely,

Subject: Exemption Guidelines
Date: July 1, 2021
Page 5 of 5

Kevin Dick
District Health Officer

DD_FV _____
DHO _____ KD

Staff Report
Board Meeting Date: August 26, 2020

TO: District Board of Health

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

THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Recommendation to approve Washoe County Health District Public Records Policy and Addendum which allows for the recoupment of actual costs as provided in NRS Chapter 239.

SUMMARY

Washoe County Health District is committed to providing public records as required by Nevada law. The policy and addendum outlines the procedure for filling public records requests and provides a fee schedule which allows for the recoupment of actual costs as provided in NRS Chapter 239.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On July 22, 2021, the District Board of Health adopted the Washoe County Public Records Request Policy for use by the Health District.

BACKGROUND

Nevada law requires "public books and public records of a governmental entity" to be available unless otherwise declared by law to be confidential. NRS 239.010(1). There is a strong presumption in favor of access to public records. Any limitations or restrictions on access must be narrowly applied. NRS 239.001.

The public records policy and addendum establishes a process for responding to public records requests that are made to Washoe County Health District (WCHD). The policy states that all requests for public records should be immediately forwarded to the records official for processing. Pursuant to Nevada Revised Statute, the policy requires action within 5 business days.

Records official may assist requester in focusing records request. A reasonable effort should be made to assist the requester to focus the request in such a manner as to maximize the likelihood the requester will be able to inspect, copy or receive a copy of the public book or record as expeditiously as possible.

Subject: Recommendation to approve Washoe County Health District Public Records Policy and Addendum which allows for the recoupment of actual costs as provided in NRS Chapter 239. FOR POSSIBLE ACTION
Date: August 26, 2021
Page 2 of 2

WCHD will charge its actual cost to provide records. In accordance with Nevada law, WCHD will charge its actual cost for providing a public record, unless a specific statute or regulation sets a fee that the governmental entity must charge for the copy or requires that the copy be provided without charge. WCHD will post a schedule of fees on its website and in a conspicuous place at its administrative office.

FISCAL IMPACT

The fiscal impact is unknown at this time and is expected to be negligible. All costs to respond to requests are expected to remain within the adopted budget. Fees collected will be used to offset those costs.

RECOMMENDATION

Staff recommends approval of the Washoe County Health District Public Records Policy and Addendum which allows for the recoupment of actual costs as provided in NRS Chapter 239.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a potential motion could read:

"I move to approve the Washoe County Health District Public Records Policy and Addendum which allows for the recoupment of actual costs as provided in NRS Chapter 239."



PUBLIC RECORDS REQUEST POLICY

1. Purpose

This Washoe County public-records-request policy is intended to establish a process for responding to public records requests that are made to Washoe County governmental agencies.

2. Records Official

Each agency must appoint a person (a "records official") to oversee the agency's response to public records requests. An agency shall immediately forward to its records official or the official's designee all public records requests that the agency receives. On receiving the public records request, the records official or designee shall determine the timeline required to promptly respond to the request and the response's content. In handling the records request, the records official shall follow the procedure in this policy's section 4.

3. What is a Public Record?

Under Nevada law, a governmental entity's books and records are considered public, unless declared by law to be confidential. A governmental entity's books and records include information and other documents created or accumulated in the course of conducting public business that document the activities and business of public employees.

A public record is generally a documentary "record" and not simply a request for information. If a record does not already exist, there is generally no duty to create a record in response to a public records request. But when an agency has a computer program that can readily compile the requested information, the agency is not excused from its duty to produce and disclose that information.

A record is not available to the public if it is declared by law to be confidential. A record may also be confidential if it is privileged or if a common-law balancing-of-the-interests test shows that the public interest in disclosure is outweighed by other interests such as privacy, the ability of the agency to perform its function, or other substantial concerns. However, there is a strong presumption in favor of disclosure, so exemption, exception, or balancing tests must be narrowly construed.





PUBLIC RECORDS REQUEST POLICY

4. Procedures

a. All requests for public records should be immediately forwarded to the agency's records official or the official's designee who shall ensure that the request is logged in the agency's records request log.

i. The records official or designee shall acknowledge receipt of the request in writing to the requester. If the requestor submits the request by e-mail, this acknowledgement also may be sent by e-mail.

ii. The records official or designee shall forward the request to the employee who may best be able to respond or where the records are maintained.

b. The records official shall ensure that, within five business days from the date the agency receives the request, one of the following occurs:

i. the requester inspects the record or receives copies of the record, as requested;

ii. if the agency does not have legal custody of the record, written notice of that fact and the name and address of the governmental entity that has legal custody of the record, if known, is provided to the requester;

iii. if the record has been destroyed under the agency's records-retention schedule, written notice of that fact is provided to the requester;

iv. if the agency cannot provide the record by the end of the fifth business day after the request is received, written notice of that fact and a date and time on which the record will be available for the person to inspect or copy is provided to the requester; or

v. if, when acknowledging receipt of the records request under this policy's section 4(a)(i), the records official knows that the agency cannot provide the record within five business days of receiving the request, the acknowledgement shall so state and provide the date and time on which the records will be available for the requestor's copying or inspection.





PUBLIC RECORDS REQUEST POLICY

c. Throughout the process set forth in section 4(b), a reasonable effort should be made to assist the requester to focus the request in such a manner as to maximize the likelihood the requester will be able to inspect, copy or receive a copy of the public book or record as expeditiously as possible.

5. Fees

An agency may charge a fee for providing a copy of a public record. However, the fee is limited as described herein and must not exceed the actual cost to the agency to provide the copy of the public record unless a specific statute or regulation sets a fee that the governmental entity must charge for the copy. An agency shall not charge a fee for providing a copy of a public record if a specific statute or regulation requires the governmental entity to provide the copy without charge. An agency may waive all or a portion of a charge or fee for a copy of a public record.

“Actual cost” means the direct cost incurred by the agency in providing the public record, including without limitation, the cost of ink, toner, paper, media, and postage. The term does not include a cost that a governmental entity incurs regardless of whether or not a person requests a copy of a particular public record.

An agency shall prepare and maintain a list of the fees that it charges at each office in which the agency provides copies of public records. An agency shall post, in a conspicuous place at each office in which the governmental entity provides copies of public records, a legible sign or notice which states:

- (a) The fee that the governmental entity charges to provide a copy of a public record; or
- (b) The location at which a list of each fee that the governmental entity charges to provide a copy of a public record may be obtained.

An agency may budget the agency’s projected-annual costs for receiving, reviewing, and responding to public records requests. Regardless of the costs an agency includes in determining its public-records-request costs for budget purposes, the agency shall not charge a requestor more than the actual cost of responding to a request, unless otherwise provided by law.

Postage:

The requestor is responsible for estimated postage.





PUBLIC RECORDS REQUEST POLICY

Payment:

Payment may be made by check or money order made out to the agency. A department may also accept payment by cash or credit card if those means are readily available and deemed acceptable by the department.

Court reporter transcripts:

In addition to the actual cost of the medium in which the copy of the transcript is provided, the fee charged for a copy of each page of a court reporter transcript is the fee per page set forth in the contract between the governmental entity and the court reporter.

6. Penalties

In addition to any relief awarded pursuant to NRS 239.011, if a court determines that a governmental entity willfully failed to comply with the provisions of this chapter concerning a request to inspect, copy or receive a copy of a public book or record, the court must impose on the governmental entity a civil penalty of: (a) For a first violation within a 10-year period, \$1,000. (b) For a second violation within a 10-year period, \$5,000. (c) For a third or subsequent violation within a 10-year period, \$10,000.

7. General Policies for Processing Public Records Requests

- a. All public records, unless declared by law to be confidential, must be open at all times during office hours to inspection by any person, and may be copied.
- b. Original public records must not be removed from the agency during inspection by members of the public and must be monitored by an employee while any review is being conducted.
- c. An agency shall make reasonable efforts to assist the requestor to focus the request in such a manner as to maximize the likelihood the requester will be able to promptly receive a copy of the information being requested.
- d. Confidential records of federal, state, and local governments shared with the agency **MUST NOT** be disclosed without prior written authorization from that government agency. Further, mere possession of records or information may not mean that the agency has legal custody or control over those records.





PUBLIC RECORDS REQUEST POLICY

e. If a record contains information deemed confidential, a request to inspect or copy the record cannot be denied if the confidential information can be redacted, deleted, concealed or separated from the record so the remainder of the record can be inspected or copied.

f. If an agency denies a request because the public book or record, or part thereof, is confidential, the agency shall provide notice of that fact and a citation to the specific statute or other legal authority that makes the public book or record, or a part thereof, confidential.

g. Public records must be provided in any medium in which they are readily available. The records official or the official's designee shall not refuse to provide a copy of the record in a readily available medium because the official or designee has already prepared or would prefer to provide the copy in a different medium.

h. If requested, an agency shall provide a copy of a public record in an electronic format by means of an electronic medium. But nothing requires an agency to provide a copy of a public record if an electronic format or by means of an electronic medium if:

- (i) the public record was not created or prepared in an electronic medium; and is not available in an electronic format; or
- (ii) providing the public record in an electronic format or by means of an electronic medium would give access to proprietary software or would require the production of information that is confidential and that cannot be redacted, deleted, concealed or separated from information that is not otherwise confidential.

i. Electronic databases that contain the electronic mail addresses or telephone numbers of individuals that have provided the addresses or numbers for the purpose of or in the course of communicating with the agency are confidential and may not be disclosed in its entirety as a single unit unless in response to an order issued by a court. However, individual telephone numbers or electronic mail addresses of a person are not confidential and may be disclosed individually.

j. Public Records Requests must be responded to no later than the end of the fifth business day after the date on which the request is received by the agency. The response may include an estimate of the time it will require to provide access or a copy.





PUBLIC RECORDS REQUEST POLICY

k. Public records requests may be written or verbal.

l. If the person responding in the agency where the records are maintained or who is responsible for the subject matter of the request has questions concerning inspection or reproduction of a requested document, he or she should consult the records official and/or his or her designee. Likewise, if the records official and/or his or her designee have questions concerning inspection or reproduction of a requested document, he or she should consult the chief or his or her designee in the agency where the records are maintained or which is responsible for the subject matter of the request.

m. In appropriate situations, the agency's assigned deputy district attorney should be consulted for determining whether:

i. the item requested is a public record, available for review and reproduction;

ii. the item requested is a public record which some special legal considerations might dictate should not be made available for inspection and reproduction; and

iii. if a legal balancing test is to be performed, the requestor should be informed and then notified as soon as a decision has been made. Balancing tests should be performed without delay.

n. Copyrighted materials may be duplicated—without risk of infringement—when reproduction is for the specific purpose of: "criticism, comment, news reporting, teaching, scholarship, or research.". When the records official or designee is aware that some other use is intended, consultation with the District Attorney's Office

may be necessary to insure there is no infringement by reproduction of copyrighted material.

o. The number of hours spent on a matter is generally not confidential information.





PUBLIC RECORDS REQUEST POLICY

8. Definitions

“Record of a local governmental entity” or “record” means information that is created or received pursuant to a law or ordinance, or in connection with the transaction of the official business of any office or department of a local governmental entity, including, without limitation, all documents, papers, letters, bound ledger volumes, maps, charts, blueprints, drawings, photographs, films, newspapers received pursuant to NRS 247.070, recorded media, financial statements, statistical tabulations and other documentary materials or information, regardless of physical form or characteristic.

“Non-record materials” means published materials printed by a governmental printer, worksheets, unused blank forms except ballots, brochures, newsletters, magazines, catalogs, price lists, drafts, convenience copies, ad hoc reports, reference materials not relating to a specific project and any other documentation that does not serve as the record of an official action of a local governmental entity.

“Agency” means as agency, board, commission bureau, council, department, division, authority or other unit of Washoe County.



WASHOE COUNTY HEALTH DISTRICT PUBLIC RECORDS REQUEST POLICY ADDENDUM

Effective: August 26, 2021

1. Purpose

The purpose of this addendum is to add clarity to the Washoe County Public Records Request policy adopted by the District Board of Health on July 22, 2021.

2. Fees

This section clarifies Section 5 of the Washoe County Public Records Request policy. A fee may be charged for providing a copy of a public record. However, the fee is limited as described herein and must not exceed the actual cost to the agency to provide the copy of the public record unless a specific statute or regulation sets a fee that the governmental entity must charge for the copy.

Actual cost to fulfill the public records requests shall be charged to the requestor of public records:

- a. PAPER COPIES shall be provided at \$0.05 per page. Any records that require redaction shall be provided by paper copy.
- b. ELECTRONIC STORAGE (thumb drives, CDs) shall be provided at the actual cost of the device.
- c. POSTAGE shall be charged to the requester at actual cost.
- d. PERSONNEL COSTS shall be charged at the rate of \$30.42 per hour (\$0.51 per minute), which represents the costs incurred by the Health District per hour for the lowest paid full-time staff position. This office shall waive personnel costs for requests that can be filled in 2 hours or less.
- e. Any other actual costs that may be incurred in the filling of the request.
- f. A list of fees that may be charged shall be posted at each office in which the copies of public records are provided. The list of fees shall be posted, in a conspicuous place at each office in which the governmental entity provides copies of public records, a legible sign or notice which states:
 - i. The fee that the governmental entity charges to provide a copy of a public record;
or

- ii. The location at which a list of each fee that the governmental entity charges to provide a copy of a public record may be obtained.

3. Payment of Actual Costs Required

This section clarifies Section 5 of the Washoe County Public Records Request policy.

- a. The Records Official shall notify the requestor of the estimated cost to fulfill the records request. Payment of at least half of the estimated amount must be paid prior to work beginning on the request.
- b. Payment must be provided by money order and made payable to "Washoe County Health District."
- c. The remainder of the amount shall be due prior to the release of records.
- d. Upon request, all or a portion of the costs of fulfilling a public records request may be waived.

4. Related Request

Related requests may be aggregated for purposes of determining the number of hours spent fulfilling them. Related requests may include requests from the same person on the same or similar subject matter and/or request made close in time to one another.

5. General Policies for Processing Public Records Requests

This section clarifies and replaces Section 7.i of the Washoe County Public Records Request policy. Electronic databases that contain the electronic mail addresses or telephone numbers of individuals that have provided the addresses or numbers for the purpose of or in the course of communicating with the agency are confidential and may not be disclosed in its entirety as a single unit unless in response to an order issued by a court. Individual telephone numbers or electronic mail addresses of a person may be confidential and may not be disclosed.

Staff Report
Board Meeting Date: August 26, 2021

TO: District Board of Health
FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us
THROUGH: Oscar Delgado, District Board of Health Chair
SUBJECT: Discussion of Process and Selection of Management Appraisal Form for the District Health Officer's Annual Review and Possible Direction to Staff.

SUMMARY

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer (Mr. Kevin Dick) prior to, or as near as possible to, the anniversary / evaluation date of October 24th, as approved by the District Board of Health meeting on April 24, 2014. The District Board of Health reviews the performance evaluation questions and determines which evaluation process to use and what questions should be used for the District Health Officer's annual evaluation.

