

**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

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH
Health Department Building
South Auditorium
1001 East Ninth Street
Reno, Nevada
May 28, 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 \$

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| 1. Call to Order, Pledge of Allegiance Led by Invitation | HELD |
| 2. Roll Call | HELD |
| 3. Public Comment (3 minute time limit per person) | NO COMMENTS PRESENTED |
| 4. Approval/Deletions to the Agenda for the May 28, 2009 (action) | APPROVED |
| 5. Approval/Additions/Deletions to the Minutes of the April 23, 2009 District Board Meeting (action) | APPROVED AS AMENDED |

6. Recognitions

A. Years-of-Service

1. Darleen Bidlake - AHS – 5 Years
2. David Kelly – EHS – 5 Years

B. Completion in Excellence in Public Service – Train the Trainer Certification Program

1. Robin Albrandt

C. Completion in Excellence in Public Service – Essentials of Personal Effectiveness and Essentials of Support Staff Certificate Program

1. Gertrude “Trudy” Enfield

D. Completion in Excellence in Public Service – Essentials of Support Staff Certificate Program

1. Dave Taylor

E. 17th National Conference on Child Abuse and Neglect – US Department of Health and Human Services - Commissioner’s Award

1. Phillip Ulibarri

YEARS-OF-SERVICE

DARLEEN BIDLAKE – 5 YEARS
DAVID KELLY – 5 YEARS

COMPLETION – EXCELLENCE IN PUBLIC SERVICE – TRAIN THE TRAINER CERTIFICATION PROGRAM

ROBIN ALBRANDT

COMPLETION – EXCELLENCE IN PUBLIC SERVICE – ESSENTIALS OF PERSONAL EFFECTIVENESS & ESSENTIALS OF SUPPORT STAFF CERTIFICATE PROGRAM

GERTRUDE “TRUDY” ENFIELD

COMPLETION – EXCELLENCE IN PUBLIC SERVICE – ESSENTIALS OF SUPPORT STAFF CERTIFICATE PROGRAM

DAVE TAYLOR

17TH NATIONAL CONFERENCE – CHILD ABUSE AND NEGLECT – US DEPARTMENT OF HEALTH AND HUMAN SERVICES – COMMISSIONER’S AWARD

PHILLIP ULIBARRI

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. No Cases This Month

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

1. Ratification of Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the Total Amount of \$180,000 (\$90,000 Per Fiscal Year) in Support of the Safe Drinking Water Act (SDWA) Grant Program for the Period upon Board of Examiners Approval Through June 30, 2011 **(action)**
2. Acceptance of Notice of Subgrant Amendment #1 from the Nevada State Health Division in the Total Amount of \$1,008,474 in Support of the Public Health Preparedness (PHP) Program for the Period of August 10, 2008 Through August 9, 2009; Approval of Amendments Totaling an Increase of \$100,862 in Revenue and Expense to the PHP Base Carry Forward Grant Program (Internal Order # TBD) FY 08/09 Budget; and Approval of Amendments Totaling an Increase of \$114,480 in Revenue and Expense to the PHP Pan Flu Carry Forward Grant Program (Internal Order # TBD) FY 08/09 Budget **(action)**
3. Approval of Interlocal Agreement Between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associations North (MSAN), in the Total Amount of \$2,000 to Provide a Faculty Member to Serve as a Consultant on Pediatric Tuberculosis (TB) Cases for the Period July 1, 2009 Through June 30, 2010 **(action)**

APPROVED

APPROVED

APPROVED

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| <p>D. Donation A. Recommendation to Accept \$500 from the Catholic Healthcare West on Behalf of the Immunization Coalition for the Washoe County Health District Immunization Program (accept)</p> | ACCEPTED |
| <p>8. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month</p> | |
| <p>9. Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for April 2009 (action) B. Update of REMSA's Community Activities Since April 2009</p> | ACCEPTED PRESENTED |
| <p>10. Presentation and Possible Approval of the Washoe County District Health Department's 2007/2008 Annual Report on REMSA's Compliance with the Franchise Agreement (action)</p> | APPROVED |
| <p>11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2009 (action)</p> | ACCEPTED |
| <p>12. Acceptance of Fiscal Year 2010 Budget with Possible Direction to Staff (action)</p> | ACCEPTED |
| <p>13. Public Hearing – Presentation and Possible Discussion of the Submission of Request for Redesignation and the Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area as a Revision to the PM₁₀ State Implementation Plan (SIP) A. Recommendation to Approve and Adopt the Redesignation Request and Submission of the Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment and Revision to the State's PM₁₀ Implementation Plan (action)</p> | APPROVED AND ADOPTED |
| <p>14. Public Hearing - Washoe County District Board of Health Regulations Governing Food Establishments A. Presentation and Discussion of Proposed Amendments to Sections 170.050, Subsections 6-9 (Application for Permit to Operate a Special Event); 170.100, Subsections 1-10 (Application for Permit to Operate a Temporary Food Establishment); 170.110, Subsection 6 (Temporary Food Establishment Permit to Operate); 170.120, Subsections 5 and 12 (Temporary Food Establishment Permit Exemption); 170.215, Subsection 1 (Fee for Annual Sampling Permit for Special Events); 170.220, Subsection 1 (Fee for Low Risk Foods); 170.225 (Limited Fee for Non-Profit Organizations); 170.310, Subsection 5 (Food Cooking, Holding and Service Equipment); 170.400, Subsection 1-3 (Defrosting of Potentially Hazardous Foods); 170.405, Subsections 1-6 (Food Temperatures); 170.410, Subsections 4, 5, 10-20 (Food Protection); 170.420, Subsection 3 (Hand Washing Facilities); 170.430, Subsections 1-3 (Utensil and Equipment Cleaning and Sanitizing); 170.440, Subsection 5 (Potable Water); 170.480, Subsection 1 (Liquid Waste); 170.490, Subsection 1 (Grease and Cooling Oil Waste); 170.500 (Non-sewered Toilets); 170.510 (Hand Washing Facilities for Non-sewered Toilets); 170.700 (Inspections); 170.710 (Compliance); B. Presentation and Discussion of the Proposed Additions of Sections 170.229 (Re-Inspection Fee); 170.250, Subsections 1-5 (Safety of Food for Consumption; Use of Food from Private Home; Labeling); 170.260 (Alcohol Consumption While Pregnant); 170.320, Subsection 4 (Temporary Food Establishment Construction Requirements); 170.330, Subsection 7 (Food Handlers); and 170.412 (Service and Display of Food; Temperatures); C. Presentation and Discussion of Proposed Deletions of Section 170.105 (Permit Issuance Requirements); 170.200 (Fees); 170.250, Subsection 6 (Package Food; Labeling); D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Food Establishments (action)</p> | PRESENTED |
| | PRESENTED |
| | PRESENTED |
| | APPROVED AND ADOPTED |
| <p>15. Update and Possible Acceptance of Staff's May Report for the 2009 Legislative Session (action)</p> | ACCEPTED |

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| 16. | Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring June 7, 2009 as a Day in Honor of the International AIDS Candlelight Memorial (action) | APPROVED AND ADOPTED |
| 17. | Presentation - Immunization Program Audit Finding Update | PRESENTED |
| 18. | Presentation - Update – A(H1N1) Status and Activities Report | PRESENTED |
| 19. | <p>Staff Reports and Program Updates</p> <p>A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities</p> <p>B. Director, Community and Clinical Health Services – Tuberculosis Outbreak Investigation; CCHS Participation in A(H1N1) “Swine Flu” Response; Tobacco Prevention Program Activities; CCHS Location Move</p> <p>C. Director, Environmental Health Services – Indoor Smoking Regulations; Vector-Borne Diseases Prevention Program Activities; Illegal Vendors; Public Information Outreach</p> <p>D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; Annual Oxy-Fuels Report</p> <p>E. Administrative Health Services Officer – NO REPORT THIS MONTH</p> <p>F. District Health Officer – A(H1N1) 2009 aka “Swine Flu” – A Novel Influenza Virus; Testimony on Senate Bill 372; School of Community Health Sciences Hooding Ceremony; State and Local Health Authorities (SLHA) Meeting; Delegate to the Nevada State Medical Association (NSMA) Annual Meeting</p> | PRESENTED |
| 19. | Board Comment – Limited to Announcements or Issues for Future Agendas | COMMENTS PRESENTED |
| 20. | 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 | 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 the May 28, 2009 (action) | Dr. Humphreys |
| | 5. Approval/Additions/Deletions to the Minutes of the Special Budget Meeting of April 9, 2009 and the April 23, 2009 District Board Meeting (action) | Dr. Humphreys |

6. Recognitions Dr. Humphreys
- A. Years-of-Service
 - 1. David Kelly - EHS – 5 Years
 - 2. Darleen Bidlake – AHS – 5 Years
 - B. Completion in Excellence in Public Service – Train the Trainer Certification Program
 - 1. Robin Albrandt
 - C. Completion in Excellence in Public Service – Essentials of Personal Effectiveness and Essentials of Support Staff Certificate Program
 - 1. Gertrude “Trudy” Enfield
 - D. Completion in Excellence in Public Service – Essentials of Support Staff Certificate Program
 - 1. Dave Taylor
 - E. 17th National Conference on Child Abuse and Neglect – US Department of Health and Human Services - Commissioner’s Award
 - 1. Phillip Ulibarri
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. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements / Authorized Position Control Numbers
 - 1. Ratification of Interlocal Contract Between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the Total Amount of \$180,000 (\$90,000 Per Fiscal Year) in Support of the Safe Drinking Water Act (SDWA) Grant Program for the Period upon Board of Examiners Approval Through June 30, 2011 **(action)**
 - 2. Acceptance of Notice of Subgrant Amendment #1 from the Nevada State Health Division in the Total Amount of \$1,008,474 in Support of the Public Health Preparedness (PHP) Program for the Period of August 10, 2008 Through August 9, 2009; Approval of Amendments Totaling an Increase of \$100,862 in Revenue and Expense to the PHP Base Carry Forward Grant Program (Internal Order # TBD) FY 08/09 Budget; and Approval of Amendments Totaling an Increase of \$114,480 in Revenue and Expense to the PHP Pan Flu Carry Forward Grant Program (Internal Order # TBD) FY 08/09 Budget **(action)**
 - 3. Approval of Interlocal Agreement Between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associations North (MSAN), in the Total Amount of \$2,000 to Provide a Faculty Member to Serve as a Consultant on Pediatric Tuberculosis (TB) Cases for the Period July 1, 2009 Through June 30, 2010 **(action)**
 - D. Donation
 - A. Recommendation to Accept \$500 from the Catholic Healthcare West on Behalf of the Immunization Coalition for the Washoe County Health District Immunization Program **(accept)**

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| 8. | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health A. No Cases This Month | Mr. Bonderson |
| 9. | Regional Emergency Medical Services Authority A. Review and Acceptance of the Operations and Financial Report for April 2009 (action) B. Update of REMSA's Community Activities Since April 2009 | Mr. Smith |
| 10. | Presentation and Possible Approval of the Washoe County District Health Department's 2007/2008 Annual Report on REMSA's Compliance with the Franchise Agreement (action) | Dr. Anderson |
| 11. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for March 2009 (action) | Ms. Coulombe |
| 12. | Acceptance of Fiscal Year 2010 Budget with Possible Direction to Staff (action) | Ms. Coulombe Ms. Buxton Ms. Cooke |
| 13. | Public Hearing – Presentation and Possible Discussion of the Submission of Request for Redesignation and the Maintenance Plan for the Truckee Meadows 24-Hour PM ₁₀ Non-Attainment Area as a Revision to the PM ₁₀ State Implementation Plan (SIP) A. Recommendation to Approve and Adopt the Redesignation Request and Submission of the Maintenance Plan for the Truckee Meadows 24-Hour Pm ₁₀ Non-Attainment and Revision to the State's PM ₁₀ Implementation Plan (action) | Mr. Inouye |
| 14. | Public Hearing - Washoe County District Board of Health Regulations Governing Food Establishments A. Presentation and Discussion of Proposed Amendments to Sections 170.050, Subsections 6-9 (Application for Permit to Operate a Special Event); 170.100, Subsections 1-10 (Application for Permit to Operate a Temporary Food Establishment); 170.110, Subsection 6 (Temporary Food Establishment Permit to Operate); 170.120, Subsections 5 and 12 (Temporary Food Establishment Permit Exemption); 170.215, Subsection 1 (Fee for Annual Sampling Permit for Special Events); 170.220, Subsection 1 (Fee for Low Risk Foods); 170.225 (Limited Fee for Non-Profit Organizations); 170.310, Subsection 5 (Food Cooking, Holding and Service Equipment); 170.400, Subsection 1-3 (Defrosting of Potentially Hazardous Foods); 170.405, Subsections 1-6 (Food Temperatures); 170.410, Subsections 4, 5, 10-20 (Food Protection); 170.420, Subsection 3 (Hand Washing Facilities); 170.430, Subsections 1-3 (Utensil and Equipment Cleaning and Sanitizing); 170.440, Subsection 5 (Potable Water); 170.480, Subsection 1 (Liquid Waste); 170.490, Subsection 1 (Grease and Cooling Oil Waste); 170.500 (Non-sewered Toilets); 170.510 (Hand Washing Facilities for Non-sewered Toilets); 170.700 (Inspections); 170.710 (Compliance); B. Presentation and Discussion of the Proposed Additions of Sections 170.229 (Re-Inspection Fee); 170.250, Subsections 1-5 (Safety of Food for Consumption; Use of Food from Private Home; Labeling); 170.260 (Alcohol Consumption While Pregnant); 170.320, Subsection 4 (Temporary Food Establishment Construction Requirements); 170.330, Subsection 7 (Food Handlers); and 170.412 (Service and Display of Food; Temperatures); C. Presentation and Discussion of Proposed Deletions of Section 170.105 (Permit Issuance Requirements); 170.200 (Fees); 170.250, Subsection 6 (Package Food; Labeling); D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Food Establishments (action) | Ms. Rucker |
| 15. | Update and Possible Acceptance of Staff's May Report for the 2009 Legislative Session (action) | Ms. Stoll-Hadayia |
| 16. | Presentation of and Recommendation to Adopt the Proclamation in Support of Declaring June 7, 2009 as a Day in Honor of the International AIDS Candlelight Memorial (action) | Mr. Dermid |

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| 17. | Presentation - Immunization Program Audit Finding Update | Ms. Cooke |
| 18. | Presentation - Update – A(H1N1) Status and Activities Report | Dr. Todd |
| 19. | <p>Staff Reports and Program Updates</p> <p>A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities</p> <p>B. Director, Community and Clinical Health Services – Tuberculosis Outbreak Investigation; CCHS Participation in A(H1N1) “Swine Flu” Response; Tobacco Prevention Program Activities; CCHS Location Move</p> <p>C. Director, Environmental Health Services – Indoor Smoking Regulations; Vector-Borne Diseases Prevention Program Activities; Illegal Vendors; Public Information Outreach</p> <p>D. Director, Air Quality Management - Monthly Report of Air Quality: Everything Green, Monitoring/Planning Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity; Annual Oxy-Fuels Report</p> <p>E. Administrative Health Services Officer – NO REPORT THIS MONTH</p> <p>F. District Health Officer – A(H1N1) 2009 aka “Swine Flu” – A Novel Influenza Virus; Testimony on Senate Bill 372; School of Community Health Sciences Hooding Ceremony; State and Local Health Authorities (SLHA) Meeting; Delegate to the Nevada State Medical Association (NSMA) Annual Meeting</p> | <p>Dr. Todd</p> <p>Ms. Brown</p> <p>Mr. Sack</p> <p>Mr. Goodrich</p> <p>Ms. Coulombe</p> <p>Dr. Anderson</p> |
| 19. | Board Comment – Limited to Announcements or Issues for Future Agendas | Dr. Humphreys |
| 20. | 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

