

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
July 22, 2010

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Commissioner Kitty Jung; and Councilwoman Julia Ratti (arrived at 1:12pm)

ABSENT: Councilman Dan Gustin and Amy Khan, MD

STAFF: Dr. Mary Anderson, District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Noel Bonderson, Air Quality Supervisor; Bev Bayan, WIC Program Coordinator; Stacy Hardie, Public Health Nursing Supervisor; Betsy Hambleton, Medical Reserve Corps Coordinator; Steve Fisher, Department Computer Application Specialist; Curtis Span, Department Computer Application Specialist; Jennifer Howell, Sexual Health Program Coordinator; Deborah Chicago, Community Health Aide; Peggy Quinlan, Environmental Health Specialist; Katie Hill, Office Assistant II; Mark Wickman, Environmental Health Specialist; Lilia Sandoval, Office Assistant II; Lupe Jimenez, Office Assistant II; Tony Macaluso, Environmental Health Specialist Supervisor; Phil Ulibarri, Public Information Officer

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, member of the District Board of Health.

ROLL CALL

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

Chairman Humphreys stated that he has just been advised of the passing of former Governor of Nevada, Kenny Guinn, and requested a moment of silence to honor the Governor.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/DELETIONS – AGENDA July 22, 2010

Chairman Humphreys advised that item 16. Informational Update on the Health District's Medical Reserve Corps (MRC), will be presented following item 7. Consent Agenda items; that he would question if there are any other revisions to the agenda.

Mr. Smith requested item 7.A.1.a. Consent Agenda – Service Master Anytime, Case No. 1052, NOV No. 4426, be considered separately.

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the agenda for the District Board of Health July 22, 2010 meeting be approved as amended.
Motion carried unanimously.**

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – JUNE 24, 2010

Chairman Humphreys called for any additions, deletions or corrections to the minutes of the June 24, 2010 meeting.

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the minutes of the District Board of Health June 24, 2010 meeting be approved as presented.
Motion carried unanimously.**

RECOGNITIONS

Mr. Bob Sack, Director, Environmental Health Services, introduced Ms. Peggy Quinlan, advising that Ms. Quinlan is a returning Environmental Health Specialist to the Environmental Health Services Division.

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented Certificates of Recognition to Lupe Jimenez for 5 Years-of-Service; Mr. Mark Wickman for 5 Years-of-Service; Ms. Jennifer Howell for 10 Years of Service; Ms. Deborah Chicago for 15 Years-of-Service; Ms. Lilia Sandoval for 15 Years-of-Service; Ms. Katie Hill for 20 Years-of-Service; and Mr. Tony Macaluso for 20 Years-of-Service.

Mr. Sack

Advised Mr. Wickman serves in the Coast Guard Reserve and was recently called up for two (2) months of active duty to respond to the oil spill in the Gulf.

CONSENT AGENDA – AIR QUALITY MANAGEMENT CASE – SERVICE MASTER ANYTIME – UNAPPEALED NOTICE OF VIOLATION

Staff advised that **Citation No. 4426, Case No. 1052**, was issued to **SERVICE MASTER ANYTIME** was issued on March 23, 2010, for the improper removal of asbestos-containing materials without the required work permits and improper work practices conducted at 1551 Delucchi Lane, Unit A. in violation of Section 030.107 (Hazardous Air Pollutants) of the Washoe County District Board of Health Regulations Governing Air Quality Management. Staff advised that Service Master Anytime was advised of the right to appeal; however, no appeal was filed; that Staff recommends Citation No. 4426, Case No. 1052, be **upheld** and a fine in the amount of **\$8,000** be levied as a **negotiated settlement** for a **major violation**.

In response to Mr. Smith

Regarding the "amount being recommended for the fine", Mr. Noel Bonderson, Air Quality Supervisor, advised that Service Master Anytime, is a long established company, which is very familiar with the requirements of the Regulations specific to asbestos-abatement. In this incident Service Master Anytime "circumvented the requirements of the Regulations, as delineated in the Staff Report"; that the "\$20,000 initially recommended was based upon \$10,000 per day for each day the violation occurred"; that during the settlement meeting Staff agreed to reduce the recommended fine to \$8,000, stipulating that Mr. Santos Leon, the General Manager of Service Master Anytime be required to attend and successfully complete a three (3) day (24 hour) asbestos training class becoming certified as an asbestos inspector. Mr. Leon indicated to Staff that "he had failed to follow-up on this project in Reno; that his employees removed asbestos-containing materials without the proper permits or proper work practices. The Regulations allow for a fine of \$10,000 per day for each and every day an asbestos-related violation occurs; that the US EPA would levy a fine in the amount of \$37,000 per day.

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that Citation No. 4426, Case No. 1052 (Service Master Anytime), be upheld a fine in the amount of \$8,000 be levied as a negotiated settlement for a major violation.
Motion carried unanimously.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of **Subgrant Amendment #2** from the **Nevada State Health Division** in the amount of **\$1,052,883** in support of the **Public Health Preparedness H1N1 Phase 3 Grant Program, IO-10782** for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of **Subgrant Amendment #2** from the **Nevada State Health Division**, in the amount of **\$585,283** in support of **Public Health Preparedness H1N1 Focus Area 1 Grant Program IO-10780** for the period of July 31, 2009 through July 30, 2010.

The Board was advised that Staff recommends **retroactive approval** of the **District Health Officer's acceptance** of the **Subgrant Amendment #1** from the **Nevada State Health Division, Bureau of Health Planning and Statistics** for the **Public Health Preparedness – Assistant Secretary for Preparedness Response (ASPR) Grant Program**, extending the term of the grant period for one year through June 30, 2011, and authorizing expenditures based on the actual remaining balance in an amount not to exceed 15% of the FY 09 award.

The Board was advised that Staff recommends **approval** of the **Notice of Grant Award**, dated June 18, 2010, from the **Department of Health and Human Service Public Health Service**, in the amount of **\$785,000** in support of the **Family Planning Program**, for the period of July 1, 2010 through June 29, 2011.