District Health Strategic Objective supported by this item:

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

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

On October 22, 2020, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2020. The Board accepted the performance evaluation as presented.

On September 24, 2020, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2020 Performance Evaluation, as well as the questions to be used (same questions used for both the District Health Officer and the County Manager for the last 5+ years) and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the October 2020 Board of Health meeting, where the District Health Officer's evaluation will be conducted.

On October 24, 2019, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2019. The Board accepted the performance evaluation as presented.

On September 26, 2019, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2019 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

On October 25, 2018, the Washoe County District Board of Health conducted the District Health Officer's (Mr. Dick) annual performance evaluation in open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2018. The Board accepted the performance evaluation as presented.

On September 27, 2018, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2018 Performance Evaluation, as well as the questions to be used and the list of individuals to be invited to participate in the District Health Officer's annual performance evaluation. The evaluation results will be provided to the board and a public hearing will be held during the next Board of Health meeting to conduct the District Health Officer's evaluation.

BACKGROUND

The Washoe County District Board of Health conducts an annual performance evaluation of the District Health Officer (Mr. Kevin Dick).

The board reviews the proposed evaluation questions and selects the process and questions to be used. The surveys will then be set up and brought back to the Board at the September 2021 meeting for final approval, along with a list of recommended participants. There are two options being presented for the Board's consideration for the 2021 evaluation.

1. The recommendation is to use the questions and process used for the Washoe County Manager's performance evaluation in Nov 2020. The new process they used was to set up separate surveys with questions geared toward the specific audience (Board of County Commissioners, Stakeholders, Direct Reports and Dept Heads/Elected Officials). We recommend utilizing three (3) separate surveys (Board of Health, Stakeholders and Direct Reports) so the questions in each survey pertain to the participant and their interaction with the District Health Officer.

Subject: District Health Officer Annual Evaluation

Date: Aug 26, 2021

Page 3 of 3

2. The other option would be to utilize the same questions as we have done over the last 5 years on a single survey to all participants. This process asks participants to answer questions that may not pertain to their actual interactions with the District Health Officer.

If the Board chooses to add, adjust or remove any of the recommended questions, the board can provide the acceptable wording for the additional question and the adjustments will be made and brought back to the Board at the September meeting for final review and approval. The Board will also be asked at the September meeting to grant permission for the Health District HR Representative to conduct the District Health Office's evaluation via survey monkey. The evaluation will be conducted, and results will be provided to the Board of Health for the October 2021 meeting. A public hearing is held during the October Board of Health meeting to conduct the District Health Officer's evaluation.

FISCAL IMPACT

There is no fiscal impact from reviewing the evaluation questions and choosing the questions and format to be used for this year's evaluation process

RECOMMENDATION

Staff recommends the Board approve the process to utilize 3 separate surveys with questions geared towards the participants interactions with the District Health Officer for his 2021 annual performance evaluation. And authorize the Health District Human Resource Representative to set up the separate surveys for the District Health Officer's annual 360 evaluation and bring the finalized version back to the Board at the September 2021 meeting for final approval.

POSSIBLE MOTION

Possible motions could be "Move to approve the use of the 3 separate surveys with questions geared towards the participants interactions with the District Health Officer for his 2021 annual performance evaluation."

Or

"Move to approve the use of the single survey for the District Health Officer's annual performance evaluation utilizing the same questions from last year's evaluation."

OPTION #1

Use three (3) separate surveys for the following groups of participants (District Board of Health Members, Stakeholders, Direct Reports) for the 2021 District Health Officers (DHO) Annual Evaluation. Same process used for Washoe County Manager's eval in Nov 2020. We recommend using 3 surveys (The County Manger had 4 surveys but the questions on the Direct Reports and Dept Heads/Elected Officials survey were identical).

Survey for Board of Health Members to complete: Survey #1

District Health Officer – Kevin Dick's Evaluation Questions for 2021 - [District Board of Health Members](#)

A comment box would be provided at the end of each question that would say "Provide details of success and/or needed improvement."

1. Sets an effective example of high personal standards and integrity, inspiring staff to do the same.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

2. Functions as an effective leader of the organization; gaining trust, respect and cooperation.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

3. Practices timely and effective communication with all stakeholders and on emergency issues within the Health District's scope of authority.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

4. Effectively implements the Board's policy directions and philosophy.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

5. Works to be an effective liaison between Board members and staff, allowing staff the space needed to successfully execute the Board policies.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

6. Communicates complete and accurate information to all Board members in a timely manner.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

7. Responds well to requests, advice and constructive criticism.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

8. Provides support to the Board's meeting process that allows for open transparent decision making.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

9. Facilitates the Board's decision making without usurping authority.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

10. Select the best statement for the overall evaluation of District Health Officer Kevin Dick.
 - **Exceeds Your expectations** – Performance is consistently above requirements. Demonstrates all requisite skills and willingness to continuously improve self and work processes.
 - **Meets your expectations** – Demonstrates requisite skills, knowledge, and abilities. Performance consistently aligned with requirements for the position.
 - **Below your expectations:** Demonstrates some requisite skills, knowledge and abilities but lacks significant others. Performance below acceptable levels for the time in position.

Survey for Stakeholders to complete: Survey #2

District Health Officer – Kevin Dick’s Evaluation Questions for 2021 - [Stakeholders](#)

A comment box would be provided at the end of each question that would say “Provide details of success and/or needed improvement.

1. Maintains a successful working relationship with community stakeholders and community organizations.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

2. Functions as an effective leader of the organization, gaining trust, respect and cooperation
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

3. Practices timely and effective communication with all stakeholders and on emergency issues within the Health District’s scope of authority.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

4. Effectively represents the Health District in public; projects a positive public image based upon courtesy, professionalism and integrity.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

5. Encourages and considers community input on issues the Health District can impact.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

6. Assessable to leadership of other agencies, jurisdictions and organizations; displaying appropriate diplomacy and tact.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

7. Effectively communicates and coordinates with a variety of stakeholders throughout the region and state.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

8. Ensures that the Health District is represented and appropriately involved in projects and programs sponsored by outside stakeholders that have impact on the Health District and that the Health District can impact.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

9. Select the best statement for the overall evaluation of District Health Officer Kevin Dick.
 - **Exceeds Your expectations** – Performance is consistently above requirements. Demonstrates all requisite skills and willingness to continuously improve self and work processes.
 - **Meets your expectations** – Demonstrates requisite skills, knowledge, and abilities. Performance consistently aligned with requirements for the position.
 - **Below your expectations:** Demonstrates some requisite skills, knowledge and abilities but lacks significant others. Performance below acceptable levels for the time in position.

Survey for Direct Reports to complete: Survey #3

District Health Officer – Kevin Dick’s Evaluation Questions for 2021 – [Direct Reports](#)

A comment box would be provided at the end of each question that would say “Provide details of success and/or needed improvement.”

1. Sets an effective example of high personal standards and integrity, inspiring staff to do the same.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
2. Functions as an effective leader of the organization, gaining trust, respect and cooperation
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
3. Practices timely and effective communication with all stakeholders and on emergency issues within the Health District’s scope of authority.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
4. Values staff and recognizes them for their contributions.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
5. Develops a talented team and challenges them to perform to their highest level.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
6. Listens attentively and effectively which includes encouraging feedback and using that feedback in decision making.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
7. Works to be an effective liaison between Board members and staff; allowing staff the space needed to successfully execute the Board policies.

- Exceeds Your expectations
- Meets your expectations
- Area for growth
- Evaluator has no basis for judgement

8. Provides support to the Board's meeting process that allows for open, transparent decision making.

- Exceeds Your expectations
- Meets your expectations
- Area for growth
- Evaluator has no basis for judgement

9. Select the best statement for the overall evaluation of District Health Officer Kevin Dick.

- **Exceeds Your expectations** – Performance is consistently above requirements. Demonstrates all requisite skills and willingness to continuously improve self and work processes.
- **Meets your expectations** – Demonstrates requisite skills, knowledge, and abilities. Performance consistently aligned with requirements for the position.
- **Below your expectations:** Demonstrates some requisite skills, knowledge and abilities but lacks significant others. Performance below acceptable levels for the time in position.

Option #2

Use the same questions and process for 2021 as was used for the Health Officers evaluation in 2020
- One (1) survey with all questions going to all participants.

District Health Officer 2020 Performance Evaluation Questions:

1. Leadership

- Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Inspires trust and confidence with staff, the District Board of Health, and the public.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Functions as an effective leader of the organization, gaining respect and cooperation from others.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Values staff helps staff develop a passion for their work and recognizes their contributions.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Develops a talented team and challenges them to perform to their highest level.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

2. Communication

- Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads and staff regarding issues and concerns of the Health District.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Listens attentively and effectively.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Speaks and writes logically, clearly, and concisely.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Delivers logical and well-organized presentations (formal and informal)
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Encourages the use of feedback.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

3. Community Relations

- Effectively represent the health District in public; projects a positive public image based on courtesy, professionalism, and integrity.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Has a successful working relationship with the new media.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Has a successful working relationship with community stakeholders and community organizations.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Encourages and considers community input on issues the Health District can impact.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Strives to maintain citizen satisfaction with Health District services.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

4. Intergovernmental Relations

- Accessible to the leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

- Ensures the Health District is represented and appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or the Health District can impact.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth

- Evaluator has no basis for judgement

5. District Board of Health Relations

- Effectively implements the Board's policies, procedures, and philosophy.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
- Disseminates complete and accurate information to all board members in a timely manner.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
- Responds well to requests advise and constructive criticism.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
- Provides support to the boards' meeting process that allows for open, transparent decision making.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement
- Facilitates the board's decision making without usurping authority.
 - Exceeds Your expectations
 - Meets your expectations
 - Area for growth
 - Evaluator has no basis for judgement

DD_FV _____
DHO _____ *KD*

Air Quality Management

**Division Director Staff Report
Board Meeting Date: August 26, 2021**

DATE: August 26, 2021
TO: District Board of Health
FROM: Francisco Vega, P.E., Division Director
775-784-7211; fvega@washoecounty.us
SUBJECT: Clean Cars Nevada, CARB Study on Wildfire Smoke, President Biden Announces Steps to Drive American Leadership Forward on Clean Cars and Trucks, Monitoring and Planning, Permitting and Compliance

1. Program Update

a. Clean Cars Nevada

On July 28, 2021, the Nevada Division of Environmental Protection (NDEP) hosted a formal public workshop about its proposed Clean Cars Nevada initiative. The public workshop provided the public with the opportunity to comment on the agency’s proposed regulations aimed at reducing vehicle pollution and increasing access to clean vehicle models in the state. If adopted, Clean Cars Nevada will place new emissions requirements on model year 2025 vehicles available for sale in Nevada.

Andrew MacKay, Executive Director of the Nevada Franchised Auto Dealers Association said about the initiative, “Nevada’s franchised auto dealers are excited to play a key role in the electrification of Nevada’s fleet. We appreciate NDEP and the stakeholders involved in this process and for including the crediting system in the latest draft regulations. This will prove to be very helpful as we near the 2025 implementation date.”



In addition, Steven Douglas, Vice President of Energy and Environment for the Alliance for Automotive Innovation, said, “Automakers are committed to vehicle electrification. Auto Innovators appreciates the work by the agency, clean energy advocates, and other stakeholders to develop regulatory changes that we support and that support the state’s

overall goal to increase electrification. These regulations are just one step, and we look forward to continuing our work to advocate for the complementary measures – such as incentives, infrastructure, building codes – necessary for Nevada families and businesses to embrace electric vehicles.”

Prior to the public workshop, on July 26, 2021, NDEP presented and answered questions at the Chispa Nevada Clean Cars Initiative Chat. This bilingual online session hosted by Chispa Nevada (presented in both English and Spanish) provided a dedicated opportunity for the Spanish-speaking community to learn and ask questions about the Clean Cars Nevada Initiative. Copies of the slides from the presentation are available below in both English and Spanish.



On September 1, 2021, the proposed regulations will be presented at the State Environmental Commission (SEC) hearing. The SEC hearing represents the second-to-last step to approving the Clean Cars Nevada regulations. The AQMD will be presenting in support of the regulations during the hearing.

For more information, recordings of the webinars and presentations, please go to the Clean Cars Nevada website at <https://ndep.nv.gov/air/clean-cars-nevada>.

b. CARB Study on Wildfire Smoke

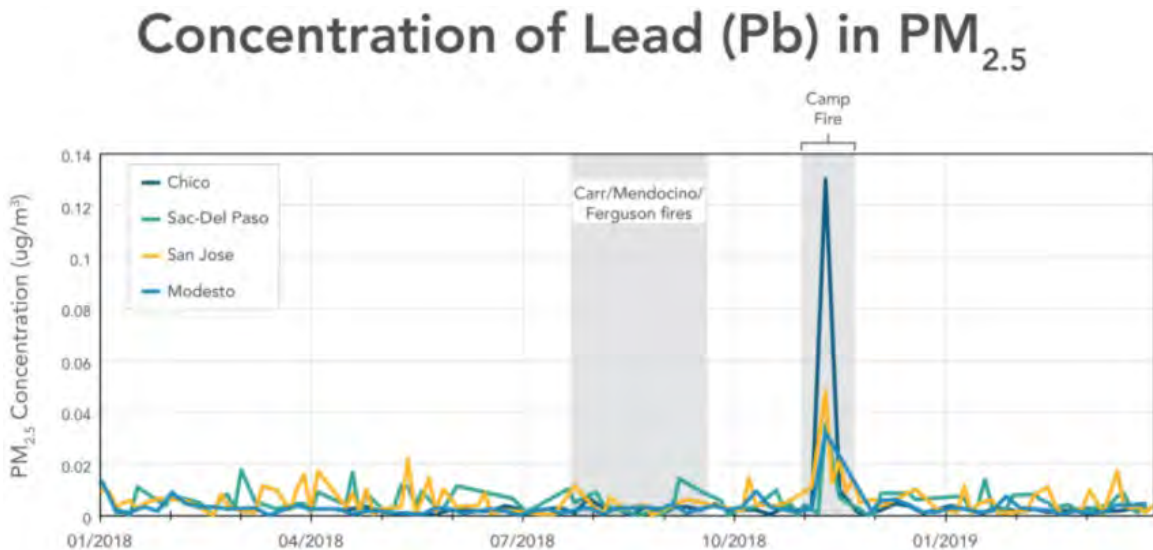
A new study from the California Air Resources Board (CARB) has demonstrated that smoke from wildfires, particularly those that burn manmade structures, can significantly increase the amount of hazardous toxic metals present in the air. The study compared air monitor readings from numerous California fires, such as the devastating Camp Fire that decimated the California town of Paradise in 2018 and killed 85 people. The study further shows that smoke produced from the Camp Fire exposed Californians to dangerous levels of particulate matter and contained concerning levels of toxic metal contaminants, including



lead, which spiked for about 24 hours.

