

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

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

AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada

ANNOTATED February 26, 2009

1:00 PM

NOTICE

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

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

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

1. Call to Order, Pledge of Allegiance Led by Invitation and Introduction of New Board Member	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for February 26, 2009 (action)	APPROVED AS AMENDED
5. Approval/Additions/Deletions to the Minutes of the District Board Meeting Strategic Planning Session of October 9, 2008 and the Regular Meeting of January 22, 2009 (action)	APPROVED CONTINUED

6. Recognitions

YEARS-OF-SERVICE
JACQUELINE "JACKIE" MUNOZ – 5 YEARS

COMPLETION – EXCELLENCE IN PUBLIC SERVICE
ESSENTIALS – MANAGEMENT DEVELOPMENT
LISA LOTTRITZ

COMPLETION – EXCELLENCE IN PUBLIC SERVICE
ESSENTIAL – PERSONAL EFFECTIVENESS
NICOLE ALBERTI

7. Consent Agenda

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

A. Air Quality Management Cases

1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month

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

1. Tom Brown – Case No. 3-09S (Continuation of Case 5-06S and 1-08S) **(action)**

APPROVED

C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers

1. Ratification of Interlocal Contract Between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District in the Total Amount of \$32,039 in Support of the HIV Prevention Fiscal Agent Program for the Period of January 1, 2009 Through December 31, 2009 Contingent Upon the Approval of the Washoe County Risk Manager and District Attorney's Office **(action)**
2. Approval of Amendments Totaling an Increase of \$5,000 in Both Revenue and Expenses to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order # TBA) FY 08/09 Budget **(action)**
3. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$85,229 in Support of the HIV Core Surveillance Program for the Period of January 1, 2009 Through December 31, 2009 **(action)**
4. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Total Amount of \$115,022 in Support of the Sexually Transmitted Disease (STD) Program for the Period of January 1, 2009 Through December 31, 2009 **(action)**
5. Approval of 1) Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$67,723 in Support of the Tuberculosis (TB) Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016) for the Period of January 1, 2009 Through December 31, 2009; 2) Approval of Amendments Totaling an Increase of \$2 in Revenue and Expenses to Bring the FY 08/09 Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program Budget (IN 10016) into Alignment with the Subgrant **(action)**

APPROVED

APPROVED

APPROVED

APPROVED

APPROVED

8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health

- A. No Cases This Month

<p>9. Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for January 2009 (action) B. Update of REMSA's Community Activities Since January 2009</p>	<p>ACCEPTED PRESENTED</p>
<p>10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for January 2009 (action)</p>	<p>ACCEPTED</p>
<p>11. Public Hearing – Proposed Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management – Section 030.221 (Temporary Permit to Operate New or Modified Equipment) WITHDRAWN</p>	<p>WITHDRAWN</p>
<p>12. Public Hearing – Washoe County District Board of Health Regulations Governing Solid Waste Management – Amendments, Deletions and Additions</p> <p>A. Presentation and Discussion of Proposed Amendments to Sections 010.011 (Alternative Treatment Technology) – Definition; 010.027 (Biohazardous Waste) – Definition; 010.102 (Contaminated) – Definition; 080.005 (General); 080.025 C.3. (Exclusions); 080.075 C., I., J. (Biohazardous Wastes); 080.225 A., D., (Storage); 080.230 B. (Packaging Requirements); 080.320 B.1. (Incineration/Analysis of Ash Product); 080.340 A.1.(b) (Steam Based Disinfection Processes); 080.360 C.1. (Alternative Treatment Technologies//Performance Standards) 080.390A. and B.1., B.2 (Efficacy Testing Protocols); 080.430 A.2. (Operational Plan Required); 080.510 B.1.(b) and (d) (Limited Quantity Transporter Exemption); 080.530 E.2 (Vehicle Requirements); 080.580 A.2.(c) (Biohazardous Waste Transfer Facilities – Application for Permit to Operate;</p> <p>B. Presentation and Discussion of Proposed Additions to Sections 080.075 H., K., and L. (Biohazardous Wastes); 080.225 C. (Storage); 080.240 D. (Requirements for Reusable Containers); 080.250 C.1. and 2. (Labeling Requirements); 080.320 C.1., 2., 3., and 4. (Wastes Requiring Incinerations or Approved Thermal Degradation Treatment); 080.340 A.1.(a) (Steam-Based Disinfection Processes); 080.340 C. 1., 2., 3., 4., and 5. (Waste Prohibited from Steam-Based Disinfection); 080.380 A., B., C., D., and Table 1 (Representative Microbial Indicators; 080.390 C., and Table 2 (Efficacy Testing); and</p> <p>C. Presentation and Discussion of Proposed Deletions to Sections 080.320 A.5. (Incineration Performance Standards; 080.430 A.4.(a) (Operational Plan Required); 080.530 E.1. (Vehicle Requirements); and 080.540 D. (Containment and Clean-Up Procedures)</p> <p>D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management (action)</p>	<p>PRESENTED</p> <p>PRESENTED</p> <p>PRESENTED</p> <p>APPROVED AND ADOPTED</p>
<p>13. Public Hearing – Presentation of Proposed Revisions to the Washoe County Health District Fee Schedule</p> <p>A. Nevada Food Bank of Northern Nevada's Request for Exemption from the Fee for the Annual Permit to Operate the Kids' Café Program (action)</p> <p>B. Washoe County Social Services' Request for Exemption from the Fees for the Annual Permit to Operate the Kids' Kottage Support Kitchen and for Childcare Inspections (action)</p> <p>C. Recommendation for Approval and Adoption of the Proposed Revisions to the Washoe County Health District Fee Schedule (action)</p>	<p>PRESENTED</p> <p>FEE WAIVED</p> <p>FEE WAIVED</p> <p>APPROVED AND ADOPTED</p>
<p>14. Public Health Nursing Update</p> <p>A. Review of all Nurse Assignments within the Community and Clinical Health Division (action)</p>	<p>ACCEPTED</p>
<p>15. Washoe County Health District Vacancy Prioritizations and Vacancy Impacts (action)</p>	<p>ACCEPTED</p>
<p>16. Endorsements of Proclamation from Governor Gibbons, State of Nevada in Recognition of World Tuberculosis Day, March 24, 2009 (action)</p>	<p>ENDORSED</p>

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| 17. Update and Possible Acceptance of Staff's February Report for the 2009 Legislative Session
(action) | ACCEPTED |
| 18. Update Regarding Consideration of Indemnification Coverage for Medical Reserve Corps (MRC) Volunteers with Possible Direction to Staff (action) | ACCEPTED |
| 19. Presentation and Possible Acceptance of the Family Planning Clinic Transition Options Report
(action) | ACCEPTED |
| 20. Presentation and Possible Acceptance of the Immunization Program Report (action) | ACCEPTED |
| 21. Discussion and Possible Selection of District Board of Health Member to Attend the National Association of Local Boards of Health (NALBOH) 2009 Conference in Philadelphia, Pennsylvania, July 1 – 3, 2009; and Approval of Expenditures of Travel Funds for Said Member
(action) | MS KITTY JUNG – APPROVED |
| 22. Presentation –Report - Points of Dispensing (POD) Rotary Flu Shot Day, October 25, 2008 | CONTINUED |
| 23. Staff Reports and Program Updates
A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities
B. Director, Community and Clinical Health Services – NO REPORT THIS MONTH
C. Director, Environmental Health Services – Environmental Health and Indoor Smoking Regulations; Vector-Borne Diseases Prevention Program
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
E. Administrative Health Services Officer – Fiscal Year 2010 Budget Update and Calendar
F. District Health Officer – Notification from the City of Sparks Regarding the Appointment of Ms. Julia Ratti to the District Board of Health; American College of Preventive Medicine (ACPM) Conference; State and Local Health Officer's February Meeting | PRESENTED |
| 24. Board Comment – Limited to Announcements or Issues for Future Agendas | COMMENTS PRESENTED |
| 26. Adjournment (action) | ADJOURNED |

NOTE: Facilities in which this meeting is being held are accessible to the disabled. Persons with disabilities who require special accommodations or assistance at the meeting should call the Administrative Health Services Division, 328-2410, 24-hours prior to the meeting.

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|----------------|---|---------------|
| 1:00 PM | 1. Call to Order, Pledge of Allegiance Led by Invitation and Introduction of New Board Member | Dr. Humphreys |
| | 2. Roll Call | Ms. Smith |
| | 3. Public Comment (3 minute time limit per person) | Dr. Humphreys |
| | 4. Approval/Deletions to the Agenda for February 26, 2009 (action) | Dr. Humphreys |
| | 5. Approval/Additions/Deletions to the Minutes of the District Board Meeting Strategic Planning Session of October 9, 2008 and the Regular Meeting of January 22, 2009 (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Years-of-Service
 - 1. Jacqueline "Jackie" Munoz – AHS – 5 Years
 - B. Completion in Excellence in Public Service – Essentials of Management Development Certificate Program
 - 1. Lisa Lottriz
 - C. Completion in Excellence in Public Service – Essentials in Personal Effectiveness Certificate Program
 - 1. Nicole Alberti
7. Consent Agenda Dr. Humphreys
- Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.
- A. Air Quality Management Cases
 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
 - 1. Tom Brown – Case No. 3-09S (Continuation of Case 5-06S and 1-08S) **(action)**
 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
 - 1. Ratification of Interlocal Contract Between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District in the Total Amount of \$32,039 in Support of the HIV Prevention Fiscal Agent Program for the Period of January 1, 2009 Through December 31, 2009 Contingent Upon the Approval of the Washoe County Risk Manager and District Attorney's Office **(action)**
 - 2. Approval of Amendments Totaling an Increase of \$5,000 in Both Revenue and Expenses to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order # TBA) FY 08/09 Budget **(action)**
 - 3. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Amount of \$85,229 in Support of the HIV Core Surveillance Program for the Period of January 1, 2009 Through December 31, 2009 **(action)**
 - 4. Approval of Notice of Subgrant Award from the Nevada State Health Division in the Total Amount of \$115,022 in Support of the Sexually Transmitted Disease (STD) Program for the Period of January 1, 2009 Through December 31, 2009 **(action)**
 - 5. Approval of 1) Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the Amount of \$67,723 in Support of the Tuberculosis (TB) Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016) for the Period of January 1, 2009 Through December 31, 2009; 2) Approval of Amendments Totaling an Increase of \$2 in Revenue and Expenses to Bring the FY 08/09 Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program Budget (IN 10016) Into Alignment with the Subgrant **(action)**
8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health Mr. Bonderson
- A. No Cases This Month
9. Regional Emergency Medical Services Authority Mr. Smith
- A. Review and Acceptance of the Operations and Financial Report for January 2009 **(action)**
 - B. Update of REMSA's Community Activities Since January 2009

10. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for January 2009 **(action)** Ms. Coulombe
11. Public Hearing – Proposed Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management – Section 030.221 (Temporary Permit to Operate New or Modified Equipment) **WITHDRAWN** Ms. Albee
12. Public Hearing – Washoe County District Board of Health Regulations Governing Solid Waste Management – Amendments, Deletions and Additions Ms. Rucker
- A. Presentation and Discussion of Proposed Amendments to Sections 010.011 (Alternative Treatment Technology) – Definition; 010.027 (Biohazardous Waste) – Definition; 010.102 (Contaminated) – Definition; 080.005 (General); 080.025 C.3. (Exclusions); 080.075 C., I., J. (Biohazardous Wastes); 080.225 A., D., (Storage); 080.230 B. (Packaging Requirements); 080.320 B.1. (Incineration/Analysis of Ash Product); 080.340 A.1.(b) (Steam Based Disinfection Processes); 080.360 C.1. (Alternative Treatment Technologies//Performance Standards) 080.390A. and B.1., B.2 (Efficacy Testing Protocols); 080.430 A.2. (Operational Plan Required); 080.510 B.1.(b) and (d) (Limited Quantity Transporter Exemption); 080.530 E.2 (Vehicle Requirements); 080.580 A.2.(c) (Biohazardous Waste Transfer Facilities – Application for Permit to Operate;
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- C. Presentation and Discussion of Proposed Deletions to Sections 080.320 A.5. (Incineration Performance Standards; 080.430 A.4.(a) (Operational Plan Required); 080.530 E.1. (Vehicle Requirements); and 080.540 D. (Containment and Clean-Up Procedures)
- D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management **(action)**
13. Public Hearing – Presentation of Proposed Revisions to the Washoe County Health District Fee Schedule Ms. Cooke
Ms. Buxton
- A. Nevada Food Bank of Northern Nevada's Request for Exemption from the Fee for the Annual Permit to Operate the Kids' Café Program **(action)**
- B. Washoe County Social Services' Request for Exemption from the Fees for the Annual Permit to Operate the *Kids' Kottage* Support Kitchen and for Childcare Inspections **(action)**
- C. Recommendation for Approval and Adoption of the Proposed Revisions to the Washoe County Health District Fee Schedule **(action)**
14. Public Health Nursing Update Ms. Brown
- A. Review of all Nurse Assignments within the Community and Clinical Health Division **(action)**
15. Washoe County Health District Vacancy Prioritizations and Vacancy Impacts **(action)** Ms. Coulombe
16. Endorsements of Proclamation from Governor Gibbons, State of Nevada in Recognition of World Tuberculosis Day, March 24, 2009 **(action)** Ms. Hunter
17. Update and Possible Acceptance of Staff's February Report for the 2009 Legislative Session **(action)** Ms. Stoll-Hadayia
18. Update Regarding Consideration of Indemnification Coverage for Medical Reserve Corps (MRC) Volunteers with Possible Direction to Staff **(action)** Dr. Todd
19. Presentation and Possible Acceptance of the Family Planning Clinic Transition Options Report **(action)** Ms. Brown

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| 20. | Presentation and Possible Acceptance of the Immunization Program Report (action) | Ms. Brown |
| 21. | Discussion and Possible Selection of District Board of Health Member to Attend the National Association of Local Boards of Health (NALBOH) 2009 Conference in Philadelphia, Pennsylvania, July 1 – 3, 2009; and Approval of Expenditures of Travel Funds for Said Member (action) | Dr. Humphreys |
| 22. | Presentation –Report - Points of Dispensing (POD) Rotary Flu Shot Day, October 25, 2008 | Mr. Mackie |
| 23. | Staff Reports and Program Updates
A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities
B. Director, Community and Clinical Health Services – NO REPORT THIS MONTH
C. Director, Environmental Health Services – Environmental Health and Indoor Smoking Regulations; Vector-Borne Diseases Prevention Program
D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
E. Administrative Health Services Officer – Fiscal Year 2010 Budget Update and Calendar
F. District Health Officer – Notification from the City of Sparks Regarding the Appointment of Ms. Julia Ratti to the District Board of Health; American College of Preventive Medicine (ACPM) Conference; State and Local Health Officer's February Meeting | Dr. Todd
Ms. Brown
Mr. Sack
Mr. Goodrich
Ms. Coulombe
Dr. Anderson |
| 24. | Board Comment – Limited to Announcements or Issues for Future Agendas | Dr. Humphreys |
| 26. | Adjournment (action) | Dr. Humphreys |

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

February 26, 2009

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February 26, 2009

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C. Presentation and Discussion of Proposed Deletions to Sections 080.320 A.5. (Incineration Performance Standards; 080.430 A.4.(a) (Operational Plan Required); 080.530 E.1. (Vehicle Requirements); and 080.540 D. (Containment and Clean-Up Procedures)	
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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

February 26, 2009

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

February 26, 2009

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
February 26, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung; and Councilwoman Julia Ratti (arrived at 1:15pm)

ABSENT: Amy Khan, MD

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Andrew Goodrich, Director, Air Quality Management; Bob Sack, Director, Environmental Health Services; Dr. Randall Todd, Director, Epi and Public Health Preparedness; Mary-Ann Brown, Acting Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant II; Jennifer Stoll-Hadayia, Public Health Program Manager; Nicole Alberti, Health Educator; Debra Barone, Medical Reserve Corps Coordinator; Robin Albrandt, EPHP, Education and Training Coordinator; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Services Specialist Supervisor; Tony Macaluso, Senior Environmental Health Services Specialist; Jim English, Environmental Health Services Specialist; Bev Bayan, Women, Infants, Children (WIC) Program Manager; Jackie Munoz, Community Health Aide; Dan Mackie, Public Health Emergency Response Coordinator; Lisa Lottritz, Public Health Nurse; Scott Monsen, Vector-Borne Diseases Prevention Program Coordinator; Candy Hunter, PHN Supervisor; Bryan Wagner, Senior Environmental Health Services Specialist; Cindy Mullen, Advanced Practitioner of Nursing; Pam Carlson, Clinical Office Supervisor; Steve Kutz, PHN Supervisor; Stacy Hardie, PHN Supervisor; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

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

ROLL CALL

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

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – FEBRUARY 26, 2009

Chairman Humphreys advised that item 5. Approval of the Minutes for the minutes of the Board's meeting of January 22, 2009, will be continued to the Board's March 26, 2009 meeting; that item 11. Public Hearing – Proposed Amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management has been withdrawn.

MOTION: Dr. Furman moved, seconded by Ms. Jung, that the agenda of the February 26, 2009 District Board of Health meeting be approved as amended.

Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – STRATEGIC PLANNING SESSION – OCTOBER 9, 2008

Chairman Humphreys called for any additions or deletions to the minutes of the Board of Health's October 9, 2008 Strategic Planning Session.

Dr. Mary Anderson, District Health Officer, advised that the second motion, on page six (6) should be corrected to read: "...leaders in a unified community committed to optimal human and environmental health." Dr. Anderson stated that on page ten (10), line thirteen (13) in the second paragraph should read: "...Federally Qualified Health Centers (FQHC)...", deleting the word "Care".

Mr. Gustin requested clarification on page four (4) regarding Dr. Todd's response to his question specific to "quality of life and physical well being."

Mrs. Smith advised that she will review that section of the minutes and report back to the Board.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the minutes of the Board's October 9, 2008 Strategic Planning Session be approved as amended.

Motion carried unanimously.

RECOGNITIONS

Chairman Humphreys and Dr. Anderson presented a Certificate of Recognition to Ms. Jacqueline "Jackie" Munoz for 5 Years-of-Service.

Chairman Humphreys and Dr. Anderson introduced Ms. Lisa Lottritz, Public Health Nurse, advising that Ms. Lottritz has completed the Excellence in Public Service receiving the Essentials of Management Development Certificate Program; that Ms. Lottritz was also recognized by the Board of County Commissioners for her efforts.

Chairman Humphreys and Dr. Anderson introduced Ms. Nicole Alberti, Health Educator, advising that Ms. Alberti has completed the Excellence in Public Service receiving the Essentials in Personal Effectiveness Certificate Program; that Ms. Alberti was also recognized by the Board of County Commissioners for her efforts.

CONSENT AGENDA – SEWAGE, WASTEWATER AND SANITATION

The Board was advised that Staff and the Sewage, Wastewater and Sanitation Hearing Board recommend **approval** of the following Sewage, Wastewater and Sanitation variance request:

Application of **TOM BROWN, Case No. 3-09S (extension of Case Nos. 2-0S, 3-07S and 3-08S)**, for a variance request pertaining to property located at 123 Andrew Lane, Assessor's Parcel No. 017-330-26, from the requirements of Sections 110.010 and 110.020 (Holding Tanks) of the Washoe County District Board of Health Regulations Governing Sewage, Wastewater and Sanitation, stipulating to the Findings of Fact and subject to the two (2) conditions as outlined.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the SWS Hearing Board recommendation to grant Variance Case No. 3-09S (extension of Case Nos. 2-06S, 3-07S and 3-08S) (Tom Brown), be approved stipulating to the Findings of Fact and subject to the two (2) conditions as outlined. Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **ratification** of an **Interlocal Contract** between the **State of Nevada, Department of Health and Human Services Health Division** and the **Washoe**

County Health District in the **total amount** of **\$32,039** in support of the **HIV Prevention Fiscal Agent Program** for the period of January 1, 2009 through December 31, 2009 contingent upon approval of the Washoe County Risk Manager and the District Attorney's Office.

The Board was advised that Staff recommends **approval** of **amendments totaling an increase of \$5,000** in both revenue and expenses to the **Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (Internal Order #TBD)** for the FY 08/09 Budget.

In response to Ms. Jung regarding the necessity of approving an agreement which is for less than \$50,000, Ms. Patsy Buxton, Fiscal Compliance Officer, advised that the approval of item 7.C.1. is for the Interlocal Contract; that it is necessary for the Board of Health to approve interlocal agreements and contracts. Ms. Buxton advised that item 7.C.2. is specific to the budget amendments, which requires Board approval.

The Board was advised that Staff recommends **approval** of the **Notice of Subgrant Award** from the **Nevada State Health Division** in the amount of **\$85,229** in support of the **HIV Core Surveillance Program** for the period of January 1, 2009 through December 31, 2009.

In response to Mr. Gustin regarding the \$2,500 adjustment to the Notice of Subgrant Award, Ms. Buxton advised when a budget award is received from the State Staff aligns it with the adopted budget amount in the financial system; therefore, as this "is a calendar award it is necessary to align the additional \$2,500 received in travel authority" with the approved budget. Ms. Buxton stated that currently there is "sufficient budget authority through June 30, 2009, this fiscal year; that in the budget adoption process for fiscal year '10 the \$2,500 budget authority will be included for FY '10, as Staff does not anticipate it will be needed during this fiscal year."

The Board was advised that Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division** in the **total amount** of **\$115,022** in support of the **Sexually Transmitted Disease (STD) Program** for the period of January 1, 2009 through December 31, 2009.

The Board was advised that Staff recommends **approval** of 1) **Subgrant Award** from the **Nevada Department of Health and Human Services, Health Division** in the amount of **\$67,723** in support of the **Tuberculosis (TB) Centers for Disease Control (CDC) Prevention Grant Program (IN 10016)** for the period of January 1, 2009 through December 31, 2009; 2) **approval** of

amendments totaling an increase of \$2 in revenue and expenses to bring the FY 08/09 Tuberculosis Centers for Disease Control (CDC) Prevention Grant Program budget (IN 10016) into alignment with the Subgrant.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Interlocal Contract; the amendments to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program; Notice of Subgrant Awards with the corresponding budget amendments be approved as outlined and the Chairman authorized to execute on behalf of the Board where applicable.
Motion carried unanimously.**

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – January 2009

Mr. Jim Gubbels, Vice President, REMSA, advised that the Board members were provided with a copy of the January 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in January 2009 was 92% and 95% for non-life threatening calls, with an overall average response time of five minutes fifty seconds (5:50); and an overall average travel time of four minutes and forty-three seconds (4:43). Mr. Gubbels advised that the monthly average bill for air ambulance service was \$5,969, with a year-to-date average of \$5,957. Mr. Gubbels advised that the monthly average bill for ground ambulance service was \$889, with a year-to-date average of \$878.

In response to Mr. Gustin regarding Care Flight landings at Renown compared to those at Pickett Park, Mr. Gubbels advised that with the completion of the renovations at Renown the main helipad is now on the roof at Renown, which has the capability of landing two (2) helicopters. Mr. Gubbels stated that there are cameras on the roof to allow REMSA Dispatch to monitor and coordinate the landings; that any other helicopters "coming in" at the same time will be coordinated through REMSA Dispatch to ensure safe landings. Mr. Gubbels advised that Care Flight "is based" at the helipad on the ground at Renown in front of the Emergency Room entrance. In response to Mr. Gustin regarding "who lands at Pickett Park", Mr. Gubbels advised that, to his knowledge, the only helicopter still landing at Pickett Park is Mountain Life Flight from Susanville. In response to Mr. Gustin regarding a "weight limitation" on the roof helipad, Mr. Gubbels advised there is a weight limit; that every aircraft used by Care Flight can land on the roof helipad; that a Huey would be "too heavy"; however, the Blackhawk could land on the roof. Mr. Gubbels stated that in the event a larger aircraft was transporting patients the request would be to land at the airport for REMSA ground transportation to the hospital.

MOTION: Mr. Gustin moved, seconded by Dr. Furman, that the REMSA Operations

**and Financial Report for January 2009 be accepted as presented.
Motion carried unanimously.**

B. Update – REMSA'S Community Activities Since December 2008

Mr. Gubbels introduced Mr. Tony Eden, who is "his peer" and the Director of Operations for Emergency Health Services for ground ambulance and medical helicopter service from Nova Scotia, Canada; that Mr. Eden will be attending a coalition meeting here in the community.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE REPORT – JANUARY 2009

Ms. Eileen Coulombe, Administrative Health Services Officer, advised that the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of January 2009; that the percentages should approximate 58%. Ms. Coulombe reviewed the Report and advised that Staff recommends the Board accept the Report as presented. Ms. Coulombe noted that the amount currently in the Environmental Oversight Account is \$162,696.06.

**MOTION: Ms. Jung moved, seconded by Mr. Smith, that the District Health Department's Revenue and Expenditure Report for January 2009 be accepted as presented.
Motion carried unanimously.**

PUBLIC HEARING – AMENDMENTS – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT – SECTION 030.221 (TEMPORARY PERMIT TO OPERATE)

The public hearing for amendments to the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 030.221 (Temporary Permit to Operate) was withdrawn from consideration.

PUBLIC HEARING – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SOLID WASTE MANAGEMENT – AMENDMENTS – DELETIONS – ADDITIONS

1:00pm: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on 7, 19, and 27, 2009 to consider the proposed amendments, deletions and

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additions to the Regulations of the Washoe County District Board of Health Governing Solid Waste Management.

- A. Presentation and Discussion of Proposed Amendments to Sections 010.011 (Alternative Treatment Technology) – Definition; 010.027 (Biohazardous Waste) – Definition; 010.102 (Contaminated) – Definition; 080.005 (General); 080.025 C.3. (Exclusions); 080.075 C., I., J. (Biohazardous Wastes); 080.225 A., D., (Storage); 080.230 B. (Packaging Requirements); 080.320 B.1. (Incineration/Analysis of Ash Product); 080.340 A.1.(b) (Steam Based Disinfection Processes); 080.360 C.1. (Alternative Treatment Technologies//Performance Standards) 080.390A. and B.1., B.2 (Efficacy Testing Protocols); 080.430 A.2. (Operational Plan Required); 080.510 B.1.(b) and (d) (Limited Quantity Transporter Exemption); 080.530 E.2 (Vehicle Requirements); 080.580 A.2.(c) (Biohazardous Waste Transfer Facilities – Application for Permit to Operate);
- B. Presentation and Discussion of Proposed Additions to Sections 080.075 H., K., and L. (Biohazardous Wastes); 080.225 C. (Storage); 080.240 D. (Requirements for Reusable Containers); 080.250 C.1. and 2. (Labeling Requirements); 080.320 C.1., 2., 3., and 4. (Wastes Requiring Incinerations or Approved Thermal Degradation Treatment); 080.340 A.1.(a) (Steam-Based Disinfection Processes); 080.340 C. 1., 2., 3., 4., and 5. (Waste Prohibited from Steam-Based Disinfection); 080.380 A., B., C., D., and Table 1 (Representative Microbial Indicators; 080.390 C., and Table 2 (Efficacy Testing); and
- C. Presentation and Discussion of Proposed Deletions to Sections 080.320 A.5. (Incineration Performance Standards; 080.430 A.4.(a) (Operational Plan Required); 080.530 E.1. (Vehicle Requirements); and 080.540 D. (Containment and Clean-Up Procedures)

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, advised that the Board members have received a copy of the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management; that her letter to the Board provides a summary.

Ms. Rucker advised that Staff attempts to review and revise Regulations to ensure the Regulations correlate with the "latest in technologies, Best Management Practices (BMP), and any other revisions within the regulated industry." Ms. Rucker advised that the Solid Waste Management Regulations were last revised in March 2006.

Ms. Rucker advised that, in reviewing the Solid Waste Management Regulations, it was the consensus of Staff the bio-hazardous waste treatment standards were too stringent; that the proposed amendments "are more specific" in the definition of "bio-hazardous waste." Ms. Rucker

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stated that home generated sharps will no longer be exempt from the requirements of the Regulations, as there is "a large percentage of the population is utilizing injectable drugs for a variety of health reasons and treatments"; that the 'downstream handlers are being greatly impacted by this.' Ms. Rucker stated that currently Incline Village "is the only area addressing this problem"; that Incline Village has a 'mail-back sharps' program sponsored by Incline General Improvement District (IVGID) in cooperation with Waste Management. Ms. Rucker stated that it is the intent to initiate a similar program "for the rest of the County." Ms. Rucker advised that this requirement will become effective as of January 2010.

Ms. Rucker advised that the proposed Section 080.225 C. will "strengthen" the requirements for interim bio-hazardous waste storage; that Section 080.240 D will implement requirements for the use of suction canisters and fluid carts in health care facilities, which were not previously regulated. Ms. Rucker stated that the contents of suction canisters was to allow the contents to solidify prior to treatment by an autoclave; however, once the contents are solidified autoclave treatment is ineffective; that the proposed addition will require incineration of the canisters should the contents be solidified. Ms. Rucker advised that Section 080.250 will require the segregation of chemotherapy waste and pathological waste in the bio-hazardous waste stream and the appropriate labeling on the containers for the segregation; that these wastes are not conducive to autoclave treatment and must be incinerated; therefore, proper labeling will reduce the potential of chemotherapy waste and/or pathological waste being transported for autoclave treatment. Ms. Rucker advised that Section 080.320 C. defines which wastes must be treated by incineration or thermal degradation treatment; that Section 080.340 C stipulates which wastes are prohibited from steam-based disinfection treatment.

Ms. Rucker stated that large component of the proposed amendments is to Section 080.360 C, which enhances the treatment standards for bio-hazardous waste treatment facilities; that Staff is recommending adoption of the requirements of the State and Territorial Association for Alternative Treatment Technologies (STAATT), which is an "internationally recognized standard."

Ms. Rucker advised that proposed amendment to Section 080.430 A.2. requires bio-hazardous waste treatment facilities to monitor for radiological waste; that radiological waste is produced in small quantities in many health care facilities and bio-hazardous waste treatment facilities are not equipped to treat this waste stream. Ms. Rucker stated that currently the only treatment facility within Washoe County does not monitor for radiological waste although this monitoring is an accepted standard.

Ms. Rucker stated that the remaining proposed amendments, additions and deletions are "general housekeeping" measures; that all reference to Section 100 has been deleted as the Regulations "do not have a Section 100."

Ms. Rucker stated that Staff conducted three (3) public workshops, with a total of forty-three (43) individuals attending; that the majority of the comments received were requests for clarification; that there were no disagreements with the intent or the language utilized by Staff. Ms. Rucker stated a few people, who were in attendance, were concerned regarding the application of the Regulations to the use of home-generated sharps. Ms. Rucker stated that Staff completed a Business Impact Statement although "there should be no fiscal impact to any of the regulated industry." Ms. Rucker stated that the majority of the bio-hazardous waste treatment facilities, transporters and transfer stations have already been paying a fee to operate.

Ms. Rucker advised that Staff recommends the Board approve and adopt the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management.

In response to Mr. Gustin regarding what defines a "transporter and the quantities being transported at any given time", Ms. Rucker advised that, with the exception of the small quantity generators, the majority of the transporters are hauling "a bobtail type truck worth of waste at a time." Ms. Rucker stated that previously there were transporters "coming out of California and were hauling 40 foot trailers of medical waste to the treatment facility here." Ms. Rucker stated that currently she is unaware of anyone transporting into Reno to a treatment facility. In response to Mr. Gustin regarding the incineration occurring at the treatment facility, Ms. Rucker advised that Reno/Sparks does not have an incinerator; that Washoe County has an autoclave treatment facility; that medical waste for incineration is currently transported to Texas.

Chairman Humphreys commended Ms. Rucker for an excellent job on the Regulations,

D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management

Chairman Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed amendments, additions and deletions to the Solid Waste Management Regulations. There being no one present wishing to speak the Public Hearing was closed.

**MOTION: Dr. Furman moved, seconded by Ms. Ratti, that the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Solid Waste Management, be approved and adopted as outlined.
Motion carried unanimously.**

In response to Ms. Ratti regarding any planned outreach education specific to the disposal of home-based sharps, Ms. Rucker advised that any time new Regulations are implemented, Staff "makes a concerted effort to conduct public education and outreach activities" to ensure as much of the public as possible is aware of the revisions. Ms. Rucker stated this effort may be accomplished "through the health care providers or directly to the public or a combination of the two (2); that Staff will most definitely do that." Ms. Rucker stated that there will be no enforcement action implemented "against someone who simply doesn't know what the requirement is; that Staff will make the effort to ensure the general public knows what the requirement is."

PUBLIC HEARING – PRESENTATION – PROPOSED REVISIONS – WASHOE COUNTY HEALTH DISTRICT FEE SCHEDULE

1:00pm: This being the time set in a Notice of Public Hearing, heretofore published in the Reno Gazette on January 19, 21 and 23, 2009, to consider proposed revisions to the District Health Department's Fee Schedule.

Ms. Lori Cooke, Fiscal Compliance Officer, advised that on page three (3) of her report the dates in the first and third sentence should read: "...effective date of July 1, 2007..." and not July 1, 2008.

Ms. Cooke advised that the proposed fees have been calculated consistent with the approved previous methodology based upon the amount of Staff time necessary to complete the service or perform the activity; that upon certifying the accuracy of the time the time is multiplied by the corresponding hourly rate of pay for the employee(s) classification, which does include benefits. Ms. Cooke advised that the divisional indirect cost rate, which is calculated annually, is added to the subtotal; that the total fee is then rounded to the nearest dollar amount. Ms. Cooke stated that "because the fees are calculated utilizing activity levels and actual costs and not as a base fee and applying various indexes (i.e., CPI or an inflationary index) the fee calculations can and often do vary." Ms. Cooke advised that "not all fees increase or decrease in the same cycle (i.e., fees for invasive body decoration establishment will increase while the fees for mobile invasive body decoration calculated at less)."

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Ms. Cooke advised that public workshops were published in the *Reno Gazette Journal* on November 28, December 1 and 3, 2008; that Staff forwarded in excess of 6,300 postcard "notifications to affected permit holders, businesses and other identified stakeholders and members of industry" providing notice of the proposed revisions and notice of public workshops. Ms. Cooke advised that a copy of the notification is included in the packet; that Staff received twenty-five (25) returned notifications, which equates to .83%, which is a "good outreach percentage." Ms. Cooke advised that Staff did not include the notifications list; however, a copy is available for review should anyone request to do so. Ms. Cooke advised that the workshops were conducted on January 7, 2009 at 9:00am; January 9, 2009 at 2:00pm and January 12, 2009 at 5:30pm. Ms. Cooke advised that the proposed Fee Schedule was made available for the attendees; that twenty-six (26) members of the public attended the various workshops. Ms. Cooke stated that in addition to the workshops she received twenty-one (21) inquiries; that she has provided the Board members with a summary of the inquiries and responses.

Ms. Cooke stated that additional information specific to the proposed Fee Schedule for Air Quality and Environmental Health Services, which received the greatest number of inquiries, was posted on the Health Department website via Washoe County on January 21, 2009. Ms. Cooke stated that, in accordance with Nevada Revised Statutes (NRS) 237.090 Business Impact Statements were prepared and are included in the packet.

Ms. Cooke advised that approved revisions to the Fee Schedule will decrease revenues in Fiscal Year 2010 in the anticipated amount of \$222,231 based upon "current activity levels" as it is anticipated that "activity will continue" to decline. Ms. Cooke stated that for Air Quality and Environmental Health Services the "reductions to revenue will exceed the reductions based on the Fee Schedule", which could result in a greater reduction in revenues than the anticipated \$222,231. Ms. Cooke stated that the identified reductions will be "identified" and incorporated in the FY 2010 proposed Budget.

Ms. Cooke advised that for Community and Clinical Health Services, revenue reductions "may be less than what has been calculated" due to the variations among "what the fee is, what the payer category is and what the collection rate is (i.e., a procedure fee that has been reduced from \$50 to \$40 and a client who can only pay \$25 and continues to pay the \$25)" will result in the Department "not having a decline in revenue."

Ms. Cooke stated that Staff has prepared the Fee Schedule to "the extent possible" to correlate with the full cost of performing the activity; that the Board of Health has the authority to "approve, deny, modify or revise the proposed" revisions to the District Health Department Fee Schedule.

Ms. Cooke advised that Staff recommends the Board approve and adopt the proposed revisions to the District Health Department Fee Schedule as presented.

In response to Chairman Humphreys regarding Staff reviewing the fees, Ms. Cooke advised that historically the Fee Schedule was reviewed bi-annually; however, a recommendation of the Structural Review Team (SRT) was to review the Fee Schedule on an annual basis to be more current with increasing costs.

In response to Ms. Jung regarding the vasectomy counseling, Ms. Cooke advised that the Health Department provides vasectomy counseling services and refers clients to another service for the procedure.

Ms. Jung stated she would question the cost of IUD insertion being less than the vasectomy counseling; that offering vasectomies "should be cheaper and more easily available" than the insertion of IUDs.

In response to Ms. Jung, Ms Mary-Ann Brown, Acting Director, Community and Clinical Health Services, advised that the vasectomy fee is for the nurse-client counseling and the referral for the procedure; that the procedure is contracted to physician groups in the community.

In response to Ms. Jung regarding the number of vasectomy counseling sessions annually, Ms. Stacy Hardie, Public Health Nursing Supervisor, advised that the CCHS Division conducts 20-30 client vasectomy counseling sessions per year. In response to Ms. Jung regarding the number of IUD insertions, Ms. Hardie advised that currently there are very few IUD insertion procedures occurring due to the cost of the IUDs; that the CCHS Division works in conjunction with the Mirena Foundation and (usually) receives approximately sixty (60) IUDs annually from the Foundation. Ms. Hardie stated that these IUDs are for women "who financially qualify"; that the program purchased twenty (20) for this year; that these are "probably the only IUDs the CCHS Division will have available this year." In response to Ms. Jung regarding a "campaign to encourage men to take advantage of the vasectomy" services, Ms. Hardie advised the \$90 fee is for the counseling services only; that the counseling is "to prepare the client" for the procedure. Ms. Hardie stated that the counseling includes a review of the Federal Consent form, as mandated by Title X; that she reviews the pre-op and post-op instructions. Ms. Hardie stated that there is a mandated thirty (30) day waiting period after the counseling session prior to the procedure. In response to Ms. Jung regarding payment for the procedure, Ms. Hardie stated that the procedures are paid by the Health Department at a cost of \$375 per procedure.

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Ms. Jung stated that the vasectomy counseling is \$90 with the cost of the IUD insertion at \$58; that "the social costs should be completely opposite"; that "it should be cheaper for a man to get a vasectomy than for a woman to have an IUD – or comparable." Ms. Jung stated that "when considering the absenteeism and/or non-paying fathers, in the future the Health Department should look at Best Practices and reduce the costs and 'encourage' that procedure for men who might be considering it."

In response to Ms. Jung, Ms. Hardie advised that the \$58 fee is for the insertion procedure and does not pay for the IUD; that the IUDs from the Mirena Foundation "are a \$400 product, which are donated to the Health Department"; that the Paraguards are approximately \$200 per unit. In response to Ms. Jung regarding payment of the IUD, Ms. Hardie advised that the Health Department does not charge for the donated IUDs. In response to Ms. Jung regarding 'outreach efforts', Ms. Hardie advised that 'flyers' are distributed through local community organizations affiliated with lower-income populations; that information regarding the availability of vasectomies is posted on the Department's website.

In response to Mr. Smith regarding the \$90 vasectomy counseling fee, Ms. Hardie advised that the counseling fee is standard; however, as a Title X Program service there is a sliding fee schedule for those who are unable to pay all or a portion of the fee. Ms. Hardie stated that if an individual seeking services "is at or below the poverty level the individual will be asked for a donation."

Mr. Smith stated that the vasectomy counseling and procedure cost the Department "hundreds of dollars more than the IUD insertion"; that he would concur with Ms. Jung's comments "that the costs of the two (2) procedures isn't comparable." In response to Mr. Smith, Ms. Hardie advised that a vasectomy is a permanent method of sterilization whereas and IUD is a temporary method of birth control.

Ms. Ratti stated Staff advised there is an established methodology for each fee based upon the actual cost for delivery of the service; that, per Staff's discussion, "it is her understanding" there are also services for which graduated fees are charged based upon grant funding. Ms. Ratti questioned if the only services, which have a graduated pay scale, are those associated with grant funding.

In response to Ms. Ratti, Ms. Cooke advised the Department's Immunization Program is an example – that when the Department receives vaccine from the State the individual(s) receiving the immunization are charged an administrative fee only and are not charged for the vaccine; that should the vaccine be "private pay" then the individual(s) receiving the immunization would pay for

the vaccine and the administrative fee for the service. Ms. Cooke stated that "if there is a way to reduce the cost for the end user due to donations or grant funding then that is calculated into the fee; that an example is - fees in the Environmental Health Services Division are calculated on 'time and indirect costs'; however, fees for Community and Clinical Health Services are calculated differently due to the CCHS Division receiving "direct supplies associated with the provision" of specific services. Ms. Cooke stated that there are direct supplies associated with the operation of the Immunization Clinic (i.e., syringes, band aids, cotton swabs, gloves, etc.) all of which are calculated into the fee; however, should the clinic receive a "donation of \$500 worth of band aids" the cost of those band-aids would not be calculated into the fee. Ms. Cooke stated that all fees are calculated utilizing the approved methodology; however, "how the fees are applied within the CCHS Division there are sliding scale fees based on income." Ms. Cooke stated that the Fee Schedule is based upon what it actually costs to provide the service; however, "that is not actually what is always received or assessed to the client." In response to Ms. Ratti as to the recommendation to decrease a number of the fees, Ms. Cooke advised the indirect rate, which is calculated annually, has decreased. Ms. Cooke stated that the indirect cost rate is a "federally approved calculation method"; that previously the County has utilized the services of Mr. Scott Mean to determine the indirect cost rate; however, the County Comptroller will now be responsible for determining the indirect cost rate. Ms. Cooke stated that in the EHS Division there have been fewer requests for services and due to limited Staff resources it has been necessary to implement measures to address service level restrictions; therefore, the expenditures have been reduced as have the projected revenues.

Ms. Hardie advised that in regard to how costs are reduced for services for those unable to pay, Title X Program services allow for "a zero pay category or donation only category for poverty level clients."

Chairman Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed revisions to the Washoe County District Health Department Fee Schedule.

A. Food Bank of Northern Nevada's Request for Exemption from the Fee for the Annual Permit to Operate the Kids' Café Program

Ms. Cooke advised that the Board members have received a request from the Food Bank of Northern Nevada requesting an exemption from the fees for the Annual Permit to Operate the *Kids' Café Program*.

Ms. Jung questioned why the Food Bank submitted such a request as the enclosed letter of 2000 indicates the Board of Health granted the Program a permanent exemption.

In response to Ms. Jung, Ms. Cooke advised that an inquiry was received from the Food Bank of Northern Nevada as to affect the proposed Fee Schedule would have regarding the exemption granted by the Board of Health in 2000. Ms. Cooke stated Staff was advised that there can be reconsideration of the "permanent exemption" as "it is a new Board of Health membership with a new Health Officer; therefore, to be consistent with other exemption requests Staff presented the request to the Board."

MOTION: Ms. Ratti moved, seconded by Mr. Smith, that the request of the Northern Nevada Food Bank for a continuation of the exemption from the fee for the Annual Permit to Operate the *Kids' Café Program*, be approved.
Motion carried unanimously.

B. Washoe County Social Services' Request for Exemption from the Fees for the Annual Permit to Operate the *Kids' Kottage* Support Kitchen and for Childcare Inspections

Ms. Cooke advised that a request has been received from Washoe County Social Services for exemption from the fees for the Annual Permits to Operate the *Kids' Kottage* support kitchen and from the childcare inspections.

MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the request of the Washoe County Social Services for an exemption from the fees for the Annual Permits to Operate the *Kids' Kottage* support kitchen and from childcare inspections be approved.
Motion carried unanimously.

C. Recommendation for Approval and Adoption of the Proposed Revisions to the Washoe County Health District Fee Schedule

Mr. Pete Allen, President of Environmental Services Ltd., stated that he is a food service consultant and educator, which he "has done for the last 19 years." Mr. Allen stated that the proposed fee for Food Protection Manager Educator Recertification for instructors is \$699; that he fully supports the Certified Food Protection Manager (CFPM) program; however, he would question the necessity of requiring an annual or "even bi-annual" review of the curricula for the consultants teaching the Certified Food Protection Manager courses. Mr. Allen stated that he concurs it is necessary to review the curricula of the individuals conducting the training; that Staff recently conducted a five (5) hour audit of his training curriculum; however, his program is reviewed approximately "every four (4) years." Mr. Allen stated that during the nineteen (19) years he has been teaching the courses "he has not had any problems" when his program is reviewed. Mr. Allen stated that he

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attended the workshop and is aware of the methodology for calculating all of the proposed revisions to the fees and has no objection to the methodology; however, the recommended fee "is excessive as it approximately triples the current fee." Mr. Allen stated that two (2) years ago when the fees were reviewed he objected to the proposed increase at that time; that Staff concurred with him that the proposed fee was excessive at that time. Mr. Allen stated that "local businesses are struggling with the same realities" of the economy as the Health Department.

Mr. Allen presented a copy of Section 015 (Food Manager Training and Certification) (a copy of which was placed on file for the record) of the Washoe County District Board of Health's Regulations Governing Food Establishments; advising that the function of food educators and consultants addresses "the intent" of these Regulations. Mr. Allen stated that the food certification training courses were previously taught by the Health Department and are now taught by private consultants; therefore, the consultants "work in concert with the Division of Environmental Health" in improving the education of members in the food service industry to reduce the incidences of foodborne illnesses in Washoe County. Mr. Allen stated that he would request the Board reconsider the proposed fee for the recertification of Certified Food Protection Manager Instructors. In response to Mr. Gustin as to how often Instructors are recertified, Mr. Allen advised that the recertification is every five (5) years.

Mr. Gustin stated that the current fee is \$242 to the proposed \$699 for a five (5) year certification; that Mr. Allen's contention is "that this is too much of an increase?"

In response to Mr. Gustin, Mr. Allen stated that he "isn't questioning" the methodology for determining the proposed fees based upon the "number of hours" necessary to perform the service; that he is questioning whether it is "necessary to conduct a review of the classes of the established instructors every two (2) years."

In response to Mr. Gustin regarding the "recertification cycle" every five (5) years for instructors, Mr. Bob Sack, Director, Environmental Health Services, advised that Mr. Allen's comment regarding the "instructors being a unique position is accurate." Mr. Sack advised that the instructor's recertification "is the only one on a five (5) year cycle"; that during the five (5) year period Staff will review the instructors teaching methods and curricula twice. Mr. Sack stated that currently there are approximately twenty (20) instructors; that the Regulations Governing Food Establishment specifies the parameters of what Staff is to review. Mr. Sack stated that currently Staff is in the process of "a major revising" of the Regulations Governing Food Establishments; that it is the intent of Staff to meet with the instructors in May 2009 to discuss "the appropriate level of Health Department oversight" for instructors. Mr. Sack stated that, in reviewing efficiencies for the EHS Division, it is the consensus of Staff that it may not be necessary to provide this level of

oversight for the instructors. Mr. Sack stated that he would recommend the Board of Health not increase the instructor fee at this time and direct Staff to work in conjunction with the instructors to present "an appropriate oversight level" for instructors. Mr. Sack stated that the current level of oversight for the instructors is "not necessary"; that it is necessary for Staff to expend that additional time conducting actual inspections of food service facilities. Mr. Sack stated that the current recommendation for the fee increase is due to the Board of Health having "reduced the recommended fee for instructors" every time that it has been presented to the Board.

Mr. Gustin stated that he concurs this is a very important aspect of the Food Safety Program in the Department; that he is aware the instructors "are very capable"; that it is "vital to the community that there are people trained" in food safety. Mr. Gustin stated that, again, he would concur the people relied upon to provide the training don't require the supervision. Mr. Gustin stated that he would support the recertification fee for instructors remaining the same "for now" until Staff meets with the instructors to discuss the oversight and a fair and equitable fee and report back to the Board in May.

Dr. Furman stated that he, too, would concur with Mr. Sack and Mr. Gustin regarding no change to the fee. Dr. Furman stated that he is aware there was opposition to requiring every food handler to have a health card and pay a fee, similar to what is required in Las Vegas.

In response to Dr. Furman, Mr. Sack stated that it is the consensus of Staff that it is more effective to require the managers of every food establishment to be a Certified Food Protection Manager than issuing a health card to each food worker.

Mr. Gustin stated that when Staff conducts an inspection each permitted food establishment is required to have a Certified Food Protection Manager on-site or the facility is down-graded in the inspection.

There being no one else wishing to speak either in favor of or in opposition to the proposed Fee Schedule for the Washoe County District Health Department, the Public Hearing was closed.

**MOTION: Mr. Gustin moved, seconded by Dr. Furman that the Fee Schedule of the Washoe County Health Department, be approved and adopted as outlined, with the exception of the Recertification Fee for Food Protection Manager Instructors, which will remain at the current \$242.
Motion carried unanimously.**

PUBLIC HEALTH NURSING UPDATE

Ms. Brown advised that per the request of the Board, she has provided the Board members with a list of the program assignments for all nursing staff. Ms. Brown advised that the first graph delineates all nursing positions within the Department; that the other four (4) graphs delineates the various categories of nurses within the Community and Clinical Health Services Division.

Chairman Humphreys stated that the Board had requested this information to have during the budgeting process.

Ms. Brown stated that the information provides "an historical perspective" specific to the number of FTEs "from a budget authority standpoint, to what was actually expended, and what is projected moving forward." Ms. Brown stated that "it is then easily recognizable as to the programs which have had a decrease in nursing personnel, primarily home visiting."

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the report of all Nurse assignments within the Community and Clinical Health Services Division be accepted as presented.
Motion carried unanimously.**

WASHOE COUNTY HEALTH DISTRICT VACANCY PRIORITIZATIONS AND VACANY UPDATE

Ms. Coulombe stated that "consistently since January 2007 the Health District has had a 9-11% vacancy rate and on several occasions have updated the Board as to specific classifications of those vacancies;" that the Department has continued those vacancies to "balance the budget." Ms. Coulombe stated that in February 22, 2007 the cost reduction strategy "was holding five (5) specific positions dark; that the County did not have a freeze nor was the County requiring eliminations; that the County had added thirty (30) days to the hiring process; however, internally, to balance the Health Fund the Department maintained those five (5) positions vacant." Ms. Coulombe stated that, additionally, some Staff of the Health Department did LWOP (leave without pay), there was no overtime, standby or call back time permitted; and only essential purchasing was approved. Ms. Coulombe advised that the Board of County Commissioners approved a bridge loan for the Department, which was repaid in thirty-three (33) days; that a condition of the loan was for the Health Department to conduct a structural review process; that currently the County is addressing structural issues. Ms. Coulombe advised that the Health Department's structural review process was initiated on June 2, 2007 and was completed in January 2008, having held fourteen (14) meetings. Ms. Coulombe advised that the Structural Review Team (SRT) conducted "a fundamental review of all departmental programs, the mandated programs, the non-mandated programs and the service levels of the programs, the program performance measures, the drivers,

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the activities, and SWOT analysis. Ms. Coulombe advised that a five (5) year financial history was prepared "across the programs" to determine variances within the line items in FY '04 through FY '08.

Ms. Coulombe stated that in March 2008, the Department again reviewed "the organization to address an additional 5% reduction"; that the District Board of Health conducted its Strategic Retreat on October 9, 2008, during which the Board and Staff reviewed the programs and the vacancies. Ms. Coulombe advised that at the November 20, 2008 meeting, Staff presented a copy of the document of mandated levels, which includes the vacancies; that she has that document with her today should the Board have any questions.

Ms. Coulombe stated that when Staff has been reporting as to the departmental vacancies, Staff has been reporting in which the Divisions and programs in which the vacancies occur; however, Staff had not conducted a prioritization. Ms. Coulombe stated Staff had further advised the Board that upon completion of the review and approval of the employee incentives offered by the County Staff would present the prioritization of the vacancies. Ms. Coulombe stated the incentives offer has become "an on-going process"; therefore, it was necessary to proceed with the vacancy prioritization. Ms. Coulombe advised Staff is requesting direction from the Board regarding the vacancy prioritizations.

Ms. Coulombe stated she referenced the October 2008 issue of the GFOA (Government Finance Officers Association) Journal, which read: "Temporary downturns that are reasonably anticipated to last less than two to three (2-3) years, can be weathered by using reserves, hiring freezes. Using these tactics to address structural deficits can actually worsen the problem." Ms. Coulombe stated "we have hit the 2-3 year marker utilizing vacancies."

Ms. Coulombe stated although to the amount of the tax transfer is not set, the vacancies will have an impact to the budget; therefore, Staff is requesting direction from the Board "regarding how to address the vacancy." Ms. Coulombe stated that in January Staff presented the vacancies per Division; that this document presents the vacancies based upon the Division Director's determination of the priorities. Ms. Coulombe stated that the document presented to the Board is to provide an overview of "what the current vacancies are." Ms. Coulombe provided an overview of the vacancy prioritization document and the impacts of maintaining those vacancies, advising that the numbers at the far left indicate the consensus of Staff as to the priority of the vacancy; that the Public Health Preparedness Emergency Response Coordinator position was not assigned a number as it is 100% grant funded. Ms. Coulombe stated that Staff would request direction from the Board regarding the Department's vacant positions at the budget preparation process..

Mr. Smith questioned whether the vacancy prioritization document is an information document which indicates the existing vacancies within the Department or whether these are the vacancies which should be addressed.

In response to Mr. Smith, Dr. Anderson advised that the document "prioritizes the need for filling these different positions" that should funds become available which would allow the Health Department to hire individuals for these positions the 1, 2, 3... order is what the members of the Leadership Team established; however, this prioritization order could change as circumstances change. Dr. Anderson stated that the prioritization presented today "is a snap shot in time" that it is an analysis determined by the Team "as a whole as a priority of what should be restored" when financial conditions allow.

Ms. Coulombe stated that Staff had not previously prioritized the vacant positions; that as Dr. Anderson stated, the prioritization list is the Department's current status; however, the employee incentives, which have been offered and are being negotiated, could result in a reorganization of the vacancy prioritization.

In response to Mr. Smith regarding which of the vacant positions are mandated, Ms. Coulombe advised it is the "functions" within the programs which are mandated; that the matrix previously provided to the Board delineates which programs are mandated. Ms. Coulombe stated that Staff has been implementing various efficiencies to address the vacancies; that there are two (2) "data points" to consider regarding the prioritization of the vacancies: "what is going to be the 'hard number to hit' and what will be the outcome of the incentives." Ms. Coulombe stated that Staff does not have that information.

In response to Mr. Smith regarding the number 1 priority being listed is the Epidemiology and Public Health Preparedness (EPHP) Epidemiologist position, Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, stated that the "mandates" don't stipulate "an Epidemiologist position"; that the mandate stipulates the performance of specific functions. Dr. Todd stated that the functions of the Epidemiologist "do not fall in the non-mandated" parameters of that position." Dr. Todd stated that he listed what he considered the consequences of maintaining this position "dark"; that the Department will still try to comply with the mandates; however, there may be delays in performing investigations of reportable disease(s) and the activities of Staff to control those disease(s). Dr. Todd stated that the vacant Department Computer Application Specialist (DCAS) position is not a mandated position; however, there are various components of mandated programs which require the expertise of a DCAS; that without that position there may be delays in complying with mandates.

Mr. Smith stated that, as a Board member, and acknowledging there will (probably) be additional budget reductions for the Department, he would stress that it is vital the Department continues to comply with the mandated requirements.

Dr. Furman stated that he would concur with Mr. Smith; that the Board and Staff have established a prioritization list; that it was important for Staff to develop the prioritization of the vacant positions listing the possible impacts of being unable to fill those positions. Dr. Furman stated this list indicating the importance of each position will "be important in preparing for the budget;" that Staff "is doing their job in addressing" these issues. Dr. Furman stated he "would thank the Division Directors" for this first vacancy prioritization list.

Ms. Ratti stated that she would concur with Dr. Furman regarding Staff's efforts to develop the vacancy prioritization list providing a perspective on what the consequences will be for not being able to fill these vacancies. Ms. Ratti stated that this overview provides the Board with the information necessary to make the determinations in the budgeting process.

In response to Ms. Ratti, Ms. Coulombe advised that the data points are: 1) knowing the Health District's budget authority; and 2) the results of the employee incentives being offered. Ms. Coulombe stated that, utilizing the matrix the Board adopted during the November 20, 2008 meeting and review staffing levels "in terms of mandates." Ms. Coulombe stated the document delineates the function, the priority levels (3, 2, 1), the responsible cost center, mandated or non-mandated, program description and purpose, specific statutory authority, etc. Ms. Coulombe stated that after the Strategic Planning Session Staff reviewed the data to validate the information specific to approved funding (i.e., grant or local), vacancies, etc. Ms. Coulombe stated that from the discussion, it is the consensus of the Board that once the Department's budget authority is known, and Staff has determined "what the estimates to complete are", with the projections of revenues and adjustments the directive is to ensure the mandated programs "have the appropriate level of staffing to achieve the mandates." Ms. Coulombe stated that, as previously discussed, mandated programs are to be reviewed for efficiencies and where improvements can be achieved; that non-mandated programs and vacancies will be given consideration as funding allows.

Ms. Ratti stated that the vacancy prioritization document provides her necessary information; that an issue for her will be "what will be the necessary personnel for the mandated programs", as there is the concern of "a mandated service versus a Public Health Nurse position, while not mandated, may be needed." Ms. Ratti questioned if Staff has the information specific to "the absolute core" which the Department would have to have for the provision of the mandated services.

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In response to Ms. Ratti, Ms. Coulombe advised that mandated programs "do not get a skate"; that Staff has been reviewing mandated programs to ensure efficiencies. Ms. Coulombe advised that during the budget presentation Staff does provide an overview of program performance measures and the staffing complement of each program. Ms. Coulombe advised that Staff will provide the information necessary to "make the tough decisions." Ms. Coulombe advised that she will review the FY 2010 budget update and calendar during her Administrative Health Services Officer Report.

Mr. Smith requested the vacancy prioritization document and the Public Health Fund and Program Services Matrix (presented to the Board as item 12. during the November 20, 2008 meeting), be included in the budget packet.

Chairman Humphreys stated that the Board's discussions have been consistent with previous discussions and previous direction to the Board; that the vacancy prioritization provides additional information, which will assist the Board in the decision making process of the "next couple of months." Chairman Humphreys stated that, as requested, Staff will provide the Board with updated information for the upcoming budget process, including the results of the approved employee incentives.

**MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the Washoe County Health District's Vacancy Prioritization and Vacancy Impact report be accepted as presented.
Motion carried unanimously.**

ENDORSEMENT – PROCLAMATION – STATE OF NEVADA – RECOGNITION – WORLD TUBERCULOSIS DAY – MARCH 24, 2009

Ms. Candy Hunter, Public Health Nursing Supervisor, Program Manager for the Tuberculosis (TB) Clinic, advised that the Board members have been provided with a copy of the Proclamation from Nevada Governor Jim Gibbon, declaring March 24, 2009 as "World Tuberculosis Day" (the original was placed on file for the record). Ms. Hunter advised that Staff recommends the Board endorse the Governor's Proclamation in recognition of World TB Day; that the Proclamation "celebrates the victories in TB prevention and control while acknowledging the on-going challenges." Ms. Hunter advised that Washoe County has "been a low incidence area for TB, with a case rate of approximately 2.5 per 100,000, which is a reduction from approximately five (5) per 100,000." Ms. Hunter stated that there is approximately 9 million cases of TB worldwide; that in a "global economy" a number of these individuals come to the United States; therefore continual vigilance is required. Ms. Hunter advised that the TB Clinic has implemented measures to ensure the Health Department is monitoring for TB in the community. Ms. Hunter presented an informational brochure on the facts of TB.

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the Proclamation of Governor Gibbons in recognition of March 24, 2009, as World Tuberculosis (TB) Day, be endorsed.
Motion carried unanimously.**

The Board recessed at 2:40pm and reconvened at 2:50pm.

UPDATE – POSSIBLE ACCEPTANCE – STAFF’S FEBRUARY REPORT – 2009 LEGISLATIVE SESSION

Ms. Jennifer Stoll-Hadayia, Public Health Program Manager, advised that the Board members have been provided with a copy of the Department’s Legislative Team Report for the month of February (a copy of which was placed on file). Ms. Stoll-Hadayia advised that subsequent to the preparation of the Report the Team has included additional Bills to the tracking document. Ms. Stoll-Hadayia advised that Government Affairs requested the Health Department evaluate SB 126 which pertains to the reuse of gray water; and SB 137 which pertains to the placement of recycling containers. Ms. Stoll-Hadayia reviewed the additional Bills, which have relevance to the Board-approved departmental and divisional legislative priorities, and were not included in Staff’s report: AB 213 which pertains to the establishment of the cancer drug donation program; AB 191 which would “reauthorize the collection of height and weight data among school children to assess the obesity levels”; SB 60 which pertains to the disposition of property related to methamphetamine crimes; and SB 159 which is the Senate Bill specific to the cancer drug donation program.

Ms. Stoll-Hadayia advised that Staff is monitoring two (2) additional BDRs: BDR 697 which is a Resolution to establish a statewide physical education coordinator; and BDR 1214 which pertains to “the reversion of \$851,000 from the Fund for a Healthy Nevada to the State General Fund, which is a ‘clean-up’ from the Special Session in January.”

In response to Chairman Humphreys regarding Staff’s process for presenting information to the Board of Health specific to legislative issues, Ms. Stoll-Hadayia advised that the Department’s Legislative Matrix is forwarded to all Board members via email every Friday. Ms. Stoll-Hadayia advised that the matrix includes an evaluation of all the Bills being monitored, a review of the Department’s recommended position and Staff’s intent to testify if applicable. Ms. Stoll-Hadayia advised that the matrix “is the real time mechanism for briefing Board members on Staff’s position on a Bill prior to any testimony or any other type of action.” Ms. Stoll-Hadayia stated that this is the format which was used by the Board and Staff during the 2007 Session, and which was approved

by the Board at the December 2008 meeting for use during the 2009 Session. Ms. Stoll-Hadayia advised that, in accordance with that process, Staff has not provided any testimony on any Bill prior to the notification being forwarded to the Board members in the matrix.

In response to Chairman Humphreys regarding the communications process with the other lobbying teams of the County, Ms. Stoll-Hadayia advised that Washoe County Government Affairs has requested the Departments communicate with GA through "uploading the Department's Bills positions to Washoe Bills, which is the County's electronic tracking matrix and is on the Internet; that the upload occurs concurrently when Staff updates the matrix." Ms. Stoll-Hadayia stated that the goal is to have the Health Department's "positions and intent to testify consistent with Washoe County Bills to the matrix provided to the Board of Health members." Ms. Stoll-Hadayia stated that secondly an email notification is forwarded to all members of the GA team any time Staff will be present in Carson City; that the Department's Legislative Team has complied with both expectations since the beginning of the Session. Ms. Stoll-Hadayia advised that the Washoe Bills are updated regularly whenever the matrix is updated; that the update includes an evaluation, a fiscal assessment, position and intent to testify (if any). Ms. Stoll-Hadayia stated that she advises Government Affairs twenty-four (24) hours in advance (via email) "any time she plans on being in Carson City; that should Staff be presenting any testimony the testimony is provided twenty-four (24) hours in advance also." Ms. Stoll-Hadayia stated that when she is in Carson City she locates the members of the Government Affairs group "to touch base when possible"; that otherwise she and members of the Government Affairs group text message or email each other. In response to Chairman Humphreys regarding notification of the GA group, Ms. Stoll-Hadayia stated that, as a Lobbyist, "her preference is one (1) day prior notification." Ms. Stoll-Hadayia stated that to-date she has only provided testimony on one (1) Bill; that she conferred "with Washoe County Government Affairs prior to that hearing." Ms. Stoll-Hadayia stated she and the Legislative Team will continue to utilize this matrix as approved by the Board for 2007 and 2009. In response to Ms. Jung regarding the definition of "testify", Ms. Stoll-Hadayia stated the categories of the Department's matrix "match the categories within Washoe Bills"; that the County matrix has a category "testify – yes or no"; therefore, from the "beginning of the analysis" Staff indicates whether there is an interest to testify or not. Ms. Stoll-Hadayia stated that should it be Staff's intent to testify the individual providing testimony must be identified; that further, Staff indicates the name of the individual who provided the expertise specific to the Bill. Ms. Stoll-Hadayia stated that "testify" indicates testimony will be provided either through a written report or oral testimony during the hearing of a Bill.

Ms. Jung stated that it should be noted within the matrix whether Staff will be providing written or verbal testimony or both.

In response to Ms. Ratti regarding notification to the Board members should "the media or Northern Nevada Legislators express a special interest in a Bill", Ms. Stoll-Hadayia stated that "she will do her best" or request those with the expertise among Staff to provide such notification. In response to Ms. Stoll-Hadayia as how to notify the Board, Ms. Ratti advised that the emails received from the Public Information Officer would be effective.

Dr. Anderson stated that, as the last State and Local Health officials' meeting, it was the consensus that the Districts "be as coordinated as possible in the approach utilized among the public health entities." Dr. Anderson stated she would request that, to assist in the coordination of efforts among the Washoe County Health District, the Southern Nevada Health District, the State and the Carson City Health Department, Staff forward the weekly matrix updates to one individual at the State, Carson City and the Southern Nevada Health District.

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the Health Department's February 2009 State Legislative Session Activities Report be accepted as updated.

Motion carried unanimously.

UPDATE - CONSIDERATION – INDEMNIFICATION COVERAGE – MEDICAL RESERVE CORPS (MRC) VOLUNTEERS

Dr. Todd stated that, pursuant to last month discussion and at the Board's direction he met with Ms. Admirand, Deputy District Attorney and Washoe County Risk Management regarding concerns specific to the County's Hold Harmless and indemnification agreement the County has been requiring volunteers to execute. Dr. Todd stated that the Hold Harmless and indemnification agreement is "particularly problematic for the medically-oriented volunteers" as these individuals "would be waiving any rights to sue the County should they become injured even if it could be demonstrated that it was the fault of the County." Dr. Todd stated of greater concern was language which stipulated that "through any action or inaction on their part and the County was sued" these individuals would have to utilize their own resources "in defense of the County." Dr. Todd stated that the "action or inaction" component did not include language specific to "willful or negligent misconduct"; that the individual's action "could be entirely appropriate; therefore, a volunteer in the medical field "could be sued for doing the right thing or for not doing the wrong thing."

Dr. Todd stated that during the discussion with Washoe County Risk Management and Ms. Admirand, it was the consensus that the Public Health Preparedness Program would purchase liability insurance for the medically trained volunteers in the Medical Reserve Corps (MRC). Dr. Todd stated that there are liability insurance policies available which are specific to MRCs, thus, transferring the risk, which the County is concerned about, to a third party insurer. Dr. Todd stated

that the County Hold Harmless and indemnification document will be substantially revised to delete the verbiage which was "particularly objectionable to the medical volunteers." Dr. Todd stated that, once finalized, this should resolve the "situation to everyone's satisfaction."

In response to Ms. Jung regarding notifying Dr. Bonnet, Ms. Debra Barone, Medical Reserve Corps Coordinator, advised that she has left a message for Dr. Bonnet; however, Staff has not yet received a return call.

Ms. Jung stated that Dr. Bonnet has been emailing her; that Staff could also email him as to the status of his concerns.

Dr. Todd stated that it is the consensus of Staff Dr. Bonnet will "find this solution to be very acceptable."

Chairman Humphreys stated that volunteers, including those within the medical field, are an important aspect of the MRC, which has been greatly promoted by the federal government; therefore, it is necessary the volunteers receive the necessary support.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that Staff's report regarding indemnification insurance for Medical Reserve Corps (MRC) volunteers, be accepted as presented.

Motion carried unanimously.