The Board was advised that Staff recommends **approval** of **Notice of Subgrant Award** from the **Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program**, in the **total** amount of **\$1,191,109** in support of **Salaries and Benefits, Travel and Training, and Operating Expenditures** for the period of October 1, 2010 through September 30, 2011; and **approval** of **amendments totaling an increase** of **\$74,353** in both revenue and expenses to the adopted **FY 11 WIC Clinic Grant Program, IO 10031**, to bring the FY 11 adopted budget into alignment with the grant.

The Board was advised that Staff recommends **ratification** of the **Interlocal Agreement** between the **Washoe County Health District** and **Washoe County** through its **Department of Juvenile Services** to provide consultative and clinical services for the period upon ratification through June 30, 2011.

The Board was advised that Staff recommends **approval** of the **Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application**; and **approval** of **MMCAP Facility Membership Agreement** with an approximate value amount of \$94,800.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the retroactive approval of the District Health Officer's acceptance of the Subgrant Amendments #2; Subgrant Amendment #1; and the Notice of Grant Award; the Notice of Subgrant Award and corresponding budget amendment; the Interlocal Agreement; the Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP) Facility Membership Application and the MMCAP Facility Membership Agreement be approved as presented and the Chairman authorized to execute on behalf of the District Board of Health where applicable.

Motion carried unanimously.

INFORMATIONAL UPDATE – HEALTH DISTRICT'S MEDICAL RESERVE CORPS (MRC)

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness

Per the request of the Board, he and Ms. Hambleton will be presenting an update on the current activities of the Washoe County Medical Reserve Corps (MRC), with Ms. Hambleton presenting an update on the current status of the MRC. Upon completion of Ms. Hambleton's presentation he will provide an overview of the status "of insurance and liability coverage, specific to what barriers continue to exist that may be preventing more complete deployment of the MRC."

Ms. Betsy Hambleton, Program Coordinator, Washoe County Medical Reserve Corps

The Medical Reserve Corp was founded after the attack of September 11, 2001; that at that time the Country "was not prepared for the type of devastation and new world facing this nation." A lesson learned from this event was "Every disaster holds evidence of the human capacity to do better..."; that this is accomplished through training, drills, education and the development of a "more cohesive Medical Reserve Corps that leverages partnerships with other agencies."

The importance of being prepared through drills was demonstrated through the efforts of Mr. Rick Rescorla, who was the head of security for Morgan Stanley for a number of years. For years he conducted safety evacuation drills for the 2,700 employees of Morgan Stanley; that when the Twin Towers collapsed on September 11, 2001, only thirteen (13) Morgan Stanley employees, including Mr. Rescorla and four (4) of his other security guards were inside with 2,687 employees escaping. Those employees being saved demonstrates "the importance of training, drilling and understanding

what to do when an emergency happens." Immediately after the collapse of the Twin Towers "there were a number of doctors, nurses and other medical professionals who arrived at various Emergency Rooms to provide assistance; however there was no easy method for verifying medical credentials. Medical credentialing is a very arduous process and in the immediate aftermath of 9/11 there wasn't a process to credential, verify licensure and conduct background checks on all those offering their services.

The Medical Reserve Corps (MRC) was established after 9/11 for the purpose of: 1) Engaging a national network of medical and non-medical volunteers who are: pre-screened with a background check; and credentialed with the appropriate current licensure; and 2) Strengthening the public health infrastructure, emergency response and community resilience. The MRC is comprised of both medical and non-medical volunteers, with approximately 70% of the volunteers being non-medical. The MRC pre-screens volunteers, with background checks through the Sheriff's Office and through Omi-Check, interviewing volunteers; verifying that the licensures are currently valid; that there are no outstanding problems with the licensure, verifying the individual "is in good standing." The purpose of these efforts is "to strengthen the public health infrastructure to support emergency response to promote a resilient community with the ability to stand alone", as after an emergency "help will not be on the way for awhile."

Currently there are 900 MRC units nationwide with in excess of 200,000 volunteers, including Alaska, Hawaii and some of the Pacific Islands. In Nevada there are four (4) MRC groups; that Nevada is "part of Region IX, which includes California, Hawaii, and Arizona"; that should a disaster occur in Nevada, which was not affecting the other States, Nevada "could call upon those other States within Region IX for assistance.

The goal of the MRC 2007 Strategic Plan was to recruit a minimum of twenty-five (25) licensed healthcare providers; fifty (50) non-medical volunteers, with the MRC providing training for all new volunteers specific to: MRC orientation, NIIMS (National Interagency Incident Management System -- Emergency Management. Plan); orientation to the alert/staging processes, CPR and first aid training; deployment and redeployment procedures; conducting a recognition program; and incorporating MRC volunteers in exercises/drills. A component of the recruitment and retention effort is to provide a newsletter and regular communication; that she disseminates the newsletter approximately on a monthly basis. In lieu of a "recognition program" the MRC Program sponsored a seminar with Ms. Ana-Marie Jones as the guest speaker; that Ms. Jones "was highly recommended and the event was highly successful." There have been some difficulties in the efforts to "incorporate the MRC volunteers into drills and exercises due to liability and workman's comp issues."

In 2010 the Washoe County MRC had 158 members; that this past Tuesday evening she conducted a new orientation for eight (8) new members; that individuals with specific licensures "want to contribute their services, skills, knowledge and abilities; that they want to participate." Currently in the Washoe County MRC there are forty-five (45) Registered Nurses; five (5) doctors' four (4) pharmacists; four (4) mental health counselors; thirteen (13) emergency medical specialists; twenty-five (25) other medical personnel; and sixty-two (62) logistics/administrative support personnel. The logistic members are those individuals who assisted during the H1N1 clinics; that these individuals have specific skill sets which are of valuable assistance.