May 28, 2009

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| Public Comment | 1 |
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| Review – Approval of Minutes – DBOH Meeting of April 23, 2009 | 2 |
| Recognitions | 2 - 3 |
| Consent Agenda – Budget Amendments/Interlocal Agreements | |
| Ratification – Interlocal Contract – State of Nevada Dept of Conservation & Natural Resources, Division of Environmental Protection (NDEP) - Washoe County – Safe Drinking Water Act (SDWA) Grant Program | 3 |
| Acceptance – Notice of Subgrant Amendment #1 – Nevada State Health Division – Public Health Preparedness (PHP) Program; Approval of Amendments – Revenue & Expense – PHP Base Carry Forward Grant Program (IO #TBD); Approval of Amendments – Revenue & Expense – PHP Pan Flu Carry Forward Grant Program (IO #TBD) | 3 |
| Approval – Interlocal Agreement - Washoe County Health District – University of Nevada School of Medicine Integrated Clinical Services, Inc. – University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Association North (MSAN) – Consultative Services – Pediatric Tuberculosis (TB) | 4 |
| Donation - \$500 – Catholic Healthcare West – Immunization Coalition - Washoe County Health District Immunization Program | 4 |
| Regional Emergency Medical Services Authority | |
| A. Review and Acceptance of Operations and Financial Report for February and April 2009 | 4 - 5 |
| B. Update on REMSA's Activities Since April 2009 | 5 - 6 |
| Presentation – Approval - Washoe County District Health Department's 2007/2008 Annual Report – REMSA's Compliance – Franchise Agreement | 7 |

WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

May 28, 2009

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| Consideration – Acceptance of District Health Department Monthly Public Health Fund Revenue and Expenditures for April 2009 | 7 |
| Update – Fiscal Year 2010 Budget – Possible Direction to Staff | 7 - 11 |
| Public Hearing – Presentation – Submission – Request for Redesignation – Maintenance Plan – Truckee Meadows 24-Hour PM ₁₀ Non-Attainment Area – Revision PM ₁₀ State Implementation Plan (SIP) | 11 - 16 |
| Public Hearing – Amendments, Additions, Deletions - Washoe County District Board of Health Regulations Governing Food Establishments (Special Events/ Temporary Foods) | 17 - 22 |
| Update – Acceptance – Staff's May Report – 2009 Legislative Session | 22 - 24 |
| Presentation – Adoption – Proclamation – Declaring June 7, 2009 – Day in Honor – International AIDS Candlelight Memorial | 24 |
| Presentation – Immunization Program Audit Finding Update | 25 - 26 |
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| Staff Reports | |
| A) EPI-Center Director | 28 |
| B) Division Director – Community and Clinical Health Services | 28 |
| C) Division Director – Environmental Health Services | 28 |
| D) Division Director – Air Quality Management | 29 |
| E) Division Director – Administrative Health Services Officer | 29 |
| F) District Health Officer | 29 - 30 |
| Board Comment | 30 |
| Adjournment | 30 |

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
May 28, 2009

PRESENT: Denis Humphreys, OD, Chairman; Mr. Matt Smith, Vice Chairman; George Furman, MD; Councilman Dan Gustin; Commissioner Kitty Jung; Amy Khan, MD; and Councilwoman Julia Ratti

ABSENT: None

STAFF: Dr. Mary Anderson, District Health Officer; Bob Sack, Director, Environmental Health Services; Andrew Goodrich, Director, Air Quality Management; Dr. Randall Todd, Director, Epi and Public Health Preparedness; Mary-Ann Brown, Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Stacey Akurosawa, Administrative Assistant; Jennifer Stoll-Hadayia, Public Health Program Manager; Robin Albrandt, EPHP, Education and Training Coordinator; Steve Fisher, Department Computer Application Specialist; Jeanne Rucker, Environmental Health Services Specialist Supervisor; Daniel Inouye, Senior Air Quality Specialist; Jeanne Harris, Administrative Secretary; Dr. Jeff Brasel, Senior Environmental Health Specialist; Dave Taylor, Store Keeper, Darleen Bidlake, Account Clerk; Trudy Enfield, Plans/Permits Application Aide; Duane Sikorski, Air Quality Supervisor; Gerald Dermid, Health Educator II; Phil Ulibarri, Development Officer; Judy Davis, Public Information Officer; Janet Smith, Recording Secretary and Leslie Admirand, Deputy District Attorney

At 1:00pm, Chairman Humphreys called the Washoe County District Board of Health meeting to order followed by the Pledge of Allegiance led by Dr. George Furman, District Board of Health member.

ROLL CALL

Roll call was taken a full membership of the Board noted.

PUBLIC COMMENT

No public comment was presented.

APPROVAL/ADDITIONS – AGENDA – MAY 28, 2009

Chairman Humphreys called for approval of the agenda of the Washoe County District Board of Health meeting of May 28, 2009.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the District Board of Health agenda for the May 28, 2009 meeting be approved as presented. Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – APRIL 23, 2009

Chairman Humphreys advised that in the minutes of April 23, 2009, he would note that on page seven (7) the third paragraph should be corrected to read: "...the increased average monthly billing was not a result of the Hirschdale response." Chairman Humphreys advised that on page seventeen (17), the second paragraph the last portion of the sentence should read "...may not receive a do pass." Chairman Humphreys called for any further additions or corrections to the minutes of April 23, 2009.

MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the minutes of the April 23, 2009 District Board of Health meeting be approved as corrected. Motion carried unanimously.

RECOGNITIONS

Chairman Humphreys and Dr. Mary Anderson, District Health Officer, presented a Certificate of Recognition to Ms. Darleen Bidlake for 5 Years-of-Service.

Dr. Anderson advised that a Certificate of Recognition will be presented to Mr. David Kelly for 5 Years-of-Service.

Chairman Humphreys and Dr. Anderson introduced Ms. Robin Albrandt, EPHP Education and Training Coordinator, advising that Ms. Albrandt has completed the Excellence in Public Service receiving the Train the Trainer Certification Program.

Chairman Humphreys and Dr. Anderson introduced Ms. Gertrude "Trudy" Enfield, Plans/Permits Application Aide, advising that Ms. Enfield has completed the Excellence in Public Service in Essentials of Personal Effectiveness and Essentials of Support Staff Certification Program.

Chairman Humphreys and Dr. Anderson introduced Mr. Dave Taylor, Storekeeper, advising that Mr. Taylor has completed the Excellence in Public Service in Essentials of Support Staff Certification Program.

Chairman Humphreys and Dr. Anderson introduced Mr. Phil Ulibarri, Development Officer, advising that Mr. Ulibarri received "a major award", which is the "*Commissioner's Award*" for the State of Nevada, from the US Department of Health and Human Services during the 17th Annual Conference on Child Abuse and Neglect. Dr. Anderson advised that this award was in recognition of Mr. Ulibarri's numerous efforts in child abuse and neglect prevention activities and public health initiatives, including his statewide public information education campaigns for Nevada's Children Trust Fund Child Abuse Prevention Program, which has been viewed by "hundreds of thousands." Dr. Anderson stated that Mr. Ulibarri has also worked in the Statewide WIC Program promoting the efforts and benefits of WIC services, receiving two (2) US Department of Agriculture Food and Nutrition Services and Administrative Citation; and in 2003 he received the National WIC Advocacy Award. Dr. Anderson stated that in 2006 Mr. Ulibarri was appointed for a three (3) year term as a member to the WIC Fetal Nutrition and Commodities Advisory Council to the USDA Secretary, Mr. Mike Johnson, in recognition of his efforts for WIC. Dr. Anderson presented postcards, which are part of this year's Child Abuse and Neglect Prevention Campaign "*If you see it, sense it, or know it, report it!*"; that all postcards related to the campaign are printed in both English and Spanish. Dr. Anderson stated that Mr. Ulibarri is featured in the brochure featuring a picture and write-up for each award winner from each State; that Mr. Ulibarri is to be commended for this achievement.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS/AUTHORIZED POSITION CONTROL NUMBERS

The Board was advised that Staff recommends **ratification** of the **Interlocal Contract** between the **State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection** and the **Washoe County Health District** in the **total amount of \$180,000 (\$90,000 per fiscal year)** in support of the **Safe Drinking Water Act (SDWA) Grant Program** for the period upon Board of Examiners approval through June 30, 2011.

The Board was advised that Staff recommends **acceptance** of the **Notice of Subgrant Amendment #1** from the **Nevada State Health Division** in the **total amount of \$1,008,474** in support of the **Public Health Preparedness (PHP) Program**, for the period of August 10, 2008 through August 9, 2009; **approval of amendments totaling an increase of \$100,862** in revenue and expense to the **PHP Base Carry Forward Grant Program (internal order #TBD) FY 08/09 Budget**; and **approval of amendments totaling an increase of \$114,480** in revenue and expense to the **PHP Pan Flu Carry Forward Grant Program (internal order #TBD) FY 08/09 Budget**.

The Board was advised that Staff recommends **approval** of an **Interlocal Agreement** between the **Washoe County Health District** and the **University of Nevada School of Medicine Integrated Clinical Services, Inc.**, and the **University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc.**, dba **MEDSchool Associates North (MSAN)** in the total amount of **\$2,000**, to provide a faculty member to serve as a consultant on pediatric Tuberculosis (TB) cases for the period of July 1, 2009 through June 30, 2010.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the Interlocal Contract; the Notice of Subgrant Amendment #1, with the corresponding budget amendments; and the Interlocal Agreement, be approved as outlined and the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.

CONSENT AGENDA – ACCEPTANCE – DONATION

The Board was advised that Staff recommends **acceptance** of a **\$500 donation** from **Catholic Healthcare West** for assisting with **Immunization Program** expenses, specifically for the **Immunization's Program's participation in the National Infant Immunization Week of April 25 – May 2, 2009**.

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the \$500 donation from Catholic Healthcare West be accepted as outlined.
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

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

Mr. Patrick Smith, President of REMSA, advised that the Board members were provided with a copy of the April 2009 Operations and Financial Report; that the emergency response time for life-threatening calls in April 2009 was 92% and 96% for non-life threatening calls, with an overall average response time of five minutes fifty-one seconds (5:51); and an overall average travel time of four minutes forty-seven seconds (4:47). Mr. Smith advised that the overall monthly average bill for air ambulance service was \$6,933, with a year-to-date average of \$6,161. Mr. Gubbels advised that the overall monthly average bill for ground ambulance service was \$887, with a year-to-date average of \$881.

Mr. Smith stated that, in response to the Board's concerns regarding the "appearance of an increased number of negative comments", Mr. Gubbels determined that the positive comments and

the negative comments are separated; that the negative comments were "immediately being processed and typed in; however, the individual who was typing up the positive comments is no longer in that position and the positive comments "are sitting there" waiting to be entered into the system by a replacement.

Mr. Gustin stated that he appreciates Mr. Smith and Mr. Gubbels providing a response to his question; that he further appreciates REMSA including customer comments in the monthly report for the Board and Health Department review; that this is "an excellent gauge as to the business in the community." Mr. Gustin stated that Care Flight had "nothing but praises for life-saving situations." Mr. Gustin stated that he "has nothing but the utmost respect for REMSA as he is aware of the kind of company it is and how well they do their business."

Mr. Smith stated that REMSA employees "are some of the best in the country if not the world."

In response to Chairman Humphreys regarding three (3) comments specific to "finding the location", Mr. Smith advised that the mapping systems "keep up with all the new roads as much as possible"; that REMSA works directly with the 911 Center receiving the "map downloads as fast as possible to download into its system." Mr. Smith stated that some roads are new, are dirt roads, are unmarked and have not been entered into the mapping system, etc.; that when comments regarding 'hard to find locations' are received REMSA attempts to obtain the information from the 911 Center; that if the information is not available from the 911 Center REMSA "can draw in the locations by longitude and latitude and label those roads."

In response to Ms. Jung regarding developers having to provide that information for downloading in the system, Mr. Smith stated that it is "a matter of getting the information into the 911 Center feed which REMSA then downloads that information into its system and sometimes it may not be done fast enough."

**MOTION: Mr. Gustin moved, seconded by Mr. Smith, that the REMSA Operations And Financial Report for April 2009 be accepted as presented.
Motion carried unanimously.**

B. Update of REMSA's Community Activities Since April 2009

Mr. Smith advised the Board that REMSA staff, the Health Department, and the area hospitals are to be commended for the response to the first and subsequent cases of swine flu in the community. Mr. Smith stated that, as the Board has been advised, REMSA Dispatch Center has the "regional computer tracking system, which reports if certain levels of a variety of symptoms are being hit." Mr. Smith stated that the First Watch System was modified "on the fly" by the National Academy,

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with certain questions specific to flu-related symptoms. Mr. Smith advised that the REMSA dispatchers were trained over-night, the card was installed, and immediately available. Mr. Smith stated that REMSA was advised by the owners of the First Watch System that REMSA was either the third or the fourth system nationwide to "be: 1) up and running that fast; and 2) is linked to the Health Department." Mr. Smith stated that when First Watch alerts REMSA the Health Officer or the Health Department Epidemiologist is alerted also; that this system "worked very well." Mr. Smith stated that further, Dr. Anderson and Dr. Todd coordinated a meeting with REMSA and representatives of area hospitals to discuss the response to potential swine flu-related calls; that it was determined "REMSA became the central distribution point for all the first responders (i.e., fire, police); that as REMSA received updates REMSA immediately them." Mr. Smith stated that "the feedback" received from all regional police and fire agencies (in all rural Northern Nevada) was that REMSA's efforts "were very, very much appreciated." Mr. Smith advised that this level of cooperation "hadn't really occurred well in the past"; that the coordination efforts "were great; that this regionalized system type of effort works very well when these types of situations occur."

Ms. Jung stated that she would suggest a media release "on the coordination of efforts and quick response" in updating the First Watch system and being the third or fourth in the nation that had this dispatch capabilities. Ms. Jung stated the swine flu has received "so much media attention locally" with concern as to the increasing number of cases that it "may be beneficial" to issue a media release advising that testing is performed locally, which "could explain why there seems to be a greater number of cases in Washoe County than in other counties."

In response to Ms. Jung, Mr. Smith stated that REMSA would be willing to work with the Health Department in such an effort.

In response to Ms. Jung, Dr. Anderson stated that a media release would "reiterate the capabilities within the community with First Watch and school attendance surveillance; that it is a good idea to reassure the public as to the capabilities to identify issues quickly and respond appropriately. Dr. Anderson stated that she would commend Ms. Judy Davis, PHP Public Information Officer, for "her excellent efforts in distributing the updates on a daily (or more frequently) basis keeping Staff and the Board members apprised as to the current status of cases and presenting it in an easy to understand format. Dr. Anderson advised that Ms. Davis' efforts were "well appreciated by many people" and she is to be commended for that.

The Board thanked Mr. Smith for the update.

PRESENTATION – APPROVAL – WASHOE COUNTY DISTRICT HEALTH DEPARTMENT'S
2007/2008 ANNUAL REPORT – REMSA'S COMPLIANCE – FRANCHISE AGREEMENT

Dr. Anderson advised that the Board members have been provided with a copy of the Washoe County Health District's Annual Report specific to REMSA's compliance with the Franchise Agreement. Dr. Anderson advised that Staff conducted an in-depth analysis of REMSA's compliance with the 31 Sections of the Franchise Agreement for the period of July 1, 2007 through June 30, 2008. Dr. Anderson stated that the Report specifically addresses each of the 31 performance requirements of the Agreement; that Staff determined REMSA to be in compliance with all 31 of the Sections of the Franchise Agreement. Dr. Anderson stated that Staff recommends the Board of Health determine REMSA to be in compliance with the 31 performance measures of the Agreement and to approve the report.