PRESENTATION – ACCEPTANCE – FAMILY PLANNING CLINIC TRANSITION OPTIONS REPORT

Ms. Brown advised that the Board members have been provided with a copy of the follow-up Family Planning Program Transition Options Report (a copy of which was placed on file), as discussed at last month's meeting. Ms. Brown stated that last month Staff presented the following options for the transition of the Family Planning Program: 1) relinquish Title X funding prior to the end of the fiscal cycle; 2) completion of the budget cycle with a termination of services as of June 30, 2009; 3) completion of the grant funding cycle which ends June 30, 2012; that the Washoe County Health District would not apply for the next competitive grant cycle; however, Staff would provide technical assistance for other interested community providers. Ms. Brown stated that, as discussed, there are "potential impacts" to any of the options presented.

Ms. Brown stated that per the direction of the Board, she and Dr. Furman did confer with representatives of Renown Medical Center to discuss Title X funding and the possibility of assuming the Title X Family Planning Program.

Ms. Brown stated that the Board requested additional information specific to the "successor of interest", which is the option of transferring the remaining 2.5 years of the five (5) year grant to another accepting agency." Ms. Brown advised that the mechanism for the transfer of the grant "is a legal procedure, which requires assuming all organizational responsibilities, including the (program's) assets and liabilities." Ms. Brown stated that it further requires the preparation of an agreement.

Ms. Leslie Admirand, Deputy District Attorney, advised that she researched the "successor of interest" and conferred with the Grants Administrator for Health and Human Services as to the feasibility of this option. Ms. Admirand stated that she was advised that the "application process for successor of interest is a possibility for the Health District." Ms. Admirand advised that the "successor of interest process is one in which a third party non-profit organization assumes all of the rights and obligations to the District's grant incidental to acquisition of the District's assets involved in the performance of that grant." Ms. Admirand stated that "it is a program acquisition by a non-profit organization"; that the non-profit organization would have to comply with all Title X requirements for a grantee and would have to comply with the scope of work agreed upon by the Health District. Ms. Admirand stated that the "successor of interest" option would require prior approval by the Operations Division of Grants Management for Health and Human Services; that to acquire that approval the Health District would be required to submit a detailed completed and executed packet of documentation between the Health District and the non-profit organization assuming the grant. Ms. Admirand advised that the documentation would have to include Board resolutions from the Health District and the non-profit organization, legal opinions from counsel as to the legality of the transfer, financial status reports, progress reports, non-profit scope of work for the project. Ms. Admirand stated that additionally it would be necessary to include an executed copy of the contract or the Memorandum of Agreement (MOA) that the District would have as a non-profit organization; the Articles of Incorporation of the non-profit organization considering assuming the grant documenting the organization is in "good standing."

Ms. Admirand advised that upon submission of the application and documentation packet the Health and Human Services would review the documentation; however, the submission of the application "does not guarantee approval"; therefore, there is the possibility HHS may deny the District's application for transfer.

Ms. Brown advised that the process reviewed by Ms. Admirand would not include "any competitive process or analysis of how the "successor of interest" would be chosen"; therefore, it would be necessary to develop a separate process, or utilize an existing competitive process to choose the successor, should it be the determination of the Board to initiate a more competitive method for those agencies interested in assuming the Title X Family Planning Program.

Ms. Brown stated that second option was to continue the provision of Family Planning services at the District Health Department Clinic with a reduction in local funding to the minimum required 10% match. Ms. Brown stated that a reduction in local funding would require the preparation of a detailed budget with the reduction of approximately \$427,757 to the existing budget. Ms. Brown stated that this would require the reduction of a Patient Care Team consisting of one (1) Advanced Practitioner of Nursing, one (1) Community Health Aide and one (1) Office Assistant; that further, it would require the elimination of an Office Assistant and a 0.5 FTE Licensed Practical Nurse. Ms. Brown stated that the sub-grants to the community would be restricted resulting in the elimination of family planning services in Incline Village and a decrease in educational services offered to adolescents. Ms. Brown stated that it would be necessary to implement an approximate 25% decrease in the number of family planning clients, with a total financial reduction of \$1,048,756, which includes the previous decrease of \$620,999. Ms. Brown stated that these are estimated amounts, as Staff would have to prepare a detailed budget to determine the exact impacts based upon this option.

Ms. Brown stated that the Board requested information specific to how other regions and States administer Title X services; that for clarification the "grantee" is the recipient of Title X funding from the Federal Government; and the "delegate" receives funding from the "grantee." Ms. Brown stated that several states provide Title X services is through a Family Planning Administrative Council, with the grantee being a private, non-profit agency which administers Title X funds throughout the state. Ms. Brown stated that funding is provided on a competitive basis to clinical service providers or delegates throughout the state. Ms. Brown stated that two (2) examples of this model are the Los Angeles Regional Family Planning Council and the Arizona Family Planning Council; that examples of where services are then provided are Planned Parenthood, Federally Qualified Health Centers (FQHC); Public Health Departments; State University sponsored clinics and private clinics. Ms. Brown stated that in addition to providing fund administration, these Councils are responsible for program oversight and ensuring that funded agencies are in compliance with Title X Guidelines; that the grantee may also provide technical and programmatic assistance to funded agencies. Ms. Brown stated that for Washoe County this option would require a non-profit agency that would be willing to apply for Title X funding for family planning services; that this type of administrative program is "at a State or region-wide level; that Staff would work in collaboration with Title X providers statewide to establish such a model.

Ms. Brown stated that other states have administered the Title X funding through the State Health Department (i.e., Hawaii); that the State Health Department is the grantee and administers the funding on a competitive basis. Ms. Brown advised that this model is similar to the Family Planning Council in funding administration; however, in this model the State distributes the funds and the individual providers manage the "scope of service programs." Ms. Brown stated that option would be feasible, as the Washoe County Health District issues subgrants through the program to the community; that this model would result in the discontinuation of the Health Department's Family Planning Clinic and would subgrant to other providers within the community. Ms. Brown advised that the costs associated with administering the grant would have to be determined, as the Health Department would be subgranting the services and would not be providing any direct services.

Ms. Brown stated that the final option is the model utilized by the Health Department; that the Health Department is the grantee and provides all of the various clinical services while subgranting funds to community delegate agencies; that this is similar to the programs of Clark County, the Nevada State Health Division and Planned Parenthood of Utah. Ms. Brown stated that the Health Department has two (2) subgrantees – one which provides clinical services in Incline Village; and the Planned Parenthood Mar Monte, which provides the educational component.

Ms. Brown stated that Staff's recommendation is to have the Washoe County Health District complete the five (5) year grant cycle whereby the Department would continue to provide family planning services through June 30, 2012. Ms. Brown stated that this allows Staff the opportunity to plan for the transition ensuring clients will continue to receive services; that the Title X Family Planning Program would then be transitioned to another community agency. Ms. Brown stated that this could be achieved "with a decrease in the budget to the 90/10 percentage between now and then." Ms. Brown stated that Staff will adhere to the Board's direction; that Staff has been discussing these options with the community partners "who are interested in partnering to ensure family planning services are retained in the community."

Ms. Ratti stated that she would commend Ms. Brown for responding to the Board's questions; however, she would request a further review of the option of the Health Department "maintaining a small and affordable family planning program as one of the four (4) options." Ms. Ratti stated that in discussing the transition options she would advocate 'not transitioning' the program as one of the option possibilities.

In response to Ms. Ratti, Ms. Brown stated that the second option was for maintaining a level of family planning services at the Health Department with a reduction in Staff and the level of services provided to achieve the 90/10% grant/local funding split.

Dr. Furman stated that he would not support maintaining the Family Planning Clinic until June 30, 2012; that there are other viable options for the program. Dr. Furman stated that the Health Department has the option of transitioning the program to another community agency; that the Board "should not decide today to keep this Program open." Dr. Furman stated that to maintain this Program until June 30, 2012, with the financial considerations, would be "wrong move at this time."

Ms. Brown stated that, although the final determination has been postponed, Staff continues to "maintain an active relationship with all the agencies (i.e., Planned Parenthood, Renown, UNR in the community which may be interested in either receiving the Subgrants or the larger grant for the clinic." Ms. Brown stated that Staff has continued to confer with these agencies to "educate them about Title X"; that should transitioning be the direction of the Board "Staff has diligently been working with those partners to assure these agencies are ready and understand the responsibilities and complexities of the grant."

Mr. Gustin questioned if Dr. Furman's recommendation is to begin preparing for the transition and the "successor of interest" process as outlined by Ms. Brown and Ms. Admirand.

In response to Mr. Gustin, Dr. Furman stated it has been his recommendation "since 2007" that the Health Department's Family Planning Clinic be transitioned to another community agency; "that he has not changed his position on that." Dr. Furman stated that the transition has been delayed.

Mr. Gustin stated that a final decision has to be determined; that he would question if the Board should direct Staff to initiate the "successor of interest" transition, as that process has specific criteria which involves more than "just transitioning the program."

In response to Mr. Gustin, Ms. Brown stated that the process would depend upon which option the Board chooses; that should the Board select the "successor of interest" option, which would be initiated prior to the end of the Department's currently grant cycle, the process would be that as delineated by Ms. Admirand. Ms. Brown stated that she would anticipate this would also require the development of a competitive bidding process to choose the successor. In response to Mr. Gustin regarding whether this process has to be completed prior to June 30, 2009, Ms. Brown advised that should the direct the transition of the Family Planning Program utilizing the "successor of interest" option "the more time Staff has to conduct a competitive selection process and the more time Staff has to prepare" the documentation the more complete the analysis process will be. Ms. Brown stated that, as Ms. Admirand advised, the Grants Management Division of Health and Human Services may not accept the application process as requested. Ms. Brown advised that

prior to submitting the application for consideration of a "successor of interest" Staff will have to have completed the competitive bidding process and have an 'identified successor.' Ms. Brown stated that should Division of Grants Management for Health and Human Services approve the application request Staff would initiate the transition to the "successor of interest."

In response to Mr. Gustin regarding "a time frame for completion", Ms. Admirand stated that "there isn't a specific time frame for completing this process; that Health and Human Services recommends the application be submitted months in advance of any type of acceptance and transition. Ms. Admirand stated that she can contact the Grants Manager to possibly determine a more exact time frame.

In response to Mr. Gustin regarding the time required to compile the application and corresponding documentation, Ms. Admirand stated that she would anticipate the application and corresponding documentation could not be completed prior to May.

Ms. Brown stated that there would be "dual processes – 1) identifying the selection process for the "successor of interest"; and 2) preparation of all of the required documentation and application for submittal to the Grants Management Division of Health and Human Services, including information specific to the assets and liabilities. Ms. Brown stated that should the application be approved by HHS there would be the transition process, which would include "everything purchased with Title X funding that has not been fully depreciated would have to transferred to the "successor of interest" agency"; therefore, Staff would have to review all financials; that the "successor of interest" agency would "also have to assume all liabilities and the scope of work"; that "all of this would have to be clearly defined; that all of this information "is what Health and Human Services would review." Ms. Brown stated that this entire process would have to be completed for transferring of the program prior to the end of the grant cycle to the organization select via a competitive/fair process.

Mr. Gustin stated that he would estimate the process could "take up to six (6) months, which would affect the FY '09/10 budget, which the Board "is trying to avoid."

Dr. Furman stated that "this is what he has been trying to avoid for some time"; that that is why he has been proposing elimination of the Program to allow another agency to assume responsibility for the program. Dr. Furman stated that "this still can be done."

Mr. Gustin stated that, while acknowledging Dr. Furman's comments specific "to the efficiencies and the thoroughness with which Dr. Furman wants this accomplished"; however, it is necessary

that it be "counterbalanced with the time frame and how soon it can be achieved." Mr. Gustin stated he would estimate that this is "at least a sixty (60) day process."

In response to Mr. Gustin, Ms. Admirand advised that with the competitive process to determine a "non-profit successor of interest" and then negotiating the contract and support documentation to submit with the application request would require more than a month to complete.

Dr. Furman stated that he would estimate the initial phase to prepare for a transition to a "successor of interest" would require a minimum of two (2) months.

Chairman Humphreys stated there would "obviously be a lot of work to make this happen" with a majority of the work having to be performed by the Department's fiscal officers; that currently the financial Staff is "quite busy" and he would question the availability of the financial Staff to perform this review.

In response to Chairman Humphreys, Ms. Brown stated that the effort would require Administrative Health Services Staff in conjunction with CCHS Staff to review the existing grant and compile all of the information necessary to complete the process. Ms. Brown stated that the first of the process would be to prepare documentation specific to which agency would be selected as the "successor of interest" and then preparing the packet documentation for application to HHS; that should approval be granted by HHS it would be necessary to "dismantle the Health Department's Clinic, transferring all the clients and ensuring there is a continuation of service"; that the Health Department's Clinic has been in existence for forty (40) years. Ms. Brown stated that it is necessary to be aware "of the complexity" of the process to complete such a transition. In response to Ms. Jung regarding the possibility of Health and Human Services denying the application for transfer, Ms. Brown stated that the Program would remain with the Health Department; that a different method of transitioning would have to be considered.

Mr. Smith stated that it is important the Board is discussing these options now; however, when the Budget is presented to the Board he would anticipate the Department would not be able to support the Family Planning Program with any more than the 10% match. Mr. Smith stated that he is aware this would require a reduction in services; therefore, it is necessary the Board review "what services can be provided." Mr. Smith stated that from the discussions which have occurred, Renown Hospital or one of the other agencies, which have indicated an interest as the "successor of interest", would have the ability to "provide more services than the Health Department will be able to provide based upon the budget reductions the Health Department will have." Mr. Smith stated that, "rather than make a decision today, once the budget is presented, it will have to be

determined what is best for the community"; that "it may be that the best thing to do" will be to transition the Program to Renown or another agency." Mr. Smith stated that it is a matter of "what's best for the public"; that "if the Health Department can only afford the 10% (match) then it would not be providing the best services."

In response to Mr. Smith, Ms. Brown stated that she would concur; that further, "she would not want to continue with a Program which the Board" does not fully endorse. Ms. Brown stated that family planning services "is vital for the community"; therefore, it would be better for the Program to be managed by an agency "that believes in the mission and will support and provide resources towards family planning."

Ms. Jung was excused at 3:30pm.

Ms. Ratti stated she would concur with Mr. Smith that a decision should not be made until after the budget is presented to determine "which is the best option to pursue"; that as the grantee of the Title X Family Planning funds it is the responsibility of the Board to demonstrate due diligence in reviewing the options to determine if there would be more efficiencies through another provider. Ms. Ratti stated that "she appreciate Dr. Furman being ahead of this issue; that she appreciates the fact that the Clinic may not have been as efficient as it should have been"; however, she is aware "the Clinic has taken the steps to become more efficient and has dramatically reduced the cost per patient in providing services." Ms. Ratti stated that she is not convinced any other agency in the community could provide a more efficient level of service than the Health Department. Ms. Ratti stated that she is concerned "about the assumption that any other agency, in this climate, would contribute any more than the 10% match", as no agency, "either in the public or private sector has any extra money at this time." Ms. Ratti stated that the question "becomes – who provides the best service and who does it more efficiently, and if the answer is not the Health Department, the issue becomes one of the best method for transition." Ms. Ratti stated that "it all starts with the budget and whether the Health District can contribute more than the 10% match."

Dr. Furman stated that he has requested Staff receive clarification from Region IX specific to the 10% match; that he has not received information regarding whether other organizations provide in excess of a 10% match. Dr. Furman stated that he has reviewed the Title X requirements and would question whether all of the organizations provide the 10% match.

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In response to Dr. Furman, Ms. Admirand advised that she has discussed this issue with Ms. Buxton; that some of the regulations for Title X funding require or have a "ceiling of a 10% match" for the grantee. Ms. Admirand stated that she is unaware whether these are the same parameters for any program in existence prior to 1975, which the Family Planning Clinic was. Ms. Admirand stated that Title X stipulates the Program "shall be funded 90% from the Title X Federal Grant with a 10% ceiling match from the grantee." In response to Ms. Ratti regarding the "ceiling" amount, Ms. Admirand stated that the "ceiling" amount would be the maximum which can be provided.

Ms. Brown stated she has been advised that the 10% is "the most that can be requested, which is the amount (Region IX) has requested in the past."

Ms. Patsy Buxton, Fiscal Compliance Officer, advised that the Code of Federal Regulations (CFR) specific to the Family Planning Program; that 59 Part 7 B, reads: "The Secretary shall determine the amount any award on the basis of his estimates on the sum necessary for the performance of the project. No grant may be made for less than 90% of the projects costs as so estimated unless the grant is to be made for a project which was supported under Section 1001 for less than 90% of its costs in Fiscal Year 1975. In that case the grant shall not be for less than the percentage of costs covered by the Grant in Fiscal Year 1975." Ms. Buxton stated that Part 7. C reads: "No grant may be made for an amount equal to 100% of the project's estimated costs." Ms. Buxton stated that the practice has been "when applying" for the Grant to indicate a 10% match, although the Department "contributes more than that."

Ms. Ratti stated that the requirements do not stipulate the 10% match; that it has been "an executive resolution; that it is what the executive chooses to do"; therefore, she would request written opinion from Region IX as to "is that their expectation as to is that what makes it competitive?" Ms. Ratti stated should the Board determine to implement the "successor of interest" option and the successor doesn't include the 10% match and the application is rejected all of "Staff's work would have been for naught." Ms. Ratti stated that all of the potential partners or "successors of interest" have to aware it will be necessary for the organization to provide a 10% match prior to agreeing to do this.

Ms. Brown stated that the Board is requesting a "formal response" specific to "what is the requirement for a formal match – 10% or other."

Chairman Humphreys stated that this issue has been "an on-going discussion"; that he appreciates the efforts of Staff in presenting information specific to the various options available for the continuation of a family planning program in the community. Chairman Humphreys stated the

Board is requesting no determination until such time as the budget document for FY '09/10 has been presented to allow for a more informed decision.

Ms. Brown stated that she will request a formal opinion specific to the 10% and Staff will continue to work with the community partnering agencies which have expressed an interest in assuming the Title X funding to provide additional information specific to the financial responsibilities associated with the Title X Grant.

Chairman Humphreys stated that it is necessary to be as prepared as possible should it be the determination of the Board to transition the Family Planning Program through the "successor of interest" option.

Ms. Coulombe stated that during the FY '10 budget preparation Staff will indicate the 90/10 level of funding for the Family Planning Program for the Board's information.

Chairman Humphreys stated as Ms. Brown and her Staff continue to work with the community partnering agencies, it is important that the Board "work through Ms. Brown in this effort." Chairman Humphreys stated it is vital that any agency interested in providing the family planning services be aware of all that the Title X funding entails and that all receive the same information from the Health Department. Chairman Humphreys stated that a "successor of interest" would be a competitive process; therefore, it is important that the Board members "work through Ms. Brown in this process."

**MOTION: Ms. Ratti moved, seconded by Ms. Gustin, that the Family Planning Program transition options report be accepted as presented.
Motion carried unanimously.**

IMMUNIZATION PROGRAM UPDATE

Ms. Brown stated that the Board requested an update regarding the Immunization Program, which is a mandated program; that it is a Program "that has a tremendous impact on public health and is also undergoing radical revisions from a funding perspective." Ms. Brown stated that she has provided the Board with a summary of the Department's Immunization Program; that there are two (2) primary aspects of the Department's Immunization Program: 1) the actual administration of immunizations; and 2) working to increase community capacity infrastructure and improving the immunization rates at the community level. Ms. Brown stated that the Health Department has "activities and resources dedicated to both of these efforts." Ms. Brown stated that the CDC Grant,

which the Department currently receives, supports approximately two (2) FTEs, who "are engaged in supporting that community infrastructure component."

Ms. Brown stated that the Health Department has noted the number of immunizations administered and the number of clients served at the Health Department "have remained consistent", while noting an increase at the community level by other providers in the number of immunizations administered.

Ms. Brown stated that her report contains a detailed analysis of the activities in which CCHS is engaged; that in 2008 the Clinic was restructured through the implementation of "an appointment only clinic" versus the previous walk-in for services clinic. Ms. Brown stated that there is approximately 95 appointments each day the Clinic is open (Monday, Wednesday, Friday), with an approximate 70-79% "show rate", which allows time slots available for clients "who show up without making an appointment." Ms. Brown stated that there has been a noted improvement in "the level of satisfaction" from the clients served. Ms. Brown stated the telephone system "is antiquated", which "remains troublesome" for both Staff and the clients; however, the appointment scheduling has been determined to "be a more customer friendly approach to providing immunizations." Ms. Brown advised that the appointment system has enabled Staff to "achieve greater efficiencies"; that it now takes a Nurse "twelve (12) minutes to complete an immunization appointment"; that this does not include the clerical services for the Clinic. Ms. Brown stated that the efficiencies were created through establishing the appointment system and partnering the Clerical Staff with the Clinical Staff. Ms. Brown stated that Staff continues to work on efficiencies.

Ms. Brown stated that there have been numerous discussion regarding the State of Nevada transitioning to a Vaccines for Children (VFC) only State from the previous Universal Coverage State; that this will result in vaccine being provided from the State for only those individuals who qualify. Ms. Brown stated this results in "an additional burden on providers outside of the Health District to purchase and maintain the vaccine"; that the Health Department has noted less of a dramatic impact than was anticipated. Ms. Brown stated that approximately 4% of the clients requesting services at the Health Department and are advised of the cost "are opting to check with their private providers"; that Staff is further noting "a greater number of clients identifying that they are VFC eligible, which allows Staff to utilize the State purchased vaccine. Ms. Brown stated that "the community as a whole is working diligently to respond to this change both at the community partner and State level"; that the Health Department has been a component of this process.

Ms. Brown stated that Staff has been very "efficient in how immunizations are administered in the Clinic" and in the Health Department's role "in expanding the community's infrastructure and ability" to address "their responsibilities in providing immunizations." Ms. Brown stated that the Health

Department Immunization Program has created "good partnerships and are continuing to review methods to improve efficiencies." Ms. Brown stated that the Board questioned "why the clinic isn't open five (5) days a week"; that the Health Department does provide immunizations five (5) days a week; however, immunizations are only provided in the Clinic the three (3) days a week." Ms. Brown stated that the other two (2) days immunizations are provided to "at risk populations in the community through the *Kids to Seniors Komer*" and through partnering with the School District. Ms. Brown stated that Staff is currently participating in a trial clinic at Hug High School; that Staff "anticipates starting providing immunizations on Tuesdays and Thursdays at the WIC Clinic." Ms. Brown reiterated that Staff is providing immunizations five (5) days a week; that the immunizations "are just not all in the Clinic."

Mr. Gustin stated that Nevada ranks 50th in the nation for immunizations; however, there is no data specific to Washoe County; that he and Ms. Jung would question "why and if it is necessary to track" Washoe County data.

In response to Mr. Gustin, Ms. Brown stated there is data available through WebIZ and the immunizations which are administered at the District Health Department and through partnering agencies; however, it isn't consistent as not all immunizations are documented by private providers.

Dr. Anderson stated that the use of the WebIZ system is not universally employed by all practitioners; that there are barriers to access to the system; therefore, providers may administer immunizations which are not "entered into the electronic system."

**MOTION: Mr. Gustin moved, seconded by Ms. Ratti, that the Immunization Program Report be accepted as presented.
Motion carried unanimously.**

DISCUSSION – SELECTION – DISTRICT BOARD OF HEALTH MEMBER – ATTEND –
NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH (NALBOH) CONFERENCE –
APPROVAL OF EXPENDITURES – TRAVEL FUNDS

Chairman Humphreys advised that Ms. Jung indicated an interest in attending the National Association of Local Boards of Health (NALBOH) Conference in Philadelphia, Pennsylvania from July 1 – 3, 2009; that it is necessary for the Board to approve Ms. Jung as the representative of the District Board and to approve her travel expenses.

MOTION: Chairman Humphreys moved, seconded by Dr. Furman, that Ms. Jung be the Washoe County District Board of Health's representative to the

**National Association of Local Boards of Health (NALBOH) Conference;
and that the travel expenses to Philadelphia, Pennsylvania be approved.
Motion carried unanimously.**

PRESENTATION – REPORT – POINTS OF DISPENSING (POD) ROTARY FLU SHOT DAY –
OCTOBER 25, 2008

Due to time constraints the presentation of the POD event was continued to the Board's March 26, 2009 meeting.

STAFF REPORTS

A. Director – Epi and Public Health Preparedness

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

B. Director – Community and Clinical Health Services

There was no Division Director Report for the Community and Clinical Health Services Division this month.

C. Director – Environmental Health Services

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

D. Director – Air Quality Management

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

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Mr. Gustin advised that the Reno City Council took formal action regarding the asbestos-related problems at the Zanzibar motel.

Mr. Goodrich thanked Mr. Gustin for the update.

E. Administrative Health Services Officer

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

Ms. Coulombe advised that she has provided the Board members with two (2) documents, which were distributed to the Board of County Commissioners (copies of which were placed on file for the record). Ms. Coulombe stated one is the confirmation of appointments to the Budget Policy Committee, dated February 22, 2009; that the second document is the tentative budget calendar. Ms. Coulombe thanked for the Board "for being accommodating"; that the Board's budget meeting has been scheduled for Thursday, April 9, 2009 at 1:00pm; however, Staff will provide "a high level update at the March meeting."

F. District Health Officer

Dr. Mary Anderson, District Health Officer, presented her monthly District Health Officer's Report, a copy of which was placed on file for the record.

BOARD COMMENT

Mr. Gustin stated that he has observed various food carts operating on Wells Avenue; that he would question the legality of those carts.

In response to Mr. Gustin, Mr. Sack advised that Staff has been investigating various food carts, which are operating without being inspected or permitted; that he will provide an update to the Board next month in his Division Director's Report.

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Ms. Ratti stated that she would thank Dr. Anderson, Ms. Brown and other Staff members for attending the Human Services Network Awards Breakfast on Tuesday; that there were two (2) health-related awards presented – the Administrator-of-the-Year Award was presented to Dr. Mike Rodolico of the Health Access Washoe County (HAWC) Clinic and the Agency-of-the-Year Award was presented to the Access to Healthcare Network. Ms. Ratti advised that both agencies are “collaborative in nature and both have been successful, in part due to the efforts of the Health District partnering in that collaboration.” Ms. Ratti stated she would publically commend both recipient agencies and the Health Department for assisting in the collaboration with those agencies.

Dr. Furman advised that Staff has received questions specific to “the efforts of retaining employees and economics, which will be included on a future agenda.”

Ms. Coulombe advised that Mr. Smith did provide her with that list of questions; that Staff will address those questions.

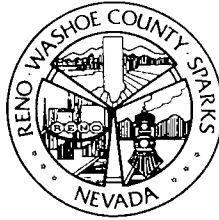
There being no further business to come before the Board, the meeting was adjourned at 4:00pm.



MARY A. ANDERSON, MD, MPH, DISTRICT HEALTH OFFICER
SECRETARY



JANET SMITH
RECORDER



DISTRICT HEALTH DEPARTMENT

CASE NO. 3-09S – AS REVIEWED BY THE SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

In Re: Application of Tom Brown for an)
Extension to Variance Case Nos. 2-06S)
5-07S, and 3-08S, pertaining to)
property located at 123 Andrew Lane,)
from the requirements of Sections)
110.010 and 110.020 (Holding Tanks))
of the Washoe County District Board)
of Health Regulations Governing)
Sewage, Wastewater and Sanitation)

CASE NO. 3-09S
(Extension of Case Nos. 2-06S, 3-07S & 3-08S)

AGENDA ITEM NO. 7.B.1.

At a hearing of the Sewage, Wastewater
and Sanitation Hearing Board at Wells
Avenue at Ninth Street, Reno, Nevada
February 12, 2009

PRESENT: Chairman Karen Sage Rosenau
Vice Chairman Ron Anderson, PE
Member Steve Brigman, PE
Member George Georgeson, PE

ABSENT: Member Michele Dennis, PE
Member Gregory Moss, PG, Em
Member Mark Simons, Esquire

STAFF: Doug Coulter, PE, Senior Registered Engineer
Janet Smith, Recording Secretary

DBOH AGENDA ITEM # 7.B.1.

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

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STATEMENT OF THE FACTUAL QUESTION BEFORE THE HEARING BOARD

SECTION 110 HOLDING TANK

SECTION 110.010 Holding tanks shall not serve more than fourteen (14) fixture units as defined in the Uniform Plumbing Code.

SECTION 110.020 Holding tanks are prohibited for residential use.

GENERAL COMMENTS

On February 12, 2009, the Hearing Board for the referenced Regulations held a public hearing to consider all evidence and testimony concerning a variance request to the above. No one was present representing the applicant, Mr. Tom Brown, at the aforementioned hearing.

Mr. Doug Coulter, PE, Senior Engineer, advised that this request is for an extension of Variance Case Nos. 2-06S, 5-07S and 3-08S, which was an extension of the approval by the Board in 2008. Mr. Coulter advised that the variance allows the applicant to temporarily utilize a holding tank on the property, for both the residence and the caretaker's quarters, until such time as community sewer is available. Mr. Coulter advised that the Hearing Board members have been provided with a copy of a letter from the Department of Water Resources, dated December 4, 2008, regarding the status of the proposed construction phase of the community sewer in this area (a copy of which was placed on file for the record).

Mr. Coulter stated that the phased construction of the sewer line has been extended every year; that the current estimate is that the sewer line will be completed by October 2009; therefore, Staff is recommending that the variance extension Case No. 3-09 be approved for an additional one (1) year – through January 2010.

The applicant, Mr. Tom Brown, owner of the property located at 123 Andrew Lane, Assessor's Parcel No. 017-330-26, is requesting a variance extension to the aforementioned Regulations.

The reason for the variance is:

1. To allow for the continued temporary utilization of a holding tank on a residential

FINDINGS OF FACT

The Hearing Board may recommend a variance only, if after a hearing with the due and proper notice it considers whether:

1. Will the proposed variance pose a threat to public health?

No contamination of the surface or ground water is expected as a result of variance.

2. Will the proposed variance pose a threat to public health?

Approval of the variance may result in an increased threat to public health for a brief period of time should a problem occur. Holding tanks are restricted to commercial properties because the expected sewage-hauling traffic would pose a threat to public health with the potential for a truck to overturn. As a result, a time limit was established.

3. Are there other reasonable alternatives?

There is an alternative, construction of an approved system; however, this alternative would prevent construction to the community sewer when available, resulting in sewage disposal by an on-site system until such time as the system failed and connection to community sewer would then be required.

RECOMMENDATION

Mr. Coulter advised that Staff recommends **approval** of the proposed variance extension request subject to the following conditions:

1. If the home is not connected to community sewer by January 1, 2010, the SWS Hearing Board will review the status of the construction of the community sewer line prior to granting another extension to this variance.
2. Should the District Health Department receive complaints and confirm that sewage is over-flowing from the holding tank then the variance will become null and void and the approved sand filter system must be constructed and on-line within thirty (30) days.

SEWAGE, WASTEWATER AND SANITATION HEARING BOARD

Variance Request – Case No. 3-09S (Extension of Case Nos. 2-06S, 5-07S & 3-08S – Tom Brown)

February 12, 2009

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MOTION

Mr. Brigman moved that based upon testimony presented, it be recommended to the District Board of Health that Variance Case No. 3-09S (extensions of Variance Case Nos. 2-06S, 5-07S and 3-08S) (Tom Brown), be approved, stipulating to the Findings of Fact and subject to the two (2) conditions as outlined.

The motion was seconded by Mr. Georgeson and carried unanimously for **approval**.



KAREN SAGE ROSENAU, CHAIRMAN
SWS HEARING BOARD



JANET SMITH
RECORDER



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 2/26/09

DATE: February 13, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District ^{PB}
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer ^{EC}

SUBJECT: Ratification of an Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2009 through December 31, 2009 in the total amount of \$32,039 in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The District Health Department proposes to continue acting as fiscal agent for HIV Prevention contracts held by agencies serving Northern Nevada with the exception of Clark, Nye, Esmeralda and Lincoln counties. The Contract is for the period January 1, 2009 through December 31, 2009 in the total amount of \$32,039. A copy of the Contract is attached.

This Interlocal Contract is a standard Interlocal Contract and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the contract will be revised and brought back to the Board for approval.

District Board of Health Priority supported by this item:
Ratification of this Notice of Subgrant Award supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease*. It also supports the Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

BACKGROUND

By acting as fiscal agent, the Washoe County Health District will be responsible for fiscal agent reimbursement and programmatic monitoring procedures for all HIV Prevention contracts in Northern Nevada. The primary objective is to ensure that Centers for Disease Control and Prevention (CDC) HIV prevention funded agencies are implementing HIV prevention programs that are efficient, effective, and in adherence with evidence-based practices. By providing this service at a local level, contractors will receive more timely and effective conflict resolution, fiscal monitoring and technical assistance.

PREVIOUS ACTION

The District Board of Health approved last years Interlocal Contract in the total amount of \$46,020 on December 13, 2007.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there is a fiscal impact to the program, however, this impact was planned and included in the adopted FY 08/09 budget. Revenue and expenditures for this contract were anticipated and projected in the Fiscal Agent Program, internal order 10187, in various salary and benefits accounts, 701110 through 705330 and revenue account 431100.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2009 through December 31, 2009 in the total amount of \$32,039 in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Interlocal Contract between the State of Nevada, Department of Health and Human Services Health Division and the Washoe County Health District for the period January 1, 2009 through December 31, 2009 in the total amount of \$32,039 in support of the HIV Prevention Fiscal Agent Program contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute.

INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract between the State of Nevada
Acting by and through Its

**Department of Health and Human Services
Health Division
Bureau of Child, Family, and Community Wellness
HIV Prevention Program
4150 Technology Way, Suite 101
Carson City, NV 89706
Phone: (775) 684-4200 FAX: (775)684-4211**

and

**Washoe County Health District
11130 E. 9th Street
Reno, NV 89520
Phone: (775) 328-2400 FAX: (775) 328-2279**

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

WHEREAS, it is deemed that the services of Washoe County Health District hereinafter set forth are both necessary to the Health Division and in the best interests of the State of Nevada;

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective ~~upon approval~~ to January 1, 2009 ~~December 31, 2009~~ unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason Health Division, State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:
ATTACHMENT A: ASSURANCES
ATTACHMENT B: SCOPE OF WORK

7. CONSIDERATION. The Washoe County Health District agrees to provide the services set forth in paragraph (6) at a cost of \$ 2,669.92 per Month (state the exact cost or hourly, daily, or weekly rate) with the total contract or installments payable not exceeding \$32,039.00. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.
8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.
9. INSPECTION & AUDIT.
- a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the Health Division, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all state and federal regulations and statutes.
- b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the Health Division, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.
- c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained for a minimum three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.
10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.
11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260.
12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.
13. INDEMNIFICATION.
- a. Consistent with paragraph (11) of this Contract, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this paragraph.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or

cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.
15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.
16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.
17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.
18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.
19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.
20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.
21. Proper Authority. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).
22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.
23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the Office of the Attorney General.
24. LOBBYING. The parties agree, whether expressly prohibited by federal, state or local law, or otherwise, that no funding associated with this contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose, the following:
 - a) any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b) any federal, state, county or local legislator, commission member, counsel member, board member, or other elected official; or

INTERLOCAL CONTRACT
ATTACHMENT A: Assurances

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

1. Contractor agrees funds may not be used for other than the awarded purpose. In the event Contractor expenditures do not comply with this condition, that portion not in compliance must be refunded to the Health Division.
2. Contractor agrees the expenditure of funds in excess of approved, categorical budget amounts, without prior written approval by the Health Division, may result in the Contractor refunding to the Health Division that amount expended in excess of the approved budget.
3. Contractor acknowledges that contracts are awarded on a cost reimbursement basis for costs incurred during the contract period. Requests for advances must be submitted in writing to the Health Division and will be considered on an individual basis.
4. Approval of budget by the Health Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stated in the Scope of Work the transfer of funds between budget categories without written prior approval from the Health Division, in the form of a Contract Amendment, is not allowed under the terms of this agreement. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
5. Contractor agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
6. Contractor agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Contractor certifies, by signing this contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every sub-grantee receiving any payment in whole or in part from federal funds.
8. Contractor agrees to disclose any existing or potential conflicts of interest relative to the performance of services resulting from this contract. The Health Division reserves the right to disqualify any contractor on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
9. Contractor agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the contract includes functions or activities that involve the use or disclosure of Protected Health Information, the Contractor agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

10. Contract accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this agreement. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the contract-related activities. Contractors are required to maintain contract-related accounting records, identifiable by contract number. Such records shall be maintained in accordance with the following:
 - a) Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer of the Health Division. Records may be destroyed by the Contractor five (5) calendar years after the final financial and narrative reports have been submitted to the Health Division.
 - b) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual contracts.

11. Health Division contracts are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a) verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b) ascertain whether policies, plans and procedures are being followed;
 - c) provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d) determine reliability of financial aspects of the conduct of the project.

Any audit of Contractor's expenditures will be performed in accordance with generally accepted auditing standards to determine there is proper accounting for and use of contract funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27, 2003]) that each contractor annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER, 505 E. KING STREET, ROOM 201, CARSON CITY, NEVADA 89701.

**INTERLOCAL CONTRACT
BETWEEN: NEVADA STATE HEALTH DIVISION
AND
WASHOE COUNTY HEALTH DISTRICT**

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

This project is designed to assign fiscal reimbursement and programmatic monitoring procedures for all HIV Prevention contracts in northern Nevada to Washoe County Health District (WCHD). This will insure more timely and effective conflict resolution, fiscal monitoring, and provision of technical assistance to contractors, especially as assistance will be readily available at the local level.

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

- The Contractor agrees to serve as fiscal agent for HIV prevention contracts held by agencies serving northern Nevada during this contract period.

The Contractor agrees to fulfill the following objectives:

- Development of a Request for Proposal (RFA) process to solicit HIV Prevention proposals from non-profit and governmental agencies whose services are appropriate for potential recipients of HIV prevention activities, based on the 2006 – 2008 Comprehensive HIV Prevention Plan within the defined service area of northern Nevada (defined as all counties, except Clark, Nye, Esmeralda, and Lincoln counties). This is only required when subgrant cycles require a new RFA;
- Development of an objective review process to award HIV prevention funds to agencies in northern Nevada, when necessary;
- Complete implementation of the RFP process, including advertisement, bidders' conference, and award determination, when necessary;
- Provide applicants with grant writing guidance and technical assistance, as needed and appropriate, when necessary;
- Ensure that agencies funded with HIV prevention funds from the Nevada State Health Division are implementing CDC approved Diffusion of Effective Behavioral Interventions (DEBI) and interventions as prescribed in the 2006 -2008 Comprehensive HIV Prevention Plan;
- Ensure that funded agencies receive at least (2) two programmatic/fiscal monitor visits annually; and
- Contractor shall require each funded agency submit a detailed reimbursement justification report, to include all back-up documentation to support said reimbursement request, which shall be submitted with each Request for Reimbursement. Requests for Reimbursement shall be made at least quarterly and shall be submitted 30 days immediately following the previous quarter.

By November 30, 2009, the Contractor will provide the following, if a new Request for Proposal has been initiated:

- A list of contractors funded through the Request for Proposal process, when a new grant cycle occurs;
- A copy of all contracts, including budget and scope of work, when a new grant cycle occurs;

- A description of the evaluation plan for each contractor, including collection and inputting of data into the Prevention Evaluation and Monitoring System (PEMS); and
- Identify the source of funding on all printed documents purchased or produced within the scope of this contract, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number U62-CCU923483-05W1 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Nevada State Health Division nor the Centers for Disease Control and Prevention."

Contractor agrees to adhere to the following budget:

1. Personnel \$ 20,505

\$ 11,534

2. Travel \$

3. Operating \$

4. Supplies \$

5. Other \$

Total Cost \$ 32,039

24/1

Office
~~Administrative~~ Assistant II this position provides fiscal oversight and reimbursement assistance for Washoe County District Health Department. Including scheduling and attending both programmatic and fiscal site-visits. Fringe Benefits @ 36%

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees.

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

- Provide a detailed reimbursement justification report, which shall be submitted with each Request for Reimbursement. Requests for Reimbursement shall be made at least quarterly and shall be submitted 45 days immediately following the previous quarter.
- The maximum amount of this contract is \$32,039.

Additionally, the Contractor agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 30 days of the CLOSE OF THE CONTRACT PERIOD. Any unobligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.
- A Quarterly Financial Report (form) to the Health Division within 45 days following the end of each quarterly reporting period. Quarterly reporting periods are defined as three month intervals, beginning with the month in which the contract becomes effective

The Nevada State Health Division agrees:

- To provide technical assistance, upon request from the Contractor, if consistent with the scope of work and when funding allows.
- To provide prior approval of reports or documents to be developed.
- The Health Division reserves the right to hold reimbursement under this contract until any delinquent forms and reports are submitted and accepted by the Health Division.

Both parties agree:

- The Contractor agrees to provide fiscal and programmatic monitoring of each funded agency a minimum of two times per year and forward all monitoring reports to the Nevada State Health Division.
- The Contractor agrees to provide each agency with the necessary technical assistance when requested to keep them in compliance with PEMS data collection.

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

- This contract may be extended up to a total term of four years upon agreement of both parties and if funding is available.

*J:\home\Contracts\Interlocal\Attachment B Scope of Work for Interlocal contract.doc
NSHD Template: Updated 6-22-05*



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 2/26/09

DATE: February 11, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, District Health Department *pb*
775-328-2418, pbuxton@washoecounty.us

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

SUBJECT: Approval of amendments totaling an increase of \$5,000 in both revenue and expenses to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # tba) FY 08/09 Budget.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. On February 10, 2009, the District Health Officer accepted a \$5,000 award from the National Association of County and City Health Officials (NACCHO) in support of the Public Health Preparedness Program. A copy of the Award is attached.

District Board of Health Priority supported by this item:

Assure that the public health system operates at the highest level of integrity during an all hazards event. It also supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

The District Health Officer accepted a \$10,000 award on March 5, 2008. The Board approved the budget amendment in the amount of \$10,000 on April 24, 2008.

AGENDA ITEM # 7.C.2.

BACKGROUND

The Washoe County Health District MRC unit will focus heavily on recruitment of new members. As stated in the grant application, the goal is increase membership to 250 volunteers by the fall of 2009. The basic infrastructure is in place to support and manage a larger unit – standard operating guidelines, training plan, deployment equipment, identification supplies, and an electronic volunteer management system.

The \$5,000 in funding will be used to implement a marketing plan to increase local awareness of the MRC and recruit new members. The plan includes presentations to groups and organizations such as PTAs, Citizen Advisory Boards and Neighborhood Advisory Boards. Direct mailings of promotional/recruitment materials will be made to health professional organizations. Advertisements will be placed in local magazines and newspapers. The unit also plans to purchase ad time on a variety of radio stations.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 08/09 budget will be **increased by \$5,000** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-tba-431100	Federal Revenue	\$5,000
2002-IO-tba-710100	Professional Services	4,000
-710300	Operating Supplies	100
-710360	Postage	100
-710502	Printing	200
-710546	Advertising	600
	Total Expenditures	\$5,000

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the amendments totaling an increase of \$5,000 in both revenue and expenses to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # tba) FY 08/09 Budget.

POSSIBLE MOTION

Move to approve the amendments totaling an increase of \$5,000 in both revenue and expenses to the Medical Reserve Corps (MRC) – National Association of County and City Health Officials (NACCHO) Grant Program (internal order # tba) FY 08/09 Budget.

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, Second Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CONTRACT # MRC 09443

This Agreement is entered into, effective as of the date of the later signature indicated below (the "Effective Date"), by and between the **National Association of County and City Health Officials** ("NACCHO"), with its principal place of business at 1100 17th St., N.W., Suite 200, Washington, DC 20036, and **Washoe County Health District** ("Organization"), with its principal place of business at **1001 E. 9th Street, P. O. Box 11130, Reno, Nevada 89520**

WHEREAS, NACCHO has received a grant from the Department of Health and Human Services (Grant Number: 1 MRCSG061001-03, CFDA Number: 93.008) (the "Grant") to build the capacity of local Medical Reserve Corps ("MRC") units;

WHEREAS, pursuant to the terms of the Grant, NACCHO has agreed, among other things, to provide support to MRC units and to encourage these units to provide certain information to the Office of the Surgeon General's Office of the Civilian Volunteer Medical Reserve Corps ("OSG/OCVMRC");

WHEREAS, Organization either houses or is itself an MRC unit that is registered in good standing with the OSG/OCVMRC;

WHEREAS, pursuant to the terms of the Grant, NACCHO desires to provide funding to Organization in exchange for Organization agreeing, among other things, to undertake the activities indicated in their capacity building application or oversee such activities and to provide certain information to the OSG/OCVMRC.

NOW, THEREFORE, NACCHO and Organization, intending to be legally bound, in consideration of the promises and mutual covenants and obligations contained herein, hereby agree as follows:

1. **ORGANIZATION'S OBLIGATIONS:** In consideration for the payment described in Section 3, below, Organization agrees, during the Term of this Agreement, to be an MRC Unit in Good Standing by meeting the following criteria below. If Organization houses an MRC Unit, Organization will insure that the unit is an MRC Unit in Good Standing by meeting the following criteria below.
 - a. Have 501c(3) or comparable status or be housed in an organization capable of and willing to receive federal funds on its behalf;
 - b. Monitors and provide updates to the MRC Unit's profile on the MRC web site no less often than once every three months;
 - c. Provides the OSG/OCVMRC with regular updates of programs and plans;
 - d. Actively works towards National Incident Management System ("NIMS")

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, Second Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

compliance;

- e. Agrees to participate in MRC Unit Technical Assistance assessments;
 - f. Utilizes capacity building award funds for approved purposes, and as indicated in their capacity building award application;
 - g. Maintains Registered status with the OSG/OCVMRC; and
 - h. Agrees to participate in an evaluation review by NACCHO
2. **TERM OF AGREEMENT:** The term of the Agreement shall be begin on January 1, 2009 and shall continue until July 31, 2009 (the "Term").
 3. **PAYMENT FOR SERVICES:** In consideration for the agreements by Organization set forth in Section 1, above, NACCHO shall pay Organization Five Thousand Dollars (\$5,000). Payment will be made before the expiration of the Term of the Agreement.
 4. **REVISIONS AND AMENDMENTS:** Any revisions or amendments to this Agreement must be made in writing and signed by both parties.
 5. **ASSIGNMENT:** Organization may not assign this Agreement nor delegate any duties herein without the expressed written approval of NACCHO.
 6. **INTERFERING CONDITIONS:** Organization shall promptly and fully notify NACCHO of any condition that interferes with, or threatens to interfere with, the successful carrying out of Organization's duties and responsibilities under this Agreement, or the accomplishment of the purposes thereof. Such notice shall not relieve Organization of said duties and responsibilities under this Agreement.
 7. **RESOLUTION OF DISPUTES:** Should any disputes arise between the parties during the Term of this Agreement, the parties shall make a good faith attempt to resolve such disputes through dialogue and negotiation. If such efforts fail to resolve the differences, the disputes will be submitted to arbitration in the State of Nevada before a single arbitrator in accordance with the rules then obtaining of the American Arbitration Association. The arbitration award shall be final and binding upon the parties. If a dispute should arise about an arbitration award, judgment may be entered therein in any court of competent jurisdiction.
 8. **ENTIRE AGREEMENT:** This Agreement contains all agreements, representations, and understandings of the parties and supersedes and replaces any and all previous understandings, commitments, or agreements, oral or written.
 9. **PARTIAL INVALIDITY:** If any part, term, or provision of this Agreement shall be held

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, Second Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

void, illegal, unenforceable, or in conflict with any law, that part, term or provision shall be restated to effectuate the parties' intentions, and the validity of the remaining portions or provisions shall not be affected.

10. GOVERNING LAW: This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada (without regard to its conflict of law rules).
11. COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS: Organization's use of funds under this Agreement is subject to the directives of and full compliance with 45 C.F.R. Part 74 (Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Non-Profit Organizations, and Commercial Organizations) and OMB Circular A-110 (Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations). It is the Organization's responsibility to understand and comply with all requirements set forth therein.
12. DEBARRED OR SUSPENDED ORGANIZATIONS: Pursuant to OMB Circular A-110, Organization certifies to the best of its knowledge that its is not presently and will execute no subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689, "Debarment and Suspension."
13. AUDITING: Organization agrees to permit independent auditors to have access to its books, records and financial statements for the purpose of monitoring compliance with this contract.
14. NOTICE: All notices under this Agreement shall be in writing and shall be sent via facsimile and first class mail, postage prepaid, to the addresses below. Either party may update its address by providing written notice to the other party pursuant to the terms of this provision.

TO NACCHO:
National Association of County and City Health Officials
Attn: Contracts Specialist
1100 17th Street, N.W., Second Floor
Washington, D.C. 20036
Tel. (202) 507-4272
Fax (202) 783-1583

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, Second Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

TO ORGANIZATION:
Washoe County Health District
Mary A. Anderson
Distract Health Officer
1001 E. 9th Street
P. O. Box 11130
Reno, Nevada 89520
Tel. 775-328-2410

17. AUTHORITY TO BIND PARTY: Each party hereby represents and warrants that the person signing this Agreement on its behalf as the authority to bind such party.

NACCHO:

ORGANIZATION:

Authorized Signature:

Authorized Signature:

By: _____

By: Mary A. Anderson

Name: John Mericsko
Title: Chief Financial Officer

Name: **Mary A. Anderson**
Title: **Distract Health Officer**

Organization: National Association of County
and City Health Officials

Organization: **Washoe County Health
District**

Address: 1100 17th Street, NW
Second Floor
Washington, DC 20036

Address: **1001 E. 9th Street**
P. O. Box 11130
Reno, Nevada 89520

Phone: 202-783-5550 x207
Fax: 202-783-1583
EIN: 52-1426663

Phone: 775-328-2416
Fax: 775-328-2279
EIN: 88-6000138

Date: _____

Date: 10 February 2009

National Association of County and City Health Officials

AGREEMENT

National Association of County and City Health Officials
1100 17th Street, NW, Second Floor, Washington, DC 20036-4636
(202)783-5550 FAX (202)783-1583

CERTIFICATION OF NON-DEBARMENT OR SUSPENSION

By my signature I attest that **Washoe County Health District** has not been debarred or suspended pursuant to OMB Circular A-110 and will not subcontract with parties listed on the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs in accordance with E.O.s 12549 and 12689 "Debarment and Suspension."

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>M. S. Anderson, MD, MPH</i>	TITLE District Health Officer
ORGANIZATION Washoe County Health District	DATE SIGNED 10 February 2009



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 2/26/09

DATE: February 10, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District ^{PB}
775-328-2418, pbuxton@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer ^{EC}

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 to December 31, 2009 in the amount of \$85,229 in support of the HIV Core Surveillance Program; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received a Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 to December 31, 2009 in the amount of \$85,229 in support of the HIV Core Surveillance Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Priority supported by this item:
Approval of this Subgrant Award and accompanying budget amendment supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease.*

This also supports the District Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period January 1, 2008 through December 31, 2008 in the total amount of \$82,729 on February 28, 2008.

FISCAL IMPACT

This grant was anticipated in the FY 08/09 adopted budget in the amount of \$82,729, in salary and benefits. A budget amendment in the amount of \$2,500 is necessary to bring the Notice of Subgrant Award into alignment with the program budget.

Should the Board approve these budget adjustments, the FY 08/09 budget will be adjusted in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10012-431100	Federal Revenue	\$2,500.00
2002-IO-10012-711210	Travel	2,500.00
	Total Expenditures	\$2,500.00

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 to December 31, 2009 in the amount of \$85,229 in support of the HIV Core Surveillance Program; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 to December 31, 2009 in the amount of \$85,229 in support of the HIV Core Surveillance Program; and if approved, authorize the Chairman to execute.

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3215
 Category #: 18
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: HIV/AIDS Surveillance Health Statistics, Planning & Emergency Response Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2025	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2009 through December 31, 2009	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T41107900 T402834000

Reason for Award: To conduct HIV/AIDS surveillance activities in Washoe County.

County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County

Approved Budget Categories:

1. Personnel	\$ 82,729	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
2. Travel	\$ 2,500	
3. Operating	\$ _____	
4. Equipment	\$ _____	
5. Contractual/Consultant	\$ _____	
Training	\$ _____	
6. Other	\$ _____	
Total Cost	\$ 85,229	

Disbursement of funds will be as follows:
 Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed \$ 85, 229 during the subgrant period.

Source of Funds:	% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention	100	93-944	5U62PS001038-02

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

- Expenditures must comply with appropriate state and/or federal regulations.
- This award is subject to the availability of appropriate funds.
- Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.

	Signature	Date
Authorized Sub-grantee Official WCHD		2/26/09
Robert Salcido, MPH HIV Surveillance Program		12/17/08
Alicia Hansen, MS Chief State Biostatistician		12/19/08
Richard Whitley, MS Administrator, Health Division		

CRF

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

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

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

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

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

Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Health Division, as required by 45 C.F.R 164.504 (e).

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every Subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27th, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

7. Reporting of Data Using CDC Standards and Software. The Subgrantee will enter HIV/AIDS case reports, laboratory results, and other HIV/AIDS case information into the eHARS database, including (or as available) CDC's recommended standard data elements/questions. The Subgrantee will update eHARS should any laboratory reports or additional medical information be reported.

8. Security. The Subgrantee will maintain security and confidentiality policies that comply with conditions set forth in *NRS 441A.230*, Disclosure of personal information prohibited without consent. Except as otherwise provided in this chapter, a person shall not make public the name of, or other identifying information about, a person infected with a communicable disease who has been investigated by the health authority pursuant to this chapter, without the consent of the person. (Added to NRS by 1989, 300). In addition, an annual confidentiality and security training will be **required** for all HIV/AIDS surveillance staff. The content of this training will be provided by the Health Division or by the CDC HIV/AIDS Surveillance Program.

9. Annual HIV/AIDS Surveillance and Progress Report. The Subgrantee will produce an annual HIV/AIDS Surveillance Report containing analysis of HIV/AIDS data for their jurisdiction (as part of the annual Subgrantee Sexual Health Program report); this report will also include a description of any new or significant HIV/AIDS surveillance activities that occurred during the grant period. The Subgrantee should also identify technical assistance or training needs (if any) and include three (3) copies of all products produced with subgrant funds. **The report is due electronically to the Health Division no later than 45 days after the end of each budget period.**

10. Acknowledgements. The Subgrantee agrees to adhere to the following acknowledgements of funding:
 - a) Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number from the 5U62PS001038-02 Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or the Centers for Disease Control and Prevention."
 - b) Acknowledge that any activities performed under this subgrant were provided through funding from the Nevada State Health Division through Grant Number 5U62PS001038-02 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

Personnel	<u>Salary</u>	<u>Amount Awarded</u>
HIV/AIDS Surveillance Investigator	\$82,729	\$82,729
Travel (Required CDC HIV Surveillance Meeting)		\$2,500
Total Washoe County HIV Core Surveillance Budget		\$85,229

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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.

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$85,229 for the period of the subgrant;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within ⁴⁵~~30~~ days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- ~~Identify specific items the program or Bureau must provide or accomplish to ensure successful completion of this project, such as:~~
 - To provide reimbursement of activities related to this subgrant, not to exceed \$85,229 during the subgrant period, given receipt of appropriate documentation;
 - To provide technical assistance, upon request from the Subgrantee;
 - To provide prior approval of reports or documents to be developed;
 - To forward a report to another party, i.e. CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's HIV/AIDS Surveillance Program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.

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

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

This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

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

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

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

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

An explanation of the form is provided below.

- A. Approved Budget:** List the approved budget amounts in this column by category.
- B. Total Prior Requests:** List the **total** expenditures for all previous reimbursement periods in this column, for each category, by entering the numbers found on Lines 1-8, Column D on the **previous** Request for Reimbursement/Advance Form. If this is the first request for the subgrant period, the amount in this column equals zero.
- C. Current Request:** List the **current** expenditures requested at this time for reimbursement in this column, for each category.
- D. Year to Date Total:** Add Column B and Column C for each category.
- Budget Balance:** Subtract Column D from Column A for each category.
- F. Percent Expended:** Divide Column D by Column A for each category and total. Monitor this column; it will help to determine if/when an amendment is necessary. Amendments **MUST** be completed (including all approving signatures) 30 days prior to the end of the subgrant period.
- * An Expenditure Report/Backup that summarizes, by expenditure GL, the amounts being claimed in column 'C' is required.**

Nevada Department of Health and Human Services

Health
 Division # 09119
 Bureau Program # 3215/18
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: HIV/AIDS Surveillance Program Health Statistics, Planning, & Emergency Response Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2025	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2009 through December 31, 2009	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T41107900 T402834000

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____

Calendar

Year: _____

Approved Budget Category		A Approved Budget		B Total Prior Requests		C Current Request		D Year To Date Total		E Budget Balance		F Percent Expended
1	Personnel	\$	82,729	\$	0	\$	0	\$	0	\$	82,729	0%
2	Travel	\$	2,500	\$	0	\$	0	\$	0	\$	2,500	0%
3	Operating	\$	0	\$	0	\$	0	\$	0	\$	0	0%
4	Equipment	\$	0	\$	0	\$	0	\$	0	\$	0	0%
5	Contract/Consultant	\$	0	\$	0	\$	0	\$	0	\$	0	0%
6	Training	\$	0	\$	0	\$	0	\$	0	\$	0	0%
7	Other	\$	0	\$	0	\$	0	\$	0	\$	0	0%
8	Total	\$	85,229	\$	0	\$	0	\$	0	\$	85,229	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

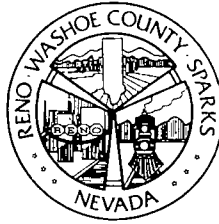
Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 2/26/09

DATE: February 10, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
775-328-2418, pbuxton@washoecounty.us

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

SUBJECT: Approval of Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 through December 31, 2009 in the total amount of \$115,022 in support of the Sexually Transmitted Disease (STD) Program; and if approved, authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received a Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 through December 31, 2009 in the amount of \$115,022 in support of the Sexually Transmitted Disease (STD) Program. A copy of the Notice of Subgrant Award is attached.

District Board of Health Priority supported by this item:
Approval of this Subgrant Award and accompanying budget amendment supports the District Board of Health's strategic priority: *Experience a low rate of communicable disease.*

This award also supports the Districts Sexual Health Program's mission to provide comprehensive prevention education, treatment, and surveillance activities in Washoe County that reduce the incidence of STD infection including HIV. The Sexual Health Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STD and HIV infections in the community.

PREVIOUS ACTION

The District Board of Health approved the Notice of Subgrant Award for the period January 1, 2008 through December 31, 2008 in the total amount of \$115,031 on February 28, 2008.

AGENDA ITEM #7.C.4.

BACKGROUND

Attachment A of the Notice of Subgrant Award refers to the statewide goals and objectives. The State of Nevada STD Program Coordinator has acknowledged that the Washoe County Health District will report on activities performed through partnerships and collaborations with other Community and Clinical Health Services programs, as well as community based organizations for this report. In addition, should these partnerships or collaborations lose funding that support these activities, thus limiting or eliminating the activities, the Health District will report to the State as such.

FISCAL IMPACT

This grant was anticipated in the FY 08/09 adopted budget in the amount of \$115,031, in salary and benefits. In order to bring the Notice of Subgrant Award into alignment with the program budget a budget amendment in the amount of \$9.00 would need to be processed. For efficiency purposes, a budget amendment will not be brought forward to the Board of County Commissioners for approval. The Washoe County Health District will not exceed the adopted budget authority through June 30, 2009.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 through December 31, 2009 in the total amount of \$115,022 in support of the Sexually Transmitted Disease (STD) Program; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Nevada State Health Division for the period January 1, 2009 through December 31, 2009 in the total amount of \$115,022 in support of the Sexually Transmitted Disease (STD) Program; and if approved, authorize the Chairman to execute.

Nevada Department of Health and Human Services

HEALTH DIVISION

(hereinafter referred to as the DIVISION)

Budget Account #: 3215
 Category #: 08
 GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: STD Prevention and Control Program Office of Health Statistics and Surveillance Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD) WCHD Project Code: 93977A 10014 George Furman, MD, Chair, (775) 328-2417		
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: P. O. Box 11130 Reno, NV 89520		
Subgrant Period: January 1, 2009 through December 31, 2009		Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T41107900		
Reason for Award: To identify, treat and control sexually transmitted disease (STD) in Washoe County.				
County(ies) to be served: () Statewide (X) Specific county or counties: Washoe County				
Approved Budget Categories:				
1. Personnel	\$	91,451	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.	
2. Travel	\$	—		
3. Operating Equipment	\$	23,571		
Contractual/Consultant	\$	—		
6. Training	\$	—		
7. Other	\$	—		
Total Cost	\$	115,022		
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 115,022 during the subgrant period.				
Source of Funds:		% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention		100	93.977	1H25PS001382-01
Terms and Conditions In accepting these grant funds, it is understood that:				
1. Expenditures must comply with appropriate state and/or federal regulations.				
2. This award is subject to the availability of appropriate funds.				
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.				
WCHD	Signature			Date
Julia Spaulding, MHA Program Coordinator				2/26/09
Alicia Hansen, MS State Biostatistician				12/30/08
hard Whitley, MS Administrator, Health Division				12/31/08

JR
12/30/08

WAS

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

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

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

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

Description of services, scope of work, deliverables and reimbursement

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

- Provide testing and clinical services to all patients, contacts, and suspects referred to or volunteering for examination, treatment, or counseling for sexually transmitted diseases (STDs) in Washoe County as specified in the budget, during the subgrant period. The services will be provided at STD clinics, Family Planning Clinics, the Juvenile Detention Center and non-traditional sites which services are provided by County-Level Community Outreach.
- Provide and supervise Communicable Disease Investigators, Public Health Nurses, Administrative Staff, and other staff necessary for the successful provision of testing and clinical services to patients, contacts, and suspects for STDs during the subgrant period.
- Provide interview and investigative services including pre and post-test evaluations of STD patients seeking HIV evaluations per STD epidemiology performance standards approved by the Centers for Disease Control and Prevention (CDC) throughout the subgrant period.
- Use the Sexually Transmitted Disease*Management Information System (STD*MIS) or compatible system meeting CDC standards , reactor registry, and other records to perform the following activities related to STD investigation during the subgrant period:
 - a. program planning,
 - b. program implementation;
 - c. program evaluation; and,
 - d. Respond to recommendations for data quality improvements made by the Health Division.
- Complete and maintain an STD file system that adequately and timely documents all STD program activity conducted during the subgrant period.
- Maintain a minimum level of STD individual and community behavior change intervention activities during the subgrant period, including appropriate risk reduction education of high-risk or vulnerable populations. *(For guidance, reference Healthy People 2010: Understanding and Improving Health, Focus Area 25: Sexually Transmitted Diseases.)*
- Provide to the Health Division, upon request, reports regarding STD activities in Washoe County.
- Submit electronically to the Health Division the following deliverables by the deadlines listed:
 - STD*MIS Reports. **(Due weekly)**
 - Quarterly Statistical Reports. Reports should present data on all STD testing, diagnoses, treatment, and partner services conducted by the subgrantee during each quarter (by gender, race, age, etc.), including (1) infertility data (which includes the number of clients screened and treated for Chlamydia); (2) a ratio of the number of infected partners brought to treatment per the number of client interviews performed (by gender); and (3) prevalence monitoring. These reports must be presented in the format requested by the STD Program Coordinator. **Reports are due to the STD Program Coordinator no later than 30 days after the end of each quarter of the subgrant period.**

- Annual Progress Reports. Reports should include: (1) a brief narrative description (no more than 10 double-spaced pages) of all STD program activities conducted by the subgrantee for the subgrant period for CSPA and IPP, including any education, outreach, or intervention activities and their locations; (2) identification of future technical assistance or training needs (if any); and (3) copies of all products produced for the STD program with subgrant funds. These reports must be presented in the format requested by the STD Program Coordinator (See Attachment A). **Reports are due to the NSHD STD Program Coordinator no later than 45 days after the end of the subgrant period.**

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 1H25PS001382-01 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division, nor the Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the Nevada State Health Division by Grant Number 1H25PS001382-01 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$	91,451	40% FTE Disease Intervention Specialist, \$30,968 50% FTE Disease Intervention Specialist, \$38,709 Fringe Benefits (31.25%), \$21,774
2. Travel	\$	0	
3. Operating	\$	23,571	Aptima NAATs Tests, 2,619 tests x \$9/test, \$23,571*
4. Equipment	\$	0	
5. Contractual Consultant	\$	0	
6. Training	\$	0	
7. Other	\$	0	
Total Cost	\$	115,022	

**At least 50 percent of these tests will be used for family planning clients.*

- With prior approval from the NSHD STD Program Coordinator, subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.
- 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/Sub-Awardee to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested quarterly for expenses incurred in the implementation of the Scope of Work:

- Reimbursement will not exceed \$115,022 for the period of the subgrant;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any unobligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- The STD Prevention and Control Program will provide or accomplish the following items to ensure successful completion of this project, such as:
 - Provide reimbursement of activities related to this subgrant, not to exceed \$115,022 during the subgrant period, given receipt of appropriate documentation;
 - Providing technical assistance, upon request from the Subgrantee;
 - Providing prior approval of reports or documents to be developed;
 - Forwarding a report to CDC.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's STD program in its entirety at any time. Program and fiscal audits shall occur annually or as needed.

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

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

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

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

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

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

Nevada Department of Health and Human Services

Health Division # 09135
 Bureau Program # 3215/08
 GL # 8516
 Draw #:

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: STD Prevention and Control Program Office of Health Statistics and Surveillance Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD) WCHD Project Code: 93977A George Furman, MD, Chair, (775) 328-2417
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: P. O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2009 through December 31, 2009	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T41107900

FINANCIAL REPORT AND REQUEST FOR FUNDS

Report in whole dollars unless reporting actual figures is specifically approved. Request 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	\$ 91,451	\$ 0	\$ 0	\$ 0	\$ 91,451	0%
2 Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%
3 Operating	\$ 23,571	\$ 0	\$ 0	\$ 0	\$ 23,571	0%
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%
6 Training	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%
7 Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0%
8 Total	\$ 115,022	\$ 0	\$ 0	\$ 0	\$ 115,022	0%

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

Do you have an advance? Yes No If so, what is the amount?

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? ____ Yes ____ No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

Comprehensive STD Prevention Systems Grant Performance Measures CY 2009 - 2013

The following performance measures must be reported on by all subgrantees.

CSPS MLS1:

- a. Proportion of female admittees to large juvenile detention facilities that were tested for chlamydia.

Numerator: Number of females who received chlamydia testing at the specified juvenile detention centers.

Denominator: Total number of female admittees to the specified juvenile detention center

- b. Proportion of females tested that were diagnosed with chlamydia.

Numerator: Number of female juvenile detention center clients positive for chlamydia per year

Denominator: Number of female juvenile detention clients tested for chlamydia per year

CSPS MLS2:

- a. Among clients of IPP family planning clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for chlamydia.

- b. Among clients of IPP family planning clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for gonorrhea.

CSPS MLS3:

- a. Among clients of STD clinics, the proportion of women with positive CT tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for chlamydia within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for chlamydia.

Attachment A

- b. Among clients of STD clinics, the proportion of women with positive GC tests that are treated within 14 and 30 days of the date of specimen collection.

Numerator: Number of women treated for gonorrhea within 14 and 30 days of the date of specimen collection.

Denominator: Total number of women who tested positive for gonorrhea.

The following performance measures must be reported on by only subgrantees receiving Syphilis Elimination Effort funds.

CSPS MLS4: Proportion of P & S syphilis cases treated within 14 and 30 days of specimen collection.

Numerator: Number of cases treated for P & S syphilis within 14 and 30 days of the date of specimen collection.

Denominator: Total number of cases who tested positive for P & S syphilis.

CSPS MLS5:

- a. Proportion of female admittees entering selected adult city and county jails that were tested for syphilis.

Numerator: Number of females entering selected adult city and county jails tested for syphilis.