The Medical Reserve Corps is aligned with the plans and priorities of the Office of the Surgeon General; therefore, a goal is to maximize the limited medical resources, which are doctors, nurses and hospital beds. This is achieved through a "strategic approach to the recruitment"; that she would not anticipate recruiting hospital nurses for the MRC, as those nurses would be deployed to the hospitals during a crisis; that the goal would be to recruit nurses from local doctors' offices, those in a non-emergency clinical establishment; nurses who are retired or semi-retired, etc.. There are members of the community who have the time to contribute to the MRC; that to improve the community's response capabilities the members of the MRC are required to take the Incident Command System (ICS) 100 and 200 classes, which reviews the elements of the system, the language; how to function and perform in a crisis and how to interact with the other participating agencies. This training establishes "the framework and the foundation for deploying the MRC volunteers. The MRC assists in developing the community's resiliency through preparation, including "everything from having the go-kits, to the preparation of training and conducting drills; and through the enhancement of recovery efforts, as this is the largest component of a disaster. It is necessary to plan for recovery the "minute the disaster hits; that this is achieved through the training, through the cooperation of other agencies, through drills and familiarizing the volunteers with the other agencies and the face-time spent with volunteers."

In response to a recent inquiry regarding the benefits of the MRC and what would "it be without the MRC", she reviewed the data from the first large scale MRC volunteer deployment, which was the H1N1 clinics. For six (6) weeks from October 17, 2009 through December 7, 2009, MRC volunteers provided 148 "medical hours"; that had the County had to pay for those services at \$25.81 per hour the costs would have been \$3,807; the MRC volunteers provided 312 non-medical hours, which at a cost of \$16.02 per hour would have cost \$5,002; therefore, "total in-kind donation of costs would have been \$8,809; that these costs do not include stated FTE costs of benefits, overhead and office space. The H1N1 event provided a good indication of what these volunteers "can achieve and how dedicated they are."

All basic training provided to the MRC volunteers is free; that all volunteers receive training in first aid, CPR (cardio-pulmonary resuscitation), ICS and NIIMS training courses. As she previously

advised, Ms. Ana-Marie Jones provided a public health preparedness seminar to the volunteers; that an MRC volunteer, Dr. Jay Jeffers, a credentialed instructor in psychological first aid with the American Red Cross, recently provided the first half of a two-part class on psychological first aid. She is attempting to utilize the expertise within the membership of the MRC to provide free instruction for the members "and to leverage community partnerships; that she has invited individual within the courts, the Victim's Advocates, the Crisis Call Center, etc.," to provide whatever training possible to prepare volunteers to respond to a disaster, "working co-operatively with other agencies in offering necessary education and training."

"Expanded training is still necessary, including conducting training and drills with the County's Emergency Operations Center (EOC); however, this cannot be achieved until such time as the issue of workman's compensation and liability is addressed." Washoe County has the potential of a variety of different disaster that may occur, including floods, wildfires, earthquakes, and pandemics. She is interested in expanding the potential of Washoe County's MRC volunteer staff; that a possibility is to offer "free blood pressure screenings at the Senior Center and at other area events; that there are nurses who have indicated a willingness to do this. It is a mistake to recruit people with a skill-set, abilities and knowledge and then not use them"; that these individuals will become disinterested and leave; that she wants to utilize those abilities. Another utilization of the MRC is the upcoming 'Kindergarten Round-up and the 7th grade Tdap efforts." To achieve these goals will require the Board of Health's support to address the liability and workman's compensation issues.

It will be necessary to "expand the MRC support, which could include investigating potential disaster shelters with the American Red Cross. Washoe County shares a 20-bed portable Alternate Care Site with Carson City; that the MRC volunteers could be utilized to deploy this site and assist in staffing it and disaster shelters, providing relief for Staff when necessary, etc. The MRC is currently an existing component of the healthcare infrastructure – "they are here, they are trained, recognized and funded"; that MRC volunteers "are a goldmine of experience, skills, knowledge and abilities; that they should be used." MRC volunteers "have dynamic capabilities doing as much or as little as they are allowed to do; that there are MRC volunteers who have inquired as to volunteering their services at the clinic and are eager to do so." She "would like to present the opportunities for those volunteers to provide their services"; that the Health District "trains them and would like to deploy them." Further, it is necessary to recognize their efforts; that these individuals have already donated in excess of \$8,800 of in-kind services within six (6) weeks, that her plans are to formally recognize these efforts next year.

Dr. Randall Todd

Ms. Hambleton referred to barriers as to "why the MRC volunteers have not been deployed more"; that lack of workers' compensation is on of those." On April 27, 2010, the Board of County Commissioners received a staff report from Mr. John Sherman, the Acting County Risk Manager and the County Finance Director, advising that "in order to provide workers' compensation to non-statutory volunteers would require: 1) the Board of County Commissioners would have to approve the request; 2) there would have to be an application to the Nevada Division of Industrial Relations; and 3) there had to be a roster of the members.

On April 27, 2010, the Board of County Commissioners did vote to approve the request; that the membership roster already exists; however, Staff is unaware of the status of the application to the Nevada Division of Industrial Relations. Staff has inquired "if the application has been filed"; however, Staff has not received a response. If it has been filed with the State, Staff "does not know if it is pending or how long the approval process takes." There was the perception "the Board of County Commissioners" had resolved this issue; that the BCC did approve the necessary the concept; however, the application component has to be approved prior to the process being complete.

Another issue of "insurance is liability coverage, which was discussed at the April 27, 2010 Board of County Commissioners' meeting"; that Mr. Sherman did indicate "the volunteers themselves do have some protection, some immunity from civil liability under the auspices of the Volunteer Protection Act of 1997 and *Nevada Revised Statute* Chapter 41." The issue is "neither of those Laws protects the County"; therefore, "while a volunteer may be immune from civil liability due to his/hers actions or inactions the County could be sued for something a volunteer either did or didn't do." The County's response to address the potential liability is to request the volunteer execute a Volunteer Agreement to indemnify the County"; therefore, "a volunteer would not be personally liable because of the Acts, which provide protection"; however, "should the County be sued" because of the action or inaction of a volunteer the volunteer "will personally indemnify and hold harmless the County." Most physicians interested in volunteering with the MRC have indicated "they will not sign such an agreement; that the BCC did receive testimony from an MRC volunteer physician as to why he could not sign such an agreement." At the meeting, Mr. Sherman did propose, as an alternative to the current practice of requiring the volunteers to indemnify the County, the County could purchase additional insurance coverage through a liability policy. Mr. Sherman indicated one (1) policy could be acquired at a cost of approximately \$5,000; that the Board of County Commissioners requested staff to investigate this alternative and present more information to the BCC for additional discussion.