Mr. Gustin commended REMSA for compliance with all 31 performance measures.

**MOTION: Mr. Smith moved, seconded by Ms. Jung, that the Health District's Annual Report for fiscal year 2007/2008 on REMSA's compliance to the Franchise Agreement be accepted and approved as presented.
Motion carried unanimously.**

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND
EXPENDITURE REPORT – APRIL 2009

Ms. Patsy Buxton, Acting 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 April 2009. Ms. Buxton advised that Staff recommends the Board accept the Report as presented.

**MOTION: Dr. Khan moved, seconded by Mr. Gustin, that the District Health Department's Revenue and Expenditure Report for April 2009 be accepted as presented.
Motion carried unanimously.**

ACCEPTANCE – FISCAL YEAR 2010 BUDGET UPDATE – DIRECTION TO STAFF

Ms. Buxton advised that the Board members have been provided with a copy of the update of "what has occurred since the Board's April 9th budget meeting." Ms. Buxton stated that the Board's direction to Staff at the April 9th meeting was: 1) a minimum Ending Fund Balance of \$258,000; 2) to fund eight (8) vacant positions in mandated programs (2 Environmental Health Specialists, 1 Environmental Health Specialist Supervisor, 1 Vector-Borne Disease Specialist; 1 Senior Air Quality Specialist; 1 Epidemiologist, 1 Public Health Investigator; 1 Department Computer

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Application Specialist – all these positions will be funded effective July 1, 2009); 3) reduce the Family Planning Program by \$339,608, which provides a 10% match and allows the Program to retain its revenue; 4) reduce the Home Visiting Program by 50%, which equates to \$398,535; and 5) allow for flexibility in personnel changes due to program reductions which may be required.

Ms. Buxton advised that the Budget has been balanced with an Ending Fund Balance of the \$258,000; the eight (8) vacant positions in mandated programs have been funded as of July 1, 2009; the Family Planning Program has been reduced by \$339,608; the Home Visiting Program has been reduced by \$398,535; and personnel reassignments will be determined based on program reductions. Ms. Buxton advised that the personnel reassignments are being determined by the Division Directors “at a Department level” to achieve the budget reductions while “allocating the personnel resources to the areas of the highest priorities within the Department.” Ms. Buxton stated that, to-date, there has been one (1) reassignment, which is in transition with other reassignments pending.

Ms. Buxton stated that to achieve the reductions within the Family Planning Program one (1) Advanced Practitioner of Nursing has requested the voluntary incentive separation; there will be an elimination of Sub-recipient funding (i.e., Planned Parenthood Mar Monte and Nevada Health Centers will no longer receive funding); services and supplies (i.e., biologicals, labs, medical supplies) will be reduced and position reassignments to achieve the \$339,608 in reductions.

Ms. Buxton advised that within the Home Visiting Program there were three (3) existing vacancies resulting in a savings of \$198,330; that position reassignments – the CCHS Division has two (2) positions (a PHN II and Disease Intervention Specialist) who have requested the voluntary incentive separation; that the value of those two (2) positions equates to \$200,205 for a total reduction of \$398,535. Ms. Buxton advised that two (2) Public Health Nurses within the Home Visiting Program will be transitioned to the Immunization Program and the Sexually Transmitted Disease Program, from which the two (2) voluntary separations will occur.

Ms. Lori Cooke, Fiscal Compliance Officer, advised that these efforts will result in no workforce reductions for FY 10; that the net reassignment value equates to approximately \$88,950, which Staff is “confident” this can be achieved through various incentives or vacancies. Ms. Cooke stated that should the reassignments not achieve this reduction it will be achieved through “operating net.” Ms. Cooke advised that savings from reduction reassignments equates to \$251,919 with \$162,969 from final budget adjustments. Ms. Cooke advised that from April through May the Department received different revenues, the majority of which is from deferrals; that deferrals are budgeted by utilizing the Ending Fund Balance “and taking money off the top; that these are restricted funds for pollution control (i.e., DMV funding, solid waste tire funding).” Ms. Cooke stated that when those

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revenues are received the Department must "account for the excess revenue or it goes to the Fund and those revenues cannot be reserved for the statutory required activities." Ms. Cooke stated that those adjustments resulted in the net of \$88,950. Ms. Cooke advised that salary savings from potential voluntary separation incentives is \$870,043 with the net savings being \$781,093. Ms. Cooke advised that the "realized savings" will be utilized for "cash flow and the County requirement for Return on Investment (ROI), which is calculated at 2x the incumbent's salary and benefits plus the cost of the incremental incentives. Ms. Cooke advised that the incentives as currently calculated to achieve the ROI is \$2.8 million; that this amount does not have to be achieved within the first year; however, it is an amount the Health Department must achieve.

Ms. Cooke advised that issues that may have to be addressed: 1) voluntary separation incentives are not executed, which would affect the projected salary savings; that currently one (1), has been executed and five (5) separations are pending as of tomorrow. Ms. Cooke advised that it is possible the Health Department would receive an employee from another Department through "bumping or brokering", as it is possible a vital position, which must be filled, cannot be filled internally, although that is the intent. Ms. Cooke stated that the Budget does not include any future vacancies which may occur. Ms. Cooke advised that the Budget does not include the potential for future employee concessions; that the current 2.5% reduction for Washoe County Employee Association (WCEA) is through December 20, 2009; that the Washoe County Nurses Association (WCNA) health insurance concession is through June 30, 2010. Ms. Cooke advised that unfunded or unanticipated expenditures occur every year; that, while the costs of unfunded or unanticipated expenditures cannot be determined, Staff is monitoring the costs associated with the H1N1 in regard to the man hours and services and supplies. Ms. Cooke advised that there could be revenue impacts – grants being received at a higher or lower amount than budgeted; that revenues from fees could be more or less than what was budgeted. Ms. Cooke advised it is not anticipated that the General Fund Transfer will be increased; however, it is possible another reduction could be required.

Ms. Cooke stated that, as directed by the Board, Staff allowed for flexibility in the Budget with no reduction in the workforce. Ms. Cooke advised that it is a matter of balancing the Department's "program Delivery and personnel" with "cash flow, the Ending Fund Balance requirement and the Return on Investment (ROI)."

In response to Dr. Khan regarding the reduction of \$71,037 in services in supplies in the Family Planning Program, Ms. Buxton advised that 40% of the reduction was the biological line item; that 19% of the reduction is lab cost and basic medical supplies; that there has been adjustment to some contracts and miscellaneous line items and general operating expenditures.

In response to Dr. Khan, Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, advised that as a component of the re-design and reviewing efficiencies, the Family Planning Program has reduced services to those required by Title X. Ms. Brown advised that the Family Planning Program previously performed additional lab tests "offering services beyond what was required by Title X"; that this has resulted in a reduction in the services and supply costs for the Program. Ms. Brown stated Staff is working in conjunction with its community partners to ensure "any gaps in services can be filled" by one of the partnering agencies.

Dr. Khan questioned the percentage the \$70,000 reduction was in "actual services provided within the grant."

In response to Dr. Khan, Ms. Brown stated that it would be necessary to review the records, as there were several lab tests the Family Planning Program would provide, which were "beyond the scope" of what was required. Ms. Brown stated that a number of the efficiencies developed previously in regard to the ordering, protocols, the amount of lab work being ordered and how frequently it was being ordered assisted in achieving the \$70,000 in reductions. Ms. Brown advised that the elimination of additional services have allowed for "a streamline of lab testing"; that the Program Staff "have been very aggressive in what the formulary offers and doesn't offer", which assisted in achieving that \$70,000. Ms. Brown stated that some of the measures instituted were recommended by the consultant from Region IX who reviewed the Program and the workflow.

In response to Dr. Khan regarding the elimination of the sub-recipients, Ms. Brown advised that the Health District's Family Planning Program will assume some of the duties previously performed by the grant sub-recipients; that other services won't be provided. Ms. Brown advised that Staff worked with the community partners, including Planned Parenthood and Nevada Health Centers (previously Children's Cabinet) regarding the decrease of funding and how that would impact those programs. Ms. Brown advised that it was a consensus it was best to "reinvest those funds in Family Planning Clinic Services that the Health Department will offer in lieu of some of those services which had been offered." Ms. Brown stated that Staff worked collaboratively with these partners advising that those Subgrants would no longer be available.

In response to Mr. Gustin regarding the time frame for the ROI (incentive separations), Ms. Cooke advised that initially the County provided direction the ROI would be applied to the incentive position and that the Departments would have to have a year's funding for the ROI. Ms. Cooke stated that it cannot be determined which employees will accept the incentive separation offer and which employees will not; therefore, although the ROI would be "position by position it will be at a fund level." Ms. Cooke advised that the cost-savings from vacancies which occur, and are not

incentive separations, can be utilized for the ROI allowing for an incentive position to be filled while complying with the financial requirements.

Dr. Furman stated that he would commend Ms. Brown and the CCHS Staff for "doing a good job on the program reductions."

In response to Mr. Smith regarding position reassignments, Ms. Brown advised that a Staff Disease Intervention Specialist in the Sexual Health Program who has applied for an incentive separation, which is a mandated program and is budgeted. Ms. Brown advised that "the most qualified" Staff member will be reassigned to that position; that ultimately the "loss of two (2) positions will be in the Home Visiting Nursing Program for both vacant position in mandated programs. In response to Mr. Smith regarding the \$200,205 savings for position reassignments in the Home Visiting Nursing Program, Ms. Brown advised that the savings from the Home Visiting Nursing Program is not being transferred to the Immunization Program. Ms. Brown stated that ultimately there will be seven (7) position reassignments in the CCHS Division; that most are incentive separations and several won't be replaced; that one (1) will transfer to another Division in the Department; one (1) is potentially transferring to another Division within the District; and two (2) positions are not being replaced. Ms. Brown stated that "there is no new funding in her Division relating to any of these positions; that when Staff leaves she is reassigning Staff to the mandated services as directed."

MOTION: Mr. Smith moved, seconded by Ms. Ratti, that the FY 2010 Budget Update for the Washoe County Health District be accepted as presented.
Motion carried unanimously.

PUBLIC HEARING – PRESENTATION – DISCUSSION – SUBMISSION – REQUEST FOR REDESIGNATION – MAINTENANCE PLAN – TRUCKEE MEADOWS 24-HOUR PM₁₀ NON-ATTAINMENT AREA – REVISION – PM₁₀ STATE IMPLEMENTATION PLAN

A. Recommendation to Approve and Adopt Redesignation Request and Submission of the Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment and Revision to the State's PM₁₀ Implementation Plan

1:00pm: This being the time set in a Notice of Public Hearing, heretofore published in the *Reno Gazette Journal* on April 23, May 13 and 25, to consider the recommendation to approve and adopt the Air Quality Management's recommendation to submit a request to US Environmental Protection Agency (EPA) for redesignation of the Truckee Meadows 24-hour PM₁₀ non-attainment area status; and approval of the revision to the PM₁₀ State Implementation Plan (SIP).

Mr. Daniel Inouye, Senior Air Quality Specialist, advised that the US EPA has established health-based National Ambient Air Quality Standards (NAAQS) for six (6) criteria pollutants, including Particulate Matter less than, or equal to ten (10) microns in diameter (PM₁₀). Mr. Inouye advised it is known that PM₁₀ is an irritant to eyes, nose, throat, and the lung and may also aggravate existing heart and respiratory conditions.

Mr. Inouye advised that the Truckee Meadows (the valley portion of the Reno/Sparks area) is currently designated as "Seriously Non-Attainment" for the 4-hour PM₁₀ Standard; however, due to effective control measures developed, implemented and maintained during the last twenty (20) years, the Truckee Meadows has attained the PM₁₀ Standard. Mr. Inouye advised that the "*Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area*" document (a copy of which was placed on file for the record), dated March 26, 2009, is the formal request to US EPA to redesignate Truckee Meadows to an "Attainment/Maintenance Area. Mr. Inouye reviewed the document, advising that the Plan has two (2) components: the Redesignation Request and the Maintenance Plan; that the Redesignation Request delineates how the ambient air quality in the Truckee Meadows improved and how the PM₁₀ Standard was attained; that the Maintenance Plan delineates how the Standard will continue to be achieved.

Mr. Inouye displayed a chart, advising that the chart displays the highest 24-hour ambient PM₁₀ concentrations since 1990, with the red line representing the PM₁₀ Standard. Mr. Inouye advised that the "overall trend" has been improvement in monitored PM₁₀ concentrations, with a reduction in peak concentrations. Mr. Inouye advised that the most recent exceedance of the PM₁₀ Standard was in 2005 and was "much lower" than the typical exceedances which occurred in the 1980s and 1990s. Mr. Inouye advised that the reductions "are all the more impressive due to the corresponding population growth of the area, which occurred at the same time", as between 1990 through 2008 the population of Washoe County increased from 257,000 to 424,000, representing a 65% increase. Mr. Inouye advised that increases in population equates to an increase in "Vehicle Miles Traveled" (VMT), energy consumption and anthropogenic (man-made) activities "typically resulting in increased PM₁₀ emissions."

Mr. Inouye advised that these improvements were achieved through aggressive "Control Measures" (CM) "targeting the most significant PM₁₀ categories (i.e., residential wood combustion (RWC); street sanding/street sweeping operations; and mass grading). Mr. Inouye advised that "Serious Non-Attainment Areas" (NAA) (i.e., the Truckee Meadows) are required to implement "Best Available Control Measures" (BACM), which are established in other "Serious" PM₁₀ Non-Attainment Areas within the Western United States. Mr. Inouye advised that the rationale is "if

BACM can be demonstrated in one area, then it must be implemented in other "Serious" PM₁₀ Non-Attainment Areas."

Mr. Inouye advised that "much of the air quality improvements can be attributed to Washoe County's "Residential Wood Combustion (RWC) Program, which was one of the first and remains one of the most stringent Programs in the United States." Mr. Inouye advised that the RWC Program requires: cleaner EPA certified stoves in new homes, older non-EPA certified woodstoves must be upgraded or removed in existing homes during real estate transactions, and mandatory wood burning curtailment (or cessation) during air pollution episodes. Mr. Inouye advised that additional PM₁₀ control measures addressed control measures for street sanding/street sweeping operations, which is applied to the roads during wintertime storms to increase traction. Mr. Inouye advised that the control measures require: a harder and cleaner sand specification; a reduction in sand application per lane mile; more frequent sweeping (specifically after a winter storm event to reduce re-entrainment); and improved efficiency for new street sweepers.

Mr. Inouye advised that the AQM's Dust Control Program "targets" mass grading operations, and requires control the fugitive dust emissions; that common control techniques include water trucks, application of palliatives, and revegetation of groundcover. Mr. Inouye advised that "The Emergency Episode Plan" addresses wintertime periods of high ambient PM₁₀ levels, which are typically characterized by stable atmospheric conditions, a strong temperature inversion, cold nighttime temperatures and light winds. Mr. Inouye advised that these conditions result in PM₁₀ being "trapped in the valley and ambient PM₁₀ levels increasing"; that should a Stage I Alert be issued all burning, including Residential Wood Combustion (RWC) would be prohibited. Mr. Inouye advised achieving these control measures required revisions to the District Board of Health Regulations Governing Air Quality Management and are included in the State Implementation Plan (SIP).

Mr. Inouye displayed a Table, advising that the Table depicts the reductions (in pounds per a typical winter day) in PM₁₀ levels associated with the control measures; that the street sanding/street sweeping programs have additional benefits as it results in reduced fugitive PM₁₀ emissions from paved roads. Mr. Inouye advised that these emission reductions have led to measurable improvements in the ambient air quality.

Mr. Inouye advised that the second component is the State Implementation Plan (SIP), which establishes measures that will be continued to ensure the PM₁₀ NAAQS will be maintained; that further, it includes contingency provisions to promptly address any violations.