“This report makes it clear that wildfire smoke poses a real health threat not only to people living and working near these fires, but to anyone affected by the smoke as it travels across California and beyond,” said CARB Executive Officer Richard Corey. “After an extremely dry winter, California is facing the potential for another severe wildfire season in 2021. So it’s more important than ever that we all take action to protect ourselves – and our loved ones – from smoke.”

The Camp Fire in particular appeared to release elevated levels of toxic metals such as lead and zinc into the air. The researchers found the levels of lead increased to 50 times above the normal average at a site near the Camp Fire in the city of Chico in the hours following the fire, while concentrations of zinc dramatically increased in Modesto, 150 miles away. Other heavy metals such as manganese and calcium were found in the air after all the fires that were studied. While these extreme levels only lasted for about a day, they are still concerning, since lead is considered a toxic air contaminant and any increased exposure can be harmful. Lead exposure has been linked to high blood pressure, reproductive effects and cancer in adults. Infants and young children are especially sensitive to even low levels of lead that are known to cause behavioral changes and learning deficits.



The study said the chemicals contained in buildings, such as flame retardants and plastics, combine to make fires destroying manmade structures particularly toxic.

More information available at:

<https://ww2.arb.ca.gov/news/new-analysis-shows-spikes-metal-contaminants-including-lead-2018-camp-fire-wildfire-smoke>

c. President Biden Announces Steps to Drive American Leadership Forward on Clean Cars and Trucks

Today, August 5, 2021, President Joe Biden is expected to announce that his administration is setting a new national goal for the sale of electric vehicles. Specifically, the President will sign an Executive Order that sets an ambitious new target to make half of all new vehicles sold in 2030 zero-emissions vehicles, including battery electric, plug-in hybrid electric, or fuel cell electric vehicles. The Executive Order also kicks off development of long-term fuel efficiency and emissions standards to save consumers money, cut pollution, boost public health, advance environmental justice, and tackle the climate crisis. The executive order Biden will sign during a ceremony on the South Lawn of the White House Thursday afternoon is also expected to lay out a plan that will include construction of a nationwide network of charging stations, financial incentives for consumers to buy electric cars and financial aid for carmakers and suppliers to retool factories for electric vehicles.



In a joint statement from BMW, Ford, Honda, Volkswagen, and Volvo the group stated, “We were proud to stand with California to establish progressive new greenhouse gas regulations, and we remain committed to leading the industry in fighting against climate change. That’s why we support the Administration’s goal of reaching an electric vehicle future and applaud President Biden’s leadership on reducing emissions and investing in critical infrastructure to achieve these reductions. While the California framework companies are driving towards 40-50% of our sales being EVs in the next nine years, bold action from our partners in the federal government is crucial to build consumer demand for electric vehicles and put us on track to achieve the global commitments of the Paris Climate Agreement. That includes a strong nationwide greenhouse gas emissions standard, continued investments in charging infrastructure, and broad consumer incentives for all electric vehicle purchases.”

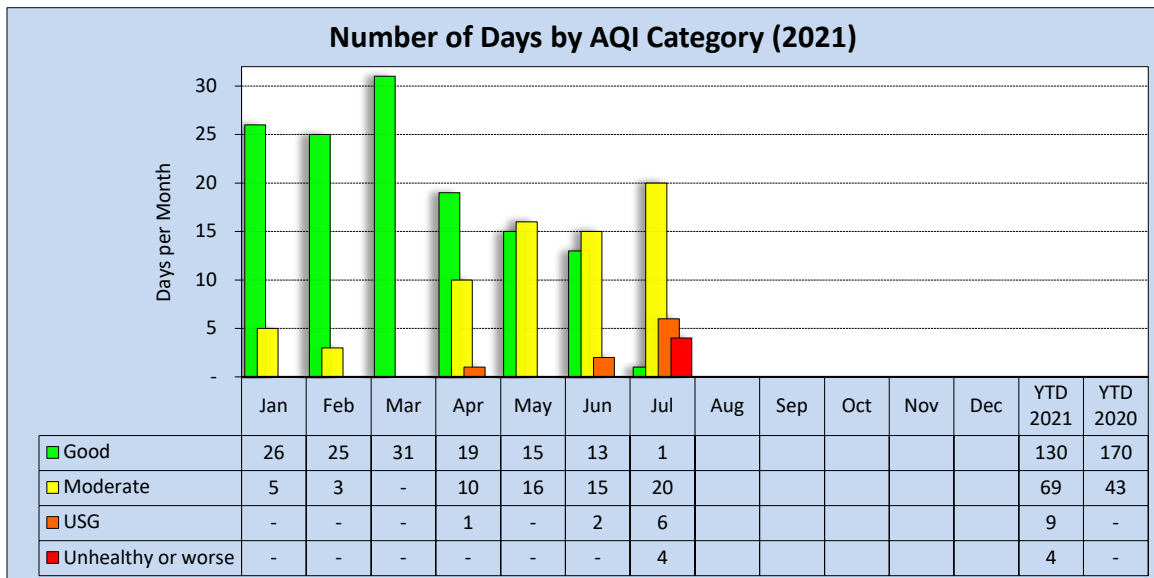
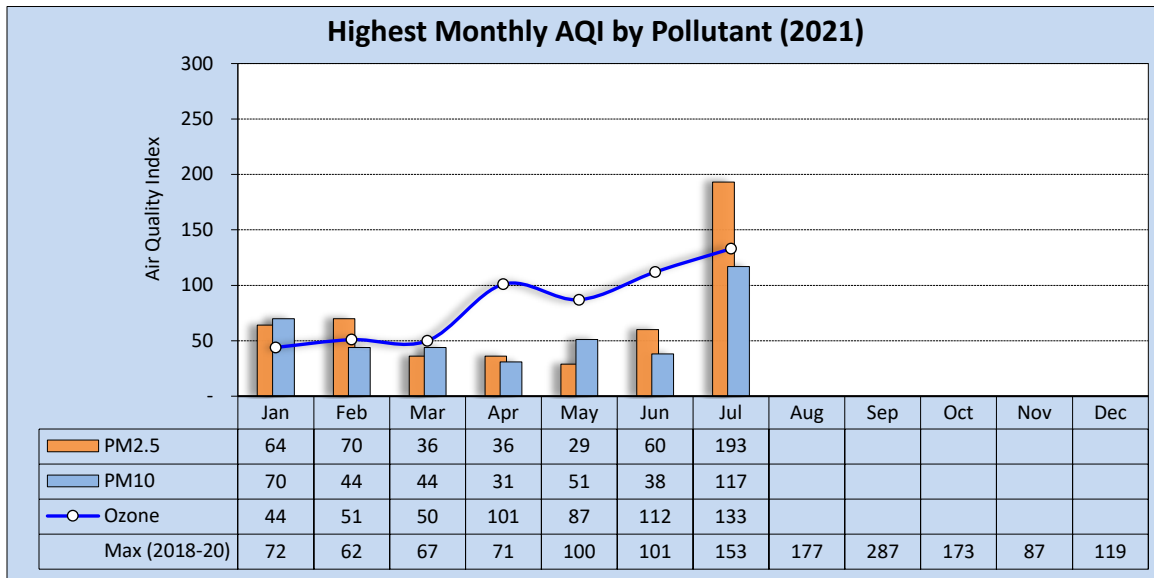
During the executive order signing ceremony, President Biden said “The question is whether we’ll lead or fall behind in the race for the future. It’s whether we’ll build these vehicles and the batteries that got them to where they are in the United States -- here in the United States, or we’re going to have to rely on other countries for those batteries.”

More information available at:
<https://www.whitehouse.gov/briefing-room/statements-releases/2021/08/05/fact-sheet-president-biden-announces-steps-to-drive-american-leadership-forward-on-clean-cars-and-trucks/>

Francisco Vega, P.E., MBA
Division Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three (3) years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Ambient air monitoring data in these charts represent midnight to midnight concentrations to illustrate comparisons to the NAAQS. These data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision.

3. Program Reports

a. Monitoring and Planning

July Air Quality: There were nine exceedances of the ozone, four exceedances of the PM_{2.5}, and three exceedances of the PM₁₀ National Ambient Air Quality Standards (NAAQS) during the month of July. The highest ozone, PM_{2.5}, and PM₁₀ concentrations for the month are listed in the table below.

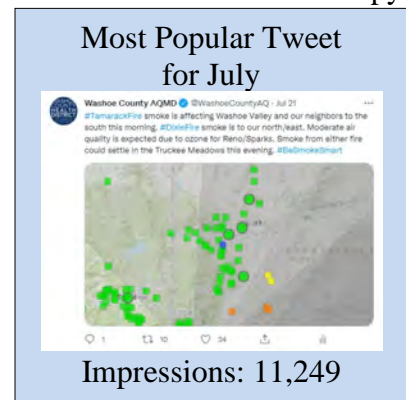
Pollutant	Concentration	Date(s)	Site(s)	Notes
Ozone (8-hour)	0.080 ppm	07/25	Sparks	Dixie Fire smoke
PM _{2.5} (24-hour)	136 µg/m ³	07/25	Spanish Springs	Dixie Fire smoke
PM ₁₀ (24-hour)	188 µg/m ³	07/26	Spanish Springs	Dixie Fire smoke

The Good, Bad, and Ugly of a Warmer Truckee Meadows (Part 2): Historic meteorological data provide strong evidence that the Truckee Meadows has been getting warmer, especially daily minimum temperatures. As our region has grown, natural landscapes have been replaced with impermeable, heat absorbing surfaces. At night, these manmade surfaces release heat to the atmosphere at a much slower rate compared to natural landscapes. Warmer overnight temperatures provide a head start to hotter daytime temperatures. Urban Heat Islands (UHIs) and its negative impacts are more likely found in underserved communities.

Increasing our urban tree canopy is the common denominator to all the negative impacts of a warming climate. Strategically planned landscaping can create “cool islands” and “cool corridors” which will directly reduce daytime and nighttime temperatures. It’s easy to connect the dots to more walking and biking, better stormwater management, and less energy need to keep our cars and buildings comfortable. Connecting more dots will quickly lead to clean air and healthy people.

“Business as Usual” growth will mean a warmer Truckee Meadows. All our jurisdictions have adopted goals, plans, and policies to decrease our UHI and increase our tree canopy. For example, the City of Reno’s master plan (ReImagine Reno) includes 17 performance measures to track progress. One measure is the city’s tree canopy. Reno is also updating its Tree Protection Ordinance which will help the city double its tree canopy from 5.2 to 10 percent. Connecting this dot to today’s land use decisions and investments will lead to a Healthy Community tomorrow!

Daniel K. Inouye
 Supervisor, Monitoring and Planning



b. Permitting and Compliance

July

Staff reviewed forty-six (46) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

In July 2021, Staff conducted twenty-seven (27) stationary source inspections; twenty-seven (27) gasoline station inspections; and two (2) initial compliance inspection. Staff was also assigned fourteen (14) new asbestos abatement projects, monitoring the removal of approximately eight-thousand two-hundred thirteen (8,213) square feet and eighty (80) linear feet of asbestos-containing materials. Staff received thirteen (13) facility demolition projects to monitor. Each asbestos demolition and renovation notification and construction notification projects are monitored regularly until each project is complete and the permit is closed. Further, there were eleven (11) new construction/dust projects comprised of an additional seventy-nine (79) acres. Staff documented fifty-one (51) construction site inspections. During the month enforcement staff also responded to twenty-four (24) complaints.

Type of Permit	2021		2020	
	July	YTD	July	Annual Total*
Renewal of Existing Air Permits	101	707	98	1,088
New Authorities to Construct	10 (New and Major Modifications)	42	8	60
Dust Control Permits	11 (79 acres)	133 (2,276 acres)	8 (28 acres)	238 (3,708 acres)
Wood Stove (WS) Certificates	38	232	42	418
WS Dealers Affidavit of Sale	12 (6 replacements)	59 (37 replacements)	6 (4 replacements)	108 (65 replacements)
WS Notice of Exemptions	820 (6 stoves removed)	5,116** (55 stoves removed)	657 (4 stoves removed)	8,740 (58 stoves removed)
Asbestos Assessments	71	427	58	648
Asbestos Demo and Removal (NESHAP)	27	152	22	242

**Total NOE's have been adjusted to reflect correction from April 2021.

COMPLAINTS	2021		2020	
	July	YTD	July	Annual Total
Asbestos	0	0	2	10
Diesel Idling	0	2	0	3
Dust	15	97	13	141
Nuisance Odor	6	48	2	36
Permit to Operate	3	8	0	4
Burn Code	0	0	0	0
General	0	0	0	0
TOTAL	24	129	17	194
NOV's	July	YTD	July	Annual Total
Warnings	6	47	0	5
Notice of Violation	0	25	0	3
TOTAL	6	72	0	8

Joshua C. Restori
 Supervisor, Permitting & Compliance

DD	LL	
DHO		LD

**Community and Clinical Health Services
Director Staff Report**

Board Meeting Date: August 26, 2021

DATE: August 6, 2021
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – National Immunization Awareness Month; Data & Metrics; Sexual Health (Outreach and Disease Investigation), Immunizations, Tuberculosis Prevention and Control Program, Reproductive and Sexual Health Services, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, Women Infants and Children, and COVID-19 Immunizations

1. Divisional Update –

a. National Immunization Awareness Month –



August is National Immunization Awareness Month (NIAM), observed annually to bring awareness to the importance of vaccination for people of all ages. This year the CDC is highlighting the importance of getting caught up on healthcare appointments and routine vaccinations due to the COVID-19 pandemic. Resources to assist in communicating to healthcare professionals, parents, and

patients about immunization during August and throughout the year can be found here [National Immunization Awareness Month \(NIAM\) | CDC](#)

COVID-19 disrupted both in-person learning and routine well-child visits for many children over the last year. With children going back to school and adults going back to the workplace, it is important for everyone to get back on track with routine vaccinations. Maintaining routine vaccination is essential to protect individuals, families, and communities from vaccine-preventable diseases. Routine vaccination prevents illnesses which can lead to additional medical visits and hospitalizations resulting in further strain on the healthcare system.

Annually we highlight the efforts of the Health District in protecting patients of all ages against vaccine-preventable diseases with **on-time** vaccination. Health District staff have been working diligently to provide routine vaccinations, flu, and COVID-19 vaccines to citizens. Our on-site Immunization clinic has remained open for public access five days a week since the beginning of the pandemic. With the enhanced influenza and CARES funding from the Nevada State Immunization Program, staff organized and implemented 21 Influenza Point of Dispensing (POD) events in collaboration with community partners. These mass vaccination events prepared Washoe County staff for implementing COVID-19 vaccine distribution during the pandemic.

Immunization Program staff have been an integral part of the COVID-19 response since the beginning of the pandemic, assisting with COVID-19 testing in March of 2020, continuing with influenza vaccination (to prepare for COVID-19 vaccination) from September 2020 to December 2020 and COVID-19 vaccination since December 2020. Staff are continuing their efforts to reach unvaccinated individuals to protect them from COVID-19 infection by making COVID-19 vaccine available in different areas of the community and by partnering with local businesses and agencies to reach underserved and high-risk individuals through community events. Staff participate in weekly meetings with Immunize Nevada to avoid duplication of efforts when planning for community events. Additionally, staff are busy with leading and staffing POD events onsite and offsite as well as redistributing COVID-19 vaccine to providers. Providers enrolled in the Nevada COVID-19 Program can receive vaccine through their local health department which allows access to smaller more manageable quantities. Staff continue to support and assist community partners with vaccine storage and handling questions as well as providing storage and temperature monitoring equipment.