In the interim the County requires the "hold harmless and indemnification clause in the Volunteer Agreement, which is presenting a barrier to physicians participating." The County is concerned about potential liability; however, there are similar liability concerns "anytime the doors of the Department are opened." When the Health District provides immunizations there is a risk the Health Department "could be sued for the actions or inactions of the employees. It is incumbent upon the Health District and all County Departments to mitigate those liability risks; that this is achieved through screening the employees to ensure a level of appropriate training and credentials. The Health District verifies licensure credentials; that background checks are conducted and employees are subjected to training; that all of these are conducted to mitigate the potential liability." The same process is implemented for volunteers; that "the only difference between a volunteer and the employee is that the employee is paid and the volunteer isn't"; therefore, the argument is "there really isn't that much additional liability which the County would need to be concerned about."

The routine deployments of MRC volunteers for flu shot clinics or blood pressure checks are not high risk activities and shouldn't result in any more liability than if employees were performing those very same duties." It is conceivable that in an emergency deployment "it may be necessary for MRC volunteers to mass dispense vaccines or other drugs, which may be new, have been rushed through the approval process" and may therefore, pose a higher risk resulting in a greater risk of liability, or there could be injured individuals, who would have to undergo treatment by Medical Reserve Corps volunteers. "Under those circumstances, although the Volunteer Protection Act and NRS 41 do not protect the County; that type of deployment, which would be unusual, would most likely occur during an emergency declaration; therefore, the provisions of NRS 414 would protect the County." A copy of the applicable provisions of NRS 414.110 has been provided to the Board members, which stipulates "Neither the State nor any political subdivision thereof...", which would include the County, "...except in cases of willful misconduct, gross negligence, or bad faith,...is liable for the death of or injury to persons, or for damage to property, as a result of any such activity." Based upon the existence of these provisions it is questionable if a supplemental policy is necessary.

In summary, the barriers of full deployment of MRC volunteers is the workers' compensation; that "this is in process" and "hopefully, will come to a conclusion soon; that it is the consensus of Staff the "indemnification language in the Volunteer Agreement should be removed either because the County's Risk Manager concurs with Staff that the risk is minimal and there are protections for the County during an emergency employment; or that it should be removed because the County has agreed to purchase an additional insurance policy that would cover the County." Either one of these mechanisms could be utilized to eliminate the "language that physician volunteers find offensive and many refuse to sign."

In response to Ms. Ratti

Regarding the purchasing of additional insurance "for just this program or would it cover others", Dr. Todd advised that "it is his understanding the supplemental \$5,000 policy would be just to provide coverage for MRC volunteers", as the concern is "Medical Reserve Corps volunteers, who may 'perform medical duties', for which the County could be sued; therefore, the County would need the additional protection."

Ms. Jung

The County Commissioners requested staff investigate "expanding the coverage and what the costs would be to protect all volunteers.

In response to Ms. Jung

Regarding the application for workers' compensation, Dr. Todd advised that the application was to be presented to the Nevada Division of Industrial Relations. Regarding what the Board of Health or Board of County Commissioners "can do to assist in the application process", Dr. Todd advised that Staff has been attempting to determine "where the application is in the process, including contacting Mr. Sherman to obtain that information, as Mr. Sherman received direction from the BCC to proceed." The application process is incumbent upon Mr. Sherman in his role of Acting Risk Manager; that the application is not within the purview of Health District Staff; that the application has to be through the auspices of the County. If the application has been submitted and is delayed at the State level, the assistance of the Board of County Commissioners would be appreciated.

Chairman Humphreys

"The MRC is a very important entity and will play a vital role in any disasters that may occur. It is an entity, which hopefully won't have to be used; however, if it has to be it is in place. The Board appreciates Staff's efforts."

The Board thanked Ms. Hambleton and Dr. Todd for the MRC update.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE & EXPENDITURE
REPORT – JUNE 2010

Ms. Eileen Coulombe, Administrative Health Services Officer

The Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of June 2010; that there is currently \$163,097.47 in the Environmental Oversight Account. This is period 12, with Staff in the process of reconciling expenditures, other transactions and the grants; therefore, there are “other activities that will occur in Period 13 in determining where [the Health District] will close-out.” Reviewed the Report in detail, advising that Staff recommends the Board accept the Report as presented.

In response to Ms. Jung

Regarding the Ending Fund Balance, Ms. Coulombe advised that when Staff completes the reconciliations the amount “will probably be more than what was targeted. When the FY 10 close-out is complete, Staff will update the Board.

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the District Health Department’s Revenue and Expenditure Report for June 2010 be accepted as presented.
Motion carried unanimously.**

UPDATE – FISCAL YEAR 2011 BUDGET

Ms. Coulombe

Staff is working on the project accounting sheets and anticipates presenting the reports to the Board in August; that the project accounting sheets are “a snapshot of the adopted budget; that it is a complementary document to the budget book (what was proposed) provided to the Board members.” The project accounting sheets are what the Department.

DISTRICT BOARD OF HEALTH AMBULANCE STUDY COMMITTEE

Chairman Humphreys

Members of the Ambulance Service Committee are him, Mr. Smith and Ms. Ratti; that the Committee held its first meeting on June 23, 2010. The Committee discussed the District Board of

Health's oversight responsibilities for ambulance service within the Health District; the Franchise Agreement with REMSA; were provided with an historical overview of the Regional Emergency Medical Services Authority; were provided with an overview of the Annual Compliance Report process; a clarification of the bid process (or a marketing study), which occurred in 2010 and will be conducted again in 2017; to "some degree" the Committee reviewed the response times and response zones.