Mr. Inouye advised that the four (4) main components of the Maintenance Plan are: the Monitoring Network, Emissions Tracking, a Motor Vehicle Emissions Budget (MVEB) and the Contingency Plan. Mr. Inouye advised that the Monitoring Network consists of six (6) PM₁₀ monitoring sites in the Truckee Meadows; that the monitors are sited in accordance with EPA requirements and reviewed on an annual basis to ensure compliance with PM₁₀ monitoring objectives. Mr. Inouye advised that emissions are "tracked" by two (2) primary methods: periodic emission inventories and source specific surveys. Mr. Inouye advised that emission inventories are comprehensive updates of all emissions sources in Washoe County; that inventories identify changes in actual emissions that may also relate to increased ambient PM₁₀ levels; that inventories are prepared on a triennial schedule with the last update completed for Calendar Year 2005 with the next update will be prepared for Calendar Year 2008; that it is anticipated this update will be completed in the spring of 2010. Mr. Inouye advised that due to RWC being a significant source of PM₁₀ emissions in the Truckee Meadows, a special survey targeting this category is completed "every few years"; that this survey also gauges the effectiveness of the RWC program. Mr. Inouye advised that a commitment for this survey is included in the CO (Carbon Monoxide) Maintenance Plan, which was adopted by the District Board of Health in 2005. Mr. Inouye advised that the PM₁₀ MVEB specifies the level of motor vehicle emissions consistent with attainment and maintenance of air quality standards. Mr. Inouye advised that MVEB includes six (6) emission categories: road construction dust; paved road fugitive dust; unpaved road fugitive dust; on-road motor vehicle tailpipe emissions; heavy-duty diesel truck idling; and a safety margin. Mr. Inouye advised that the MVEB was developed cooperatively with local, state, and federal agencies, including the Metropolitan Planning Organization (the equivalent of the RTC of Washoe County); the Federal Highway Administration (FHWA); EPA Region IX; Nevada Department of Transportation (NDOT); and Nevada Division of Environmental Protection (NDEP). Mr. Inouye advised that planning assumptions (i.e., land use, population, employment, and Vehicle Miles Traveled (VMT) are key factors in projecting future emissions; that the assumptions in this Plan are the most current and are consistent with those utilized by the MPO. Mr. Inouye advised that Transportation Plans from the MPO (i.e., the 2040 Regional Transportation Plan and the Transportation Improvement Plan) are subject to transportation conformity and the MVEB. Mr. Inouye advised that the Federal Highway Administration (FHWA) can not approve these transportation plans unless the plans conform to this Maintenance Plan.

Mr. Inouye advised should a PM₁₀ exceedance or violation occur the Contingency Plan of the Maintenance Plan will provide direction as to "what will be done"; that the Contingency Plan includes Trigger Mechanisms, Contingency Measures and Timelines. Mr. Inouye advised that the Trigger Mechanisms will be based upon PM₁₀ monitoring data; that should PM₁₀ levels "approach the 24-hour Standard" the Emergency Episode Plan will be implemented. Mr. Inouye advised that the PM₁₀ 24-hour NAAQ Standard is 150 ug/m³, more commonly referred to as the Air Quality Index (AQI) of "Unhealthy for Sensitive Groups", or as a "Stage I AQ Alert". Mr. Inouye advised that the first priority of the Emergency Episode Plan is to protect human health by providing information to the public as to what measures should be taken. Mr. Inouye stated that, should the

cause of the PM₁₀ episode be RWC a mandatory curtailment (or cessation) of RWC would be implemented and enforced. Mr. Inouye advised that should an episode result in a PM₁₀ exceedance or violation additional control measures may be required; that additional control measures that are included in the PM₁₀ SIP must be adopted by the District Board of Health. Mr. Inouye advised that PM₁₀ emission categories will be reevaluated on a regular basis to ensure that any proposed control measure will be effective in improving air quality. Mr. Inouye stated that, as the Emergency Episode Plan has been adopted it can be implemented immediately should it become necessary; that prompt and expedient action to an event may prevent additional exceedances or violations of the PM₁₀.

Mr. Inouye advised it is the recommendation of Staff that the District Board of Health approve and adopt the "Redesignation Request and Maintenance Plan for the Truckee Meadows PM₁₀ Non-Attainment Area" as an amendment to the Truckee portion of the Nevada PM₁₀ State Implementation Plan (SIP).

Mr. Inouye stated that should the Board approve and adopt the Redesignation Request and Maintenance Plan, and upon approval of the minutes of today's hearing, the Redesignation Request and Maintenance Plan will be forwarded to NDEP and subsequently formally submitted to US EPA as a revision to the PM₁₀ SIP. Mr. Inouye advised that approximately ninety (90) days after the submittal, EPA will determine an "adequacy" finding of the MVEB; that "long and short range transportation plans" will be prepared by the MPO utilizing the PM₁₀ MVEB in the transportation conformity analysis. Mr. Inouye advised that EPA will also initiate a formal review of the entire redesignation request and maintenance plan; that should the request be accepted, EPA will recommend approval in the Federal Register for the Truckee Meadows to be redesignated from a "Serious" NAA to an "Attainment/Maintenance" area. Mr. Inouye advised that this portion of the process can require a "few months to 18 months" to complete. Mr. Inouye advised that after "redesignation", and providing there are no exceedances or violations of the PM₁₀ Standard, the next required action will be in 2018, when the PM₁₀ Maintenance Plan will be updated as will the MVEB, demonstrating continued attainment of the Standard through 2030. Mr. Inouye advised that it is anticipated the update will occur in 2014 when an updated Carbon Monoxide (CO) Maintenance Plan is to be prepared.

Ms. Jung commended Mr. Inouye on an excellent presentation.

In response to Ms. Jung regarding the location of the six (6) monitoring stations, Mr. Inouye advised that the monitoring stations are located at downtown Reno (adjacent to Bertha Miranda's); at the Department of Transportation yard (on Galletti Way); at the Sparks Post Office location; Nevada Energy facility at Neil Road; Washoe County School District yard on Geiger Grade; and at

Kietzke and Plumb Lane. Mr. Inouye advised that the "worst wintertime PM₁₀ air pollution occurs in the valley portion of Washoe County; that this is "where the concentrations are the highest" during inversions and stabilized weather. Mr. Inouye advised that EPA requires annual review of the monitoring system network.

In response to Mr. Gustin regarding the requirements of the Residential Wood Combustion, Mr. Inouye advised that there is no formal review requirement for control measures; that the AQM Division and the US EPA have agreed upon a review every three (3) years. Mr. Inouye advised that "there may not be significant changes in a one (1) year period; however, there may be in a three (3) year period." Mr. Inouye advised that this is performed in conjunction with the District's Periodic Emissions Inventory Report.

Mr. Smith stated that the Air Quality Management Division is to be commended for achieving compliance with the PM₁₀ Standard; that the new Board members may be unaware that had the District continued to have exceedance US EPA would have assumed control of the County's Air Quality Management District, with the Board of Health having no further "influence or say" regarding air quality issues. Mr. Smith stated that for the Air Quality Management Division achieve attainment status with the increased population "is a real success story."

Dr. Anderson stated that Mr. Inouye is to be commended for authoring the "*Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area*".

Chairman Humphreys declared the Public Hearing open and called upon anyone wishing to speak either in favor of or in opposition to the proposed redesignation request and maintenance plan. There being no one wishing to speak the Public Hearing was closed.

MOTION: Mr. Smith moved, seconded by Ms. Jung that the District Board of Health approve and adopt the "Redesignation Request and Maintenance Plan for the Truckee Meadows PM₁₀ Non-Attainment Area" as an amendment to the Truckee Meadows component of the Nevada PM₁₀ State Implementation Plan (SIP), as outlined. Motion carried unanimously.

Public Hearing - Washoe County District Board of Health Regulations Governing Food Establishments

1:00pm: This being the time set in a Notice of Public Hearing, heretofore published in the Reno Gazette Journal on April 15, 18 and 21, 2009, to consider the approval and adoption of amendments, additions and deletions to the District Board of Health Regulations Governing Food Establishments.

- A. Presentation and Discussion of Proposed Amendments to Sections 170.050, Subsections 6-9 (Application for Permit to Operate a Special Event); 170.100, Subsections 1-10 (Application for Permit to Operate a Temporary Food Establishment); 170.110, Subsection 6 (Temporary Food Establishment Permit to Operate); 170.120, Subsections 5 and 12 (Temporary Food Establishment Permit Exemption); 170.215, Subsection 1 (Fee for Annual Sampling Permit for Special Events); 170.220, Subsection 1 (Fee for Low Risk Foods); 170.225 (Limited Fee for Non-Profit Organizations); 170.310, Subsection 5 (Food Cooking, Holding and Service Equipment); 170.400, Subsection 1-3 (Defrosting of Potentially Hazardous Foods); 170.405, Subsections 1-6 (Food Temperatures); 170.410, Subsections 4, 5, 10-20 (Food Protection); 170.420, Subsection 3 (Hand Washing Facilities); 170.430, Subsections 1-3 (Utensil and Equipment Cleaning and Sanitizing); 170.440, Subsection 5 (Potable Water); 170.480, Subsection 1 (Liquid Waste); 170.490, Subsection 1 (Grease and Cooling Oil Waste); 170.500 (Non-sewered Toilets); 170.510 (Hand Washing Facilities for Non-sewered Toilets); 170.700 (Inspections); 170.710 (Compliance);
- B. Presentation and Discussion of the Proposed Additions of Sections 170.229 (Re-Inspection Fee); 170.250, Subsections 1-5 (Safety of Food for Consumption; Use of Food from Private Home; Labeling); 170.260 (Alcohol Consumption While Pregnant); 170.320, Subsection 4 (Temporary Food Establishment Construction Requirements); 170.330, Subsection 7 (Food Handlers); and 170.412 (Service and Display of Food; Temperatures);
- C. Presentation and Discussion of Proposed Deletions of Section 170.105 (Permit Issuance Requirements); 170.200 (Fees); 170.250, Subsection 6 (Package Food; Labeling);

Ms. Jeanne Rucker, Environmental Health Specialist Supervisor, advised that the Board members have been provided with a copy of the proposed amendments, additions and deletions to the District Board of Health Regulations Governing Food Establishments (a copy of which was placed on file for the record), specific to special events and temporary foods. Ms. Rucker advised that every two (2) years Staff reviews the special events and temporary foods sections of the District Board of Health Food Establishment Regulations to ensure that the Regulations are current with changes and recent trends in the industry. Ms. Rucker advised that Staff reviewed the Nevada Administrative Code (NAC) to ensure the proposed amendments, additions and deletions are in compliance with the requirements of the NAC regarding special events and temporary foods.

Ms. Rucker advised that Staff conducted two (2) public workshops with four (4) individuals attending; that Staff responded to a number of email and telephone inquiries requesting clarifications; that Staff received no objections to the proposed language. Ms. Rucker advised that Staff prepared a Business Impact Statement specific to the proposed regulatory amendments, as there is a new re-inspection fee proposed.

Ms. Rucker advised that the majority of the proposed amendments, additions and deletions are in an effort to codify "what is already being required" by the Department; that the Regulations had not previously "specified what the application requirements are."

Ms. Rucker advised that Section 170.229 (Reinspection Fee) stipulates this fee will be assessed against non-compliant food operators. Ms. Rucker stated that should a food operator be determined to be non-compliant Staff will conduct reinspections "as often as necessary to achieve compliance or until Staff suspends the Permit to Operate." Ms. Rucker stated that previously there was no fee charged for what "can be multiple inspections"; therefore, Staff is attempting to "recover some of those operational costs." Ms. Rucker stated that approximately 99% of the temporary food operators do comply with the requirements of the Regulations; however, there can be "the 1% which does not comply."

Ms. Rucker advised that Section 170.420 (Hand Washing Facilities) requires potable water "be made available for hand-washing" at the non-sewered toilets. Ms. Rucker stated that many of the non-sewered toilets at special events have hand-washing stations; however, Staff noted that when the service providers service the toilets "the same non-potable water used to clean the toilets out is being used to fill the hand-washing stations.

Ms. Rucker advised that other provisions address temperature requirements to ensure consistency with the language of the NAC. Ms. Rucker advised that the proposed revisions will allow for the discharge of potable water to the sanitary sewer "if approved in advanced by the pre-treatment authorities."

Ms. Rucker stated that when Staff distributes handouts of the "Temporary Food Regulations", a copy of the Nevada Revised Statutes (NRS) will be attached, as specific NRS requirements "are referred to often." Ms. Rucker advised that the authorities and requirements within the NRS specifically, the definition of Temporary Food Establishments; that within NRS the limit for a Temporary Food Establishment Permit is fourteen (14) days. Ms. Rucker advised that the requirement is "very specific"; that further, a Temporary Food Establishment "must be in

conjunction with a carnival, festival, or similar-type transitory gathering." Ms. Rucker advised that this restriction is important, as Staff will receive inquiries and requests to "set-up a stand (i.e., taco, ice cream, etc.) on the corner in conjunction with nothing"; that Staff denies these application requests; that "without Legislative revision(s) Staff cannot deviate" from these restrictions.

Ms. Rucker stated that the re-inspection fee will have "minimal impact upon the majority of the operators as the majority of the operators are compliant"; that, again, this will pertain to those operators who "aren't or won't comply." Ms. Rucker advised that the fee will not be implemented immediately; that should the Board approve and adopt the amendments, additions and deletions to the Regulations Staff will present the revisions to the State Board of Health for review and consideration for approval. Ms. Rucker stated that it will further be necessary to "acquire the data to determine how much of Staff's time is required to conduct the re-inspection(s) prior to assessing the fee." Ms. Rucker advised that "it is unlikely the fee will be assessed during this calendar year of special events and temporary food permits."

In response to Dr. Khan regarding the deletion of the provision which required a scoop to serve ice and food packaging requirements, Ms. Rucker advised that some of the deletions are due to duplication of language; that the requirement for an ice scoop and food packing requirements are addressed within other Sections of the Regulations.

Mr. Gustin stated that there was a segment on Channel 4 News last night regarding illegal food vendors; that it was an excellent report and indicated the Health District is "getting the point across and that those who are finding out about illegal vendors are telling the other people out about it; that security at one location ordered the unlicensed vendor off the property." Mr. Gustin stated that should Staff be required to conduct a number of re-inspections at the special events, he would request Staff contact him or another City Council member "as the City of Reno special events personnel are very confident and try to adhere to the rules."

In response to Mr. Gustin, Ms. Rucker advised that Staff works "very closely" with the special events personnel from the City of Reno and the City of Sparks, including the Code Enforcement agencies' staff and the licensing agencies. Ms. Rucker advised that Staff attends the planning meetings for these events at Reno and Sparks; that all of the vendors and operators are advised as to what the requirements are; that further, Staff "makes contact with all applicants prior to the events" to review the requirements. Ms. Rucker introduced Dr. Jeff Brasel, the Special Events Program Coordinator, advising that Mr. Brasel attends "all of the planning meeting; that Mr. Brasel knows every event promoter and vendor." Ms. Rucker stated that Mr. Brasel is aware of "what the particular weaknesses are" for every event and attends the "after event meetings with the promoters and the Cities. Ms. Rucker stated that should a vendor "be particularly problematic, Staff will advised the City and the promoter(s)"; that "that is usually all it takes and the vendor is not

invited back" to the event. Ms. Rucker stated that Staff "does not want to put anyone out of business"; however, if a vendor presents a "risk to public health or are just a problem across the board with what other agencies require, there is no reason for them to come back."

Mr. Gustin stated that these controls are vital; that the majority of attendees are "from out of town and won't come back if they get sick on food served at a special event in Reno/Sparks." Mr. Gustin stated that he would commend Mr. Brasel and Staff for "being on top of that."