Denominator: Total number of females entering selected adult city and county jails.

- b. Proportion of females tested newly diagnosed with syphilis (any stage).

Numerator: Number of females tested newly diagnosed with syphilis (any stage).

Denominator: Total number of females tested for syphilis.

- c. Proportion of females diagnosed with syphilis treated within 14 and 30 days of specimen collection.

Numerator: Number of female cases treated for syphilis within 14 and 30 days of the date of specimen collection.

Denominator: Total number of female cases who tested positive for syphilis.

CSPS PS1: Proportion of P & S syphilis cases interviewed within 7, 14, and 30 calendar days of date of specimen collection, per P & S case.

Attachment A

Numerator: **Number of P & S syphilis cases interviewed within 7, 14, and 30 days of the date of specimen collection.**

Denominator: **Total number of P & S syphilis cases.**

CSPS PS2:

- a. Number of contacts prophylactically treated (disposition A) within 7, 14, and 30 days calendar days from day of interview of index case, per case of P&S.

Numerator: **Number of contacts prophylactically treated (disposition within 7, 14, and 30 days calendar days from day of interview of index case)**

Denominator: **Total number of P & S syphilis cases.**

- b. Number of contacts brought to treatment as new syphilis cases (disposition C) within 7, 14, and 30 days calendar days from day of interview of index case, per case of P&S.

Numerator: **Number of contacts brought to treatment as new syphilis cases (disposition C) within 7, 14, and 30 days calendar days from day of interview of index case**

Denominator: **Total number of P & S syphilis cases.**

Comprehensive STD Prevention Systems Grant Goals and Objectives CY 2009

The following objectives must be reported on by all subgrantees.

Goal: Reduce gonorrhea among Black non-Hispanics.

Objective: By December 31, 2009, reduce the rate of gonorrhea per 100,000 population for Black, non-Hispanics.

Please describe the STD prevention services you have provided to Black, non-Hispanic persons in your community.

Goal: Increase STD awareness and knowledge of STD prevention through individual and community-level interventions.

Please describe the STD prevention services you have provided to raise STD awareness and stimulate individual risk reduction behaviors and the total number of persons reached through your services.

Objective: By December 31, 2009, make condoms and other risk reduction material available at local community-based organizations (CBOs) and community clinics throughout Nevada.

Please describe how you partnered with CBOs or clinics to distribute condoms and other risk reduction material in your community.

Objective: By December 31, 2009, provide STD/HIV prevention messages through the internet.

Please describe how you provided STD/HIV prevention messages through the internet.

Goal: Continue to improve access to STD testing and laboratory services in Nevada.

Objective: By December 31, 2009, increase STD testing opportunities in non-traditional settings.

Please describe any testing opportunities you provided in non-traditional (outside of your clinic) settings. This includes participation in health fairs and other outreach activities.

Goal: Increase partner services provided through the internet.

Objective: By December 31, 2009, increase the use of internet-based partner services.

Please describe your use of internet-based partner services.

Goal: Provide opportunities for training and staff development.

Objective: By December 31, 2009, staff from the local health authorities and the NSHD will attend a national STD conference or training.

Please list the national STD-related conferences your staff has attended during the period.

Goal: Improve local health care providers' knowledge of STD prevention, screening, and treatment guidelines and increase provider reporting.

Attachment A

Objective: By December 31, 2009, complete provider visitations, increase training opportunities for providers and increase STD data dissemination to providers to increase knowledge of STD prevention, screening, treatment, and reporting requirements.

Please list any trainings/services that you made available for health care providers in your jurisdiction. Please also include any STD data dissemination you directed at health care providers.

Goal: Prevent STD-related infertility and other complications of STDs by adhering to Region IX IPP screening guidelines and CDC's STD treatment guidelines.

Objective: By December 31, 2009, test and counsel a minimum of 16,000 high-risk women and adolescents for chlamydia and gonorrhea according to Region IX IPP screening guidelines.

How many chlamydia and gonorrhea tests were provided to high-risk women and adolescents who presented at your STD or FP clinics according to Region IX IPP screening guidelines?

Each jurisdiction (Clark County, Washoe County, Carson City, rural/frontier counties) will identify a minimum of one juvenile hall or other venue to screen individuals from the Area of Special Emphasis population of high-risk adolescents and young people for chlamydia and gonorrhea according to Region IX IPP screening guidelines.

Please identify by name and address the juvenile hall or other venue identified in your jurisdiction to meet this objective.

Each county-level IPP-funded STD and FP program will conduct one annual chart review using the Region IX IPP Quality Assurance Tool to ensure compliance with Region IX IPP screening guidelines, counseling recommendations, and CDC treatment standards.

Please provide the date(s) and results of the chart reviews conducted using the Region IX IPP Quality Assurance Tool to ensure compliance with Region IX IPP screening guidelines, counseling recommendations, and CDC treatment standards.

Objective: By December 31, 2009, screen 95 percent of IPP-funded STD and FP clinics female clients aged 25 years old and younger for chlamydia and gonorrhea through targeted use of Nucleic Acid Amplification Tests (NAAT) according to Region IX IPP screening guidelines.

Please provide the following information:

Numerator: The total number of female clients aged 25 years old and younger screened for chlamydia and gonorrhea through targeted use of Nucleic Acid Amplification Tests (NAAT) according to Region IX IPP screening guidelines in IPP-funded STD and FP clinics.

Denominator: The total number of female clients aged 25 years old and younger receiving services at an IPP-funded STD and FP clinics.

Percentage screened: Numerator divided by the denominator

Attachment A

Objective: By December 31, 2009, collect and transfer 100 percent of Region IX IPP core data sets from each Nevada region according to the Region IX IPP Data Procedures.

Provide the NSHD with necessary IPP data quarterly based on Region IX IPP Data Subcommittee standards.

Objective: By December 31, 2009, increase the percentage of unduplicated female clients 25 years of age or younger in family planning clinics that receives a chlamydia test.

Please provide the following information:

Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a chlamydia test at an IPP-funded FP clinic.

Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded FP clinic.

Percentage screened: Numerator divided by the denominator

Objective: By December 31, 2009, increase the percentage of unduplicated female clients 25 years of age or younger in STD clinics that receives a chlamydia test.

Please provide the following information:

Numerator: The total unduplicated number of female clients aged 25 years old and younger that received a chlamydia test at an IPP-funded STD clinic.

Denominator: The total unduplicated number of female clients aged 25 years old and younger receiving services at an IPP-funded STD clinic.

Percentage screened: Numerator divided by the denominator

Objective: By December 31, 2009, increase the proportion of females in juvenile detention centers that are positive for chlamydia infection.

Please provide the following information:

Numerator: Number of female juvenile detention center clients positive for chlamydia per reporting period.

Denominator: Number of female juvenile detention clients tested for chlamydia per reporting period.

Proportion: Numerator divided by the denominator

Objective: By December 31, 2009, increase rescreening rates among females less than 26 years of age that received a positive chlamydia test in an IPP clinic.

Please provide the following information:

Numerator: Total number of females less than 26 years of age that tested positive for chlamydia in an IPP clinic and returned for rescreening based on the Region IX IPP rescreening definition.

Denominator: Total number of females less than 26 years of age that tested positive for chlamydia in an IPP clinic.

Proportion: Numerator divided by the denominator

The following objectives must be reported on by only subgrantees receiving Syphilis Elimination Effort funds.

Objective: Reduce the rate of primary and secondary syphilis per 100,000 population.

Please provide the following information:

Numerator: Number of cases of primary and secondary syphilis per reporting period

Denominator: Population per 100,000 per reporting period

Objective: Reduce the rate of congenital syphilis per 100,000 population.

Please provide the following information:

Numerator: Number of cases of congenital syphilis per reporting period

Denominator: Population per 100,000 per reporting period



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: February 26, 2009

DATE: February 9, 2009
TO: District Board of Health
FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
 775-325-8068, lcooke@washoecounty.us

THROUGH: Eileen Coulombe, Administrative Health Services Officer

SUBJECT: Proposed approval of 1) Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 through December 31, 2009 in the amount of \$67,723 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); 2) approval of amendments totaling an increase of \$2 in revenue and expenses to bring the FY08/09 Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program budget (IN 10016) into alignment with the subgrant; and 3) authorize the Chairman of the Board to sign.

SUMMARY

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

The Washoe County Health District (District) received a Notice of Subgrant Award from the Nevada Department of Health and Human Services, Health Division in the total amount of \$67,723 for the period January 1, 2009 through December 31, 2009 in support of the Tuberculosis CDC Grant Program. A copy of the Notice of Subgrant Award is attached.

Priority/Goal supported by this item: Approval of the Subgrant Award and associated budget amendments supports the District's Community & Clinical Health Services Division Tuberculosis Prevention Program's mission to prevent and control Tuberculosis in order to reduce morbidity, disability and premature death due to Tuberculosis by reducing the number of Tuberculosis cases per 100,000 in Washoe County.

PREVIOUS ACTION

The Washoe County District Board of Health approved the last Subgrant Award in support

AGENDA ITEM # 7.C.5.

of the Tuberculosis CDC Grant Program on April 24, 2008.

BACKGROUND

Funding for the Tuberculosis CDC Grant Program was anticipated in the FY 08/09 adopted budget in the amount of \$67,721. The Notice of Subgrant Award is for the amount of \$67,723. However, as this is a calendar year grant and sufficient budget authority exists through June 30, 2009, no budget amendment is necessary. Likewise, staff believes it is not prudent to forward a \$2.00 budget amendment to the BCC for processing.

This Subgrant provides funding for personnel (.48 of a 1.0 FTE - PHN II), required CDC travel, isolation housing, and incentives/enablers. Incentives/enablers are intended to increase compliance for completion of Tuberculosis treatment and include, but are not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers, etc.

FISCAL IMPACT

Should the Board approve the Notice of Subgrant Award and these budget amendments, the adopted FY 08/09 budget will be **increased by \$2 in both revenues and expenditures** in the Tuberculosis CDC Grant Program, IN 10016 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IN-10016 -431100	Federal Revenue	\$ 2.00
2002-IN-10016 -710500	Other Expense	2.00
	Total Expenditures	\$ 2.00

RECOMMENDATION

Staff recommends that the District Board of Health approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 through December 31, 2009 in the amount of \$67,723 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); 2) approval of amendments totaling an increase of \$2 in revenue and expenses to bring the FY08/09 Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program budget (IN 10016) into alignment with the subgrant; and 3) authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve the Subgrant Award from the Nevada Department of Health and Human Services, Health Division for the period January 1, 2009 through December 31, 2009 in the amount of \$67,723 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program (IN 10016); 2) approval of amendments totaling an increase of \$2 in revenue and expenses to bring the FY08/09 Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program budget (IN 10016) into alignment with the subgrant; and 3) authorize the Chairman of the Board to sign.

Nevada Department of Health and Human Services

HEALTH DIVISION

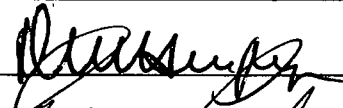

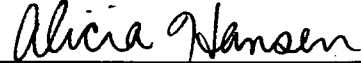

(hereinafter referred to as the DIVISION)

Budget Account #: 3220

Category #: 14

GL #: 8516

NOTICE OF SUBGRANT AWARD

Program Name: TB Control and Elimination Program Bureau of Community Health Nevada State Health Division		Subgrantee Name: Washoe County Health District (WCHD)		
Address: 4150 Technology Way, Suite 200 Carson City, NV 89701-2028		Address: P. O. Box 11130 Reno, NV 89520		
Subgrant Period: January 1, 2009 through December 31, 2009		Subgrantee EIN#: 88-6000138		
		Subgrantee Vendor#: T40283400Q		
Reason for Award: To fund activities for the control and elimination of <i>M. tuberculosis</i> in Washoe County				
County(ies) to be served: () Statewide (<input checked="" type="checkbox"/>) Specific county or counties: <u>Washoe County</u>				
Approved Budget Categories:				
1. Personnel	\$ 61,451	Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work. Do not use decimals or show cents, round to nearest whole dollar.		
2. Travel	\$ 3,852			
3. Operating	\$			
Equipment	\$			
Contractual/Consultant	\$			
6. Training	\$			
7. Other	\$ 2,420			
Total Cost	\$ 67,723			
Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$ 67,723.00 during the subgrant period.				
Source of Funds:		% of Funds:	CFDA#:	Federal Grant #:
1. Centers for Disease Control and Prevention		<u>100%</u>	<u>93.116</u>	<u>5U52PS907855-18</u>
Terms and Conditions In accepting these grant funds, it is understood that:				
1. Expenditures must comply with appropriate state and/or federal regulations.				
2. This award is subject to the availability of appropriate funds.				
3. Recipient of these funds agrees to stipulations listed in Sections A, B, and C of this subgrant award.				
Chairman, Washoe County District Board of Health, WCHD	Signature: 			Date: 2/26/09
Susanne Paulson Program Coordinator	Signature: 			Date: 12/31/08
Alicia Hansen, MS Chief of Biostatistician	Signature: 			Date: 1/6/09
Richard Whitley, MS Administrator, Health Division	Signature: 			

HEALTH DIVISION
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

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

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

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

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

9. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
10. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, council, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, council, or board.
11. Health Division subgrants are subject to inspection and audit by representatives of the Health Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. determine reliability of financial aspects of the conduct of the project.

Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Health Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133 [Revised June 27, 2003]) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE NEVADA STATE HEALTH DIVISION, ATTN: ADMINISTRATIVE SERVICES OFFICER IV, 4150 TECHNOLOGY WAY, SUITE 300, CARSON CITY, NEVADA 89706-2009, within nine (9) months of the close of the Subgrantee's fiscal year.

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

Description of services, scope of work, deliverables and reimbursement

These funds will be utilized in accordance with the mission of the Nevada State Health Division Tuberculosis Prevention and Elimination Program which is to promote and protect the well-being of Nevadans and visitors to our state by preventing, controlling, tracking and ultimately eliminating tuberculosis (TB) in the citizens of Nevada by providing services toward the control and elimination of tuberculosis, including rapid identification and diagnosis of the disease, timely contact investigation and completion of treatment.

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

- Provide case management for TB cases, including reporting; contact investigation; assurance of patient adherence to medication regimen; legal referral for non-adherence; and home visits for assessment, provision of direct observed therapy (DOT) and monitoring of treatment regimes.
- Ensure evaluation and treatment of suspect cases of tuberculosis, including contact investigation where indicated.
- Conduct TB surveillance for epidemiological trends.
- The Subgrantee will: provide TB education to community health care providers when requested; assist detention centers, clinics, hospitals, homeless shelters and group home staff to increase screening and recognition of symptoms of TB; and assist with TB evaluation in treatment and residential care centers to ensure compliance with licensure regulations upon request.
- Policies and protocols for TB care and investigation, infection control and OSHA requirements will follow CDC guidelines and be revised as needed. A Report of Verified Case of Tuberculosis (RVCT) will be submitted for all Mycobacterium Tuberculosis Complex (MTBC) confirmed cases identified in Washoe County. An Aggregate Report for Tuberculosis Program Evaluation (ARPE) will be submitted no later than August 1, 2009. A Quarterly Report will be submitted 45 days after the end of each quarter. Deadlines are as follows: May 15, August 15, November 15 and February 15.
- The RVCT form must be submitted via hard copy within 45 days of diagnosis to NSHD TB Program, Attn: Susanne Paulson, 4150 Technology Way, Suite 200, Carson City, NV 89706-2028. The ARPE and Quarterly Reports are to be submitted electronically to spaulson@health.nv.gov in the event the Subgrantee is unable to provide an electronic version a hardcopy version may be accepted with prior verbal authorization. Written copies of the request for reimbursement are required.

(Note: brief reports should be requested/submitted with each request for reimbursement):

- Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Health Division through Grant Number 5U52PS907855-18 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada State Health Division or Centers for Disease Control and Prevention."
- Any activities performed under this subgrant shall acknowledge the funding was provided through the State Health Division by Grant Number 5U52PS907855-18 from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

1. Personnel	\$ 61,451
2. Travel	\$ 3,852
3. Operating	\$ 0
4. Equipment	\$ 0
5. Contractual Consultant	\$ 0
6. Training	\$ 0
7. Other	\$ 2,420

TB Controller / Coordinator 58% of 1.0 FTE

Travel will be used for Subgrantee staff to attend meetings, seminars, workshops and trainings.

1) Patient Housing funds will be used to provide housing support for homeless or at-risk for being homeless TB patients and active/suspect TB clients during initial treatment and/or evaluation phase or until they are no longer contagious.

2) Incentives and Enablers (Including, but not limited to, transportation and food vouchers, telephone calling cards, personal items, behavioral reinforcers) are to be used with contacts and/or TB patients to bring them in for treatments and/or testing.

Total Cost \$ 67,723

- Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and does not alter the Scope of Work.
- 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/Sub-Awardee to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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

- Reimbursement may be requested monthly or quarterly for expenses incurred in the implementation of the Scope of Work;
- Reimbursement will not exceed \$67,723 for the period of the subgrant
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred; and

- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Health Division within 45 days of the CLOSE OF THE SUBGRANT PERIOD. Any unobligated funds shall be returned to the Health Division at that time, or if not already requested, shall be deducted from the final award.

The Nevada State Health Division agrees:

- Provide technical assistance, upon request from the Subgrantee;
 - Provide assistance for the implementation of program activities
 - To Coordinate with other state agencies as needed
 - Tabulate and interpret required data and program evaluation
 - Serve as the authority responsible for ensuring necessary reports and documents are submitted to the CDC, per reporting deadlines
 - Forward reports to appropriate facility, i.e. CDC, interstate agencies, Dept. of Quarantine, etc.
- The Health Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Health Division.

Both parties agree:

Site-visit monitoring and/or audits may be conducted by the Nevada State Health Division or the Centers for Disease Control and Prevention or related staff of the Subgrantee's TB program to evaluate progress and compliance with the activities outlined in the Scope of Work. Program and fiscal audits shall occur annually or as needed.

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

- Both parties acknowledge a Business Associate Agreement is currently on file with the Nevada State Health Division's Administration Office.
- This subgrant may be extended up to a maximum term of four years upon agreement of both parties and if funding is available.

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

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

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

- ☞ A Request for Reimbursement is due on a **monthly or quarterly** basis, based on the terms of the subgrant agreement, no later than the 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 Subgrant Award.
- ☞ **PLEASE REPORT IN WHOLE DOLLARS**

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

An explanation of the form is provided below.

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

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

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

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

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

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

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

Nevada Department of Health and Human Services

Health Division # 9147
 Bureau Program # 3220
 GL # 8516
 Draw #: _____

HEALTH DIVISION

REQUEST FOR REIMBURSEMENT / ADVANCE

Program Name: TB Control and Elimination Program Bureau of Community Health Nevada State Health Division	Subgrantee Name: Washoe County Health District (WCHD) (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89701-2028	Address: P.O. Box 11130 Reno, NV 89520
Subgrant Period: January 1, 2009 through December 31, 2009	Subgrantee EIN#: 88-6000138 Subgrantee Vendor#: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ **Calendar Year:** _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 61,451	\$ 0	\$ 0	\$ 0	61,451	0%
2 Travel	\$ 3,852	\$ 0	\$ 0	\$ 0	3,852	0%
3 Operating	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
4 Equipment	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
5 Contract/Consultant	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
6 Training	\$ 0	\$ 0	\$ 0	\$ 0	0	0%
7 Other	\$ 2,420	\$ 0	\$ 0	\$ 0	2,420	0%
8 Total	\$ 67,723	\$ 0	\$ 0	\$ 0	67,723	0%

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

Authorized Signature _____ Title _____ Date _____

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

FOR HEALTH DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

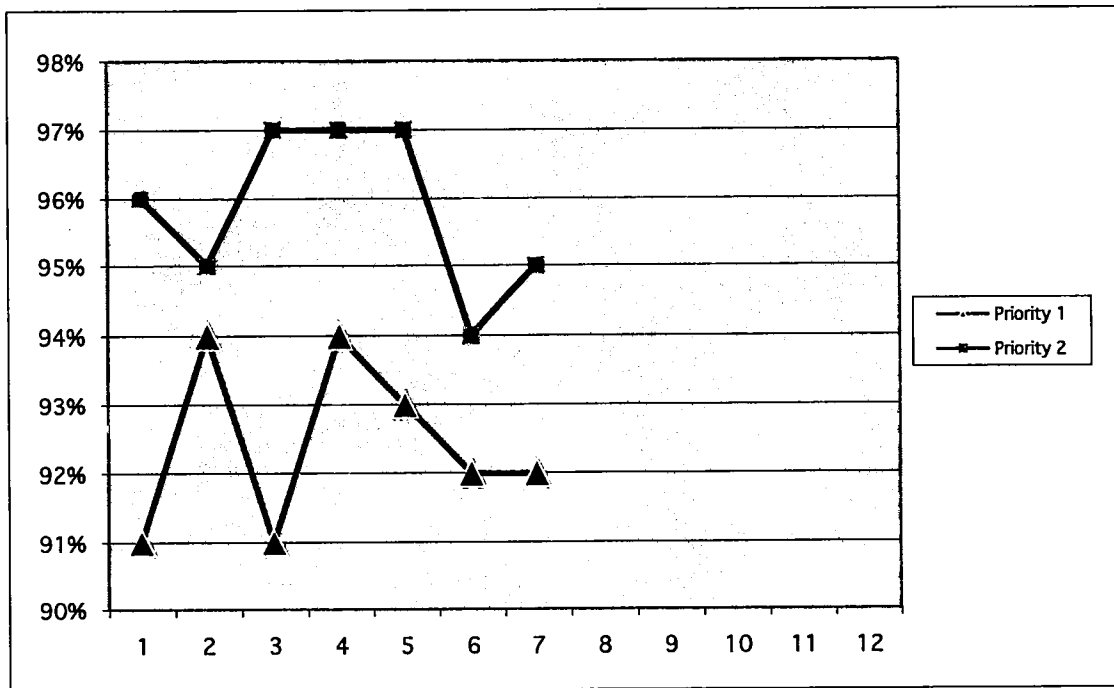


Regional Emergency Medical Services Authority

REMSA
OPERATIONS REPORTS
FOR
JANUARY 2009

Fiscal 2009

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-08	4 mins. 56 secs.	3 mins. 51 secs.	91%	96%
Aug.	5 mins. 52 secs.	4 mins. 42 secs.	94%	95%
Sept.	6 mins. 15 secs.	5 mins. 4 secs.	91%	97%
Oct.	5 mins. 55 secs.	4 mins. 49 secs.	94%	97%
Nov.	5 mins. 37 secs.	4 mins. 33 secs.	93%	97%
Dec.	5 mins. 0 secs.	3 mins. 52 secs.	92%	94%
Jan. 09	5 mins. 50 secs.	4 mins. 43 secs.	92%	95%
Feb.				
Mar.				
Apr.				
May				
Jun-07				



08-09 Sched of Fran Avg. Bill

Care Flight				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	19	\$106,108	\$5,585	\$5,585
Aug.	14	\$83,040	\$5,931	\$5,732
Sept.	25	\$153,215	\$6,129	\$5,903
Oct.	16	\$104,772	\$6,548	\$6,042
Nov.	9	\$53,679	\$5,964	\$6,034
Dec.	18	\$100,736	\$5,596	\$5,956
Jan. 09	11	\$65,659	\$5,969	\$5,957
Feb.			\$0	\$5,957
Mar.			\$0	\$5,957
Apr.			\$0	\$5,957
May			\$0	\$5,957
June			\$0	\$5,957
Totals	112	\$667,209	\$5,957	\$5,957
			Adjusted Allowed Average Bill -	\$6,341.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-08	2756	\$2,364,088	\$858	\$858
Aug.	2876	\$2,479,415	\$862	\$860
Sept.	2705	\$2,388,051	\$883	\$867
Oct.	2671	\$2,356,443	\$882	\$871
Nov.	2536	\$2,238,390	\$883	\$873
Dec.	2717	\$2,420,685	\$891	\$876
Jan. 09	2741	\$2,437,974	\$889	\$878
Feb.			\$0	\$878
Mar.			\$0	\$878
Apr.			\$0	\$878
May			\$0	\$878
June			\$0	\$878
Totals	19002	\$16,685,046	\$878	\$878
			Allowed ground avg bill -	\$886.00



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
JANUARY 2009**



**CARE FLIGHT OPERATIONS REPORT
JANUARY 2009
WASHOE COUNTY**

❖ **In Town Transfer:**

- 1 ITT was completed

❖ **Outreach, Education, & Marketing:**

- 4 Community Education & Public Events

1-26-09	REMSA/RASI Orientation	Flight Staff
1-26-09	Incline Fire Avalanche Drill	Flight Staff
1-27-09	Incline Fire Avalanche Drill	Flight Staff
1-29-09	Incline Fire Avalanche Drill	Flight Staff

Statistics

Washoe County Flights

	# patients
Total Flights:	11
Total Patients	11
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	11
Hospital Transports	
Trauma	6
Medical	3
High Risk OB	0
Pediatrics	2
Newborn	0
Full Arrest	0
Total	11



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
JANUARY 2009



GROUND AMBULANCE OPERATIONS REPORT

January 2009

1. OVERALL STATISTICS:

Total Number Of System Responses	4706
Total Number Of Responses In Which No Transport Resulted	1919
Total Number Of System Transports	2787

2. CALL CLASSIFICATION REPORT:

Trauma		27%
	Non-MVA Related	20%
	MVA Related	7%
Medical		47%
OB		1%
Psychiatric/Behavioral		3%
Transfers		17%
Unknown/Other		4%
Cardiopulmonary Arrests		1%
Total Number of System Responses		100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

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

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

- 100% of cardiopulmonary arrests
 - o 35 total

- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 157
- 100% of advanced airways (outside cardiac arrests)
 - 5 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCR's
 - 627 Paramedic total
 - 0 EMT-I total
- 100% Pain/Sedation Management – 152

All follow-up deemed necessary resulting from Communication CQI was completed by Alan Dobrowolski, RN, Communications Manager.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Basic Life Support CPR Instructor Course

1/31/09	REMSA	10 Students
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Healthcare Provider (HCP) CPR Courses

1/7/09	REMSA	9 Students
1/8/09	REMSA	10 Students
1/10/09	REMSA	8 Students
1/13/09	REMSA	10 Student
1/21/09	REMSA	7 Students
1/29/09	REMSA	5 Students
1/29/09	REMSA	2 Students

Healthcare Provider (HCP) Recertification CPR Courses

1/9/09	REMSA	5 Students
1/14/09	REMSA	3 Students
1/14/09	REMSA	4 Students
1/15/09	REMSA	8 Students
1/17/09	REMSA	1 Students
1/23/09	REMSA	8 Students
1/23/09	REMSA	1 Student
1/24/09	REMSA	8 Students
1/27/09	REMSA	2 Students
1/27/09	REMSA	8 Students

Healthcare Provider (HCP) Employee Recertification Course

1/9/09	REMSA	1 Student
1/13/09	REMSA	2 Student
1/22/09	REMSA	1 Student
1/27/09	REMSA	2 Student
1/30/09	REMSA	1 Student

BLS CPR Skills Verification

1/6/09	REMSA	1 Student
1/8/09	REMSA	11 Students
1/9/09	REMSA	1 Student
1/13/09	REMSA	3 Students
1/14/09	REMSA	1 Student
1/19/09	REMSA	2 Students
1/26/09	REMSA	1 Student
1/28/09	REMSA	1 Student
1/29/09	REMSA	2 Students
1/30/09	REMSA	1 Student
1/31/09	REMSA	1 Student

Heartsaver First Aid (HSFA) Courses

1/3/09	REMSA	2 Students
1/8/09	REMSA	1 Student
1/28/09	REMSA	4 Students
1/30/09	REMSA	7 Students

Heartsaver Pediatric First Aid (HSPFA) AED Courses

1/10/09	REMSA	9 Students
1/10/09	REMSA	5 Students

Heartsaver (HS) AED Courses

1/3/09	REMSA	4 Students
1/17/09	REMSA	4 Students
1/17/09	REMSA	18 Students

Heartsaver (HS) CPR Courses

1/12/09	REMSA	2 Students
1/12/09	REMSA	3 Students

Advanced Cardiac Life Support

1/12/08	Nor Cal Med Ed	10 Students
1/13/08	Nor Cal Med Ed	3 Students
1/27/08	Nor Cal Med Ed	3 Students
1/31/08	Nor Cal Med Ed	2 Students
2/4/08	Nor Cal Med Ed	5 Students
4/27/08	Nor Cal Med Ed	7 Students
5/10/08	Nor Cal Med Ed	2 Students
5/15/08	Nor Cal Med Ed	10 Students
6/7/08	Nor Cal Med Ed	8 Students
6/30/08	Nor Cal Med Ed	1 Student
7/28/08	Nor Cal Med Ed	1 Student
7/29/08	Nor Cal Med Ed	1 Student
8/16/08	Nor Cal Med Ed	1 Student
10/18/08	Nor Cal Med Ed	5 Students
11/24/08	Nor Cal Med Ed	3 Students
12/12/08	Nor Cal Med Ed	1 Student
12/31/08	Nor Cal Med Ed	3 Students
1/30/09	REMSA	1 Student
1/7/09	REMSA	6 Students

Pediatric Advanced Life Support

2/1/08	Nor Cal Med Ed	3 Students
2/5/08	Nor Cal Med Ed	5 Students
2/24/08	Nor Cal Med Ed	2 Students
4/12/08	Nor Cal Med Ed	8 Students
4/13/08	Nor Cal Med Ed	8 Students
4/15/08	Nor Cal Med Ed	3 Students
4/18/08	Nor Cal Med Ed	1 Student
5/16/08	Nor Cal Med Ed	8 Students
5/29/08	Nor Cal Med Ed	3 Students
6/9/08	Nor Cal Med Ed	5 Students
6/22/08	Nor Cal Med Ed	1 Student
7/12/08	Nor Cal Med Ed	3 Students
8/15/08	Nor Cal Med Ed	2 Students
8/16/08	Nor Cal Med Ed	11 Students
8/23/08	Nor Cal Med Ed	5 Students
10/19/08	Nor Cal Med Ed	5 Students
10/20/08	Nor Cal Med Ed	4 Students
10/22/08	Nor Cal Med Ed	3 Students
11/25/08	Nor Cal Med Ed	3 Students
12/3/08	Nor Cal Med Ed	2 Students

12/18/08	John Mohler & Co	18 Students
1/13/09	REMSA	8 Students

Training Site Courses - Heartsaver CPR

12/23/08	Sierra NV Job Corps	5 Students
1/2/09	Sierra NV Job Corps	5 Students
1/7/09	Sierra NV Job Corps	6 Students

Training Site Courses - Heartsaver CPR & AED

1/7/09	UNR Police	3 Students
1/7/09	UNR Police	4 Students
1/8/09	Humboldt General Hospital	11 Students
1/8/09	Majen	15 Students
1/8/09	UNR Police	3 Students
1/9/09	UNR Police	4 Students
1/13/09	Eldorado Hotel/Casino	6 Students
1/16/09	Elko Co School Dist	7 Students

Training Site Courses – Heartsaver First Aid

6/3/08	Nor Cal Med Ed	12 Students
8/26/08	Nor Cal Med Ed	15 Students
12/3/08	Majen	5 Students
12/4/08	Nevada Department of Corrections	10 Students
12/9/08	Majen	7 Students
12/12/08	Majen	3 Students
12/15/08	Riggs Ambulance Service	18 Students
12/15/08	Riggs Ambulance Service	12 Students
12/16/08	Riggs Ambulance Service	18 Students
12/17/08	Majen	1 Student
12/26/08	Riggs Ambulance Service	21 Students
12/29/08	Sierra Nevada Job Corps	6 Students
1/6/09	HALO CPR	1 Student
1/12/09	Majen	6 Students
1/13/09	Majen	9 Students
1/14/09	Majen	4 Students
1/16/09	Majen	7 Students
1/16/09	Sierra Nevada Job Corps	6 Students
1/17/09	Jennifer Kraushaar	9 Students
1/19/09	Reno Tahoe Airport Fire	5 Students
1/22/09	Eagle Valley Children's Home	4 Students
1/27/09	Westwood Fire	1 Student
1/28/09	John Hughes	2 Students

Training Site Courses – Healthcare Provider

12/13/08	Renown Medical Center	2 Students
12/20/08	Career College of No Nevada	9 Student
12/30/08	John Hughes	1 Student
1/4/09	Nevada Department of Corrections	1 Student
1/6/09	Aisha Franklin	1 Student
1/6/09	Orvis School of Nursing	10 Student
1/7/09	Lisa Black	2 Students
1/8/09	Willow Springs	5 Students
1/9/09	Diamond Mtn Casino	4 Students

Training Site Courses – Healthcare Provider Recert

4/8/08	Nor Cal Med Ed	2 Students
5/16/08	Nor Cal Med Ed	3 Students
6/16/08	Nor Cal Med Ed	42 Students
7/30/08	Nor Cal Med Ed	2 Students
8/29/08	Nor Cal Med Ed	2 Students
10/19/08	Nor Cal Med Ed	8 Students
10/20/08	Nor Cal Med Ed	1 Student
10/28/08	In House Education	19 Students
10/28/08	David O'Connor	11 Students
11/3/08	In House Education	10 Students
11/14/08	In House Education	19 Students
11/25/08	Nor Cal Med Ed	3 Students
12/5/08	Jennifer Krausaar	1 Student
12/8/08	In House Education	20 Students
12/9/08	In House Education	11 Students
12/11/08	Renown	1 Student
12/15/08	In House Education	9 Students
12/16/08	Majen	1 Students
12/16/08	In House Education	10Students
12/16/08	Battle Mtn General Hospital	5 Students
12/17/08	Unified Emergency Training	12 Students
12/19/08	Jennifer Krausaar	1 Student
12/22/08	In House Education	15 Students
12/26/08	Jennifer Krausaar	2 Student
1/3/09	Riggs Ambulance Service	4 Students
1/6/09	Riggs Ambulance Service	3 Students
1/6/09	NV Department of Corrections	1 Student
1/14/09	Nor Cal Med Ed	4 Students
1/17/09	NV Department of Corrections	1 Student
1/18/09	Evergreen Rehab	5 Students

1/19/09	John Hughes	3 Students
1/21/09	Cortez Gold Mine	2 Students
1/22/09	Sierra Surgery Hospital	3 Students
1/27/09	NV Department of Corrections	1 Student
1/27/09	William Person	1 Student

Training Site Courses – BLS CPR Skills Verification

6/2/2008	Majen	1 Students
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Total Students Processed – January 2009	956
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Paramedic Course

Ongoing	REMSA Paramedic Program – 7/08	12 Students
Ongoing	REMSA Paramedic Program – 1/09	12 Students

EMT Course

Ongoing	EMT B – 1/5/09	24 Students
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5. COMMUNITY RELATIONS:

Community Outreach Department:

Point of Impact

1/9/09	Nationally Certified Child Passenger Safety Technician Recertification class; all students passed	2 students
1/24/09	Child Safety Seat Checkpoint , Babies 'R Us, Reno. 31 cars and 39 seats inspected.	4 staff, 6 volunteers
1/27/09	Technician Update Class for Continuing Education Units	2 students
1/29/09	Child Passenger Safety talk at Early Head Start parent meeting	1 staff, 9 parents

Public Relations

1/21/09	Interview with Channel 4 in response to child pedestrian killed on Montello Street, and Safe Kids and Safe Routes to Schools starting a program at Glen Duncan Elementary School	1 staff
1/23/09	Child and ski helmet fitting, REMSA office.	3 clients
1/24/09	Interview with Channel 2 news at Babies R Us car seat checkpoint.	1 staff

Northern Nevada Fitting Station Project

	Fitting Station partners meeting, Renown.	5 volunteers
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Safe Kids Washoe County

1/12/09	Esther Bennett Elementary School Safety Committee meeting, Sun Valley.	8 volunteers
1/13/09	Nevada State Injury Prevention Task Force quarterly teleconference meeting, Carson City.	11 people
1/13/09	Safe Kids Washoe County monthly meeting, Sparks.	10 volunteers
1/13/09	PTA Meeting at Jesse Hall, Sparks	1 staff
1/14/09	Safe Kids Board of Director's monthly meeting, REMSA.	7 volunteers
1/20/09	Nevada EMS for Children bi-monthly teleconference, Reno.	10 members
1/20/09	Virginia Palmer Bennett Elementary School Safety Committee meeting, Sun Valley.	4 volunteers
1/21/09	Safe Routes to Schools Stakeholders meeting, Washoe County Public Works, Reno.	10 volunteers
1/21/09	Bike to Work Day planning meeting, Washoe County District Health Department, Reno.	10 volunteers
1/22/09	Nevada State Child Passenger Safety Task Force quarterly meeting, Las Vegas.	8 volunteers
1/27/09	Glenn Duncan initial pedestrian safety committee meeting in response to child death, Reno.	1 staff
1/30/09	Safe Kids Executive Committee meeting to discuss advocacy efforts, REMSA.	4 volunteers

Meetings

1/6/09	Sierra Nevada Critical Incident Stress Management monthly meeting, Reno.	7 volunteers
1/12/09	Employee Resource Team Monthly Meeting	1 staff



Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
JANUARY 2009**

INQUIRIES

January 2009

There were no inquiries in the month of January.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
JANUARY 2009**

GROUND AMBULANCE CUSTOMER COMMENTS JANUARY 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Preperation for transport; quick response, comforting to my wife, very professional.	Nothing - after all you saved my life.	
2	Communicated to me while in pain, very pleasant.		911 dispatch was great, paramedics and fire crews were great, under the circumstances.
3	The crew were very kind and helpful and took the time to explain what was going on.	Nothing.	Everyone was very professional and experienced.
4	I was very pleased with the care I got. Your staff was wonderful, couldn't have had better care. Thank you.		
5	TLC and friendliness coupled to dedicated and very competent service in spite of sometimes severe and/or potentially dangerous situations.	Just keep on keepin on.	I have heard it said (I believe by a REMSA aide/technician) "Nobody every pays us" I regret that if Medicare/Medicaid has not completely fulfilled my "financial obligation" to you and I myself am a bit financially "strapped" because of circumstances at the present time, that somehow Divine Providence will complete
6	You transported my husband, C.H. Massie, to the VA Hospital in Reno.	My husband passed away Devenber 30, 2008, but I want to continue having your service if necessary.	Please continue my membership.
7	Arrived, took charge.		I told the attendant I would like to join. Please send membership info.
8	The two gentlemen were so nice and polite. They even came back i the ER to inquire about me. Very impressive.		
9	The staff was very professional and pleasant. Everything that was done was explained to me as well as the reason for it.	I think everything was perfect.	I have no complaints what so ever. I believe they all know what they were doing.
10	Got me up off floor, evalvated situation, consulted with my wife and took me to hospital.	Everything was good. No complaints.	Everyone involved was courteous, professional and helpful. Good
1	They were concerned, polite, efficient, and we were grateful to have them.	Nothing beats 100%.	This also includes the operator on the phone.

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
12	The attendants did not cause me any more pain than I was already in.	Your team players are all very good at what they do. Including putting in IV needles.	
13	Disparture very helpful fast acting, very nice people to deal with.		The paramedics are the best, we have had REMSA several times before, excellent service.
14	Made me relax when I was having a hard time breathing.		
15	Attendant very professional, was kind, had empathy. Talked direct to pt. Did not talk down to pt. On equitable terms.	Keep up good work, pts are experiencing fear of what to expect. Compassion is always a plus.	Thank you for tking good care of me.
16	Everything.	Nothin.	Your service is always to notch, your employees are well trained and professional and polite. Using an ambulance in any
17	I wish I had been more coherent and could have gotten the name of one of your attendants. She was blond with glasses (I think). She was generally funny and kep me distracted from what was occuring. I was concerned that my weight would be a problem for these two young women, but they acted as if it were no big deal. Please convey my sincerest gratitude to these two young women!		
18	Sweet and simple delivery without an abundance of medical support and required info.	I so appreciate your services already, expecially community service "pick up off the floor assistance".	
19	The crew put my husband, my daughter and myself at ease.	I really do not know of anything we were needing.	The service was handled professionally and with care. I felt we were safe and in "good hands". Thanks to all.
20	Arrived quickly after the telephone call. Were very careful in handling my husband. Also arrived at hospital in record time.	My husband is still in hospital. I'm very pleased that your personnel, etc were so helpful.	
21	You stayed with me and talked to me.		
22	Very prompt arrival, immediately began O2 and IV fluids. Polite and considerate of comfort and privacy.	Nothing.	

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
23	Two female EMT's responded. The dark-haired one was professional and comforting. The petite blondish driver had a major negative attitude. When she was unable to insert an IV, she became sullen and rude. Later we observed her scowling about the ER. If she doesn't want or like to treat sick frightened people, she should find another job.		
24			The REMSA people were doing great of making fun of me for being transported to mental institution. If they can't say anything nice, don't say anything at all. They should not laugh and asked me "are you seriously mental? You don't look like someone who needs to go here" I don't appreciate comments like that, when I'm trying to get help.
25	The first transport was very well. The second time upon arriving they criticized me saying I only wanted drugs, but I was ordered to return on getting worse.	Hire more concerned considerate attendants who don't criticize patients trying to avoid transporting patients.	The attendants said finally they would be sued for not taking me or refusing, I am in chronic pain. They really humiliated me. My blood pressure arose really fast.



Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
JANUARY 2009**



CARE FLIGHT CUSTOMER COMMENTS JANUARY 2009

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Crew was able to help stabilize my heart.	Don't know what more could be done.	The crew is heroic.
2	Quick flight to Reno and good jokes.	Everything was perfect.	
3	Your response time and staff saved my life! I can't say thank you enough. You're the best and thank God for your staff and crew!	You've done so much, thank you.	Your staff were as professional as they could be.
4	Everything		
5	Your staff saved my husband's life. "I Love You Staff" Sooo professional, caring and intelligent.	Better? You people are superb!	Thanks a million and God Bless all of you. My husband is my love, my soul mate.
6	The medic was so helpful and nice.	Nothing, you guys are doing good.	Keep up the good work and thank you.
7	You saved my dad's life! He had a stroke and he is doing very well in rehab.	Keep up the good work.	
8	Everyone was pretty good, asked for a glass of water - it took 25 mins. before someone said I could have one, then no one got it for me.	Nurse wasn't too friendly. It seemed to me like as soon as the dr. found out I was ok - it was get out of here, but before then no one knew I was there. But luckily I'm ok so Thanks!	
9	As far as I can remember they were fine.		
10	Personnel was friendly, professional and helpful in getting us to understand the rules and what was going on.		
11	Responded in a timely manner.		
12	The crew made me feel safe and comfortable.	Keep up the good work.	The staff was amazing in keeping me comfortable, calm, and warm.
13	flight	notification of scheduling	poor communication with patient/family
14	Made me feel comfortable.	No one knew how much it cost.	Your staff was very caring.



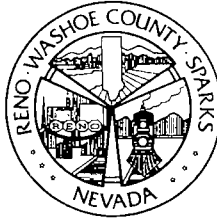
Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
JANUARY 2009**

PUBLIC RELATIONS

January 2009

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding walking on ice precautions, ski/snowboard safety, and avalanche safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Set-up date for REMSA to attend Washoe County Commission meeting on 1/13/09.	REMSA received a resolution from the commission on 1/13/09.
Worked with JW Hodge on pre-event promotion for Valentine's Day CPR Event	TBD in February.
Wrote press release regarding SEMSA's AED donation in Lassen County.	PR will go out in February when donations are actually made.



DISTRICT HEALTH DEPARTMENT

February 17, 2009

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Revenue and Expenditure Report for January 2009

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for January of fiscal year 09.

Background

The attached reports are for the accounting period 07/09 and the percentages should approximate 58% of the year. Our total revenues and expenditures for the current year (FY09) compared to last year (FY08) are as follows:

January 2009	FY09 – REV	FY08 – REV	FY09 – EXP	FY08 – EXP
Transfer	49%	57%		
AHS	31%	51%	45%	57%
AQM	49%	58%	48%	49%
CCHS	47%	49%	55%	56%
EHS	54%	60%	54%	56%
EPHP	57%	41%	54%	47%
TOTAL	48%	52%	52%	54%

The Environmental Oversight Account for January 2009 was \$162,696.06.

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

Eileen Coulombe
 Administrative Health Services Officer

Enclosure

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00-	72,669.21-	52,330.79-	58	125,000.00-	93,201.85-	31,798.15-	75
422504 Pool Permits	100,000.00-	30,913.00-	69,087.00-	31	84,000.00-	27,238.00-	56,762.00-	32
422505 RV Permits	15,000.00-	10,299.00-	4,701.00-	69	15,000.00-	10,948.00-	4,052.00-	73
422507 Food Service Permits	410,000.00-	232,697.00-	177,303.00-	57	410,000.00-	229,227.00-	180,773.00-	56
422508 Wat Well Const Perm	40,000.00-	17,054.00-	22,946.00-	43	40,000.00-	23,393.00-	16,607.00-	58
422509 Water Company Permits	25,000.00-	6,235.00-	18,765.00-	25	28,000.00-	15,121.00-	12,879.00-	54
422510 Air Pollution Permits	420,550.00-	242,238.65-	178,311.35-	58	313,845.28-	441,534.50-	127,689.22	141
422511 ISDS Permits	125,000.00-	49,250.00-	75,750.00-	39	125,000.00-	81,903.00-	43,097.00-	66
422513 Special Event Permits	80,000.00-	59,205.00-	20,795.00-	74	80,000.00-	56,182.00-	23,818.00-	70
422514 Initial Applic Fee		15,120.00-	15,120.00-					
* Licenses and Permits	1,340,550.00-	735,680.86-	604,869.14-	55	1,220,845.28-	978,748.35-	242,096.93-	80
431100 Federal Grants	6,200,396.45-	2,426,933.02-	3,773,463.43-	39	6,131,026.56-	2,756,962.00-	3,374,064.56-	45
431105 Federal Grants - Indirect		11,320.41-	11,320.41-		11,064.00-		11,064.00-	
432100 State Grants	809,529.80-	555,979.45-	253,550.35-	69	968,766.80-	586,218.88-	382,567.92-	61
432310 Tire Fee NRS 444A.090	415,000.00-	276,583.09-	138,416.91-	67	415,000.00-	339,665.07-	75,334.93-	82
432311 Pol Ctrl 455B.830	280,000.00-	230,760.00-	49,240.00-	82	277,137.86-	224,535.07-	52,602.86-	81
* Intergovernmental	7,704,926.25-	3,501,575.97-	4,203,350.28-	45	7,803,015.22-	3,907,380.95-	3,895,634.27-	50
460162 Services to Other Agencies	195,859.10-	62,575.27-	133,283.83-	32	197,796.38-	93,922.90-	103,873.48-	47
460500 Other Immunizations	165,000.00-	67,217.00-	97,783.00-	41	165,000.00-	110,312.00-	54,688.00-	67
460501 Medicaid Clinical Services	30,750.00-	32,071.25-	1,321.25	104	20,500.00-	29,359.54-	8,859.54	143
460503 Childhood Immunizations	190,000.00-	131,770.80-	58,229.20-	69	190,000.00-	127,210.00-	62,790.00-	67
460504 Maternal Child Health						41.41-	41.41	
460505 Non Title X Revenue		3,184.93-	3,184.93			8,510.21-	510.21	106
460508 Tuberculosis	8,000.00-	11,430.87-	3,430.87	143	8,000.00-	140.00-	660.00-	18
460509 Water Quality		140.00-	140.00-		800.00-			
460510 IT Overlay	150,000.00-	75,255.00-	74,745.00-	50	150,000.00-	75,825.00-	74,175.00-	51
460511 Birth and Death Certificates	230,000.00-	127,391.20-	102,608.80-	55	230,000.00-	139,858.25-	90,141.75-	61
460512 Duplication Service Fees	800.00-	172.50-	627.50-	22	1,000.00-	194.75-	805.25-	19
460513 Other Health Service Charges	23,800.00-	4,661.15-	19,138.85-	20	20,000.00-	8,577.00-	11,423.00-	43
460514 Food Service Certification	8,000.00-	4,216.00-	3,784.00-	53	8,000.00-	4,569.00-	3,431.00-	57
460515 Medicare Reimbursement	250.00-	892.07-	642.07	357	8,000.00-	117.04-	7,882.96-	1
460516 Pgm Inc-3rd Prty Rec	3,000.00-	8,368.78-	5,368.78	279	4,600.00-	5,617.96-	1,017.96	122
460517 Influenza Immunization	10,000.00-	7,287.00-	2,713.00-	73	30,000.00-	18,961.00-	11,039.00-	63
460518 STD Fees	60,000.00-	23,212.64-	36,787.36-	39	50,000.00-	29,673.76-	20,326.24-	59
460519 Outpatient Services	11,500.00-	5,921.00-	5,579.00-	51	11,000.00-	6,400.00-	4,600.00-	58
460520 Eng Serv Health	120,000.00-	84,608.00-	35,392.00-	71	140,000.00-	71,655.34-	68,344.66-	51
460521 Plan Review - Pools & Spas	3,000.00-	2,995.00-	5.00-	100	3,000.00-	10,050.05-	7,050.05	335
460523 Plan Review - Food Services	40,000.00-	19,752.91-	20,247.09-	49	40,000.00-	31,332.63-	8,667.37-	78
460524 Family Planning	100,000.00-	58,605.77-	41,394.23-	59	125,000.00-	84,615.28-	40,384.72-	68
460525 Plan Review - Vector	75,000.00-	38,181.00-	36,819.00-	51	100,000.00-	51,034.80-	48,965.20-	51
460526 Plan Review-Air Quality	14,837.00-	21,503.00-	6,666.00	145	12,000.00-	26.00-	11,974.00-	0
460527 NOE-AQM	32,900.00-	33,367.30-	467.30	101	121,000.00-		121,000.00-	
460528 NESHAP-AQM	167,900.00-	39,164.00-	128,736.00-	23	63,000.00-		63,000.00-	
460529 Assessments-AQM	36,630.00-	16,800.00-	19,830.00-	46	26,000.00-		26,000.00-	
460530 Inspector Registr-AQ	2,100.00-		2,100.00-		2,000.00-		2,000.00-	

Washoe County Health District
 REVENUE
 Pds 1 - 7, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
460531 Dust Plan-Air Quality	178,333.00-	158,979.00-	19,354.00-	89	395,000.00-	395,000.00-	395,000.00-	
* Charges for Services	1,857,659.10-	1,039,723.44-	817,935.66-	56	2,121,696.38-	908,003.92-	1,213,692.46-	43
484000 Donation, Contri-Oper					15,000.00-	4,000.00-	15,000.00-	
484195 Non-Gov't'l Grants		484.91-	484.91		6,020.00-	3,134.80-	2,020.00-	66
485300 Other Misc Govt Rev		484.91-	484.91			7,134.80-	3,134.80	
* Miscellaneous	10,903,135.35-	5,277,465.18-	5,625,670.17-	48	21,020.00-	5,801,268.02-	13,885.20-	34
** Revenue					11,166,576.88-		5,365,308.86-	52

Washoe Health District
EXPENSES
Pds 1 - 7, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
701110 Base Salaries	11,189,287.38	6,019,059.88	5,170,227.50	54	11,810,586.22	6,556,258.95	5,254,327.27	56
701120 Part Time	1,045,046.35	501,276.05	543,770.30	48	1,089,921.13	604,210.45	485,710.68	55
701130 Pooled Positions	177,135.86	81,257.84	95,878.02	46	204,971.19	102,756.08	102,215.11	50
701140 Holiday Work	1,500.00	1,452.62	47.38	97	1,750.00	716.36	1,033.64	41
701150 Contractual Wages	72,339.87	18,395.65	53,944.22	25	22,167.00	36,959.72	14,792.72	167
701200 Incentive Longevity	169,100.50	77,842.82	91,257.68	46	204,489.80	82,599.44	121,890.36	40
701300 Overtime	69,385.91	26,822.86	42,563.05	39	83,378.85	37,355.66	46,023.19	45
701406 Standby Pay	35,000.00	19,863.22	15,136.78	57	40,000.00	28,036.34	11,963.66	70
701408 Call Back	6,000.00	2,077.34	3,922.66	35	11,000.00	3,204.45	7,795.55	29
701412 Salary Adjustment	273,978.53	152,251.64	273,978.53		832.95		832.95	
701413 Vac Payoff/Sick Pay-Term		6.94	152,251.64			96,469.93	96,469.93	
701415 Physical Fitness Pay		6.94	6.94					
701417 Comp Time		22,387.37	22,387.37			5,866.97	5,866.97	
701419 Comp Time - Transfer		5,898.46	5,898.46			2,083.38	2,083.38	
701500 Merit Awards					650,000.00		650,000.00	
* Salaries and Wages	12,490,817.34	6,928,592.69	5,562,224.65	55	12,817,431.24	7,556,517.73	5,260,913.51	59
705110 Group Insurance	1,480,346.68	778,226.05	702,120.63	53	1,575,329.42	880,427.61	694,901.81	56
705210 Retirement	2,537,673.63	1,343,695.38	1,193,978.25	53	2,663,736.30	1,479,583.16	1,184,153.14	56
705215 Retirement Calculation	147,700.00		147,700.00					
705230 Medicare April 1986	160,223.60	89,374.61	70,848.99	56	173,003.66	95,719.49	77,284.17	55
705320 Workmens Comp	81,200.00	47,293.09	33,906.91	58	70,725.00	38,132.00	32,593.00	54
705330 Unemply Comp	13,195.00	13,268.32	73.32	101	11,275.00	11,715.00	440.00	104
705360 Benefit Adjustment	19,155.00		19,155.00		4,695.82		4,695.82	
* Employee Benefits	4,439,493.91	2,271,857.45	2,167,636.46	51	4,498,765.20	2,505,577.26	1,993,187.94	56
710100 Professional Services	898,521.07	320,645.69	577,875.38	36	1,022,606.13	286,746.57	755,859.56	26
710105 Medical Services	13,700.00	6,629.50	7,070.50	48	14,000.00	6,400.00	7,600.00	46
710108 MD Consultants	57,140.00	25,600.00	31,540.00	45	58,947.00	26,100.00	32,847.00	44
710115 Prof Eng Services		1,208.31	1,208.31					
710119 Subrecipient Payments	304,994.00	171,964.00	133,030.00	56	303,716.49	123,875.43	179,841.06	41
710200 Service Contract	116,754.00	70,292.48	46,461.52	60	124,335.10	56,007.15	68,327.95	45
710205 Repairs and Maintenance	17,335.63	2,328.28	15,007.35	13	14,868.00	5,640.08	9,227.92	38
710210 Software Maintenance		9,350.00	9,350.00			8,174.15	8,174.15	
710300 Operating Supplies	165,126.66	92,928.46	72,198.20	56	133,965.75	74,206.42	59,759.33	55
710302 Small Tools & Allow	2,950.00		2,950.00		2,950.00	1,596.40	1,353.60	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710312 Special Dept Expense		100.00	100.00					
710319 Chemical Supplies	621,588.00	361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710325 Signs and Markers					150.00		150.00	
710334 Copy Machine Expense	41,242.18	18,219.33	23,022.85	44	36,022.45	22,004.21	14,018.24	61
710350 Office Supplies	55,758.55	34,914.66	20,843.89	63	69,754.43	35,897.52	33,856.91	51
710355 Books and Subscriptions	9,614.50	5,708.96	3,905.54	59	8,111.57	4,578.25	3,533.32	56
710360 Postage	6,351.57	13,538.53	7,186.96	213	1,969.00	14,070.17	12,101.17	715
710361 Express and Courier	18,150.00	264.96	17,885.04	1	21,180.76	332.20	20,848.56	2
710391 Fuel & Lube	100.00	108.60	8.60	109	100.00	46.06	53.94	46
710500 Other Expense	51,068.75	28,151.35	22,917.40	55	61,475.02	14,156.21	47,318.81	23

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710502 Printing	37,203.48	5,446.90	31,756.58	15	37,331.00	15,811.84	21,519.16	42
710503 Licenses & Permits	10,415.00	5,005.20	5,409.80	48	10,815.00	2,271.00	8,544.00	21
710505 Rental Equipment	10,169.00	1,800.00	8,369.00	18	10,050.00	1,800.00	8,250.00	18
710506 Dept Insurance Deductible		263.74	263.74			311.57	311.57	
710507 Network and Data Lines	455.00	4,655.66	4,200.66	1,023	600.00	1,826.29	1,226.29	304
710508 Telephone Land Lines	74,565.48	29,156.34	45,409.14	39	92,057.00	33,958.57	58,098.43	37
710509 Seminars and Meetings	66,296.00	35,248.00	31,048.00	53	45,252.35	21,196.00	24,056.35	47
710512 Auto Expense	26,645.18	8,337.16	18,308.02	31	17,658.00	9,868.34	7,789.66	56
710519 Cellular Phone	23,725.00	8,243.63	15,481.37	35	5,765.00	16,774.46	11,009.46	291
710529 Dues	5,280.00	2,970.00	2,310.00	56	8,661.00	7,575.00	1,086.00	87
710535 Credit Card Fees		3,590.11	3,590.11					
710546 Advertising	62,626.52	31,512.61	31,113.91	50	84,570.00	12,903.20	71,666.80	15
710577 Uniforms & Special Clothing	3,500.00		3,500.00		3,850.00	239.93	3,610.07	6
710600 LT Lease-Office Space	256,446.13	128,619.41	127,826.72	50	196,463.00	124,494.62	71,968.38	63
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50	5,940.00	4,455.00	1,485.00	75
710703 Biologicals	287,009.61	135,453.98	151,555.63	47	299,830.51	173,430.58	126,399.93	58
710714 Referral Services	8,700.00	1,220.00	7,480.00	14	17,190.00	280.00	16,910.00	2
710721 Outpatient	149,305.88	69,306.51	79,999.37	46	142,765.11	72,541.65	70,223.46	51
710872 Food Purchases	2,050.00	1,217.43	832.57	59	1,645.78	367.80	1,277.98	22
711113 Equip Srv Replace	104,964.00	76,439.91	28,524.09	73	142,000.29	88,232.50	53,767.79	62
711114 Equip Srv O & M	160,958.54	63,262.72	97,695.82	39	121,796.68	66,194.56	55,602.12	54
711115 Equip Srv Motor Pool	19,195.00	4,192.50	15,002.50	22	19,100.00	11,520.00	7,580.00	60
711119 Prop & Liab Billings	58,667.00	34,222.51	24,444.49	58	47,718.00	28,679.00	19,039.00	60
711210 Travel	169,514.22	30,096.96	139,417.26	18	128,125.61	40,979.62	87,145.99	32
711504 Equipment nonCapital	72,604.03	40,716.63	31,887.40	56	109,728.76	68,163.52	41,565.24	62
711507 Vehicles nonCapital						2,142.00	2,142.00	
* Services and Supplies	3,998,629.98	1,887,481.48	2,111,148.50	47	4,046,652.79	1,756,218.48	2,290,434.31	43
781004 Equipment Capital	382,555.05	83,688.59	298,866.46	22	410,193.10	49,806.10	360,387.00	12
781007 Vehicles Capital					32,000.00		32,000.00	
* Capital Outlay	382,555.05	83,688.59	298,866.46	22	442,193.10	49,806.10	392,387.00	11
** Expenses	21,311,496.28	11,171,620.21	10,139,876.07	52	21,805,042.33	11,868,119.57	9,936,922.76	54
621001 Transfer From General	9,947,500.00	4,893,960.00	5,053,540.00	49	10,271,000.00	5,903,919.00	4,367,081.00	57
* Transfers In	9,947,500.00	4,893,960.00	5,053,540.00	49	10,271,000.00	5,903,919.00	4,367,081.00	57
** Other Financing Src/Use	9,947,500.00	4,893,960.00	5,053,540.00	49	10,271,000.00	5,903,919.00	4,367,081.00	57
*** Total	460,860.93	1,000,195.03	539,334.10	217	367,465.45	162,932.55	204,532.90	44

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,463,729.00-	459,569.28-	1,004,159.72-	31	1,041,467.00-	534,998.63-	506,468.37-	51
* Intergovernmental	1,463,729.00-	459,569.28-	1,004,159.72-	31	1,041,467.00-	534,998.63-	506,468.37-	51
460512 Duplication Service Fees	800.00-	172.50-	627.50-	22	1,000.00-	194.75-	805.25-	19
* Charges for Services	800.00-	172.50-	627.50-	22	1,000.00-	194.75-	805.25-	19
485300 Other Misc Govt Rev		484.91-	484.91-			481.05-	481.05	
* Miscellaneous		484.91-	484.91-			481.05-	481.05	
** Revenue		484.91-	484.91-			481.05-	481.05	
701110 Base Salaries	1,464,529.00-	460,226.69-	1,004,302.31-	31	1,042,467.00-	535,674.43-	506,792.57-	51
701120 Part Time	2,046,648.55	991,136.15	1,055,512.40	48	1,763,246.61	1,013,659.33	749,587.28	57
701130 Pooled Positions	24,461.26	12,402.27	12,058.99	51	43,795.09	13,607.65	30,187.44	31
701150 Contractual Wages	25,580.86		25,580.86					
701200 Incentive Longevity	29,850.00	11,251.92	18,598.08	38	64,289.80	8,446.16	8,446.16-	15
701300 Overtime	4,015.00	2,775.07	1,239.93	69	3,475.75	9,950.00	54,339.80	15
701412 Salary Adjustment	94,369.00		94,369.00			165.18	3,310.57	5
701413 Vac Payoff/Sick Pay-Term		33,899.31	33,899.31-					
701417 Comp Time		7,432.32	7,432.32-					
701419 Comp Time - Transfer		5,898.46	5,898.46-					
701500 Merit Awards					47,450.00-		47,450.00-	
* Salaries and Wages	2,224,924.67	1,064,795.50	1,160,129.17	48	1,827,357.25	1,045,828.32	781,528.93	57
705110 Group Insurance	245,985.18	129,398.10	116,587.08	53	244,090.48	138,386.26	105,704.22	57
705210 Retirement	425,683.31	204,202.87	221,480.44	48	372,329.49	209,036.99	163,292.50	56
705215 Retirement Calculation	147,700.00		147,700.00					
705230 Medicare April 1986	28,990.03	14,619.85	14,370.18	50	25,506.88	14,149.19	11,357.69	55
705320 Workmens Comp	14,800.00	8,633.31	6,166.69	58	10,350.00	5,610.00	4,740.00	54
705330 Unemploy Comp	2,405.00	2,405.00		100	1,650.00	1,650.00		100
705360 Benefit Adjustment	19,155.00		19,155.00					
* Employee Benefits	884,718.52	359,259.13	525,459.39	41	653,926.85	368,832.44	285,094.41	56
710100 Professional Services	4,800.00	1,698.68	3,101.32	35	2,915.62	202.50	2,713.12	7
710105 Medical Services		55.00	55.00-					
710108 MD Consultants		135.00	135.00-		270.00	135.00	135.00	50
710200 Service Contract	150.00	667.38	517.38-	445	400.00	400.00	400.00	50
710205 Repairs and Maintenance	800.00	48.33	751.67	6	400.00	139.48	260.52	35
710300 Operating Supplies	35,300.00	7,910.47	27,389.53	22	22,300.00	12,321.29	9,978.71	55
710312 Special Dept Expense		25.00	25.00-					
710334 Copy Machine Expense	11,879.00	5,462.10	6,416.90	46	9,544.19	7,229.26	2,314.93	76
710350 Office Supplies	16,185.00	6,710.35	9,474.65	41	15,185.00	7,851.93	7,333.07	52
710355 Books and Subscriptions	1,370.00	739.50	630.50	54	1,370.00	1,790.49	420.49-	131
710360 Postage		1,988.51	1,988.51-			806.95	806.95-	
710361 Express and Courier	1,700.00	30.60	1,669.40	2	1,475.00	0.58	1,474.42	0
710500 Other Expense	1,250.00	498.15	751.85	40	650.00	585.74	64.26	90
710502 Printing	9,570.00	811.44	8,758.56	8	4,525.00	2,369.30	2,155.70	52
710503 Licenses & Permits	2,500.00	216.00	2,284.00	9	2,350.00	1,251.00	1,099.00	53
710507 Network and Data Lines		150.00-	150.00-					
710508 Telephone Land Lines	12,510.00	5,969.54	6,540.46	48	13,425.00	6,066.01	7,358.99	45
710509 Seminars and Meetings	5,100.00	2,932.50	2,167.50	58	4,700.00	2,740.00	1,960.00	58

Washoe County Health District
 Administ Health Services
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Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710512 Auto Expense	4,550.00	909.44	3,640.56	20	3,300.00	1,653.97	1,646.03	50
710519 Cellular Phone	383.00	262.14	120.86	68	625.00	601.47	23.53	96
710529 Dues	955.00	1,435.00	480.00-	150	946.00	2,751.00	1,805.00-	291
710546 Advertising		70.49	70.49-			76.97	76.97-	
710600 LT Lease-Office Space	141,319.12	53,053.16	88,265.96	38	77,370.00	51,307.84	26,062.16	66
710872 Food Purchases	200.00	116.86	83.14	58	145.78	145.78		100
711113 Equip Srv Replace		1,539.60	1,539.60-		4,002.00	2,334.50	1,667.50	58
711114 Equip Srv O & M	1,623.64-	657.75	965.89	41	1,473.91	550.82	923.09	37
711115 Equip Srv Motor Pool		360.00	360.00-		100.00	100.00	100.00-	
711119 Prop & Liab Billings	10,693.00	6,237.63	4,455.37	58	7,230.00	4,217.57	3,012.43	58
711210 Travel	16,500.00	4,076.98	12,423.02	25	12,274.31	6,086.12	6,188.19	50
711504 Equipment nonCapital	1,700.00		1,700.00		1,785.00	691.64	1,093.36	39
* Services and Supplies	281,037.76	104,767.60	176,270.16	37	188,661.81	114,007.21	74,654.60	60
** Expenses	3,390,680.95	1,528,822.23	1,861,858.72	45	2,669,945.91	1,528,667.97	1,141,277.94	57
*** Total	1,926,151.95	1,068,595.54	857,556.41	55	1,627,478.91	992,993.54	634,485.37	61