Immunization Program staff are also responsible for carrying out a variety of grant related activities such as conducting Vaccine for Children (VFC) provider visits to enhance stewardship and accountability for publicly purchased vaccines and work with VFC providers to implement quality improvement (QI) strategies to help increase vaccine uptake through enhanced immunization workflow. This work is critical in increasing the rate of fully immunized children in Washoe County. Staff also provide follow up for children with elevated lead levels, abnormal newborn screening as well as promote safe sleep for our Maternal Child and Adolescent Health Program.

Washoe County Childhood Immunization Rate, percent fully immunized, 19-35 months old

Year	2013	2014	2015	2016	2017	2018	2019	2020
Rate (%)	74.2	75.6	79.0	77.1	76.2	75.6	75.8	67.6

Data source: NV Web IZ Replica database, 7/30/2021

An assessment of vaccination coverage in 2020 showed only 67.6 % of children aged 19-35 months received age-appropriate vaccinations at the time of their visit to clinics or healthcare providers in Washoe County. Vaccines in the series include at least 4 doses of DTaP, 3 doses of Polio, 1 dose of MMR, 3 doses of Hib, 1 dose of Varicella antigens, and 4 doses of Pneumococcal conjugate vaccine. Washoe County healthcare providers were primarily conducting telehealth services and limited amount of in person visits to accommodate for routine vaccination. The pandemic significantly affected routine immunizations and well visits numbers although current rate shows that the number is slowly increasing. Providers referred their clients to WCHD Immunization clinic to receive their routine vaccination. The Immunization clinic served 3,669 people and administered 9515 vaccine doses which was slightly higher than 2019 numbers.

HPV Vaccination Rates, percent appropriately vaccinated, 13–17-Year-old

	2018 Washoe County			2018 Nevada			2019 Washoe County			2019 Nevada			2020 Washoe County			2020 Nevada		
	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both	F	M	Both
1 Dose	61.2	58.9	60	58.1	53.9	55.9	60.7	59.0	59.8	56.2	53.6	54.8	50.8	50.9	50.8	54.7	52.7	53.7
2 Doses	48.1	44.2	46.1	43.9	38.8	41.3	46.7	44.2	45.4	42.2	38.5	40.3	50.8	50.9	50.8	54.7	52.7	53.7
3 Doses	31.2	27.3	29.2	26.6	22.1	24.3	24.1	21.3	22.6	20.1	17.1	18.6	35.9	35.4	35.6	39.3	36.8	38.0

Data source: NV Web IZ Replica Database, 7/30/2021

Vaccination against human papillomavirus (HPV) is recommended to prevent new HPV infections and HPV-associated diseases, including some cancers. The Advisory Committee on Immunization Practices (ACIP) routinely recommends HPV vaccination at age 11 or 12 years. It is important to note that ACIP updated the recommendations for HPV to a 2-dose schedule in December 2016 for girls and boys who initiate the vaccination series at ages 9 through 14 years. The three-dose series remain recommended for persons who initiate the vaccination series at ages 15 through 26 years and for immunocompromised persons. Washoe County vaccination rates for initiated dose of HPV decreased 9% from previous year but second dose completion increased slightly by 5.4%. Washoe County rate for HPV completion of 50.8 (2nd dose) continue to be well below the Healthy People 2030 objective of 80%. The rate for the 3 doses series will continue to decrease as teens complete the 2-dose series of HPV.

Offsite clinics have provided immunizations to vulnerable populations to ensure access to immunizations through partnerships with multiple community agencies. This past year was extremely challenging due to the COVID-19 pandemic with the Statewide stay-at-home order, online learning, social distancing, and limits to onsite services provided by community partners. Despite these obstacles, Health District staff in collaboration with community partners were able to implement four Back-to-School, two Community Influenza and twenty-one Point of Dispensing (POD) events. The Flu POD exercises prepared staff for COVID-19 implementation and vaccinated 2,691 individuals during the 2019-2020 flu season. The Health District held 2 PODs and vaccinated 457 individuals during the previous year.

Immunization Program Offsite Clinic Activities – July 1, 2020 to June 30, 2021				
# of Clinics	# of Children Served	# of Adults Served	# Vaccine Doses Administered	Collaborating Agencies
Back to School Clinics for children 4-18 years old				
4	265	0	746	<ul style="list-style-type: none"> Immunize Nevada Boys & Girls Club of Truckee Meadows Reno Sparks Convention Center Food Bank of Northern Nevada
Community Flu Clinics				
2	88	78	166	<ul style="list-style-type: none"> Nevada Discovery Museum Immunize Nevada Liberty Dental Food Bank of Northern Nevada
Point of Dispensing (PODs) Clinics for mass flu immunization exercise targeting low income/high risk adults				
21	750	1941	2691	<ul style="list-style-type: none"> Washoe County EPHP Program Catholic Charities of Northern Nevada Washoe County School District Immunize Nevada Walmart Community Emergency Response Team (CERT) Washoe County Regional Transportation Commission (RTC) Gerlach Community Health Nurse Incline Village Community Hospital Truckee Meadow Fire Protection District City of Reno Fire Department Washoe County Senior Center Food Bank of Northern Nevada
Total Offsite Clinics	Total # of Children Served	Total # of Adults Served	Total # of Vaccine doses Administered	In partnership with multiple community agencies
27	1103	2019	3603	

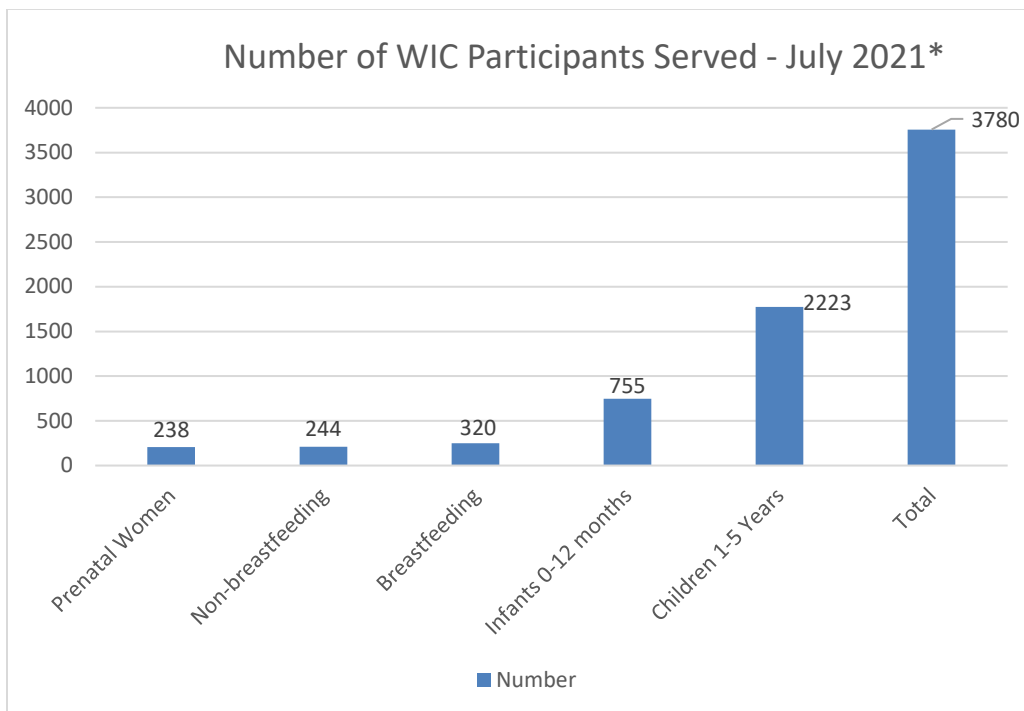
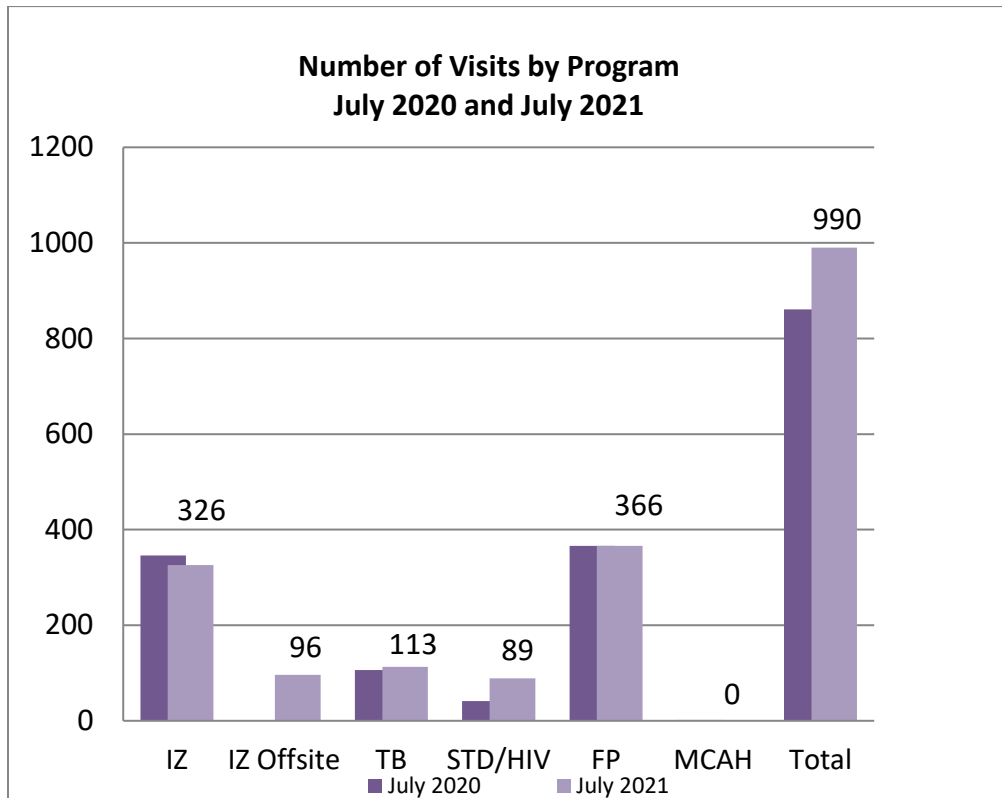
As of June 30, 2021, the Washoe County Health District had administered a total of 177,719 COVID-19 doses including 4,184 Janssen, 60,475 doses of Moderna and 113,060 doses of Pfizer vaccine. The homebound strike team provided 840 doses to homebound individuals, residents in detention and mental health facilities, as well as assisted-living and skilled nursing facilities. Staff began implementing community PODs in May and they continue their efforts to provide access to COVID-19 vaccine throughout the community.

Washoe County Health District COVID-19 Community POD Vaccination Summary May and June 2021			
# of Clinics	Zip Code Served	# COVID-19 Vaccine Administered	Collaborating Partners
Community PODs – May 2021			
5	89431 89433 89501 89521	708	<ul style="list-style-type: none"> • Aces Ball Park • Manogue High School • The Discovery Museum • St. Peter Canisius Catholic Church • Food Bank of Northern Nevada • Baldini’s Casino
Community PODs – June 2021			
16	89431 89433 89436 89501 89502 89506 89509 89512 89521	1170	<ul style="list-style-type: none"> • Food Bank of Northern Nevada • Great Basin Brewing Company (Sparks) • Food Truck Fridays • Reno/Sparks Parks and Recreation • Washoe County School District • St. Peter Canisius Catholic Church • Washoe County District Court House
21	Total Community PODs	1878	Total # of COVID-19 vaccine administered

Immunization staff participated in a Back-to-School event on July 24, 2021, in collaboration with Family Health Festival, Community Health Alliance and Immunize Nevada at North Valley’s High School. Staff vaccinated 52 children and administered 132 doses. Washoe County Health District will be hosting three additional Saturday Back-to-School events for kids 4-18 years old. The events will be held at the 9th and Wells Avenue location on July 31, 2021, August 7, 2021, and August 14, 2021, in partnership with Community Health Alliance and Immunize Nevada. COVID-19 vaccine will also be available during these events.

Robust community partnerships are essential to carrying out the goal of increasing immunization rates in Washoe County. These collaborations are useful to reach vulnerable populations for recommended vaccinations as well as prepare the community for delivering new vaccinations as they become available.

2. Data & Metrics



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

3. Program Reports – Outcomes and Activities

Sexual Health (Outreach and Disease Investigation) – Congenital syphilis (CS) cases continue to be a concern in Washoe County and the state, with Nevada ranking fourth for the rate of congenital syphilis cases nationally. Although Nevada moved from second in the nation to fourth from 2018 to 2019, the state's rate increased from 85.5 per 100,000 (2018) to 114.7 per 100,000 population for CS cases (2019). Washoe County's CS rate is reported at 74.3 cases per 100,000 population compared to Clark County's rate of 87.6 per 100,000 (2018). Rates from 2020 have not been calculated as data is preliminary. During 2020, Washoe County had (6) CS cases reported for the year. For the first half of 2021 (January – June), six (6) cases have already been reported.

Sexual Health staff continue to provide education on STDs and HIV to community providers. Often providers are contacted by staff regarding incomplete communicable disease reporting, the need to follow CDC's STD Treatment Guidelines, and appropriate testing and treatment of patients. With the passage of legislation discussed in previous reports, pharmacists have reached out to WCHD staff for information on testing and implementation of pre-exposure prophylaxis (PrEP) for HIV prevention. Staff have provided "Academic Detailing" to providers, offering short duration education on different aspects of sexual health testing and PrEP implementation. This approach mirrors the pharmaceutical industry approach of educating providers with time constraints. With the anticipated influx of funding to support disease investigation activities and staff development, the Sexual Health Program looks forward to training all disease investigation and outreach staff on this intervention for provider education.

Immunizations – See Divisional Update

Tuberculosis Prevention and Control Program – The TB program has been busy managing multiple latent TB infections (LTBI), as well as an increased number of immigration evaluations. The team is also seeing an increase in referrals from civil surgeons and now has 4 active cases of TB. Active cases consist of one ocular case, one kidney case, and two pulmonary cases. Our newest Public Health Nurse, Tasha Pascal continues to learn TB case management very quickly, and is becoming increasingly independent. Mary Ellen Matzoll our program Per Diem RN, is being utilized more as our needs are increasing. Victoria Nicolson Hornblower has transitioned into the Public Health Nurse Supervisor position. Her TB Nurse experience will help complement her new role with the TB program.

Reproductive and Sexual Health Services – Family Planning staff continues to provide outreach to the Washoe County Sheriff's Office and the Eddy House. The Family Planning Sexual Health Program will no longer be serving clients at the Women's and Families Homeless Shelter due to a change in structure of Human Services Agency program staff. All medical services, including women's health, will be contracted to

Community Health Alliance, and provided by their mobile van. Staff attended the Family Health Festival at North Valley's High School on July 24th, providing contraceptive education to participants.