Ms. Rucker advised that due to Staff's diligence in this Program and the "because the District's Regulations are so stringent there have been less than a dozen complaints related to special events in excess of twenty (20) years." Ms. Rucker advised that there have been a minimal number of "foodborne illness complaints related to these events"; that she "credits the amount of attention paid to" regulating these events; that this is "not a program in which resources can be reduced." Ms. Rucker stated that there has been a reduction in "requests for services in other programs; however, the requests for services in the special events/temporary foods program continues to increase, with the same number of applications with the same number of event requests.

In response to Ms. Ratti regarding "an increased number of individuals selling produce on street corners, Ms. Rucker advised it is the consensus of Staff that the selling of produce on street corners is "pretty low risk"; however, Staff is reviewing this issue and working cooperatively with the Cities and other regulatory partners locally and at the State "to address the overall issue of illegal vendors." Ms. Rucker advised that Mr. Sack has addressed this in his Division Director's Report. Ms. Rucker stated that specific to fruit/produce vendors "if the fruit is whole and uncut" and has a "source" label on the box or bag "it prevents a very low risk, as Staff can conduct a trace-back" and determine the location; that the greatest risk is "probably pesticides; that there are very few micro-organisms", which pose a concern "provided people wash the produce." Ms. Rucker stated that Staff has noted an increase approximately "ten-fold from previous years." Ms. Rucker stated that, while the State and Carson City require a Permit for these street vendors, the Washoe County Health District does not; that neither the State nor Carson City assesses a fee for these Permits issuing "Exempt Permits." Ms. Rucker advised that the Department of Agriculture exempts farmers "who sell their own produce" from having to have a Permit; that it is the vendors selling food products other than produce, "which are of more concern."

Mr. Gustin stated that the concern is when "the fruit vendors use their knife to cut the fruit for sampling" and the possibility of contamination.

Mr. Bob Sack, Director, Environmental Health Services, advised that next month Staff will be presenting a report specific to the issues of illegal vendors; that this "has become a real issue and there are no easy answers" to this problem. Mr. Sack advised that, as Ms. Rucker indicated, other jurisdictions to regulate "some of the whole fruit sales"; however, due to the low risk associated with uncut fruit it's been the determination of EHS Staff not to regulate these vendors. Mr. Sack stated that with budgetary and staffing reductions attempting to regulate these vendors would not be feasible.

In response to Ms. Ratti regarding addressing the "supply side" of the fruit vendors, Ms. Rucker advised that "usually a van will drop off several people in different areas; that Staff has conducted 'trace-backs' to suppliers and the problems are the suppliers, as the vast majority of the fruit comes from very reputable growers; that some of the produce is organic/pesticide-free." Ms. Rucker advised that these are "very low risk"; that currently there is a "high visibility" of these individuals throughout the area. Ms. Rucker advised that there is a "serious concern regarding the source of higher risk foods being sold on the street and how those foods are prepared"; that Staff is working very diligently internally to address these issues. Ms. Rucker advised that the Cities and County can review ordinances to determine "what is allowable in terms of selling products on the street", with the acknowledgement that "when these products are disallowed it is driven underground then there is no way to monitor it." Ms. Rucker stated that the Special Events Staff has observed "the underground side of illegal food vendors for a number of years"; that Staff "stops these vendors when possible, issuing Notice(s) of Violation and possibly condemning the food"; however, an illegal vendor cited one week in one location will be at a different location the following week. Ms. Rucker advised that it is more effective to "get the word out and work with these vendors to establish a legal and safe way for them to sell food." Ms. Rucker advised that the illegal vendors are "not a temporary food issue; however, these vendors pose a serious public health issue."

Dr. Anderson questioned if the fruit vendors are aware the State offers exemption permits.

In response to Dr. Anderson, Ms. Rucker advised that the majority of fruit vendors are not aware of the availability of exemption permits; however, those permits would not be valid in Washoe County; that the State exemption permit specifically excludes Washoe County, Clark County and Carson City.

D. Approval and Adoption of Amendments, Additions and Deletions to the Washoe County District Board of Health Regulations Governing Food Establishments

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

District Board of Health Regulations Governing Food Establishments. There being no one the Public Hearing was closed.

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the amendments, additions and deletions to the District Board of Health Regulations Governing Food Establishments, specifically Special Events/Temporary Foods, be approved and adopted as outlined.
Motion carried unanimously.**

UPDATE – POSSIBLE ACCEPTANCE – STAFF’S MAY REPORT MAY 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 May (a copy of which was placed on file for the record). Ms. Stoll-Hadayia advised that to-date the Legislative Team has monitored fifty-six (56) Bills, either at the request of County Government Affairs or because the Bills pertained to the Health District’s and/or Divisional priorities. Ms. Stoll-Hadayia advised that as the date of the Report eleven (11) of the Bills were enrolled; fourteen (14) of the Bills failed and several remain exempt; that the outcome of the exempt Bills will not be “known until the end of the Session.”

Ms. Stoll-Hadayia advised that Staff has been reporting on SB 372, which would have altered the Nevada Clean Indoor Air Act (NCIAA); that the Bill “in the current form did fail”; however, advocates “have been very diligent about this Legislation.” Ms. Stoll-Hadayia advised that this Bill has been discussed “as a proposed amendment to another Bill; that the amendment was not accepted and the Bill passed without those changes added to it.” Ms. Stoll-Hadayia advised that the proponents of SB 372 “continue to seek opportunities to make those changes to the Clean Indoor Air Act”; that the advocates for the Clean Indoor Air Act also “remain diligent in this process.”

Ms. Stoll-Hadayia advised that two (2) Bills passed, which establish statewide programs addressing chronic diseases – one establishes an advisory program regarding cardio-vascular disease, which is the leading cause of death in Washoe County; that the second establishes a chronic obstructive pulmonary disease (COPD) program; that Washoe County’s COPD rates “are higher than the rest of the State.”

Ms. Stoll-Hadayia advised that the Bill allowing for the collection of data on Body Mass Index (BMI) among school children was enrolled; that this is “good news for the District’s Chronic Disease Program.” Ms. Stoll-Hadayia advised that a Bill, which will increase the testing for syphilis and HIV in Washoe County was enrolled; that this is a priority in the community. Ms. Stoll-Hadayia advised

that a Bill was enrolled establishing a cancer-drug donation program; that this will allow for the donation of unused cancer-treatment medications to "individuals who may not otherwise be able to afford those medications." Ms. Stoll-Hadayia advised that a Bill establishing a statewide lead-awareness program for children was enrolled.

Ms. Stoll-Hadayia advised that the 2009 Legislative Session ends Tuesday, June 2, 2009; that the Board members will receive the final legislative matrix on Friday, June 5, 2009; that she will provide a final Legislative Report to the Board at the June meeting.

In response to Mr. Gustin regarding SB 372 being "attached to another Bill", Ms. Stoll-Hadayia advised that there has only been the one (1) Bill, of which she is aware, AB 229, which would have required all cigarettes sold in Nevada to "be fire safe cigarettes" in which there had been discussion of "attaching some form of SB 372" to it; however, AB 229 passed out of Committee unamended. Ms. Stoll-Hadayia advised that there is the potential opportunity "to attach SB 372" to any Bill "that may have any relation to cigarettes"; that there are two (2) tax-related Bills presented – one specific to the cigarette tax and the other specific to smokeless tobacco products; that both of the Bills are exempt; that these issues may be presented as a component of "the year-end tax package." Ms. Stoll-Hadayia advised that there "is a large base of support for SB 372"; that Staff continues to closely monitor that Bill.

In response to Dr. Khan regarding the proposed amendments specific to the "lessening of the qualifications" for the State Health Officer, Ms. Stoll-Hadayia advised that Staff has not been monitoring that Bill; that she "not aware of the rationale" regarding that Bill. Ms. Stoll-Hadayia advised that the Bill is in Conference Committee, which is an indication there are "problems in achieving a compromise" on the Bill.

In response to Dr. Khan, Dr. Anderson advised that this Bill has been discussed by herself and Dr. Sands, Chief Health Officer of the Southern Nevada Health District; that she, Dr. Sands and other public health officials are opposed to "the weakening of the requirements for a State Health Officer." Dr. Anderson stated that the "rationale presented is that it has been difficult to recruit a Health Officer with the appropriate certifications and medical license for the State of Nevada"; however, it is the consensus of herself and Dr. Sands that "through weakening the requirements for the State of Health Officer it weakens the perception of public health as a whole to the entire State." Dr. Anderson advised that those in opposition to the Bill have "been adamant about not removing the requirements for a license for the State Health Officer." In response to Dr. Khan regarding the "author and sponsor of this Bill", Dr. Anderson advised that it was proposed by the State Health Department.

MOTION: Mr. Gustin moved, seconded by Ms. Jung, that the Health Department's

- **May 2009 State Legislative Session Activities Report be accepted as presented and discussed.**
Motion carried unanimously.

PRESENTATION – RECOMMENDATION – ADOPT – PROCLAMATION – SUPPORT –
DECLARING JUNE 7, 2009 – DAY OF HONOR – INTERNATIONAL AIDS CANDLELIGHT
MEMORIAL

Mr. Gerold Dermid, Health Educator, Community and Clinical Health Services, advised that the Board members have been provided with a copy of the Proclamation declaring June 7, 2009, as a day of honor in recognition of the International AIDS Candlelight Memorial. Mr. Dermid advised that HIV/AIDS is a public health concern, which can be addressed through prevention education, awareness, and treatment activities. Mr. Dermid advised that the annual International AIDS Candlelight Memorial is an annual event to increase this awareness and to honor friends and family infected and affected by HIV/AIDS. Mr. Dermid advised that this is the 26th Annual International AIDS Candlelight Memorial, conducted in 115 countries and in excess of 1200 locations; that this year's Memorial will be held at the 1st United Methodist Church, 209 West 1st Street in downtown Reno on Sunday, June 7, 2009, at 7:00pm; that this year's theme is "Together". Mr. Dermid advised that the Annual Memorial is presented through a collaborative effort among approximately fourteen (14) community partners, including the Health Department. Mr. Dermid advised that as of July 2007, there were 7,488 Nevadans living with HIV/AIDS; that the cumulative AIDS-related deaths claimed the lives of 3,066 Nevada residents, which is greater than the national rate of new HIV diagnosis of infection for all age categories.

Mr. Dermid stated that Staff recommends the Board approve and adopt the Proclamation. Mr. Dermid questioned if a Board of Health member would be available to present the Proclamation at the Memorial event.

Ms. Jung stated that she is willing to represent the District Board of Health at the event and present the Proclamation.

MOTION: Ms. Jung moved, seconded by Mr. Smith, that the Proclamation declaring June 7, 2009 as a day of honor in recognition of the 26th Annual International AIDS Candlelight Memorial be approved and adopted as presented.
Motion carried unanimously.

PRESENTATION – IMMUNIZATION PROGRAM AUDIT FINDING UPDATE

Ms. Lori Cooke, Fiscal Compliance Officer, advised that, as the Board is aware there was an audit finding from fiscal year ending 2008, which occurred “when the auditors tested the income portion of the Immunization Program, specific to “how to trace the payments from deposit back to activity.” Ms. Cooke advised that the Health District applies for State and Federal grants “through Washoe County’s umbrella, utilizing the DUNS number and tax ID number”; therefore, it is vital to comply with the requirements.

Ms. Cooke advised that the FY09 Budget for Washoe County was comprised of \$59 million in Federal grants and \$29 million in State grants, representing a substantial portion of revenue for the County. Ms. Cooke advised that adherence to the guidelines is a requirement for accepting Federal funds. Ms. Cooke advised that the District must adhere to OMB Circular A-87 (Cost Principles for State, Local and Indian Tribal Governments), which has been codified as 2 CFR Part 225; that OMB Circular A-102 (Administrative Requirements for State, Local and Indian Tribal Governments) has been codified in 45 CFR Part 92 for Health and Human Services; that OMB Circular A-133 (Audits of States, Local Governments and Non-Profit Organizations) is currently in the process of being “relocated to CFR.” Ms. Cooke advised that “what was previously considered guidelines have now been codified” and therefore, the Health District must comply.

Ms. Cooke displayed a A-133 Audit Compliance Matrix, advising that the Immunization CFDA (Catalog of Federal Domestic Assistance) number is 93268 (located approximately in the middle of the page); that the matrix delineates “the line item requirements for which the Program “is tested during an A-133 single audit.”

Ms. Cooke presented a “timeline” delineating the District’s response to the audit finding; advising that the “finding” was received on October 24, 2008; that on November 4, 2008 Staff submitted a response (through Ms. Coulombe). Ms. Cooke reviewed the subsequent meetings conducted to address the concerns presented in the audit findings, advising that the “go live date” was March 2, 2009, which was the date for initiating Insight (the Clinic database) for cash receiving. Ms. Cooke advised that Staff will no longer maintain “hand tallies of clients receiving services the activity is entered into Insight and at the end of the day obtain a cash receipt/cash drawer report, which includes the names of the clients.” Ms. Cooke advised that this method allows for “easy reconciliation” of the day’s accounts. Ms. Cooke advised that the cash drawers were installed in the Immunization Clinic on Tuesday, May 26, 2009. Ms. Cooke advised that this project was completed in “a very short time frame considering the constraints of Technology Services and internal Staff “as this was an additional project while conducting normal day-to-day business.”

Ms. Cooke advised that the Insight upgrade is being tested; that there has been a test for the Medicaid billing, which can be accomplished through Insight; that there will be a daily automated reconciliation; that progress is being achieved towards a fully automated system. Ms. Cooke advised that accomplishment of these goals has been a "cross-functional/divisional/department effort." Ms. Cooke advised that she would commend the Insight Team of: Mr. Dan Clark and Mr. Matt Bradshaw, Technology Services; Ms. Sharon Clodfelter, Mr. Steve Fisher, Ms. Cindy Hawks, Ms. Maria Magana; Mr. Steve Kutz, Ms. Pam Carlson, Ms. Jackie Goatley and Ms. Patsy Buxton from the Health Department for their efforts in this project.

Ms. Cooke advised that the Health Department's Immunization Program is audited annually; however, due to the "finding" the Program will be retested in July 2009; that in the interim Staff will continue to "work on systems issues (i.e., system generated receipts for payments on accounts); and will continue testing Insight upgrade. Ms. Cooke advised that Ms. Buxton has conducted "spot checks"; that the finding has been addressed and Staff will continue to monitor for possible future enhancements.

Chairman Humphreys commended Staff on these efforts.

Mr. Gustin stated that he would concur with Chairman Humphreys; that "this was a lot of work and Staff performed it very well.

The Board thanked Ms. Cooke for the report.

PRESENTATION – UPDATE – A(H1N1) STATUS AND ACTIVITIES REPORT

Dr. Randall Todd, Director, Epi and Public Health Preparedness, provided an in-depth power point presentation regarding an update on the Novel A(H1N1) aka "swine flu", delineating the Health District's response, surveillance and mitigation efforts (a copy of which is attached to the minutes as Attachment #1). Dr. Todd stated that on Friday, April 24, 2009, the Health Department established an Incident Command Center to address the developing A(H1N1) situation. Dr. Todd stated that he would commend all Health Department Staff for assisting in the response efforts.

Dr. Todd advised that there are 102 cases in Nevada and 63 cases in Washoe County, which is the greatest number in the State.

Dr. Todd stated that the CDC (Centers for Disease Control and Prevention) have made the determination to develop a vaccine for the A(H1N1) swine flu; that CDC will proceed with the manufacturing of the vaccine and anticipate that by mid/late fall there will be 40 million doses of vaccine available. Dr. Todd stated that the vaccine will be administered in two (2) doses to each individual vaccinated; that indications are that the vaccine will (probably) be administered to "critical infrastructure type personnel" initially. Dr. Todd stated that there will be discussions regarding whether the vaccine should be administered to the "most vulnerable or the most critical" populations. Dr. Todd stated that administration of any vaccine would be conducted in a POD setting.