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422510 Air Pollution Permits	420,550.00-	242,238.65-	178,311.35-	58	313,845.28-	441,584.50-	127,739.22	141
* Licenses and Permits	420,550.00-	242,238.65-	178,311.35-	58	313,845.28-	441,584.50-	127,739.22	141
431100 Federal Grants	759,349.00-	112,441.00-	646,908.00-	15	738,622.00-	332,911.36-	406,710.64-	45
432100 State Grants	170,000.00-	170,000.00-		100	305,000.00-	305,000.00-		100
432311 Pol. Ctr. 455B.830	280,000.00-	230,760.00-	49,240.00-	82	277,137.86-	224,535.00-	52,602.86-	81
* Intergovernmental	1,209,349.00-	513,201.00-	696,148.00-	42	1,320,759.86-	862,446.36-	458,313.50-	65
460513 Other Health Service Charges	9,800.00-	499.15-	9,300.85-	5	6,000.00-		6,000.00-	0
460526 Plan Review-Air Quality	14,837.00-	21,503.00-	6,666.00-	145	12,000.00-	26.00-	11,974.00-	0
460527 NOE-AQM	32,900.00-	33,367.30-	467.30	101	121,000.00-		121,000.00-	
460528 NESHAP-AQM	167,900.00-	39,164.00-	128,736.00-	23	63,000.00-		63,000.00-	
460529 Assessments-AQM	36,630.00-	16,800.00-	19,830.00-	46	26,000.00-		26,000.00-	
460530 Inspector Registr-AQ	2,100.00-		2,100.00-		2,000.00-		2,000.00-	
460531 Dust Plan-Air Quality	178,333.00-	158,979.00-	19,354.00-	89	395,000.00-		395,000.00-	
* Charges for Services	442,500.00-	270,312.45-	172,187.55-	61	625,000.00-		624,974.00-	0
485300 Other Misc Govt Rev						26.00-		
* Miscellaneous						925.49-		925.49-
** Revenue						925.49-		925.49-
701110 Base Salaries	2,072,399.00-	1,025,752.10-	1,046,646.90-	49	2,259,605.14-	1,304,982.35-	954,622.79-	58
701130 Pooled Positions	1,388,862.47	752,908.18	635,954.29	54	1,452,304.15	833,705.49	618,598.66	57
701140 Holiday Work	8,000.00	2,006.08	5,993.92	25	26,000.00	3,008.77	22,991.23	12
701150 Contractual Wages	50,000.00	166.02	49,833.98		250.00		250.00	
701200 Incentive Longevity	23,550.00	9,488.44	14,061.56	40	22,200.00	10,500.00	11,700.00	47
701300 Overtime	4,535.34	134.48	4,400.86	3	9,000.00		9,000.00	
701408 Call Back	1,000.00		1,000.00		1,000.00	888.72	111.28	89
701412 Salary Adjustment	8,608.78		8,608.78					
701413 Vac Payoff/Sick Pay-Term		47,591.12	47,591.12-					
701417 Comp Time		8,502.93	8,502.93-					
701419 Comp Time - Transfer								
701500 Merit Awards						1,604.64	1,604.64-	
* Salaries and Wages	1,484,556.59	820,797.25	663,759.34	55	74,750.00-	849,707.62	74,750.00-	59
705110 Group Insurance	142,279.60	77,319.36	64,960.24	54	148,778.32	86,798.13	58,626.53	58
705210 Retirement	289,544.99	155,220.78	134,324.21	54	301,596.76	172,497.24	129,099.52	57
705230 Medicare April 1986	18,901.05	10,929.46	7,971.59	58	19,794.89	11,369.96	8,424.93	57
705320 Workmens Comp	8,000.00	4,666.69	3,333.31	58	8,280.00	4,488.00	3,792.00	54
705330 Unemploy Comp	1,300.00	1,300.00		100	1,320.00	1,320.00		100
* Employee Benefits	460,025.64	249,436.29	210,589.35	54	479,769.97	276,473.33	203,296.64	58
710100 Professional Services	261,928.54	61,272.10	200,656.44	23	170,236.98	6,184.00	164,052.98	4
710200 Service Contract	350.00	312.84	37.16	89	310.10	310.10		100
710205 Repairs and Maintenance	8,792.63	143.00	8,649.63	2	8,250.00	3,460.96	4,789.04	42
710300 Operating Supplies	4,500.00	471.00	4,029.00	10	3,800.00	4,114.39	314.39-	108
710312 Special Dept Expense		25.00	25.00-					
710334 Copy Machine Expense	4,387.20	2,792.44	1,594.76	64	4,387.20	3,731.48	655.72	85
710350 Office Supplies	4,500.00	2,838.37	1,661.63	63	3,500.00	3,163.45	336.55	90
710355 Books and Subscriptions	224.00	212.26	11.74	95	300.00	300.48	0.48-	100
710360 Postage		1,486.08	1,486.08-			1,998.30	1,998.30-	

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710361 Express and Courier	2,000.00	20.02	1,970.98	1	2,900.00	57.10	2,842.90	2
710500 Other Expense	1,000.00	5,554.70	4,554.70-	555	1,000.00	701.42	298.58	70
710502 Printing	1,600.00	587.85	1,012.15	37	1,000.00	767.05	232.95	77
710503 Licenses & Permits		90.00	90.00-			90.00	90.00-	
710505 Rental Equipment	1,700.00	1,800.00	100.00-	106	1,700.00	1,800.00	100.00-	106
710508 Telephone Land Lines	12,600.00	4,461.74	8,138.26	35	20,000.00	7,109.11	12,890.89	36
710509 Seminars and Meetings	4,200.00	975.00	3,225.00	23	4,200.00	2,270.00	1,930.00	54
710512 Auto Expense	200.00	714.57	514.57-	357	200.00	117.85	82.15	59
710519 Cellular Phone	4,145.00	1,932.44	2,212.56	47	1,000.00	2,622.97	1,622.97-	262
710529 Dues	435.00		435.00		500.00		500.00	
710535 Credit Card Fees		415.97	415.97-					
710546 Advertising	5,700.00	459.75	5,240.25	8	6,700.00	425.93	6,274.07	6
710577 Uniforms & Special Clothing	1,100.00		1,100.00		2,000.00	184.98	1,815.02	9
710600 LT Lease-Office Space	74,490.12	49,310.80	25,179.32	66	79,809.00	46,922.00	32,887.00	59
710721 Outpatient	1,316.00		1,316.00		1,600.00		1,600.00	
711113 Equip Srv Replace	24,384.00	20,355.23	4,028.77	83	29,484.00	17,158.00	12,326.00	58
711114 Equip Srv O & M	33,132.40	14,411.42	18,720.98	43	27,986.02	16,033.47	11,952.55	57
711115 Equip Srv Motor Pool	275.00		275.00		350.00		75.00	79
711119 Prop & Liab Billings	5,780.00	3,371.69	2,408.31	58	4,338.00	3,374.00	964.00	78
711210 Travel	38,964.00	1,348.06	37,615.94	3	28,600.00	6,145.68	22,454.32	21
711504 Equipment nonCapital	4,000.00	13,677.20	9,677.20-	342	5,327.05	3,531.83	1,795.22	66
* Services and Supplies	501,703.89	189,048.53	312,655.36	38	409,478.35	132,849.55	276,628.80	32
* Capital Outlay	165,850.05		165,850.05		240,000.00	10,520.00	229,480.00	4
** Expenses	165,850.05		165,850.05		240,000.00	10,520.00	229,480.00	4
*** Total	2,612,136.17	1,259,282.07	1,352,854.10	48	2,565,252.47	1,269,550.50	1,295,701.97	49
	539,737.17	233,529.97	306,207.20	43	305,647.33	35,431.85-	341,079.18	12-

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	2,318,949.20-	932,780.45-	1,386,168.75-	40	2,314,316.05-	1,070,455.97-	1,243,860.08-	46
432100 State Grants	564,279.80-	347,729.45-	216,550.35-	62	588,786.80-	244,218.88-	344,567.92-	41
* Intergovernmental	2,883,229.00-	1,280,509.90-	1,602,719.10-	44	2,903,102.85-	1,314,674.85-	1,588,428.00-	45
460162 Services to Other Agencies	86,494.00-	47,646.24-	38,847.76-	55	88,062.00-	40,835.82-	47,226.18-	46
460500 Other Immunizations	165,000.00-	67,217.00-	97,783.00-	41	165,000.00-	110,312.00-	54,688.00-	67
460501 Medicaid Clinical Services	30,750.00-	32,071.25-	1,321.25	104	20,500.00-	29,359.54-	8,859.54	143
460503 Childhood Immunizations	190,000.00-	131,770.80-	58,229.20-	69	190,000.00-	127,210.00-	62,790.00-	67
460504 Maternal/Child Health						41.41-	41.41	
460505 Non Title X Revenue		3,184.93-	3,184.93					
460508 Tuberculosis	8,000.00-	11,430.87-	3,430.87	143	8,000.00-	8,510.21-	510.21	106
460513 Other Health Service Charges		892.07-	642.07	357	8,000.00-	117.04-	75.00	1
460515 Medicare Reimbursement	250.00-	8,368.78-	5,368.78	279	4,600.00-	5,617.96-	1,017.96	122
460516 Pgm Inc-3rd Prty Rec	3,000.00-	7,287.00-	2,713.00-	73	30,000.00-	18,961.00-	11,039.00-	63
460517 Influenza Immunization	10,000.00-	23,212.64-	36,787.36-	39	50,000.00-	29,673.76-	20,326.24-	59
460518 STD Fees	60,000.00-	5,921.00-	5,579.00-	51	11,000.00-	6,400.00-	4,600.00-	58
460519 Outpatient Services	11,500.00-	58,605.77-	41,394.23-	59	125,000.00-	84,615.28-	40,384.72-	68
460524 Family Planning	100,000.00-	397,608.35-	267,385.65-	60	700,162.00-	461,729.02-	238,432.98-	66
* Charges for Services	664,994.00-				15,000.00-	4,000.00-	15,000.00-	66
484000 Donation,Contri-Oper					6,020.00-	4,000.00-	2,020.00-	66
484195 Non-Gov'tl Grants					21,020.00-	4,000.00-	17,020.00-	19
* Miscellaneous								
** Revenue								
701110 Base Salaries	3,548,223.00-	1,678,118.25-	1,870,104.75-	47	3,624,284.85-	1,780,403.87-	1,843,880.98-	49
701120 Part Time	3,350,766.90	1,832,326.88	1,518,440.02	55	3,808,943.86	2,119,369.43	1,689,574.43	56
701130 Pooled Positions	966,243.97	455,243.84	511,000.13	47	994,193.32	559,246.27	434,947.05	56
701130 Holiday Work	37,818.00	36,218.29	1,599.71	96	65,300.00	51,160.83	14,139.17	78
701140 Contractual Wages	17,302.73	110.68	17,302.73			110.26	110.26-	
701200 Incentive Longevity	53,890.00	30,433.29	23,456.71	56	54,700.00	4,812.97-	4,812.97-	61
701300 Overtime	3,835.57	1,351.21	2,484.36	35	11,879.10	7,068.54	21,391.93	60
701412 Salary Adjustment	403,856.66-		403,856.66-				4,810.56	
701413 Vac Payoff/Sick Pay-Term		51,824.41	51,824.41-			26,881.04	26,881.04-	
701415 Physical Fitness Pay		6.94	6.94-					
701417 Comp Time		5,891.97	5,891.97-			2,253.24	2,253.24-	
701419 Comp Time - Transfer						475.55	475.55-	
701500 Merit Awards								
* Salaries and Wages	4,026,000.51	2,413,407.51	1,612,593.00	60	285,350.00-	2,804,686.20	285,350.00-	60
705110 Group Insurance	558,482.31	283,782.77	274,699.54	51	627,931.21	336,783.92	1,844,980.08	54
705210 Retirement	896,036.24	471,949.74	424,086.50	53	993,568.23	553,424.53	291,147.29	56
705230 Medicare-April 1986	53,887.66	30,273.98	23,613.68	56	61,448.67	34,839.64	440,143.70	57
705320 Workmens Comp	30,000.00	17,489.86	12,500.14	58	29,670.00	16,455.00	26,609.03	55
705330 Unemply Comp	4,875.00	4,875.00	4,875.00	100	4,730.00	5,170.00	440.00-	109
* Employee Benefits	1,543,281.21	808,381.35	734,899.86	52	1,717,348.11	946,673.09	770,675.02	55
710100 Professional Services	281,863.70	58,197.40	223,666.30	21	292,320.05	71,626.72	220,693.33	25
710105 Medical Services	13,350.00	6,160.50	7,189.50	46	13,500.00	6,341.00	7,159.00	47
710108 MD Consultants	45,140.00	21,465.00	23,675.00	48	46,677.00	20,965.00	25,712.00	45

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710119 Subrecipient Payments	304,994.00	171,964.00	133,030.00	56	303,716.49	123,875.43	179,841.06	41
710200 Service Contract	10,954.00	7,119.08	3,834.92	65	20,825.00	9,609.72	11,215.28	46
710205 Repairs and Maintenance	5,410.00	1,068.50	4,341.50	20	2,885.00	1,727.65	1,157.35	60
710210 Software Maintenance		350.00	350.00			74.15	74.15	
710300 Operating Supplies	83,891.00	52,738.48	31,152.52	63	75,093.18	46,304.64	28,788.54	62
710312 Special Dept Expense		25.00	25.00					
710334 Copy Machine Expense	17,183.00	8,103.02	9,079.98	47	12,562.53	8,665.56	3,896.97	69
710350 Office Supplies	16,679.00	9,554.86	7,124.14	57	18,225.76	12,405.74	5,820.02	68
710355 Books and Subscriptions	4,595.00	1,264.19	3,330.81	28	2,050.00	1,716.54	333.46	84
710360 Postage	4,350.00	4,263.62	86.38	98	100.00	4,628.70	4,528.70	4,629
710361 Express and Courier	3,650.00	82.11	3,567.89	2	5,285.76	183.59	5,102.17	3
710500 Other Expense	41,798.75	15,645.19	26,153.56	37	46,326.02	10,637.72	35,688.30	23
710502 Printing	16,784.00	2,304.42	14,479.58	14	19,104.00	4,768.67	14,335.33	25
710503 Licenses & Permits	4,780.00	2,519.20	2,260.80	53	5,330.00	830.00	4,500.00	16
710505 Rental Equipment	469.00		469.00		350.00		350.00	
710507 Network and Data Lines	455.00	1,926.12	1,471.12	423	600.00	1,630.66	1,030.66	272
710508 Telephone Land Lines	24,270.00	9,847.93	14,422.07	41	25,090.00	11,877.45	13,212.55	47
710509 Seminars and Meetings	34,897.00	25,980.50	8,916.50	74	12,380.00	7,664.00	4,716.00	62
710512 Auto Expense	20,542.00	6,151.15	14,390.85	30	9,895.00	7,528.15	2,366.85	76
710519 Cellular Phone	2,178.00	633.94	1,544.06	29	1,900.00	2,305.34	405.34	121
710529 Dues	2,050.00	300.00	1,750.00	15	2,400.00	1,695.00	705.00	71
710535 Credit Card Fees		2,908.16	2,908.16					
710546 Advertising	26,092.00	30,722.24	4,630.24	118	36,443.00	11,648.48	24,794.52	32
710577 Uniforms & Special Clothing	450.00		450.00		150.00		150.00	
710703 Biologicals	282,109.61	135,453.98	146,655.63	48	290,930.51	173,430.58	117,499.93	60
710714 Referral Services	8,700.00	1,220.00	7,480.00	14	17,190.00	280.00	16,910.00	2
710721 Outpatient	140,067.88	68,115.26	71,952.62	49	133,243.11	70,165.65	63,077.46	53
710872 Food Purchases	1,850.00	1,100.57	749.43	59	1,500.00	222.02	1,277.98	15
711113 Equip Srv Replace	1,800.00	1,153.14	646.86	64	522.00	565.50	43.50	108
711114 Equip Srv O & M	3,129.54	902.43	2,227.11	29	1,515.84	1,096.43	419.41	72
711115 Equip Srv Motor Pool	320.00	612.50	292.50	191	50.00	70.00	20.00	140
711119 Prop & Liab Billings	21,675.00	12,643.75	9,031.25	58	20,485.00	11,949.56	8,535.44	58
711210 Travel	54,991.00	13,173.35	41,817.65	24	36,061.47	11,416.20	24,645.27	32
711504 Equipment nonCapital	5,017.00	1,831.39	3,185.61	37	13,650.00	5,698.10	7,951.90	42
* Services and Supplies	1,486,485.48	677,500.98	808,984.50	46	1,468,356.72	643,603.95	824,752.77	44
** Expenses	7,055,767.20	3,899,289.84	3,156,477.36	55	7,835,371.11	4,394,963.24	3,440,407.87	56
*** Total	3,507,544.20	2,221,171.59	1,286,372.61	63	4,211,086.26	2,614,559.37	1,596,526.89	62

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
422503 Environmental Permits	125,000.00	72,669.21	52,330.79	58	125,000.00	93,201.85	31,798.15	75
422504 Pool Permits	100,000.00	30,913.00	69,087.00	31	84,000.00	27,238.00	56,762.00	32
422505 RV Permits	15,000.00	10,299.00	4,701.00	69	15,000.00	10,948.00	4,052.00	73
422507 Food Service Permits	410,000.00	232,697.00	177,303.00	57	410,000.00	229,227.00	180,773.00	56
422508 Wat Well Const Perm	40,000.00	17,054.00	22,946.00	43	40,000.00	23,393.00	16,607.00	58
422509 Water Company Permits	25,000.00	6,235.00	18,765.00	25	28,000.00	15,121.00	12,879.00	54
422510 Air Pollution Permits							50.00	
422511 ISDS Permits	125,000.00	49,250.00	75,750.00	39	125,000.00	81,903.00	43,097.00	66
422513 Special Event Permits	80,000.00	59,205.00	20,795.00	74	80,000.00	56,182.00	23,818.00	70
422514 Initial Applic Fee		15,120.00	15,120.00					
* Licenses and Permits	920,000.00	493,442.21	426,557.79	54	907,000.00	537,163.85	369,836.15	59
431100 Federal Grants	257,000.00	133,836.57	123,163.43	52	257,000.00	120,823.64	136,176.36	47
432100 State Grants	75,250.00	38,250.00	37,000.00	51	75,000.00	37,000.00	38,000.00	49
432310 Tire Fee NRS 444A.090	415,000.00	276,583.09	138,416.91	67	415,000.00	339,665.07	75,334.93	82
* Intergovernmental	747,250.00	448,669.66	298,580.34	60	747,000.00	497,488.71	249,511.29	67
460162 Services to Other Agencies	109,365.10	14,929.03	94,436.07	14	109,734.38	53,087.08	56,647.30	48
460509 Water Quality		140.00	140.00		800.00	140.00	660.00	18
460510 IT Overlay	150,000.00	75,255.00	74,745.00	50	150,000.00	75,825.00	74,175.00	51
460513 Other Health Services Charges	14,000.00	4,162.00	9,838.00	30	14,000.00	8,502.00	5,498.00	61
460514 Food Service Certification	8,000.00	4,216.00	3,784.00	53	8,000.00	4,569.00	3,431.00	57
460520 Eng Serv Health	120,000.00	84,608.00	35,392.00	71	140,000.00	71,655.34	68,344.66	51
460521 Plan Review - Pools & Spas	3,000.00	2,995.00	5.00	100	3,000.00	10,050.05	7,050.05	335
460523 Plan Review - Food Services	40,000.00	19,752.91	20,247.09	49	40,000.00	31,332.63	8,667.37	78
460525 Plan Review - Vector	75,000.00	38,181.00	36,819.00	51	100,000.00	51,034.80	48,965.20	51
* Charges for Services	519,365.10	244,238.94	275,126.16	47	565,534.38	306,195.90	259,338.48	54
485300 Other Misc Govt Rev						1,728.26	1,728.26	
* Miscellaneous						1,728.26	1,728.26	
** Revenue	2,186,615.10	1,186,350.81	1,000,264.29	54	2,219,534.38	1,342,576.72	876,957.66	60
701110 Base Salaries	3,324,778.61	1,868,280.60	1,456,498.01	56	3,602,288.90	2,005,214.84	1,597,074.06	56
701130 Pooled Positions	105,737.00	43,033.47	62,703.53	41	113,671.19	48,586.48	65,084.71	43
701140 Holiday Work	1,500.00	1,175.92	324.08	78	1,500.00	606.10	893.90	40
701150 Contractual Wages		7,113.35	7,113.35			7,120.43	7,120.43	
701200 Incentive Longevity	53,900.00	23,773.08	30,126.92	44	57,850.00	27,126.91	30,723.09	47
701300 Overtime	55,000.00	18,939.42	36,060.58	34	55,000.00	27,670.73	27,329.27	50
701406 Standby Pay	35,000.00	19,863.22	15,136.78	57	40,000.00	28,036.34	11,963.66	70
701408 Call Back	5,000.00	2,077.34	2,922.66	42	10,000.00	2,315.73	7,684.27	23
701412 Salary Adjustment					7,848.83		7,848.83	
701413 Vac Payoff/Sick Pay-Term		18,507.87	18,507.87			69,588.89	69,588.89	
701417 Comp Time		560.15	560.15			3,613.73	3,613.73	
701500 Merit Awards					189,150.00		189,150.00	
* Salaries and Wages	3,580,915.61	2,003,324.42	1,577,591.19	56	3,699,008.92	2,219,880.18	1,479,128.74	60
705110 Group Insurance	411,165.33	226,823.95	184,341.38	55	445,219.47	248,382.07	196,837.40	56
705210 Retirement	692,578.60	390,011.47	302,567.13	56	748,655.94	421,068.89	327,587.05	56
705230 Medicare April 1986	42,676.59	25,221.00	17,455.59	59	44,736.39	27,028.54	17,707.85	60
705320 Workmens Comp	20,800.00	12,059.92	8,740.08	58	17,940.00	9,724.00	8,216.00	54
705330 Unemply Comp	3,380.00	3,453.32	73.32	102	2,860.00	2,860.00		100
705360 Benefit Adjustment					1,722.82		1,722.82	
* Employee Benefits	1,170,600.52	657,569.66	513,030.86	56	1,261,134.62	709,063.50	552,071.12	56
710100 Professional Services	131,160.62	57,676.88	73,483.74	44	90,989.48	25,379.67	65,609.81	28

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710105 Medical Services	150.00	414.00	264.00	276	500.00	59.00	441.00	12
710115 Prof Eng Services		1,208.31	1,208.31					
710200 Service Contract	104,700.00	61,341.40	43,358.60	59	102,200.00	45,777.23	56,422.77	45
710205 Repairs and Maintenance	1,100.00	768.70	331.30	70	1,100.00	227.99	872.01	21
710300 Operating Supplies	14,392.81	9,268.39	5,124.42	64	7,150.00	3,615.21	3,534.79	51
710302 Small Tools & Allow	2,950.00		2,950.00		2,950.00	1,596.40	1,353.60	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710312 Special Dept Expense		25.00	25.00					
710319 Chemical Supplies	621,588.00	361,579.46	260,008.54	58	621,588.00	290,370.61	331,217.39	47
710325 Signs and Markers			150.00		150.00		150.00	
710334 Copy Machine Expense	4,550.00	539.37	4,010.63	12	4,909.53	815.20	4,094.33	17
710350 Office Supplies	9,075.00	5,816.04	3,258.96	64	9,018.57	5,214.89	3,803.68	58
710355 Books and Subscriptions	2,000.00	2,479.93	479.93	124	2,225.57	540.24	1,685.33	24
710360 Postage	1,250.00	4,046.81	2,796.81	324	750.00	4,503.70	3,753.70	600
710361 Express and Courier	7,100.00	123.23	6,976.77	2	6,900.00	90.93	6,809.07	1
710391 Fuel & Lube	100.00	108.60	8.60	109	100.00	46.06	53.94	46
710500 Other Expense	3,400.00	2,911.55	488.45	86	3,400.00	2,231.33	1,168.67	66
710502 Printing	4,060.00	1,067.98	2,992.02	26	4,560.00	3,054.71	1,505.29	67
710503 Licenses & Permits	3,135.00	2,180.00	955.00	70	3,135.00	100.00	3,035.00	3
710505 Rental Equipment	8,000.00		8,000.00		8,000.00		8,000.00	
710506 Dept Insurance Deductible		263.74	263.74			311.57	311.57	
710507 Network and Data Lines		2,325.59	2,325.59					
710508 Telephone Land Lines	22,845.00	5,732.77	17,112.23	25	24,920.00	5,795.31	19,124.69	23
710509 Seminars and Meetings	15,850.00	3,220.00	12,630.00	20	12,430.47	5,962.00	6,468.47	48
710512 Auto Expense	350.00	55.56	294.44	16	550.00	46.08	503.92	8
710519 Cellular Phone	16,813.00	4,504.37	12,308.63	27	2,000.00	10,448.55	8,448.55	522
710529 Dues	1,800.00	890.00	910.00	49	2,700.00	3,129.00	429.00	116
710535 Credit Card Fees		265.98	265.98					
710546 Advertising	30,500.00	260.13	30,239.87	1	16,500.00	751.82	15,748.18	5
710577 Uniforms & Special Clothing	1,950.00		1,950.00		1,700.00	54.95	1,645.05	3
710600 LT Lease-Office Space	40,636.89	26,255.45	14,381.44	65	39,284.00	26,264.78	13,019.22	67
710721 Outpatient	4,922.00		4,922.00		4,922.00	756.00	4,166.00	15
711113 Equip.Srv Replace	78,780.00	53,391.94	25,388.06	68	107,992.29	68,174.50	39,817.79	63
711114 Equip.Srv O & M	123,072.96	46,820.74	76,252.22	38	90,820.91	48,513.84	42,307.07	53
711115 Equip.Srv Motor Pool	18,500.00	3,145.00	15,355.00	17	18,500.00	11,075.00	7,425.00	60
711119 Prop & Liab Billings	15,028.00	8,766.31	6,261.69	58	12,532.00	7,310.31	5,221.69	58
711210 Travel	44,136.62	6,588.87	37,547.75	15	27,161.83	11,280.97	15,880.86	42
711504 Equipment.nonCapital	36,202.42	1,131.84	35,070.58	3	35,078.61	5,345.67	29,732.94	15
711507 Vehicles.nonCapital						2,142.00	2,142.00	
* Services and Supplies	1,372,098.32	675,173.94	696,924.38	49	1,268,718.26	590,985.52	677,732.74	47
* Capital Outlay					32,000.00		32,000.00	
** Expenses	6,123,614.45	3,336,068.02	2,787,546.43	54	6,260,861.80	3,519,929.20	32,000.00	56
** 621001 Transfer From General	350,000.00		350,000.00		350,000.00		2,740,932.60	
** Other Financing Src/Use	350,000.00		350,000.00		350,000.00		350,000.00	
**** Total	3,586,999.35	2,149,717.21	1,437,282.14	60	3,691,327.42	2,177,352.48	1,513,974.94	59

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
431100 Federal Grants	1,401,369.25-	786,305.72-	613,063.53-	56	1,779,621.51-	697,772.40-	1,081,849.11-	39
431105 Federal Grants - Indirect		11,320.41-	11,320.41		11,064.00-		11,064.00-	
* Intergovernmental	1,401,369.25-	799,626.13-	601,743.12-	57	1,790,685.51-	697,772.40-	1,092,913.11-	39
460511 Birth and Death Certificates	230,000.00-	127,391.20-	102,608.80-	55	230,000.00-	139,858.25-	90,141.75-	61
* Charges for Services	230,000.00-	127,391.20-	102,608.80-	55	230,000.00-	139,858.25-	90,141.75-	61
** Revenue	1,631,369.25-	927,017.33-	704,351.92-	57	2,020,685.51-	837,630.65-	1,183,054.86-	41
701110 Base Salaries	1,078,230.85	574,408.07	503,822.78	53	1,183,802.70	584,309.86	599,492.84	49
701120 Part Time	54,341.12	33,629.94	20,711.18	62	51,932.72	31,356.53	20,576.19	60
701150 Contractual Wages	5,037.14	11,282.30	6,245.16-	224	22,167.00	16,580.16	5,586.84	75
701200 Incentive Longevity	7,910.50	2,896.09	5,014.41	37	5,450.00	1,714.46	3,735.54	31
701300 Overtime	2,000.00	3,622.68	1,622.68-	181	4,024.00	2,451.21	1,572.79	61
701412 Salary Adjustment	26,900.35		26,900.35		8,681.78-		8,681.78-	
701413 Vac Payoff/Sick Pay-Term		428.93	428.93-					
701419 Comp Time - Transfer						3.19		
701500 Merit Awards								
* Salaries and Wages	1,174,419.96	626,268.01	548,151.95	53	53,300.00-	3.19	3.19-	
705110 Group Insurance	122,434.26	60,901.87	61,532.39	50	1,205,394.64	636,415.41	53,300.00-	53
705210 Retirement	233,830.49	122,310.52	111,519.97	52	109,309.94	70,077.23	39,232.71	64
705230 Medicare April 1986	15,768.27	8,330.32	7,437.95	53	247,585.88	123,555.51	124,030.37	50
705320 Workmens Comp	7,600.00	4,433.31	3,166.69	58	21,516.83	8,332.16	13,184.67	39
705330 Unemply Comp	1,235.00	1,235.00		100	4,485.00	1,855.00	2,630.00	41
705360 Benefit Adjustment					715.00	715.00		100
* Employee Benefits	380,868.02	197,211.02	183,657.00	52	2,973.00	204,534.90	2,973.00	53
710100 Professional Services	218,768.21	141,800.63	76,967.58	65	386,585.65	163,353.68	182,050.75	35
710105 Medical Services	200.00		200.00		466,144.00		302,790.32	
710108 MD Consultants	12,000.00	4,000.00	8,000.00	33	12,000.00	5,000.00	7,000.00	42
710200 Service Contract	600.00	851.78	251.78-	142	600.00	310.10	289.90	52
710205 Repairs and Maintenance	1,233.00	299.75	933.25	24	2,233.00	84.00	2,149.00	4
710210 Software Maintenance		9,000.00	9,000.00-			8,100.00	8,100.00-	
710300 Operating Supplies	27,042.85	22,540.12	4,502.73	83	25,622.57	7,850.89	17,771.68	31
710334 Copy Machine Expense	3,242.98	1,322.40	1,920.58	41	4,619.00	1,562.71	3,056.29	34
710350 Office Supplies	9,319.55	9,995.04	675.49-	107	23,825.10	7,261.51	16,563.59	30
710355 Books and Subscriptions	1,425.50	1,013.08	412.42	71	2,166.00	230.50	1,935.50	11
710360 Postage	751.57	1,753.51	1,001.94-	233	1,119.00	2,132.52	1,013.52-	191
710361 Express and Courier	3,700.00	3,541.76	3,700.00	98	4,620.00	4,852.11	4,620.00	60
710500 Other Expense	3,620.00	675.21	78.24	13	10,099.00	4,852.11	10,099.00	
710502 Printing	5,189.48	253.95	4,514.27	13	8,142.00	195.63	3,289.89	60
710507 Network and Data Lines		3,144.36	803.88-	134	8,622.00	3,110.69	195.63-	36
710508 Telephone Land Lines	2,340.48	2,140.00	4,109.00	34	11,541.88	2,560.00	8,981.88	22
710509 Seminars and Meetings	6,249.00	506.44	496.74	50	3,713.00	522.29	3,190.71	14
710512 Auto Expense	1,003.18	910.74	704.74-	442	240.00	796.13	556.13-	332
710519 Cellular Phone	206.00	345.00	305.00-	863	2,115.00	2,115.00	2,115.00	
710529 Dues	40.00		334.52		24,927.00		24,927.00	
710546 Advertising	334.52		2,969.00		5,940.00	4,455.00	1,485.00	75
710620 LT Lease-Equipment	5,940.00	2,971.00	2,969.00	50				

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 7, FY 2009

Accounts	2009 Plan	2009 Actuals	Balance	Act%	2008 Plan	2008 Actual	Balance	Act%
710703 Biologicals	4,900.00		4,900.00		8,900.00		8,900.00	
710721 Outpatient	3,000.00	1,191.25	1,808.75	40	3,000.00	1,620.00	1,380.00	54
711114 Equip Srv O & M		470.38	470.38-					
711115 Equip Srv Motor Pool	100.00	75.00	25.00	75	200.00	1,827.56	200.00	58
711119 Prop & Liab Billings	5,491.00	3,203.13	2,287.87	58	3,133.00	6,050.65	1,305.44	25
711210 Travel	14,922.60	4,909.70	10,012.90	33	24,028.00	52,896.28	17,977.35	98
711504 Equipment nonCapital	25,684.61	24,076.20	1,608.41	94	53,888.10	274,772.25	991.82	39
* Services and Supplies	357,304.53	240,990.43	116,314.10	67	711,437.65	39,286.10	436,665.40	23
781004 Equipment Capital	216,705.00	83,688.59	133,016.41	39	170,193.10	39,286.10	130,907.00	23
* Capital Outlay	216,705.00	83,688.59	133,016.41	39	170,193.10	39,286.10	130,907.00	23
** Expenses	2,129,297.51	1,148,158.05	981,139.46	54	2,473,611.04	1,155,008.66	1,318,602.38	47
*** Total	497,928.26	221,140.72	276,787.54	44	452,925.53	317,378.01	135,547.52	70



DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: February 26, 2009

TO: District Board of Health

FROM: Andrew Goodrich, Director, Air Quality Management Division

SUBJECT: Public Hearing: Amendment of the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 030.221, Temporary Permit to Operate

Agenda Item: 11.

Withdrawal of Consideration for Approval and Adoption of Amended Regulation

Air Quality Management Division (AQMD) Staff has withdrawn from consideration the request for approval and adoption of an amendment of the Washoe County District Board of Health Regulations Governing Air Quality Management, Section 030.221, Temporary Permit to Operate.

Background

At the November 20, 2008, District Board of Health meeting, AQMD Staff provided an overview of the permitting process regarding the issuance of Temporary Permits to Operate. In response to public comment that had been previously received, the Board directed staff to draft an amendment to the regulation specifically for mobile equipment surface finishing.

During the development of the amended rule, AQMD Staff discovered a conflict between the proposed amendment and the recently adopted amendments to Section 030.106, specifically item (11), Subpart HHHHHH, National Emission Standards for Hazardous Air Pollutants (NESHAP): Paint Stripping & Miscellaneous Surface Coating Operations at Area Sources. The proposed amendment would have allowed for the outside painting of up to ten (10) pieces of mobile equipment within any ninety (90) day period at any single location. The NESHAP regulation requires that all spray painting of vehicles and mobile equipment be performed in a spray booth. The adoption of the NESHAP rule has subsequently eliminated any and all outside spray painting of mobile equipment.

Based on this conflict, AQMD Staff has withdrawn the request for adoption and approval of Section 030.221 for Mobile Equipment Surface Finishing.

Recommended Action

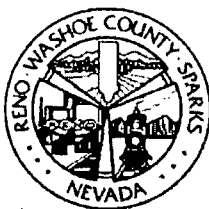
The District Board of Health accepts this withdrawal with no further actions taken.

Andrew Goodrich, REM
Director

DBOH AGENDA ITEM # 11.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

www.washoecounty.us/health



WASHOE COUNTY HEALTH DISTRICT

DATE: November 20, 2008

TO: Washoe County District Board of Health

FROM: Jeanne Rucker, Environmental Health Specialist Supervisor
Environmental Health Services Division

SUBJECT: Public Hearing: Proposed Amendments, Deletions and Additions to the Regulations of the Washoe County District Board of Health Governing Solid Waste Management, Sections:

- 010.011 – Alternative Treatment Technology (definition)
- 010.027 – Biohazardous Waste (definition)
- 010.102 – Contaminated (definition)
- 065.030 A.1.(g) – Application for Permit to Operate
- 080.005 – General
- 080.025 C.3. – Exclusions
- 080.075 C., H., I., K.1.and 2., L. – Biohazardous Wastes
- 080.225 A., C. and D. – Storage and Containment
- 080.230 B. – Packaging Requirements
- 080.240 D. – Requirements for Reusable Containers
- 080.250 C.1. and 2. – Labeling Requirements
- 080.320 A.5., B.1. and C.1.,2.,3., and 4 – Incineration
- 080.340 A.1.(a)(b), C.1., 2., 3., 4., and 5. – Steam-Based Disinfection Processes
- 080.360 C.1.(a),(b),(c) and (d) – Alternative Treatment Technologies
- 080.370 A. and B. – Criteria for Microbial Inactivation
- 080.380 A., B., C., D. and Table 1 – Representative Microbial Indicators
- 080.390 A., B. 1., 2., C. and Table 2. – Efficacy Testing Protocols
- 080.430 A.2 – Operational Plan Required
- 080.510 B.1.(b) and (d) – Limited Quantity Transporter Exemption
- 080.530 E.2. – Vehicle Requirements
- 080.540 D. – Containment and Cleanup Procedures
- 080.580 A.2.(c) – Application for Permit to Operate

Recommendation:

Environmental Health Services Division staff recommends that the District Board of Health adopt the proposed amendments, additions and deletions to the Regulations of the Washoe County District Board of Health Governing Solid Waste Management as outlined below:

1. Amendments – Sections 010.011 Alternative Treatment Technology (definition); 010.027 Biohazardous Waste (definition); 010.102 Contaminated (definition); 080.005 General; 080.025 C.3. Exclusions; 080.075 C., I., J. Biohazardous Wastes; 080.225 A., D. Storage; 080.230 B. Packaging Requirements; 080.320 B.1. Incineration /Analysis of Ash Product; 080.340 A.1.(b) Steam Based Disinfection Processes; 080.360 C.1. Alternative Treatment Technologies/ Performance Standards; 080.390 A. and B.1., B.2. Efficacy Testing Protocols; 080.430 A.2. Operational Plan Required; 080.510 B.1. (b) and (d) Limited-Quantity Transporter Exemption; 080.530 E.2. Vehicle Requirements; 080.580 A.2. (c) Biohazardous Waste Transfer Facilities –Application for Permit to Operate
2. Additions – Sections 080.075 H., K., and L. Biohazardous Wastes; 080.225 C. Storage; 080.240 D. Requirements for Reusable Containers; 080.250 C.1. and 2. Labeling Requirements; 080.320 C.1., 2., 3. and 4. Wastes Requiring Incineration or Approved Thermal Degradation Treatment; 080.340 A.1.(a) Steam-Based Disinfection Processes; 080.340 C. 1., 2., 3., 4. and 5. Wastes Prohibited from Steam-Based Disinfection; 080.380 A., B., C., D., and Table 1 Representative Microbial Indicators; 080.390 C. and Table 2 Efficacy Testing
3. Deletions – Sections 080.320 A.5. Incineration Performance Standards; 080.430 A.4. (a) Operational Plan Required; 080.530 E.1. Vehicle Requirements; 080.540 D. Containment and Cleanup Procedures

Background:

The Regulations of the Washoe County District Board of Health Governing Solid Waste Management were last updated in March 2006. Staff periodically reviews regulations and evaluates them against current standards, technologies and best management practices. The current edition of the referenced regulations contains outdated definitions for biohazardous waste and treatment standards for said waste that are too stringent. Also, the proposed regulations include language to require that home-generated sharps be disposed as biohazardous waste. Therefore, the primary reason for the proposed regulations changes is to address these issues.

Section 010.027 has been amended to be more specific in defining what biohazardous waste is. The existing definition is somewhat vague and difficult for the public and affected industry to understand. Sections 080.005 and 080.075 J., K. and L. eliminate the exclusion of home-generated sharps from compliance with the biohazardous waste regulations. The reason for this is the increased volume of sharps in the municipal solid waste stream that are generated by residents and the risk this poses downstream to solid waste workers. Incline Village currently provides a method for disposal of home-

generated sharps via a mail-back system. It is the intent of this agency to provide a similar mechanism for residents in the rest of Washoe County.

Section 080.225 C. tightens the requirements for interim biohazardous waste storage. Section 080.240 D. addresses the use of suction canisters and fluid carts in health care facilities. The current regulations do not refer to equipment that is used to receive biohazardous waste that is then disposed to the sanitary sewer. This requires cleaning and disinfection prior to being returned to use. Section 080.250 requires that chemotherapy waste and pathological waste be segregated in the biohazardous waste stream and that the containers provided for this segregation be appropriately labeled accordingly. The reason for this is that chemotherapy waste and pathological waste must be disposed by incineration or other thermal degradation treatment. Proper labeling reduces the potential of chemotherapy waste and/or pathological waste being sent for autoclave treatment. Section 080.320 C. defines those wastes that must be treated by incineration or thermal degradation treatment. Likewise, Section 080.340 C. outlines what wastes are prohibited from steam-based disinfection treatment.

Section 080.360 C. enhances the performance standards for alternative treatment technologies. Parametric monitoring using approved devices can demonstrate the effectiveness of alternative treatment technology if done properly. This section outlines how said monitoring can be done. Section 080.370 provides for a minimal heat level for thermal degradation technologies. Section 080.380 A., B., C., D. and Table 1 provide an update to the representative microbial indicators used to demonstrate the effectiveness of alternative treatment technologies. The proposed language reflects current national and international standards. Section 080.390 C. and Table 2 specifically outline efficacy testing protocols that must be used to demonstrate the effectiveness of alternative treatment technologies. This section was updated to be consistent with national and international standard protocols and to provide a specific guide for anyone desiring approval of an alternative treatment for biohazardous waste in Washoe County.

Section 080.430 A.2. requires biohazardous waste treatment facilities to monitor for radiological waste. Radiological waste is produced in small quantities in many health care facilities and biohazardous waste treatment facilities are not equipped to treat this waste stream; therefore, it must be excluded from acceptance at such a facility.

Other changes to the regulations are minor in nature and are for housekeeping purposes. For instance all reference to Section 100 has been deleted in these regulations because Section 100 does not exist.

Three public workshops were conducted to discuss the proposed regulations and to take comment. Notices of these workshops were sent to all known biohazardous waste generators, transporters, transfer facilities and treatment facility operators. A list defining to whom the notice was sent is available for review if necessary. Forty-three (43) individuals attended the workshops. Copies of the sign-in sheets for the workshops are attached to this document. Environmental Health Services staff also responded to thirty-eight (38) telephone inquiries regarding the proposed regulations. No significant changes to the proposed regulations resulted from the workshops.

A notice of today's public hearing was published in the Reno Gazette-Journal on January 7, 2009, January 19, 2009 and January 27, 2009. Proof of publication was provided by the newspaper.

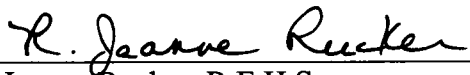
Fiscal Impact:

Pursuant to NRS 237.090, a Business Impact Statement is attached.

Alternatives:

1. The Washoe County District Board of Health may adopt the amendments, deletions and additions as outlined.
2. The Washoe County District Board of Health may decide to approve a modified version of the proposed amendments, deletions and additions as outlined.
3. The Washoe County District Board of Health may decide to disapprove the proposed additions, deletions and amendments as presented.

Respectfully submitted,



R. Jeanne Rucker, R.E.H.S.
Environmental Health Specialist Supervisor

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the impact of the proposed changes to the Regulations of the Washoe County District Board of Health Governing Solid Waste Management, specifically sections 010.011, 010.027, 010.102, 065.030 A.1.(g), 080.005, 080.025 C.3, 080.075 C., H., K.1. and 2., L., 080.225 A., C., D., 080.230 B., 080.240 D., 080.250 C.1. and 2., 080.320 A.5, B.1. and C.1.2.3. and 4., 080.340 A.1.(a),(b), C.1., 2., 3., 4. and 5., 080.360 C.1.(a),(b),(c), and (d), 080.370 A. and B., 080.380 A., B., C., D. and Table 1, 080.390 A., B.1.,2., C. and Table 2, 080.430 A.2., 080.510 B.1.(b) and (d), 080.530 E.2., 080.540 D., 080.580 A.2.(c).

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Three public workshops were conducted to take comment on the proposed regulations and to explain the potential impacts to affected businesses. Forty-three (43) persons attended the workshops and their comments and questions were considered. No substantial changes to the proposed regulations were made as a result of the workshops. A list of those businesses and individuals notified of the public workshops is available upon request. A notice of this public hearing was published in the Reno-Gazette Journal on January 7, 2009, January 19, 2009 and January 27, 2009. Further public comment will be taken during the public hearing for the proposed regulations at the Washoe County District Board of Health meeting on February 26, 2009.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed changes to the regulations will have a minimal economic impact on affected businesses and industry. The majority of the proposed changes are relative to treatment efficacy; therefore, the changes may result in increased costs to prove the efficacy of biohazardous waste treatment methods or techniques.

Beneficial Effects: The beneficial effects of the proposed changes are that the regulatory standards for Washoe County Health District will now be reflective of national and international treatment standards for biohazardous waste.

Direct Effects: The direct effect to business of this regulation is the need to ensure that biohazardous waste is treated effectively to reduce risk to the public. Most biohazardous waste can be treated locally as long as handling methods are approved.

Indirect Effects: Some waste streams that were previously not specified in the regulations are now required to be segregated from biohazardous waste. This ensures proper handling, transport and disposal of pharmaceutical, chemotherapeutic and pathologic waste.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

The standards proposed for adoption are accepted nationally and internationally. The standards are actually less stringent than the current regulation and therefore the financial impact will be minimal.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County or Health District due to the modified regulations. Regulatory oversight of the biohazardous waste industry already exists and is currently done in the Health District.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

There is no new fee associated with the proposed regulations.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **Not applicable.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

The proposed regulations do not duplicate federal or state standards. The state of Nevada does not regulate medical waste and the federal government only provides standards for transportation. The standards proposed are those recommended by the State and Territorial Association for Alternative Treatment Technologies.

**BIOHAZARDOUS WASTE REGULATION WORKSHOP
SIGN IN SHEET**

October 28, 2008 2:00PM-4:00PM

Name	Phone Number	Email Address
Tammy Dillia	928-9500	tammydillia2008@sbcglobal.net
Kingston Wulff	972-2472	kwulff@jcpennoy.com
Tom Hughes	691-4353	THughes@FuneralTrust.com
Nancy Lecchini 358-5330 for Lloyd Austin DDS		
JOSE TSBarry	378-79-70	
Maximo Lopez	715-982-5159	mlopez2@renown.org
Karol Rogatz	355-9411	dictation@se.yahoo.com
Nicole Harris	972-2313	Nharris@jcpennoy.com
Johnny Berriochon	784-1379	Jberrioc@unr.nvada.edu
Carla Mehlhoff	329-0600	ghansond@sbcglobal.net
Edna Espig	828-4055	emep@kivhealthcenter.com
Jane Langstaff	827-8855	admin.bearneconklin@eschelon.com
George Gomez	785-6114	ggomez@washoeahty.gov
Don Jost	⁴⁸⁹ 868 -1769	djost@wellsbloomfield.com
SAL MARZA	326-2409	SMARZA@WM.COM
TODD WELTY	328-6467	twelty@renoairport.com
Philip Johnstone	688-1140	Northcoast Nev. Restitution Ctr. (NDOC) PJohstone@doc.nv.gov
Carl McAlister	240-5599	Carl.McAlister@westcare.com
Jeff Mayfield	745-9804	Jmayfield@WM.COM

**BIOHAZARDOUS WASTE REGULATION WORKSHOP
SIGN IN SHEET**

October 29, 2008 9:00AM-11:00AM

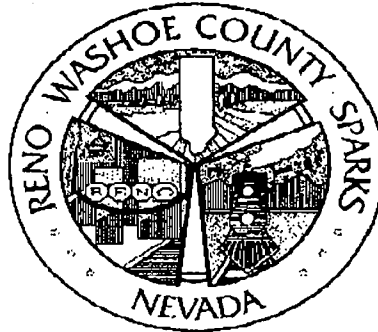
Name	Phone Number	Email Address
Das JACKSON	358-8486	jaxter@gbis.com
Monica Grulli	786-2100	monicagrulli@esbcglobal.net
Pam Morse	827-2298	morshoppin@aol.com
Barbara Williams	784 7849	bullicrns@giconsultants.
Arthur Uyechi	721-4844	ayechi@giconsultants.com
Dee Horn	355 0600 x115	Dee iten@aol.com
Stacy L. Stal	355-0600 x125	W10@itcn.org
Kacey Bandow	786 4673	Kacey@NW.Hopes.org
Brenna Mcbee	775-825-1171	Glyup@Dr.com
Brandon Heath	336-9006	Bheath@terriblesCasinos.com
Don Cavallo	861-4000	DCavallo@washoeCounty.us
Curt Aberle	786-3040 EXT 1506	CurtA@Renorth
Jason King	786-3040	jeKings@yahoo.com
Shaun MOSS	824-2323	smoss@growingSmile.net
Betty Kloosterman	858-1900	Betty.Kloosterman@Geniva.com
Mitch Bartey	332-9505	mbartey@RTCwashoe.com
Lori Anspach	335-1849	LANSPACH@RTCwashoe.com
Andrews Martinez	830-4463	VAKA-one@Hotmail.co
Linda Keith	954-0600	

DRAFT REGULATIONS
OF THE
WASHOE COUNTY DISTRICT BOARD OF HEALTH
GOVERNING SOLID WASTE MANAGEMENT

Italics means language to be added

~~Strike-through means language to be deleted~~

DISTRICT HEALTH



DEPARTMENT

REGULATIONS OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH GOVERNING

SOLID WASTE MANAGEMENT

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
1001 EAST NINTH STREET
P.O. BOX 11130
RENO, NEVADA 89520
(775) 328-2434

AMENDED AND APPROVED BY THE WASHOE COUNTY DISTRICT BOARD OF HEALTH ON MARCH 23, 2006

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RESOLUTION

**REGULATIONS FOR SOLID WASTE MANAGEMENT
IN
THE WASHOE COUNTY HEALTH DISTRICT**

WHEREAS, the Nevada State Board of Health did on or about February 21, 1973, adopt regulations governing solid waste management in the State of Nevada; and

WHEREAS, the Washoe County District Health Department has been designated by the State of Nevada Department of Human Resources as the sole agency responsible for carrying out the purposes of Section 207 of the Federal Solid Waste Disposal Act, as amended April 09, 1973, for Washoe County; and

WHEREAS, the Washoe County District Health Department has prepared a Solid Waste Management Plan for Washoe County as required by NRS 444.510; and

WHEREAS, the Solid Waste Management Plan for Washoe County has been submitted to and approved by the State of Nevada Department of Conservation and Natural Resources as required by NRS 444.510; and

***WHEREAS**, NRS 444.558 permits any District Board of Health created pursuant to NRS 439.370 shall, in a timely manner, adopt all regulations that are necessary to establish and carry out a program of issuing permits for municipal solid waste landfills and the regulations adopted by a District Board of Health must not conflict with regulations adopted by the State Environmental Commission; and*

WHEREAS, NRS 444.580 permits any District Board of Health created pursuant to NRS 439.370 to adopt standards and regulations for the location, design, construction, operation and maintenance of solid waste disposal sites and solid waste management systems or any part thereof more restrictive than those adopted by the State Environmental Commission and may issue permits there under; and

WHEREAS, the Washoe County District Board of Health deems it advisable to adopt stricter regulations governing solid waste management systems, disposal sites and permits.

NOW, THEREFORE, BE IT RESOLVED that the Washoe County District Board of Health does hereby adopt the following regulations governing solid waste management within the Washoe County Health District.

SECTION 010

DEFINITIONS

010.001 **GENERAL.**

Unless the context requires otherwise, the definitions set forth in this Article shall govern the construction of these Regulations.

010.010 **ACTIVE FACE** (See Working Face)

010.011 **ALTERNATIVE TREATMENT TECHNOLOGY** means a method for the treatment of biohazardous waste that is not incineration, ~~or~~ *sewering of liquid wastes*, or a steam-based disinfection process.

010.012 **ANIMAL** means any living organism exclusive of man and plants.

010.014 **ANTINEOPLASTIC WASTES** means those chemicals and materials that are used in chemotherapy oncology treatments. This includes chemicals that are cytotoxic agents.

010.016 **APPROVED INCINERATION FACILITY** means a facility permitted to incinerate biohazardous waste by the Health Authority or other appropriate regulatory agency.

010.018 **APPROVED LANDFILL FOR ASBESTOS DISPOSAL** means a landfill which meets the requirements of 40 CFR 61, subpart M 61.156 (NESHAPS) asbestos regulations (active waste disposal sites).

010.019 **AQUEOUS WASTE** means liquid waste consisting of a water matrix containing other solid waste, either in the true solution, colloidal, or particulate. Aqueous waste includes, but is not limited to, sand/oil separator contents, grease trap wastes, sumps, washings, cooling water, dip tank wastes, antifreeze solutions, and domestic greywater.

010.020 **ASBESTOS CONTAINING MATERIAL** means any substance or material that contains the asbestos form varieties of Serpentinite (Chrysotile), Riebeckite (Chrocidolite), Cummingtonite-Grunerite, Anthophyllite, and Actinolite-Tremolite.

010.022 **ASHES** means the residue from the burning of wood, coal, coke, or other combustible solid wastes.

010.025 **BALING** means the process of compressing and binding solid wastes.

010.027 **BIOHAZARDOUS WASTE** means waste which, because of its characteristics may cause, or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness; or pose a substantial potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed.

Biohazardous waste means any of the following:

A. *Laboratory waste, including but not limited to:*

- 1. Human specimen cultures from medical and pathology laboratories.*
- 2. Cultures and stocks of infectious agents from research and industrial laboratories.*

3. *Wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research and culture dishes and devices used to transfer, inoculate and mix cultures.*
- B. *Pathologic or human surgery specimens, tissues, or anatomical body parts removed at surgery or autopsy.*
- C. *Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid human blood, fluid blood products, containers or equipment containing human fluid blood.*
- D. *Isolation wastes.*
- E. *Sharps waste.*
- F. *Trace chemotherapy waste, including but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing; which are empty, or that are contaminated through contact with, or having previously contained chemotherapeutic agents.*
1. *Chemotherapeutic agent means an agent that kills or prevents the reproduction of malignant cells*
 2. *A container which previously contained a chemotherapeutic agent is empty if the container has been emptied by the generator as much as possible using methods commonly employed to remove waste or material from containers so that the following conditions are met:*
 - (a) *If the material which the container held is pourable, no material can be poured or drained from the container when held in any orientation, including, but not limited to, tilted or inverted.*
 - (b) *If the material which the container held is not pourable, no material or waste remains in the container that can feasibly be removed by scraping.*

~~Pathological~~ Bulk chemotherapy, pharmaceutical wastes or and dead or diseased animals subject to regulations by the State of Nevada Department of Agriculture are excluded from this definition.

- 010.029 **BIOHAZARDOUS WASTE MANAGEMENT FACILITY** means a facility that collects, stores, transports, transfers, processes, treats, and/or disposes of biohazardous waste.
- 010.030 **BIOHAZARDOUS WASTE MANAGEMENT PLAN** means a written document that explains how a facility manages its biohazardous waste, from generation to disposal.
- 010.031 **BIOHAZARDOUS WASTE TRANSFER FACILITY** means any offsite location where biohazardous waste is loaded, unloaded, stored, or consolidated by a permitted biohazardous waste transporter, or a holder of a limited-quantity transporter exemption granted pursuant to Subsection 080.510 (B), during the normal course of transportation of the biohazardous waste. (This definition does not include any onsite facility, including, but not limited to, common storage facilities, facilities of biohazardous waste generators employed for the purpose of consolidation, or onsite treatment facilities.)
- 010.032 **BIOTECHNOLOGY** means laboratory techniques and processes used to modify the genome of plants or animals to create desirable new characteristics to improve human health and the human environment.
- 010.033 **BLOOD** means human blood, human blood components, and products made from human blood.
- 010.038 **BODY FLUIDS** means liquid emanating or derived from humans including blood; cerebrospinal, synovial, pleural, peritoneal and pericardial fluids; semen and vaginal secretions; amniotic fluid; urine; saliva in dental procedures; and any other body fluids that may be contaminated with blood, and any other liquids emanating from humans that may be mixed or combined with blood.

- 010.040 **BULKY WASTE** means large items of solid waste such as appliances, furniture, large auto parts, trees, branches, stumps, and other oversize wastes whose large size precludes or complicates their handling by normal collection, processing or disposal methods.
- 010.045 **BURNABLE SOLID WASTE** means any burnable materials including, but not limited to, those materials defined in NRS 484.059 and 484.061.
- 010.050 **CELL** means compacted solid wastes that are enclosed by natural soil or cover material in a land disposal site.
- 010.055 **CHEMICAL WASTES** means the by-products of any action, industry, application, or operation performed or initialed by any person that may be hazardous.
- 010.060 **COLLECTION** means the act of removing solid waste from storage at the place of waste generation.
- 010.065 **COMMERCIAL SOLID WASTE** means all types of solid waste generated by stores, offices, and other commercial sources excluding residences and industrial wastes.
- 010.067 **COMMON STORAGE FACILITY** means any designated accumulation area that is onsite and is used by small quantity generators otherwise operating independently for the storage of biohazardous waste for collection by an approved biohazardous waste transporter.
- 010.068 **COMMUNICABLE DISEASE** means a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.
- 010.069 **COMPACTOR** means a machine that reduces the volume of solid waste by crushing, compression, or compaction.
- 010.070 **COMPACTOR COLLECTION VEHICLE** means an enclosed vehicle provided with special mechanical devices for compressing the loaded wastes.
- 010.075 **COMPOSTING** means a controlled process of biological degradation of solid wastes, principally organic matter, to a humus-like product.
- 010.080 **COMPOSTED SEWAGE SLUDGE** means sludge which has been processed by controlled microbial degradation whereby pathogenic organisms are destroyed and all portions of the material are exposed to a temperature of 60°C (140° F) for forty (40) hours, followed by curing until the material is stabilized.
- 010.085 **CONFIDENTIAL INFORMATION** means information or records which:
- A. Relate to quantities or dollar amounts of production or sales.
 - B. Relate to processes or production unique to the owner or operator;
 - C. If disclosed, would tend to affect adversely the competitive position of the owner or operator.
- 010.090 **CONSTRUCTION/DEMOLITION WASTE** means the waste building materials, packaging, and rubble resulting from construction, remodeling, repair, and demolition operations on pavements, houses, commercial buildings, and other structures. Such wastes include, but are not limited to, bricks, concrete, other masonry materials, soil, rock, lumber, road spoils, rebar, paving materials, and tree stumps.
- 010.100 **CONTAINER** means a durable, corrosion resistant, non-absorbent, leak proof, water tight, odor proof, rodent resistant container with fly tight cover.

- 010.102 **CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials *or a chemotherapeutic agent* on an item or surface.
- 010.105 **CONTINGENCY PLAN** means a document setting out an organized, planned, and coordinated course of action to be followed in the event of a fire, explosion, or release of a waste that could threaten human health or the environment.
- 010.110 **CONTROLLED SUBSTANCE** means a drug, substance or immediate precursor enumerated in NRS 453.161 to 453.206, inclusive.
- 010.115 **COVER MATERIAL** means soil or other suitable material that is used to cover compacted solid waste in a land disposal facility.
- 010.120 **DAILY COVER** means cover material that is spread and compacted on the top and side slopes of compacted solid waste, at least at the end of each operating day, in order to control vectors, fire, moisture, and erosion, and to assure an aesthetic appearance.
- 010.125 **DEAD ANIMALS** means those animals, or parts thereof, that have died from any cause except those killed by man for human or animal consumption.
- 010.130 **DECOMPOSITION GASES** means gases produced by chemical or microbial activity during the decomposition of solid waste.
- 010.132 **DECONTAMINATION** means the use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- 010.138 **DIALYSIS** means a medical procedure for the removal of certain elements from the blood or lymph by virtue of the difference in their rates of diffusion through an external semi-permeable membrane.
- 010.140 **DIGESTED SEWER SLUDGE** means sewage sludge that has been digested to a point where the sludge is practically odorless, drains readily, and contains not over fifty (50) percent of the total solid matter in the volatile form, with a moisture content of less than seventy-five (75) percent (stabilized so it will not further decompose so as to attract, sustain, or propagate insects, birds, or other animals).
- 010.141 **DISCARD** means to throw away or reject. When a material is soiled, contaminated or no longer usable and is placed in a waste receptacle for disposal or treatment prior to disposal, it is considered discarded.
- 010.142 **DISPOSAL** means the final placement of waste in a disposal site operating under a permit issued by a local, state, or federal agency.
- 010.1425 **DISPOSAL AREA** means that portion of the disposal site that has received or is receiving solid wastes
- 010.143 **DISPOSAL SITE** means any place at which solid waste is dumped, abandoned or accepted or disposed of by incineration, landfilling, composting or any other method. The term includes a municipal solid waste landfill.
- 010.144 **DISTRICT BOARD OF HEALTH** means the Washoe County District Board of Health of the Washoe Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and by interlocal agreement of the Cities of Reno and Sparks and the County of Washoe, Nevada.

010.145 **DISTRICT HEALTH OFFICER**

The person appointed by the District Board of Health of the Washoe County District Health Department to administer activities of the Washoe County District Health Department within the Health District, pursuant to the authority of the state and local health laws, ordinances, and regulations.

010.170 **DOMESTIC ANIMAL** means all cattle or animals of the bovine species. All horses, mules, burros, asses, or animals of the equine species. All swine or animals of the porcine species. All goats or animals of the caprine species. All poultry and domesticated fowl or birds. All dogs, cats, or other animals domesticated or under the restraint or control of man.

010.175 **DUMP SITE** means an area not approved for the deposit of wastes.

010.180 **DURABLE** means any material that is permanent and can withstand impact without loss of integrity. An example of durable material is heavy gauge steel plate.

010.183 **EFFICACY** means the maximum ability of a treatment to produce a result, regardless of dosage or the maximum ability of a biohazardous waste treatment technology to produce a microbial killing effect.

010.185 **ENFORCEMENT AGENCY** means the Washoe County District Health Department and other regulatory bodies as approved by the District Board of Health.

010.187 **ETIOLOGIC AGENT** means a viable microorganism or its toxin, which causes or may cause disease in humans.

010.190 **FENCED ENCLOSURE** means an area enclosed by a fence on property used for residential purposes in which unregistered motor vehicles are stored.

010.195 **FILL** means an area approved by the Health Authority, and/or other regulatory agencies, for the placement of inert materials.

010.200 **FINAL COVER** means cover material that represents the permanently exposed final surface of a fill with minimum depth of two (2) feet compacted into six (6) inch layers.

010.205 **FINAL SITE FACE** means the final exterior surface of the completed portion of a fill.

010.207 **FRIABLE ASBESTOS** any material containing more than one-percent asbestos by weight that hand pressure can crumble, pulverize, or reduce to powder when dry.

010.209 **GARAGE OR ACCESSORY BUILDING** means a structure or sufficient size to enable the storage of unregistered motor vehicles.

010.210 **GARBAGE**

A. Putrescible animal and vegetable waste resulting from the handling, storage, preparation, cooking, sale and serving of food and beverage. This includes, but is not limited to:

1. Offal, swill, kitchen and table waste, and other organic animal and vegetable waste.
2. Bottles, cans, cups, plates, utensils, containers, and/or covering, or any construction or material that has been in intimate contact with food, confection, and/or beverage, and;

3. Any component used in the preparation or manufacture of matter intended for animal or human consumption, and;
4. Such matter and/or materials listed in (1) through (3) above that have been discarded without first being sanitized.

B. Biohazardous Waste (See Section 080)

C. The mixing, addition, or commingling of garbage with rubbish, trash, or other waste matter exclusive of biohazardous and hazardous wastes, renders the entire resulting mixture as garbage and requires the mixture to be handled as garbage.

010.212 **GENERATE** means at the point when a waste is discarded, or to cause waste to become subject to regulation.

010.213 **GENERATOR** means any person, by site location, whose act or process produces waste or first causes a waste to become subject to these regulations.

010.215 **GRIT** means settleable solids, primarily of mineral origin, but may contain putrescible matter, which is removed from the wastewater stream of a sewage treatment plant, usually at the plant headwork.

010.220 **HAZARDOUS MATERIALS** means any materials, substances, or wastes which possess one or more of the following characteristics: poisonous, toxic, corrosive, radioactive; a skin, eye, or mucous membrane irritant; volatile, a strong sensitizer, oxidizer, flammable, combustible, explosive, or gases under pressure greater than one (1) atmosphere.

010.230 **HAZARDOUS WASTE** means those wastes which meet the criteria for hazardous waste in N.A.C. 444.8565 (Definition of Hazardous Waste).

010.240 **HEALTH AUTHORITY** means the officers and agents of the Washoe County District Board of Health.

010.250 **HEALTH DISTRICT** means the Washoe County Health District created pursuant to Chapter 439 of the Nevada Revised Statutes and inter-local agreement of the City of Reno, the City of Sparks, and the County of Washoe, Nevada, and includes all the incorporated cities and unincorporated areas within the geographic boundaries of Washoe County, Nevada.

010.255 **HEAT TREATMENT** means a process of heating sewage sludge so that all portions are exposed to high temperatures for a sufficient time to kill pathogenic organisms, sewage sludge held at temperature of 160° C (320° F) for 30 minutes, or 538° C (1000° F) for 10 seconds, shall be considered heat-treated.

010.260 **IMPROVED DUMP** means a land disposal site serving a population or population equivalent to 1000 persons or less whereby the solid wastes are compacted and covered weekly as approved by the Health Authority (Class III Site).

010.262 **INCINERATION** means an engineered apparatus for the controlled flame combustion of materials in an enclosed system to thermally break down and render biohazardous waste noninfectious and hazardous waste non-hazardous. Residues from the combustion process contain little or no combustible material.

010.265 **INCINERATOR** means an engineered waste burner specially designed and constructed for the sole purpose of burning solid waste.

010.270 **INCINERATOR ASH** means the solid materials remaining after reduction in an incinerator.

- 010.275 **INCOMPATIBLE WASTE** means any two or more wastes that, when combined or mixed, can cause, or create the potential to cause, explosions, violent chemical reactions, fires, extreme heat, toxic substance formation, hazardous waste discharge, or any other event that may endanger the public health or environment.
- 010.280 **INDUSTRIAL WASTE** means any solid waste generated by manufacturing or industrial processes that is not a hazardous waste regulated under Subtitle C of RCRA.
- 010.283 **INFECTION** means the state or condition in which a pathogenic agent invades the body, or a part of it, and under favorable conditions, multiplies and produces effects that are injurious.
- 010.286 **INFECTIOUS** means capable of causing infection.
- 010.290 **INSTITUTIONAL SOLID WASTE** means solid waste originating from public or private educational, health care, correctional and research facilities.
- 010.295 **INTERMEDIATE COVER** means cover material that is applied on areas where additional cells are not to be constructed for extended periods of time and therefore, must resist erosion for a longer period of time than daily cover.
- 010.296 **INTERMENT** means burial in a cemetery.
- 010.298 **ISOLATION** means the physical separation and confinement of a person or a group of persons infected or reasonably believed by a Health Authority to be infected with a communicable disease from persons who are not infected with and have not been exposed to the communicable disease, to limit the transmission of the communicable disease to persons who are not infected with and have not been exposed to the communicable disease. (NRS 441A.065).
- 010.299 **ISOLATION WASTE** means waste generated while a person or persons are under isolation care at a health care facility.
- 010.300 **LAND DISPOSAL FACILITY** means all contiguous land and structures, other appurtenances, and improvements on land used for the disposal of solid waste.
- 010.303 **LAND APPLICATION UNIT** means an area where wastes are applied onto or incorporated into the soil surface (excluding manure spreading operations) for agricultural purposes or for treatment and disposal.
- 010.305 **LANDFILL** means an area of land or an excavation in which wastes are placed for permanent disposal, and that is not a land application unit, surface impoundment, injection well, or waste pile.
- 010.310 **LAND SPREADING** means application to the soil of compost, sewage, sludge, or processed sludge, in places other than an approved landfill.
- 010.311 **LARGE QUANTITY GENERATOR** means a biohazardous waste generator, other than a trauma scene waste practitioner, that generates 200 or more pounds of biohazardous waste in any month of a 12-month period.
- 010.312 **LEACHATE** means liquid that has passed through or emerged from solid waste and contains soluble, suspended, or miscible materials removed from such waste.
- 010.315 **LICENSING/REGULATORY AGENCIES** means the organizational elements of government that have the legal duty to ensure that operators or users of solid waste management systems comply with these or other appropriate regulations.