During the initial meeting members identified some items to be discussed at future meetings; that currently Staff is working on those items; that those items will be presented during the next Ambulance Service Committee meeting, which he will schedule within the next few weeks. The Committee meeting was informational for the Committee members as it was to those in attendance; that "it provided clarification as to the direction in which the Ambulance Service Committee needs to proceed."

Questioned if Mr. Smith or Ms. Ratti had comments to present regarding the Committee meeting.

Mr. Smith

"For the first meeting it went very well"; that he "is pretty positive the Committee will be able to achieve something."

Ms. Ratti

As the Committee continues through this process she is achieving "a much higher level of clarity of the role of the Committee versus the role of other activities that are going on in the community; that the first meeting was very helpful to really understand the Board of Health's authority over the ambulance service side, which is one part of a two-tiered system that includes another side, which is not necessarily within the realm of authority of the Board of Health." The more clarity presented regarding that aspect the "better the [Board] will be able to move forward on those areas in which the Board does have control over and to assist in others moving forward with the rest of the discussion."

DISCUSSION – POSSIBLE DIRECTION TO STAFF – BOARD OF COUNTY COMMISSIONERS
FINAL DELIBERATION – DIAMONTE FIRE AND FIRE-BASED EMS MASTER PLAN

Chairman Humphreys

The Board members were provided with a copy of the letter from Mr. Kurt Latipow, Fire Services Coordinator, Washoe County, date June 3, 2010; a copy of the recommendations of the Diamonte Fire Study; and a copy of a letter from Commissioner David Humke, dated June 28, 2010, (copies of which were placed on file for the record). Chairman Humke's letter references the Emergency Medical Services items of the Fire Study and requests the District Board of Health "consider addressing items #10, 11, 12 and 13; that the second request was to consider appointment Mr. Latipow as a liaison for the District Board of Health.

The issues were to:

- #10 – Evaluate and assess the EMS Delivery System in Washoe County
- #11 – Determine the best method to integrate fire service into a more efficient EMS Delivery model including ALS (Advanced Life Support).
- #12 – Initiate discussions to develop a joint venture with its public safety partners, including fire agencies, on a new approach for EMS delivery.
- #13 – Conduct an evaluation of the 800 megahertz radio system requirements and modifications required to accommodate inclusion with all EMS resources.

Each item addresses EMS and/or fire service; that as directed by our DA and by counsel to the

Board of County Commissioners, the responsibility of the District Board of Health is in the oversight Franchise Agreement and authority as it relates to ambulance service only. The District Board of Health has no authority regarding fire services or regarding Emergency Medical Services.

In 1995, SB 430: changed NRS 439.410 – reads: "The District Board of Health has jurisdiction over all public health matters in the health district, except in matters concerning emergency medical service pursuant to provisions of Chapter 450B of NRS in a county whose population is less than 400,000." Therefore, the State of Nevada has jurisdiction over EMS in Washoe County; that it is important for the District Board of Health to consider the Board's responsibilities to ensure the Board addresses those issues "which it is mandated to do." It is "also very important the Board does not overstep its authority in reviewing issues or items that are not within the purview of

responsibility." Fire service and EMS have been "very much a component of the overall discussion and have been brought into the discussions regarding ambulance services, which is what the District Board is responsible for overseeing; that, as he stated, EMS jurisdiction is with the State of Nevada." He is aware that each of the Board of Health members "has respect for any requests coming from the Board of County Commissioners; that it is very important to maintain open lines of communication with the BCC"; however, as the Board of Health's responsibilities are "with ambulance services only, anything to do with EMS or fire services is within the jurisdiction of the State of Nevada. As a result, he is unsure as to what would be the next step for the Board of County Commissioners; that there may be legal issues as to how the BCC would approach any further evaluation of Emergency Medical Services within Washoe County."

Item #2 in the letter addressed appointing Mr. Kurt Latipow, Fire Services Coordinator, Washoe County, as a liaison to the Board of Health; however, the Health District has no jurisdiction specific to fire-based services or EMS; therefore, it would not be necessary for the Fire Services Coordinator to serve as the Board of County Commission liaison to the District Board of Health. There is a level "of expertise there and should the Board of Health have questions, which need to be addressed regarding fire or fire it would be important to receive that input from the Fire Services Coordinator and the other fire experts within the area." He has met with representatives of the fire service agencies who "have educated him fire services within the area and he has a lot of respect for those services; however, as he stated, as the Health District has no jurisdiction specific to fire or EMS there is no need to have a liaison from fire services to the District Board." He would appreciate the opportunity to contact the available fire experts, who have all volunteered their assistance, which "will be left open as options for the future."

In response to Dr. Furman

Regarding the status of the Medical Control Board (MCB), which was comprised of emergency medical physicians, Ms. Coulombe advised that when authority for EMS was transferred to the State in 1995, the MCB was disbanded.

Ms. Jung

In regard to the second issue, "if the Board of Health is not addressing these issues the appointment of a liaison is a moot issue"; therefore, "it would not be necessary for Mr. Latipow to attend the Board of Health meetings." There was discussion regarding the possibility of a the development of a "subcommittee of this Board that would address that"; that she question "what the next step is legally and strategically in this evaluation."

In response to Ms. Jung

Chairman Humphreys advised that the District Board's Ambulance Service Committee addresses issues regarding the Franchise Agreement oversight.

Ms. Leslie Admirand, Deputy District Attorney

During the joint meeting with the Board of County Commissioners there was a consensus regarding the possible development of "a community-wide Board, with a member of the Board of Health and would involve all of the various jurisdictions and other stakeholders within the community.

Ms. Jung

"That was not her understanding." Questioned Mr. Latipow as to "what the next steps would be", taking into consideration that the decision was already discussed at the Joint Meeting "whereby [the members of both Boards] whereby legal counsel advised these issues were not within the purview of the Board of Health. She would question "what happens next"; that she would request "elected officials on the Committee – not a community board."