In response to Ms. Ratti regarding the collaboration of Staff from the other Divisions, Dr. Todd stated that initially the need was for assistance in answering telephone inquiries; that Staff temporarily established a call center; however, the Governor established a toll-free call center for the State, which was "staffed 24-7 with bi-lingual operators." Dr. Todd stated that Staff from other Division contacted individuals to ask questions specific to swine flu and to record that information; that Staff from EHS to assist in the epi investigations and working logistics; that Staff from CCHS and AQM answered telephone inquiries. Dr. Todd stated that this event allowed Staff to participate in an ICS (Incident Command System), which "wasn't an exercise; that all five (5) Divisions were involved in the response.

Ms. Jung stated that she would recommend the Department's Public Information Officer (PIO) issue a media release regarding the Department's "innovative methods (i.e., monitoring school absenteeism rates, First Watch, surveillance, the 1150 AM radio signal, etc.). Ms. Jung stated that there should be emphasis on the radio station being solar/battery powered and the other methods in which it can be utilized.

Dr. Anderson advised that the radio station was featured in an article in the *Nevada Business Weekly*.

Dr. Todd stated that Staff is planning to promote the radio station.

Dr. Anderson and Dr. Todd stated that Ms. Judy Davis, Public Information Officer, is to be commended for her efforts in issuing daily updates throughout this event.

Chairman Humphreys thanked Dr. Todd for an informative report.

STAFF REPORTS AND PROGRAM UPDATES

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

Ms. Mary-Ann Brown, Director, Community and Clinical Health Services, presented her monthly Division Director's Report, a copy of which was placed on file for the record.

Ms. Brown advised that several of her Staff members "filled key positions in the Incident Command System; that this was a great learning opportunity for Staff." Ms. Brown advised that the Home Visiting Nursing Program was suspended for a brief period of time to allow the Nurses to Staff the ICS. Ms. Brown advised that the staffing-plan developed through this event will be reviewed to determine how the CCHS' limited resources can best be utilized in case of a similar type event. Ms. Brown stated that at the same time the swine flu outbreak was occurring CCHS Staff was investigating two (2) large Tuberculosis (TB) incidences which were being investigated as detailed in her Report.

C. Director – Environmental Health Services

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

Mr. Sack stated that in regard to enforcement of the Nevada Clean Indoor Air Act (NCIAA), Staff has issued three (3) criminal citations; that two (2) to these will be proceeding to trial; that there are "a couple of rulings which are being appealed to the Nevada Supreme Court" prior to the trial. Mr. Sack advised that the Health Department did obtain a conviction on the third case. Mr. Sack advised that neither Staff nor the District's Attorney has issued a press release on the conviction; that this "is a big case for the Department with a lot of time expended on it."

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.

Mr. Goodrich advised that the 4th Annual Bike to Work Day was again very successful; that this is also a multi-divisional event; that Mr. Duane Sikorski (who was the impetus in implementing the first event) represented the Air Quality Management Division and Ms. Erin Dixon representing the Community and Clinical Health Division, are to be commended for their efforts in coordinating this event. Mr. Goodrich advised that there were in excess of 979 registered participants; that Corporate Challenge participated with more than 48 companies registering as part of the Challenge. Mr. Goodrich advised that this year there will be a "1st Awards event for those who participated; that this event will be this Sunday, May 31st at the West Street Market from 12:00 Noon to 4:00pm. Mr. Goodrich advised that the Bike to Work Committee is comprised of Staff from Air Quality, CCHS, Tour de Nez; Access to Health Care Network; St. Mary's; REMSA's *Safe Kids Program*; NDOT, Office of Traffic and Safety; RTC; Widespread Wellness Project and the Nevada Bicycle Coalition.

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 stated "it is important the Board members are aware that what is in the newspapers regarding the demographics on various patients was not information released by the Health Department to the newspaper." Dr. Anderson stated that the Health Department "does its best to protect the confidentiality of the patients"; that in those incidents where there may be one (1) or two (2) patients associated with "a daycare center" by revealing the age of the patient(s) and the name of the school the identify of those patients then becomes known. Dr. Anderson stated that this is why the Health Department did not "wish to release the name of the particular pre-school as requested by the *Reno Gazette Journal*."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

May 28, 2009

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Dr. Anderson stated that "everyone involved is to be commended for the great team work" in responding to the A(H1N1) "swine flu" event; that this occurred in a brief period of time, "which was very intense; that all are to be thanked."

Chairman Humphreys stated that the Board "has their pride in the Health Department; that the pride comes from the good people, who make the Health Department work and take pride in the Department." Dr. Humphreys stated that the Division Directors are really to be commended for the cooperative effort among the Divisions which was displayed when the need arose and to observe the response and how it came together; that there is a lot more pride there." Dr. Humphreys stated that the on behalf of the Board he would again commend Staff for the pride displayed in their work.

BOARD COMMENT

Ms. Jung requested Staff forward a copy of a Staff Report to Ms. Rosanna Coombs of the Regional Planning Governing Board, for presentation to the RPGB, regarding the Board of Health adopting the five (5) acre minimum requirement for the installation of a septic tank; that she would request she also be provided with a copy of the Report.


Chairman Humphreys requested a Report from Staff to the Board regarding that requirement.

There being no further business to come before the Board, the meeting was adjourned at 3:30pm.




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


JANET SMITH
RECORDER



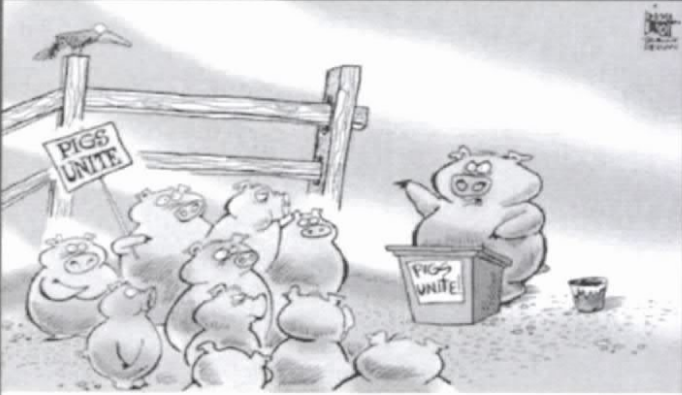
> **Novel Influenza A H1N1 - Update**
Washoe County District Board of Health
28 May 2009



SWINE
FLU

TemplateWise.com

Novel Influenza A H1N1 – AKA Swine Flu
Aporkalypse or merely a snoutbreak?



THE TURKEYS HAVE BIRD FLU. THE COWS HAVE MAD COW DISEASE. I'M TELLING YOU, BOYS... UNLESS WE WANT TO SEE MORE HAM SERVED ON THANKSGIVING, WE'RE GOING TO HAVE TO GET OUR OWN DISEASE!

Novel H1N1 Influenza

- Outbreak history
- Health District Response
 - Surveillance
 - Mitigation
- What's next?

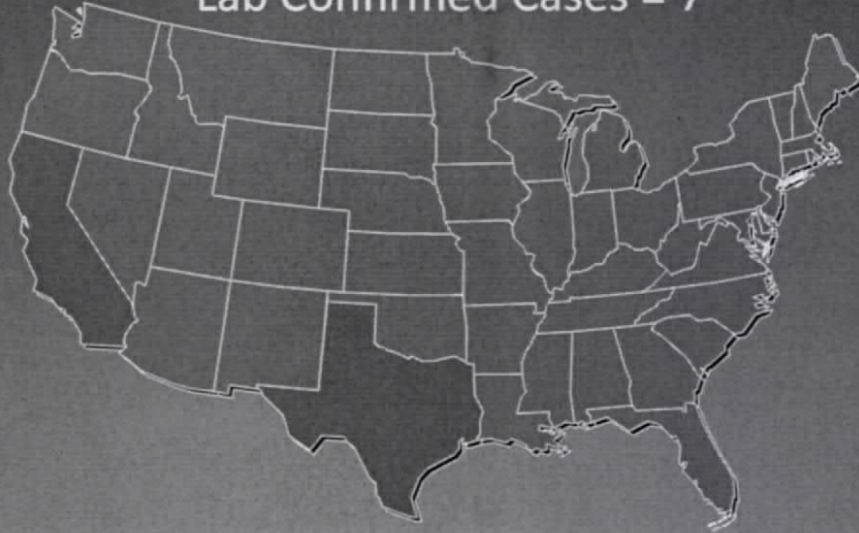
Where did it all begin?



Novel Influenza A H1NA

April 23, 2009

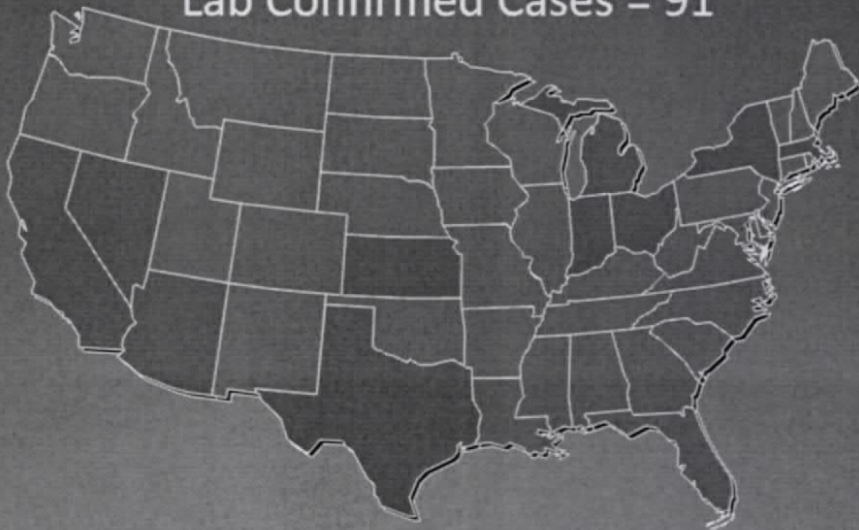
Lab Confirmed Cases = 7



Novel Influenza A H1NA

April 30, 2009

Lab Confirmed Cases = 91



Novel Influenza A H1NA

May 7, 2009

Lab Confirmed Cases = 896



Novel Influenza A H1NA

May 14, 2009

Lab Confirmed Cases = 4,298



Novel Influenza A H1NA

May 21, 2009

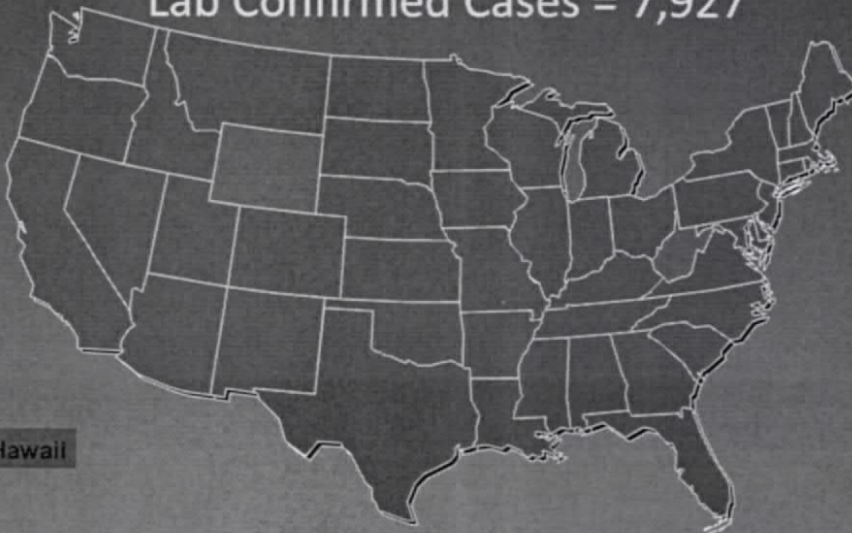
Lab Confirmed Cases = 5,764

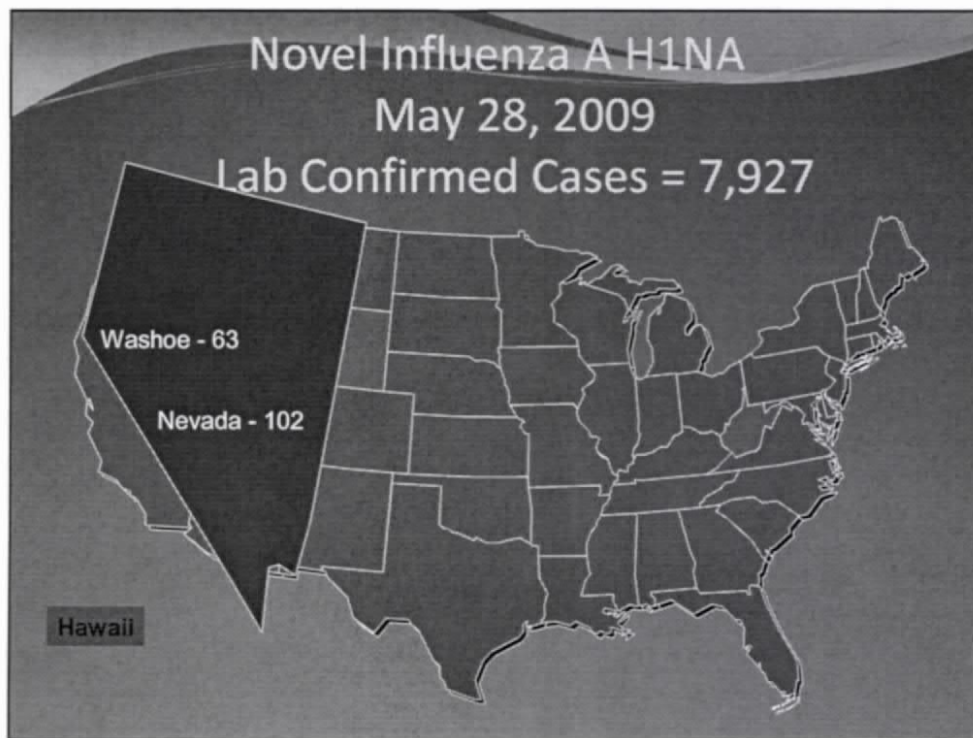


Novel Influenza A H1NA

May 28, 2009

Lab Confirmed Cases = 7,927





Some Key Points

- Previous slides may tell us more about physician test ordering behavior than they do about disease transmission.
- Number of laboratory confirmed cases is a fraction of what is likely occurring in the community

So is this a pandemic?

- WHO Phases

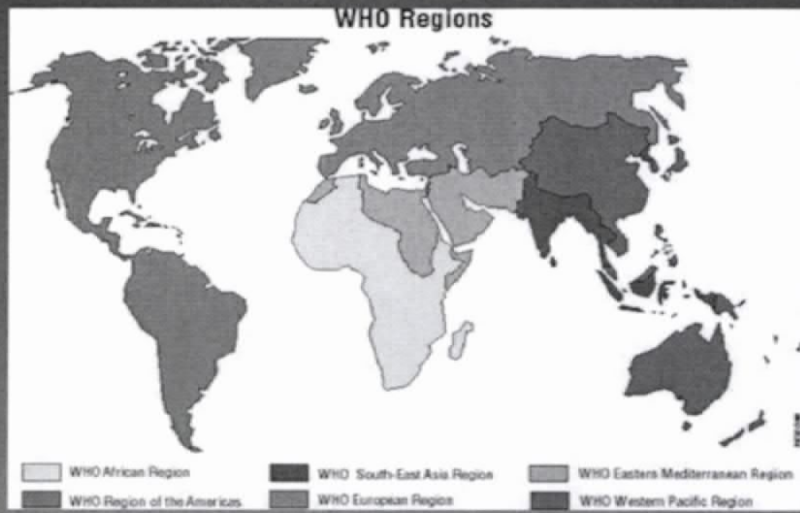
- Phase 1 – No animal viruses causing human infections
- Phase 2 – Animal virus (domestic or wild) has jumped species barrier and has infected - Potential pandemic threat
- Phase 3 – Animal virus causing sporadic cases in human populations but no sustained human-to-human transmission
- Phase 4 – Sustained human-to-human transmission
- Phase 5 – Sustained human-to-human transmission with spread into 2 or more countries in one WHO region
- Phase 6 – Spread into a least 1 other country in a different WHO region – Pandemic Phase

So is this a pandemic?