Staff submitted the Response to Findings from the Office of Population Affairs Title X Program Review on July 28, 2021. Staff are meeting with epidemiology to prepare for the upcoming Title X competitive grant application. Two staff members attended the Virtual Annual Title X Conference July 13-16. Staff are working on new FPAR 2.0 reporting required by OPA.

Staff continues to move forward with clinic efficiencies by staggering lunch hours.

Chronic Disease Prevention Program (CDPP) – Nicole Alberti, formally a Health Educator II in the CDPP accepted a promotion to the CDPP Health Educator Coordinator. She started in her new role on July 6, 2021.

Staff participated in community outreach events, providing information on the Truckee Meadows Parks Directory, physical activity and nutrition, tobacco cessation, secondhand smoke, and e-cigarette prevention. Most information was provided in both English and Spanish. Outreach events attended:

- Family Health Festival, on July 24 2021, provided the opportunity to reach 150 community members.
- Christmas in July, on July 31 2021, sponsored by Boys and Girls Club, provided the opportunity to reach 250-300 youth and guardians.

Staff conducted a local Readiness Assessment identifying baseline health disparities related to tobacco use and exposure among the Native Hawaiian/Pacific Islander population living in Washoe County. The assessment was submitted to the State for inclusion in statewide assessment.

Maternal, Child and Adolescent Health (MCAH) – The Washoe County FIMR program was granted permission by Nevada State HSA, DBPH, to share the final FIMR Multi-Year Executive Summary with partners and team members. Staff continue to attend partnership meetings with Pregnancy Infant Loss Organization of the Sierras (PILSOS), Child Death Review and National FIMR. Staff have been working on planning for the PILSOS annual Time for Remembrance Celebration at Idlewild Park to be held October 10, 2021. Staff are continuously working to improve the rate of maternal and family interviews by implementing an online or mail-in survey option for patients to share their experiences. Staff are collaborating with other FIMR programs to make the FIMR brochure more family friendly to increase responses to calls offering resources and requesting maternal interviews. Maternal Child and Adolescent Health staff continue to follow lead cases in children with serum lead levels > 5 ug/dl and delinquent newborn screenings upon request.

Women, Infants and Children (WIC) – The WCDH WIC program supports and promotes World Breastfeeding week (WBW) in August 2021. Breastfeeding significantly improves the health, survival and wellbeing of infants, children, and their mothers, and is a public health issue that requires investment at all levels. One of the current goals of the WCHD-WIC program is to promote and support breastfeeding in any

form for all mothers in any amount. Despite the challenges faced during COVID, staff have successfully promoted, educated, and supported clients with their breastfeeding goals. The WIC program's goal was to increase breastfeeding rates for "Ever breastfed infants" by 1% from the baseline rate in 2020. Data shows that the program met and exceeded the goal with a 3% increase. The objectives of the WBW2021 include: 1) Inform: people about the importance of protecting breastfeeding 2) Anchor: Breastfeeding support as a vital public health responsibility. 3) Engage: with individuals and organizations for greater impact. 4) Galvanize: action on protecting breastfeeding to improve public health.

COVID-19 Immunizations – There were 11 COVID vaccination clinics in July at the Reno-Sparks Livestock Events Center and 25 community vaccination PODs. Approximately 2,693 individuals were vaccinated in July.

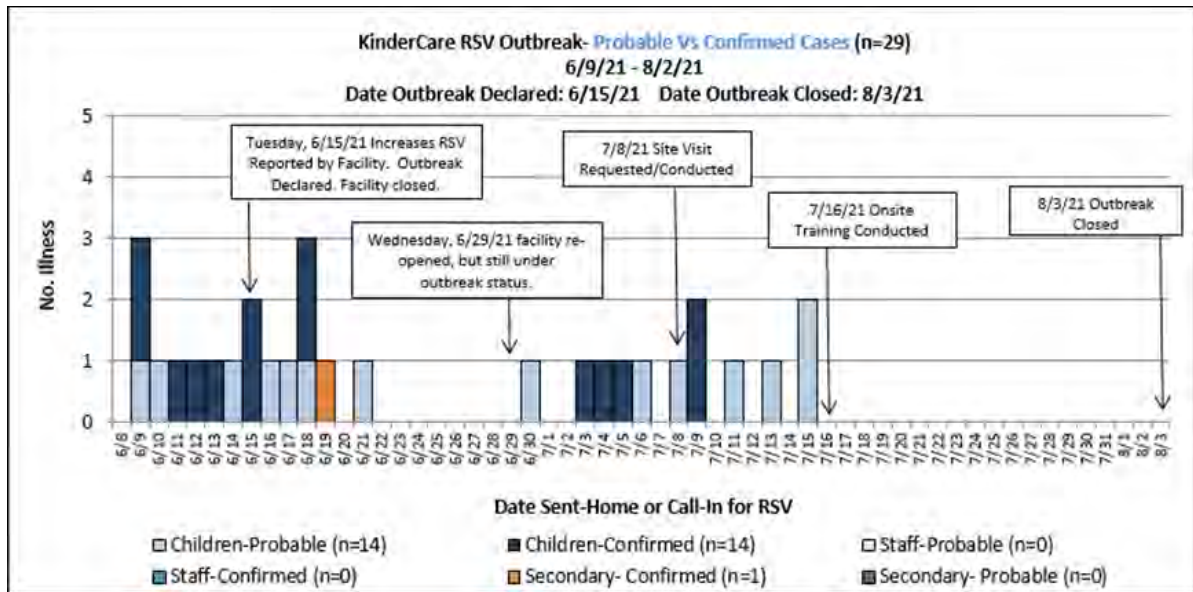
**Environmental Health Services
Division Director Staff Report
Board Meeting Date: August 26, 2021**

DATE: August 6, 2021
TO: District Board of Health
FROM: Erin Dixon, Division Director
 775-328-2644; edixon@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division: **Program Updates;**
Consumer Protection (Food/Food Safety, Commercial Plans, Permitted Facilities);
Environmental Protection (Land Development, Safe Drinking Water, Vector-Borne
 Diseases, Waste Management); and **Inspections.**

Consumer Protection

Food/Food Safety

- The Food Safety Team attended the annual meeting for the International Association for Food Protection (IAFP). The annual meeting provides attendees with information on current and emerging food safety issues, the latest science, innovative solutions to new and recurring problems, and the opportunity to network with thousands of food safety professionals from around the globe. The IAFP also presented the Washoe County Health District with the Samuel J. Crumbine Award during this year's meeting.
- The Food Safety Team completed the 2021 NACCHO Mentorship Program. The Food Team presented on the topic 'Sustaining the Momentum with the FDA Retail Program Standards' as requested by NACCHO during the end of year meeting. This year the food team mentored Randolph County Health Department from Randolph County, North Carolina on Standard 9 – Program Assessment and the intervention strategies to improve the occurrence of foodborne illness risk factors for their jurisdiction.
- Epidemiology (EPI) –
 - EHS staff conducted a site visit and on-site training for all staff at a childcare facility that was experiencing prolonged RSV cases even after increased mitigation efforts and a two-week temporary closure of the facility in June. The following table EPI curve shows the effectiveness of the on-site training by EHS staff as no new cases were reported after the site visit and training was conducted on July 16, 2021.



- Staff continued to investigate a suspected viral gastroenteritis outbreak among employees at a local fast-food restaurant. A total of seven employees submitted stool specimens for analysis at the Nevada State Public Health Laboratory. A contributing etiology was not determined from specimen testing. However, a follow-up site visit and training by EHS staff was conducted and no new cases were reported after the site visit.

Epidemiology	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Foodborne Disease Complaints	8	6	4	8	9	11	16	62	130
Foodborne Disease Interviews	4	5	2	5	4	7	5	27	66
Foodborne Disease Investigations	0	1	0	0	1	2	4	8	7
CD Referrals Reviewed	13	13	13	18	20	12	19	108	82
Product Recalls Reviewed	13	19	26	27	26	20	14	145	61
Child Care/School Outbreaks Monitored	1	1	2	10	6	6	5	31	64

- Temp Foods/Special Events – Staff experienced a substantial increase in temporary food inspections and special events in the month of July including Artown, Star Spangled Sparks, The Great American Craft Fair, Pride and various ancillary events and farmer’s markets throughout the community.

Commercial Plans

- Commercial Plan reviews are being completed in an average of 6.63 days. The regional plan goal is 10 days.
- Staff are assisting in regulation development for the Pool/Spa Program as well as participating in training for the implementation of an electronic plan review program with the City of Sparks.

Community Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Development Reviews	41	28	50	34	32	39	28	252	357
Commercial Plans Received	83	73	113	100	102	107	123	701	1,059
Commercial Plan Inspections	22	33	36	41	37	40	41	251	396
Water Projects Received	1	5	1	10	5	10	1	33	64
Lots/Units Approved for Construction	251	233	197	192	228	95	53	1,249	1,685

Permitted Facilities

- Public Bathing – Staff completed first round inspections for Public Bathing Permits in mid-July. Field staff worked with any operators that had water sanitation issues, often due in part to being shut down for extended periods of time during COVID-19. Some facilities remain closed and do not plan on opening until 2022. Staff from the Permitted Facilities Program, along with some additional EHS staff, have begun developing local regulations consistent with the Model Aquatic Health Code. It is expected that the draft will be completed by early 2022 for adoption before the opening of seasonal pools next year.
- Schools – Staff is preparing for school to start again and has adjusted the inspection areas to address rotation of personnel. The Washoe County Outbreak Response Plan is currently under annual review by EHS staff to ensure that it is consistent with current response, reporting, and sanitation protocols.
- Training – One REHS trainee completed their training in Permitted Facilities in mid-July and is now trained to conduct independent inspections for Schools, Childcare, Pools, Invasive Body Decoration, Public Accommodations and Mobile Home/RV Parks. Two new REHS trainees will start their training in Permitted Facilities mid-August

Environmental Protection

Land Development

- As of July 31, the Land Development team has seen a 20% increase over 2019 levels, indicating that residential construction planning is continuing unabated.
- A draft of an updated septic regulations has been routed for internal review and has also been provided to Legal Counsel. The public workshop process will begin once the reviews are complete.

Land Development	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Plans Received (Residential/Septic)	79	75	83	90	80	81	84	572	705
Residential Septic/Well Inspections	109	99	136	114	107	115	118	799	1,075
Well Permits	13	11	16	23	13	12	9	97	131

Safe Drinking Water (SDW)

- Safe Drinking Water activities have resumed. In July, the focus was on adjusting to the change of scope in the contract, in which EHS will be monitoring chemical data for public water systems. This will provide for faster response to Maximum Contaminant Level violations.
- The program has 25 sanitary surveys to complete by the end of the year. These would normally be spread out over the entire year, but no work was performed in the first half of the year as the contract was not in place. The team expects to be able to complete the work on time.
- A new team member has begun training in the program.

Vector-Borne Diseases (VBD)

- An aerial larvicide treatment was conducted on July 15, treating a total of 675 acres.
- Staff coordinated with Nevada Department of Wildlife (NDOW) and Nevada Department of Corrections to treat a 55-acre pasture in Washoe Valley using ground equipment. The pasture is managed by NDOW and the Department of Corrections. EHS staff assisted in the development of a management plan for the pasture going forward into the fall.
- Adult mosquito trapping and testing for West Nile virus remains ongoing and no positive results have been reported for 2021.
- The program has seen an increase in bat reporting which is common from late July through September.
- Staff have been coordinating with Washoe County Regional Animal Services (WCRAS) to develop a more efficient process for disseminating information between WCHD and WCRAS staff. This has created a more effective communication stream and ensures less duplication of efforts between multiple agencies.

Vector	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Total Service Requests	1	0	2	9	12	15	8	47	135
Mosquito Pools Tested	0	0	0	0	5	54	200	259	280
Mosquito Surveys and Treatments	0	2	1	63	66	345	171	648	72

Waste Management (WM)/Underground Storage Tanks (UST)

- Staff continues to conduct inspections at permitted Waste Management facilities and liquid waste hauling trucks.
- EHS provided a 30-yard dumpster for a large-scale hoarding case in Cold Springs.

Inspections

EHS 2020 Inspections	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	2021 YTD	2020
Child Care	5	8	5	4	8	13	10	53	142
Food/Exempt Food	356	496	610	565	373	491	333	5,952	4,264
Schools/Institutions	9	25	32	35	37	8	0	154	199
Tattoo/Permanent Make-Up (IBD)	5	7	9	8	9	14	9	75	112
Temporary IBD Events	0	0	0	0	0	0	0	0	1
Liquid Waste Trucks	5	4	4	2	0	16	19	66	110
Mobile Home/RV Parks	6	8	6	10	14	6	12	68	202
Public Accommodations	17	19	22	6	7	8	16	102	130
Aquatic Facilities/ Pools/Spas	4	19	13	36	311	213	199	1,044	408
RV Dump Station	2	1	1	1	1	1	1	8	17
Underground Storage Tanks	0	0	0	0	3	1	0	4	10
Waste Management	12	9	9	21	10	22	8	174	211
Temporary Foods/Special Events	0	0	0	5	12	92	71	180	48
Complaints	47	40	41	55	55	91	96	425	911
TOTAL	468	636	752	748	840	976	774	5,194	6,765
EHS Public Record Requests	331	393	655	375	719	318	470	3,261	3,249

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: August 26, 2021**

DATE: August 9, 2021

TO: District Board of Health

FROM: Nancy Diao, ScD, EPHP Division Director
775-328-2443, ndiao@washoecounty.us

SUBJECT: Communicable Disease, Public Health Preparedness, Emergency Medical Services, Vital Statistics

Communicable Disease (CD)

SARS-CoV-2 (COVID-19) - By the end of July, Washoe County Health District's COVID Epidemiology team had received reports of 47,892 cumulative cases of COVID-19. November case counts were the highest on record to date, contributing to ne

arly one-quarter (23.3%) of the cumulative cases reported by month.

The Delta variant was first sequenced in a Washoe County case reported in early June. Over the past few weeks, the case counts have been climbing, and have dramatically increased to levels not seen since February 2021.

At this time, 80% of the cases reported in the past 14 days have been assigned to a disease investigator.

Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – July 2021			
Month Reported	Number of COVID-19 Cases Reported	Avg number of Cases per Day	Percent of Cumulative Cases
2020			
March	143	5	0.3%
April	766	26	1.6%
May	658	21	1.4%
June	1228	41	2.6%
July	2367	76	4.9%
August	2095	68	4.4%
September	2300	77	4.8%
October	4028	130	8.4%
November	11159	372	23.3%
December	10114	326	21.1%

Table 1: Number and Percent of Total COVID-19 Cases Reported by Month and Year, Washoe County, March 2020 – July 2021			
Month Reported	Number of COVID-19 Cases Reported	Avg number of Cases per Day	Percent of Cumulative Cases
2021			
January	5505	178	11.5%
February	1637	58	3.4%
March	1424	46	3.0%
April	1482	49	3.1%
May	725	23	1.5%
June	623	21	1.3%
July	1638	53	3.4%

Figure 1 provides an overview to date of the total number of confirmed COVID-19 cases reported to Washoe County by MMWR week for both 2020 and 2021. From MMWR week 27 through week 30 case counts have dramatically increased and are nearing levels noted during this time of year last year. Of note, during this time in 2020, the stay-at-home order had been lifted the month prior (June 4) and other non-pharmaceutical interventions were in place such as mask wearing and social distancing. Our current situation holds vaccines available to prevent and reduce infection. However, mask wearing and social distancing requirements were lifted during June and July of this year, and vaccination levels were still below high enough community protection levels.

Fig 1: Total Number of Confirmed COVID-19 Cases by Week Reported in Washoe County, 2020-2021

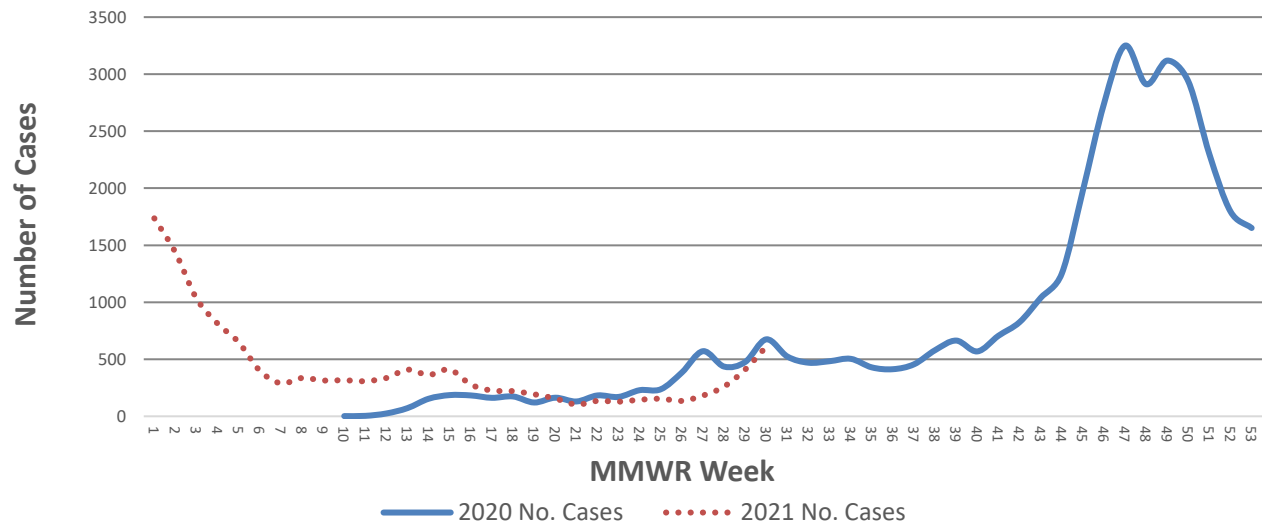


Figure 2 illustrates the number of new cases per 100,000 over the course of an eight-week period, starting from the first week in June through the end of July. The case rates per 100,000 population have more than quadrupled over the past four weeks from MMWR week 27 (36.39) through MMWR week

30 (150.58). The low, substantial, and high thresholds per 100,000 population are based on the CDC's indicators of community transmission.^{1,2}

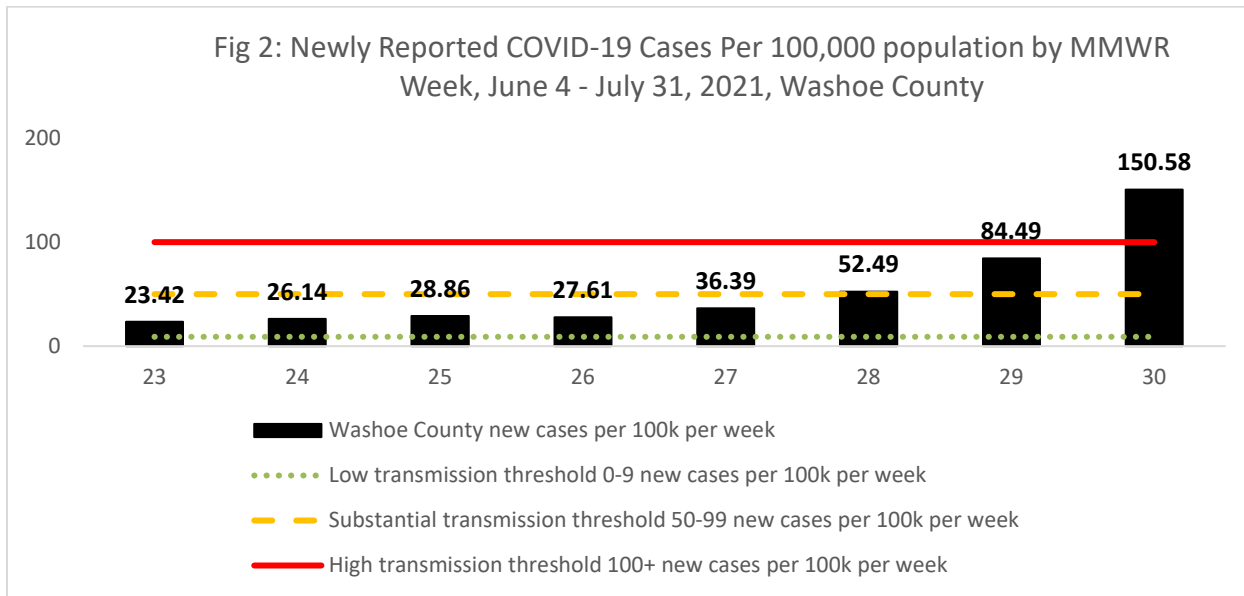
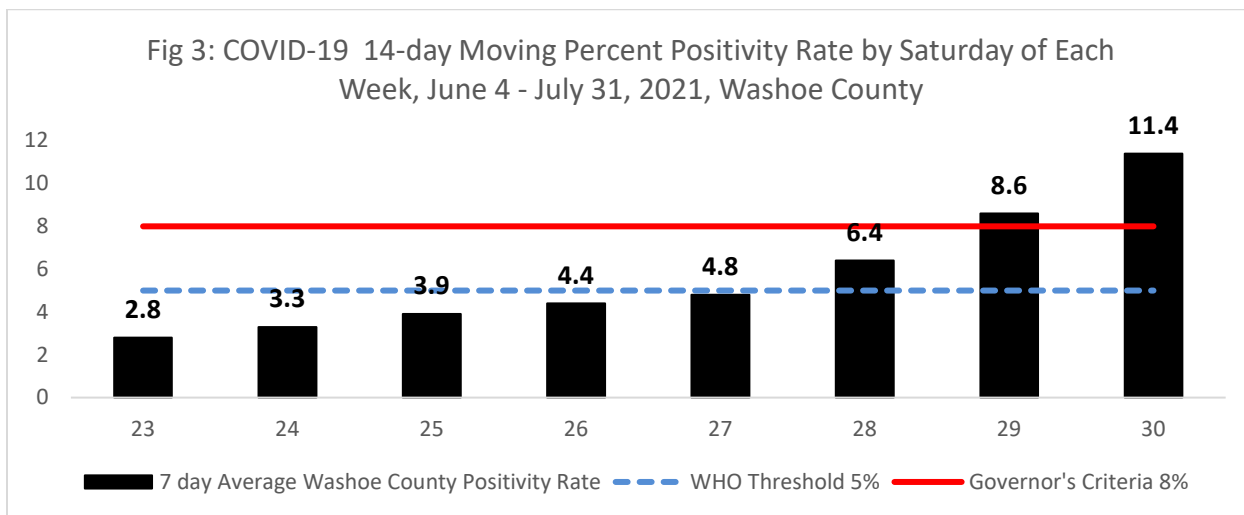


Figure 3 illustrates the percent positivity for each week ending Saturday. Percent positivity is defined as the number of tests that are positive divided by the total number of tests conducted on a given date. These data are calculated daily by the Nevada Department of Health and Human Services and the trends are provided in context with the Governor's COVID-19 Task Force threshold of 8% and the World Health Organizations' threshold of 5%. The percent positivity has increased over the past 8 weeks from a low of 2.8% during week 23 to 11.4% in week 30.



¹ <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html#footnote-1a>

² <https://covid.cdc.gov/covid-data-tracker/#county-view>

In August 2020, a Pediatric Task Force was created to triage the intensive case identification and contact tracing efforts anticipated in school and daycare settings. The Task Force was composed of 17 members, with at least six working each day, seven days a week, prioritizing investigations of any case 0 to 18 years, to identify possible school and daycare exposures.

From January through June of 2021, the County redirected approximately 30 County staff to conduct disease investigation and contact tracing for Washoe County School District. These individuals were trained by the Epidemiology Program and COVID disease investigation staff and guided by Pediatric Technical Advisors who are experts in contact tracing in school settings. The Epidemiology Program Manager and Disease Investigator Team Leads meet weekly with the Washoe County School District's Student Health Services staff and School District leadership to update processes.

On May 25, 2021, the Washoe County School District Board of Trustees (BoT) voted to approve full in person learning for elementary, middle, and high schools starting fall of 2021. The Epidemiology Program Manager attended the meeting to answer any questions regarding a presentation to the BoT which included a summary of a contact tracing pilot program implemented during the 2021 summer school session. The contact tracing pilot program drastically reduced the burden on principals, school nurses, and teachers as it relates to contact tracing efforts and utilized Washoe County School District clinical aides. These aides were incorporated into the WCHD COVID Epidemiology Unit to help expedite information necessary to complete contact tracing in the classroom setting. After conducting a survey of Washoe County disease investigation staff, this pilot program appears to have been an improvement on the process followed through the 2020-2021 school year, this new process will be extended into the fall for the 2021-2022 school year in public schools.

From January 2020 through May 2021, the Epidemiology Program Manager has hosted a weekly local provider call Fridays at 0900. This call offers an opportunity for the Nevada State Public Health Laboratory, area hospitals, first responder agencies, IHCC members and local physicians to provide updates and ask questions as they relate to COVID-19. As of late September, vaccine partners joined this call to provide weekly updates. On average there were 65 persons who attended this virtual meeting each week. Weekly updates are now occurring via email, sent out on Friday of each week.

Outbreaks – There have been six declared outbreaks over the course of July, five of the six outbreaks occurred in school/daycare/childcare settings. There are two outbreaks classified as COVID or COVID-like illness (CLI), and one gastrointestinal outbreak. In the “other” category, there are two RSV outbreaks and a croup outbreak, neither of which commonly occur outside of the influenza season. However, these types of viral respiratory increases outside the typical season are occurring nationwide.³

Type	January	February	March	April	May	June	July
GI - Gastrointestinal	1	1	2	12	4	4	1
ILI - Influenza Like Illness	0	0	0	1	0	0	0

³ The Center for Disease Control and Prevention. Health Alert Network. HAN00443: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Parts of the Southern United States. DOI: <https://emergency.cdc.gov/han/2021/han00443.asp>

CLI - COVID Like Illness	1	0	0	0	1	2	2
Other	0	0	0	1	1	2	3
Total	2	1	2	14	6	8	6

Epi News – Epi News is a brief (1-3 page) newsletter that has been produced and disseminated by the Washoe County Health District Epidemiology Program since 1997. Epi News publications are emailed and faxed to 200-300 subscribers and are available on the County website at <https://www.washoecounty.us/health/programs-and-services/ephp/communicable-diseases-and-epidemiology/epi-news/index.php>.

During July, Epi News topics included the following:

- Salmonella Outbreaks (National outbreaks)
- Tickborne Diseases Series 5 of 6 – Pacific Coast Tick Fever
- Vaccine Redistribution Options

General Communicable Diseases – During the month of July, 330 positive labs for reportable conditions were investigated by the Epidemiology team, in alignment with the numbers reported in June (N = 324). However, the proportion of labs reported that after investigation were deemed to be a suspect, probable, or confirmed case was much higher in July (46%) compared to all other months this year (range 18% to 39%).

There was a backlog of data in the 2020 calendar year, during which the epidemiology staff were operating almost exclusively the COVID response. To date the epidemiology program has caught back up with data processing for all diseases, except for hepatitis B and C.

Public Health Emergency Preparedness (PHEP)

Preparedness Planning Efforts – The PHEP Program held a Concepts and Objectives meeting on August 4, 2021 to begin the discussion of developing a full-scale Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) exercise to be held in the spring of 2022. This exercise will utilize many different response plans across all participating agencies. Part of the intent of this exercise is to connect both PHEP and HPP to make sure the plans and operations between the programs are linked.

The PHEP Program undertook a review of existing portable First Aid Kits to be used in exercises, at PODs, and at shelters. Medical MRC volunteers reviewed the supplies and created a list of suggested additions that would make the kits fully functional. Procedures were developed to manage the supplies and the distribution of the bags. There are three First Aid bags that are currently deployable for emergency response.

COVID-19 Response – The PHEP Program was working towards demobilization, but instead, operations have re-expanded due to the increase in the COVID-19 Delta variant cases across Washoe County. The PHEP program has taken over the response planning function and is

facilitating weekly meetings to coordinate testing, vaccination, and the COVID-19 Call Center operations.

The COVID-19 Call Center received a total of 1,491 risk assessments over the month of July resulting in an increase of 178%. Some risk assessments were entered by end-users through the web portal, and others were entered by the Call Center staff. During the month of July, the COVID Call Center answered 1,764 calls, which was a 4% increase over June.

As of August 1, 2021, the COVID-19 Call Center was staffed with a total of 12.5 personnel, comprised of two UNR paid contractors, four full time and one half time member of the National Guard, six temporary agency staff and one Washoe County Health District employee. All personnel were assigned to COVID-19 testing and vaccine related communications with the community and POST and POD preparation and support.

Healthcare Preparedness Planning (HPP)/Inter-Hospital Coordinating Council (IHCC)

On July 13 and July 23, HPP staff facilitated a virtual WebEOC training for 8 staff from Saint Mary's and Advanced Healthcare of Reno on the capabilities of WebEOC for patient tracking during incidents.

On July 22, the VA Medical Center hosted a National Disaster Medical System (NDMS) Federal Coordination (FCC) Tabletop exercise (TTX) at the Regional Emergency Operations Center (REOC). This TTX was designed to provide participants an opportunity as it pertained to an activation of the Reno FCC, supporting federal patient movement into its associated Patient Reception Area (PRA). This TTX was also in preparation for the Full-Scale Exercise to be held in July 2022. An After Action Report will be written and regional plans may be updated to include information regarding NDMS.



Staff has been working with IHCC workgroups on many different ongoing items. The Hazard Vulnerability Assessment and Resource and Gap Analysis were revised and will be sent out to partners for completion. IHCC members are working on the Multi-Casualty Incident (MCI) plan revisions, in particular the Burn Annex addition.