Mr. Kurt Latipow, Fire Services Coordinator

In response to Ms. Jung, he advised "it was his understanding that there would be another Joint Meeting, in which this would be agendaized in such a manner so that the Commission and the Health Board could have in-depth discussions on 'what the next steps might be.'" Further, what he understood "is conceptually similar to what counsel commented on; however, within the recommendation and within the tasks associated with those recommendations there is proposed the make-up of a stakeholders group that would fit quite well for a subcommittee." "His other impression, after the last meeting and has already been articulated, is that the Health Department has oversight of the ambulances with the exception of two (2) areas; and the State has oversight for the certification and disciplinary actions – not necessarily the determination on the level of care. He looks forward to researching the NRS." Reiterated that "he left the last meeting with a positive feeling that at the next Joint Meeting there would be a properly agendaized discussion and (from his perspective) hopefully agreeing to set a task force, similarly to what is being recommended – moving through the tasks jointly between the Commission and the Health Department."

Ms. Jung

Questioned when the next Joint Meeting would be; that she is "very well aware there were problems with the way the agenda was worded, which precluded the discussion they anticipated they would be able to have. There is a timeliness factor" and she would question if the intent is to meet quarterly. Questioned Mr. Latipow as to the "Board of County Commissioners' level of putting together the task force"; that if developing the task force requires another joint meeting then that needs to be expedited; however, "if legally that does not need to be done then it should proceed to the next step to determine who has the authority to develop the task force and get this work done. She wants resolution and the community needs resolution, too; that she does not want it delayed anymore."

Mr. Latipow

He is ready to begin preparing a staff report, which "hopefully he will have by August 24th."

Chairman Humphreys

The Joint Meeting has been discussed; that it was during the Joint Meeting legal counsel "was very vocal in stipulating that it would not be proper for the District Board to be involved in such a meeting, as the Board of Health has no jurisdiction over EMS or fire services." The possibility of developing a joint committee or task force was then discussed; that this committee/task force would include a member or members of the Board of Health, the Board of County Commissioners and the City of Reno and Sparks. This committee/task force would be "an open committee or task force, which it would be important for the {District} Board to participate on, remembering that the {District Board} does not have jurisdiction over EMS or fire-based services."

Ms. Ratti

"How we got there is less important than where we got." She believes there is some consensus as to "where we got, which is that there is a gap; that there is no place in the community where there is the appropriate authority is together to talk about the inter-relation between the first tier and the second tier of the emergency responder system, with fire being the first tier and REMSA being the second tier or vice versa." The second consensus was "the creation of that body and to do so with some haste. There was discussion regarding another joint meeting, which would be relatively soon to ensure that that would happen." She questioned if another joint meeting would be necessary "to allow [the creation of that body] that to happen" as it would require representation from the Cities of Sparks and Reno, too, and "not just the Board of Health and the Board of County Commissioners. She agrees with Ms. Jung 'sooner rather than later as it is becoming counter-productive in ways

that is not meeting the needs of the community. She is excited about it going forward; that there is the Ambulance Service Committee, which focuses on the Franchise Agreement and the [District Board's] oversight over that process, but it is necessary to move this discussion forward in the committee."

Mr. Smith

Following the discussions between counsels Mr. Breternitz indicated he didn't want this delayed and requested that "the Board of Health discuss it and get back with its decision right away."

Ms. Ratti

What was listed for discussion on the agenda for the Joint Meeting and what was discussed "was very different, which was a bit of a surprise to her"; that it had been her understanding the discussion would be regarding "the overall relationship between the County Commission and the Board of Health. Forty-five (45) minutes of the hour meeting was "talking about this one issue, which is one of many. She believes there is a need to continue the discussion between the Board of Health and the County Commission on the working relationship on all the issues, as there is room for improvement there. She hopes this doesn't get lost in the very specific issue of EMS, as it did in the first meeting."

Chairman Humphreys

"There was a lot of discussion going back and forth during the meeting; that it was a challenge as there was a lot of discussion"; therefore, it is not uncommon that all of the members "walked away with a little bit of different thoughts of what might have been said or what might have occurred and what the [District Board] should be doing; however, the consensus is that it is necessary to keep the lines of communication open. It is a real critical line of communication." Secondly there was a consensus to develop a committee which would address these issues, which the Board of Health is not responsible to address. He would recommend a motion for the Board of Health to participate on the committee as discussed at the Joint Meeting; that the direction for such a committee would have to be from the Board of County Commissioners.

Ms. Ratti

Requested clarification "as to what the Board of County Commissioners requested in the letter."

Chairman Humphreys

In response to Ms. Ratti advised that the letter from Chairman Humke was in regard to the items #10, 11, 12 and 13 of the Diamonte Fire Study, specific to Emergency Medical Services, for which the Board of Health has not authority.

Ms. Ratti

A response to Chairman Humke "may be that based upon the discussion of the Joint Meeting" it is not the responsibility of the District Board of Health to accept these tasks within the framework of the Diamonte Study; however, the Board would be willing to participate in a community-wide effort for an overall review of EMS."

**MOTION: Ms. Ratti moved, seconded by Mr. Smith, that Chairman Humphreys respond to Chairman Humke's request specific to items #10, 11, 12 and 13 of the Diamonte Fire Study, advising that based upon the discussion of the Joint Meeting, it is not the responsibility of the District Board of Health to accept these task within the framework of that Study; however, the Board of Health would be willing to participate in a community-wide effort for an overall review of EMS.
Motion carried unanimously.**

FOLLOW-UP DISCUSSION – POSSIBLE DIRECTION TO STAFF – JOINT MEETING OF JULY 13, 2010 WITH THE BOARD OF COUNTY COMMISSIONERS

Chairman Humphreys

The Joint Meeting "was a great opportunity to keep the lines of communication open; that communication with the Board of County Commissioners is a very important line of communication; that this should be on-going." As Ms. Ratti stated, forty-five (45) minutes of the discussion was in regard to EMS; that another issue discussed was in regard to the control of bears and bear-proof garbage cans, which will be discussed in the item for solid waste management. The last issue discussed was Commissioner Larkin's request for a clarification as to what issues relative to the Health District have to be presented to the Board of County Commissioners for review and approval and which issues are presented to the Board of County Commissioners as information only. Legal counsel for both Boards will review this issue and report back to the Board of Health and the Board of County Commissioners.