- WHO Phases

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- Phase 4 – Sustained human-to-human transmission
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So is this a pandemic?



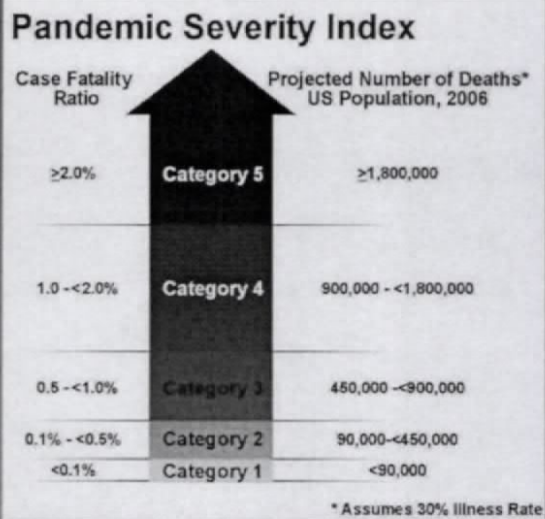
So is this a pandemic?

New Influenza A (H1N1),
 Number of laboratory confirmed cases and deaths as reported to WHO

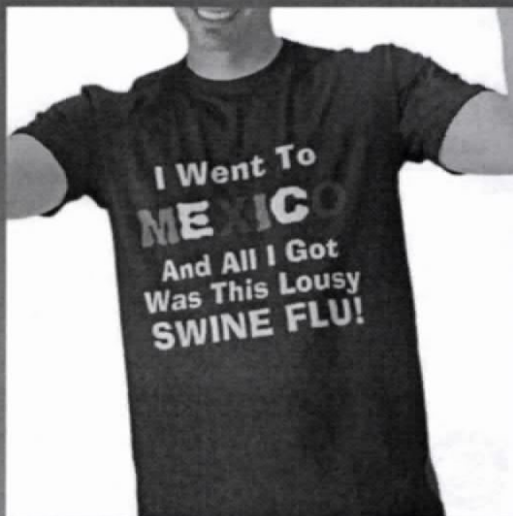
Status as of 27 May 2009
 06:00 GMT



So is this a pandemic?



What about Mexico?

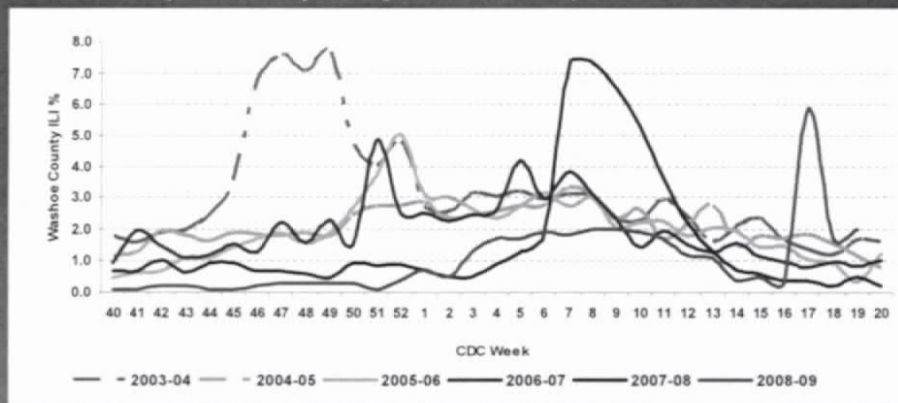


Health District Response - Surveillance

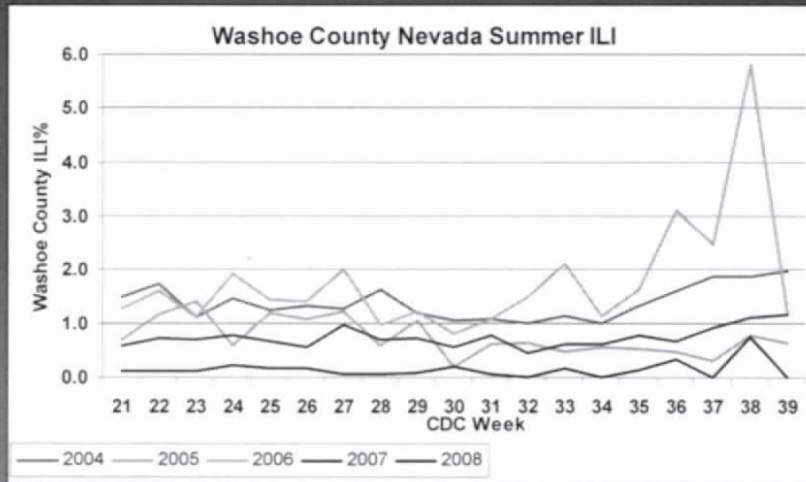
- Sentinel healthcare providers
 - Total number of patients
 - Number with Influenza-Like-Illness (ILI)
- Laboratory
 - Total lab confirmed
 - Type A
 - H1, H3, Not subtyped
 - Novel H1
 - Unsubtypeable
 - Type B
 - Not typed
- Syndromic
 - FirstWatch – REMSA
 - EpiCenter – ER Chief Complaints
 - NRDM – OTC Medication
- School absenteeism
- Use of antiviral medication stockpiles

Influenza-like Illness – Washoe County

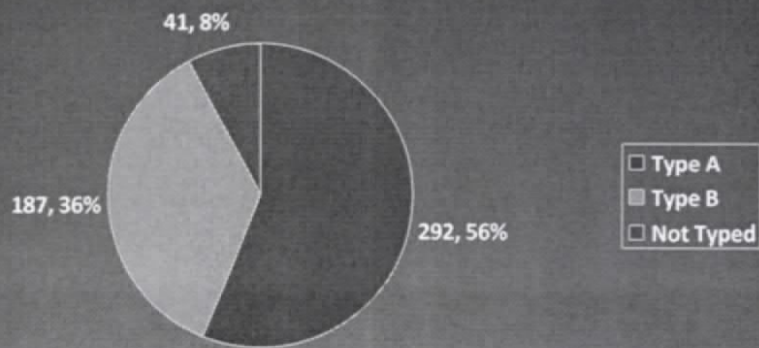
Washoe County ILI Cases Reported by Sentinel Providers, 2003-2009 Seasons:



Off-Season Influenza-like Illness

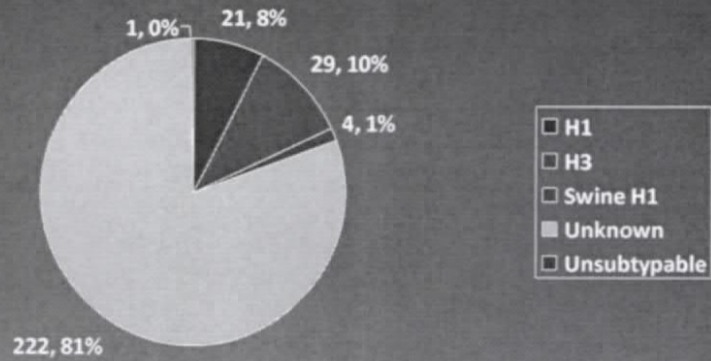


Laboratory Surveillance As of May 16, 2009



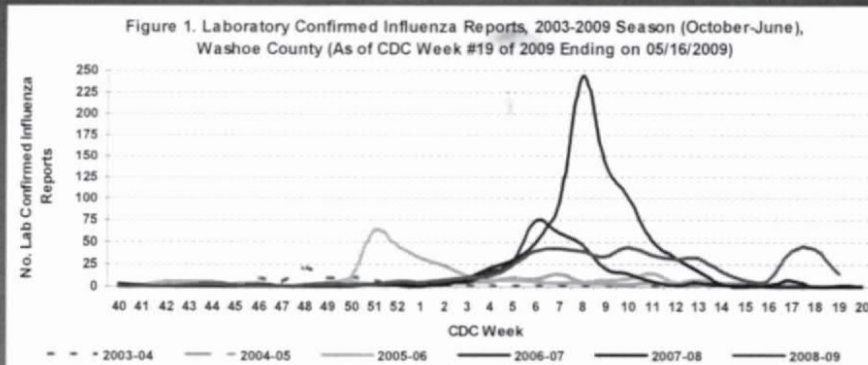
Laboratory Surveillance – Influenza A

As of May 16, 2009

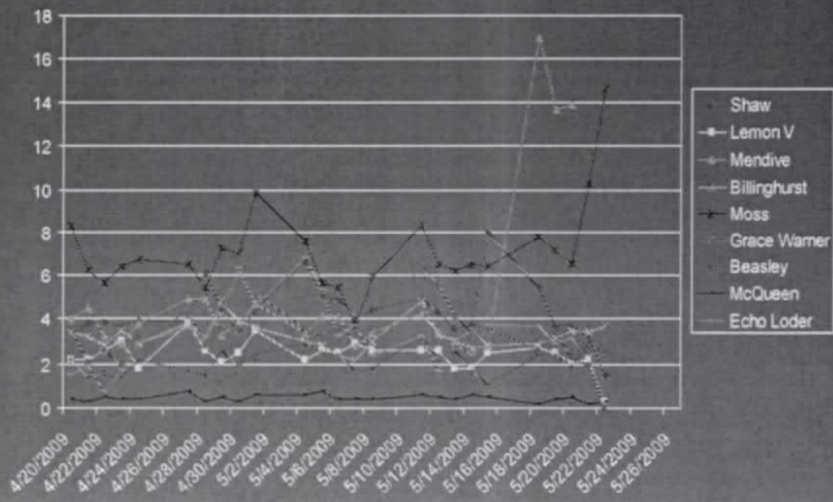


Laboratory Surveillance

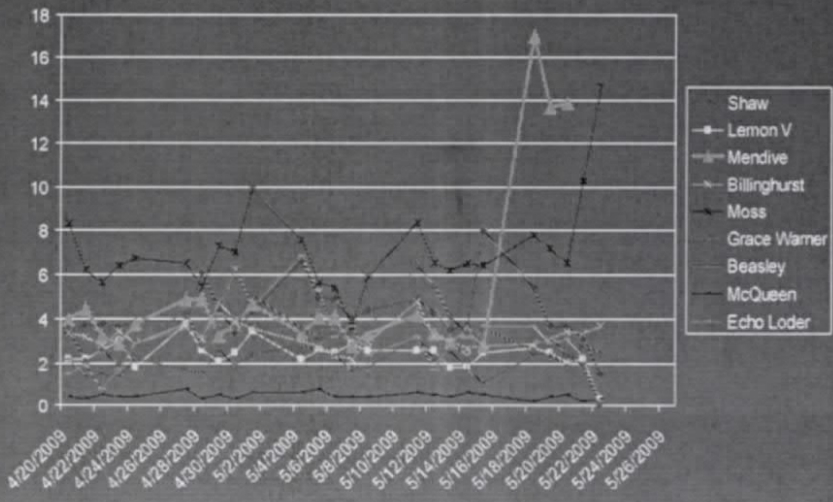
Laboratory Confirmed Influenza Reports, 2003-2009 Seasons:



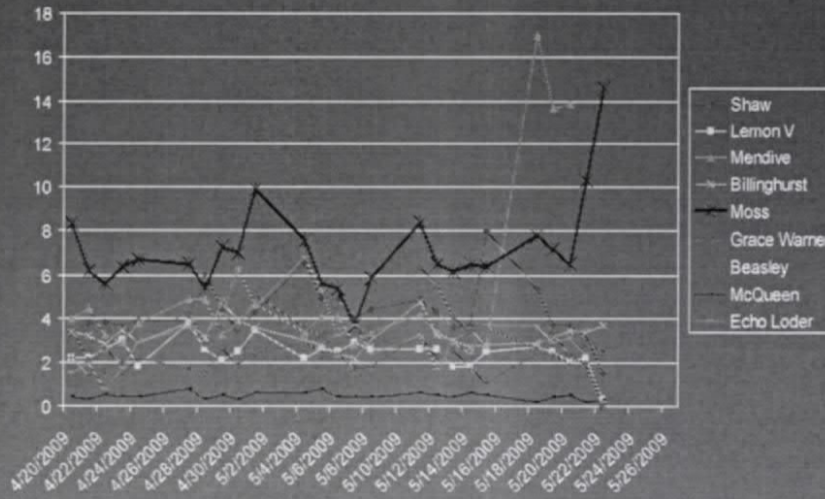
School Absenteeism Due to Medical Reasons



School Absenteeism Due to Medical Reasons



School Absenteeism Due to Medical Reasons



Health District Response - Mitigation

- Public Information
 - Hygiene
 - Social distancing
 - Business preparedness
 - AM 1150
- Physician Alerts
 - Testing
 - Treatment
 - Reporting
- Antiviral medication
- Social distancing
 - School closure
 - Other public gatherings



Health District Response - Mitigation

- Public Information
 - Hygiene
 - Social distancing
 - Business preparedness
 - AM 1150
- Physician Alerts
 - Testing
 - Treatment
 - Reporting
- Antiviral medication
- Social distancing
 - School closure
 - Other public gatherings



School Closure



School closure is only one of several social distancing strategies. Its effectiveness when implemented in isolation is questionable. Yet there can be significant social and political pressure to do so.

- | | |
|--|---|
| <ul style="list-style-type: none">• Pre-Schools<ul style="list-style-type: none">• Small number of students• Small physical plant• Other facilities available to parents• Potential for seeding to other facilities | <ul style="list-style-type: none">• Schools<ul style="list-style-type: none">• Large number of students• Large physical plant• Other schools not available to parents• Potential for re-congregation of students in other venues |
|--|---|

What's Next?

- Another wave? - Perhaps
 - Severity?
 - Vaccine - Probably
 - Target recipients
 - PODs
 - Need for more social distancing?
 - School closure
 - Other public venues
 - Home isolation / quarantine
 - Need for medical surge capacity?
 - Essential services - Continuity of Operations Plans





DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: 5/28/09

DATE: May 18, 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 *E*

SUBJECT: Ratification of Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2011 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

SUMMARY

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

The Washoe County Health District received an Interlocal Contract from the State of Nevada, Division of Environmental Protection in the amount of \$180,000 (\$90,000 per fiscal year) for the period upon Board of Examiners approval through June 30, 2011 in support of the Safe Drinking Water Grant Program. A copy of the Interlocal Contract is attached.

District Board of Health Priority supported by this item:

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

AGENDA ITEM # 7.C.1.

BACKGROUND

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

Included in this award is \$19,712 in funding to contract or hire a Licensed Engineer to conduct the following activities:

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

PREVIOUS ACTION

The Board ratified the Interlocal Contract for the period October 1, 2006 through June 30, 2009 in the total amount of \$192,500 (\$52,500 for year 1, \$70,000 for year 2, \$70,000 for year 3) on March 22, 2007. The Board ratified Amendment #1 that provided an additional \$20,000 in supplemental funding and approved budget amendments increasing the SDWA grant program FY09 budget on January 22, 2009.