HPP continues to participate in the weekly Hospital Net, a Ham Radio text among hospitals in Northern Nevada and Eastern California. The purpose of the net is to improve redundant communications during a disaster.

EMS Oversight Program

EMS Planning – In conjunction with IHCC, the first planning meeting for the revisions to the Multi-Casualty Incident Plan (MCIP) was held July 28, 2021. Monthly meetings will continue to be held with all partners to discuss revisions of the MCIP with the inclusion of the Burn Appendix, with the deadline of completion set for June 2022.

Exercises and Training - The EMS Oversight Program participated in:

- Reno Rising TTX – July 22, 2021
- The Great Reno Balloon Race Team TTX – July 28, 2021.

EMS Joint Advisory Committee (JAC) - The EMS Oversight Program staff and JAC met bi-weekly to develop processes and protocols to accomplish the approved revisions and additions of goals in the Strategic Plan. A summary of the current strategies that continue to be addressed include:

- Goal 1, Strategy 1.1.5: EMS first response – prioritize and determine who responds to what calls.
- Goal 2, Strategy 2.2.4: Research and review full and unrestricted automatic response arrangements with EMS partners.

REMSA Exemption Requests - REMSA continues to experience high System Overload and Status 99 delays. Table 1 summarizes REMSA Exemption Requests.

Table 1. REMSA Exemption Requests							
Exemption	System Overload	Status 99	Weather	Other	Total	Under Review	Approved
January 2021	23	2	*3 (BWE)		28		28
February 2021	5				5		5
March 2021	13				13		13
April 2021	52				52		52
May 2021	34						34
June 2021	135	47			182		182
July 2021	68	5			73		73

REMSA Call Compliance - Due to low call volumes in the separately defined response Zones B, C and D, REMSA compliance response will be calculated in accordance with the Amended and Restated Franchise Agreement for Ambulance Service dated May 2, 2014, as combined Zones B, C, and D for all Priority 1 calls. Calculations for Zones B/C/D and “All Zones” were removed because the previous calculations for Zones B/C/D separately and “All Zones” do not align with REMSA’s

Franchise Agreement. Table 2 summarizes REMSA's compliance rates for each month of Fiscal Year (FY) 2020-2021 and the average compliance rate for the fiscal year. Table 3 shows REMSA's compliance rate starting FY 2021-2022.

Month	Zone A	Zone A – Blanket Exemption	Zone B, C, and D	Zone B, C, and D – Blanket Exemption
July 2020	*88%	100%	*84%	100%
August 2020	*85%	100%	*88%	100%
September 2020	*89%	100%	*96%	100%
October 2020	*88%	100%	*93%	100%
November 2020	*87%	100%	*90%	100%
December 2020	*89%	100%	*90%	100%
January 2021	*86%	100%	*87%	100%
February 2021	*89%	100%	*90%	100%
March 2021	*87%	100%	*83%	100%
April 2021	*87%	100%	*81%	100%
May 2021	87%	87%	83%	83%
June 2021	90%	90%	84%	84%
FY 20-21 Average	87%	98%	84%	97%

*A blanket exemption was effective July 1, 2020 to April 26, 2021. Compliance percentage shows the actual response compliance percentage in Zone A and B/C/D compared to response compliance under the blanket exemption. Fiscal Year 20-21 compliance for Zone A was 98% and for Zone B, C and D was at 97%.

Month	Zone A	Zone B, C, and D
July 2021	84%	77%

REMSA Franchise Agreement Updates - The EMS Oversight Statistician is preparing data for the commencement of the REMSA Franchise Map Review for Fiscal Year 2021.

Community Services Department (CSD) – Memo Review - The EMS Oversight Program staff reviews and analyzes project applications received from the Planning and Building Division of the CSD and provides feedback. Relevant agency comments are included in the staff report and agency conditions are incorporated as Conditions of Approval. Program staff reviewed 12 project applications for the month of July and provided comments regarding EMS response times on one report.

To further facilitate future reviews, the program staff met with REMSA, Truckee Meadows Fire and CSD to identify each agency's roles in CSD memo reviews and to prevent duplication of efforts when reviewing development projects.

Mass Gatherings/Special Events - The EMS Oversight Program did not receive special events applications in July.

Vital Statistics

Vital Statistics has continued to serve the public through the mail, online and in-person. Vital Statistics registered 489 deaths and 491 births, 6 deaths and 35 births corrections were made during July. Vital statistics also submit weekly records on decedent information for HIV/AIDS and a monthly update to senior services.

Table 1: Number of Processed Death and Birth Records

July	In Person	Mail	Online	Total
Death	1633	72	414	2119
Birth	1186	57	399	1642
Total	2819	129	813	3761

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: August 26, 2021**

DATE: August 19, 2021
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – COVID-19 Response, Joint Information Center, Meeting with City and County Managers, Public Health Accreditation, Community Health Improvement Plan, and Public Communications and Outreach.

COVID-19 Response

The Health District’s response to COVID-19 is predicated on our statutory obligations under NRS 441A and NAC 441A to “carry out measures for the investigation, prevention, suppression and control of communicable disease.” These activities include informing the public of levels of COVID-19 transmission occurring in the community and educating them on risk mitigation practices, required measures such as mask wearing in public indoor places under the Governor’s Directive 47, investigating confirmed cases of COVID-19 to have cases isolate and close contacts quarantine, providing testing to confirm cases of COVID-19, and dispensing vaccinations to prevent or suppress COVID-19 transmission and reduce morbidity and mortality form the disease.

Over the past month Washoe County has experienced an increase in new daily cases as well as the test positivity rate. As of August 18, the test positivity rate under the State County Tracker system over 14 days with a seven-day lag was 19.2% and the case rate per 100,000 over 30 days was 895. This represents a 284% increase in the test positivity rate and a 553% increase in the case rate per 100,000 over 30 days from those rates reported in the July monthly report. Our test positivity rate has exceeded that of Clark County (14.8%). and we are rapidly approaching Clark County’s case rate per 100,000 over 30 days of 1008. On August 18, the 7-day average of new cases was 201. This represents 568% increase from the 7-day average of 28 new cases per day reported in the July monthly report. The CDC designates the County as a region of high transmission due to the number of new cases per 100,000 over a 7-day period exceeding 100, at 283.34 and the 7-day average test positivity through August 16, of 22.99% exceeding 10%. On August 18, the Nevada Hospital Association reported 145 people hospitalized with confirmed or suspected COVID-19, this is an increase from 39 people hospitalized which was reported during the July 22, DBOH meeting. Hospitalizations have risen 272% since that date. Of these cases 32 were in the intensive care unit and 17 were on ventilators.

Health District staff continue to conduct disease investigations of cases occurring to isolate them and notify close contacts. However, with the reopening of schools for in-person learning, our skyrocketing number of new cases and the attrition of our disease investigation staffing, we have been overwhelmed and have been

required to prioritize pediatric cases and household infections for disease investigations. As a result, we are able to provide timely investigation of only 25-30% of cases. As of August 18, we have had 71 people attend school while infectious and 11 people attend childcares while infectious which has resulted in nearly 1,000 exclusions in only the week-and-a-half since schools reopened. The Health District has expanded COVID-19 testing to five days per week at the Reno Sparks Livestock Events Center (RSLEC) which are analyzed by the Nevada State Public Health Laboratory (NSPHL) which also conducts genomic sequencing of the positives. Our demand for testing has increased dramatically and we are filling our schedule of 450 people scheduled for testing per day. We continue to regularly receive results back from the lab within 24 hours and we are establishing an agreement for testing through Charles River Labs for testing if the NSPHL becomes overwhelmed. The State is working with the federal contract for Walmart to begin conducting weekend testing events at one of their stores beginning late August or early September.

The Health District continues to operate the vaccine point of dispensing (POD) at the RSLEC event center and is now conducting numerous community-based vaccination clinics. Vaccination clinics have been held and are scheduled at churches, schools, parks/events, brewpubs, shelters, and community centers. However, demand remains low and over the past four weeks Health District has averaged only 645 vaccinations administered per week. Over the past four weeks we have averaged 5,789 vaccinations administered per week county-wide by all providers. As of August 18, 59.02 percent of the population twelve and older were fully vaccinated and 66.19 percent of the population twelve and older had initiated vaccinations. Nevada National Guard and FEMA staff numbers have been declining steadily as personnel are demobilized.

The FDA has approved administration of third doses of Pfizer and Moderna to individuals that are immunocompromised, and we began administering these doses on August 18. We are providing them at the Livestock Events Center, our community PODS, and to homebound individuals. On August 18, the CDC announced that they are moving forward with approval of booster shots of Pfizer and Moderna to those who received their second doses eight or more months before. They expect the administration of booster shots to begin on September 20. We are developing plans anticipating a significant increase in vaccinations through our POD when this occurs and preparing to meet this demand while we continue to experience high demand for testing and are responding to the continuing surge.

On August 20, the State Board of Health is scheduled to meet to consider requiring proof of immunization for COVID-19 for students attending universities, community colleges, and state colleges.

Our efforts to mitigate the spread of COVID-19 and to have a larger percentage of the population vaccinated are hampered by the tremendous amount of information that is being spread by social media and those within our community. The July 22, 2021, District Board of Health Meeting was uploaded to YouTube, per our normal processes, immediately after the conclusion of the meeting. We received an email about 5 hours later that the video of the meeting was taken down for violating the "medical misinformation policy" for COVID-19 due to misinformation presented during public comment. We appealed the decision on Friday, July 23 in the interest of having the Board of Health meeting available to the public on YouTube. That appeal was rejected on July 24.

On August 13, the Department of Homeland Security issued a new terrorism bulletin. The bulletin referenced attempts by U.S. adversaries to spread disinformation and stated, "Russian, Chinese and Iranian government-linked media outlets have repeatedly amplified conspiracy theories concerning the origins of COVID-19 and effectiveness of vaccines; in some cases, amplifying calls for violence targeting persons

of Asian descent." Homeland Security Intelligence Chief John Cohen said, "What we're seeing -- mainly from China, Russia and Iran -- currently is a lot of focus on the COVID issue." He went on to say that foreign nation-states have focused on sowing discord related to resurgence of COVID-19 around the idea that public health restrictions are somehow an infringement on one's freedom, or calling into question the US government's response to the pandemic.

Joint Information Center (JIC)

The Regional Information Center (RIC) fielded nearly double the amount of media requests in July as June. Media inquiries and stories increased as the rise in cases also increased.

District Health Officer Kevin Dick was interviewed by CNN at the Reno-Sparks Livestock Events Center, which was the second month in a row that we secured airtime on a national television network (World News Tonight with David Muir – ABC).

After foregoing weekly media availabilities in June, we ramped up communication with the media in July. We sent out 12 press releases updating the community on community vaccine clinics, updates to the Delta variant and more. Weekly media briefings returned in August. Media stories increased by about 50 percent in July over June.

The RIC also finalized COVID-19 vaccine advertisements in July for August that will air on English and Spanish TV stations.

Meeting with City and County Managers

My meeting with the City and County Managers to discuss the interlocal agreement establishing the Health District is scheduled for August 24. I will provide a presentation on the discussion during the August 26 DBOH meeting.

Public Health Accreditation

Staff in different divisions are gathering information to illustrate occurrences of technical assistance provided to the partners on "how to engage with the community". This information is being discussed with the PHAB team to determine what material to include in the PHAB Annual Report, Section I. The first section of the annual report is due on August 30, 2021. Section II of the Annual Report is due 30 days following PHAB's approval of section I. The purpose of section I is to assure PHAB that the WCHD continues to be in conformity with the standards and measures and can maintain its accreditation status.

Community Health Improvement Plan

Physical Activity and Nutrition

Family Health Festival- The Family Health Festival committee (FHF) provided a Back to School event hosted at North Valleys High School on July 24th. This event targeted families in the North Valleys community and served 478 individuals. During the event families had the opportunity to receive the following direct services: back to school immunizations, utility assistance, medical screenings, basic dental screenings, eye exams and a voucher for free glasses, and information about health insurance. The success of the event is largely due to partners contributing to the FHF's mission by connecting the

community to local resources through direct onsite services, thereby improving community health and well-being.

Behavioral Health

The project to re-imagine our community response to a person experiencing a behavioral health crisis will kick off in late August with the first meeting of the Leadership Council. The Council includes the District Health Officer, city and county managers, hospital leadership, managed care organization leadership, representation from the state Department of Health and Human Services and others. The project will also include a Technical Advisory Committee and subcommittees working on a crisis call hub with phone, text and chat capabilities, mobile crisis teams, crisis stabilization centers and financial and resources. The Crisis Response Services Implementation Plan (CRSIP) project will continue through mid-year and will result in a community plan to reform the crisis response system.

Strategic Planning

The Health District team is working with OnStrategy to refresh the strategic plan. The process began with a review of current objectives. We are facilitating planning retreats for each division to deepen the participation of employees and to make sure that lessons learned from the pandemic are captured and included in go-forward planning efforts. OnStrategy is also reaching out to interview the members of the District Board of Health. Information from these efforts will be pulled together for a discussion guide to be used for the planning retreat scheduled for Nov. 4.

Workforce Development

The workforce development survey was open to staff from July 28th-August 11th. Historically, the low response rate affected a bias sample that was representative of the needs of all WCHD staff. As a result, five gift cards were provided as incentives to increase employee participation. Employees were entered into a drawing if they completed the survey by July 30, 2021. The 2021 WFD survey response rate was 60%, a significant increase since the initial roll out in 2015. The data from the WFD survey is being analyzed by the internal statistics team and will inform the two year WCHD WFD Plan. A workforce development survey and plan are required to be updated every two years to remain an accredited Health District.

Health Equity

The committee is working with Human Impact Partners to disseminate a self-assessment to gather baseline information from staff about the WCHD's capacity to address health inequities. The data will be analyzed and compiled into key insights for further inclusion in the Strategic Plan. The Health District is also working to secure an \$1.5 million allocation of a statewide CDC grant to address health disparities and COVID-19 co-morbidities. The Health District is working with the state on a plan for Washoe County.