Ms. Ratti

Based on the discussion regarding bear-proof trash cans at the Joint Meeting, she would request that in the future, as a matter of policy, that the Board of Health members be immediately advised of any requests received by Staff from another elected official for service or information. "Some requests may be reasonable and others may not be as reasonable; therefore, such requests should be prioritized into Staff's overall work plan. It can be challenging for her, in a position of governance", to not be aware Staff is not being responsive on an issue for this long of a period of time."

Chairman Humphreys

He would concur with Ms. Ratti; that there has been concern regarding addressing the issue of bear-proof trash cans; that perhaps a method for addressing it is to have an item on the agenda if there is an issue which Staff has been asked to address or a standard recurring agenda item for "current issues". This would allow the Board members to remain current on Health District issues and to be aware of any possible delays in addressing an issue.

Ms. Jung

Stated she would recommend the monthly status report of requests which have been received from members of other governmental entities; that this would include the request, the current status of the request and the anticipated "end date for completion." One of the issues has been "unnecessary delays and not as quick turn-around as should occur"; that these delays should not occur. There should be a mechanism in which issues can be monitored and the Board members could provide assistance if necessary, "be kept more apprised as to what the delays are if there are any."

In response to Ms. Admirand

Regarding Ms. Jung's request being an action item or an information item within Staff Reports, Ms. Jung stated that she would prefer it be agendized as a possible action item in the event it is necessary for the Board to provide direction to Staff.

Mr. Smith

He would concur that this needs to be agendized as an action item; that if Staff is receiving a number of requests the Board can be apprised of that and what action Staff is taking.

Ms. Coulombe

Advised that Staff will present a procedure at next month's meeting for the Board's consideration, as there is a provision in the Board's By-Laws stipulating that if a request will require in excess of two (2) hours of Staff's time it would require Board deliberation for approval. She is aware the Board of County Commissioners have had a portal established to monitor requests the BCC receives; that it may be possible to implement a similar process for the Board of Health. Staff will present a process to ensure requests from Board members or other jurisdictions "are addressed in a timely manner and that the Board members receive feedback should Staff encounter any barriers.

Ms. Ratti

She would concur with Ms. Coulombe's suggestion regarding providing a process for addressing issues presented by Board of Health members or members of other governmental entities.

In response to Ms. Ratti

Regarding the process, as requests may not always be specific to DBOH Regulations, Ms. Coulombe advised that this issue will be discussed at the Division Director's meeting to determine if there are any current "outstanding issues which should be presented to the Board for deliberation."

Dr. Anderson

There has been reference to Board of Health "Regulations and County Ordinances"; that the process is different for establishing a regulation and adopting an ordinance; that she would request Ms. Admirand explain the difference.

In response to Dr. Anderson

There are certain procedural requirements for Regulations adopted by the District Board of Health including public workshops, a requirement for publication of "a Notice of Public Hearing" thirty (30) days prior to the District Board of Health's public hearing for consideration of adoption of Regulations. The Ordinances adopted by the Board of County Commissioners do not require publication notification; that it is presented to the Board of County Commissioners for a first reading, with a subsequent second reading; that a County Ordinance becomes effective upon the second reading.

Ms. Jung

County Ordinances require "time for the public to provide feedback"; therefore, "she does not see a big difference between the two (2); that when considering Staff time and public notification it is virtually identical."

Ms. Ratti

It is more "about customer service" issues; therefore, regardless of whether it is "an ordinance or a regulation, or a request for information from other jurisdictions" and a governmental official believes Staff "is not meeting her/his needs in the proper way" the Board of Health members "should be aware of it. It is important that this process not be restricted to regulations only; that it is "more about inter-governmental relations"; the status of those issues and "how Staff and the Board can be as responsible as necessary and the Board is fulfilling its governance role."

Chairman Humphreys

It is important that issues are addressed; that obligations and responsibilities are "being met" with the Board of Health members being aware.

In response to Mr. Smith

Regarding North Lake Tahoe having an existing ordinance specific to bear-proof trash cans, Ms. Jung stated that the General Improvement District has such an ordinance; that North Lake Tahoe is within Washoe County; however, this issue is governed by the GID.

Mr. Bob Sack, Director, Environmental Health Services

Advised that Ms. Jung is correct; that the GID has "its own regulatory authority which allows for regulations which are more stringent than the Board of Health Regulation as it relates to solid waste management. What the GID has implemented is more stringent than what will be proposed by Board of Health Staff; that the GID enforces those requirements.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Staff be directed to develop a process to ensure that the Board members are apprised of any requests from Board of Health members or other jurisdictions; that the Board be apprised of the status of addressing those requests, including any barriers Staff may encounter in addressing requests.
Motion carried unanimously.**

UPDATE – WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING SOLID WASTE

Mr. Bob Sack

In response to the discussion at the Joint Meeting, Staff has prepared a list of projected timelines for the various components of the Solid Waste Management Regulations (a copy of which was placed on file for the record), including addressing the issue of requiring bear-proof trash cans. In regard to the Section specific to the bear-proof trash cans Staff anticipates having the draft completed in August.

When developing regulations, even those which may be considered “fairly simple” requires approximately three (3) months of Staff time if there “is no public controversy, issues which require resolution, as Staff does attempt to resolve any issues prior to presentation during the public hearing before the Board of Health.”