- 010.320 **LIFT** means a compacted layer of solid waste plus its overlying cover material.
- 010.325 **LIQUID WASTES** waste materials that are unable to be spaded.
- 010.335 **LITTER** means any post-consumer solid waste which is not deposited and/or retained in:
- A. An authorized solid waste disposal site;
 - B. Appropriate and serviced storage containers; or
 - C. In other approved areas designated for disposal of solid wastes.
- 010.345 **MANURE** means the excrement and urine of domestic animals or fowl. This definition shall include, but is not limited to, feces and urine that may be mixed with bedding material, spilled food, or soil.
- 010.355 **MODIFIED LANDFILL** means a land disposal site serving a population or population equivalent of less than 2000 persons, whereby the solid wastes are compacted and covered less often than daily but at least twice per week.
- 010.356 **MUNICIPAL SOLID WASTE LANDFILL** means any landfill or landfill unit that receives household waste. This landfill also may receive other types of Subtitle D wastes, such as commercial wastes, non-hazardous sewage sludge from publicly owned treatment works, construction/demolition waste, and industrial solid wastes.
- 010.357 **MOTOR VEHICLES** means every vehicle which is self-propelled, but not operated on rails.
- 010.360 **MUNICIPALITY** means:
- A. A city, town, borough, county, parish, district, or other public body created by or pursuant to state law, with responsibility for the planning or administration of solid waste management, or Indian tribe authorized tribal organization, or Alaska native village organization; and
 - B. Includes any rural community or unincorporated town or village, or any other public entity for which a state or political subdivision makes an application for assistance thereof.
- 010.362 **NAC** means the Nevada Administrative Code.
- 010.363 **NRS** means the Nevada Revised Statutes.
- 010.365 **NON-COMBUSTIBLE REFUSE** means miscellaneous refuse materials that are unburnable at ordinary incinerator temperatures (1300° to 2000°F).
- 010.366 **NON-INFECTIOUS** means a state in which a disease-causing agent is not capable of causing an infection to occur.
- 010.367 **NON-SEWERABLE WASTE** means wastes collected in a toilet system which is not connected to a sewerage or septic system but is a self-contained, temporary, portable, sanitary means of collecting the waste; or, any liquid wastes disallowed to be discharged to a sanitary sewage system by the public or private operators of the system.
- 010.370 **NUISANCE** means every act unlawfully done and every omission to perform a duty which:
- A. Shall annoy, injure, or endanger the safety, health, comfort or response of any considerable number of persons; or
 - B. Shall offend public decency; or

- C. Shall in any way render a considerable number of persons insecure in life or the use of property.
- 010.375 **ODOR** means any property of an air contaminant that affects the sense of smell.
- 010.377 **OFFSITE** means any location that is not onsite.
- 010.378 **ONSITE** means a biohazardous waste treatment facility, or common storage facility on the same or adjacent property as the generator of the biohazardous waste being treated. Adjacent, for the purpose of this definition, means real property located within 400 yards from the property boundary of the existing biohazardous waste treatment facility.
- 010.380 **OPEN BURNING** means any fire from which products of combustion are emitted directly into the atmosphere without passing through a stack or chimney or other device approved by the Health Authority.
- 010.385 **OPEN DUMP** means a site that is not approved for the disposal of solid waste.
- 010.390 **OPERATING AREA** (See Working Face)
- 010.400 **OPERATOR/OWNER** means the person to whom a permit to operate any solid waste management system (such as, but not limited to, disposal site, transfer station, collection service) has been issued by the Health Authority.
- 010.403 **OUT-OF-STATE WASTE** means any solid waste, originating in a state other than Nevada. Out-of-state waste does not include waste defined as hazardous in NAC 444.843.
- 010.405 **PASTEURIZATION** means a process of heat-treating liquid sludge or other organic slurry by holding it at a temperature of 70° C (150° F) for one (1) hour.
- 010.410 **PATHOGENIC** means giving origin to disease.
- 010.415 **PATHOLOGIC** means indicative of or caused by a morbid condition.
- 010.420 **PATHOLOGICAL WASTES** means human or animal remains, consisting of carcasses, organs, and solid organic waste from hospitals, laboratories, abattoirs, animal pounds, and similar sources.
- 010.422 **PATHOLOGY** means the study of the characteristics, causes and effects of disease as observed in the structure and function of the body.
- 010.425 **PERCOLATION** means the downward and lateral movement of water through soil, waste, or other materials
- 010.430 **PERSON** means any:
- A. Individual, partnership, firm, corporation, trust, or local, state, or federal agency (NRS 444.480) to include;
 - B. Corporation or judiciary, owning, leasing, managing, renting, operating, or in possession of any real estate located within the Health District;
 - C. Officer, manager, agent or employee in charge of any property who has power to give directions to other employees under his supervision.
- 010.435 **PREMISES** means a tract or parcel of land, public or private, with or without habitable buildings or appurtenant structures.

- 010.440 **PROCESSING** means the reduction, separation, recovery, conversion, recycling, or otherwise treating solid waste resulting in change or removal of certain characteristics or properties of that waste.
- 010.450 **PROCESSED SEWAGE SLUDGE** means sewage sludge that has been subjected to treatment, such as chemical or physical means other than digestion.
- 010.455 **PROMISCUOUS DUMPING** means the disposal of solid waste in an area not approved as a land disposal facility.
- 010.460 **PROPERTY ZONED FOR RESIDENTIAL PURPOSES** means any property zoned or intended for living and dwelling purposes. The term includes mobile home parks, apartment complexes, condominiums, duplexes, fourplexes, single-family homes and lots with mobile homes and/or property with or without appurtenant structures.
- 010.465 **PUTRESCIBLE WASTE** means waste that is capable of being decomposed by micro-organisms with sufficient rapidity as to cause odors, gases, and attract and/or harbor vectors, or cause similar objectionable conditions. Food wastes, offal, and dead animals are examples of putrescible waste.
- 010.470 **RADIOLOGICAL WASTES** means any waste relating to nuclear radiation including NRS 459.010 to NRS 459.160 inclusive.
- 010.475 **REFUSE** means all putrescible and non-putrescible waste, including garbage, rubbish, street cleanings, dead animals, yard clippings, and market and industrial waste.
- 010.480 **RECYCLING** means the process by which salvaged materials are transformed into new products.
- 010.485 **RESOURCE RECOVERY** means the recovery of material or energy from solid waste.
- 010.490 **RUBBISH** means non-putrescible waste, consisting of both combustible and noncombustible waste(s) such as, but not limited to, paper, cardboard, motor vehicles, tin cans, wood, glass, bedding, crockery and similar materials.
- 010.494 **RUN-OFF** means any rainwater, leachate, or other liquid that drains over land down to any part of a land disposal facility.
- 010.496 **RUN-ON** means any rainwater, leachate, or other liquid that drains over land onto any part of a land disposal facility.
- 010.500 **SALVAGING** means the controlled removal of material from the solid waste system for reuse, sale, or recycling.
- 010.505 **SALVAGE YARD** means any approved place where salvaged material is regularly dismantled, accumulated, stored or offered for sale, unless such operations are wholly contained in an approved building.
- 010.515 **SANITARY SYSTEM** means a pipe or conduit that carries liquid and water-carried waste from residences, commercial buildings, industrial plants and institutions, together with minor quantities of storm, surface and groundwater to a treatment plant that is operated in accordance with state and local laws by either public or private operators.
- 010.517 **SATURATED** means waste that contains enough fluid that it would cause dripping of the fluid from the waste, with or without compaction.

- 010.520 **SCAVENGING** the uncontrolled and/or unauthorized removal of material from the solid waste stream for any purpose.
- 010.525 **SCREENINGS** means materials, a portion of which may be highly putrescible, removed from wastewater by planned processes.
- 010.530 **SEPTIC TANK PUMPINGS** means sludge, wastewater, and materials removed from septic tanks including other anaerobic wastes.
- 010.533 **SEWAGE** means a combination of the liquid and water-which carried waste from any building or plumbing fixture, wastes from portable toilets, out-houses, or privies.
- 010.535 **SEWAGE SLUDGE** means that residue separated from domestic sewage by a wastewater treatment plant, consisting of solids and variable amount of water.
- 010.540 **SHARPS** means any object contaminated, likely to be contaminated, or may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes, but is not limited to, needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic, Pasteur pipettes, and similar items having a point or sharp edge or that are likely to break during transportation and result in a point or sharp edge.
- 010.542 **SHARPS CONTAINER** means a commercially manufactured rigid, puncture-resistant container with required labeling that, when sealed, is leak resistant and cannot be reopened without great difficulty.
- 010.545 **SHREDDING** means a process of reducing the particle size of solid wastes through use of grinding, shredding, milling, or rasping machines.
- 010.550 **SLUDGE** means any solid, semi-solid, or liquid waste generated from a municipal, commercial, or industrial wastewater treatment plant, water supply treatment plant, or air pollution control facility, or any other such waste having similar characteristics and effects.
- 010.552 **SMALL QUANTITY GENERATOR** means a biohazardous waste generator, other than a trauma scene waste practitioner, that generates less than 200 pounds per month of biohazardous waste.
- 010.555 **SOLID WASTE** means garbage, refuse, sludge from a waste treatment plant, water supply treatment plant, or air pollution control facility. Other discarded material including solid, liquid, semi-solid, or contained gaseous material resulting from industrial, commercial, mining, and agricultural operations. Waste materials from community activities including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, solid or semi-solid commercial and industrial waste, and hazardous waste, including explosives, pathological waste, chemical waste, and herbicide or pesticide waste.
- Waste not included in this section would be solid or dissolved material from domestic sewage, solid or dissolved materials from irrigation return flows, or industrial discharges which are point sources subject to permits under Section 402 of the Federal Water Pollution Control Act, or nuclear wastes.
- 010.557 **SOLID WASTE MANAGEMENT FACILITY** means a facility that collects, stores, transports, transfers, processes, treats, and/or disposes of solid wastes or conducts resource recovery activities.

- 010.560 **SOLID WASTE MANAGEMENT SYSTEM** solid waste management system means each separate part and the entire process of storage, collection, transportation, processing, and disposal of solid waste by any person engaging in such process as a business, or by any municipality, or by any combination thereof.
- 010.565 **STORAGE** means the temporary containment of waste in a manner that does not constitute treatment or disposal of such waste.
- 010.570 **STREET/PARKING LOT SWEEPING** means materials picked up by manual or mechanical sweeping of alleys, streets, sidewalks, parking lots, and material removed from catch basins
- 010.575 **TRANSFER STATION** means a site where waste is transferred from one vehicle to another vehicle, or storage bin for temporary storage until transferred to a disposal site. Some processing may be included therein.
- 010.577 **TRANSPORTATION** or **TRANSPORT** means the movement of waste by air, rail, land or water.
- 010.579 **TRAUMA SCENE** means a location soiled by, or contaminated with, human blood, human body fluids, or other residues from the scene of a serious human injury, illness, or death. A trauma scene may include a physical structure that is not fixed geographically, such as mobile home, trailer or vehicle.
- 010.581 **TRAUMA SCENE WASTE** means biohazardous waste that has been removed, is to be removed, or is in the process of being removed, from a trauma scene by a trauma scene waste management practitioner.
- 010.583 **TRAUMA SCENE WASTE MANAGEMENT PRACTITIONER** means a person who undertakes as a commercial activity the removal of human blood, human body fluids, and other associated residues from the scene of a serious human injury, illness, or death, and who is permitted by the Health Authority pursuant to this Section.
- 010.585 **TREATED SLUDGE** means sludge that has been dewatered by an approved dewatering process.
- 010.587 **TREATMENT** means incineration, sterilization, or other alternative technology, approved by the Health Authority that changes the character or composition of any biohazardous waste so as to render the waste non-infectious.
- 010.590 **VECTOR** means:
- A. A living insect or another arthropod, or animal (not human) capable of carrying disease from one person or animal to another.
 - B. Capable of transmitting a waste from one organism to another or relocating a waste away from a disposal site.
- 010.591 **UNIVERSAL BIOHAZARD SYMBOL** means the symbol design that conforms to 29CFR 1910.145 (F) (8) (ii), that is used to communicate potential exposure and risk posed by an infectious agent. The symbol is normally black and placed on a red/orange background.



- 010.592 **VEHICLE** means every self-propelled device in, upon, or by which any person or property is or may be transported or drawn upon a public highway, except:
- A. Devices moved by human power or used exclusively upon stationary rails or tracks;
 - B. Mobile homes and commercial coaches as defined in NRS Chapter 489.
- 010.595 **WASTE** means useless, unwanted, or discarded materials resulting from any activity.
- 010.597 **WASTE RELEASE** means a permit issued by the Health Authority allowing disposal of a waste with special handling requirements at a landfill.
- 010.600 **WATER TABLE** means the upper water level or surface of a body of groundwater.
- 010.605 **WET OXIDATION PROCESS** means a method of sludge treatment that involves the oxidation of sludge solids in water suspension and under increased pressure and temperature.
- 010.610 **WORKING DAY** means Monday through Friday, exclusive of weekends and National or State of Nevada holidays.
- 010.615 **WORKING FACE** means that portion of the land disposal site where solid wastes are discharged and are spread and compacted prior to the placement of cover material.
- 010.616 **WRITTEN APPROVAL** means the written permit, certificate, license, or other document issued by the Washoe County District Health Department, or other licensing/regulatory agency, to signify their acceptance.

SECTION 020

MODIFICATION OF REGULATIONS

020.010 ADOPTING, AMENDING REGULATIONS

Before the adoption or amending of any regulations, the District Board of Health shall hold a public hearing. Notice of said hearing shall be given in any newspaper qualified, pursuant to the provisions of Chapter 238 of the Nevada Revised Statutes, once a week for three (3) weeks, which notice shall specify, with particularity, the reasons, and provide other informative details.

020.020 APPEAL PROCEDURE

Any aggrieved person may bring an appeal to the District Board of Health in one or more of the following situations:

- A. When any permit, as required by these regulations, has been issued, denied, renewed, suspended, or revoked, and said action has adversely affected said person in any manner.
- B. When the Health Authority has taken any action pursuant to the authority of these regulations, which action has adversely affected said person in any manner.

020.025 No person may bring an appeal to the District Board of Health based solely upon issuance of a misdemeanor citation.

020.030 All appeals to the District Board shall be initiated by the filing of a petition or written notice of appeal in the office of the Director of Environmental Health Services Division, or any other office designated by the District Health Officer. This must be done within ten (10) working days after the appellant has received an order or been the subject of any action, or has had the required permit denied, renewed, suspended or revoked by the Health Authority.

020.040 **VARIANCES**

The District Board of Health may, in granting any petition for a variance or waiver of the requirements of these regulations, impose appropriate conditions upon any applicant for said waiver or variance, and may revoke the variance for failure of said applicant to comply therewith.

020.095 **APPLICATION FOR VARIANCE**

- A. Any person who applies for a variance must pay a nonrefundable fee as set by the District Board of Health.
- B. To request a variance, a person must file a completed variance application sheet at the office of the Director of the Environmental Health Services Division. The application must specify all the sections of these regulations for which the person seeks a variance. The application must include such information District Board of Health deems necessary to facilitate the equitable and speedy determination of the matter presented.
- C. In addition to any other information which may be required by these regulations, all petitions for variances from these regulations shall state briefly the following:
 - 1. The sections of the regulations from which the variance is sought.
 - 2. A brief summary of the facts indicating why compliance with said section or sections is not possible.
 - 3. If compliance ultimately will be possible, the period of time for which the variance is sought.
 - 4. The requirements which the petitioner is able to meet, and the date on which the petitioner can comply with the requirements (Schedule of Compliance).

An application will not be considered complete until all information specified in this section and the required fees, have been received by the Health Authority.

- D. Upon receipt of the completed application, the Director will forward it to the chairman of the Board.
- E. Within forty (40) working days of the date on which an application for a variance is filed, the Board shall conduct a hearing to consider the variance request.

020.100 **VARIANCE: ACTION BY BOARD**

The Board may recommend a variance only if, after a hearing on due and proper notice, it finds from a preponderance of evidence that;

- A. Compliance with these regulations would produce serious hardship on the petitioner without equal or greater benefits to the public; and
- B. Owners of the property in the general vicinity of the proposed variance would not be adversely affected.

020.102 **HEARING**

- A. The District Board of Health, upon receipt of the application for variance specified in Subsection 020.095, will hold a hearing. The District Board of Health may receive additional evidence and testimony from any person and may affirm, modify, or reverse staff recommendations or refer the application back to the Director of the Environmental Health Services Division, for additional consideration.

020.105 **VARIANCE: ACTION BY DISTRICT BOARD OF HEALTH**

- A. At the close of the hearing, the Board shall make its decision and written recommendations for final action. The Board may recommend that appropriate conditions are placed upon the variance and failure to comply with those conditions shall result in immediate revocation of the variance.

The decision and written recommendations of the District Board of Health together with any written findings, the evidence received at the hearing and the application shall be forwarded to the chairman of the District Board of Health District Health Officer within thirty (30) calendar days after the hearing.

The District Board of Health, upon receipt of the recommendation specified in Subsection A, will make a final decision. The District Board of Health may receive additional evidence and testimony from any person and may affirm, modify, or reverse the decision of the Board or refer the application back to the Board for additional consideration. The basis for the decision of the District Board of Health and any conditions imposed will be specified in writing and sent to the applicant within ten (10) days. The decision of the Hearing Board may be appealed to the District Board of Health within ten (10) days of the hearing.

- B. If the variance request is approved by the District Health Officer, the applicant shall immediately comply with any condition imposed thereon. The variance expires eighteen (18) months from the date on which it was approved unless the District Board of Health renews it within that time.

020.115 **CITATION**

Whenever the Health Authority determines that any of these regulations have been violated, he may issue a notice of violation. The Health Authority may also issue a citation into court of appropriate jurisdiction, and may be served by any peace officer, officer of the court or other authorized person.

020.120 Each citation shall include:

- A. Each section of the regulations which are allegedly violated.
- B. The facts alleged to constitute a violation of the regulations.
- C. The time and place the alleged violator must appear before the appropriate court.

20.125.1 The citation constitutes a notice to the person named on the citation to appear in the court designated on the citation at the time and place specified.

020.130 If the person named on the citation fails to appear at the scheduled time and place, a bench warrant may be issued by the court to compel attendance, or the District Attorney may file a criminal complaint upon request from the Health Authority, followed by the serving of a summons or arrest warrant upon the person named in that complaint.

020.135 Nothing in this section prevents that Health Authority from referring the matter to the District Attorney for the appropriate board of elected officials for the purpose of initiating abatement procedures.

020.140 INTERFERENCE WITH PERFORMING OF DUTY

No person shall refuse entry or access to any representative of the Health Authority upon presentation of appropriate credentials, who requests to inspect any property, premise, or place at or on which any waste materials are being generated, stored, handled, processed or disposed, for the purpose of ascertaining the state of compliance with these regulations. No person shall obstruct, hamper, or interfere with any such inspection.

020.145 PENALTIES

Violation of any provision of these regulations constitutes a misdemeanor.

020.155 SEVERABILITY

If any provision of these regulations is held invalid or unconstitutional, such invalidity or unconstitutionality shall not affect the other provisions which can be given affect without the invalid provision and to this end the provisions of these regulations are declared to be severable.

SECTION 030

SOLID WASTE MANAGEMENT SYSTEM

030.005 All solid wastes shall be stored, collected, utilized, treated, processed and disposed of in such a manner that a health hazard, public nuisance, or impairment of the environmental, shall not be created.

030.010 All solid wastes shall be handled in such a manner so as not to contribute to the breeding of insects and rodents, or to the support of any disease vector.

030.012 The Health Authority may, upon specific request, authorize in writing, resource recovery from the waste stream if the materials to be reclaimed are separated, processed, and stored in a manner that creates no health risk, health hazard, or health nuisance, or the specifically approved recovery method meets all other requirements contained in this regulation.

030.015 All solid waste systems shall be operated in such a manner so as not to cause or contribute to pollution, or degradation of the atmosphere or surrounding lands.

030.017 All municipal solid waste haulers must take the waste to an approved transfer station prior to disposal at a municipal solid waste landfill for the purpose of load checking and hazardous waste screening. The only exemptions to this requirement are for:

A. Non-commercial self-haulers; or

- B. Those haulers that have obtained a waste release permit prior to disposal at a municipal solid waste landfill; or
- C. Commercial haulers that are transporting non-hazardous, non-putrescible waste, rubbish, or trash.

All out-of-state municipal solid waste haulers must take the waste to an approved transfer station prior to entering the Health District or Storey County for the purpose of load checking and hazardous waste screening to exclude hazardous or unacceptable wastes. The transfer station must be located in the state where the waste originated.

- 030.020 Solid wastes shall not be placed in surface or ground waters, or within seven (7) feet of the highest groundwater table at highest seasonal elevation. The Washoe County District Health Department may, in special cases, require a separation of more than seven (7) feet. Special restrictions apply to hazardous waste.
- 030.030 Liquid wastes, sludge, and non-sewerable wastes shall not be accepted or disposed of at a land disposal facility without written approval of the Health Authority.
- 030.035 Solid wastes shall not be placed on or within the hundred (100)-year floodplain or any perennial watercourse.
- 030.040 No system for solid waste handling, processing, storage, recovery, salvage, or disposal shall be placed in operation unless approved by the Health Authority.
- 030.042 A fee, if established by the Nevada State Environmental Commission for out-of-state Waste shall be assessed on all out-of-state waste imported into the Health District and areas administered by the District Board of Health for Solid Waste Management for the purpose of waste storage, disposal, incineration, reduction or treatment.
- 030.045 All solid waste management systems or operations involved in collection, storage, hauling, processing, recovery, salvage, or disposal are required to obtain a permit to operate from the Health Authority.
- 030.046 Fees collected in accordance with this section of these regulations may be used by the Washoe County District Health Department for solid waste planning, research and development, land disposal site acquisition, land disposal site environmental monitoring, landfill operation and maintenance, site closure, solid waste education for the community served, recycling or other projects related to solid waste management.
- 030.047 A fee shall be charged for the issuance of a Permit to Operate in accordance with the fee schedule adopted by the District Board of Health.
- 030.050 All solid waste management systems or operations involved in collection, storage, hauling, processing, recovery, salvage, or disposal shall place on file with the Health Authority, an approved operational plan.
- 030.055 No solid waste management system or operation involved in handling, collection, storage, hauling, processing, recovery, salvage, or disposal shall continue to operate within one (1) year after the effective date of these regulations without a valid permit issued by the Health Authority.
- 030.057 **ASBESTOS**

Asbestos containing material shall not be disposed of within the Health District unless a valid waste release permit has been issued by the Health Authority for that material.

030.058 Friable asbestos containing material must be removed adequately wet and placed into a container adequately wet.

030.059 Friable asbestos containing materials must be placed into labeled plastic bags or drums and sealed. Label must read "CAUTION: CONTAINS ASBESTOS - AVOID OPENING OR BREAKING CONTAINER. BREATHING ASBESTOS IS HAZARDOUS TO YOUR HEALTH."

030.060 **COMPOSTING**

A compost plant shall not be established until the design and installation criteria, meet the requirements set forth in NAC 444.670 and written approval has been granted by the Health Authority, Regional Planning Commission, and other appropriate approval agencies.

030.061 In addition to the above requirement, any person or municipality who maintains or operates a composting plant shall maintain and operate the site in conformance with the following standards:

- A. A buffer zone shall be maintained of at least 500 feet from any adjoining property and 1000 feet from any public road.
- B. Incoming solid waste shall be confined to as small an area as practicable. At the conclusion of each day of operation, all windblown material resulting from the operation shall be collected and returned to the area.
- C. Materials resulting from composting and offered for sale shall contain no pathogenic organisms, shall not reheat upon standing, shall be innocuous, and shall contain no sharp particles which could cause injury to persons handling the compost.
- D. By-products removed during the processing shall be handled and disposed of in a sanitary and nuisance free manner.

030.065 Composting on a non-commercial individual homeowner basis shall be accomplished in a nuisance-free, odor-free, vector-free manner. Household waste shall be handled in such a manner that breeding and harborage areas are eliminated. This operation shall include only those wastes generated from the person's own domestic residence. All other wastes are prohibited.

030.090 **OPEN BURNING**

No person or municipality may operate a solid waste disposal facility utilizing open burning as a means of disposal, except as permitted by the Regulations of the Washoe County District Board of Health Governing Air Pollution Control.

030.095 Nothing in these regulations shall be construed to prevent the disposal of diseased animal carcasses by burning, if such burning is done in accordance with the Regulations of the Washoe County District Board of Health Governing Air Pollution Control, except that such burning shall not be allowed at land disposal sites covered by these regulations.

030.100 All open burning shall be accomplished in accordance with current Regulations of the Washoe County District Board of Health Governing Air Pollution Control.

030.102 **TANKS AND DRUMS**

All empty storage tanks and drums, which have previously stored any hazardous materials or wastes, must be cleaned by an approved method and have a valid waste release permit issued by the Health Authority before disposal in an approved land disposal site.

030.105 WASTE VEHICLE TIRES

Disposal of waste tires into ravines, gullies, canyons, or other areas not recognized by the Health Authority as a land disposal facility is prohibited.

- A. Disposal of waste tires by open burning is prohibited.
- B. Tires which are disposed of by land filling, and which are not properly incorporated with other wastes in general, must be baled, chipped, split, stacked by hand ricking, or otherwise handled in manner provided for in the operational plans for landfills and approved by the Health Authority.
- C. Tires that are properly incorporated with other wastes shall be placed on the ground surface on the bottom or at the toe of the fill and covered with other wastes.
- D. In no case shall waste tires be allowed in the top four (4) feet of the final lift.
- E. Bulk quantities of tires exceed ten (10) tires per vehicle load. Bulk quantities of tires shall not be accepted at any landfill after 11:00 AM weekdays, and shall not be accepted on weekends or holidays.

030.110 WASTE OILS

Waste oils shall not be disposed of without the written approval of Washoe County District Health Department, and/or other appropriate enforcement regulatory agency.

030.115 Waste oils, grease, oil sludge, oil soaked wastes, or other similar wastes shall not be placed in any land disposal facility unless special provisions for handling such wastes have been included in the operational plan, and/or unless such disposal has been approved by the Health Authority.

030.120 WASTE DISPOSAL

Commencing January 1, 1991, aqueous wastes generated by commercial facilities must not be placed in any municipal solid waste landfill for purposes of ultimate disposal.

030.135 Sewage sludge and septic tank pumpings shall not be deposited or processed through any transfer station without prior written approval of the Health Authority.

030.140 Abandoned wells, wells, deep wells, other similar constructions or mine shafts, shall not be used for any type of waste injection or waste disposal.

030.145 Pesticide containers shall meet the following conditions:

- A. Metal, plastic, and glass containers used for liquids shall have been processed by rinsing and draining, or by other decontamination techniques. The processing procedure shall include, or be equivalent to, at least triple rinsing and thorough draining of the containers. Rinse waters produced shall be placed in the spray tank and disposed of in accordance with federal, state and local requirements.
- B. Proof that these conditions have been met is the responsibility of the applicator.

- C. Paper and plastic sacks and bags used for pesticide dusts and wettable powders, which are empty, are suitable for disposal.

030.150 Large dead animals shall be buried at the toe or base of the lift. The animal shall be covered with other wastes and compacted immediately. Minimum burial depth required at the end of the working day is a combination of four (4) feet of compacted waste and the required daily cover.

030.155 For other than landfill disposal of dead animals, Health Authority approval is required.

030.160 **SUBDIVISIONS**

All proposed subdivisions and mobile home parks must submit to the Health Authority for approval, a plan for solid waste storage and removal. Final approval of any subdivision or mobile home park request shall be withheld until such information has been provided and approved.

030.165 **CERTIFICATE OF OCCUPANCY**

All certificate of occupancy applicants for any business shall provide information as to the type of waste generated, processes producing waste, waste treatment, estimated volumes and method of collection, transport and disposal prior to license approval. This shall be done on forms as provided by the Health Authority.

030.175 **SPECIAL EVENTS**

Promoters of special events shall provide detailed information to the Health Authority as to the method of solid waste storage, handling and removal.

030.180 **RESOURCE RECOVERY FACILITY**

Must meet the same requirements that transfer stations must meet in this regulation.

030.184 **WASTE RELEASE PERMIT**

If a waste mixture is generated containing a component known to be hazardous, and if the generator believes that the mixture is non-hazardous, then the mixture shall be tested at the generator's expense and the analytical data submitted to the Health Authority for determination as to whether the mixture is hazardous.

030.185 A waste release permit issued by the Health Authority is required before disposal of any of the following materials in a landfill regulated by the Health Authority.

- A. Condemned commercial products.
- B. Consumables which are unable to be sold and must be disposed of.
- C. Waste material resulting from a chemical spill which is determined to be non-hazardous.
- D. Empty tanks or drums.
- E. Any asbestos containing materials.
- F. Any non-hazardous chemical waste.

- G. Special wastes such as, but not limited to, non-hazardous laboratory reagents, non-hazardous mining wastes including ore and assay samples, drilling mud and fluids from geothermal borings, monitoring wells, process wastes, and malodorous materials.
- 030.190 A substance for which a waste release permit has been issued must go directly to the land disposal facility, unless approved in writing by the Health Authority.
- 030.200 In order to receive a waste release permit, a generator must demonstrate the non-hazardous nature of the waste and complete an application provided by the Health Authority. The application may be completed by the generator or his agent.
- 030.205 A completed application must contain the following:
- A. Name of generator
 - B. Actual address and mailing address of generator
 - C. Phone number of generator.
 - D. Contact person (generator).
 - E. Identity of waste.
 - F. Quantity of waste.
 - G. Frequency of disposal.
 - H. Signature of generator or his agent.
- 030.210 The required material safety data sheets (M.S.D.S.), lab analysis, and the required permit fee must accompany the submitted application.
- 030.215 Once all of the above have been submitted, the waste will be evaluated and a determination will be evaluated and a determination will be made as to whether or not, and under what conditions, the waste can be disposed in the landfill.
- 030.220 When a waste release permit is issued, it will consist of the waste release permit and custody forms necessary for the requested disposal frequency.
- 030.225 Each custody form will be stamped with a serial number. This number will also be stamped on the waste release permit. A waste release custody form must accompany each waste load going to the landfill.
- 030.230 It is the generator's responsibility to ensure that any waste generated by him is disposed of by an approved method.

SECTION 040

SOLID WASTE STORAGE

040.005 **GENERAL**

Solid waste storage must not:

- A. Cause a health hazard.
- B. Attract or propagate vectors, vermin or pests.
- C. Create unpleasant odors.
- D. Create a nuisance.

040.010 The person who is an owner, operator, and/or occupant of any premise, or property, business establishment, industry, or other public or private property, vacant or occupied, shall be responsible for the safe sanitary storage of all solid waste accumulated on the premise or property until it is legally moved.

040.015 It is the responsibility of the owner, or his agent, of a new, remodeled, or expanded commercial building or apartment complex, mobile home park, or other similar facility, to provide in the design proper storage which will accommodate the solid waste loading anticipated, and which will allow for efficient, safe waste removal, or collection. He shall demonstrate to, and get approval from, the Health Authority that he has made the required provisions in the design prior to construction.

040.020 Bulky wastes or other non-putrescible wastes unsuitable for storage containers shall be stored in a nuisance-free manner, and shall be boxed, bundled, tied or contained in such a manner that the waste is protected from scattering, and is collectable. Bundles must not exceed four (4) feet in length or weigh more than seventy-five (75) pounds.

040.030 Garbage shall not be allowed to remain on any premises for more than seven (7) days to prevent propagation or attraction of flies, rodents, or other vectors, and the creation of nuisances. Where it is deemed necessary by a control officer, because of improper or inadequate storage, nuisance, odors, the propagation of vectors, and/or the protection of public health, more frequent removal of garbage may be required. Where garbage and rubbish is containerized together, the period of removal shall be the same period of time as that applied to garbage.

040.035 **CONTAINERS**

Containers for the storage of solid waste shall be:

- A. Of adequate size to contain the expected waste.
- B. Of proper design to contain expected waste.
- C. In sufficient numbers to contain all solid waste generated from a particular premise, property, or waste generating activity.
- D. Equipped with a suitable lid or cover.

Containers for the storage of garbage shall, in addition to the above, be:

- A. Non-absorbent.
- B. Watertight.
- C. Durable.
- D. Equipped with a tight-fitting lid.
- E. Odor-resistant.
- F. Vector resistant
- G. Easily cleanable.
- H. Designed for safe handling.

Plastic bags do not meet the intent of the requirements for garbage containers.

- 040.036 Upon notification by the Health Authority, an unacceptable waste storage container must be removed from use and replaced within seven (7) days.
- 040.040 Large containers, provided or utilized by commercial operations, and/or other waste generating operations, for the storage of garbage and similar putrescible waste, shall be equipped with lids that are easily opened and closed by an average-sized adult standing beside the container. Large drop boxes, or other similar containers, do not meet the intent of this regulation unless equipped with special, lightweight, easily manipulated, tight-fitting lids.
- 040.045 Containers used for certain construction and demolition wastes are not required to be fitted with a lid or suitable cover until removed for transport. (See construction and demolition for additional information.)
- 040.050 The lid or cover of a solid waste container shall be maintained in a closed or covered position at all times when wastes are not in the immediate process of deposit.
- 040.055 All garbage containers shall be maintained in a clean condition, free from putrescible residue.
- 040.057 It shall be unlawful to use plastic bags as a stand-alone container for garbage.
- 040.060 Individual residential storage containers shall not exceed thirty-two (32) gallon capacity, or weigh more than seventy-five (75) pounds when filled, except where mechanical systems are approved.
- 040.065 It shall be unlawful to deposit solid waste in a container that is owned, and/or under the control of another person, unless permission to deposit said waste has been obtained from the owner or controlling person; or unless the container has been provided for public use.
- 040.070 Solid waste generated from domestic dwellings shall not be deposited in containers provided for public use at recreational or temporary event sites.
- 040.075 Any business operation, public or private, must provide approved containers on site, adequate to contain all solid waste generated by its particular operation. Provision must be made for acceptable removal of stored waste.

040.090 **LOCATION**

Any container for the storage of solid waste shall be located upon the private property where the waste is generated, unless said container is placed on public property by a public agency for agency or public use.

040.095 No container for the storage of solid waste may block or restrict vehicular or pedestrian movement on any public street, alley, sidewalk or thoroughfare.

Exemptions to the above provisions may be approved by the Health Authority if the container is to be placed:

- A. Upon public property by a public agency for public use.
- B. Upon a public street, alley, or thoroughfare for the removal of solid waste from a permitted construction or demolition site.

040.100 Compactors shall be located upon an impervious surface such as finished concrete or asphalt.

040.105 Compactors, located in area accessible to the public, shall be equipped in such a manner that only authorized personnel are able to operate the compactor.

040.110 Individual residential solid waste storage containers must be removed from the edge of an alley or street curb not later than 24 hours after waste collection occurs.

040.115 **CONSTRUCTION/DEMOLITION**

The general contractor must provide suitable containers for the storage of wastes generated at the construction site and shall insure that the containers are used and regularly removed.

040.125 In cases where there is no general contractor, each contractor, and/or sub-contractor, must be responsible for the proper storage and removal of their wastes.

040.130 Any storage container located on a construction site shall be equipped with a lid or other suitable cover to prevent the escape of wastes stored inside. If the wastes deposited in the container, due to their density and bulk, are not displaced by wind, then the lid or suitable cover requirement may be waived for on-site storage until removal occurs.

040.135 The general contractor must remove excess concrete deposited at the construction site unless a fill has been approved for use on the construction site.

040.140 Wash water containing concrete residues must not be allowed to flow, be deposited, or remain on public property. Wash water and concrete residues must be contained upon the construction site, and/or upon the concrete manufacturer's manufacturing site for later disposal. Removal and disposal of excess concrete must be at regularly scheduled intervals.

040.155 Demolition wastes must be watered, wet down, or controlled in such a manner that prevents spillage or escape of any waste material during loading, transport, or unloading.

040.160 **STREET/PARKING LOT SWEEPING**

It is unlawful to use or deposit street/parking lot sweepings as fill material, or to dispose of this waste in any place other than a municipal solid waste landfill. This section becomes effective April 1, 1989.

SECTION 050

WASTE COLLECTION/TRANSPORT

050.005 GENERAL

When a city, county, or special district authorizes, or designates a person to provide solid waste collection, and/or transportation services to the general public within the territory under its jurisdiction, through contract or franchise, it shall assure itself that such person has adequate financial resources to properly conduct the operation authorized, and further, shall require that said person comply with these regulations.

050.010 Each person authorized or designated to provide collection, and/or transportation services, shall obtain all necessary written permits and licenses from the appropriate approval/regulatory agencies.

050.015 REQUIREMENTS

Any person collecting or transporting solid waste shall:

- A. Be responsible for the prevention of littering or the creation of nuisance at loading point, during transport, and for the unloading at a land disposal site or other approved facility.
- B. Conduct work in a safe, efficient manner, obeying all applicable traffic laws and other laws.
- C. Immediately remove all spillage caused by his operations.
- D. Protect the property of his customers.
- E. Create no disturbance of the peace and quiet in and through the residential areas of operation.
- F. Own the waste once collected.

050.020 Vehicles and containers used for the collection and transportation of putrescible waste shall be:

- A. Tightly covered;
- B. Non-absorbent;
- C. Leak-proof;
- D. Vector resistant;
- E. Odor-proof;
- F. Durable;
- G. Easily cleanable;
- H. Designed for safe handling and operation.

- 050.025 Each person licensed to collect, and/or transport solid waste, must:
- A. Obtain a permit to operate from the Health Authority.
 - B. Provide the Health Authority with a current list of the numbers and types of vehicles and containers used in the operation.
 - C. Identify each vehicle and container used in the operation by clearly marking it.
- 050.030 Uncleaned solid waste collection vehicles, and/or solid waste transportation vehicles, shall not be stored or parked on public streets or roads except under emergency conditions.
- 050.035 The person licensed to collect, and/or transport, solid waste shall designate a location where the vehicles and containers will be parked or stored when not in service. This designated location shall be approved by the Health Authority and other approval/regulatory agencies.
- 050.040 The person licensed to collect, and/or transport, solid waste must notify the user, through appropriate means, of the day on which collection will occur. Should any changes in the day of collection or transport occur, the user must be given adequate advance notice of the change.
- 050.045 All waste materials must be loaded and moved in such a manner that they will not fall, blow, leak, spill or otherwise become dislodged from the transporting vehicle. The transporting vehicle must be covered in a manner that will prevent such blowing, leaking or spilling. Any person transporting solid waste shall be responsible for the proper loading, covering, and movement of solid wastes.
- 050.060 Where solid waste spillage does occur, the vehicle operator shall immediately pick up the spilled waste, return it to the transporting vehicle, and insure that the area where the spillage occurred has been thoroughly cleaned.
- 050.070 **CLEANING OF VEHICLES AND CONTAINERS**
- Vehicles and containers provided for solid waste storage, collection, and transport shall be maintained and regularly cleaned to prevent odors, vector harborage and nuisance.
- 050.075 The Health Authority, may require a specific container, compactor, or collection vehicle to be cleaned, when such container, compactor or collection vehicle has an accumulation of putrescible material sufficient to harbor vectors, generate odor, and/or create nuisance.
- 050.080 **WASTE REMOVAL**
- Garbage and other similar putrescible wastes shall be removed for disposal from any premise or property not less than once every seven (7) days. Where it is deemed necessary, the Health Authority may require a removal time of less than seven (7) days when conditions exist that would result in:
- A. The propagation of vectors;
 - B. The harborage of vectors and/or vermin;
 - C. The creation of nuisance;
 - D. A clear and present danger to public health.
- 050.090 After notification by the Health Authority, waste must be removed in accordance with the following schedule:

Waste Types	Time Limit
Garbage – other putrescible	24 hours
Rubbish	48 hours
Dead Animals – Incorporated area	06 hours
Unincorporated areas	24 hours
Animal Wastes	24 hours
Industrial, Institutional, Commercial, Construction/Demolition, and Bulky Wastes	48 hours
Infectious pathogenic and hazardous wastes	12 hours

The Health Authority may extend the above time limits in accordance with the operational policies and criteria established by the District Board of Health.

050.095 The Health Authority may require proof that waste, removed in compliance with the above notification, was disposed of in an approved disposal facility. A dated disposal receipt must fulfill this requirement.

050.100 WASTE OWNERSHIP AND RESPONSIBILITY

The person generating or producing any solid waste shall be responsible for the proper storage, removal, transport, and disposal of this solid waste. The person generating or producing any solid waste must insure that the waste is collected and transported by a properly licensed and permitted solid waste collector and/or hauler, unless the waste is legally removed and transported on a self-haul basis. Solid waste, which has been disposed at any location, other than a municipal solid waste landfill, creates a rebuttable presumption that the waste was disposed of by the owner of the waste. Such disposal constitutes a violation of this Subsection and Subsections 050.125 to 050.145 inclusive.

050.110 The person generating or producing solid waste shall not maintain responsibility for his solid waste once the waste has been collected, received for transport or disposal by a properly licensed and permitted solid waste management operator.

050.115 For properties that are not owner-occupied, the property owner or his agent is ultimately responsible for proper solid waste storage, removal, transport and disposal.

050.120 In those instances where a person rents or leases to another, the underlying property owner or his agent shall be ultimately responsible for solid waste generated and/or stored on those premises, should said solid waste remain on the premises beyond the tenant term.

050.125 All waste is the property of the person generating it until it is lawfully deposited in:

- A. A land disposal facility.
- B. A suitable container and placed at the customary location on the customary schedule for collection.
- C. An approved waste recovery, recycling or other waste processing facility, such as a transfer station.

D. A suitable container provided for public use.

050.130 Waste legally placed for collection, processing, recovery, or disposal become the property and responsibility of the collector, and/or other appropriate operator involved in the solid waste management stream, upon receipt of the waste.

050.135 No person shall remove waste placed for collection, other than the person generating the waste, or the authorized collector/processor.

050.145 It is unlawful, in the Health District, for any person, public or private, to place, deposit, or dump, or cause to be placed, deposited, or dumped, any solid waste in, or upon, any public or private highway, street, alley, or road, or any lot or parcel of land, whether public or private, other than approved land disposal sites, exclusive of NRS 444.620.

050.150 **MANURE**

All manure generated by domestic animals, shall be picked up and removed at least once every seven (7) calendar days.

050.155 All manure, prior to removal, shall be stored in such a manner that there shall be no escape of odor, no attraction, harborage, or breeding of vectors or vermin, and no creation of nuisance.

050.160 All manure used as a fertilizer, shall be spread upon the surface of the ground, and/or shall be tilled or spaded under the surface of the ground within seven (7) calendar days of its arrival at the premise or parcel of land.

050.165 Those manures not required to be spread and tilled under the surface of the ground are those which have been:

A. Chemically treated by a method approved by the Health Authority; or

B. Processed in a manner that eliminates odor or vector harborage.

050.170 It shall be unlawful to store manure upon public or private property in excess of seven (7) days without approval from the Health Authority.

050.172 **SLUDGES**

All sludges from treatment plants, used as fertilizers, shall be spread and placed beneath the surface of the soil within seven (7) days of its arrival at the plot, parcel, or premise to be fertilized, unless such sludges have been composted, heat treated, pasteurized, or processed in such a manner that the threat of nuisance from odor has been removed.

050.177 **HAZARDOUS WASTE TRANSPORTERS**

Any person who collects and/or disposes of hazardous waste in Washoe County must obtain a permit from the Washoe County District Health Department.

SECTION 060

TRANSFER STATIONS

060.001 GENERAL

- A. Nothing in these regulations shall be construed as relieving the owner, operator, or a designer of a transfer station from the obligation of obtaining all required permits, licenses, or other clearances, and complying with all orders, laws, regulations or other requirements of approval, regulatory or enforcement agencies.
- B. A transfer station shall not be constructed within the Health District until such time as the Health Authority has approved the site location, design plans, and operating plans, in writing.

060.011 PURPOSE

The purpose of this section is to establish design and construction standards for solid waste transfer stations and establish operational requirements for solid waste management at these stations.

060.021 PERMIT TO OPERATE: REQUIRED

- A. No person shall operate or modify a transfer station within the Health District without obtaining a Permit to Operate, issued by the Health Authority, in accordance with this section.
- B. A transfer station shall operate in accordance with the operational plan approved by the Health Authority, as required by Subsection 060.041.

060.020 APPLICATION FOR PERMIT TO OPERATE

- A. A Permit to Operate a Transfer Station shall be issued only after the Health Authority:
 - 1. receives and approves a set of plans for design and construction of the transfer station as required in Subsections 060.031 and 060.051, respectively;
 - 2. receives an application made in writing and on forms provided by the Health Authority with all of the following information:
 - a) The name, location, mailing, address, and telephone number of the transfer station;
 - b) All owners' and operators' names, addresses and telephone numbers;
 - c) All names, addresses and telephone numbers of any agents authorized to act on behalf of the owner(s); and,
 - d) Photocopies of all business licenses, permits, or other evidence of approval from other applicable governmental or environmental agencies with jurisdiction;

3. receives certification from the governing body of the county, city, or town in which the station is to be located stating that the location and operation of the station are consistent with all applicable ordinances;
 4. receives a copy of the lease or deed of certification of ownership of the site;
 5. receives and approves a copy of the operational plan as required in Subsection 060.041 of these regulations;
 6. conducts an inspection of the station;
 7. evaluates the application and within 45 calendar days after receipt notifies the applicant as to whether the application is complete and in compliance with all applicable statutes and regulations, as required in Subsection 100.300 (A); or, if the application is not in compliance, notice the applicant as required in 100.800 (B);
 8. prepares a notice of intent to issue or deny the issuance of the permit and accepts written comments from the general public as required in Subsection 100.300 (C) and Subsection 100.400, respectively;
 9. collects the permit fee set by the District Board of Health.
- B. Permits shall be valid for one year, upon which, renewal will be granted upon payment of the appropriate fees, and continued compliance with these regulations.
- C. An updated application form shall be submitted to the Health Authority when any of the information specified in paragraph A above changes, within 30 days of the change.

060.031 DESIGN REPORT

- A. The design report required pursuant to subsection 060.021 (A)(1) must:
1. be prepared under the direction of, signed by, and stamped by a professional engineer licensed in the State of Nevada;
 2. include a general location map that shows land use and zoning within a 1-mile radius of the transfer station;
 3. include construction plans and specifications of the transfer station which must:
 - a) be drawn to a scale of not more than 200 ft./in. and must include contour intervals of not more than 5 feet;
 - b) show existing and proposed contours;
 - c) show access roads and traffic routing inside of and around the transfer station and types and numbers of vehicles expected to use the transfer station;
 - d) include provisions for the control of surface water run-on and run-off; show grades, berms, dikes, swales and other devices used for drainage and surface water control;
 - e) show fencing, equipment, shelter, employee stations, waste handling areas and any other appurtenance;
 - f) include provisions for weighing and measuring incoming solid waste;

- g) include provisions for controlling and preventing odors, dust, and noise; and,
 - h) include provisions for preventing attraction, propagation, and harborage of vectors and vermin for the protection of public health and safety and the environment;
- 4. include provisions that minimize health risks and public nuisances that may cause or contribute to the impairment of the environment;
 - 5. define the population and area to be served by the transfer station; and
 - 6. list the anticipated types, quantities and sources of solid waste to be received at the transfer station.
- B. Any changes in the design of the transfer station shall be prepared and processed in the same manner as required for the original design, and approved by the Health Authority in writing, prior to start of construction.

060.040 TRANSFER STATION OPERATIONAL PLAN

- A. The operational plan of the transfer station required pursuant to Subsection 060.021 (A)(6) must include, but not be limited to:
- 1. provisions for the control of access to the transfer station;
 - 2. procedures for controlling vehicular traffic;
 - 3. the number of attendants who will be on site at the transfer station during operating hours;
 - 4. a list of the equipment and machinery that will be used at the transfer station;
 - 5. the types of wastes that the transfer station will not receive and a list of the stations where such waste will be directed;
 - 6. a program for detecting and preventing the disposal of regulated hazardous waste and polychlorinated biphenyl wastes;
 - 7. procedures for measuring or weighing incoming solid waste;
 - 8. the proposed capacity and expected life of the transfer station;
 - 9. the frequency and method of transfer of solid waste to a disposal site;
 - 10. the maximum time that solid waste will be stored at the transfer station;
 - 11. the location of waste storage areas at the transfer station and procedures for the mixing, compacting and wetting of solid waste;
 - 12. the proposed operating hours;
 - 13. a contingency plan that describes procedures for emergencies and alternate solid waste handling systems;
 - 14. a plan approved by the local fire authority for the prevention and control of fires, and procedures for handling and extinguishing incoming hot loads;

15. a plan for the management of special wastes that are proposed for acceptance at the station and provisions for biohazardous waste management that meet the requirements of Section 080 of these regulations;
 16. provisions for resource recovery;
 17. provisions for dust and litter control;
 18. a copy of a biweekly cleaning schedule;
 19. a detailed personnel training program;
 20. procedures for handling complaints;
 21. procedures for conducting and documenting random load checks;
 22. a plan for station closure pursuant to Subsection 100.100, including proof of financial assurance required by Subsection 100.200, to cover costs of closing the station; and,
 24. a description of how the transfer station will comply with the operating standards set forth in Subsection 060.061.
- B. A copy of the operational plan shall be immediately available on-site to all maintenance and operational personnel, a copy available at the business office of the operator, and a copy provided to the Washoe County District Health Department

060.051 CONSTRUCTION

- A. A transfer station must be constructed with:
1. barriers and appurtenances necessary to control access to the station; where topographic conditions create a similar effect, a barrier may not be required, and all areas within the site which are deemed hazardous shall be separately fenced and properly identified to create an adequate level of security;
 2. an all-weather access road;
 3. appurtenances to control litter;
 4. areas for processing, tipping, sorting and storage of solid waste that:
 - a) are located within a covered enclosure with at least three sides; and
 - b) have a floor with a hard surface such as concrete or asphalt pavement, and a drainage structure for the recovery of liquids.
 5. sanitary stations, safe drinking water stations, and a first-aid station complete with supplies immediately available for the site personnel;
 6. an area that provides shelter for protection from inclement weather for use by employees during periods of rest and meals;
 7. an on-site communication system; and

8. adequate parking stations for transfer vehicles.
- B. Any area used for tipping, handling or storing of solid waste must be constructed with proper drainage to alleviate freestanding water and be designed to discharge into a sanitary sewer or its equivalent.
- C. A transfer station must be constructed to include areas for sign placement. Signs must indicate:
1. The owner and operator of the transfer station.
 2. The hours of operation.
 3. A list of materials that are accepted and/or rejected.
 4. Fees charged.

060.061 OPERATIONAL REQUIREMENTS

- A. Solid waste accepted at a transfer station must be:
1. transported to a disposal site that has been issued a permit by the Health Authority;
or
 2. recovered for reuse or recycling and there after promptly removed from the transfer station.
 - a) Resource recovery, such as metal, paper, and glass; and volume reduction operations, such as baling or shredding are permitted as an integral part of the operation of the transfer station, subject to approval by the Health Authority, Regional Planning Commission and other applicable agencies.
 - b) Resource recovery shall not interfere with other aspects of the transfer station, nor shall it be conducted so as to interfere with expeditious entry and exit of vehicles delivering waste to the station.
 - c) Scavenging shall not be permitted at anytime.
- B. A transfer station must be operated and maintained in a neat and orderly condition to prevent a public nuisance and vector problems.
1. Each transfer station shall be cleaned at least biweekly or more frequently if odors or other conditions exist that require more frequent cleaning.
 2. All residual wastes or other residual material must be removed promptly from the transfer station so as not to create a nuisance.
 3. Transfer vehicles containing putrescible materials shall not be parked on public streets or roads except under emergency conditions.
- C. A person shall not operate a resource recovery program from a transfer station unless he:
1. is authorized by the Health Authority;
 2. is supervised by the operator of the station;

3. the recovered material is stored in clearly identified containers in areas ancillary to the operation of the transfer station and storage time is limited to a duration that will not result in health, safety or fire problems; and,
 4. maintains the recovered material in a safe, sanitary and orderly manner.
- D. The operator of the transfer station shall maintain accurate records of the operations of the station. The records must be furnished upon request to the Health Authority or be made available for inspection by the Health Authority at any reasonable time. The records must include, but not be limited to:
1. a daily log of the quantity of solid waste received, transported and processed;
 2. instances in which the station rejected a waste load;
 3. documentation of random load checks; and
 4. a log of the following events including but not limited to fires, injury and property damage, accidents, explosions, incidents regarding hazardous wastes, citizen complaints received, flooding, and other unusual occurrences.
- E. Solid waste must be removed from a transfer station not more than 72 hours after acceptance unless the owner or operator is prevented from doing so because of an emergency such as a fire or flood. The owner or operator shall notify the Health Authority not more than 24 hours after an emergency that results in the storage of solid waste for more than 72 hours.
- F. Asbestos waste shall not be accepted at the transfer station for transportation to an approved disposal station.

060.070 TRANSFER STATION FINAL CLOSURE REQUIREMENTS

- A. **Plan for Closure Required.** A plan for closure shall be required for all transfer stations. The plan must include:
1. a detailed written estimate, in current dollars, of the cost to hire a person to close the facility/company in accordance with the plan; and
 2. proof of financial assurance that complies with Subsection 060.080 of these regulations; and
 3. an outline of the procedures to be used to close the facility/company.
- B. The owner or operator shall notify the Health Authority, in writing, at least 90 calendar-days prior to the date the facility/company is expected to close. The facility/company may not accept any wastes after the expected closing date.
- C. The owner or operator shall, within 30 calendar-days after receiving the final shipment of waste, remove all remaining wastes, litter, recovered materials and inoperable equipment in accordance with the plan for closure as set forth in Paragraph A above, except that all putrescible waste must be removed within 72 hours after receipt.

060.080 FINANCIAL ASSURANCE REQUIRED FOR CLOSURE

- A. The owner or operator of a transfer station management facility shall obtain a surety bond, or any other mechanism of financial assurance approved by the Health Authority, to cover the cost to close the facility, including the removal and proper disposal of the maximum inventory of waste for which the facility is designed. The owner or operator shall provide financial assurance for the closure of the facility until the facility is closed and the Health Authority approves the closure.
- B. The surety bond must be issued by a corporation licensed to conduct business in this state and must include an indemnity agreement that guarantees payment to a trust fund or to the Health Authority.
- C. If payment is guaranteed to a trust fund, the trustee of the trust fund must be an entity which is authorized by the owner or operator of the transfer station to act as trustee and whose trust operations are regulated and examined by a federal or state agency.
- D. The owner or operator or any other person who is authorized to conduct activities for the closure of the transfer station may request reimbursement from the trustee for any cost incurred to close the transfer station. The trustee may provide reimbursement for that cost only if there is sufficient money in the trust fund to pay the remaining costs to close the transfer station, and proof and justification of the cost is placed in the operating records of the transfer station. The owner or operator shall notify the Health Authority that the proof and justification for the reimbursement of the cost was placed in the operating records of the transfer station and that he has received reimbursement.
- E. The owner or operator of the transfer station shall review annually the estimate of the cost to close the transfer station upon which the bond or other mechanism of financial assurance is based and submit the estimate to the Health Authority for review and approval.

SECTION 065

SOLID WASTE STORAGE BIN FACILITIES

065.010 GENERAL

- A. All requirements of this section shall apply to any station that provides one or more portable waste containers, which are used for the collection of solid waste for transport to a solid waste disposal site. Residential or commercial waste containers that are located on or near a site of waste generation are exempt from the requirements of Section 065 of these regulations.

- B. Nothing in these regulations shall be construed as relieving the owner, operator, or a designer of a solid waste storage bin facility from the obligation of obtaining all required permits, licenses, or other clearances, and complying with all orders, laws, regulations or other requirements of approval, regulatory or enforcement agencies.
- C. A solid waste storage bin facility shall not be constructed within the Health District until such time as the Health Authority has approved the site location, design plans, and operating plans, in writing.

065.015 PURPOSE

The purpose of this section is to establish standards and operating procedures for the handling, storage, and processing of solid waste at solid waste storage bin facilities.

065.020 PERMIT TO OPERATE: REQUIRED

No person shall operate a solid waste storage bin facility within the Health District without obtaining a Permit to Operate, issued by the Health Authority, in accordance with this Section.

065.030 APPLICATION FOR PERMIT TO OPERATE

- A. A Permit to Operate a Solid Waste Storage Bin Facility shall be issued only after the Health Authority:
 - 1. receives an application made, in writing, and on forms provided by the Health Authority with all of the following information:
 - a) The name, address, and telephone number of the facility;
 - b) All owners' and operators' names, addresses and telephone numbers;
 - c) All names, addresses and telephone numbers of any agents authorized to act on behalf of the owner(s);
 - d) The location of the facility;
 - e) The capacity of the facility in cubic yards;
 - f) The types of solid waste the facility will receive;
 - g) The population and area to be served by the facility; and,
 - h) a plan for closing the facility, ~~as required in Subsection 100.100~~, including steps necessary to remove all solid waste and reflect all actions necessary for station abandonment; and,
 - 2. collects the permit fee as set by the Washoe County District Board of Health.
- B. Permits shall be valid for one year, upon which renewal will be granted upon payment of the appropriate fees.
- C. Within 30 calendar days following a change in data in Paragraph (A) (1) above, the operator, owner, or agent shall notify the Health Authority of that change. Failure to notify the Health Authority nullifies the permit and may invalidate the permit number. When the owner changes a legal name, corporate ownership, or chief executive officer, he shall notify the Health Authority within 30 calendar days of such change. Upon

receiving such notification; the Health Authority will revoke the old permit and reissue a new permit based on the new information.

065.035 OPERATIONAL REQUIREMENTS

- A. Solid waste storage bins may have a combined capacity of not more than 160 cubic yards and must be constructed of durable, leak-proof materials with a lid or screen on top that prevents the loss of materials during transport or high wind conditions.
- B. Storage of solid waste outside of the waste storage bins is prohibited unless approved, in writing, by the Health Authority.
- C. Except as otherwise provided in this Subsection, if garbage and similar putrescible waste is stored in combination with nonputrescible waste, the wastes must not be stored at the station for more than 7 days.
 - 1. The Health Authority may approve the storage of such waste for more than 7 days before collection in a remote community if the community demonstrates that an alternative minimum collection frequency will not result in increased litter or odors, the harboring of vectors, the storage of excess waste outside of containers, or any other health hazard, public nuisance or impairment to the environment.
 - 2. The Health Authority may revoke its approval of an alternative minimum collection frequency, when it has been determined that the solid waste storage bin facility creates a health hazard, public nuisance or impairs the environment.
- D. The owner of a solid waste storage bin facility shall:
 - 1. provide access to the station by an all-weather road;
 - 2. construct the station in a manner that allows that public to deposit waste conveniently and safely in the solid waste storage bin;
 - 3. use fences and other appurtenances that prevent the scattering of litter and other lightweight debris;
 - 4. service the facility as often as necessary to ensure that there is adequate storage capacity at all times; and,
 - 5. comply with the requirements regarding signs as set forth in Subsection 060.051(C).
- E. At final closure, the owner or operator shall remove any remaining wastes to an approved disposal site and shall remove all waste storage bins.
- F. The owner or operator shall carry out a program for detecting and preventing the disposal of regulated hazardous waste and PCB wastes. The program must include, but not be limited to:
 - 1. random inspections of incoming loads;
 - 2. records of inspections;
 - 3. training persons employed at the site to recognize the regulated hazardous waste and PCB wastes;
 - 4. procedures for handling and proper disposal of hazardous waste and/or PCB wastes found at the site; and,
 - 5. protocols for notification of the Health Authority if hazardous waste or PCB wastes are discovered at the site.

SECTION 070
HAZARDOUS WASTE

070.005 GENERAL

Nuclear wastes are prohibited at any land disposal site located within the Health District.

070.010 No person shall dispose or cause the deposit, storage, processing, treatment or disposal of any waste material which it may reasonably be considered to be hazardous material at any land disposal site within the Health District unless prior approval has been received from the Health Authority or unless the land disposal site has been approved for the receipt of such waste material.

070.015 All spills or accidents involving hazardous materials and/or hazardous wastes which could result in a hazard to the public health and safety, animals, domestic animals and/or result in a discharge of hazardous waste, shall be reported to the Health Authority as soon as possible and not later than twenty-four (24) hours of the time of occurrence.

070.020 An operator of a land disposal site shall not accept hazardous wastes without obtaining a permit issued by, or approval granted by the Washoe County District Health Department.

SECTION 080

BIOHAZARDOUS WASTE

GENERAL PROVISIONS

080.001 PURPOSE

The purpose of this section is to define terms and to establish standards and procedures pertaining to biohazardous waste management within the Washoe County Health District, in order to protect the public health and safety, and to enhance the environment and natural resources.

080.005 GENERAL

All requirements of this chapter shall apply to any healthcare facility which is a primary care clinic, surgical clinic, chronic dialysis clinic, out-patient clinic or other similar facility, hospitals and doctors' offices, veterinary offices, and related businesses, institutions or agencies which generate, treat or transport biohazardous waste. Private residences, which generate biohazardous waste, are excluded from the requirements of Section 080 *with the exception of home-generated sharps which must be handled in compliance with subsections J. through L. of Section 080.075.*

080.010 BIOHAZARDOUS WASTE SUBJECT TO SECTION 080

Once a material becomes a biohazardous waste, such material shall remain a biohazardous waste and shall be subject to the requirements of Section 080, unless and until it has been treated in compliance with Subsection 080.320 through Subsection 080.360, labeled in compliance with Subsection 080.250, and disposed of in compliance with Subsection 080.600 and Subsection 080.620, as applicable.

080.025 EXCLUSIONS

- A. Waste materials described in this Subsection may be partially or totally excluded from Section 080 of these regulations because they are not solid waste or biohazardous waste. The Health Authority may exercise the right to exclude certain wastes from the requirements of this Section if it is determined that such wastes do not constitute a significant hazard to human health or the environment.
- B. The following materials are not solid wastes for the purposes of this Section:
 - 1. Human remains under the control of a licensed physician or dentist, when the remains are being used or examined for medical purposes;
 - 2. Human remains properly interred in a cemetery or in preparation by a licensed funeral director or embalmer for such interment or cremation;
- C. The following solid wastes are not biohazardous wastes:
 - 1. Meat or other food items being discarded because of spoilage or contamination, and not included in the definition of biohazardous waste.

2. Used products for personal hygiene, such as diapers, facial tissues and sanitary napkins, under pads and adult incontinence products; unless a health care professional has determined these items to be biohazardous waste.
3. The following discarded items when they are empty *and not able to release blood, human body fluids, or their former contents*: urine collection bags and tubing, suction canisters and tubing, IV solution bags and tubing, colostomy bags, ileostomy bags, urostomy bags, plastic fluid containers, enteral feeding containers and tubing, hemovacs, and urine specimen cups; unless the items are subject to regulation under other state or federal standard.
4. The following discarded items: urinary catheters, suction catheters, plastic cannula, IV spikes, nasogastric tubes, oxygen tubing and cannula, ventilator tubing, enema bags and tubing, enema bottles, thermometer probe covers, irrigating feeding syringes, and bedpans/urinal; unless the items are subject to regulation under other state or federal standard.
5. Items such as bandages, gauze, or cotton swabs or other similar absorbent materials unless at any time following use they are saturated or would release blood or human body fluids in a liquid or semi-liquid state if compressed.

080.050 CHARACTERISTICS OF BIOHAZARDOUS WASTE

A solid waste is considered a biohazardous waste if it meets either of the two criteria of this Subsection:

- A. The waste is suspected of being capable of, or has the potential of, producing an infectious disease in humans.
- B. Any solid waste, which is not excluded from the regulation and is listed in Subsection 080.075.

080.075 BIOHAZARDOUS WASTES

Each solid waste or solid waste stream in the following list is subject to the requirements of Section 080, unless excluded in Subsection 080.025:

- A. **HUMAN BLOOD AND HUMAN BODY FLUIDS.** Wastes consisting of human blood or human body fluids or items that contain or are caked with dried human blood or human body fluids that are capable of releasing these materials during handling. An item would be considered caked if it could release flakes or particles when handled.
- B. **CULTURES AND STOCKS OF MICROORGANISMS AND BIOLOGICALS.** Discarded cultures, stocks, specimens, vaccines and associated items, which are likely to contain organisms that are pathogenic to healthy humans. Discarded etiologic agents and wastes from the production of biologicals and antibiotics which pose a known or potential risk to public or environmental health. Discarded preparations made from genetically altered living organisms and their by-products, that can cause harm to the environment or may be pathogenic to healthy humans.
- C. **PATHOLOGIC OR TISSUES AND OTHER ANATOMICAL WASTES.** All human anatomical wastes and all wastes that are human tissues, organs, or body parts.
- D. **CONTAMINATED ANIMAL CARCASSES, ANIMAL BODY PARTS, ANIMAL BEDDING, AND RELATED WASTES.** Dead animals infected with organisms likely to

be pathogenic to healthy humans or other animals, animal carcasses, animal body parts, animal bedding material and all other wastes likely to have become contaminated by an infected animal are biohazardous wastes when discarded, disposed of or placed in accumulated storage.

- E. ALL SHARPS.
- F. TRAUMA SCENE WASTE.
- G. ISOLATION WASTE.
- H. TRACE CHEMOTHERAPEUTIC WASTE.
- I. Any residue or contaminated soil, water, or other debris resulting from the clean up of a spill of any biohazardous waste.
- J. This Subsection does not apply to biohazardous waste generated at a private residence and mixed with the other solid waste generated at the residence *with the exception of home-generated sharps which must be handled in compliance with subsections K. and L. of this part*
- K. *On or after January 1, 2010, no person shall knowingly place home-generated sharps waste into any of the following containers:*
 - 1. *Any container used for the collection of solid waste, recyclable materials, or greenwaste.*
 - 2. *Any container used for the commercial collection of solid waste, or recyclable materials from business establishments.*
 - 3. *Any roll-off container used for the collection of solid waste, construction, and demolition debris, greenwaste, or other recyclable materials.*
- L. *On or after January 1, 2010, home generated sharps waste shall be transported for treatment at an approved offsite medical waste treatment facility only in a mail-back sharps disposal system approved by the United States Postal Service or other containers and systems approved by the Health Authority.*

BIOHAZARDOUS WASTE GENERATORS

080.100 REGISTRATION REQUIRED

- A. Within one (1) year of the effective date of these regulations, all large quantity generators shall register with the Health Authority.
- B. Within one (1) year of the effective date of these regulations, all small quantity generators that treat biohazardous waste on site, shall register with the Health Authority, and obtain a permit to operate as set forth in Subsection 080.400.
- C. Within one (1) year of the effective date of these regulations, all common storage facilities storing a total of 200 pounds or more of accumulated waste per month from more than one biohazardous waste generator, shall register with the Health Authority.
- D. Small quantity generators who are not required to register as set forth in paragraphs B above, shall maintain on site all of the following:

1. ~~An information document~~ *A biohazardous waste management plan* stating how the generator contains, stores, and disposes of any biohazardous waste generated through any act or process of the generator;
2. Records of any biohazardous waste transported off site for treatment and disposal, including the quantity of waste transported, the date transported, and the name of the permitted biohazardous waste transporter or limited-quantity exempt transporter, subject to the provisions set forth in Subsection 080.510 (B). Records shall be maintained for a minimum of one (1) year.
3. A contingency plan for emergency events.

080.150 APPLICATION FOR REGISTRATION

- A. Registration, as required in Subsection 080.100 (A-C), shall be completed only after the Health Authority:
 1. receives, and approves, an application made in writing and on forms provided by the Health Authority with all the following information:
 - a) The name, address, and valid telephone number of the facility;
 - b) All owners' names, addresses, and telephone numbers;
 - c) Type of business;
 - d) A statement indicating the types and estimated average monthly quantity of biohazardous waste generated;
 - e) The name and business address of the permitted biohazardous waste transporter used by the generator to take untreated biohazardous waste to an approved biohazardous waste treatment facility, if applicable;
 - f) The name and business address of the offsite biohazardous waste treatment facility that the biohazardous waste is to be transported, if applicable; and
 - g) The type of treatment used on site, if applicable;
 2. receives and approves a copy of the facility's Biohazardous Waste Management Plan, as set forth in Subsection 080.200; and
 3. receives the registration fee set by the Washoe County District Board of Health.
- B. Registration shall be valid for three years. An application for renewal of the registration shall be filed with the Health Authority, not less than 90 days prior to the expiration date.
- C. Generators shall submit an updated application form when any of the information specified in paragraph A above changes, within 30 calendar days of the change.

080.200 BIOHAZARDOUS WASTE MANAGEMENT PLAN

Any generator of biohazardous waste shall use and follow a biohazardous waste management plan. This plan must be kept on file at the biohazardous waste generator's place of business and

shall be made available for inspection by the Health Authority at all times. This plan must contain the following minimum items:

- A. Protocols and procedures for onsite biohazardous waste-handling operations, and an exposure control plan including a provision for the required use of Personal Protective Equipment (PPE). The plan should include the responsibilities and job descriptions of all staff members involved with waste handling.
- B. Procedures for onsite storage of biohazardous waste, including provisions, which meet the requirements, set forth in Subsection 080.220. The procedures should cover identification, segregation, containment, labeling, and storage.
- C. Procedures for biohazardous waste treatment and final disposal, including procedures for waste tracking/record keeping.
- D. An employee-training program including a provision for tracking and documenting individual employee training attendances.
- E. A contingency plan for emergencies and spill cleanup, to include provisions for biohazardous waste storage during emergency situations or natural disaster events.