Att.: July Media Mentions

DATE
7/1/2021

STORY

[KOLO: First COVID-19 Delta variant death confirmed in Washoe County](#)

[KRNV: First COVID-19 Delta variant-related death reported in Washoe County](#)

[RGJ: Woman in her 40s becomes first reported Washoe County death from Delta COVID-19 variant](#)

[National CFRP Newsletter: Washoe County Health District staff mentioned in National Center for Fatality Review & Prevention newsletter](#)

[KTVN: First COVID-19 Delta Variant-Related Death Reported in Washoe County](#)

[This is Reno: First death from COVID-19 Delta variant confirmed; most deaths come from those unvaccinated](#)

7/6/2021

[KOLO: WCHD and state partners launch new anti-vaping initiative - Lisa Sheretz interviewed](#)

[RGJ: Story about first Delta variant-related death is the most-clicked RGJ story despite being published on July 1.](#)

[FOX11: STDs surging in the U.S., Nevada and Washoe County](#)

[KRNV: COVID-19 vaccine update](#)

[KOLO: Pignic's unique grill yard a win for all - Health District mentioned](#)

[KRNV: Washoe County Health District calls Delta-related death a 'wake up call' \(from Friday\)](#)

[KTVN: Delta-related death was 'needless death' \(from Friday\)](#)

[KTVN: Nevada Sees More Than 1,300 New Cases of COVID-19 Over Three Day Weekend, Test Positivity Jumps to 7.9%](#)

[KTVN: Second COVID-19 Delta Variant-Related Death Reported in Washoe County](#)

[KOLO: Second COVID-19 Delta variant related death reported in Washoe County](#)

[KRNV: Unvaccinated man marks Washoe County's second death linked to Delta variant](#)

[RGJ: Washoe reports second death from COVID-19 Delta variant, an unvaccinated man in his 50s](#)

[KTVN: WCHD receives prestigious Crumbine food safety award – Erin Dixon interviewed](#)

7/7/2021

[KRNV: Second COVID-19 Delta variant related death reported in Washoe County - Kevin Dick interviewed](#)

[KTVN: Vax Nevada Days raffle this Thursday - Kevin Dick interviewed](#)

[KRNV: STDs are on the rise in Washoe County](#)

[991 Talk: 2nd Delta variant COVID-19 death reported](#)

[KOH: Washoe County Health District launches anti-vaping initiative - taken from KOLO story](#)

[KOLO: Second COVID-19 Delta-related death reported](#)

[KTVN: Another resident dies from COVID-19 Delta variant](#)

[KTVN: Heat could affect COVID-19 test result accuracy - They didn't reach out to WCHD or NSPHL](#)

[Associated Press: New daily COVID-19 cases in Nevada highest since February](#)

[This is Reno: 2nd death from Delta variant of COVID-19 confirmed in Washoe County](#)

[KOLO: Sparks business offers 'shot and a beer' at vaccination event](#)

7/8/2021

[KRNV: Great Basin Brewing Co. to host vaccine event Thursday](#)

[KUNR: COVID-19 Delta variant update](#)

[991 Talk: Delta variant update](#)

[840AM \(Las Vegas\): Washoe County doing much better than Clark in terms of COVID-19 positivity rate](#)

Inquiries

KRNV: Jenee Ryan interviewed Kevin Dick about COVID-19 variants.

KTVN: Valentina Bonaparte interviewed Kevin Dick about COVID-19 Delta variant and much more.

KRNV: Leanna Faulk interviewed Brendan Schnieder about air quality with wildfires.

RGJ: Siobhan McAndrew asked if we were concerned that a woman in her 40s without underlying health condition died of COVID-19. We definitely are.

FOX11: Leanna Faulk did a live shot outside the Health District about STD rates in Nevada

KOLO: Elizabeth Rodil did a live shot outside the Health District for her story about vaping, interviews were done for that story last week.

RGJ: Richard Bednarski asked about food complaints at the CARES shelter – No complaints as of today.

KRNV: Kim Burrows asked about food complaints at the CARES shelter – No complaints as of today.

Nevada Independent: Megan Messerly requested an interview about COVID-19 variants. Interview with Nancy Diao is this week.

RGJ: Chelcey Adami inquired about Delta-related COVID-19 deaths

KRNV: Audrey Mayer interviewed Kevin Dick regarding COVID-19 rates, vaccines and mor

KTVN: Paul Nelson interviewed Kevin Dick regarding COVID-19 rates, vaccines and more

KTVN: Valentina Bonaparte interviewed Erin Dixon about the recent Crumbine award

RGJ: Siobhan McAndrew had some follow up questions to the Delta press release

Nevada Independent: Megan Messerly interviewed Nancy Diao about COVID-19 variants. Story to come Sunday.

KRNV: Kim Burrows asked about "pool gunk"; working on coordinating an interview.

KRNV: Kim Burrows interviewed Jeff Brasel about pool safety.

7/9/2021	<p>RGJ: What we know about the 2021-22 school year: Masks, staffing shortages, distance learning</p> <p>KOLO: Great Basin Brewing Co., Health District team up for Shot and a Beer – Susie Deller interviewed</p> <p>KTVN: Health District, Great Basin hosted COVID-19 vaccine event</p> <p>Nevada Independent: IndyMatters Podcast on Delta COVID-19 variant - Nancy Diao quoted at 12:45 mark</p>	<p>KTVN: On Thursday, Susie Deller was interviewed about the Great Basin POD.</p> <p>KOLO: On Thursday, Susie Deller was interviewed about the Great Basin POD.</p>
7/12/2021	<p>Nevada Independent: As the Delta variant surges in Nevada, the young and unvaccinated bear the brunt Nancy Diao interviewed</p> <p>KRNv: Health District warning about cooked chicken recall</p>	<p>RGJ: Jason Hidalgo reached out about updated COVID-19 Delta variant stats. We'll have something on Wednesday.</p>
7/13/2021	<p>KOLO: WCHD visiting local schools to give COVID-19 vaccines</p>	<p>KTVN: Valentina Bonaparte interviewed Jim English about community COVID-19 vaccine efforts.</p> <p>KOH: Daniella Sonino interviewed Scott Oxarart about the mosquito abatement application on Thursday.</p> <p>KTVN: Requested an interview for tomorrow about the Delta variant.</p>
6/24/2021	<p>KOH: Washoe County Health District Spraying For Mosquitoes This Week</p> <p>RGJ: Washoe County COVID-19 vaccine tracker: 52% of people fully vaccinated</p> <p>RGJ: Third COVID-19 Delta variant-related death reported in Washoe County</p> <p>KTVN: Mosquito abatement on Thursday</p> <p>KTVN: WCHD vaccinates over 70 at North Valleys High School</p> <p>KRNv: Another person has died from Delta variant</p> <p>KOLO: Delta variant: 53 new cases, 1 new death in Washoe County</p> <p>KRNv: Mosquito abatement on Thursday</p> <p>KRNv: COVID-19 Positivity rate in Washoe County at 5.2%</p>	<p>KRNv: Ben Margiott asked about bed bug, scabies complaints at Nevada Cares Campus. Complaint was filed, no violation reported.</p> <p>KTVN: Valentina Bonaparte interviewed Nancy Diao about Delta COVID-19 cases in Washoe County.</p> <p>RGJ: Scott Oxarart reached out because of some potentially misleading information related to a story done by a USA Today reporter on this story.</p>
7/15/2021	<p>Associated Press: New COVID-19 cases, hospitalizations soar in Nevada</p> <p>KRNv: Officials: Preventive bug spraying at Reno homeless shelter, complaints unsubstantiated</p> <p>Yahoo!: Wildfire Smoke Exposure Linked to Increased Risk of Contracting COVID-19</p> <p>KTVN: How to fight the COVID-19 Delta variant - Nancy Diao interviewed</p> <p>KOLO: Aerial mosquito abatement going on today</p>	<p>KTVN: Said they were going to get aerial mosquito abatement footage but did not show u</p> <p>KRNv: Joe Hart asked about COVID-19 Delta cases at the Reno VA. Working with VA and WCHD Epi.</p> <p>KRNv: Jenee Ryan requested an interview regarding COVID-19 Delta variant. Working to secure.</p>
7/16/2021	<p>RGJ: COVID-19: Washoe County mask policy change hinges on hospitalizations, case rates</p> <p>KRNv: WCHD: No changes to mask recommendations for vaccinated, unvaccinated yet</p>	<p>ABC News National: Cheyenne Haslett asked if Washoe County received any federal COVID-19 aid. No we did not. Sent them to the Nevada State Public Health Lab.</p> <p>KRNv: Jenee Ryan interviewed Nancy Diao about Delta cases in Washoe County.</p>

	RGJ: COVID-19: Surge in Delta variant cases raises concerns about summer events in Reno	KTVN: Michelle Lorenzo asked what Washoe County was going to do based on SNHD's decision to recommend masks for all residents in crowded public indoor areas.
	KRVN: Study: Wildfire smoke in Reno area made residents more susceptible to COVID-19	<p>Nevada Independent: Megan Messerly asked what Washoe County was going to do based on SNHD's decision.</p>
	KTVN: Washoe County Will Not Change Masks Requirements	<p>KRVN: Ben Margiott asked what Washoe County was going to do based on SNHD's decision.</p>
	KOLO: No updated mask recommendations in Washoe County	<p>KOLO: Kurt Schroeder asked what Washoe County was going to do based on SNHD's.</p>
	This is Reno: County says no new mask mandates as COVID-19 cases are again rising	<p>KRVN: Jenee Ryan had some follow up questions after her interview with Dr. Diao.</p>
	8 News Now: DRI, WCHD report wildfire smoke make you more susceptible to COVID-19	
	KTVN: WCHD-AQMD says air quality is unhealthy due to Beckwourth complex	
	KRVN: Family Health Festival set for July 24	
	KOH: SNHD recommending Clark County residents wear mask; no update in Washoe County	
7/19/2021	KUNR: Washoe Co. Maintaining Mask Policy	<p>KRVN: Kim Burrows inquired about health inspections at the Cares Campus yet again.</p>
	KRVN: WCHD not making changes to mask recommendations	<p>KRVN: Jenee Ryan interviewed Scott Oxarart about COVID-19 vaccine outreach in Washoe County.</p>
	RGJ: Washoe County's COVID-19 cases up 131.4%; Nevada cases surge 51.8%	<p>KTVN: Valentina Bonaparte interviewed Brendan Schnieder about the link between poor air quality and increased risk for COVID-19.</p>
	KRVN: A look at WCHD's efforts to vaccinate population	<p>KOLO: Ed Pearce interviewed Brendan Schnieder about the link between poor air quality and increased risk for COVID-19.</p>
	KRVN: What germs are lurking in your pool? - Jeff Brasel interviewed	<p>CNN: Ashley Killough inquired about community PODs and potentially might send a crew down this week. Waiting on more info.</p>
		<p>KOLO: Terri Russell inquired about vaping-related initiatives. Working on an interview for this week.</p>
7/20/2021	KRVN: WCHD working on new ways to communicate with Latino community	<p>KRVN: Nancy Diao will be interviewed live tomorrow morning at 7:30 a.m. about Delta cases in Washoe County.</p>
	KOLO: Wildfire smoke, a real health threat monitored constantly - Brendan Schnieder interviewed	<p>KRVN: Jenee Ryan interviewed Scott Oxarart and Ivett Contreras about COVID-19 vaccine outreach to the Hispanic Community in Washoe County.</p>
	KTVN: More smokey days ahead for Washoe County - Brendan Schnieder interviewed	<p>CNN: Kevin Dick will be interviewed tomorrow morning about community PODs.</p>
	This is Reno: Rise of Delta variant increases need for vaccines	
	KRVN: Picture shows line to get tested for COVID-19 longer than vaccine	
	KTVN: 56.38% of Washoe County Residents Fully Vaccinated Against COVID-19	
	KOLO: COVID-19 vaccine events planned this week in Washoe County	
7/21/2021	KRVN: What you need to know about the delta variant in Washoe County – Nancy Diao interviewed	<p>CNN: Kevin Dick's interview about COVID-19 misinformation and community PODs, which was done the RSLEC POD, will air around 6 p.m. tonight.</p>
	KTVN: WCHD has vaccine opportunities this week	<p>KRVN: Nancy Diao was interviewed by Taylor Winkel live this morning to discuss the Delta variant.</p>
	KOH: Air quality interview with reference to Be Smoke Smart page on WCHD website	
	KOH: Multiple COVID-19 vaccine events this week	
	99.1 Talk: WCHD getting creative in how they host COVID-19 vaccine events	
7/22/2021	CNN: Nevada becomes latest Covid-19 hotspot, as hospitalizations rise and vaccination rates plateau - Kevin Dick interviewed	<p>KOLO: Elizabeth Rodill requested interview about COVID-19 breakthrough cases. Nancy Diao to complete interview on Friday.</p>

7/23/2021

[KTVN: Washoe County Reports Fourth COVID-19 Delta Variant-Related Death](#)
[KRVN: Unvaccinated man accounts for Washoe County's fourth delta variant-related death](#)
[KOLO: Washoe County reports additional COVID-19 Delta variant death](#)
[99.1 Talk: WCHD getting creative in how they host COVID-19 vaccine events](#)
[This is Reno: Delta Variant of COVID-19 claims a fourth life in Washoe County](#)

[RGJ: WCS D Superintendent recommends masks for only older students, staff in new school year](#)

[KTVN: Washoe County Listed As 'Rapid Riser County' in COVID Cases, Nevada Flagged as a High Transmission State](#)

[KRVN: Washoe County flagged for elevated COVID-19 transmission](#)

[KOLO: Washoe health district shuts down six food vendors](#)

[99.1 Talk: Washoe County now flagged for elevated COVID-19 rate](#)

[KTVN: Six Food Operators Issued Cease And Desist Orders, Notices Of Violation](#)

[KU+B2:B114NR: Washoe Co. Reports More Delta Variant Cases, Fourth Death](#)

Total 96

Press Releases

7/6/2021 [2nd COVID-19 Delta variant-related death confirmed; 4 COVID-19 vaccine events to be held this week](#)

7/9/2021 [Frozen chicken recall potentially impacts Washoe County residents](#)

7/12/2021 [First & second doses of COVID-19 vaccine available at three WCS D schools this week](#)

7/13/2021 [Aerial mosquito applications set to take place Thursday, July 15](#)

7/14/2021 [COVID-19 Delta variant update in Washoe County: 53 additional cases, 1 death reported](#)

7/16/2021 [Health District has no updated mask recommendation in Washoe County](#)

7/20/2021 [Several Community COVID-19 vaccination sites planned for this week](#)

7/22/2021 [1 additional COVID-19 Delta variant-related death reported – unvaccinated male, 30s, no underlying health conditions](#)

7/23/2021 [Health District Issues Notices Of Violation To 6 Food Operators In Washoe County](#)

7/23/2021 [Washoe County Health District Issues Stage 1 Air Pollution Alert](#)

7/26/2021 [More Community COVID-19 vaccination sites planned the next 2 weeks](#)

7/28/2021 [State mask mandate to go into effect Friday; Delta variant cases top 300 in Washoe County](#)

Total 12

Social Media Followers

WCHD Facebook: 5,480 (+66 since July 1)
WCHD Twitter: 2,643 (+118 since July 1)

Reno News & Review: Frank Mullen requested an interview with Nancy Diao. In the work

KOLO: Elizabeth Rodil interviewed Nancy Diao about COVID-19 breakthrough cases.

Reno News & Review: Frank Mullen interviewed Nancy Diao about COVID-19.

RGJ: Siobhan McAndrew requested comment regarding the WCS D mask decision. We provided a statement.

KRVN: Kim Burrows asked if extended mask measures were being proposed in Washoe County. Not at the moment.

KOLO: Terri Russell interviewed Brendan Schnieder about air quality.

KRVN: Zac Slotemaker asked about the COVID-19 vaccine event at Rock Park. Not our event but put him in touch with Immunize Nevada.

KOLO: Steve Timko reached out for more details about the six food vendors we busted last weekend.

As+C2:C115sociated Press: Ken Ritter asked for a COVID-19 White House report.

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