In response to Ms. Jung

Regarding the rationale for the “order these sections are to be addressed”, Mr. Sack advised that it was based “on prioritization of need.” The District Health Department has “existing authority regarding requiring bear-proof containers on a specific site”; that it is known the Health District “will take enforcement action to support that”; however, the Health District “has not received a complaint in more than three (3) years on bears.” Reiterated that, for any inquiries or complaints, the District has advised “Staff will respond to those”

Ms. Jung

She is concerned that the majority of the citizens of Washoe County are not aware “that the Health District is where a complaint would be presented or where someone would go to receive help. She has received many complaints, which she forwarded to Staff; that Mr. Sack is on the Bear Task Force”; therefore, “to state that Staff hasn’t received a complaint is because people don’t know this is where to go and that this is where to complain.”

In response to Ms. Jung

Mr. Sack advised that “the other agencies do know to forward those complaints to the Health District and those other agencies have not forwarded anything to the Health District regarding trash related to animals causing problems.”

Ms. Jung

She request that the prioritizations be modified, with regulations specific to the bear-proof trash cans being completed prior to composting, as delaying the regulations for the bear issue until November results in "there being no opportunity this season" to address this issue. This will address "what is being experienced in the bear-human encounters; that it has to take priority."

Mr. Sack

He understands the directive and will advise his Staff. In response to Mr. Smith regarding the purchase of the bear-proof trash containers; that those receptacles are provided in the Incline Village area; that it is more expensive to service the cans and for pick-up.

Ms. Jung

Advised that the adjacent Counties have a requirement, which stipulates that if a resident experiences two (2) or more incidents in a year it is a mandate that bear-proof garbage cans will have to be purchased and used appropriately. This mandate has "worked supremely well, with no more incidents when people are educated on how to do this. That is how it works for the rate payer; that everyone would be under such a regulation."

Mr. Sack

"It does cost more; however, if managed appropriately the homeowner(s) should not have any more problems."

The Board thanked Mr. Sack for the update.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

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

B. Director – Community and Clinical Health Service

There was no Community and Clinical Health Services Division Director's Report 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.

In response to Ms. Jung

Regarding the illegal vendors report and a possible education campaign for those "who may want to be vendors and legal licensure", Mr. Sack advised Staff did conduct an outreach campaign in the Hispanic community and advised the Hispanic Chamber of Commerce that Staff was available for assistance. That Staff "did not receive much response from that." Staff has been working in conjunction with the Code Enforcement Departments within the two (2) Cities; however, due to budget reductions within the Cities the Health District has been advised the Cities do not have the capacity to respond to any complaints. The City of Sparks does not permit food vendors; therefore, it is illegal in Sparks; that the majority of Staff's educational outreach efforts have been "among those who Staff does catch; that it is a warning process." In regard to contacting the Hispanic community coalitions, Mr. Sack advised that Staff did contact the various Hispanic community groups providing telephone numbers, offering to provide presentations at meetings, etc.; however, no one has returned Staff's calls. Staff has provided information to the Hispanic newspapers through a couple of interviews; that Staff has been provided any information from these organizations "as to how to reach into the Hispanic community."

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.

E. Administrative Health Services Officer

There was no Administrative Health Services Officer Report this month.

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.

Dr. Anderson

The Board members have been provided a document, presented at the Annual National Association of County and City Health Officials Conference, specific to the issue of accreditation of health districts and boards of health nationwide. "The instructive portion of the handout is the timeline on the bottom of the folder"; that currently the Carson City Health and Human Services Department will be a BETA test site for public health accreditation. The Carson City Health and Human Services Division will be participating in "evaluating their programs and being evaluated by the Boards of Accreditation to determine what the issues are for a jurisdiction of that size; that the handout delineates which agencies are participating at the local level, the Tribal level and the state level."

The Board of Health has discussed "the amount of time necessary to attempt accreditation and the expense associated with that; that those are the potential negatives" of the process. The Board has further discussed the concern for those agencies "which do not participate in this (quote) 'voluntary accreditation' it might be similar to not participating in the voluntary accreditation conducted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for hospitals. What occurred "in that situation was, although it was said to be voluntary, what occurred, after the fact over time, was it has proven not to be voluntary as those organizations that had not participated did not receive funding."

Accreditation is an issue the Board and Staff "may want to discuss and strategize about at the upcoming Strategic Planning Session in October, specific to what the Board should be considering in terms of accreditation, as the roll-out will occur next year at the national level. This issue should be agendized for the Strategic Planning Session as "to whether the District Board wants to take this on and when – at what point in time."

Dr. Anderson stated that upon her return from the NACCHO Conference she received a survey request from the Shelby County (Tennessee) Department of Health regarding what she had eaten while attending the NACCHO Conference as there had been reports of a Noro-like virus outbreak from some of those in attendance.

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She would request that the Board members and Ms. Admirand mark the date of Saturday, August 28, 2010, on their calendars as the date for Mr. Goodrich's farewell reception; that the event will be an open house from 1:00 pm through 4:00 pm at her house in Washoe Valley. She will be sending invitations and would request the Board members contact Mrs. Janet Smith regarding their RSVPs.

BOARD COMMENT

Chairman Humphreys

The 2nd Annual Obesity Forum will be on September 15, 2010, beginning at 8:30 am; that last year Dr. Furman and Mr. Smith attended representing the District Board of Health; that it is important to have representation there from the District Board of Health. He would request the Board members "check their calendars to determine if any of the members are available to attend."

In response to Ms. Jung

Regarding the location of the event, Ms. Mary-Ann Brown, advised that Staff "is in the planning process; however, it is anticipated it will again be held at the Boys and Girls Club." She would appreciate a Board of Health member to be available to "present the opening/welcoming comments as Mr. Smith did last year." She will provide more information as it becomes available; that Staff will be presenting "Life Span Data for 0-3 and adolescents and not just school age children; that Staff is looking forward to a very exciting agenda for the second forum; that any involvement from any of the Board members would be greatly appreciated."

There being no further business to come before the Board the meeting was adjourned at 2:40 pm.

Mary A. Anderson, MD, MPH

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

Janet Smith

JANET SMITH
RECORDER