080.220 **STORAGE**

Once biohazardous waste containers or containment systems are filled, sealed, capped or closed, all:

- A. Biohazardous waste, except sharps *or chemically preserved pathological waste*, shall:
 - 1. be stored at 32°F or above for no more than seven calendar-days and shall be picked up for treatment within seven days from the date it went into storage, or
 - 2. be stored at or below a temperature of 32°F for a period of not more than 30 calendar days prior to being picked up for treatment. The date that the waste is first placed in storage must be distinctly marked on any outer packaging while the waste is stored on site.
- B. Sharps *and chemically preserved pathological waste* shall be stored for no more than 30 calendar-days from the date the container becomes filled, and shall be sealed or capped for treatment.
- C. Biohazardous waste shall be packaged and labeled as set forth in Sections 080.230 and 080.250, respectively.

- 080.225 A. Containment of biohazardous waste shall be separate from other wastes. Enclosures or containers used for the containment of biohazardous waste *in an accumulation area used to store the waste prior to treatment or transport to an offsite treatment facility* shall be so secured as to deny access to unauthorized persons, and shall be marked with prominent warning signs on, or adjacent to, the exterior of entry doors, gates or lids. Warning signs shall be readily legible during daylight from a distance of at least twenty-five (25) feet and include the Universal Biohazard Symbol. Wording of warning signs shall be displayed as follows and include the universal biohazard symbol:

- 1. In English, “CAUTION - BIOHAZARDOUS WASTE STORAGE AREA--UNAUTHORIZED PERSONS KEEP OUT”; and,

2. In Spanish, “CUIDADO - ZONA DE RESIDUOS INFECTADOS - PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADA”.

- B. Biohazardous waste shall be contained and stored in a manner and location which affords protection from the environment, and does not provide a breeding place or food source for vermin.
- C. *Biohazardous waste that is stored in an interim storage area within the healthcare facility prior to transfer to the designated accumulation area, shall be stored in an area that is either locked or under direct supervision or surveillance. Interim storage areas shall have their doors marked with the international biohazard symbol or signage described in subsection A. of this Section. These warning signs shall be readily legible from a distance of five feet.*
- ED. All generators of biohazardous waste shall have a written contingency plan in the event of an emergency or natural disaster event.

080.230 PACKAGING REQUIREMENTS

- A. A biohazardous waste generator who sets out biohazardous waste for collection and transportation to an offsite biohazardous waste treatment facility shall package the waste to meet the following minimum requirements:

1. In a red disposable plastic bag that is:

- a) leak resistant;
- b) impervious to moisture;
- c) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling;
- d) sealed to prevent leakage during transport;
- e) puncture resistant for sharps; and,
- f) placed in a secondary container, constructed of materials that will prevent breakage of the bag in storage, during handling, collection, or transportation, and bears the universal biohazard symbol or words “**Biohazardous Waste**” (The secondary container may be disposable or reusable); or placed in an autoclavable bag which is put into a reusable container for transport; or,

2. In a reusable container that bears the words “**Biohazardous Waste**” or bears the universal biohazard symbol on the lid and all sides so as to be visible from any direction, and:

- a) is leak-resistant on all sides and bottom, has a tight-fitting cover, and is constructed of smooth, easily cleanable materials that are impervious to liquids and resistant to corrosion by disinfection agents and hot water; and,

- b) is used only for the storage or transport of biohazardous waste, and is cleaned and disinfected after each use;

- 1) “Clean” means the use of a detergent and sufficient agitation or pressure to remove visible soil particles from a surface.

- 2) “Disinfect” means the process of killing pathogenic organisms or rendering them inert by one of the following methods:

- i. Exposure to hot water at a temperature of at least 180°F (82°C) for a minimum of 15 seconds.

- ii. Exposure to a chemical disinfectant registered for use by the Environmental Protection Agency as set forth in the Federal Insecticide, Fungicide and Rodenticide Act, Section 3 (a); and used according to the manufacturer's label directions.
 - iii. Any other method approved in advance and in writing by the Health Authority; or,
- 3. In commercially manufactured containers, including cardboard boxes, which meet the standards, set forth in 49 CFR 178.609.
- 4. All sharps shall be segregated from other wastes and aggregated in leak-proof, rigid, puncture-resistant, and shatterproof containers, which may be tightly closed or tightly secured to preclude loss of contents, and labeled as set forth in 080.250.
- B. Prior to transporting, biohazardous waste *shall* ~~should~~ be packaged for transportation in accordance with the standards of 49 CFR Part 173.196, 49 CFR Part 173.197 and 49 CFR Part 173.971; meet the test requirements set forth in 49 CFR Part 178.609; or, packaged in accordance with an exemption approved by the United States Department of Transportation.

080.240 REQUIREMENTS FOR REUSABLE CONTAINERS

Biohazardous waste may be conveyed in reusable carts or containers under the following conditions:

- A. The waste in the cart or container is packaged and labeled in compliance with Subsections 080.230 and 080.250, respectively.
- B. Immediately after a reusable cart or container is emptied and prior to reuse, it shall be thoroughly cleaned and disinfected as set forth in Subsection 080.230 (A)(2)(b).

If disposable liners are utilized, cleaning prior to reuse is not required unless visible contamination is present. Disinfection of reusable carts or containers is mandatory whether or not visible contamination is present.

- C. Reusable carts and containers used for offsite transport of biohazardous waste must comply with 49 CFR Parts 171 thru 178, as applicable.
- D. *Reusable suction canisters and fluid carts that receive blood, irrigation fluids and/or bodily waste shall have their contents discharged to a sanitary sewer and the container shall then be washed with a soap or enzymatic solution, rinsed and disinfected prior to the container or fluid cart being returned to us. Disinfection shall comply with the same requirements of Section 080.230 A. 2. b (2).*

080.250 LABELING REQUIREMENTS

Biohazardous waste packaged under Subsection 080.230 (A), should be labeled to meet the requirements set forth in 49 CFR Part 172.323, 49 CFR Part 178.503(f), and conform to 29 CFR Part 1910.1030 (g)(1)(i). As a minimum, the label on a packaged biohazardous waste shall:

- A. be securely attached to or printed on the packaging or container,
- B. be printed in indelible ink;

- C. bear the words "**Biohazardous Waste**" or the Universal Biohazard Symbol on the lid and all sides as to be visible from any direction (for barrels, on two sides and on the lid):
 - 1. *Trace chemotherapeutic waste shall additionally be segregated and placed into a secondary container labeled with the words "Chemotherapy Waste", or "CHEMO", or other label approved by the Health Authority on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of this biohazardous waste by incineration or other high heat treatment approved by the Health Authority.*
 - 2. *Human surgery specimens, tissues, or anatomical body parts removed at surgery or autopsy shall be segregated and placed into a secondary container labeled with the words "Pathological Waste", "PATH", or other label approved by the Health Authority on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of this biohazardous waste by incineration or other high heat treatment approved by the Health Authority.*
- D. display the date the biohazardous waste went to storage; and
- E. identify the generator of the waste with a number, code, symbol etc. that corresponds with the transport document.

080.260 **TRANSPORT DOCUMENT**

- A. A biohazardous waste transporter or limited-quantity exempt transporter subject to the provisions set forth in Subsection 080.510(B), shall maintain a completed transport document of all biohazardous waste received for treatment or disposal. A biohazardous waste transporter or limited-quantity exempt transporter who transports biohazardous waste to a biohazardous waste transfer facility, other than the final biohazardous waste treatment facility, shall also maintain transport documents which show the name, address, and telephone number of the biohazardous waste generator, for purposes of tracking the waste to the final biohazardous waste treatment facility. At the time the biohazardous waste is received by a biohazardous waste transporter or limited-quantity exempt transporter, the transporter shall provide the biohazardous waste generator with a copy of the transport document for the generator's biohazardous waste records. The transporter of the biohazardous waste shall maintain a copy of the transport document for a minimum of one year. The transport document must be used to record the movement of the waste from the generator, through its trip with a permitted biohazardous waste transporter or limited-quantity exempt transporter; to an approved biohazardous waste treatment facility or other approved biohazardous waste management facility.
- B. The transport document must include, but not be limited to, the following information:
 - 1. The name, address, valid telephone number, and permit number issued to the biohazardous waste transporter by the Health Authority;
 - 2. The identity of the biohazardous waste generator;
 - 3. The total quantity and type(s) of containers in which the waste is transported;
 - 4. The name, address, valid telephone number, permit number issued by the Health Authority, and the signature of an authorized representative of the permitted biohazardous waste treatment facility or approved biohazardous waste management facility receiving the biohazardous waste;
 - 5. The date that the biohazardous waste is collected or removed from the biohazardous waste generator's facility, the date that the biohazardous waste is received by the

biohazardous waste transfer facility, if applicable, and the date that the biohazardous waste is received by the biohazardous waste treatment facility.

6. The operator of the biohazardous waste treatment facility or his designated agent shall sign the transport document acknowledging that the biohazardous waste has been treated to render it non-infectious. The operator of the biohazardous waste treatment facility or his designated agent shall return the original transport document to the generator within 30 calendar-days after treatment.
- C. For a minimum of one (1) year, the biohazardous waste generator shall maintain on site, a copy of the transport document both as initially sent out and as returned by the biohazardous waste treatment facility. Transport documents shall be made available to the Health Authority for review, at any time.

BIOHAZARDOUS WASTE TREATMENT

080.300 GENERAL

Biohazardous waste treated in compliance with Subsections 080.320 through 080.390 shall be considered treated in accordance with this Section. Biohazardous waste that does not meet the treatment requirements of this Section shall not be disposed of in any disposal site, unless approved in writing by the Health Authority.

080.320 INCINERATION

- A. **Performance Standards.** All incinerators of biohazardous waste shall maintain the following level of operational performance at all times:
1. Biohazardous waste shall be subjected to a burn temperature of not less than 1,400°F (760°C) for a period of not less than one hour. For all incinerators, gases generated by combustion shall be subjected to a temperature of not less than 1,800°F (982°C) for a period of one second or more.
 2. Except at start-up, interlocks or other process control devices shall prevent feeding of the incinerator unless the conditions in paragraph (A)(1) above are met. In the event low temperatures occur, incineration units shall have automatic auxiliary burners that are capable of maintaining the secondary chamber temperature at the minimum of 1,800°F (982°C).
 3. Monitoring. There shall be continuous monitoring and recording of primary and secondary chamber temperatures. Monitoring data shall be retained on site for a period of three years, and made available for review by the Health Authority at any time.
 4. All combustible biohazardous waste shall be converted by the incineration process into ash that is not recognizable as to its former character.
 5. The incinerator shall be meet the requirements set forth in the District Board of Health Regulations Governing Air Quality Management.
- B. **Analysis and Management of the Ash Product.**
1. Ash must be sampled and analyzed in accordance with the following procedures to determine whether it is a regulated hazardous waste pursuant to 40 CFR Part 261.3.

Random samples collected over 1,000 hours of operation or a three-month period, whichever comes first, shall be thoroughly mixed and seven random portions of equal volume shall be composited into one sample for analysis by an approved independent laboratory, approved by the Health Authority.

2. A log shall be kept which documents the ash sampling, and must include the date and time of each sample collected; the date, time and identification number of each composite sample; and the results of the analyses, including laboratory identification. Results of analyses shall be maintained for a period of three years, and be available onsite for review by the Health Authority, at anytime.
3. If ash is found not to be a hazardous waste by analysis, it may be disposed of in a permitted solid waste management facility. A waste release permit must be obtained from the Health Authority, as set forth in Subsections 030.184 thru 030.230, prior to disposing the ash at an approved disposal site.

C. *Wastes Requiring Incineration or Approved Thermal Degradation Treatment. The following wastes shall be treated by incineration, thermal degradation or other high heat treatment technologies approved by the Health Authority:*

1. *Trace chemotherapy waste*
2. *Pathologic or human surgery specimens, tissues or anatomical body parts removed at surgery or autopsy that are not sent for cremation or interment*
3. *Contaminated animal carcasses and animal body parts infected with organisms determined by a veterinarian to likely be pathogenic to healthy humans or other animals.*
4. *Suction canisters that have had their contents solidified.*

080.340 STEAM-BASED DISINFECTION PROCESSES

A. **Performance Standards.** All autoclaves and retorts used to treat biohazardous waste shall maintain the following level of operational performance at all times:

1. Whenever biohazardous waste is treated in a steam sterilizer, all the waste shall be subjected to the following operational standards (under saturated steam conditions and all air evacuated):
 - a) *The autoclave shall be operated in accordance with the manufacturer's specifications;*
 - ba) *Temperature of not less than 250°F (121.1°C) for 30 90 minutes at 15 pounds per square inch of gauge pressure;*
 - ~~b) Temperature of not less than 272°F (133.3°C) for 45 minutes at 27 pounds per square inch of gauge pressure;~~
 - ~~c) Temperatures of not less than 320°F (160°C) for 16 minutes at 80 pounds per square inch in gauge pressure; or~~
 - ~~d) in accordance with the manufacturer's specifications.~~
2. Equivalent combinations of operational temperatures, pressure and time may be approved by the Health Authority if the installed equipment has been proven to

achieve microbial inactivation at design capacity, as set forth in Subsection 080.370, and follows efficacy testing protocols as outlined in Subsection 080.380 and Subsection 080.390. Written requests for approval of an equivalent standard shall be submitted and approved by the Health Authority, along with documentation of microbial inactivation and efficacy testing results, prior to use.

B. Operational Controls and Records.

1. At least once every three months, efficacy testing shall be evaluated under full load capacity.
2. A log shall be kept at each steam sterilizer that is complete for the preceding one (1)-year period. The log shall record the date, time, temperature, pressure, volume, contact time and operator of each treatment; and, the dates and results of all equipment calibrations.
3. Biohazardous waste shall not be compacted or subjected to violent mechanical stress prior to treatment by steam sterilization; however, after it is fully sterilized it may be compacted in a closed container.

C. *Wastes Prohibited from Steam-Based Disinfection. The following biohazardous wastes are not allowed to be processed by steam-based disinfection processes:*

1. *Suction canisters that have had their contents solidified*
2. *Trace chemotherapy wastes*
3. *Pathologic or human surgery specimens, tissues, or anatomical body parts removed at surgery or autopsy*
4. *Contaminated animal carcasses and animal body parts infected with organisms determined by a veterinarian to likely be pathogenic to health humans or other animals*
5. *Pharmaceutical wastes*

080.360 ALTERNATIVE TREATMENT TECHNOLOGIES

- A. Applicability.** The requirements of this Subsection shall apply to all facilities that use alternative treatment technologies for rendering biohazardous waste non-infectious.
- B. General.** Alternative treatment technologies shall be approved by the Health Authority and shall meet the requirements of this Subsection and any additional requirements the Health Authority shall impose at the time of approval.
1. Any operator of a biohazardous waste treatment facility, which utilizes an alternative treatment technology, shall obtain a permit issued by the Health Authority.
 2. The Health Authority may approve an alternative treatment technology only after an independent third party has tested and certified that the method renders the biohazardous waste non-infectious to humans and non-hazardous to the environment. Prior to approval, the biohazardous waste treatment facility shall provide the Health Authority with:
 - a) all documentation verifying that the treatment process meets the requirements set forth in Section 080, and

- b) a copy of a contingency plan for equipment malfunctions as set forth in Subsection 080.430 (A) (12).
3. The Health Authority may approve an alternative treatment technology approved by another enforcement agency with equivalent or more stringent regulatory requirements.
- C. **Performance Standards.** All biohazardous waste treatment facilities that utilize alternative treatment technologies shall maintain the following level of operational performance at all times:
- 1. Alternative treatment equipment shall be evaluated under full load capacity for microbial inactivation and efficacy no less than once every three months to meet the requirements set forth in Subsections 080.370, 080.380 and 080.390. *Parametric monitoring utilizing devices approved by the Health Authority may be used to monitor the parameters of the treatment process, supplementing or replacing field monitoring by use of biological indicators. Such parameters shall be demonstrated to correlate with the criteria in section 080.370 A. and B. To demonstrate that this correlation has been established, parametric monitoring devices shall:*
 - a) *Correlate with biological indicator inactivation through documented efficacy studies that quantitatively link microbial inactivation with the parameter(s) being monitored by the monitoring devices;*
 - b) *Accurately monitor the treatment agent and/or treatment conditions, as applicable (e.g. provide the limiting conditions that influence accurate monitoring); and*
 - c) *Be appropriate for the conditions that exist under operational circumstances.*
 - d) *Demonstration of the above components may allow the use of parametric monitoring for auditing treatment conditions or alerting the equipment operator of equipment malfunction or abnormal behavior. For the use of parametric monitoring to substitute or replace biological indicator inactivation tests, the parametric monitoring devices are required to additionally:*
 - 1) *Have tamper-proof (i.e., cannot be altered by the operator) controls or automatic factory-set controllers;*
 - 2) *Be integrated with the equipment to automatically shut-down or no longer accept or expel waste if treatment conditions are not maintained at specified parameters:*
 - 3) *Be integrated with the equipment to automatically shut-down or no longer accept or expel waste unless calibrated periodically as specified by the manufacturer's instructions; and*
 - 4) *Provide the means for a tamper-proof (i.e. cannot be altered by the operator) recording of all critical operating parameters.*
 - 2. A log shall be maintained at each alternative treatment unit that is complete for the preceding one (1)-year period. The log shall record the date, time, name of operator; the type and approximate amount of waste treated; and the dates and results of calibration and testing. Where multiple alternative treatment units are used, a working log may be maintained at each unit and such logs periodically consolidated

at a central location. The consolidated logs and all performance parameter recordings shall be retained for three years and be made available for review by the Health Authority, at any time.

3. Biohazardous waste shall not be compacted or subjected to violent mechanical stress prior to treatment. Biohazardous waste that has been treated to render it non-infectious may be compacted in a closed container or shredded to reduce the volume of the waste.
 4. All fugitive emissions and discharges from alternative treatment equipment shall meet the requirements set forth in the District Board of Health Regulations Governing Air Quality Management.
 5. All equipment used in alternative treatment technologies shall be operated and maintained according to manufacturer's specifications and recommendations.
- D. Other Alternative Technologies. All alternative treatment technologies approved by the Health Authority shall conform to the requirements set forth in Section 080 and any additional requirements the Health Authority shall impose at the time of approval.

080.370 CRITERIA FOR MICROBIAL INACTIVATION

Incinerators shall be exempt from the requirements of this subsection as long as the unit meets the requirements set forth in Subsection 080.320 (A) & (B).

Thermal Degradation Technologies operating with a minimal heat level of 10,000 degrees Fahrenheit shall be exempt from the requirements of this subsection as long as any slag or ash produced meets the requirements set forth in Subsection 080.320 (A) and (B).

- A. All biohazardous waste treatment methods shall demonstrate inactivation of vegetative bacteria, fungi, *lipophilic/hydrophilic* ~~all~~ viruses, parasites, and mycobacteria at a 6 Log 10 reduction or greater.
- B. All biohazardous waste treatment methods shall demonstrate the inactivation of *B. Geobacillus stearothermophilus* or *B. subtilis Bacillus atrophaeus* spores at a 4 Log 10 reduction or greater.

080.380 REPRESENTATIVE MICROBIAL INDICATORS

- A. *Mycobacterial species and spores prepared from species in Table I shall serve as biological indicators to determine compliance with this section. Organisms shall be obtained from the American Type Culture Collection (ATCC) or a culture collection from a member of the World Federation of Culture Collections.*
- B. *The biological indicators shall be capable of being introduced directly into the test load or in a manner (e.g. via spore strips or vials containing cell or spore suspensions) that will not affect the indicator's viability or the evaluation of the efficacy of the treatment process. The concentration shall be sufficient to ensure a quantifiable indicator recovery and determination of inactivation when tested in accordance with the testing protocol approved by the Health Authority.*
- C. *Biological indicators shall be capable of being recovered from the test load via methodology that yields data that are statistically correct (e.g. sample collection, number of samples/test number of colony forming units/plate). Microbial culturing methods as described in the most recent edition of the American Society for Microbiology's Manual of Clinical Microbiology shall be used.*

D. *Biological indicators shall be used in accordance with their manufacturer's instructions.*

Table I.
Surrogate Biological Indicators

Microbial Group	Surrogate Biological Indicators
<i>Bacteria</i>	<i>Mycobacterium terrae</i> (ATCC 15755) <i>Mycobacterium bovis</i> (BCG, ATCC 35743)
<i>Fungi</i>	
<i>Parasites</i>	
<i>Lipophilic/Hydrophilic Viruses</i>	
<i>Bacterial Spores</i>	<i>Spores of:</i> <i>Geobacillus stearothermophilus</i> (ATCC 7953) <i>Bacillus atrophaeus</i> (ATCC9372)

Note: The ATCC numbers provided in this table are current as of publication. The most current ATCC numbers shall be used. The microaerobic species are surrogates for vegetative bacteria, fungi, parasites and lipophilic/hydrophilic viruses. Inactivation of the specified concentration of the mycobacterial species is equivalent to the inactivation of a similar concentration of vegetative cells of the other microorganisms.

~~A. One or more representative microorganisms from each microbial group shall be used in alternative treatment technology efficacy evaluation.~~

~~1. Vegetative Bacteria:~~

~~a) Staphylococcus aureus (ATCC6538)~~

~~b) Pseudomonas aeruginosa (ATCC 15442)~~

~~2. Fungi:~~

~~a) Candida albicans (ATCC 18804)~~

~~b) Penicillium chrysogenum (ATCC 24791)~~

~~c) Aspergillus niger~~

~~3. Viruses:~~

~~a) Polio 2 or Polio 3~~

~~b) MS 2 Bacteriophage (ATCC 15597 B1)~~

~~4. Parasites:~~

~~a) Cryptosporidium spp. oocysts~~

~~b) Giardia spp. cysts~~

~~5. Mycobacteria:~~

~~a) Mycobacterium terrae~~

~~b) Mycobacterium phlei~~

e) ~~Mycobacterium bovis (BCG) (ATCC 35743)~~

B. ~~Spores from one of the following bacterial species shall be used for efficacy evaluation of chemical, thermal, and irradiation treatment systems.~~

1. ~~B. stearothermophilus (ATCC 7953)~~

2. ~~B. subtilis (ATCC 19659)~~

080.390 EFFICACY TESTING PROTOCOLS

A. Methodology employed to determine efficacy of treatment technology should assure microbial inactivation and that the protocols are congruent with the treatment method utilized. Protocols developed for efficacy testing must *be approved by the Health Authority and* incorporate, as applicable, recognized standard procedures, such as those found in Test Methods for Evaluating Solid Waste, Physical/Chemical Methods 3rd ed. (EPA's Office of Solid Waste and Emergency Response), *the American Society for Microbiology's Manual of Clinical Microbiology*, and Standard Methods for the Examination of Water and Waste Water 20th ed. (American Public Health Association) and be conducted and certified by an independent party that the treatment technology meets the standards set forth in regulation.

B. Dependent on the treatment process and efficacy mechanisms utilized, protocols evaluating biohazardous waste treatment systems shall specifically delineate or incorporate the following, as applicable:

1. waste compositions that typify actual biohazardous waste to be processed; *by the system as described in terms relating both to the throughput (weight or volume per unit of time or per timed cycle), as well as other applicable physical properties, such as specific heat, thermal conductivity distribution of organic or non-organic, liquid and solid matter.*
2. waste types that provide a challenge to the treatment process; *as typified in the manufacturer's operating manual or instructions for use.*
3. comparable conditions to actual use (i.e. process time, temperature, chemical concentration, pH, humidity, load density, load volume);
4. assurance that microbial indicators (i.e. ampules, strips) will not artificially be affected by the treatment process;
5. assurances of inoculum traceability, purity, viability, and concentration;
6. dilution and neutralization methods that do not affect microorganism viability;
7. microorganism recovery methodologies that are statistically correct (i.e. sample collection, number of samples/test, number of colony forming units/plate); and,
8. appropriate microbial culturing methods (i.e. avoidance of microbial contamination and/or competition, the selection of proper growth media and incubation times).

C. Efficacy Testing

The technology shall be completely assembled, installed and operated under NORMAL conditions. Scaling is permissible if all parties agree that a full-scale load or operation

site is not available, the adjustment in scale doesn't increase or decrease efficacy performance, yields reproducible results and does not render the results of this test inconclusive. The technology shall be tested in accordance with this section.

Biological indicators shall be introduced directly or via carriers throughout the test load. Where used, a minimum of three carriers is required to assure a representative assessment of the treatment process efficacy.

Tests that are interrupted shall be considered as void and discontinued. Additional tests shall be conducted to achieve the required minimum repetition of test loads. In such cases, new sample(s) shall be used if the manufacturer's instructions indicate that the technology is for single-use only.

The technology shall be operated under the most adverse NORMAL load condition(s) for a total of three separate test loads.

For technology that maintains the integrity of the carriers of the biological indicators (e.g., ampules, plastic strips) inactivation shall be determined via quantitative reduction as specified in Steps 1 and 2 below:

Step 1 – Control

- a) Introduce test load in accordance to requirements of Section 080.390 B with Log_{10}IC concentration to the technology.
- b) Operate technology under NORMAL operating conditions without the addition of the treatment agent (e.g., heat, chemicals) until entire test load is completed.
- c) Collect test load to recover the biological indicator organisms from the test load.
- d) Plate recovered organisms and quantify Log_{10}RC
- e) Measured Log_{10}RC shall be at least the concentration specified in Section 080.380. Minimum Log_{10}I concentration for Step 2 shall be calculated by the equation in Table 2:

Step 2 – Test

- a) Inoculate the test load with the minimum Log_{10}I concentration confirmed as sufficient in Step 1.
- b) Operate technology under NORMAL operating conditions.
- c) Collect and wash a representative sample of the test load to recover the biological indicator organisms from the test load.
- d) Plate recovered organisms and quantify Log_{10}RT
- e) From data collected from Step 1 and Step 2, the **QUANTITATIVE REDUCTION** is calculated by employing the equation in Table.2:

Table 2
Quantitative Reduction Calculations^a

Control $Log_{10}RC = Log_{10}I - Log_{10}NR$	Test $QR = Log_{10}RC - Log_{10}RT$
<i>QR is the quantitative reduction</i>	
<i>Log₁₀ RC is the number of viable organisms recovered in the non-treated processed test load.</i>	
<i>Log₁₀I is the number of viable organisms introduced into the test load.</i>	
<i>Log₁₀NR is the number of unrecovered organisms remaining in the non-treated processed test load.</i>	
<i>Log₁₀NR represents an accountability factor for microbial loss.</i>	
<i>Log₁₀RT is the number of viable organisms recovered in the non-treated processed test load.</i>	
^a All quantities are in cfu/g of test load or in cfu/ml if load is a liquid	

BIOHAZARDOUS WASTE TREATMENT FACILITIES

080.400 PERMIT REQUIRED

- A. Within one (1) year of the effective date of these regulations, each person operating an offsite or onsite biohazardous waste treatment facility shall obtain a Permit to Operate issued by the Health Authority. If the biohazardous waste treatment facility begins operation after the effective date these regulations, the permit shall be obtained as set forth in Section 080, prior to commencement of operations.
- B. No person shall construct, operate or modify a biohazardous waste treatment facility within the Health District without obtaining a Permit to Operate issued by the Health Authority, in accordance with this section.
- C. Operators of crematoriums or cemeteries who dispose of recognizable human or animal anatomical remains and wastewater treatment operators shall be exempt from the requirements of Subsection 080.400.

080.420 APPLICATION FOR PERMIT TO OPERATE

- A. A Permit to Operate a Biohazardous Waste Treatment Facility shall be issued only after the Health Authority:
 - 1. receives and approves a set of plans for design and construction of the biohazardous waste treatment facility;
 - 2. receives an application made in writing and on forms provided by the Health Authority with all of the following information:
 - a) The name, address, and telephone number of the treatment facility,

- b) All owners' names, addresses and telephone numbers.
 - c) All names, addresses and telephone numbers of any agents authorized to act on behalf of the owner(s),
 - d) Photocopies of all business licenses, permits, or other documents of approval if required by other governmental or environmental agency with jurisdiction;
3. receives documentation indicating type of treatment to be provided, the treatment capacity of the facility, a characterization of the biohazardous waste to be treated at the facility and the estimated average monthly quantity of the waste to be treated at the facility;
 4. receives certification from the governing body of the county, city, or town in which the facility is to be located stating that the location and operation of the facility are consistent with all applicable ordinances;
 5. receives a copy of the lease, deed, or certification of ownership of the site;
 6. receives and approves a copy of the operational plan as required in Subsection 080.430 of these regulations;
 7. conducts an inspection of the facility; and,
 8. collects a fee as set by the District Board of Health.
- B. Permits shall be valid for one (1) year. Renewal will be granted upon payment of the appropriate fees and after inspection by the Health Authority to ensure compliance with the requirements of Section 080 of these regulations.

080.430 OPERATIONAL PLAN REQUIRED

- A. All biohazardous waste management facilities shall have and adhere to an operational plan, approved in writing by the Health Authority. The operational plan shall outline the design/operational capacities of the facility, emergency contingency information and daily operational procedures. This plan shall include but is not limited to the following:
1. A narrative identifying the project title; engineering consultants; site owner; licensee and operator; site life and capacity; municipalities, industries and collection and transportation agencies served; and waste types to be disposed.
 2. A narrative discussing waste types to be accepted or excluded *including radiological monitoring that will be conducted to ensure radioactive waste is not included with biohazardous waste*; typical waste handling techniques; hours of operation; traffic routing; weather and other environmental concerns; methods for handling any unusual waste types; methods for vector, dust, and odor control; daily cleanup; record keeping; parking for visitors and employees; access monitoring; backup equipment.
 3. Protocols for controlling access and vehicular traffic and methods for unloading and processing of biohazardous wastes, that limit the number of persons handling these wastes and minimize the possibility of exposure to employees and the public using or visiting the facility to the biohazardous waste.

4. Protocols for ensuring that:
 - a) all biohazardous wastes to be stored at the biohazardous waste management facility meet the requirements set forth in Subsection 080.220 (D)&(E); and
 - b) all biohazardous waste shall be treated within 96 hours of receipt by the biohazardous waste treatment facility.
5. A method for disinfecting emptied reusable biohazardous waste containers, transport vehicles or facility equipment, which are known or believed to be contaminated with biohazardous waste as described in Section 080.230 (2) (b).
6. An exposure control plan to include a provision for the required use of Personal Protective Equipment (PPE). The requirements set forth in 29 CFR 1919.1030, may be included in the plan.
7. The means of decontamination of any person having had bodily contact with biohazardous waste while transporting the waste to the biohazardous waste management facility or while handling or disposing the waste at the site.
8. A quantification of the maximum amount of biohazardous waste to be treated and/or stored per day; procedures for measuring or weighing and recording incoming biohazardous waste; and the proposed ultimate disposal location for treated waste, ash residues and by-pass material, residues resulting from air pollution control devices, and the proposed alternate treatment or disposal locations for any unauthorized waste types, which may have been unknowingly accepted.
9. Packaging and labeling procedures for the storage of biohazardous waste, which meet the requirements set forth in Subsections 080.230, and 080.250.
10. A facility map indicating the location of all biohazardous waste handling and storage areas.
11. Procedures for accepting biohazardous waste to ensure that transport document requirements; set forth in Subsection 080.260 (B) (6) are met. Copies of transport documents shall be kept onsite, at the treatment facility, for a minimum of one (1) year.
12. A contingency plan that delineates procedures for fire, explosions, any unplanned sudden or non-sudden releases of harmful constituents to the air, soil, surface or ground water, for cleaning, or in the case of a treatment facility, a contingency plan for treatment equipment malfunction. The plan shall include a description of the actions personnel shall take in the event of various emergency situations; a description of the arrangements made with local emergency response agencies that allows for immediate entry to the facility, and a list of names, addresses and phone numbers of all persons qualified to act as an emergency coordinator for the facility. This must include a process of notification to the Health Authority within twenty-four (24) hours of an incident.
13. A documented training program for employees who handle biohazardous waste, with a provision for onsite maintenance of individual records of training completions for a period of three years.
14. A list of all equipment and machinery used along with the following information:

- a) Equipment specifications identifying the types of biohazardous waste that may be treated by the equipment and any design or equipment restrictions.
 - b) Manufacturer's operating procedures describing the waste types and volumes to be treated, monitoring data for all treatment processes including calibration and efficacy testing, and any specific information relating to the capability of the equipment to achieve the approved treatment standards.
 - c) Instructions for equipment maintenance, testing, and calibration that ensure the equipment achieves appropriate treatment standards.
 - d) Operator training manuals from the equipment manufacturers.
 - e) Written certification from the manufacturer stating that the equipment, when operated properly, is capable of achieving the appropriate treatment standards.
15. A detailed plan for closing the facility, as required in Subsection 100.100, including steps necessary to isolate the facility from the environment or to remove all biohazardous waste and residue in the facility for proper treatment and to decontaminate the facility, and reflect all actions necessary for facility abandonment.
 16. A document proving financial assurance for the time of site closing, as set forth in Subsection 100.200.

B. Operational Plan Modification

1. A revised operational plan shall be submitted to the Health Authority, whenever there is an increase of more than 25% in the maximum quantity of biohazardous waste receiving treatment or storage per month by the facility or when modifications or revisions are made to existing operations.
2. The Health Authority shall approve the revised operational plan in writing, prior to the operator implementing any changes in operational procedures.
3. Modification to the operational plan may be subject to public notice and 30 calendar-days of public review if the proposed modification includes:
 - a) An increase in the amount or type of biohazardous waste managed at the site that is inconsistent with the permitted design, operational plans or municipal plans concerning the management of biohazardous waste;
 - b) A change in the manner of waste management at the site that is inconsistent with the permitted design or operational plans of the site;
 - c) A substantive change in the:
 - 1) Permitted design of the site;
 - 2) Plans for closure and post-closure;
 - 3) Procedures for monitoring the site and for taking any necessary corrective actions;
 - 4) The mechanisms for financial assurance; or,

4. Any other change, which is deemed by the Health Authority to require public notice and public hearing.

080.450 DESIGN AND CONSTRUCTION

- A. Construction of a biohazardous waste treatment facility, transfer facility or any other solid waste management facility, which may receive biohazardous waste, shall not commence until the Health Authority has approved the site location, design/construction plans, and operational plans, in writing. All biohazardous waste management facilities must be designed and constructed so as to be aesthetically compatible with the surrounding environments.
- B. The design of the biohazardous waste treatment facility shall meet the requirements set forth in NAC 444.6662, and construction requirements as set forth in NAC 444.6664.
- C. Biohazardous waste treatment and storage areas shall be designed and constructed:
 1. to protect the waste from contact with rain and wind, and prevent harborage and/or breeding places for vermin,
 2. to insure that biohazardous waste is handled and stored separately from other solid waste, if accepted at the same facility.

080.460 RECORD KEEPING REQUIREMENTS

The following records shall be maintained onsite at the biohazardous waste treatment facility for a minimum of three years, and must be made available, for review, upon request by the Health Authority at anytime:

- A. Treatment method efficacy testing and results.
- B. Records for all routine maintenance and/or repairs of treatment process equipment.
- C. All quantities of biohazardous waste treated at the facility. Records shall include, but are not limited to:
 1. Time, temperature and pressure readings where applicable for certain forms of equipment utilized by the treatment process;
 2. Use of heat sensitive tape changes where applicable;
 3. Type and quantity of biohazardous waste treated in each treatment cycle, including types of containers waste was stored in;
 4. Chemical concentrations prior to and after treatment where applicable.

BIOHAZARDOUS WASTE TRANSPORTERS

080.500 WASTE CUSTODY

Generators of biohazardous waste shall transfer custody of their waste only to transporters permitted by the Health Authority to haul biohazardous wastes, within the Health District.

080.510 PERMIT REQUIRED

A. Any person engaged in the operation of transporting biohazardous waste shall obtain a Permit to Operate from the Health Authority.

1. A separate permit is required for each drop box, trailer and/or vehicle operated. The transporter's valid permit must be within the vehicle at all times while transporting biohazardous waste.
2. The transporter shall show the permit, upon demand to the health authority or any enforcement agency personnel. If the biohazardous waste is transported by rail, vessel, air; the railroad corporation, vessel operator, or airline shall enter on the manifest or shipping papers, any information concerning the biohazardous waste that the enforcement agency may require.

B. **Limited-Quantity Transporter Exemption.**

1. A biohazardous waste generator or parent organization that employs health care professionals who generate biohazardous waste may apply to the Health Authority for a limited-quantity transporter exemption, if the generator or health care professional meets all of the following requirements:

- a) The generator or health care professional generates less than 20 pounds of biohazardous waste per week and transports less than 20 pounds of biohazardous waste at any one time to the parent organization;
- b) The generator or health care professional who generated the biohazardous waste transports the waste him/ herself, or directs a staff member to transport the waste to a permitted biohazardous waste treatment facility, a biohazardous waste transfer facility, *a postal office for sending mail-back sharps or biohazardous containers*, a parent organization, or another common storage facility for the purpose of consolidation before treatment and disposal;
- c) Except as provided in paragraph (d) below, the generator maintains a transport document; and
- d) *Notwithstanding* ~~Not with standing~~ paragraph (c) above, a health care professional who generates biohazardous waste and returns the waste to the parent organization, may substitute a single-page form or multiple entry log for the transport document, if the form or log contains all of the following information:
 - i. The name of the person transporting the biohazardous waste.
 - ii. The number of containers and type of biohazardous waste. This subparagraph does not require any generator to maintain a separate biohazardous waste container for every patient or to maintain records as to the specific source of the biohazardous waste in any container.
 - iii. The date that the biohazardous waste was returned.

2. Any person who transports less than 20 pounds of biohazardous waste per week is eligible for the limited quantity transporter exemption. Under this exemption, the person transporting the biohazardous waste shall maintain transport documents as set forth in Section 080.260(A)(B)(C).

080.520 **APPLICATION FOR PERMIT TO OPERATE**

- A. A permit to operate issued under this section shall be issued only after the Health Authority:
1. receives an application made in writing and on forms provided by the Health Authority with all of the following information:
 - a) The name, address, and valid telephone number of the person or transportation company. Include headquarters and local office data.
 - b) All owners' names, addresses, and telephone numbers.
 - c) All names, addresses, and telephone numbers of any agents authorized to act on behalf of the owner(s).
 - d) Photocopies of all business licenses, permits, or other approvals if required by another governmental or environmental agency with jurisdiction.
 - e) Manufacturer name, model year, identification number, and the license plate number of each drop box, trailer, or vehicle used to transport biohazardous waste.
 - f) List of areas (cities, towns, etc.) within the Health District in which the transporter will operate.
 2. receives and approves the company's operational plan which meets, but is not limited to the requirements in subsection 080.436 (A) (4,6,7,8,9,11,13, and 15,) of these regulations;
 3. conducts an inspection of each drop box, trailer or vehicle; and
 4. collects a fee as set by the District Board of Health.
- B. Permits shall be valid for one year. Renewal will be granted upon payment of the appropriate fees and continued compliance with these regulations.
- C. Within 30 calendar-days following the change of any data in Paragraph (A) above, the transporter shall notify the Health Authority of that change. Failure to notify the department nullifies the permit and invalidates the permit number. When the transporter changes legal name, corporate ownership, or the chief executive officer, he shall notify the Health Authority within 30 calendar-days of such change. Upon receiving such notification, the Health Authority will revoke the old permit and reissue a new permit based on the new information.

080.530 **VEHICLE REQUIREMENTS**

Each permitted vehicle drop box or trailer used to transport biohazardous waste shall:

- A. display the transportation company's name or Trademark and telephone number on each side of the vehicle by rectangular signs or decals 25 by 35 centimeters in size with red labeling on a white background with the words "BIOHAZARDOUS WASTE" or with the international biohazard symbol and the word "BIOHAZARD". Such identifying labeling shall be readily legible during daylight from a distance of 50 feet.
- B. maintain a contingency plan consisting of both of the following:

1. Routine procedures used to minimize the exposure of employees and the general public to biohazardous waste throughout the process of collecting, transporting, and handling; and,
 2. Emergency procedures used for handling spills or accidents.
- C. have a compartment to store biohazardous waste, that can be secured to limit access to unauthorized persons at all times. The compartment shall be constructed in compliance with one of the following:
1. a fully enclosed, leak-proof compartment consisting of a floor, sides, door(s) with seal(s), and a roof made of a non-porous material impervious to biohazardous waste and is physically separated from the driver's compartment;
 2. a fully enclosed, leak-proof cargo box made of non-porous material impervious to biohazardous waste; or
 3. a fully enclosed leak-proof trailer made of non-porous material impervious to biohazardous waste.
- D. be cleaned and disinfected if there is visible contamination. "Cleaning" means agitation to remove visible particles combined with one of the following disinfecting methods:
1. Exposure to hot water at a temperature of at least 180°F for a minimum of 15 seconds.
 2. Exposure to a chemical disinfectant registered for use by the EPA, as set forth in the Federal Insecticide, Fungicide and Rodenticide Act, and used according to the manufacturer's label directions.
 3. Any other method that the Health Authority determines is acceptable, if the determination of acceptability is made in writing and in advance of use.
- E. carry a spill containment and cleanup kit consisting of:
1. material designed to absorb spilled liquids, and
 2. one gallon of disinfectant registered for use by the EPA *for such use. against mycobacteria.*

080.540 CONTAINMENT AND CLEANUP PROCEDURES

Following a spill of biohazardous waste, the following procedures shall be implemented:

- A. Activate the Exposure Control Plan and Contingency Plan to ensure personnel do not come into contact with any contaminants and ensure employees wear appropriate personal protective equipment.
- B. Repackage spilled waste in accordance with the packaging requirements in Subsection 080.230.
- C. Transport the biohazardous waste by a permitted biohazardous waste transporter to an approved facility for treatment or disposal.

- D. Clean and disinfect any areas having been contacted by biohazardous waste. Materials used to disinfect the area shall be registered for use by the EPA against mycobacteria.
- E. Replenish containment and cleanup kit.

080.550 REQUIREMENTS FOR TRANSPORTERS

Each person who transports biohazardous waste for consideration, other than waste that is an incidental part of other solid waste, shall:

- A. accept only biohazardous waste packaged and labeled as set forth in Subsections 080.230 and 080.250;
- B. accept biohazardous waste only after providing the generator with a signed transport document as set forth in Subsection 080.260;
- C. store biohazardous waste for no longer than 96 hours prior to treatment;
- D. not unload, reload, or transfer the biohazardous waste to another vehicle in any location other than a permitted facility, except in emergency situations. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous waste is not removed from the cargo compartment;
- E. maintain records showing the point of origin and date and place of final disposal of biohazardous waste collected from generators. A copy of these records shall be given to the generator or the Health Authority upon request;
- F. Not transport biohazardous waste to a permitted offsite biohazardous waste treatment facility or permitted biohazardous waste transfer station unless the waste is placed in leak-resistant, fully enclosed rigid secondary containers that are then loaded into one of the approved vehicles described in Subsection 080.530 of these regulations;
- G. not transport biohazardous waste in the same vehicle with other waste, unless the biohazardous waste is separately contained in rigid containers or kept separate by barriers from other waste, or unless all of the waste is to be handled as biohazardous waste in accordance with this section; and
- H. provide employees that manually load or unload containers of biohazardous waste at the beginning of each shift, and require each to wear, clean and protective gloves and coveralls, changeable lab coats, or other personal protective equipment.
- I. clean all trucks and equipment used to transport biohazardous waste thoroughly with detergent and hospital grade disinfectant before being used for any other purpose and prior to any transfer of ownership. Any areas of trucks or equipment that are visibly contaminated, or that become contaminated as a result of a spill, shall be immediately decontaminated as set forth in Subsection 080.530 (D).

BIOHAZARDOUS WASTE TRANSFER FACILITIES

080.570 PERMIT REQUIRED

No person shall construct, operate, or modify a biohazardous waste transfer facility within the Health District without obtaining a Permit to Operate issued by the Health Authority.

080.580 APPLICATION FOR PERMIT TO OPERATE

- A. A Permit to Operate a biohazardous waste transfer facility shall be issued only after the Health Authority:
1. receives and approves a set of plans for design and construction of the facility, which meet the requirements set forth in Subsection 080.450 of these regulations; and
 2. receives an application, made in writing and on forms provided by the Health Authority, with all of the following information:
 - a) The name, address, and valid telephone number of the transfer facility,
 - b) All owners' names, addresses and telephone numbers,
 - c) ~~The A~~ names, addresses and telephone numbers of any agents authorized to act on the owner (s) behalf, and
 - d) photo copies of all business licenses, permits, or other documents of approval required by other governmental or environmental agencies with jurisdiction;
 3. receives documentation indicating the storage capacity of the facility, characterization of the biohazardous waste to be stored at the facility, and estimated average monthly quantity of biohazardous waste to be transported to the facility; and
 4. receives documentation of approval from the local governing body in which the facility is to be located stating that the location and operation of the facility are consistent with all applicable ordinances; and
 5. receives a copy of the lease or deed of ownership of the site; and
 6. receives and approves a copy of the operational plan as required in Subsection 080.430 of these regulations, including a detailed plan for closure. ~~as required in Subsection 100.100 and documentation proving financial assurance for facility closure as required in Subsection 100.200 of these regulations;~~ and
 7. collects a permit fee as set by the Washoe County District Board of Health.
- B. Permits shall be valid for one (1) year. Renewal will be granted upon payment of the renewal fee and continued compliance with these regulations.

080.585 **REQUIREMENTS FOR BIOHAZARDOUS WASTE TRANSFER FACILITIES**

- A. Biohazardous waste, *excluding containerized sharps and chemically preserved pathological waste* accepted at a biohazardous waste transfer facility must be:
1. stored in clearly identified containers or areas which are separated from other waste storage areas, and
 2. transferred to a biohazardous waste treatment facility permitted by ~~the~~ a Health Authority, within 48 hours after receipt, unless the owner or operator is prevented from doing so because of an emergency, *and*
 3. *containerized sharps and chemically preserved pathological waste must be transferred or transported to a biohazardous waste treatment facility permitted by a Health Authority, within 30 days after receipt, unless the owner or operator is prevented from doing so because of an emergency.*

- a. the owner or operator shall notify the Health Authority within 24 hours of an emergency that prevents biohazardous waste from being transferred from the transfer facility as required in Subparagraph 2 above.
- B. Transfer facilities must be kept neat, clean, and in an orderly condition. All residual wastes or other residual material must be promptly removed from the transfer facility, treated to render the waste non-infectious and disposed of at an approved solid waste management facility or other approved disposal site.
- C. Areas that are used for handling or storage of biohazardous waste must be free from standing water. The drainage from the floor of such areas must be discharged into a sewer or its equivalent.
- D. The operator of a biohazardous transfer facility shall maintain accurate records of the operations of the facility. The records must be furnished upon request of the Health Authority or be made available for inspection by the Health Authority at any reasonable time. The records must include, but are not limited to:
 - a) a daily log of the quantity of biohazardous waste received and transported;
 - b) instances in which the facility rejected a waste load (ex. chemotherapeutic wastes) and,
 - c) any emergencies or unusual events that may have affected the facility's operation.
- E. At the final closure of a transfer facility, any remaining wastes must be removed to an approved disposal site.

DISPOSAL

080.600 DISPOSAL OF TREATED BIOHAZARDOUS WASTE.

Biohazardous waste that has been treated as set forth in Subsections 080.320, 080.340, or 080.360 and managed in compliance with Section 080 of these regulations is no longer biohazardous waste and is considered solid waste.

080.620 DISPOSAL FOR WASTE TYPES

A. Blood and Blood Products

1. If the generator is connected to a municipal sewerage system or septic system, free draining blood and blood products, except blood-saturated materials may be disposed of directly into these systems unless the Health Authority otherwise restricts such disposal.
2. If the generator is prohibited by the Health Authority from disposing of blood and blood products into the municipal sewerage or septic system, blood and blood products, except blood-saturated material, shall be sent to an approved incineration facility for incineration or shall be rendered noninfectious by an approved treatment method prior to disposal, and disposed of in a disposal site approved by the Health Authority; or, in case of out-of-Health District disposal, approved by the appropriate regulatory agency responsible for solid waste management.

B. Sharps

Containers of sharps shall either be:

1. disposed of by incineration at an approved incineration facility; or
2. treated to render the sharps noninfectious as set forth in 080.340 thru 080.360, and disposed of at an approved disposal site. Sharps may be further processed after treatment by grinding or other effective method to eliminate the physical hazard of sharps, and disposed of in a disposal site approved by the Health Authority, or in the case of out-of-Health District disposal, approved by the appropriate regulatory agency responsible for solid waste management.

C. Blood Saturated Materials. Cultures and Stocks of Infectious Agents and Associated Biologicals. Dialysis Waste and Laboratory Waste.

The above materials shall be:

1. rendered noninfectious onsite by a steam-based disinfection process, incineration, or other alternative treatment method approved by the Health Authority, and disposed of in an approved disposal site; or, in the case of out-of-Health District disposal, approved by the appropriate regulatory agency responsible for solid waste management; or,
2. placed in approved containers for transport to an approved offsite biohazardous waste treatment facility.

D. Biotechnology By-Product Effluents

1. These wastes shall not be removed from the site of the generator unless the viable organisms containing recombinant DNA molecules have been rendered noninfectious by a valid treatment method as outlined in Subsections 080.320 thru 080.360.
2. Once rendered noninfectious, these wastes may be disposed of directly to the municipal sewerage system or septic system unless such disposal otherwise is restricted by regulation; or, disposed of in an approved disposal site, or in the case of out-of-Health District disposal, approved by the appropriate regulatory agency responsible for solid waste management.

E. Pathologic Waste and Contaminated Animal Carcasses.

1. These wastes shall be disposed of at an approved incineration facility, by interment, or by an approved alternative disposal method.
2. Liquid pathologic waste may be disposed of in accordance with 080.620 (A).
3. Discarded teeth and tissue may also be disposed of in accordance with 080.620 (C) (1), and shall be placed in a second 3-mil bag if they are to be transported offsite for disposal.

F. Antineoplastic Wastes

Antineoplastic wastes and their by-products are considered hazardous waste and must meet the disposal requirements set forth in Section 070 of these regulations, and shall be disposed of in an approved hazardous waste disposal site.

- G. The Health Authority may approve direct landfill burial in the event of an emergency, the material is too large to be treated or in the event of a natural disaster.

SECTION 090

LAND DISPOSAL FACILITY

090.005 GENERAL

Nothing in these regulations shall be construed as relieving the owner, operator or designer of a disposal facility from the obligation of obtaining all required permits, licenses, or other approval, regulatory, or enforcement agencies.

- 090.007 Residential construction is prohibited above and within three hundred (300) feet from the edges of closed, abandoned and reclaimed landfill lifts known to contain residential and/or industrial wastes.

- 090.010 A land disposal facility shall not be established until the site location, proposed method of operation, operational plan, and design requirements have been approved by the Health Authority.

Garbage, excluding infectious waste, generated at an active mining property, may receive a permit from the Health Authority to be buried in the on-site mining overburden, provided that:

- A. The garbage is not generated from a dwelling on the mining property; and
- B. All garbage to be permitted is generated on the mining property; and
- C. The garbage will be covered with a minimum of six (6) inches of compacted soil on a daily basis; and
- D. The mine is operating within prior established conditions of a special use permit.

Permits issued under this section shall be valid for one (1) year and are renewable on an annual basis, if the mining property remains in compliance with the above conditions.

- 090.015 The design of a land disposal facility shall be under the direction of a person registered as a civil engineer in the State of Nevada.

- 090.020 Before a land disposal facility can be established, the design parameters and operational plans shall be submitted to the Health Authority for review, and shall be furnished to other approval/regulatory agencies as necessary.

- 090.025 Each operator of a land disposal facility shall obtain a Permit to Operate from the Health Authority.

090.030 **OPERATIONAL PLAN**

The operational plan shall include a detailed listing of operational procedures to include, but not be limited to:

- A. Time of day the first and last load from the transfer station will arrive at the land disposal facility.
- B. Method of compaction.
- C. Time of cover.
- D. Depth of cover.
- E. Specific wastes excluded.
- F. Traffic control.
- G. Litter control.
- H. Personnel safety and training procedure of personnel.
- I. Maintenance procedure.
- J. Site controls.
- K. Contingency plan.
- L. Fire controls and approval from the local fire authority.
- M. Special waste handling.
- N. Control of public.
- O. Records of weights and volumes on a specified regular basis.
- P. Current listing of responsible persons to contact who controls the disposal facility.
- Q. Recovery operations.
- R. Any other information pertinent to the facility operation, such as leachate monitoring, or well monitoring.

090.035 Once approved, each land disposal facility shall be operated in accordance with the operational plan.

090.040 A current copy of the approved operational plan shall be maintained at the Washoe County District Health Department. At least one (1) current copy shall be maintained on site where each described operation occurs. This copy shall be immediately available to all site personnel. Site personnel shall be fully knowledgeable of this regulation and of all pertinent information contained in the operational plan. It is the responsibility of the site operator to insure that each employee on site possesses this knowledge.

As site operating procedures evolve and change, they shall be submitted to the Health Authority for review.

Each copy of the operating plan shall be updated by the operator within twenty (20) working days of the approved change.

A current listing of responsible site personnel shall be submitted to the Health Authority. This listing shall include telephone numbers and addresses of the residence of each responsible person, so that they may be contacted in the event of an emergency.

- 090.045 The operator shall prepare and file each periodic report on forms, and in manner as required by the Health Authority.
- 090.050 Once each four (4) years, the operator shall cause a civil engineer to review the facility design and operations, and prepare a report with conclusions and recommendations.
- 090.055 Copies of the report shall be filed with the Health Authority.
- 090.060 Land disposal facilities in operation prior to the effective date of this regulation, shall prepare and submit the design parameters and operational plan to the Health Authority.
- 090.065 The design parameters and operational plan shall be submitted to the Health Authority not later than one (1) year after the effective date of these regulations.
- 090.070 Fees for a Permit to Operate shall be set by the District Board of Health.
- 090.080 **MUNICIPAL SOLID WASTE LANDFILL DESIGN PARAMETERS**

Municipal solid waste landfill shall:

- A. Be prepared by a registered civil engineer in the State of Nevada.
- B. Be easily accessible in all kinds of weather to all vehicles expected to use it.
- C. Safeguard against water run-off and run-on.
- D. Safeguard against uncontrolled movement or collection of gas originating from the decomposed solid waste.
- D. Have an adequate quantity of earth cover material that is workable, compatible, and which does not contain organic material of a quantity and distribution conducive to the harborage and breeding of disease vectors.
- E. Conform with land use planning of the area.
- F. Not be within one-fourth mile of the nearest inhabited dwelling, or place of public gathering, or be within 1000 feet of a public highway, unless special provisions for facility beautification, litter control and vector control are included in the design and approved by the Health Authority.
- G. Meet with the approval of the Health Authority.
- H. Include a general location map showing land use and zoning within one-fourth mile of the land disposal facility.
- I. Include preparation of a topographic map(s) of the area which shall:
 - 1. Be at a scale of not more than 200 feet to the inch; contour intervals not to exceed five feet.

2. Show proposed fill area(s).
3. Show any proposed borrow area.
4. Show access roads.
5. Show a typical cross section of a lift.
6. Show grades for proper drainage of each lift.
7. Show special drainage and gas control devices as required.
8. Show fencing, equipment shelter, employee facilities and all other pertinent data to indicate clearly that the municipal solid waste landfill will be developed, operated and completed in an orderly manner.

J. Include preparation of a report which shall:

1. Define the population and area to be served by the facility.
2. Identify the anticipated types, quantities and sources of solid wastes to be disposed of.
3. Define site geology hydrology, and soil conditions.
4. Identify source, type and quantity of cover material.
5. Describe equipment required to properly operate the facility.
6. Define area water resources to include ground water elevation and direction of movement.
7. Describe operating procedure and personnel.

K. Provide fire control methods to extinguish and prevent the spread of accidental fires as approved by the local fire authority.

L. Provide for the prevention of scattering of papers and other lightweight debris by portable litter fences or other suitable devices.

M. Provide control of vehicular and livestock access to the facility.

N. Provide for the control of surface runoff waters to prevent pooling on top of, and minimize percolation through filled or working areas.

O. Provide for the disposal of any approved special wastes required to the area served.

090.085 OPERATION AND MAINTENANCE

Operation and maintenance must be in such a manner so as not to create odors, unsightliness or other nuisances.

090.090 The face of the working fill must be kept as narrow as is consistent with safe and efficient operation of equipment.

- 090.095 Bulky waste material which may provide rodent harborage must not be used for final surface of slide slopes.
- 090.100 The solid wastes must be spread and compacted in thin layers. In the construction of each cell, it should be spread into layers that do not exceed two (2) feet prior to compaction. The number of layers incorporated into a cell depends on the design and configuration of the facility. The degree or amount of compaction prior to cover is a function of the design of the facility.
- 090.105 The compacted solid wastes shall be covered as follows:
- A. Daily cover: All solid wastes shall be covered at the end of each operating day with at least six (6) inches of compacted soil.
 - B. Intermediate cover: On all but the final lift of a land disposal facility, a layer of suitable cover material, compacted to a minimum uniform depth of twelve (12) inches, must be placed daily on all surfaces of the fill except those where operation will continue the following day.
 - C. The integrity of the daily and intermediate cover must be promptly repaired.
 - D. Final cover: A layer of suitable cover material, compacted to a minimum uniform depth of twenty-four (24) inches, must be placed on any surface that represents the final grade of the land disposal facility. This cover shall be placed within thirty (30) days of lift completion.
 - E. Final cover must be graded to drain surface runoff water. The top slope should be from two (2) to four (4) percent. Suitable grass or native vegetation shall be planted in completed areas of the landfill to prevent erosion, surface deterioration and fugitive dust.
- 090.110 Adequate water must be available at all times for dust control and for compaction of cover material.
- 090.115 Scavenging must not be permitted.
- 090.120 Salvaging must not be permitted at the working face.
- 090.125 The area must be cleaned daily, and all scattered paper and other debris returned to the fill area and covered.
- 090.130 Suitable shelter and sanitary facilities must be provided for operating personnel and waste transport personnel.
- 090.135 Access to a land disposal facility must be controlled. An attendant must be on duty to control access during hours of operation.
- 090.140 Sewage solids or liquids and other hazardous materials must not be disposed of in a land disposal facility except when written approval has been issued by the Health Authority.
- 090.145 Any dead animals, carrion, slaughterhouse wastes and other highly putrescible wastes accepted at the land disposal facility must be placed in a separate trench area and covered immediately. These wastes may, on a prearranged schedule with the disposal facility operator, be placed at the bottom of the cell and covered immediately with other wastes.
- 090.150 Vector control must be instituted whenever necessary, in the judgement of the Health Authority, to minimize transmission of disease.

- 090.155 Operation of land disposal facilities must meet the approval of the Health Authority.
- 090.160 Permanent roads must be provided from the public road system to the site. Temporary roads will be provided as necessary to the working face. All roads shall be passable during inclement weather unless the site is closed.
- 090.165 Provisions must be made for weighing or otherwise adequately measuring and recording all solid waste delivered.
- 090.170 Signs must be posted that clearly indicate:
- Operator of the facility.
 - The hours of operation.
 - Special waste handling requirements.
 - Wastes prohibited.
 - Fees charged.
- 090.175 The Health Authority may allow exemptions for the operation of a municipal solid waste land disposal facility serving a population of 2000 persons or less. An operational plan submitted to the Health Authority must list specific operational criteria detailing those elements of operation which are less stringent than those required for the operation of a municipal solid waste land disposal facility.
- 090.180 **FILL**
- No person may place or deposit or cause to be placed or deposited any material of any nature for use as a fill, in or upon any parcel of land, public or private, located within the Washoe County Health District, unless said person has received a valid permit for establishing a fill from the appropriate local regulatory authority.
- 090.185 No person may deposit any metal, lumber or organic material of any nature in a fill.
- 090.190 The person responsible for the fill must remove any unauthorized materials and dispose of them at a land disposal facility within forty-eight (48) hours after notification and/or citation by a Health Authority.
- 090.195 The Health Authority must be notified, upon request, of any valid permits issued by any approval agency.

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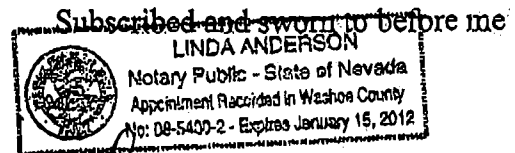
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STATE OF NEVADA
COUNTY OF WASHOE

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the dates: **01/19/2009 - 01/27/2009**, for exact publication dates please see last line of Proof of Publication below.

Signed: Krista M Rouse

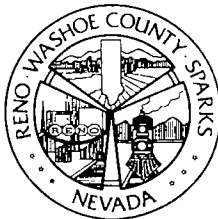
JAN 27 2009



Linda Anderson

Proof of Publication

Legals	Legals
NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH	
The Washoe County District Board of Health does hereby declare 1:00 p.m., February 26, 2009, at the Washoe County Health District South Auditorium (1001 E. 9th Street, Reno, Nevada) as the time, date and place to consider Regulations of the Washoe County District Board of Health Governing Solid Waste Management.	
Interested persons who may be affected or wish to comment on any action being considered on the above date should appear at the public hearing to submit oral testimony or may address comments, data, views or arguments in written form to the Washoe County District Board of Health, P.O. Box 11130, Reno, Nevada 89520. Copies of the proposed regulations are available at the Washoe County Health District Office, Environmental Health Services Division, 1001 E. 9th Street, Reno, Nevada for inspection by any person.	
If you would like additional information, please contact Jeanne Rucher, 328-2423 George J. Furman, MD, Chairman Washoe County District Board of Health	
No. 620202 - Jan. 7, 19, 27, 2009	



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: February 26, 2009

DATE: February 19, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*

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

SUBJECT: Public Hearing – Proposed revisions to the Health Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

SUMMARY

The Washoe County District Board of Health must approve changes to the Health Department Fee Schedule. Revisions are being proposed to the Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations

AGENDA ITEM # 13

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

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Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction. A copy of the proposed schedule is attached.

Goal supported by this item: Approval of the proposed fees supports the District Board of Health's strategic priority: *Be assured that mandates are met and needed services are delivered.* It also supports the County Priority/Goal: *Government Efficiency and Financial Stability.*

PREVIOUS ACTION

The District Board of Health approved revisions to the Department Fee Schedule on the following dates:

- Administrative Health Services:
 - Board approved on December 19, 2001 with an effective date of January 7, 2002
 - Board approved on September 22, 2005 with an effective date of January 2, 2006
 - Board approved on November 15, 2007 with an effective date of January 2, 2008

- Air Quality Management:
 - Board approved on September 23, 2003 with an effective date of January 1, 2004
 - Board approved on September 22, 2005 with an effective date of January 2, 2006
 - Board approved on November 15, 2007 with an effective date of January 2, 2008

- Community and Clinical Health Services:
 - Board approved on June 26, 2003 with an effective date of June 30, 2003
 - Board approved on September 22, 2005 with an effective date of January 2, 2006
 - Board approved on November 15, 2007 with an effective date of January 2, 2008

- Environmental Health Services:
 - Board approved on February 27, 2002 with an effective date of March 4, 2002
 - Board approved on May 22, 2003 with an effective date of September 30, 2003 (vector)
 - Board approved on November 20, 2003 with an effective date of December 1, 2003 (food establishments)
 - Board approved on May 27, 2004 with an effective date of January 1, 2005 (temporary food/special events)

Board approved on March 22, 2007 with an effective date of July 1, 2008 (food establishments; sewage, wastewater and sanitation; well construction; and vector)
Board approved on April 23, 2007 with an effective date of July 1, 2008 (liquid waste; invasive body decorations; public bathing places; public spas; mobile home and recreational vehicle parks; solid waste management; and well construction)
Board approved on March 27, 2008 with an effective date of July 1, 2008 (new/revised fees for food establishment plan review and quick start)

➤ Epidemiology and Public Health Preparedness:

Prior to November 2007, Vital Statistics Program fees presented in Administrative Health Services. As such, there has been no previous board action.

BACKGROUND

Revisions to the Department Fee Schedule have been prepared to account for changes in total personnel costs (salaries and benefits), the amount of staff time necessary to perform the activity and the indirect cost rate. The Washoe County FY08/09 budget included NO cost of living salary increase for supervisory and non-supervisory employees. In lieu of a COLA, an hourly wage increase of .375% was granted by the Washoe Board of County Commissioners (BCC) to supervisory and non-supervisory employees, retroactive to July 23, 2007, when a .75% increase to the contribution rate for regular members of Public Employees Retirement System (PERS) became effective and reduced members' hourly salaries by .375%. The salaries used to calculate the proposed fee schedule reflect the .375% increase.

A fee justification notebook includes the methodology for each fee. The proposed fee schedule revisions are attached.

Since the last District Board of Health approval in November 2007, the Community and Clinical Health Services Division requested two interim revisions that were approved by the Administrative Health Services Officer. The requests reflected changes to the fees for vaccines to account for updated vaccine costs (including changes required due to reduced availability of state supplied vaccines), cost of personnel, direct supplies, indirect cost rate, and to update the Influenza and Pneumococcal immunization fees consistent per the agreement with community providers for the upcoming season.

Public workshops were noticed in the Reno Gazette Journal on November 28 (Fri.); December 1 (Mon); and December 3 (Wed) of 2008. On December 19, 2008, over 6,300 notices, copy attached, were mailed to affected permit holders, businesses, as well as other identified stakeholders and members of industry, giving notice of the proposed revisions and the public workshops. To date only 25 (0.38%) of the notices have been returned. A list of the parties that received the mailings is not attached, but can be provided upon request.

Public workshops were held on Wednesday, January 7, 2009 at 9:00 a.m.; Friday, January 9, 2009 at 2:00 p.m.; and Monday, January 12, 2009 at 5:30 p.m. The proposed fee schedule was made available for the attendees. In total, 26 members of the public attended the three workshops; all questions/concerns were addressed. In addition, 21 inquiry requests were fielded, with 100% of requests answered the same day. Inquiries from the public workshops and additional inquiries can be categorized as follows:

- Government shouldn't be raising fees on businesses
- Am I required to attend the public workshops or public hearing
- Why did I receive a notification
- Requests to waive fees
 - Northern Nevada Food Bank-Kids' Cafe-Support Kitchen Permit Fee Exemption
 - Kids' Kottage-Support Kitchen and Child Care Facility Inspection Fee Exemption
- How the fees are calculated
- Why multiple notices are sent to individual owners/businesses
- Requests for copies of the proposed fee schedule
- Which fees apply to particular businesses
- Food Protection Instructor Certification/Re-certification
 - The individuals affected by the fee indicated they are "unique" since the Instructors promote the purpose and intent of the program regulations.

The proposed fee schedule for Air Quality Management and Environmental Health Services was posted to the Health Department Internet on Wednesday, January 21, 2009.

A Public Hearing Notice on the proposed revisions to the Washoe County District Health Department's Fee Schedule was published in the Reno Gazette-Journal on January 19 (Mon), January 21 (Wed), and January 23 (Fri) of 2009.

Business impact statements have been prepared in accordance with NRS 237.090 and are attached.

If approved the proposed revisions to the fee schedule will have an effective date of July 1, 2009.

FISCAL IMPACT

Should the Board approve the proposed revisions, there will be a decrease in FY10 revenues in the following amounts:

AHS	AQM	CCHS	EHS	EPHP	DEPARTMENT TOTAL
\$-0-	\$10,919	\$25,680	\$185,632	\$-0-	\$222,231

The calculated revenue decreases are based on current activity levels. Regarding CCHS fees, the revenue declines are based on the budgeted fees as affected by the average decreases per program. However, clients pay based on a schedule of discounts using an income-based sliding scale based on federal poverty guidelines. As such, CCHS revenues might have a more or less significant decrease depending on collection rates versus fee rates.

In addition to the reductions calculated based on the fee revisions, any anticipation of decline of activity level will be included and brought forth as part of the FY10 budget process. As such, additional revenue impacts are anticipated and will require adjustments.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Proposed revisions to the Health Department Fee Schedule, specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

ALTERNATIVES

The District Board of Health may elect to approve, deny, modify, or revise the proposed fee schedule.

WASHOE COUNTY HEALTH DISTRICT

NOTICE OF PUBLIC WORKSHOPS

The Washoe County Health District is proposing revisions to the District's Fee Schedule. Revisions are specific to the Administrative Health Services Division, Community and Clinical Health Services Division, Air Quality Management Division, in accordance with the Washoe County District Board of Health Regulations Governing Air Quality Management, and the Environmental Health Services Division, in accordance with the Washoe County District Board of Health Regulations Governing Food Establishments; Washoe County District Board of Health Regulations Governing Sewage, Wastewater, and Sanitation; Washoe County District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases; Washoe County District Board of Health Regulations Governing Liquid Waste; Washoe County District Board of Health Regulations Governing Invasive Body Decoration Establishments; Washoe County District Board of Health Regulations Governing Public Bathing Places; Washoe County District Board of Health Regulations Governing Public Spas; Washoe County District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks; Washoe County District Board of Health Regulations Governing Solid Waste Management; and the Washoe County District Board of Health Regulations Governing Well Construction.

Public workshops will be conducted at the Washoe County Health District, 1001 E. 9th Street, Reno to discuss the proposed revisions on the following dates and times:

Wednesday, January 7, 2009 in Auditorium B at 9:00 a.m.

Friday, January 9, 2009 in Auditorium A at 2:00 p.m.

Monday, January 12, 2009 in Auditorium B at 5:30 p.m.

Questions or comments regarding the proposed revisions may be addressed to the Washoe County Health District, Administrative Health Services Division, Attention: Lori Cooke, P.O. Box 11130, Reno, NV 89520. Ms. Cooke can be contacted by telephone at (775) 325-8068 or via email at lcooke@washoecounty.us. Disabled members of the public who require special accommodations or assistance at the meeting(s) are requested to notify Health Administration by calling (775) 328-2400, or in writing to Washoe County Health District, P.O. Box 11130, Reno, Nevada 89520.

**Washoe County Health District
 Fee Schedule
 Proposed Effective Date: July 1, 2009**

Administrative Health Services

Page #	Revenue Account #	Description	Current Fee	Proposed Fee
1	170200-460512	1st Tape Recording of Public Meetings (60 minutes)	\$ 6.00	\$ 6.00

Epidemiology and Public Health Preparedness

2	170300-460511	Certified Copy of Birth Certificate	\$ 13.00	\$ 13.00
2	170300-460511	Certified Copy of Death Certificate	\$ 11.00	\$ 11.00
2	170300-460511	Vital Records Search	\$ 8.00	\$ 8.00
2	170300-460511	Verification Copy	\$ 8.00	\$ 8.00

**Washoe County Health District
Fee Schedule
Proposed Effective Date: July 1, 2009**

Air Quality Management

Page #	Description	Current Fee	Proposed Fee
1	Plan Review - Fuel Burning Equipment Only	\$ 62.00	\$ 58.00
1	Plan Review - < 100 tons per year	\$ 410.00	\$ 385.00
1	Plan Review - > 100 tons per year	\$ 1,968.00	\$ 1,850.00
2	Small Stationary Source Operating Permit	\$ 93.00	\$ 87.00
3	Stationary Source Operating Permit	\$ 55.00	\$ 52.00
3	Annual Emission Fee (source emitting > 2 lbs/day)	\$ 13.00	\$ 14.00
4	Stationary Source Toxics Permit	\$ 77.00	\$ 72.00
4	Annual Toxic Emission Fee (source emitting > 1 lb/day)	\$ 5.00	\$ 5.00
5	Operating Permit Transfer Fee (person to person)	\$ 34.00	\$ 32.00
6	Late Permit Application Processing Fee	\$ 240.00	\$ 226.00
7	Gasoline Service Station Permit Fee per Nozzle	\$ 47.00	\$ 44.00
8	Asbestos Assessment Plan Review	\$ 48.00	\$ 45.00
	<u>Notification of Asbestos App/Removal Fees:</u>		
9	Non-NESHAP Demolition	\$ 131.00	\$ 123.00
9	260<520 Linear ft or 160<320 sq ft	\$ 326.00	\$ 307.00
9	520<1000 Linear ft or 320<1000 sq ft	\$ 652.00	\$ 613.00
9	>1000 Linear or Square Feet	\$ 1,460.00	\$ 1,373.00
9	Facility Annual Notification	\$ 2,173.00	\$ 2,044.00
10	Building Plan Review	\$ 41.00	\$ 39.00
11	Registration of Neutral Inspectors (Annual)	\$ 111.00	\$ 105.00
12	Woodstove Notice of Exemption	\$ 14.00	\$ 14.00
13	Geothermal Well Drilling Permit	\$ 401.00	\$ 382.00
14	Air Quality Variance Request	\$ 265.00	\$ 249.00
15	Dust Control Plan Review per Acre	\$ 117.00	\$ 122.00
16	Expert Witness Fee (per hour)	\$ 320.00	\$ 301.00
17	Air Quality Permit to Operate Late Fee (% of Total Fee Due)	25%	25%

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for businesses requiring: Stationary Source permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff. The costs to businesses requiring Stationary Source permits will be reduced.

Direct Effects: The Air Quality Management Division will assess and collect fees from businesses that are required to have Stationary Source permits. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with stationary source permitting program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Stationary Source permitting program currently charges a permit fee. The revisions will reflect decreases to fees for activities that are currently being performed. The Health District will have reduced revenues in the approximate amount of \$10,919 annually (\$2,402-Stationary Source Toxic Permit; \$1,747-Gasoline Service Station Permit; \$6,770-Small Stationary Source Operating Permit) as a result of the proposed decreases in fees related to Stationary Sources.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse affects have been identified related to costs for individuals or businesses requesting: Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Asbestos Program. The costs to businesses requesting Asbestos Assessment Plan Reviews, and Notification of Asbestos Application/Removal Fees will be reduced.

Direct Effects: The Air Quality Management Division will assess and collect fees from individuals or businesses requesting services from the Asbestos program. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with asbestos program activities (including plan reviews, field inspection,

and completing the necessary documentation) was conducted by Air Quality Specialists. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Asbestos program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities that are currently being performed. The Health District will have reduced revenues in the approximate amount of \$9,677 annually (\$2,949-Asbestos Assessment Plan Reviews; \$168-Non-NESHAP Demolition; \$380-260<520 Linear ft; \$1,833-520<1000 Linear ft; \$4,089- > 1000 Linear ft; \$258-Facility Annual Notification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Dust Control Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff in the Dust Control program.

Direct Effects: The individuals or businesses requesting services from the Dust Control program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with dust control plan activities (including plan review, evaluation of control measures, and the number of field visits needed) was conducted by

Engineers, Air Quality Specialists and an Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Dust Control program currently charges a review fee. The revisions will reflect increases to fees for activities that are currently being performed.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

The Health District will receive approximately \$13,150 additional revenue annually as a result of the proposed increases in the fees.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.
Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses that do not pay within the 30 day invoice schedule.

Beneficial Effects: The late fee amount is directly proportionate to the annual permit to operate fee. The fee is 25% of the total fee due.

Direct Effects: The individuals or businesses receiving services from the Air Quality Management Division will be charged a fee for paying late.

Indirect Effects: The additional expense realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

The proposed late fee will impact those businesses that choose not to pay the permit to operate fees on time. Since the late fee is calculated as a percentage of the permit fee, the anticipated late fees incurred by individuals or businesses will likely be less as permit fees, in general, have decreased.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management division currently assesses a late fee equal to 25% of the annual permit amount.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee, or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses being certified as Neutral Inspectors.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff. The costs to individuals or businesses being certified as Neutral Inspectors will be reduced.

Direct Effects: The individuals or businesses being trained as Neutral Inspectors will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by

the Division Director and the Air Quality Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Air Quality Management Division currently trains inspectors and charges a registration fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$192 as a result of the proposed decreases in fees related to Neutral Inspector certification.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for businesses requiring: Plan Reviews.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Air Quality Management Division for services performed by staff.

Direct Effects: The Air Quality Management Division will assess and collect fees from businesses for plan reviews. These fees will reflect current costs for providing those services.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the methodology and length of time associated with processing and training applicants was conducted by the Division Director and the Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Plan Review program currently charges a review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$2,874 annually (\$120-Plan Review-Fuel Burning Equipment Only; \$1,400-Plan Review <100 tons per year; \$unknown-Plan Review>100 tons per year; \$1,316-Building Plan Review; \$36-Geothermal Well) as a result of the proposed increases in fees related to Plan Reviews.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Air Quality Management Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Air Quality Management, of Section 030.300 through 030.335, Fees and Fee Schedule.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette-Journal per Nevada Open Meeting Law. The Air Quality Management Division has solicited comments via a mailing to affected contractors, permitted sources, asbestos abatement contractors, title companies, and woodstove inspectors indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule will NOT result in increased or decreased costs to the independent inspectors who verify that a residence is in compliance with the regulations.

Beneficial Effects: The modified fee schedule more accurately represents actual costs incurred by the Air Quality Management Division for services performed by staff in the Woodstove Compliance program.

Direct Effects: The individuals or businesses requesting services from the Woodstove Compliance program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The Air Quality Management Division reviewed the fees charged for the forms used by the independent inspectors and the woodstove dealers to report compliance with the regulations.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the cost of forms and the length of time associated with woodstove compliance activities (including

processing applications) was conducted by the Division Director and Air Quality Supervisor.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Woodstove Compliance program currently charges a fee.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

The Health District will NOT receive any additional revenue annually as a result of the proposed fee. The volume of activity varies according to market demand.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.
Not applicable.

**Washoe County District Health Department
 Fee Schedule
 Proposed Effective Date: July 1, 2009
 Community & Clinical Health Services**

Page #	Revenue Object #	Cost	Description	Current Fee	Proposed Fee
	CCHS: \$18				
1	EHS: \$5		Day Care Facility Employee Training	\$ 14	\$ 23
2	tba-xxxx		Day Care Facility Employee Re-Issue Certification	\$ 3	\$ 7
4	10480		STD Exam - Limited *	\$ 77	\$ 62
4	10480		STD Exam - Extended *	\$ 94	\$ 79
4	10480		STD Exam - Comprehensive *	\$ 110	\$ 96
4	10480		STD Visit - low risk	\$ 44	\$ 39
5	10481		Tuberculosis Risk Assessment *	\$ 32	\$ 19
5	10481		Tuberculin Skin Test *	\$ 32	\$ 25
5	10481		TST Reading	-	\$ 8
5	10481		Chest X-ray review by physician*	\$ 18	\$ 10
5	10481		Abnormal diagnostic results review*	\$ 23	\$ 16
5	10481		Abnormal chest X-ray review by physician*	\$ 18	\$ 10
5	10481		Office Visit - medication start *	\$ 85	\$ 80
5	10481		Office Visit - medication refill *	\$ 32	\$ 25
5	10481		Office Visit - brief (10)	\$ 23	\$ 16
5	10481		Office Visit - DOT* (brief)	\$ 18	\$ 16
5	10481		Office Visit - DOT* (10)	\$ 23	\$ 16
5	10481		Office Visit - DOT* (15)	\$ 29	\$ 22
5	10481		Home Visit Services - (M-F)	\$ 45	\$ 16
5	10481		Home Visit Services - (S-S & Holiday)	\$ 45	\$ 16
5	10481		Home Visit Services - New patient/limited	\$ 45	\$ 46
5	10481		Home Visit Services - New patient/extended	\$ 78	\$ 80
5	10481		AFB Collection	\$ 20	\$ 27
8	10478		New Patient Visit (Brief) *	\$ 44	\$ 38
8	10478		New Patient Visit (Limited-20) *	-	\$ 44
8	10478		New Patient Visit (Limited-30) *	\$ 69	\$ 57
8	10478		New Patient Visit (Intermediate) *	\$ 88	\$ 76
8	10478		Established Patient Brief (10 minutes) *	\$ 38	\$ 25
8	10478		Established Patient Brief (20 minutes) *	\$ 44	\$ 38
8	10478		Established Patient Intermediate (30 minutes) *	\$ 69	\$ 51
8	10478		Established Patient Extended (40 minutes) *	\$ 88	\$ 64
8	10478		Initial Comprehensive Preventative Med (age 12-17)	-	\$ 57
8	10478		Initial Comprehensive Preventative Med (age 18-39)	-	\$ 51
8	10478		Initial Comprehensive Preventative Med (age 40-64)	-	\$ 51
8	10478		Periodic Comprehensive Preventative Med (age 12-17)	-	\$ 38
8	10478		Periodic Comprehensive Preventative Med (age 18-39)	-	\$ 32
8	10478		Periodic Comprehensive Preventative Med (age 40-64)	-	\$ 32
8	10478		IUD Consultation*	\$ 49	\$ 30

**Washoe County District Health Department
Fee Schedule
Proposed Effective Date: July 1, 2009
Community & Clinical Health Services**

Page #	Revenue Object #	Cost	Description	Current Fee	Proposed Fee
8	10478		Vasectomy Counseling*	\$ 85	\$ 90
9	10478		IUD (Paragard Comprehensive visit)	\$ 99	\$ 58
9	10478		IUD (Mirena Insert ARCH Foundation)*	\$ 99	\$ 58
9	10478		Genital Wart Treatment *	\$ 101	\$ 32
9	10478		Colposcopy	\$ 69	\$ 44
9	10478		Colposcopy w/ biopsy or ECC	\$ 88	\$ 44
9	10478		Colposcopy w/ biopsy and ECC	\$ 88	\$ 44
9	10478		Colposcopy w/Endometrial biopsy	-	\$ 44
9	10478		Cryosurgery	\$ 96	\$ 44
9	10478		Leisegang Electrosurgical (LEEP)	\$ 193	\$ 70
9	10478		Norplant Removal *	\$ 131	\$ 44

Interim Immunization Clinic Fee Schedule Effective January 1, 2009

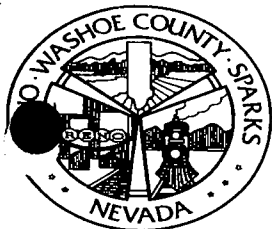
Page #	Revenue Object #	Cost	Description	Current Fee	Proposed Fee
<u>VFC Eligible</u>					
2	10479		Routine Child Immunization (per shot)	\$ 16	\$ 16
<u>Non VFC Eligible</u>					
12	10479		Influenza - Pediatric P-Free (6-35 months)	\$ 38	\$ 38
12	10479		PCV7 - Pneumococcal 7-valent (Prevnar to age 5)	\$ 90	\$ 108
12	10479		RV - Rotorix (6-32 weeks)	\$ 83	\$ 106
12	10479		RV - Rotateq (6-32 weeks)	\$ 83	\$ 94
12	10479		HAV - Hepatitis A (age 1-18)	\$ 29	\$ 36
12	10479		HBV - Hepatitis B (child - through 19)	\$ 16	\$ 34
12	10479		DTaP - Daptacel	-	\$ 46
12	10479		DTaP - Infanrix	-	\$ 38
12	10479		DTaP - HBV-IPV - Pediarix	-	\$ 73
12	10479		DTaP - IPV - Kinrix	-	\$ 56
12	10479		DTaP - Hib-IPV - Pentacel	-	\$ 97
12	10479		HAV - Hepatitis A - Havrix	\$ 36	\$ 43
12	10479		HAV-HBV - Hepatitis A-Hepatitis B (Twinrix adult)	\$ 54	\$ 63
12	10479		HBIG - Hepatitis B Immune Globulin (per cc)	\$ 117	\$ 132
12	10479		HBV - Hepatitis B (Engerix-B adult)	\$ 41	\$ 49
12	10479		Hib - PedvaxHIB	\$ -	\$ 47
12	10479		Hib - ActHIB	\$ -	\$ 46
12	10479		HPV - Human Papillomavirus (Gardasil age 9-26)	\$ 137	\$ 149
?	10479		IG - Immune Globulin	\$ 28	\$ 36
2	10479		Influenza - Intranasal (age 5-49)	\$ 43	\$ 43
12	10479		Influenza (age 3 & older)	\$ 28	\$ 28
12	10479		IPV - Polio (adult)	\$ 16	\$ 47
12	10479		MCV - Meningococcal (Menactra age 11-55)	\$ 106	\$ 118

**Washoe County District Health Department
 Fee Schedule
 Proposed Effective Date: July 1, 2009
 Community & Clinical Health Services**

Page #	Revenue Object #	Cost	Description	Current Fee	Proposed Fee
12	10479		MMR - Measles-Mumps-Rubella (<i>adult</i>)	\$ 16	\$ 71
12	10479		MMRV - Proquad	\$ -	\$ 148
12	10479		MPSV - Meningococcal (Menomune <i>age 3 & older</i>)	\$ 108	\$ 115
12	10479		PPV-23 - Pneumococcal (Pneumovax <i>age 2 & older</i>)	\$ 40	\$ 40
12	10479		TD - Tetanus-Diphtheria - Decavac	\$ 16	\$ 43
12	10479		TDaP - Tetanus, Diphtheria & Acellular Pertussis (Adacel <i>age 11-64</i>)	\$ 51	\$ 61
12	10479		TDaP - Tetanus, Diphtheria & Acellular Pertussis (Boostrix <i>age 10-64</i>)	\$ -	\$ 55
12	10479		VZV - Varicella (Varivax)	\$ 88	\$ 102

Fees in bold are determined by verbal agreements with other providers in the community.

Note: Fees may be adjusted throughout the year to match increases/decreases by vendors supplying vaccine.



MEMORANDUM

Health District

Mary Anderson, MD,
MPH
District Health Officer

Eileen Coulombe
Administrative Health
Services Officer

Andy Goodrich
Division Director-Air
Quality Management

Mary Ann Brown
Acting Division Director-
Community and Clinical
Health Services

Bob Sack
Division Director-
Environmental Health
Services

Dr. Randall Todd
Division Director-
iology and Public
Health Preparedness

DATE: December 29, 2008

TO: Eileen Coulombe
Administrative Health Services Officer

FROM: Patsy Buxton *AB*
Fiscal Compliance Officer

SUBJECT: Request for Interim Fee Schedule – Immunization Program

Please consider and approve the request to update the attached CCHS fee schedule for the Immunization Program. The updated costs reflect the most recent time study data and calculated costs for direct supply items. The effective date is January 1, 2009.

The Nevada State Health Division (NSHD) Immunization Program is changing from a Universal-Select to a VFC only model effective January 1, 2009. The NSHD will continue to provide federally funded vaccines for VFC eligible and Nevada Check-Up enrolled children only. Fully insured children will not be eligible to receive state-supplied vaccine. Underinsured children will only be eligible to receive state supplied vaccine from a Federally Qualified Health Center (FQHC) or Rural Health Clinic (CRHC). **The VFC only model requires providers to purchase and maintain vaccine for insured children.**

This update is being presented for the following purposes:

- To update the cost of vaccines
- To update the cost of personnel, direct supplies and indirect cost rate
 - The hourly salary, including fringe benefits, for a PHN II is \$51.79
 - The hourly salary for a Per Diem Registered Nurse is \$28.34
 - The nursing salary component of the fee is an average of the PHN II and Per Diem RN rates. The resulting average hourly nursing salary is \$40.07.
 - The hourly salary, including fringe benefits, for an OA II is \$32.32

Regarding services and supplies, the presented fee calculation represents direct supply items only. The average cost of direct services and supplies per shot given is \$0.56.

Approved by:



Eileen Coulombe
Administrative Health Services Officer

12/30/08
Date

Washoe County Health District
Fee Schedule - Environmental Health Services
 PROPOSED EFFECTIVE DATE: JULY 1, 2009

Environmental Health Services		Current Fee	Proposed Fee
Page #	<u>Description</u>		
1	Information Technology (IT) Overlay Fee	\$ 15.00	\$ 13.00
	<u>Development Review</u>		
2	Change of Land Use	\$ 159.00	\$ 156.00
3	Major Special Use Permit Review/Development Agreement	\$ 1,658.00	\$ 1,429.00
4	Parcel Map Review - Sewer Available	\$ 303.00	\$ 278.00
4	Parcel Map Review - Sewer Not Available	\$ 713.00	\$ 643.00
5	Minor Special Use Permit/Site Plan Review	\$ 138.00	\$ 141.00
6	Special Use Permit Conditions Inspection Fee	calculated/permit	calculated/permit
7	Tentative Subdivision Review - Sewer Available	\$ 344.00 +\$5/lot	\$ 313.00
7	Tentative Subdivision Review - Sewer Not Available	\$ 919.00 +\$5/lot	\$ 875.00
7	Amended or Lapsed Subdivision - Sewer Available	\$ 344.00 +\$5/lot	\$ 313.00
7	Amended or Lapsed Subdivision - Sewer Not Available	\$ 919.00 +\$5/lot	\$ 875.00
8	Final Map Review	\$ 220.00	\$ 208.00
9	Community Development Application Review Fee	\$ 56.00	\$ 69.00
	<u>Construction Plan Review</u>		
10	Food Establishment Construction-Quick Start	\$ 32.00	\$ 29.00
11	Food Establishment Construction-Plan Review		
	Base Fee	\$ 128.00	\$ 114.00
	Project less than 1,000 square feet	\$ 113.00	\$ 111.00
	Project 1,000 to 2,999 square feet	\$ 161.00	\$ 154.00
	Project 3,000 or greater square feet	\$ 241.00	\$ 226.00
	Food Establishment Construction-Remodel Plan Review-Valuation	\$ 15.00 +rating scale	\$ -
	Base Fee		\$ 114.00
	Project Plan Review-Any Project Valuation Amount		\$ 96.00
13	Facility Construction Revised Plan Review-Land Dev. Group	\$ -	\$ 128.00
14	Facility Construction Revised Plan Review-Facility	\$ 116.00	\$ 106.00
15	Hotel/Motel Plan Review - Engineering	\$ 377.00	\$ 153.00
16	Hotel/Motel Plan Review - Base Rate-Environmental	\$ -	\$ 69.00
16	Hotel/Motel Plan Review - Per Room Charge-Environmental	\$ 6.00	\$ 5.00
17	Mobile Home/Recreational Vehicle Park Plan Review	\$ 385.00	\$ 327.00
18	RV Dump Station Permit to Construct	\$ 179.00	\$ 153.00
19	General Environmental Health Services Construction Plan Review-Land Dev.	\$ 89.00	\$ 104.00
20	Sewage Disposal - On Site Construction Permit (per/bldg)	\$ 602.00	\$ 540.00
21	Sewage Disposal - On Site Abandonment Permit	\$ 183.00	\$ 180.00
22	Sewage Disposal - On Site System Advisory Inspection	\$ 149.00	\$ 151.00
23	Sewage Disposal - On Site Re-inspection (Sewage)	\$ 114.00	\$ 97.00
23	Sewage Disposal - On Site Re-inspection (Wells)	\$ 114.00	\$ 97.00
23	Sewage Disposal - On Site Re-inspection (VA/FHA)	\$ 81.00	\$ 69.00
24	Sewage Disposal - On Site Plan Review Only	\$ 183.00	\$ 180.00
25	Water Treatment Plant Construction Permit and Inspections >1000 Connections	\$ 3,301.00	\$ 1,450.00
25	Water Treatment Plant Construction Permit and Inspections <1000 Connections	\$ 364.00	\$ 399.00
26	Swimming Pool or Spa Construction Plan Review	\$ 508.00	\$ 453.00
27	Swimming Pool or Spa Remodel Plan Review	\$ -	\$ 146.00 New
28	Water System Const. Plan Review - New Facility Community	\$ 426.00	\$ 376.00
28	Water System Const. Plan Review - New Facility Non-Community	\$ 261.00	\$ 236.00
29	Water System Expansion or Modification - Community	\$ 282.00	\$ 254.00
29	Water System Expansion or Modification - Non-Community	\$ 179.00	\$ 166.00
30	Water Well Abandonment	\$ 180.00	\$ 246.00
30	Water Well Construction	\$ 262.00	\$ 303.00
23	Water Well Construction Re-Inspection	\$ 114.00	\$ 97.00
	<u>Food Establishment Permits</u>		
	Food Establishment-Application Fee	\$ 95.00	\$ 96.00
	Bakery	\$ 131.00	\$ 111.00

Washoe County Health District
Fee Schedule - Environmental Health Services
 PROPOSED EFFECTIVE DATE: JULY 1, 2009

Environmental Health Services		Current Fee	Proposed Fee
Page #	Description		
31	Bar	\$ 131.00	\$ 111.00
31	Delicatessen	\$ 147.00	\$ 125.00
31	Food Manufacturing	\$ 147.00	\$ 125.00
31	Grocery Store	\$ 131.00	\$ 111.00
31	Meat Market	\$ 131.00	\$ 111.00
31	Mobile Food Service Depot	\$ 114.00	\$ 97.00
31	Mobile Food Service	\$ 114.00	\$ 97.00
31	Pre-Packaged Food w/inspection	\$ 131.00	\$ 111.00
31	Pre-packaged w/o inspection	\$ 32.00	\$ 27.00
31	Restaurant	\$ 164.00	\$ 139.00
31	Satellite Food Distribution Site Fee	\$ 81.00	\$ 69.00
31	Snack Bar	\$ 131.00	\$ 111.00
31	Support Kitchen	\$ 147.00	\$ 125.00
31	Warehouse	\$ 131.00	\$ 111.00
<u>Temporary Foods/Special Events</u>			
32	1-Day Event	\$ 51.00	\$ 42.00
32	2-Day Event	\$ 78.00	\$ 71.00
32	3-Day Event	\$ 106.00	\$ 82.00
32	4-7 Day Event	\$ 214.00	\$ 163.00
32	8-14 Day Event	\$ 405.00	\$ 307.00
32	1-7 Day Event Low Risk	\$ 47.00	\$ 42.00
32	8-14 Day Event Low Risk	\$ 69.00	\$ 76.00
	Non Profit 1-14 Days	\$ 25.00	\$ 25.00
	Non Profit Conditional Max Fee	\$ 200.00	\$ 200.00
32	Cumulative Maximum Fee	3x Permit Fee	3x Permit Fee
32	Late Fee	Permit Fee; Not to excd \$100	Permit Fee; Not to exceed \$100
32	Annual Farmer's Market Produce Sample	\$ 92.00	\$ 99.00
32	Annual Sampling Permit	\$ 169.00	\$ 99.00
	Promoters Fee:		
32	Special Event Permit	\$ 387.00	\$ 347.00
32	Recurrent Special Event Permit	\$ 559.00	\$ 497.00
<u>Food Protection Managers</u>			
33	Food Protection Instructor Examination Proctoring Fee	\$ 22.00	\$ 25.00
34	Certificate and Photo ID Issuance & Renewal Fee	\$ 24.00	\$ 30.00
35	Certificate and Photo ID Reissuance Fee	\$ 5.00	\$ 6.00
36	Food Protection Manager Reciprocity Fee	\$ 32.00	\$ 30.00
37	Food Protection Instructor Certification/Recertification Fee	\$ 242.00	\$ 699.00
<u>Permitted Facilities</u>			
38	Permitted Facilities Re-Inspection	\$ 82.00	\$ 73.00
39	Mobile Home or RV Park - 1-20 spaces	\$ 25.00 + \$114 base fee	\$ 103.00
39	Mobile Home or RV Park - 21-39 spaces	\$ 50.00 + \$114 base fee	\$ 103.00
39	Mobile Home or RV Park - 40 or more spaces	\$ 75.00 + \$114 base fee	\$ 120.00
18	RV Dump Station Annual Permit	\$ 82.00	\$ 71.00
40	Swimming Pools/Spas - Seasonal	\$ 230.00	\$ 124.00
41	Swimming Pools - Year Round	\$ 279.00	\$ 139.00
42	Institution-School Kitchen Permit	\$	\$ 238.00 New
<u>Variances</u>			
44	Swimming Pools Variance Request (Construction)	\$ 274.00	\$ 488.00
45	Well Construction Variance Request (Construction)	\$ 385.00	\$ 536.00
46	Mobile Home Park Variance (Construction)	\$ 508.00	\$ 453.00
	In-Site Subdivision Variance	\$ 672.00	\$ 781.00
	Waste Disposal - On Site Variance Request	\$ 672.00	\$ 781.00

Washoe County Health District
Fee Schedule - Environmental Health Services
 PROPOSED EFFECTIVE DATE: JULY 1, 2009

Environmental Health Services		Current Fee	Proposed Fee
Page #	Description		
48	Food Service Variance (Permitted Facility)	\$ 263.00	\$ 304.00
49	General Variance Request	\$ 274.00	\$ 233.00
Waste Management			
50	Solid Waste System Plan Review Fee	\$ 732.00	\$ 268.00
51	Waste Release Permit Fees - Grease Trap & Asbestos Release	\$ 69.00 + \$5 cust slip	\$ 37.00
51	Waste Release Permit Fees - Sandoil Separator Release	\$ 123.00 + \$5 cust slip	\$ 47.00
51	Waste Release Permit Fees - Non-Hazardous Special Waste Release	\$ 123.00	\$ 59.00
52	Non-Standard Industrial Waste Permit	\$ 228.00	\$ 99.00
52	Waste Release Permit Fees - Each Custody Record	\$ 1.00	\$ 1.00
52	Waste Release Permit Fees - Each Additional Custody Slip Record	\$ 5.00	\$ 5.00
53	Garbage Exemptions (A,B,C,D,E)	\$ -	\$ 106.00 New
54	Biohazardous Waste Transfer Station	\$ -	\$ 140.00 *unbundled
55	Biohazardous Waste Treatment Facility	\$ -	\$ 122.00 *unbundled
56	Biohazardous Waste Transporter	\$ -	\$ 111.00 *unbundled
57	Biohazardous Waste Generator	\$ -	\$ 128.00 *unbundled
58	Biosolids Permit Fee	\$ -	\$ 99.00 *unbundled
59	Waste Tire Management Facility	\$ -	\$ 151.00 *unbundled
60	Waste Reduction/Recycling Facility Permit Fee	\$ -	\$ 88.00 New
61	Landfill Operations Permit Fee	\$ -	\$ 704.00 *unbundled
62	Municipal Solid Waste Transfer Station	\$ -	\$ 192.00 *unbundled
63	Waste Hauler Operations-Domestic	\$ -	\$ 85.00 *unbundled
63	Waste Hauler Operations-Import	\$ -	\$ 99.00 *unbundled
	Waste Tire Hauler	\$ -	\$ 94.00 New
	Liquid/Oil/Waste Hauler Vehicle	\$ 65.00	\$ 56.00
*Previously part of Municipal Solid Waste Inspection			
Miscellaneous			
66	Limited Advisory Inspection Fee	\$ 116.00	\$ 125.00
66	Limited Advisory Inspection Fee-additional hours exceeding 2 hour min.	\$ -	\$ 76.00
67	Public Accommodations-Inspection Fee		\$ -
	Up to 50 rooms	\$ -	\$ 108.00 New
	50 to 100 rooms	\$ -	\$ 120.00
	101-200 rooms	\$ -	\$ 170.00
	201-300 rooms	\$ -	\$ 131.00
	301-500 rooms	\$ -	\$ 131.00
	501-1000 rooms	\$ -	\$ 182.00
	More than 1000 rooms	\$ -	\$ 210.00
68	Invasive Body Decoration Establishments	\$ 81.00	\$ 108.00
69	Invasive Body Decoration Temporary Permit (w/o wheels)	\$ 103.00	\$ 88.00
70	Invasive Body Decoration Mobile Permit (w/wheels)	\$ 119.00	\$ 55.00
71	Hazard Waste/Materials Spill Response	incident cost	\$ 120.00
72	Hazardous Waste/Materials Site Assessment/Remediation	\$ 686.00	\$ 49.30 per hour
73	Water Sample/Septic Sys Eval/Mortgage Loan-Certification only	\$ 32.00	\$ 31.00
73	Water Sample/Septic Sys Eval/Sample Evaluation-lab fee only	\$ 112.00	\$ 112.00
73	Water Septic System Evaluation Only	\$ 155.00	\$ 132.00
74	Late Permit Application Process	\$ 118.00	\$ 100.00
75	Child Care Inspection	\$ -	\$ 82.00 New
Vector Fees			
76	Vector - Construction Plan Review	\$ 180.00	\$ 153.00
77	Vector - Limited Advisory Review	\$ 65.00	\$ 55.00
78	Vector - Final Map Review	\$ 114.00	\$ 97.00
7	ector - Parcel Map Review (sewer available/not available)	\$ 246.00	\$ 210.00
ector	ector - Special Use Permit Fee/Site Plan Review Major Special Use Permit	\$ 114.00	\$ 97.00

Washoe County Health District
Fee Schedule - Environmental Health Services
 PROPOSED EFFECTIVE DATE: JULY 1, 2009

	Environmental Health Services	Current Fee	Proposed Fee
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Page #	<u>Description</u>	Current Fee	Proposed Fee
81	Vector - Subdivision Review (tentative map, amended or lapsed)	\$ 180.00	\$ 153.00
82	Vector - Review Zoning Map, Master Plan & Major Project & Change of Land Use	\$ 81.00	\$ 69.00
83	Vector - Mobile Home & Recreational Vehicle Park Plan	\$ 180.00	\$ 153.00
84	Vector - Community Development Application	\$ 147.00	\$ 125.00

Note: *Non-profit fee established by the District Board of Health

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing the Prevention of Vector-Borne Diseases.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for those agencies such as developers and engineering firms that submit grading plans, map reviews, special use permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Vector-Borne Disease Program.

Direct Effects: The permit holder or agency will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, program staff reviewed the type of and length of time for activities performed. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Vector-Borne Diseases program currently charges these fees. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$11,099 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Food Establishments, Section 170.106

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses, including special event promoters, requiring Temporary Foods/Special Events permits.

Beneficial Effects: The modified schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Temporary Food/Special Event Programs.

Direct Effects: The individuals or businesses, including special event promoters, will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fee may be passed on to the temporary food service operators.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, the Senior Environmentalist conducted an analysis of the time spent in meetings and for travel in addition to reviewing the time spent on reviewing event layout, support requirements, vendor list and location. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Temporary Food/Special Events program currently charges permit fees. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$21,029 annually.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for construction plan review of water company permits.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Water System Plan Review.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Water program.

Direct Effects: The individuals or businesses requesting services from the Water program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with water permit activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Water program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$1,450 annually (\$50-Water System Construction Plan Review, \$1,400-Water System Expansion or Modification Plan Review).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Public Bathing Places and Public Spas.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Swimming Pool/Spa Construction Plan Reviews, Remodel Plan Reviews and Permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Swimming Pool/Spa program.

Direct Effects: The individuals or businesses requesting services from the Swimming Pool/Spa program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with swimming pool/spa permit activities was conducted by a Environmental Supervisor. The activities associated with swimming pools/spa construction plan review were reviewed by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Swimming Pool/Spa program currently charges a permit/review fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$66,493 annually (\$41,686-Pool Permits, \$861-Plan Review, \$23,946-Spa Permits).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

It is unknown what additional revenue, if any, the Health District will receive annually based on the Pool/Spa Remodel Plan Review as unbundled from the Pool/Spa Construction Plan Review.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Mobile Home and Recreational Vehicle Parks.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: No adverse effects have been identified related to costs for individuals or businesses requesting: Mobile Home and Recreational Vehicle Park permits.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Mobile Home and Recreational Vehicle Park program.

Direct Effects: The individuals or businesses requesting services from the Mobile Home and Recreation Vehicle Park program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with mobile home and recreational vehicle park permit activities was conducted by an Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The mobile home and recreational vehicle park program currently charges a permit fee. The revisions will reflect decreases to fees for activities currently being performed. The Health District will have reduced revenues in the approximate amount of \$6,086 annually (\$756-1-20 spaces, \$2,501-21-39 spaces, and \$2,829-40+ spaces).

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Solid Waste Management.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Garbage Exemptions, RV Dump Station Permits and Waste Reduction/Recycling Facility. However, the proposed fee schedule includes decreases that will result in decreased costs for individuals or businesses requesting activities related to: Solid Waste System Plan Review, Waste Release Permits, and Municipal Solid Waste Inspections. The proposed fee schedule unbundles the activities previously charged as one fee named the Municipal Solid Waste Inspection fee.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Solid Waste Management program.

Direct Effects: The individuals or businesses requesting services from the Solid Waste Management program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with land development activities was conducted by Licensed Engineers and Environmental Health Supervisors. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Solid Waste Management program currently charges permit/review fees. The revisions will reflect a net decrease to fees for activities currently being performed. The increases total \$4,874 (\$2,120-Garbage Exemptions, \$994-RV Dump Station permits, \$1,760-Waste Reduction/Recycling Facility) while the decreases total \$57,845 (\$1,392-Solid Waste System Plan Review, \$52,755-Waste Release Permits, \$3,698-unbundled activities related to Municipal Solid Waste Inspections) for a net decrease in program fees of \$52,971.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

As referenced above, the Health District will receive approximately \$4,874 in annual revenue from the new and increased existing fees (Garbage Exemptions, Waste Reduction/Recycling Facility, and RV Dump Station permit).

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of the program.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District, under the authority of the District Board of Health Regulations Governing Invasive Body Decorations (IBDs).

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Invasive Body Decoration Establishment Permits. However, the proposed fee schedule includes decreases that will result in decreased costs for individuals or businesses requesting: Invasive Body Decoration Temporary Permits, with and without wheels.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Invasive Body Decoration program.

Direct Effects: The individuals or businesses requesting services from the Invasive Body Decoration program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with invasive body decoration permit activities was conducted by a Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Invasive Body Decoration program currently charges a permit fee. The revisions will reflect a net decrease to fees for activities currently being performed. The increases total \$1,215 (Invasive Body Decoration Establishments) while the decreases total \$1,759 (\$1,695-Temporary IBD Permit without wheels, \$64-Temporary IBD Permit with wheels) for a net decrease in program fees of \$544.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for public accommodation inspection fee.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses requiring: Public Accommodation inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs for plan reviews incurred by the Environmental Health Services Division for services performed by staff in the Public Accommodation program.

Direct Effects: The individuals or businesses requiring services from the Public Accommodations program for inspections will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with public accommodations inspections was conducted by an Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The Environmental Health Services Division already performs the activities associated with Public Accommodation inspections.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

The Health District will receive approximately \$21,124 additional revenue annually (\$7,020-up to 50 rooms, \$4,800-51-100 rooms, \$6,800-101-200 rooms, \$0-201-300 rooms, \$1,048-301-500 rooms, \$1,456-501-1000 rooms, and \$0-more than 1000 rooms) as a result of the proposed fees.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of plan reviews.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Land Development Program), under the authority of the District Board of Health Regulations Governing Sewage, Wastewater and Sanitation and Well Construction.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Water Well-Abandonment, Construction and Re-inspection. However, the proposed fee schedule also includes decreases that will result in decreased costs for individuals or businesses requesting: Land Development Review, Sewage Disposal and Hotel/Motel Construction Plan Reviews, and Water Sample/Septic System Evaluations.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Land Development Program.

Direct Effects: The individuals or businesses requesting services from the Land Development program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the number of inspections required, the amount of time it takes to complete each inspection (including travel time) associated with land development activities was conducted by Licensed Engineers. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The Land Development program currently charges a permit/review fee. The revisions will reflect a net decrease to fees for activities currently being performed. The increases total \$6,646 while the decreases total \$29,629 for a net decrease in program fees of \$22,983.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

N/A

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District (Food Program), under the authority of the District Board of Health Regulations Governing Food Establishments.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes increases that will result in increased costs for individuals or businesses requesting: Food Protection Instructor Exam Proctoring, Certificate and Photo ID Issuance & Renewal, Certificate and Photo ID Reissuance, Food Establishment Application, Food Service Variances, and Food Protection Instructor Certification/Re-certification, and Limited Advisory Inspection/Re-inspection. However, the proposed fee schedule also includes decreases that will result in decreased costs for individuals or businesses requesting: Food Service Establishment Construction-Quick Start, Food Service Establishment Plan Review, Facility Construction Revised Plan Review, Hotel/Motel Plan Review, Food Establishment Permits, and Food Protection Manager Reciprocity.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Food Program.

Direct Effects: The individuals or businesses requesting services from the Food Program will be charged an amount that reflects the current cost for services being performed.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

Business Impact Statement

Fee Changes

District Board of Health Regulations Governing Food Establishments

Page 2 of 2

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the length of time associated with the food establishment program activities was conducted. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County due to the modified fee schedule. The revisions will reflect a net decrease to fees for activities currently being performed. The increases total \$6,094 while the decreases total \$40,117 for a net decrease in program fees of \$34,023.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

Not applicable.

The money generated by the new fee or increase in existing fee, will be used by the Health District to:

Not applicable.

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.

Not applicable.

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the proposed adjustment to fees charged by the Environmental Health Services Division of the Washoe County Health District for child care facility inspection fee, under the authority of NRS 432A.180 and NRS 439.

1. The following constitutes a description of the manner in which comment was solicited from affected businesses, a summary of their response and an explanation of the manner in which other interested persons may obtain a copy of the summary. (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

Comments will be considered at the District Board of Health public hearing on February 26, 2009. A Public Hearing Notice was published in the Reno Gazette Journal per Nevada Open Meeting Law. The Environmental Health Services Division has solicited comments via a mailing to affected parties including permitted sources indicating the changes to the fee schedule.

2. The estimated economic effect of the proposed rule on the businesses which it is to regulate, including, without limitation, both adverse and beneficial effects, and both direct and indirect effects:

Adverse Effects: The proposed fee schedule includes charging a fee that will result in increased costs for individuals or businesses requiring: Child Care Facility inspections.

Beneficial Effects: The modified fee schedule represents more accurately the actual costs incurred by the Environmental Health Services Division for services performed by staff in the Child Care Facility Inspection program.

Direct Effects: The individuals or businesses requiring services from the Child Care Facility Inspection program for inspections will be charged an amount that reflects the current cost for services being performed. Washoe County Social Services will assess the Health District fee to individuals or businesses as part of the Social Services licensing procedure. The Health District will in turn receive the Child Care Facility Inspection fee from Social Services after the individual or business licensee makes payment.

Indirect Effects: The additional expense or savings realized from the change in fees may be passed on to the end consumer.

3. The following constitutes a description of the methods that Washoe County Health District considered to reduce the impact of the proposed rule on businesses and a statement regarding whether any, and if so which, of these methods were used: (Include whether the following was considered: simplifying the proposed rule; establishing different standards of compliance for a business; and if applicable, modifying a fee or fine set forth in the rule so that a business could pay a lower fee or fine).

Prior to preparing the modified fee schedule, a review of the amount of time it takes to complete each inspection (including travel time) associated with Child Care Facility Inspections was conducted by an Environmental Supervisor. The proposed fee schedule reflects current costs for these services.

4. Washoe County Health District estimates that the annual cost to the County for enforcement of the proposed rule is:

There will be no additional cost to the County for enforcement of the modified fee schedule. The Environmental Health Services Division already performs the activities associated with Child Care Facility Inspections.

5. (If applicable, provide the following): The proposed rule provides a new fee or increases an existing fee and the total annual amount Washoe County Health District expects to receive is:

The Health District will receive approximately \$9,922 additional revenue annually as a result of the proposed fees.

The money generated by the new fee or increase in existing fee, will be used by the Health District to: **recover costs associated with carrying out the activities of Child Care Facility Inspections.**

6. (If applicable, provide the following): The proposed rule includes provisions which duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains why such duplicative or more stringent provisions are necessary.
Not applicable.



February 6, 2009

Washoe District Board of Health
 PO Box 11130
 Reno NV 89520

Attn: Recording Secretary
 Please read this letter into the public record

Dear Board of Health:

On October 25, 2000, the Washoe District Board of Health approved a permanent waiver of fees for the Annual Permit to Operate for the Kids Cafe, a free meal program of the Food Bank of Northern Nevada, for children at risk of hunger. This waiver was requested by health district staff environmentalists and approved after the board considered the review of Staff's report and Staff's recommendations regarding the excellent job the Food Bank has performed.

A letter to Cherie Jamason, Food Bank executive director, from Barbara Hunt, District Health Officer, is attached. The letter included two Certificates of Recognition issued by the Washoe County District Board of Health to The Kids Cafe Program and Staff, both dated Nov. 15, 2000.

Kids Cafe began locally in 1996 as a collaborative local feeding program providing free nutritious dinners to children in low-income neighborhoods in Washoe County. The Food Bank, the Washoe County District Health Department, and the Washoe County School District were founding partners in the Kids Cafe project. High numbers of children in low-income areas rely on free school meals, but often have little or nothing to eat once the school day is over, nor in the summer when school is out. Kids Cafe feeds any child or youth, ages 1-18, that come to a site. The Kids Cafe program has grown to 27 school-year sites serving dinner and 18 summer sites serving a variety of meals, and all meet WCDHD regulations for Food Establishments.

Approximately 1700-2000 children benefit each year from the Kids Cafe meals. During calendar year 2008, over 244,000 meals were served to children. The Food Bank pays for these meals using USDA child nutrition program reimbursement, private grants, and donations from businesses, foundations, and individuals who all agree that no child should go hungry and that all children deserve the benefits of adequate nutrition for their proper growth, development, and academic success.

The Kids Cafe program has received numerous local, state, and national honors, and has served as a mentor for other communities across the country. The program is subject to periodic reviews from state, federal, and local agencies. From day one, Kids Cafe management has consulted with health department inspectors, and we take food safety and sanitation seriously: we maintain at least 2

program managers as Certified Food Protection Managers and we provide training annually to all cooks working in the program. We also monitor food safety practices at each site at least 3 times/year.

Robbin Rose, WCDHD environmentalist, was instrumental in creating the HACCP plan for this program, and the health department uses our organization as a teaching illustration for self-directed HACCP programs.

We have always adhered to the Board of Health's stipulation to operate and manage this program in compliance with the Board's Regulations Governing Food Service Establishments, and we will continue to do so.

The Food Bank of Northern Nevada respectfully requests that the current Board of Health recognize and maintain the permanent fee waiver granted in 2000 by the same board to the Food Bank's Kids Cafe program. Without this waiver, we estimate the annual cost of Kids Cafe permits to be about \$3,800 per year. This sum equates to 1,900 meals for children at Kids Cafes.

Thank you for your consideration of this request.

Sincerely,

Cherie Jamason, President and CEO

Rec'd 2/12/09
2:53 pm

EC ✓
MAA MAA
2/17/09



FOOD BANK
OF NORTHERN NEVADA

February 11, 2009

Dr. Mary Anderson, District Health Officer
Washoe County District Health Dept.
PO Box 11130
Reno NV 89520

Dear Dr. Anderson,

In 2000, the Board of Health approved a permanent waiver of fees for the Annual Permit to Operate for the Kids Cafe program. This saves the Food Bank of Northern Nevada, sponsor of Kids Cafe free meals for children in low-income neighborhoods, approximately \$3800/year in permit fees, for approximately 35-40 feeding sites. Approximately 244,000 meals were served to children during 2008 at these sites.

The exemption is being brought forth for consideration as part of the fee schedule agenda item, with the board being asked to decide whether to rescind or maintain the waiver.

The Food Bank has submitted a request to the Board that it maintain the permanent fee waiver granted to the Kids Cafe program. We are attaching a copy of the letter we asked to be submitted into the public record.

Any support you can provide for the continuation of this fee waiver would be greatly appreciated by the Food Bank. Please contact me (331 3663 ext 102) if you have any questions.

Sincerely,

Susan Hanigan Eckes
Director, Child Nutrition Programs



OCT 31 2000



DISTRICT HEALTH DEPARTMENT

October 25, 2000

Cherie Jamason
Food Bank of Northern Nevada
994 Packer Way
Sparks, Nevada 89431

RE: Annual Permit to Operate – Kids' Café Program

Dear Ms. Jamason:

During its meeting of October 25, 2000, the Washoe District Board of Health considered the request of the Northern Nevada Food Bank to waive the fees for the Annual Permit to Operate for the *Kids' Café Program*.

Based upon a review of Staff's report regarding the excellent job the Northern Nevada Food Bank has performed and Staff's recommendation, the Board voted unanimously to approve the waiver of the fees for the Annual Permit to Operate for the *Kids' Café Program* permanently, with the stipulation that the Northern Nevada Food Bank continues to operate and manage this Program in compliance with the District Board of Health Regulations Governing Food Service Establishments.

On behalf of the Board, I would like to commend you and your staff on a very noteworthy and exemplary program and your efforts to continually improve and expand this Program. Your achievements in this Program benefit not only the children it serves, but the community as well in ensuring children within low-income areas are guaranteed a minimum of one (1) meal per day. You and your staff can be proud of this accomplishment.

Sincerely,

Barbara L. Hunt, RN, MPA
District Health Officer

/jbs

cc: Carl Cahill, Director, Environmental Health Services
Robbin Rose, Senior Environmentalist
Denise Cona, Plans/Permits Application Aide
Patsy Buxton, Account Clerk

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

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
PRINTED ON RECYCLED PAPER

DBDH, Item No. 12
2/26/09

SECTION 015

FOOD PROTECTION MANAGER TRAINING AND CERTIFICATION

Part A: GENERAL PROVISIONS

015.000 PURPOSE AND INTENT

1. Purpose

It is the purpose of this section to attain a uniform standard of training and certification in food protection management to meet the needs of a widely diverse group of individuals, organizations, and agencies interested in the certification of Food Protection Managers.

2. Intent

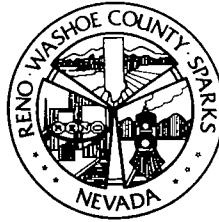
- A. There shall be a program of Food Protection Manager Certification conducted under the direction of the Health Authority. Such a program will have as its primary goal the assurance that persons in management or supervisory positions within the food and beverage industry understand and practice proper food protection principles in their food establishments and comply with the provisions set forth in these regulations, to prevent food borne disease.
- B. There shall be a program of Food Protection Instructor Certification conducted under the direction of the Health Authority. Such a program will have as its primary goal the establishment of minimum standards of competency for those individuals who conduct Food Protection Manager Training Courses, which prepare students for Food Protection Manager Certification.

PART B: CERTIFICATION OF FOOD PROTECTION MANAGERS AND FOOD PROTECTION INSTRUCTORS

015.110 FOODSERVICE MANAGER CERTIFICATE REQUIRED

All food establishments, as defined in Section 101.045 of these regulations, and issued permits by the Health Authority through June 30, 2004, shall be under the direct supervision of a certified food service manager or certified food protection manager. The certified foodservice manager or certified food protection manager may not always be physically present, but must be available via telephone communication when needed. A foodservice manager acting under the instructions and control of the certified food service manager or certified food protection manager must be present in the food establishment during all hours of operation.

- 1. A minimum of one (1) certified food service manager or certified food protection manager at each food establishment is required. Effective until June 30, 2004.



DISTRICT HEALTH DEPARTMENT

February 17, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N. *MA*
 Division Director, Community and Clinical Health Services

SUBJECT: Report for February 2009 District Board of Health Meeting

As requested at the January 22, 2009 Board of Health Meeting, listed below is the program assignments for all nursing staff. Nursing staff includes: Advanced Practitioner of Nursing (APN), Public Health Nurse (PHN), Disease Intervention Specialist (DIS), and Licensed Practical Nurse (LPN).

Public Health Programs	FTEs Assigned-All Nursing Staff				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	FY08/09 Projected
170500 Mat. Child Health	0.32	0.33	0.00	0.04	0.00
170600 Home Visiting	11.83	9.01	10.86	7.55	4.60
171400 TBPCP	3.25	3.60	2.80	3.32	4.00
173500 Immunizations	6.63	5.69	5.30	5.20	5.78
171300 Sexual Health*	4.00	5.68	6.02	5.84	5.90
173000 Family Planning	6.20	5.91	3.05	3.11	3.05
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.60
Total	32.23	30.22	28.03	25.06	23.93

Public Health Programs	FTEs Assigned-PHNs				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	FY08/09 Projected
170500 Mat. Child Health	0.00	0.00	0.00	0.00	0.00
170600 Home Visiting	11.83	9.01	10.86	7.55	4.60
171400 TBPCP	3.25	3.60	2.80	3.32	4.00
173500 Immunizations	6.24	5.28	4.80	4.70	5.28
171300 Sexual Health*	0.00	1.54	2.02	1.74	1.90
173000 Family Planning	0.61	0.37	0.00	0.00	0.00
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.60
Total	21.93	19.80	20.48	17.31	16.38

Public Health Programs	FTEs Assigned-APNs				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	FY08/09 Projected
170500 Mat. Child Health	0.32	0.33	0.00	0.04	0.00
170600 Home Visiting	0.00	0.00	0.00	0.00	0.00
171400 TBPCP	0.00	0.00	0.00	0.00	0.00
173500 Immunizations	0.00	0.00	0.00	0.00	0.00
171300 Sexual Health*	0.00	0.00	0.00	0.00	0.00
173000 Family Planning	4.98	4.94	2.55	2.59	2.55
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.00
Total	5.30	5.27	2.55	2.63	2.55

Public Health Programs	FTEs Assigned-LPNs				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	FY08/09 Projected
170500 Mat. Child Health	0.00	0.00	0.00	0.00	0.00
170600 Home Visiting	0.00	0.00	0.00	0.00	0.00
171400 TBPCP	0.00	0.00	0.00	0.00	0.00
173500 Immunizations	0.39	0.41	0.50	0.50	0.50
171300 Sexual Health*	0.00	0.00	0.00	0.00	0.00
173000 Family Planning	0.61	0.60	0.50	0.52	0.50
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.00
Total	1.00	1.01	1.00	1.02	1.00

Public Health Programs	FTEs Assigned-DISs				
	FY07/08 Budget Authority	FY07/08 Actual	FY08/09 Budget Authority	FY08/09 Actual	FY08/09 Projected
170500 Mat. Child Health	0.00	0.00	0.00	0.00	0.00
170600 Home Visiting	0.00	0.00	0.00	0.00	0.00
171400 TBPCP	0.00	0.00	0.00	0.00	0.00
173500 Immunizations	0.00	0.00	0.00	0.00	0.00
171300 Sexual Health*	4.00	4.14	4.00	4.10	4.00
173000 Family Planning	0.00	0.00	0.00	0.00	0.00
170800 Chronic Disease	0.00	0.00	0.00	0.00	0.00
Total	4.00	4.14	4.00	4.10	4.00

For the past several years Public Health Nurses (PHNs) have maintained clinical competencies in several programs. PHNs may have been assigned to one or more primary programs but flexed to other areas when demand for services exceeded scheduled resources. PHNs would code their time cards to reflect actual activity in programs. This approach allowed for program demands to be met with existing resources. However with a decrease in staffing and the need for close monitoring of productivity, RNs are now prioritized to one program and will not flex to other programs unless a significant and emerging need is identified. Variance reports will be maintained and analyzed for productivity and future budgeting.

Washoe County Health District FY09 Vacancy Prioritization Impacts
District Board of Health Meeting 02-26-09

Div.	Position Title	PC#	Hours/ Week	Local	Grant	Impacts/Comments
0	EPHP PHP Emerg Response Coordinator	2292	40		100%	<p><i>If this position is not filled:</i></p> <ul style="list-style-type: none"> The Division will not be able to meet grant requirements The Division will not be able to coordinate as effectively with hospitals on preparedness for public health emergencies that require mass illness care, alternative care, hospital evacuation, hospital isolation/quarantine, etc. <p><i>This position became vacant due to a staff retirement. It was not filled because the grant under which it was 100% funded did not have sufficient funds to hire a replacement. Currently a different grant has provided funds that should enable this position to be filled.</i></p>
1	EPHP Epidemiologist	2291	40		100%	<p><i>The position performs mandated services pursuant to NRS/NAC 441A.</i></p> <p>A continuation of this vacancy will result in:</p> <ul style="list-style-type: none"> Delays in performing required communicable disease investigations Greater reliance on EHS staff for outbreak investigations with concomitant reductions in that Division's ability to meet other mandates Development of gaps in the disease surveillance network Delays in the updating and revision of communicable disease protocols
2	EHS Env Health Specialist Supervisor	2258	40		100%	<p><i>Duties impacted by vacancy:</i></p> <ul style="list-style-type: none"> The (1) Supervisor in the program now managers: (12) Environmentalists and (3) Sr. Environmentalists Employee Evaluations are delayed Implementation of the FDA Program Standards slowed Regulations development delayed Policy development delayed Unable to spend time with staff in the field Unable to do proactive program development (reactive only)
3	AHS Dept Computer Application Spec	2187	40		100%	<p><i>Tasks in Insight (Clinical) Database that are currently not being done:</i></p> <ul style="list-style-type: none"> Maintain an understanding of division work processes and database architecture to ensure optimal utilization of the software Module development and support (EMR forms, etc.) Form development and updates (includes Superbill) System upgrades/new releases/interim download files Insight Anywhere maintenance (uploads, downloads, de-duplication, training, firewall issues, troubleshooting) for STD testing <p><i>Remaining DCAS tasks that are delayed or no longer being done:</i></p> <ul style="list-style-type: none"> Clean up Web pages of bad HTML coding practices, Redesign Internet and Intranet websites (Information architecture, navigation, accessibility etc.) County initiatives for the website (Citizen Relationship Management, E-Government)

**Washoe County Health District FY09 Vacancy Prioritization Impacts
District Board of Health Meeting 02-26-09**

4	Div. AHS Payroll/Personnel Clerk	PC# 2180	Week 40	Local 100%	Grant %	Impacts/Comments
Hours/ %	Position Title					<p>The following job duties are no longer being done:</p> <ul style="list-style-type: none"> • Notifications & paperwork to Supervisors on Employee Performance Evaluations. • Timecard support for individual department employees <p>Job duties impacted by vacancy:</p> <ul style="list-style-type: none"> • Supervision of support staff (as AAll is absorbing other duties) • Ability to respond to requests from FCO's, AHSO, and DHO • Response time to employees on payroll and personnel matters <p>The following job assignments of the AAll are being deferred as a result of this vacancy:</p> <ul style="list-style-type: none"> • Updating/Formalizing Administrative Procedures for the department • Tuition Reimbursement Reconciliation/Tracking • Insight review to validate procedure for Patient Account Write-Offs • Completion of SAP Actual to Budget Position Cost Report • Training on Clinic Patient Accounts & Billing
5	AQM Admin Secretary Supervisor	2161	40	70%	30%	<p>Important office functions are not being completed including:</p> <ul style="list-style-type: none"> • Internal tracking of grant deadlines • Program evaluations and Grant Report preparation • Administrative liaison and supervisor duties <p>The Division Director has assumed the role as supervisor for other clerical positions, taking time away from other responsibilities. Due to significant office coverage problems during annual or sick leave, additional staff have been asked to fill-in resulting in other work being postponed. The vacancy has resulted in occasional longer customer processing times and degraded service levels.</p>
6	AQM Senior AQM Specialist	2263	40	34%	66%	<p>Job duties impacted by vacancy:</p> <ul style="list-style-type: none"> • The incumbent position was lead for the ambient air quality monitoring. Several duties have been distributed between two Air Quality Supervisors. • Non-recurring grant funds have been allocated to contract private services for assistance with instrument repair and maintenance. However, once the contract expires, we anticipate difficulty in meeting EPA air monitoring objectives without a third monitoring staff position.
7	EHS Vector Borne Disease Specialist	2251	40	100%		<p>Position duties impacted by vacancy:</p> <ul style="list-style-type: none"> • Ability to respond or review dog bites • Not Investigating high risk species bites • Minimal capacity to respond to housing complaints • Limited capacity to respond to non-mosquito borne disease complaints
8	EHS Env Health Specialist	2240	40	100%		<p>The vacancy has resulted in the following impacts:</p> <ul style="list-style-type: none"> • Duties are being absorbed by other staff in the program • Bidding permit applications are reduced • Air plan review and construction inspection response times

**Washoe County Health District FY09 Vacancy Prioritization Impacts
District Board of Health Meeting 02-26-09**

Div.	Position Title	PC#	Hours/ Week	Local %	Grant %	Impacts/Comments
9	EPHP Senior Epidemiologist	2294	40	100%		<p><i>A continuation of this vacancy will result in:</i></p> <ul style="list-style-type: none"> • Delays in the analysis and reporting of chronic disease data • Less robust analysis of chronic disease data • Extremely limited ability to respond to reported non-communicable disease clusters • Lack of high level epidemiological back-up for communicable disease outbreak investigation. (NRS/MAC 441A)
10	AHS EMS Coordinator	2289	40	100%		<p><i>Job duties of the position being performed by the AHSO:</i></p> <ul style="list-style-type: none"> • Supervision of Registered Nurse I and all mandated and compliance related activities • Coordination of medical disaster management activities to support the District Board of Health Multi-Casualty Incident (MCI) Plan and Hospital Mutual Aid Evacuation Annex • Staff Liaison to Inter-Hospital Coordinating Council (IHCC) • During disasters and emergencies, coordinate medical support activities at city, county or Regional Emergency Operation Centers, monitoring the accessibility and quality of medical care, and coordinating strategies. • Administer EMS program budget and performance measures. <p><i>The following job assignments of the position are being deferred:</i></p> <ul style="list-style-type: none"> • Coordinate medical disaster preparedness planning, training, and exercises activities with fire, law enforcement, EMS agencies and medical facilities. • Coordinate monthly disaster planning meetings for Urgent Care Centers. • Participate on the Airport Authority's planning committee for its biennial community-wide disaster exercise. • Develop and write grant applications and related documents, to enhance emergency medical services at the Health District and community. • Monitor legislative activities regarding hospitals, ambulance services and medical disaster management, make recommendations, and provide testimony.
11	AHS Admin Assistant I	2170	40	100%		<p><i>The following duties are no longer being done:</i></p> <ul style="list-style-type: none"> • Annotated DBOH Exp/Rev with explanations of any variance more than 5% • BCC Agenda Item Notifications to Division Directors & associated preparation for AHSO <p>Special Projects are being deferred or assigned to available resources as needed.</p> <p>All other duties of the position (including Budget Amendment Tracking, Budget Support, The Cash Handling Manual, Cash Registers, Change Fund Audits, FY Close Out Support, Credit Card Reconciliation, DBOH Strategic Planning Retreat, and Fleet Liaison) have been reassigned to higher level positions resulting in impacts to AHSO, FCO's, & AAll positions in AHS. The legislative coordinator role has been assigned to CCHS for the 2009 session.</p>

Washoe County Health District FY09 Vacancy Prioritization Impacts
District Board of Health Meeting 02-26-09

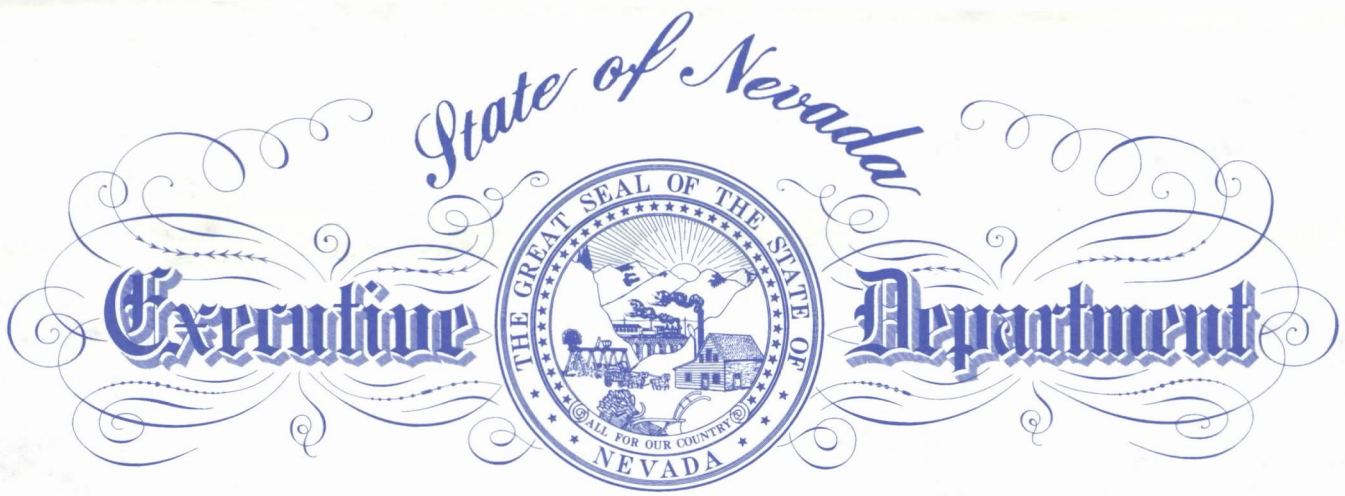
Div.	Position Title	PC#	Hours/		%		Impacts/Comments
			Week	Local	Grant		
13	EHS Licensed Engineer	2298	40	45%	55%		<p align="center">Impacts/Comments</p> <ul style="list-style-type: none"> The Environmental Health Services Division Staff enforce regulations concerning Public Water Systems, Solid Waste Management, Underground Storage Tanks, Sewage Disposal and Well Construction. The Health Information System (HIS) project was initiated in 1998 to automate the storage and retrieval of these records using a GIS database, and has made these records readily available to the staff and other departments from their desks. This Position entered plot plans, inspection records and data into HIS. The value of HIS is the timely data entry and quick retrieval of these records. The incumbent resigned July 27, 2007, since then, no records have been entered in HIS. Not entering these records in a timely manner has reduced the staff efficiency of the plan review and approval process and has impacted customer service. We are now creating new hard copy records in stead of electronic paperless records and returning to the old inefficient process.
14	EHS Env Health Specialist	2238	40	100%			<p align="center">Impacts/Comments:</p> <ul style="list-style-type: none"> The vacancy has resulted in the following impacts: <ul style="list-style-type: none"> Due to the reduction in staff, the frequency of public swimming pools/spas inspections has been cut from 4 per year to 2 per year. The workload associated with hotels/ motels, mobile home and recreational vehicle parks, invasive body decoration establishments, child care facilities, some schools and approximately half of the public swimming pools and spas have been distributed among the Land Development Program, Waste Management Program and the Food Safety Program creating impacts in those programs as well. The Solid Waste Management Plan has not been updated as required by statute. Food safety regulations have not been adopted to reflect the most current Food and Drug Administration model food code requirements.

**Washoe County Health District FY09 Vacancy Prioritization Impacts
District Board of Health Meeting 02-26-09**

Div.	Position Title	PC#	Hours/		%		Impacts/Comments
			Week	Local	Grant	Grant	
16	CCHS Public Health Nurse II	2205	40	100%			<p><i>The vacancies will result in the following activities not being performed:</i></p> <ul style="list-style-type: none"> • Child Protective Services Nursing Consultant (36 hours) • Kids to Senior Komer Knock and Talk (20 hours) • Cranio-Facial Clinic case management (6+ hours monthly) • Decreased ability to respond to public health emergencies • Lack of depth of PHN staff coverage during emergent needs in mandated programs • Lead toxicity for affected children 0-10ug/dl; limited services for those with lead toxicity (>10ug/dl) • Home Visitation services reduced by one FTE PHN (caseload of 50-75 high risk families and 720 encounters) • Community liaisons – only a few examples provided below <ul style="list-style-type: none"> o Early Childhood Comprehensive teams as health representative o Child abuse prevention o Latino Health Representative o CUSP (dental) o March of Dimes o Head Start and Early Head Start • Epidemiological investigations (e.g. gastrochsis) • Child Care Health Consultation (position transferred to Chronic Disease/assignment tbd) • Leadership for Maternal-Child Health Coalition • Data initiatives - Fetal Infant Mortality Review Program initiation & Future NAACHO Data Institute teams • Resource development for maternal and child health needs in Washoe County (grant proposals)
17	CCHS Public Health Nurse II	2211	24	100%			
18	CCHS Public Health Nurse II	162	21	100%			

- All special events have been canceled such as Clean Air Day, Green-Yellow-Red (G-Y-R) promotion activities, and our motor vehicle anti-idling campaign.
- Minimal outreach has been performed by other staff (specialists, engineers, supervisors). The Division has documented a decline in public AQ program awareness due to lack of outreach activities (numbers reported for Smoking Vehicle and G-Y-R).
- Press releases and some media purchases are being covered by the EHS-PIO on an as needed basis.
- Grant work plan objectives will not be met without this position being filled.





A Proclamation by the Governor

WHEREAS, *Mycobacterium Tuberculosis (TB)* is a leading cause of morbidity and mortality worldwide, causing disease in over one hundred residents of Nevada annually, and an estimated eight hundred more are infected with the bacterium that cause Tuberculosis, placing Nevada as twentieth in the nation for Tuberculosis cases per population; and

WHEREAS, Multi-Drug Resistant Tuberculosis is becoming an increasing problem in the prevention and control of Tuberculosis; the spread of multi-drug resistant organisms nationally threatens to undermine our goal to ultimately eliminate tuberculosis; Nevada is one of only nine U.S. states to have reported cases of extensively drug resistant forms of Tuberculosis (XDR-TB); and

WHEREAS, Nevada experienced a Tuberculosis outbreak in 2008, accounting for eight cases of infectious disease, and over five hundred contacts; and

WHEREAS, Pulmonary Tuberculosis (TB) is very contagious and treatment for infected individuals is critical in preventing the cycle of transmission; and

WHEREAS, the development of more rapid and accurate diagnostic tools and shorter treatment regimens for all forms of Tuberculosis is vital to our success; and

WHEREAS, Nevada's state and local health departments are united to support the individuals, families and communities affected by this disease, and to renew our commitment to preventing the spread of Tuberculosis; and

WHEREAS, commitment and public awareness concerning Tuberculosis education and prevention is our best defense in eliminating Tuberculosis in Nevada; and

WHEREAS, to help raise awareness about the international health threat presented by tuberculosis and eventually 'Stop TB,' The Centers for Disease Control and Prevention and the Nevada State Health Division Tuberculosis Elimination Program join together with Southern Nevada Health District, Washoe County Health Department, Nevada State Health Division Frontier and Rural Public Health Services Program, Carson City Health and Human Services and Nevada State Health Laboratory to invite all health providers and residents of Nevada to participate in World TB Day;

NOW, THEREFORE, I, JIM GIBBONS, GOVERNOR OF THE STATE OF NEVADA, do hereby proclaim March 24, 2009 as

WORLD TB DAY IN NEVADA

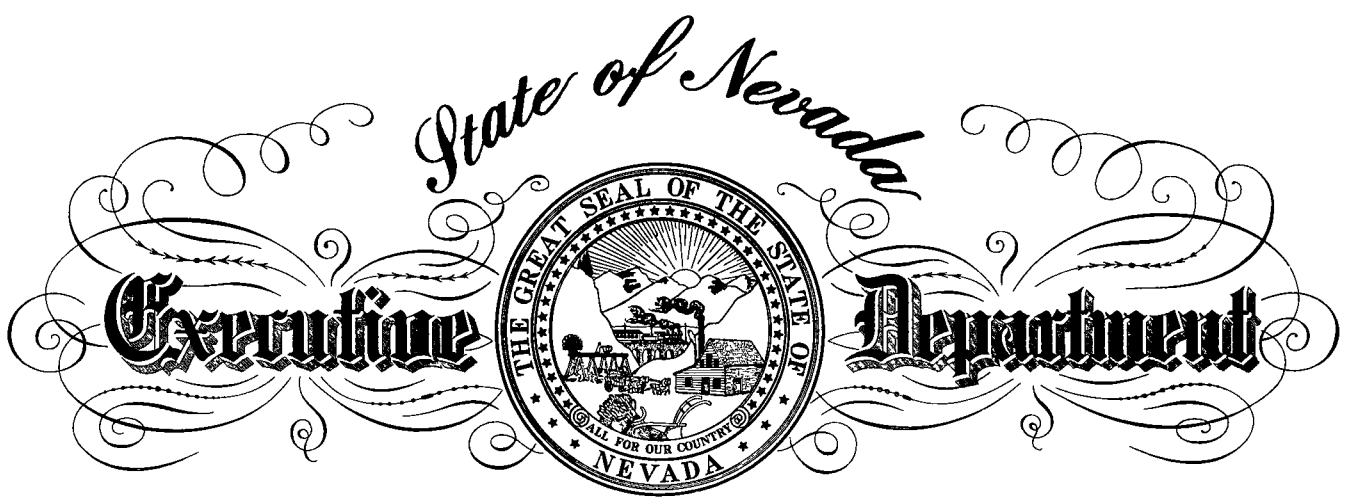


In Witness Whereof, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 28th day of January, 2009.

Jim Gibbons
By the Governor: Governor

[Signature]
Secretary of State

[Signature]
By Deputy



A Proclamation by the Governor

WHEREAS, *Mycobacterium Tuberculosis (TB) is a leading cause of morbidity and mortality worldwide, causing disease in over one hundred residents of Nevada annually, and an estimated eight hundred more are infected with the bacterium that cause Tuberculosis, placing Nevada as twentieth in the nation for Tuberculosis cases per population; and*

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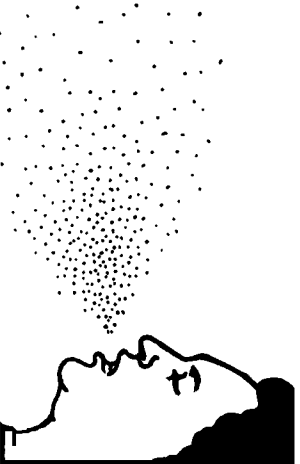
Tuberculosis: Get the Facts!

What is tuberculosis?

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. TB disease can cause death if untreated.

How is TB spread?

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings. TB is NOT spread by sharing silverware or cups, sharing cigarettes, or sharing saliva when kissing someone.



What are the symptoms of TB?

People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If their TB disease is in the lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected.

What is the difference between TB disease and TB infection?

People with TB disease are sick from the large number of TB germs that are active in their body. They usually have one or more of the symptoms of TB disease. These people may pass the TB germs to others. TB disease can cause permanent body damage and death. Medicines which can cure TB disease are given to these people.

People with TB infection also have the germs that cause TB in their body. But they are not sick because there are not as many of the germs, and the germs lie dormant (sleeping) in their body. They cannot spread the germs to others. However, these people could develop TB disease in the future, especially if they are in one of the high-risk groups listed under "Who gets TB disease?" People with TB infection can take medicine to prevent them from developing TB disease.

Who gets TB disease?

Once a person has TB infection, he or she has a higher chance of getting TB disease if the person

- Has HIV infection
- Has been recently infected with TB germs (in the last 2 years)
- Has other health problems, like diabetes, that make it hard for the body to fight germs
- Uses alcohol or injects illegal drugs
- Was not treated correctly for TB infection in the past

How can I tell if I have TB?

Get a TB skin test or the Quantiferon®-TB Gold (QFT) blood test. If you have a positive reaction to either of the tests, you will probably be given other tests to see if you have TB infection or TB disease.

Where can I get a TB skin test or QFT?

You can get a TB skin test from your doctor or local health department. You may be able to get the QFT at your local health department.

How are the TB tests given?

For a TB skin test, a health care worker uses a small needle to put some testing material, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.



If your health department does offer the QFT, some of your blood is taken for the test. You will be instructed on how to get the results of your test.

What if the test is negative?

A negative skin test usually means you are not infected. However, the test may be falsely negative if you were infected recently. It usually takes 2 to 10 weeks after exposure to a person with TB disease for ur skin

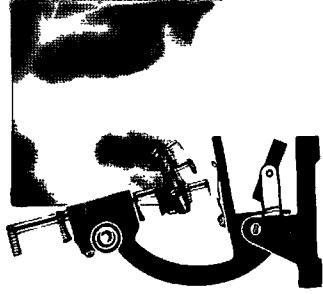
DBOH Agenda February 10th

test to react as positive. The test may also be falsely negative if your immune system is not working properly.

A negative QFT usually means you are not infected.

What if the test is positive?

A positive skin test or QFT usually means that you have been infected with the TB germ. It does not necessarily mean that you have TB disease. Other tests, such as an x-ray or sputum sample, are needed to see if you have TB disease.



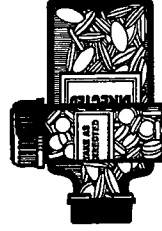
What if I had the BCG vaccine?

BCG is a vaccine for TB. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. The BCG vaccine does not usually protect adults against TB. You may still get TB infection or TB disease. Even if you have had the BCG vaccine, you will need a TB skin test or QFT to see if you may have TB infection or TB disease.

What should I do if I have TB infection or TB disease?

Get the required follow-up tests. Follow your doctor's advice and take the medicine as prescribed.

Today, both TB infection and TB disease can be treated and cured with medication.



For more information on TB or to get a TB skin test, call your doctor or local health department.

Tuberculosis



Get the Facts

For further information on TB visit:

CDC Division of Tuberculosis Elimination

Website at

www.cdc.gov/tb



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control
and Prevention





DISTRICT HEALTH DEPARTMENT

February 17, 2009

TO: District Board of Health

FROM: Jennifer Stoll-Hadayia, MPA, Chair
Washoe County Health District (WCHD) Legislative Team

THROUGH: Mary-Ann Brown, RN, MSN, Division Director

SUBJECT: Update on 2009 State Legislative Session Activities

SUMMARY

On December 18, 2008, the Board approved the priorities, process, and roles for 2009 State Legislative Session activities by the Washoe County Health District (WCHD) and its staff. Per the approved protocol, a written bill status update and an oral presentation of legislative activity is to be provided at Board meetings on a monthly basis as a discussion or action item, as needed. Below is the update for February 26, 2009.

BILL STATUS UPDATE

The Legislative Session began on February 2, 2009. Since that time, WCHD staff received requests for bill evaluation and/or fiscal notes from Washoe County Government Affairs on the following:

- **AB16.** Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600)*
- **AB112.** Establishes provisions relating to public health emergencies. (BDR 40-214)
- **SB32.** Makes various changes to the Open Meeting Law. (BDR 19-459)
- **SB54.** Revises the qualifications of the State Health Officer. (BDR 40-336)

**Denotes action taken by staff in the form of testimony.*

Per County process, positions on these bills were submitted via "Washoe Bills," and they were summarized in the Legislative Tracking Matrix that is submitted electronically to the Board on a weekly basis. Also per County process, Washoe County Government Affairs was notified of staff activity at the Legislature as well as provided copies of written testimony prior to hearing. To date, written testimony has been provided on only one bill (AB16) as noted above.

Staff are also monitoring several additional bills that have relevance to Board-approved Departmental and Divisional legislative priorities. These are also summarized in the Legislative Tracking Matrix attached to this report:

- **AB67.** Authorizes boards of county commissioners to levy an ad valorem tax to pay the costs of public safety, health and welfare services. (BDR 31-460)
- **AB97.** Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487)
- **AB68.** Provides for the issuance of a certificate of birth resulting in stillbirth. (BDR 40-151)
- **AB83.** Makes various changes concerning the reporting and investigation of allegations of child abuse and neglect. (BDR 38-333)
- **AB91.** Authorizes the State Treasurer to securitize the revenue stream produced by the Tobacco Master Settlement Agreement. (BDR 18-208)
- **AB107.** Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)
- **AB145.** Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815)
- **SB7.** Makes various changes to the Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23)
- **SB17.** Revises provisions governing health care records. (BDR 54-607)
- **SB48.** Repeals certain requirements regarding the delivery of cigarettes sold to consumers. (BDR 32-270)
- **SB72.** Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)

Lastly, staff are monitoring the following Bill Draft Requests (BDRs) that have potential relevance to Board-approved Departmental and Divisional legislative priorities:

- **BDR 40-14.** Requires the establishment of a Cancer Drug Donation Program.
- **BDR 40-39.** Authorizes the donation of medication by cancer patients.
- **BDR 105.** Provides for the free immunization of certain children against certain diseases within certain limits.
- **BDR 34-154.** Revises provisions governing immunization of children.
- **BDR 222.** Revises provisions relating to prostate cancer.
- **BDR 42-465.** Requires all cigarettes sold in Nevada to be automatically extinguishing when not being smoked so they are fire-safe.
- **BDR 42-568.** Enacts provisions governing fire-safe cigarettes.
- **BDR 52-569.** Enacts provisions governing the sale and distribution of novelty lighters.
- **BDR 40-682.** Makes various changes concerning the monitoring of lead exposure in children in this State.
- **BDR 743.** SCR: Promotes statewide awareness of melanoma.
- **BDR 809.** Revises provisions relating to immunizations for children.
- **BDR 812.** Revises provisions governing the taxation of tobacco products.
- **BDR 844.** Revises provisions governing communicable disease testing, treatment and control.
- **BDR 845.** Revises provisions governing the treatment and control of sexually transmitted diseases.

- **BDR 853.** Makes various changes to physical activity in the public schools and other provisions related to education.
- **BDR 40-924.** Requires the fluoridation of public water systems serving Washoe County.
- **BDR 1068.** Revises provisions relating to health authorities.
- **BDR 1073.** Authorizes reorganization of public health function of district health departments in larger counties.
- **BDR 1099.** Revises the Nevada Clean Air Act.
- **BDR 1104.** Requires certain warnings regarding the use of certain tobacco products.

OTHER UPDATES

The following additional activities related to the 2009 State Legislative Session have occurred since the prior Board report:

- Staff continue to give presentations to local public health coalitions on the topic of the state legislative process and the WCHD's priorities.
- Staff continue to provide technical assistance to coalition workgroups and law-makers regarding bill development. This has occurred for BDRs 812, 844, 845, and 853.
- The Chair has also responded to one request for information from the Legislative Council Bureau.

ATTACHMENTS

- Bill Tracking – 2009 State Legislative Session

POSSIBLE MOTION

Should the Board concur with the staff report, a possible motion would be: “move to approve the February WCHD Legislative Team report.”

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

Introduction

The Washoe County Health District's 2009 legislative bill tracking document contains: (1) legislation with impact to the District and/or its Divisions with emphasis on adopted legislative priorities for the session and (2) legislation sent by Washoe County Government Affairs for policy and/or fiscal impact analysis.

Key to Document Fields

- **Bill #** = Number assigned to the bill [SB = Senate Bill; AB = Assembly Bill; An "R" = Resolution; A "C" = Concurrent action in both houses]; a live link to the bill language should be included
- * = Indicates request for evaluation by Washoe County Government Affairs
- **Sponsor** = Full name of the primary individual or organization sponsoring the bill
- **Status** = Current location of the bill in terms of a particular House and committee; this can also reference bill filing status (e.g., pre-filed, enrolled, failed, etc.)
- **Summary** = Bill title as written
- **Analysis** = A succinct statement of the bill's impact to the Health District and/or community; if extensive explanation or background is needed, talking-points and/or a position statement should be drafted
- **Recommendations** = One "priority," "action," "position," option for "ordinance and policy impact," and option for "fiscal impact" should be included per below:

Priority = Indicate if bill is a High or Low priority for the Health District

Action

- **Monitor** = Interested in outcome of the bill only
 - **Track** = Interested in all stages of the bill; dependent upon changes, may elevate to Needs Attention
 - **Needs Attention** = Proactive response to bill required (e.g., position paper/talking-points, testimony, communication with law-maker, etc.)
- If Needs Attention is indicated, then also:

- **Testify** = Yes or No
- If **Yes** = include name of individual who will provide testimony if requested (in parenthesis)

Position

- **Support, As Is** = Support bill as currently written
- **Support, if Amended** = Support, if specific changes to the bill are made; recommended changes should be included in the "Analysis" section
- **Oppose** = Oppose bill as written and no suggestions for improvement can be made
- **Comment Only** = A neutral position on the bill, i.e., bill is neither supported nor opposed as written

County Ordinance & Policy Impact (Note: if Yes to either, impact should be explained in the Analysis section)

- **Change to County Ordinance** = Yes, No, Uncertain
- **Change to County Policies and Procedures** = Yes, No, Uncertain

Fiscal Impact

- **Yes** = Bill has fiscal impact to the Health District, either positively or negatively; if Yes, fiscal impact should be explained in the Analysis section
- **No** = Bill has no fiscal impact to the Health District

- **Staff** = Staff lobbyist and/or subject matter expert assigned to the bill

For More Information

Connie Campbell, CCHS, 328-2437, ccampbel@washoecounty.us
Jennifer Stoll-Hadayia, CCHS, 328-3645, jhadayia@washoecounty.us

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

Administrative Health Services, Epidemiology and Public Health Preparedness Division, and Office of the District Health Officer

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
*AB16	Commerce and Labor	Assembly HHS 2/11 No Action	Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600)	<p><u>Evaluation:</u> This bill extends existing requirements relating to proactively informing emergency response personnel of their potential exposure to blood-borne pathogens. This bill would add airborne infections.</p> <p>The impact of this bill on the Health District would be an unnecessary increase in workload for the District Health Officer and/or Communicable Disease Program staff. Because the bill requires the employers of emergency response personnel to designate a position to carry out some of the provisions, it could also increase the cost of providing emergency response.</p> <p><u>Fiscal impact:</u> There is fiscal impact to the Health District as calculated in staff time for the District Health Officer to conduct evaluations.</p> <p>For additional analysis, see attachments: <u>AB116 Written Testimony</u></p>	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) • Oppose • Ordinance: No • Policy: No • Fiscal Impact: Yes (R. Todd)
AB67	Gov't Affairs	Assembly Gov't Affairs 2/25 Agenda	Authorizes boards of county commissioners to levy an ad valorem tax to pay the costs of public safety, health and welfare services. (BDR 31-460)	<p><u>Evaluation:</u> This bill allows for Boards of County Commissioners to adopt (by a 2/3 majority and after 2 public hearings) additional ad valorem property taxes (at a rate not to exceed 10 cents per \$100 of the county's assessed valuation) for the specific purpose of paying "the costs of public safety, health and welfare services within the county."</p> <p>The impact on the Health District is unknown at this time as "public health" activities are not defined nor does the bill outline how tax revenue will be distributed among county entities. The interpretation of this bill will need to be closely monitored.</p> <p><u>Fiscal impact:</u> The fiscal impact to the Health District is unknown at this time.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya)

Washoe County Health District
 Bill Tracking – 2009 State Legislative Session

<p><u>AB97</u></p>	<p>Gov't Affairs (on behalf of NVCM)</p>	<p>Assembly Gov't Affairs 2/26 Agenda</p>	<p>Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487)</p>	<p><u>Evaluation:</u> This bill requires the development of regulations to transfer responsibilities between state and local governments (and the reverse), and between local governments. The only stated provision is that there must be 90 days notice of transfer of duties.</p> <p>The impact on the Health District is unknown at this time as transferable responsibilities are not defined. The committee's recommended regulations will need to be closely monitored for the potential for unfunded mandates.</p> <p><u>Fiscal impact:</u> The fiscal impact to the Health District is unknown at this time.</p>	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon)
<p><u>*AB112</u></p>	<p>Health and Human Services</p>	<p>Referred to Committee</p>	<p>Establishes provisions relating to public health emergencies. (BDR 40-214)</p>	<p><u>Evaluation:</u> This bill appears to be in response to the hepatitis C outbreak associated with improper infection control practices at an endoscopy center in Las Vegas. However, the language of the bill could be applied more broadly. As such, it has several weaknesses:</p> <ul style="list-style-type: none"> • <i>It does not include a definition of "immediate threat to health and safety of the public"</i> – Local boards of health do not identify health threats and only meet monthly, which would make determining and then reporting a health threat to the Governor challenging. • <i>It does not include a definition of "public health emergency"</i> – Without a working definition, it would be difficult for the Governor to make a determination. • <i>It lacks detail on the makeup of the committee</i> – The bill does not include any requirement for specific training and experience in the field of epidemiology. <p>Inclusion of the State Health Officer and District Health Officers may or may not address this concern. Membership should include the State Epidemiologist.</p> <ul style="list-style-type: none"> • <i>It preempts the local Public Health Authority</i> – This may or may not be an issue depending on whether the definitional 	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) • Oppose, unless amended • Ordinance: No • Policy: No • Fiscal Impact: Yes (R. Todd)

**Washoe County, Health District
Bill Tracking – 2009 State Legislative Session**

				<p>issues above are addressed. However, there would be nothing gained by declaring a "Public Health Emergency" that, in turn, is micromanaged by a statewide committee. It would be public health malpractice to wait for a declaration by a committee before immediate action is taken at the local level.</p> <p><u>Fiscal impact:</u> The District Health Officer would be a member of the committee established by this bill, and the County would be required to provide paid administrative leave for attendance. The number of such meetings is not specified. Additional Health District staff could be tapped to serve on subcommittees as well. It is likely this involvement would take place as a part of current Health District responsibilities whether or not this bill were in place. The bill does contain provisions to cover transportation and per diem costs as provided to state officers and employees generally. Additional expenses may be incurred if a District Board of Health meeting must be convened to determine a public health emergency.</p> <p>For additional analysis, see attachments: AB112 Evaluation, AB112 Fiscal Impact</p> <p><u>Evaluation:</u> This bill would allow for a closed meeting in the evaluation of a District Health Officer, a position appointed by the District Board of Health. In the particular case of considering the professional competence of an individual who might be impaired due to disease or mental debility, a closed meeting would provide greater privacy protections than an open meeting.</p>
*SB32	Gov't Affairs	Assembly Gov't Affairs 2/16 Agenda	Makes various changes to the Open Meeting Law. (BDR 19-459)	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (M. Anderson) • (Deputy District Attorney, District Board of Health)
*SB54	Health and Education	Senate Health & Ed 2/4 No Action	Revises the qualifications of the State Health Officer. (BDR 40-336)	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (M. Anderson) • Oppose <p><u>Evaluation:</u> This bill allows for an alternate, unlicensed pathway for a "physician or administrative physician" to be appointed as the State Health Officer. This downgrade of the requirements for the State Health Officer position has the potential to weaken the visibility</p>

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

					and priority that is placed on public health in the State of Nevada.	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : No (M. Anderson)
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Community and Clinical Health Services Division

Bill #	Sponsor	Status	Summary	Analysis	Recommendations/Staff
<u>AB68</u>	Stewart	Referred to Assembly HHS	Provides for the issuance of a certificate of birth resulting in stillbirth. (BDR 40-151)	<u>Evaluation:</u> Access to statistics from stillbirth birth certificates is necessary for conducting Fetal Infant Mortality Review (FIMR).	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (C. Hunter)
<u>AB83</u>	Health and Human Services (on behalf of DCFS)	Assembly HHS 2/16 Agenda	Makes various changes concerning the reporting and investigation of allegations of child abuse and neglect. (BDR 38-333)	<u>Evaluation:</u> This bill expands the definition of child maltreatment to include parental incapacity due to drug or alcohol abuse, including prenatally and prior to the time of a "legally defined" child. Should bill pass, mandated reporters will be required to report cases presenting with these conditions.	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (C. Hunter)
<u>AB91</u>	Gov't Affairs (on behalf of Lt. Gov)	Referred to Assembly Gov't Affairs	Authorizes the State Treasurer to securitize the revenue stream produced by the Tobacco Master Settlement Agreement (BDR 18-208)	<u>Evaluation:</u> Research shows that selling the right to future proceeds from the master tobacco settlement agreements results in (at most) \$0.40 paid on the \$1 owed to the state. This is a net loss of revenue for the lifespan of the settlement. The Health District receives \$232,110 from the settlement annually, which supports 2.48 FTEs. Funding could be lost if the right to future year payments are sold. <u>Fiscal impact:</u> Loss of \$232,110 and 2.48 FTEs	<ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadayia) • Oppose • Ordinance: No • Policy: No • Fiscal Impact : Yes (J. Stoll-Hadayia)
<u>AB107</u>	Oceguera	Read first time	Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the Department of Health and Human Services. (BDR 40-208)	<u>Evaluation:</u> This bill creates an Advisory Committee for the Prevention and Treatment of Stroke within the State Health Division. It also prescribes the goal of the Committee as to develop a statewide plan to prevent stroke, heart disease, and other vascular diseases. The bill also authorizes the state to apply for funds to support activities outlined in the plan.	<ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadayia) • Support • Ordinance: No • Policy: No • Fiscal Impact: No

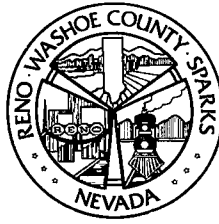
**Washoe County, Health District
Bill Tracking – 2009 State Legislative Session**

					<p>The bill does not mandate local health authority representation on the Committee, so there is no direct impact on the Health District at this time. However, this bill supports the Health District's goal of chronic disease prevention. In addition, this bill was submitted by request from the American Heart Association, and Health District staff serve on their Advocacy Committee.</p> <p>Fiscal impact: There is no fiscal impact to the Health District.</p> <p>Evaluation: This bill expands the use of school athletic fields to non-profits outside of the traditional school day. Similar policies are being promoted across the nation as an intervention that may increase childhood physical activity with the long-term goal of reducing childhood obesity.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District's goal of chronic disease prevention.</p> <p>Fiscal impact: There is no fiscal impact to the Health District.</p> <p>Evaluation: This bill expands voting membership of the Advisory Council on the State Program for Fitness and Wellness.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p>Fiscal impact: There is no fiscal impact to the Health District.</p> <p>Evaluation: This bill aligns Nevada Revised Statute with HIPAA requirements by mandating retention of medical records for 7 years (up from 5). It also requires that providers notify patients in writing prior to destroying records.</p> <p>There would be an impact on the Health District</p>	(J. Stoll-Hadaya)
<u>AB145</u>	Hambrick (primary), Carpenter, Cobb, Gustavson, Mortenson, Ohrenschaal Segerblom	Read first time	Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815)		<ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Support • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) 	
<u>SB7</u>	Wiener	Read first time	Makes various changes to the Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23)		<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) 	
<u>SB17</u>	Wiener	Senate Commerce and Labor 2/9/09 No action	Revises provisions governing health care records. (BDR 54-607)		<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: Yes 	

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

<u>SB48</u>	Senate Taxation	Senate Taxation 2/17 Agenda	Repeals certain requirements regarding the delivery of cigarettes sold to consumers. (BDR 32-270)	<p>as a result of this bill due to the patient notification requirement.</p> <p><u>Fiscal impact:</u> There would be fiscal impact to the Health District from this bill due to staff and direct costs associated with providing written notification to patients.</p> <p><u>Evaluation:</u> This bill aligns Nevada Revised Statute with federal laws governing delivery of cigarettes.</p> <p>There would be no impact on the Health District as a result of this bill.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	(P. Carlson)
<u>SB72</u>	Cegavske	Senate Commerce and Labor 2/18 Agenda	Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)	<p><u>Evaluation:</u> This bill allows registered pharmacists to perform a blood glucose screening test in a pharmacy setting, using an FDA-approved testing device. The outcome would be increased access to diabetes screening, which facilitates early intervention and lifestyle modification for this chronic disease.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District's goal of chronic disease prevention. In addition, this bill was submitted by request from a member of the Nevada Diabetes Council, on which Health District staff serve in a leadership capacity.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p>	<ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) <ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadayia) • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia)

**Air Quality Management Division - No bills tracked at this time
Environmental Health Services Division - No bills tracked at this time**



DISTRICT HEALTH DEPARTMENT

February 18, 2009

TO: District Board of Health

FROM: Mary-Ann Brown, RN, MSN, Division Director
Community and Clinical Health Services

Stacy Hardie, RN, BSN
Public Health Nursing Supervisor

SUBJECT: Family Planning Program Transition Options Report Continued

Introduction

At the Board of Health meeting on 1/22/09 the following options for Family Planning Clinic transition to the community were presented:

- Relinquishment of Title X funding before the end of the fiscal cycle.
- Completion of budget cycle with a termination of services on 6/30/09.
- Complete the grant funding cycle that ends 6/30/2011. The Washoe County Health District (WCHD) would not apply for the next competitive grant cycle, but would provide technical assistance for other interested community providers (staff recommended).

The Board of Health requested information in three areas:

1. The "Successor of Interest" option was presented, but prompted a request for additional information and subsequently was researched by Assistant District Attorney, Leslie Admirand.
 - **Successor of Interest: transfer of the remaining 2.5 years of 5 year grant to another accepting agency.**
 - Requires legal proceedings and assuming organizational responsibilities including all assets and liabilities.
 - Extensive paperwork and an agreement on the part of the successor to complete the original scope of work.
- Verbal report to be provided by Leslie Admirand.**
2. Additional information was requested regarding continuing the provision of Family Planning services at the WCHD Clinic with the reduction of local funding to the minimum required 10% match:

DBOH AGENDA ITEM # 19.

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

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- **WCHD Reduces General Fund Support level to 10% Match: a reduction of \$427,757 in clinical funding would have the following impact:**
 - The reduction of a Patient Care Team that consists of one Advanced Practitioner of Nursing, one Community Health Aide and one Office Assistant.
 - Additional clinical support staff positions would be eliminated: an Office Assistant and 0.5 FTE of a Licensed Practical Nurse.
 - No further sub-grants to the community, which would eliminate family planning services in Incline Village and decrease educational services for adolescents.
 - Approximately 25% decrease in family planning clients.
 - Total clinic financial reduction would be \$1,048,756 (includes previous decrease of \$620,999).
3. Information was requested related to how other states administer Title X services and is described below:

Title X Administration Models

<u>Definitions</u>
<p>Grantee: Direct recipient of Title X funding from the Federal Government.</p>
<p>Delegate: Receives funding from a Grantee.</p>

A. Family Planning Council Administration

A grantee that is a private, non-profit agency administers Title X funds throughout a state. Funding is provided on a competitive basis to clinical service providers (delegates). Two regional examples of this model are the Los Angeles Regional Family Planning Council and the Arizona Family Planning Council. Some examples of clinical service providers are: Planned Parenthood, Federally Qualified Health Centers, Public Health Departments, State University sponsored clinics and private clinics. In addition to providing fund administration, these Councils are responsible for program oversight and ensuring that funded agencies are in compliance with Title X Guidelines.

Applicability to Washoe County:

- This option would require a non-profit entity that is willing and capable of applying for Title X.
- Because this model is typically administered on a state-wide basis it would require negotiations with all current state wide Title X grantees.
- Would require extensive planning and negotiations.

B. State Department of Health or Governmental Agency Administration

The State Department of Health is the grantee that administers Title X funds on a competitive basis. Hawaii is an example of this model of administration. The model is similar to Family Planning Council in funding administration, but in contrast Family

Planning councils typically have an expanded scope related to family planning issues and services such as research and legislation.

Applicability to Washoe County:

- This option would be applicable to Washoe County as currently Title X funds (\$115,000) are sub-granted through the program to the community.
- The amount of funding sub-granted would increase.
- All family planning clinical services at WCHD would be discontinued.
- The cost for administering these funds would have to be determined.

C. Grantees that Provide Direct Services

Grantees may provide all clinical services or share service provision with one or more delegate agencies. A few examples of these types of agencies: Washoe County Health District, Clark County Health District, Nevada State Health Division and Planned Parenthood of Utah.

Applicability to Washoe County:

- This is the current model utilized by the WCHD's Family Planning Clinic.

Recommendation

Washoe County Health District's Family Planning clinic completes 5-year grant with termination date 6/30/11.

Transition Plan:

- Region IX submits 5-year competitive Title X Request for Application (RFA) January 2011 with 5-year contract to be initiated July 1, 2011.
- WCHD staff works with community providers to prepare all interested agencies for successful application for the Title X federal grant.
- Subcontract \$115,000 in Title X funding for contract period FY 2010-2011 to a local agency through a competitive process to allow one agency to begin services with a smaller scope prior to applying for the full program competitive grant in 2011.



DISTRICT HEALTH DEPARTMENT

February 17, 2009

TO: District Board of Health

FROM: Mary Ann Brown, RN, MSN
Division Director, Community and Clinical Health Services

Steve Kutz, RN, MPH
Public Health Nursing Supervisor

SUBJECT: Immunization Program Update

Introduction

The mission of the Washoe County Health District (WCHD) Immunization Program is to promote public health by reducing vaccine preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

The WCHD Immunization Program works to improve the rate of immunization for preventable diseases by administering vaccine to populations at risk and in need. Additionally the Immunization Program promotes community engagement and responsibility for immunizations by collaborating and providing technical assistance.

Documentation of Need

- Vaccines are one of the greatest achievements in public health and represent one of the most effective tools for the prevention of disease¹
- For every \$1 spent, immunizations save more than \$5 in direct costs and approximately \$11 in additional costs to society²
- Nevada ranks 50th in the nation with an immunization rate of 63.1%³ (no Washoe County specific data is available)

¹ 'Vaccines', Third Ed, Plotkin, S.A.; Orenstein, W.A., W.B. Saunders Company, 1999

² Economic Evaluation of the 7-Vaccine Routine Childhood Immunization Schedule in the United States, 2001, Arch Pediatr Adolesc Med/Vol 159, Dec 2005
www.archpediatrics.com

³ National Immunization Survey (NIS), July 2006 – June 2007, Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Immunization Action Plan Area US, National Immunization Survey, Q3/2005-Q2/2006

History

Immunizations are a mandated service for the Washoe County Health District. NRS 439.535 requires that the local health authority hold immunization clinics at least one month before the opening date of the school year.

Before the spring of 2003, the Washoe County Immunization Program offered vaccinations at the Health District five days a week. Due to decreasing resources, immunization services continued on site three days a week with offsite clinics at high-risk areas throughout the community on alternative days. Offsite services have included Incline Village area clinics, Nevada Childhood Immunization Week clinics, and Kids to Senior Korner outreach (10,528 immunizations in FY 08).

Washoe County Immunization Program Data

<i>Fiscal year</i>	<i>03/04</i>	<i>04/05</i>	<i>05/06</i>	<i>06/07</i>	<i>07/08</i>
Immunizations given	51,352	45,281	50,149	52,894	56,952
Clients served	21,947	20,135	20,802	19,257	18,854

Current Program Activities

- Immunization Administration
 - Immunizations administered at:
 1. Health District Clinic
 2. Community and specialty clinics including: Kids-to-Senior Korner Program, South Reno WIC, Hug High School Pilot Program, and Incline Village

- Community Immunization Education and Technical Assistance
 - Provide training on immunization requirements to the healthcare system and community partners
 - Conduct audits of immunization records for licensed childcare providers to ensure compliance with NRS 432A.230 and for private and charter schools NRS 392.435; NRS 394.192
 - Provide quality assessment and technical assistance to healthcare providers currently enrolled in the Federal Vaccines for Children (VFC) Program
 - Provide public education on the importance of immunizations during community events such as Hispanic Heritage Day, North Valley's Fit and Fun Fair, Tune Into Kids, and Weed 'n Seed
 - Provide community information through mass media outlets
 - Provide technical assistance to Washoe County School District (WCSD)

- Community Leadership
 - Assume leadership roles in the Northern Nevada Immunization Coalition (NNIC), Partners Promoting Flu Immunization Coalition, and the National Infant Immunization Week public awareness campaign
 - Legislative advocacy work with community partners

- Provide community with updates on vaccines and recommendations from the Center for Disease Control (CDC)
- Partner and Collaborate
 - Active membership in Northern Nevada Immunization Coalition (NNIC)
 - Working with local hospitals to ensure all infants born to mothers positive for hepatitis B are immunized at birth and case managed to ensure series completion

Additionally, the Health District’s immunization program is nationally recognized for the partnership with Renown Regional Medical Center, the Nevada State Health Division and Sanofi Pasteur Vaccines for the “Cocooning” immunization project, which immunizes parents and household contacts immediately after the birth of a baby.

Clinic Restructure

Clinic redesign was initiated in 2008 to provide more efficient provision of immunization services and to address the extended wait times by citizens. Additionally, a decrease in available nursing staff (2.85 FTEs) occurred with the changes to a CDC grant which directed staff to provide technical assistance, build community capacity and infrastructure for immunization clinics within the county, and eliminate vaccine administration.

Clinic redesign included a change from a walk-in clinic only to primarily an appointment based system with approximately 95 appointments available per clinic day. Clients’ show rate is between 70-79%. Unused slots of clients who do not show for appointments are then available for walk-in clients.

Immunization Appointment Data				
<i>Timeframe</i>	05/08-06/08	07/08-09/08	10/08-12/08	01/09
<i>Show Rate</i>	76.88%	79.14%	76.38%	70.66%

Clients report a high level of satisfaction with the appointment system. Complaints about long wait time have been eliminated. There are, however, occasional complaints about difficulties in making appointments due to the antiquated phone system.

The most recent immunization client satisfaction survey, conducted January 2009, shows the following:

- For the question “The hours of operation are convenient,” 87.9% responded “good” to “excellent”
- For the question “The time you waited to be seen,” 86.5% responded “good” to “excellent”
- For the question “The staff who saw you today,” 100% responded “good” to “excellent”

In order to maximize reimbursement, fees were increased to \$16/dose for state provided vaccines, the amount allowed by Federal Guidelines.

Vaccines For Children (VFC) Only Transition

The state of Nevada changed from universal coverage of vaccines to Vaccines For Children (VFC) only on January 1, 2009. Data for the first six weeks since this change include:

- Approximately 4% of daily clients are declining to make appointments after receiving information about costs, opting to check with their private provider
- Twenty-five percent (15 out of 60) of state vaccine providers in Washoe County have signed the delegation of authority that allows these medical practices to receive state purchased vaccine and provide immunizations for qualified children
- Saint Mary's Health Plans are now purchasing vaccine to fully immunize children covered by their health plans
- Greater numbers of clients are reporting VFC eligibility. This has reduced the initial expenditures expected for vaccine purchases

Immunization program staff continues to work with the Nevada State Health Division, the NNIC and community providers regarding this transition.

Conclusion

The WCHD Immunization Program is continuing to evaluate all program activities for opportunities to be more efficient and to improve the quality of serviced provided. Currently the appointment system and hours of clinic operation are meeting the demand. The addition of clinic hours will be implemented if demand for appointments increases. An increase in clinic hours would cause a subsequent shift from at-risk offsite clinics if no new resources are identified. Additionally, the Immunization staff continues to educate and provide technical assistance as directed by the CDC to expand county infrastructure and capacity.



DISTRICT HEALTH DEPARTMENT

February 17, 2009

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, February 2009

Communicable Disease –

Seasonal Influenza - For the week ending February 7 (week 05) six of six participating sentinel healthcare providers in Washoe County saw 66 patients presenting with an influenza-like-illness (ILI) out of 3,788 total patients. This yields a total ILI percentage of 1.7%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (04) was 2.3%. This is below the national baseline of 2.4%.

The ratio of deaths with pneumonia or influenza to all deaths (P & I) is temporarily suspended due to staffing shortages in the vital statistics office. The national P & I for week 04 was 7.0% which is below the epidemic threshold of 7.9% set by CDC.

Gastroenteritis Outbreak – Communicable Disease and Environmental Health Staff have been investigating an outbreak of gastroenteritis at the Sparks Middle School. Laboratory results are pending at this time. However, based on symptoms this appears likely to be a Norovirus outbreak. School officials have been advised to institute aggressive cleanup procedures and to exclude ill students and staff until 72 hours after their last symptoms.

Public Health Preparedness (PHP) Activities –

National Presentations – Dr. Todd has been working with IT staff at the Nevada State Health Division to develop ways to ensure the availability of WebEOC during an internet outage. During a worst-case scenario our community could be subjected to acts of terrorism on both the biological and cyber fronts. Because WebEOC is an invaluable tool used in responding to an emergency situation, its loss due to non-availability of the internet could be crippling. As a result of this work Dr. Todd was invited by ESI, the company that developed WebEOC, to present this work at a national web-based Lunch-n-Learn on February 13. Mark

Foxen from the Health Division co-presented with Dr. Todd to an estimated audience of about 180 people with 125 sites logged into the webinar. Some of the sites that pre-registered for the webinar included State and Local Health Departments, State and County Emergency Management Agencies, Amateur Radio Clubs, and FEMA. ESI also reported that the World Health Organization in Geneva, Switzerland and a group in Auckland, New Zealand were registered. Dr. Todd and Mr. Foxen have also been invited to present at the WebEOC User Conference in April.

Training and Education –

Epi-Ready Team Training - The WCHD PHP Program and NVEnergy in cooperation with the National Environmental Health Association, CDC, Food Safety Office, USDA, Food Safety and Inspection Services, offered Epi-Ready Team Training on January 27-28. NVEnergy provided the training room, IT support and refreshments for this live interactive webcast workshop. Thirty participants from two different states and twelve different agencies were in attendance. These agencies included: Washoe County Health District, Mono County Health Dept., Nevada County Dept. of Environmental Health, VA Hospital, Nevada State Health Division, NVEnergy, Carson City Health and Human Services, Northern Nevada Medical Center, Tahoe Pacific Hospital, Southern NV Health District, Placer County, Tahoe Forest Hospital.

Epi-Ready Team Training is a nationwide initiative intended to provide up-to-date food borne disease outbreak investigation and surveillance training. The primary workshop objective is to amalgamate the many health disciplines (e.g., environmental health, epidemiology, laboratory, public health nursing, etc.) involved in conducting a successful outbreak investigation in order to emphasize the importance of teamwork. Training included interactive group exercises, question and answer sessions, and didactic lectures on passive surveillance, outbreak determination, environmental assessment, epidemiological investigation, laboratory guidance, and final report writing. This workshop not only provided a rich experience for attendees at the Reno location, but also assisted NEHA, CDC and USDA in proving a technology that can be used to expand the availability of future offerings of this program and others like it. Five different sites participated: Sacramento, Concord, Los Angeles, San Diego and Reno.

National Incident Management / Incident Command System Training - At the request of Carson City Health and Human Services (CCHHS) Public Health Preparedness Program, the PHP Education and Training Coordinator collaborated with the CCHHS Public Health Preparedness Planner to provided Incident Command System and National Incident Management System for Healthcare Organizations training for approximately 30 Carson Valley Medical Center staff on January 20th in Gardnerville. Carson Valley Medical Center is a member of the IHCC. This training helped to strengthened regional hospital preparedness and to ensure a coordinated response during an emergency.

Respiratory Hygiene Review - The PHP Education and Training Coordinator presented “Respiratory Hygiene Review” to WCHD CCHS staff as part of the CCHS Health Education Fair which was held on January 29th.

Blood-Borne Pathogens Training - On January 15th, the PHP Education and Training Coordinator co-presented “Blood-Borne Pathogens” training with the CCHS Quality Assurance & Infection Control Nurse for WCHD Environmental Health staff. This training collaboration began in 2008 with the goal of providing cost effective in-house required training for staff. The PHP Education and Training Coordinator provides back-up for the CCHS QA & IC Nurse and is able to provide training to MRC Volunteers when needed. This cross-divisional training and education collaboration has been very successful and is expected to continue and strengthen.

Public Information – Through the efforts of PIO staff in both the PHP Program and the EHS Division, the Washoe County Health District participated in more than 240 media encounters during 2008. These included both proactive efforts via mechanisms such as press releases and FAQs as well as those reactive in nature, such as participating in interviews. Media interviews thus far in 2009 have included the following topics:

- The national peanut product-related *Salmonella* Typhimurium outbreak. We have also received several calls from people experiencing symptoms that could be suggestive of *Salmonella* Typhimurium and from people with questions about using peanut products. The staff has and will continue to respond to these calls appropriately with the goal of minimizing the impact of this outbreak on the Washoe County community.
- Methicillin-resistant staph aureus (MRSA)
- The pros and cons of chickenpox “parties” during which parents purposely expose their unvaccinated children to a child with chickenpox
- The current status of seasonal influenza and flu shots in Washoe County
- A probable outbreak of norovirus at Sparks Middle School



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: February 18, 2009
TO: District Board of Health Members
FROM: Robert Sack, Division Director of E.H.S.
SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 23.C.

ENVIRONMENTAL HEALTH AND THE INDOOR SMOKING REGULATION

The latest request for dismissal of charges against Coach's Bar and Jox Bar for violation of the Nevada Clean Indoor Air Act was denied in January. The Court has scheduled dates in March for these cases to be heard. In February, EHS staff issued a citation against Sneaker's Bar, located in Stead. The recent decision by the Court to deny dismissal of these cases enhances the ability of EHS staff to enforce this State regulation.

VECTOR-BORNE DISEASES PREVENTION PROGRAM

Board members will find a copy of "Overcoming Financial Barriers to Create and Sustain Local Mosquito Programs" which is available through the National Association of County and City Health Officials (NACCHO). This publication deals with the difficult issue of funding abatement of mosquitoes as a means of preventing mosquito-borne disease in both human and animal populations. The Washoe County Health District Vector-Borne Diseases Prevention Program will begin mosquito surveillance in late April, and in May will start bi-weekly applications of growth inhibitor via helicopter.

Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sn




DISTRICT HEALTH DEPARTMENT

AIR QUALITY MANAGEMENT DIVISION



Public Health
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Date: February 26, 2009
To: District Board of Health
From: Andrew Goodrich, Director, Air Quality Management 
Re: Monthly Report for Air Quality Management
Agenda Item: 23.D.

The enclosed Air Quality Management Division Report is for the month of January 2009 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM #23.D.

P.O. BOX 11130 Reno, NV 89520-0027 • 401 Ryland Street, Ste. 331 • (775) 784-7200 • FAX (775) 784-7225

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Director's Report

January 2009

Change is coming

Although the economy dominates the news lately, there is plenty of other exciting news in store for those in the environmental field. The new federal administration promised and delivered significant changes to the US Environmental Protection Agency with the appointment of Ms. Lisa P. Jackson as the new Administrator for the agency. In her confirmation hearings, Ms. Jackson emphasized the need to return to science-based decision making for the protection of public health and welfare. She also said that energy and climate policy will be a priority as she takes the reins of the agency. Some other predicted changes: We can expect new, more protective, standards for ambient air quality, and emphasis on holistic or systematic approaches to environmental protection. Climate change will be a paramount issue with the new administrator with emphasis on the reduction of greenhouse gas emissions from cars and factories. New programs will be developed for conservation and improved energy efficiencies to reduce carbon emissions into the atmosphere. New federal, state and local strategies will also need to be developed for the adaptation to the inevitable changed climate. Here in the west, we can expect drier and hotter summertime temperatures that will lead to more wildfires, potentially more windblown dust events, and increased summertime ozone levels. The Health District will need to prepare and respond accordingly to these important changes.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR SEPT

Air Quality Index Range	# OF DAYS JAN 2009	# OF DAYS JAN 2008
GOOD 0 to 50	12	26
MODERATE 51 to 100	19	5
UNHEALTHY FOR SENSITIVE GROUPS 101 to 150	0	0
UNHEALTHY 151 to 200	0	0
VERY UNHEALTHY 201 to 300	0	0
TOTAL	31	31

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

POLLUTANT	JAN 2009	Highest for 2009	JAN 2008	Highest for 2008
CARBON MONOXIDE (CO)	37	37	26	32
OZONE 8 hour (O3)	45	45	38	140
PARTICULATES (PM _{2.5})	82	82	62	211
PARTICULATES (PM ₁₀)	94	94	65	167

For the month of January, there were no exceedances of Carbon Monoxide, Particulate Matter, or Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of January was ninety-four (94) for PM₁₀. There were twelve (12) days in the month of January where the Air Quality was in the good range, and nineteen (19) days the Air Quality fell into the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance, data submission and network upgrade activities continued throughout the month with no major issues.

Staff met with County facility employees to determine an appropriate site location close to future Air Quality offices for an EPA funded real-time radiation monitor in the Reno area. An ideal location was found on the roof of Building C of the Washoe County Administrative offices campus on 9th and Wells. EPA will pay for the distribution of power to the monitoring location, installation of the monitor, expendable supplies and all telemetry costs to Birmingham, Alabama. Air Quality will be providing the minimal in-kind staff time (~2hours/week) necessary to operate the site.

Installation of the Ncore trace level gas monitoring equipment was completed at the downtown Reno 3 site. It is anticipated that the site will be operational and on-line by the end of February.

Planning Activity

Work is continuing on the preparation of the 24-hour PM₁₀ Redesignation Request and Maintenance Plan. It is anticipated the Plan will be before your Board for adoption at its March meeting

Additionally, staff is in the early stages researching the development of a county-wide green-house gas emissions inventory and will be developing the next (2008) triennial emissions inventory for submission to EPA by June of 2010.

Permitting Activity

TYPE OF PERMIT	2009		2008	
	JANUARY	YTD	JANUARY	ANNUAL TOTAL
Renewal of Existing Air Permits	106	106	101	1302
New Authorities to Construct	8	8	10	81
Dust Control Permits	6 (29 acres)	6 (29 acres)	13 (226 acres)	195 (3012 acres)
Wood Stove Certificates	10	10	9	170
WS Dealers Affidavit of Sale	13 (7 replacements)	13 (7 replacements)	19 (8 replacements)	250 (145 replacements)
WS Notice of Exemptions	349 (11 replacements)	349 (11 replacements)	218 (2 replacements)	3729 (139 replacements)
Asbestos Assessments	55	55	82	856
Asbestos Removal Notifications	8	8	35	322

Compliance/Inspection Activity

Staff reviewed forty-two (42) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted forty-eight (48) stationary source renewal inspections and fifty-five (55) gas station inspections in January. Staff also conducted inspections on asbestos removal and construction/dust projects.

**Permitting/Enforcement
Activity**

Staff continues to work with our consultant, Applied Soil Water, on the dust study that began last fall, 2008. There has been some delay in the dust palliative test plot applications, but it appears that application will be completed during the first week of March. EPA "test methods" will be used along with visual evaluations by the consultant and staff to determine the best and most cost effective dust palliatives for this area. We have also met with TMWA regarding possible alternative water sources for construction dust control.

Staff continues to work with the City of Reno Code Enforcement staff regarding asbestos abatement and demolition of the old Zanzibar motel across from the Peppermill on South Virginia. The asbestos survey has been completed, and Reno Code Enforcement is working with City officials in an attempt to find some money for the project to proceed. This structure needs to be demolished as soon as possible not only because it is an eyesore but also because of criminal activity.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2009*		2008		
	January	YTD	January	YTD	Annual Total
Asbestos	1	1	2	2	21
Burning/Smoke	1	1	2	2	12
Dust	8	8	4	4	229
Gas Station/Oxy Fuel	0	0	2	2	0
Miscellaneous	0	0	0	0	12
Odor	2	2	5	5	31
Painting (spray painting)	0	0	0	0	8
Permit Violation	1	1	1	1	20
TOTAL	14	14	16	16	334
DEC'S	January	YTD	January	YTD	Annual Total
Warnings	3	3	3	3	16
Citations	0	0	1	1	27
TOTAL	3	3	4	4	43

* Discrepancies in Totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were a total of three (3) Notice of Violations (NOVs) issued in January, 2009. There were three (3) NOV Warnings issued: one for no Asbestos Assessment prior to demo, and one for Solid Fuel Burning Devices/Woodstoves. There were no NOV Citations issued.



DISTRICT HEALTH DEPARTMENT

February 13, 2009

TO: Members District Board of Health

FROM: Eileen Coulombe

SUBJECT: Report for February 2009 Administrative Health Services Division

Fiscal Year 10 Budget Calendar and Update:

Administrative Health Services staff met with Division Directors and Program staff from January 27, 2009 to February 6, 2009 to review the Fiscal Year 10 budget process, personnel, program assumptions/issues, performance measures, outcome data, along with revenues and expenditures for the remainder of the FY 09 and project revenues and expenditures for FY 10. Staff will present a FY 10 budget update at the regular District Board of Health meeting on March 26, 2009 at 1:00 PM.

Based on recent projections the FY 10 budget will involve significant cost reductions. The Board of County Commissioners established a Budget Policy Committee (Agenda Item #22 attached) to create a policy framework for the FY 10 budget development process. To incorporate the Budget Policy Committee's results, the special budget meeting for the District Board of Health to review and approve the proposed FY 10 Budget has been moved from March 12, 2009 at 1:00 PM to April 9, 2009 at 1:00 PM.


 Administrative Health Services Officer

Enclosure





WASHOE COUNTY

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STAFF REPORT

BOARD MEETING DATE: February 3, 2009

CM/ACM 
Finance 
DA
Risk Mgt.
HR
Other

DATE: January 30, 2009
TO: Board of County Commissioners
FROM: John Sherman, Finance Director
328-2070, jsherman@washoecounty.us

SUBJECT: Establishment of Budget Policy Committee, including, but not limited to, mission, timeframe, composition and appointment of members. (All Commission Districts)

SUMMARY

Based on recent projections the FY 2009-2010 budget will involve significant cost reductions. These budget reduction choices should be identified and made based on a clearly articulated set of policies and then filtered through a complementary review strategy. A necessary first step to the budget balancing process is the development of a policy framework. One option would be to establish a budget policy committee tasked with the development of that policy framework.

County Priority/Goal supported by this item: Improve efficiency and financial stability of Washoe County.

PREVIOUS ACTION

January 27, 2009 – the Board of County Commissioners directed staff to place on the next available agenda the creation of a Budget Policy Committee.

BACKGROUND

Based on the economic and fiscal impact scenarios presented, the County faces substantial reduction choices to balance the budget going into Fiscal Year 2009/10. The possible budget reduction choices should be identified and made based on a clearly articulated set of policies and then filtered through a complementary review strategy. However, this policy framework needs to be based on the current historically unique set of circumstances. Therefore, it could be concluded that as a necessary first step to the budget process the policy framework be reviewed. One option would be to establish a budget policy committee.

Budget Policy Committee Members

A cross section of policy makers, external and internal stakeholders as well as internal subject matter experts could be convened. For example, such a policy committee could be comprised of:

- Two County Commissioners;
- Two Members of the Organizational Effectiveness Committee;

AGENDA ITEM # 22

- Two Elected Department Heads;
- Two Representatives Selected by the Bargaining Associations
- Two Appointed Department Heads
- Ex-Officio members: the County Manager and the Finance Director
- Staffed by Budget Division, Human Resources, and legal staff as needed.

Mission

One option regarding the mission of the Budget Policy Committee would be the development of a policy framework based on the current historically unique set of circumstances from which budget reduction choices could be identified. In developing this policy framework, the Committee could identify a number of policy questions department budgets would be analyzed in light of. These questions could include but not be limited to:

- In-sourcing versus outsourcing;
- Internal consolidation and external consolidation criteria;
- Principles to determine mission critical programs;
- Principles to determine program reduction options across and within functions;
- Strategically balancing program reduction choices with tiered approach.

Timeframe

Because time is of the essence, it is recommended that this work be completed within thirty days in order to have the policy framework available for the Fiscal Year 2009-2010 budget development process.

FISCAL IMPACT

There will be little fiscal impact on the creation and short-term duration of a Budget Policy Committee, primarily staff support to the Committee.

RECOMMENDATION

It is recommended that the Board of County Commissioners provide direction to staff on the establishment of a Budget Policy Committee, including, but not limited to, mission, timeframe, composition and appointment of members

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion would be: Move to provide direction to staff on the establishment of a Budget Policy Committee, including, but not limited to, mission, timeframe, composition and appointment of members

BCC

· LARKIN

· HOMKE

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AGENDA ITEMS



WASHOE COUNTY

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DBO# Item 23.E
2/22/09

CM/ACM _____
Finance _____
DA _____
Risk Mgt. _____
HR _____
Other _____

STAFF REPORT BOARD MEETING DATE: February 24, 2009

DATE: February 22, 2009
TO: Board of County Commissioners
FROM: Darin Conforti, Budget Manager
THROUGH: John Sherman, Finance Director
SUBJECT: Approve retroactive confirmation of appointments to Budget Policy Committee. (All Commission Districts.)

SUMMARY

On February 10, 2009, the Board of County Commissioners established the Budget Policy Committee directing staff to bring back to the Board the members for confirmation

County Priority supported by this item: Improve efficiency and financial stability of Washoe County.

PREVIOUS ACTION

January 27, 2009, the Board directed staff to bring back to the Board the establishment of a Budget Policy Committee.

February 10, 2009, the Board established the Budget Policy Committee and directed staff to bring back the committee membership for confirmation

BACKGROUND

The Board of County Commissioners has established the Budget Policy Committee to develop guiding budget policies and principles. The Committee consists of:

- Two County Commissioners;
- Two Members of the Organizational Effectiveness Committee;
- Two Elected Department Heads;
- Two Appointed Department Heads;
- Two Representatives selected by the Bargaining Associations; and
- Ex Officio members, the County Manager and the Finance Director.

AGENDA ITEM # 66

The following appointments, requiring Board confirmation, have been made to the Committee:

County Commissioner	David Humke, Chairman
County Commissioner	Robert Larkin
County Commissioner	Bonnie Weber, (Alternate 1)
County Commissioner	Kitty Jung, (Alternate 2)
County Commissioner	John Breternitz, (Alternate 3)
Organization Effectiveness Committee	Rand Tanner
Organization Effectiveness Committee	Dave Funk
Organization Effectiveness Committee	Gene Brockman, (Alternate)
Elected Department Head	Mike Haley, Sheriff
Elected Department Head	Bill Berrum, Treasurer
Appointed Department Head	Doug Doolittle, Regional Parks/Open Space
Appointed Department Head	Rosemary Menard, Water Resources
Employee Association Rep.	Carla Fells, WCEA
Employee Association Rep.	Marcus Hodges, WCSDA
Employee Association Rep.	Steve Kutz, WCNA (Alternate)
Employee Association Rep	Dennis Carry, WCSDA (Alternate)

Representation on the Committee is similar to the representation used for Charting Our Course. However, like Charting Our Course, the Committee does not consist of representation from the Judiciary. The Judiciary has been informed of and invited to attend the public meetings. The Board may want to consider retroactively appointing a judicial representative.

FISCAL IMPACT

There should be minimal impact associated with the creation, appointment, and deliberations of the Budget Policy Committee.

RECOMMENDATION

It is recommended the Board approve retroactive confirmation of appointments to the Budget Policy Committee.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation a possible motion would be: Move to approve retroactive confirmation of appointments to the Budget Policy Committee.



WASHOE COUNTY

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CM/ACM _____
Finance _____
DA _____
Risk Mgt _____
HR _____
Other _____

STAFF REPORT BOARD MEETING DATE: February 24, 2009

DATE: February 22, 2009
TO: Board of County Commissioners
FROM: Darin Conforti, Budget Manager
THROUGH: John Sherman, Finance Director
SUBJECT: Acknowledge budget status report and provide direction on Fiscal Year 2009/10 budget development--Finance. (All Commission Districts.)

SUMMARY

On January 27, 2009, staff updated the Board on the status of budget development for Fiscal Year 2009/10. Consistent with the action directed on the 27th, the Board has created a Budget Policy Committee. This staff report updates the Board on the work of the Budget Policy Committee including the creation of budget principles and categories of budget balancing strategies as well as the Policy Committee's meeting schedule. Additionally, it updates the Board on the Tentative Budget Calendar and coordinating efforts toward the development of the budget.

County Priority supported by this item: Improve efficiency and financial stability of Washoe County.

PREVIOUS ACTION

January 27, 2009, discussion and direction to staff on Fiscal Year 2008-2009 budget reductions and Fiscal Year 2009-2010 budget process.

February 10, 2009, the Board established the Budget Policy Committee and directed staff to bring back the committee membership for confirmation.

BACKGROUND

During the months of March and April concurrent efforts on the Fiscal Year 2009/10 Budget build will be taking place culminating with the department budget hearings before the Board in April. Tentatively, staff is recommending budget hearings on April 14, 21, and 28. On March 3, staff will bring to the Board the budget calendar and estimates of available revenues for the next year fiscal year along with target department funding levels (attached is a the Tentative Calendar). At the same time, the Board formed the Budget Policy Committee to develop budget principles and guidelines that will be used to guide the development of the Fiscal Year 2009/10 Budget. The Committee intends to provide its initial report of principles and criteria for budget balancing strategies to the

Board on March 17, 2009. The Committee met for first time on February 20, and has scheduled subsequent meetings on February 27, March 4, and March 11

The Budget Policy Committee is working on developing budget principles, guidelines, and criteria. Potential categories of budget balancing strategies include:

- Outsourcing
- Legislative Changes to Mandates
- Internal/External Consolidation of Services
- Improve Operational Efficiency
- Restructure Pay and Classification Benefits
- Program Elimination
- Entrepreneurial Opportunities
- Shared Services
- Asset/Property Management
- In-Sourcing
- Service Level Reductions

Given the proximity of time and efforts, it will be necessary for staff to begin preliminary work with Departments on pursuing opportunities that fall within these categories. A preliminary report on potential opportunities would be provided to the Board on March 31. Further guidance provided by the Board at the time will then be incorporated into specific department budget plans presented during the April budget hearings.

FISCAL IMPACT

There is no fiscal impact associated with acknowledging this staff report.

RECOMMENDATION

It is recommended that the Board acknowledge budget status report and provide direction on Fiscal Year 2009/10 budget development

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion would be: Move to acknowledge budget status report and provide direction on Fiscal Year 2009/10 budget development.

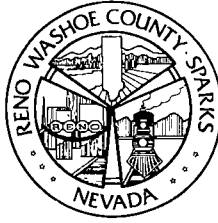
Attachment (1)

Tentative Budget Calendar Fiscal Year 2009/10

✓ Rec'd
2.23.09

Tentative Budget Calendar FY 2009-2010
2/23/2009

February 10	Budget Policy Committee—BCC
February 20	Budget Policy Committee Meeting
February 24	BCC Meeting Status Report on Budget
February 27	Budget Policy Committee Meeting 1:00 pm
March 3	BCC Meeting on Budget Funding Targets for FY 2009/10
March 4	Budget Policy Committee Meeting 9:00 am Special Department Head Meeting FY 2009/10 on Budget Planning 2:00 pm Employee Town Hall Meeting 12:00 pm
March 11	Budget Policy Committee Meeting 9:00 am
March 17	BCC Meeting- Budget Policy Committee Recommendations
March 31	BCC Meeting- Bring Forward Program Restructuring Ideas
April 6	Department Budget Plans Due
April 14	BCC Meeting- Department Budget Hearing
April 15	Tentative Budget Submitted to State
April 21	BCC Meeting- Department Budget Hearings
April 28	BCC Meeting- Department Budget Hearings
May 18 (Mon)	BCC Meeting- Public Hearing on Budget
May 26	BCC Meeting- Adoption of Final Budget
June 30 (Tues)	BCC Meeting- Amended Final Budget (Legislative Changes)



DBOH AGENDA ITEM NO. 23.F.

February 19, 2009

TO: **DISTRICT HEALTH DEPARTMENT**
Members, District Board of Health

FROM: Mary A. Anderson, MD, MPH

SUBJECT: District Health Officer's Report

Appointment of Councilwoman Julia Ratti to the Washoe County District Board of Health

Subsequent to our board meeting of January 22, 2009, we have received official notification from the City of Sparks which confirms the appointment of Ms. Julia Ratti to the Board of Health (Enclosure 1). She will serve as the elected member from the City of Sparks. Ms. Ratti has a background in health and human services and a strong interest in prevention.

American College of Preventive Medicine (ACPM) Annual Conference

I attended the ACPM annual conference in Los Angeles, CA during the period of February 11-14, 2009. During the course of the meeting, optimism was expressed over the fact that the Economic Stimulus Package contained funding for public health programs including:

- \$300 million for the CDC 317 immunization program
- \$50 million to reduce healthcare associated infections
- \$650 million to carry out evidence-based clinical and community-based prevention and wellness strategies that deliver specific, measurable health outcomes that address chronic disease rates.

At the Honors Banquet, I was officially recognized as a Fellow of the American College of Preventive Medicine for contributions to public health and preventive medicine.

State and Local Health Authorities Meeting

At the State/LHA meeting on February 19, 2009, the Economic Stimulus Package was also a topic of discussion. When it is known what funds may become available for public health in Nevada, the State Health Division will convene a meeting to discuss the distribution of funds to the State and LHAs. Most likely, the CDC 317 immunization funds will be the first to come forward because of the existing program that supports the distribution and use of those funds.

Legislation affecting public health was a major topic of discussion. A proposed bill for the formation of a new health district, which has been a major topic for the Carson City Board of Supervisors, was included among the legislative issues discussed. The future health district may include Carson City, Storey,

DBOH AGENDA ITEM # 23.F.

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Douglas, and Lyon counties. There is a proposal for the district to raise sales taxes a quarter of a cent and property taxes by 15 cents for every \$100 of assessed value in order to fund the district's services.

Mary A. Anderson, MD, MPH

Mary A. Anderson, MD, MPH, FACPM
District Health Officer

DBOH AGENDA ITEM # 23.F.



Office of the
CITY CLERK

January 27, 2009

Julia Ratti
Council Member Ward 1
City of Sparks
431 Prater Way
Sparks, NV 89431

Dear Appointee:

On January 26, 2009, the Sparks City Council confirmed your appointment by Mayor Geno Martini to the Washoe County District Board of Health. Your term will expire on November 13, 2012.

On behalf of the City of Sparks, I would like to thank you for your service to our community. Enclosed is a Certificate of Appointment as a small token of our appreciation for your service and commitment to the Washoe County District Board of Health.

Sincerely,

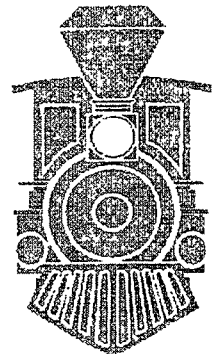
A handwritten signature in cursive script that reads "Linda K. Patterson".

Linda K. Patterson
City Clerk and
Clerk of the City Council

cb

Enclosure

Copy:
City Manager's Office
Agenda Item 6.2
File - Washoe County District Board of Health





EPI - NEWS

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In This Issue:

- Washoe County Quarterly Communicable Disease Statistics: 4th Quarter, 2008

February 4, 2009

Vol. 29, No. 2

Telephone (775) 328-2447

Fax (775) 328-3764

epicenter@washoecounty.us

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REPORTED CASES OF SELECTED COMMUNICABLE DISEASES WASHOE COUNTY
October – December 2008

To report communicable disease phone: (775) 328-2447
or fax reports to: (775) 328-3764

DISEASE	4th Quarter			Yearly Totals		
	2006	2007	2008	2006	2007	2008
AIDS	5	6	4	23	31	23
Campylobacteriosis	7	19	7	29	48	37
Chlamydia	324	348	364	1276	1520	1340
Cryptosporidiosis	3	5	0	6	13	7
E. coli 0157:H7	1	0	0	6	1	0
Giardiasis	4	9	8	31	33	25
Gonorrhea	54	47	56	235	202	213
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	0	1	0	4	4	1
Hepatitis B (acute)	1	2	0	5	7	6
Hepatitis B (chronic)	18	22	16	70	50	49
Hepatitis C (acute)	0	0	3	2	3	5
Hepatitis C (Past or Present)	178	244	201	813	814	903
HIV	10	6	10	28	29	21
Influenza (Type A, B, or unknown)	5	13	20	172	301	827**
Measles	0	0	0	0	0	0
Meningitis, Viral or Aseptic	4	4	3	27	27	13
Meningococcal Disease	1	1	0	4	3	3
Pertussis (confirmed & Probable)	4	0	0	19	7	7
Pneumococcal Disease, Invasive*	0	9	7	1	40	50
Rabies (bat)	0	1	1	2	3	8
Rotavirus	51	1	4	141	50	115
RSV	11	25	38	310	275	290
Salmonellosis	10	11	8	36	42	38
Shigellosis	1	1	3	6	5	5
Syphilis (Primary & Secondary)	1	0	2	5	4	4
Tuberculosis	3	2	3	11	6	11
Vest Nile Virus	0	1	0	17	1	0

*Effective 2007, statistics collected as *Invasive pneumococcal infections*. Prior to 2007, statistics collected as *pneumococcal meningitis*.

**Increase reflects increased use of rapid tests as well as increased reporting by physician offices using point-of-care rapid tests.

Please share this document with all physicians & staff in your facility/office.