FISCAL IMPACT

There is no additional fiscal impact with the ratification of the Interlocal Contract as the SDWA grant program (internal order # 10017) FY09 and FY10 budgets have been amended accordingly.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2011 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Interlocal Contract between the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District for the period upon Board of Examiners approval through June 30, 2011 in the total amount of \$180,000 (\$90,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

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

Department of Conservation and Natural Resources, Division of Environmental Protection
901 S. Stewart Street, Carson City, NV 89701-5429
Phone: 775-687-4670 Fax: 775-687-5856

And

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

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

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

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

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective from BOE Approval to 06/30/2011 , unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.
6. **INCORPORATED DOCUMENTS.** The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

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

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

7. **CONSIDERATION.** Public Agency agrees to provide the services set forth in paragraph (6) at a cost of \$ 90,000.00 per year with the total Contract or installments payable: all not exceeding \$180,000.00 In addition, the State does not agree to reimburse contractor for expenses unless otherwise specified in the incorporated documents. Any intervening end to an annual or biennial appropriation period shall be

deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

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

9. INSPECTION & AUDIT.

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

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

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

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

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

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

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

14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

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

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

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

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

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

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

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

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

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

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

DIVISION

By: _____
Signature

Name: Leo Drozdoff

Title: Administrator Date: _____

DIVISION FISCAL APPROVAL

By: _____
Signature

Name: Tanya Mead

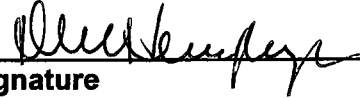
Title: Budget Analyst II Date: _____

APPROVED AS TO FORM ONLY:

Deputy Attorney General for Attorney General

Date: _____

PUBLIC AGENCY

By: 
Signature

Name: Denis M. Humphreys, O.D.

Title: Chairman, Wa Co Dist Date: May 28, 2009
Brd of Health

APPROVED BY BOARD OF EXAMINERS

Signature --- Board of Examiners

Date: _____

ATTACHMENT A

Scope of Work

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

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

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

1. The Public Agency agrees to perform the following services for public water systems within Washoe County to assist the State with implementation of the federal Safe Drinking Water Act, for which the State is the designated primacy agency:
 - A. The Public Agency will contract or hire a part-time Licensed Engineer who has experience in the SDWA program to conduct the following activities:
 - 1) Provide technical support to Public Agency staff for data entry and report generation with the SDWIS, SWIMR and SWIFT programs.
 - 2) Establish public water system drinking water compliance as assigned using the State of Nevada SDWIS data base.
 - 3) Conduct sanitary surveys on public water systems. Compose sanitary survey letters documenting the results of the sanitary survey.
 - 4) Conduct public water system construction plan reviews on assigned water projects.
 - 5) Assist with the update of the public water system regulations.
 - 6) Provide technical support to Washoe County Public Water Systems using Nevada Revised Statute, Chapter 445A for public Water Systems and Nevada Administrative Code, Chapter 445A Regulations Governing Public Water Systems, American Water Works Standards or any other engineering manuals for the design, construction, operations and maintenance.
 - B. Conduct and document sanitary surveys within Washoe County as follows:
 - 1) Annual sanitary surveys on all public water systems served by surface water sources or ground water under the direct influence of surface water;
 - 2) Conduct and document sanitary surveys annually on at least one third of the total inventory of community and non-community public water systems served by groundwater sources;
 - 3) Record the results of all sanitary surveys using the Safe Water Information Field Tool (SWIFT);
 - 4) Schedule with State personnel a minimum of three joint sanitary surveys annually; and
 - 5) Verify the status of public water system operators for community and non-transient non-community water systems at the time of the sanitary survey.
 - C. Utilize the Safe Drinking Water Information System (SDWIS) for the following:
 - 1) Review and update the inventory of public water systems within Washoe County on at least a quarterly basis;
 - 2) Enter all monitoring results and run compliance status for all public water systems for coliform, at least monthly, and for all other constituents at least quarterly; and
 - 3) Enter sanitary survey information and associated observations into SWIFT and provide migration files for State SDWIS updates quarterly.

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

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

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

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

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

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

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

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

2. The State will, to the extent funding allows, provide the Public Agency with the following:
 - A. Information on any changes or additions to NRS or NAC that pertain to public water systems;
 - B. Training to Public Agency staff on federal and state laws and regulations and database systems utilized by the State;
 - C. Computer software, including but not limited to, SDWIS, SWIFT;
 - D. Update emergency response contacts and phone numbers when changes occur and contact the Public Agency at (775) 328-3785 when necessary for emergencies; and
 - E. Upon request of the Public Agency, a list of Washoe County public water system certified operators.

3. The Public Agency and State agree to meet at least twice each year during the term of this agreement to review their respective programs and discuss any changes needed to improve coordination between the programs.

4. The Public Agency agrees to adhere to the following budget:

Washoe County Health District
 Safe Drinking Water Act Program
 Proposed Budget FY2010 & 2011

| | | STATE | LOCAL | TOTAL |
|------------------------------|--------------------------------|-----------------|-----------------|------------------|
| 701110 | BASE SALARIES (55% of 1.0 FTE) | \$50,570 | \$41,375 | \$91,945 |
| * 701130 | POOLED POSITIONS | \$19,712 | | \$19,712 |
| 701200 | INCENTIVE | \$1,045 | \$855 | \$1,900 |
| 701300 | OVERTIME | \$371 | | \$371 |
| 705110 | GROUP INSURANCE | \$5,835 | \$4,774 | \$10,609 |
| 705320 | WORKMENS COMP | \$331 | | \$331 |
| 705330 | UNEMPLOYMENT COMP | \$55 | | \$55 |
| 705210 | RETIREMENT @ 21.5% | \$11,070 | \$9,057 | \$20,127 |
| 705230 | MEDICARE @1.45% | \$1,012 | \$592 | \$1,604 |
| TOTAL PERSONNEL COSTS | | \$90,000 | \$56,061 | \$146,062 |

* Licensed Engineer (443.36 hours @ \$44.46/hr)

| | | | | |
|------------------------------|--|--------------------|--------------------|---------------------|
| TOTAL PERSONNEL COSTS | | \$90,000.00 | \$56,061.00 | \$146,062.00 |
|------------------------------|--|--------------------|--------------------|---------------------|

ATTACHMENT B

Additional Agency Terms & Conditions

**ATTACHMENT B:
ADDITIONAL AGENCY TERMS & CONDITIONS
TO CONTRACT FOR SERVICES OF PUBLIC AGENCY
CONTRACT CONTROL # 09-035**

1. For contracts utilizing federal funds, the Nevada Division of Environmental Protection shall pay no more compensation than the federal Executive Service Level 4 (U.S. Code) daily rate (exclusive of fringe benefits) for individual consultants retained by the Public Agency or by the Public Agency's contractors or subcontractors. This limitation applies to consultation services of designated individuals with specialized skills who are paid at a daily or hourly rate. The current Level 4 rate is **\$73.40** per hour.

2. **NDEP shall only reimburse the Public Agency for actual cash disbursed.** Original invoices (facsimiles are not acceptable) must be received by NDEP no later than forty (40) calendar days after the end of a month or quarter except at the end of the fiscal year of the State of Nevada (June 30th), at the expiration date of the grant, or the effective date of the revocation of the contract, at which times original invoices must be received by NDEP no later than thirty-five (35) calendar days after this date. Failure of the Public Agency to submit billings according to the prescribed timeframes authorizes NDEP, in its sole discretion, to collect or withhold a penalty of ten percent (10%) of the amount being requested for each week or portion of a week that the billing is late. The Public Agency shall provide with each invoice a detailed fiscal summary that includes the approved contract budget, expenditures for the current period, cumulative expenditures to date, and balance remaining for each budget category. If match is required pursuant to paragraph 3 below, a similar fiscal summary of match expenditures must accompany each invoice. The Public Agency shall obtain prior approval to transfer funds between budget categories if the funds to be transferred are greater than ten percent (10%) cumulative of the total Contract amount.

3. The Public Agency shall, as part of its approved scope of work and budget under this Contract, provide third party match funds of not less than: **\$N/A**. If match funds are required, the Public Agency shall comply with additional record-keeping requirements as specified in 40 CFR 31.24 and Attachment **N/A** (Third Party Match Record-Keeping Requirements) which is attached hereto and by this reference is incorporated herein and made part of this Contract.

4. Unless otherwise provided in Attachment A (Scope of Work), the Public Agency shall submit quarterly reports or other deliverables within ten (10) calendar days after the end of each quarter.

5. All payments under this Contract are contingent upon the receipt by NDEP of sufficient funds, necessary to carry out the purposes of this Contract, from either the Nevada Legislature or an agency of the United States. NDEP shall determine if it has received the specific funding necessary for this Contract. If funds are not received from either source for the specific purposes of this Contract, NDEP is under no obligation to supply funding for this Contract. The receipt of sufficient funds as determined by NDEP is a condition precedent to NDEP's obligation to make payments under this Contract. Nothing in this Contract shall be construed to provide the Public Agency with a right of payment over any other entity. If any payments that are otherwise due to the Public Agency under this Contract are deferred because of the unavailability of sufficient funds, such payments will promptly be made to the Public Agency if sufficient funds later become available.

6. Notwithstanding the terms of paragraph 5, at the sole discretion of NDEP, payments will not be made by NDEP unless all required reports or deliverables have been submitted to and approved by NDEP within the schedule stated in Attachment A.

7. Any funds obligated by NDEP under this Contract that are not expended by the Public Agency shall automatically revert back to NDEP upon the completion, termination or cancellation of this Contract. NDEP shall not have any obligation to re-award or to provide, in any manner, such unexpended funds to the Public Agency. The Public Agency shall have no claim of any sort to such unexpended funds.

8. For contracts utilizing federal funds, the Public Agency shall ensure, to the fullest extent possible, that at least the "fair share" percentages as stated below for prime contracts for construction, services, supplies or equipment are made available to organizations owned or controlled by socially and economically disadvantaged individuals (Minority Business Enterprise (MBE) or Small Business Enterprise (SBE)), women (Women Business Enterprise (WBE)) and historically black colleges and universities.

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

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

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

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

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

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

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

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

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

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

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

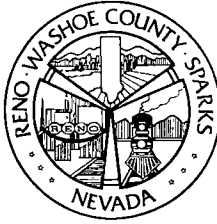
15. The Public Agency, to the extent provided by Nevada law, shall indemnify and save and hold the State of Nevada, its agents and employees harmless from any and all claims, causes of action or liability arising from the performance of this Contract by the Public Agency or the Public Agency's agents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

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

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

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

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



DISTRICT HEALTH DEPARTMENT

STAFF REPORT BOARD MEETING DATE: 5/28/09

DATE: May 16, 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: Acceptance of Notice of Subgrant Amendment #1 from the Nevada State Health Division for the period August 10, 2008 through August 9, 2009 in the total amount of \$1,008,474 in support of the Public Health Preparedness (PHP) Program; approval of amendments totaling an increase of \$100,862 in revenue and expense to the PHP Base Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; approval of amendments totaling an increase of \$114,480 in revenue and expense to the PHP Pan Flu Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; 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 has received a Subgrant Amendment #1 from the Nevada State Health Division for the period August 10, 2008 through August 9, 2009 in the total amount of \$1,008,474 in support of the Public Health Preparedness Program. A copy of the Subgrant Amendment #1 is attached.

District Board of Health Priority supported by this item:
Acceptance of this funding and approval of these budget amendments supports the District Board of Health's strategic priority: *Assure that the public health system operates at the highest level of integrity during an all hazards event.*

AGENDA ITEM # 7.C.2.

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 Board of Health accepted the PHP CDC Base Notice of Subgrant Award for the period August 10, 2008 through August 9, 2009 in the amount of \$793,132 on September 25, 2008.

BACKGROUND

The Nevada State Health Division has awarded the PHP Program an additional \$215,342 for the period August 10, 2008 through August 9, 2009. The funds from the CDC Base Carry Forward and the Pan Flu Carry Forward Budgets will support travel, supplies, equipment, and professional services.

Two new internal orders will be created to track and report revenue and expenditures related to each carry forward budget.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

A budget amendment in the total amount of \$215,342 is necessary to align the budget with the Amended Notice of Subgrant Award.

Should the Board approve these budget amendments, the adopted FY 08/09 budget will be **increased by \$215,342 in revenue and expenses** in the following accounts:

| <u>Account Number</u> | <u>Description</u> | <u>Amount of Increase/(Decrease)</u> |
|--|---------------------------|--------------------------------------|
| 2002-IO-TBA(CDC Base C/F) -431100 | Federal Revenue | \$100,862 |
| 2002-IO-TBA(CDC Base C/F) -701150 | Contractual Wages | 12,000 |
| -710100 | Other Professional Svcs | 14,850 |
| -710300 | Operating Supplies | 3,500 |
| -711210 | Travel | 1,531 |
| -711504 | Equipment-Noncapital | 10,967 |
| -781004 | Equipment-Capital | 58,014 |
| | Total Expenditures | \$100,862 |

| <u>Account Number</u> | <u>Description</u> | <u>Amount of Increase/(Decrease)</u> |
|---|---------------------------|--------------------------------------|
| 2002-IO-TBA(CDC Pan Flu C/F) -431100 | Federal Revenue | \$114,480 |
| 2002-IO-TBA(CDC Pan Flu C/F) -710100 | Other Professional Svcs | 49,253 |
| -710300 | Operating Supplies | 1,625 |
| -710502 | Printing | 3,000 |
| -711504 | Equipment-Noncapital | 9,835 |
| -781004 | Equipment-Capital | 50,767 |
| | Total Expenditures | \$114,480 |

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept the Notice of Subgrant Amendment #1 from the Nevada State Health Division for the period August 10, 2008 through August 9, 2009 in the total amount of \$1,008,474 in support of the Public Health Preparedness (PHP) Program; approve amendments totaling an increase of \$100,862 in revenue and expense to the PHP Base Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; approve amendments totaling an increase of \$114,480 in revenue and expense to the PHP Pan Flu Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to accept the Notice of Subgrant Amendment #1 from the Nevada State Health Division for the period August 10, 2008 through August 9, 2009 in the total amount of \$1,008,474 in support of the Public Health Preparedness (PHP) Program; approve amendments totaling an increase of \$100,862 in revenue and expense to the PHP Base Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; approve amendments totaling an increase of \$114,480 in revenue and expense to the PHP Pan Flu Carry Forward Grant Program (internal order # TBD) FY 08/09 Budget; and if approved, authorize the Chairman to execute.

Nevada Department of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

HD Amendment #: 09094-1
 HD Contract #: _____
 Program #: CDC07-08
 Budget Account #: 3218
 Category #: 22
 GL #: 8516

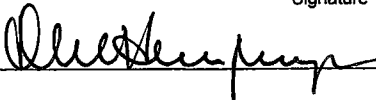
SUBGRANT AMENDMENT #1

| | | | |
|--|----------------------------|---|--|
| Program Name: Public Health Preparedness Bureau of Health Planning & Statistics Nevada State Health Division | | Subgrantee Name: Washoe County Health District (WCHD) | |
| Address: 4150 Technology Way, Suite 200 Carson City, Nevada 89706-2009 | | Address: 1001 East Ninth Street Reno, NV 89520 | |
| Original Subgrant Period: August 10, 2008 through August 9, 2009 | | Subgrantee EIN#: 88-6000138 | Subgrantee Vendor#: T40283400Q |
| Source of Funds: Centers for Disease Control & Prevention | % of Funds: 100% | CFDA#: 93.069 | Federal Grant #: 5U90TP916964-09 |

Amendment #1: Revise budget to reflect the increase in CDC Carry Forward funds totaling \$215,342 (\$100,862 Base; \$114,480 Pan Flu) as requested by the Washoe County Health District in order to meet grant objectives deliverables.

| Current | | Amount | Change | Revised | | Amount |
|---------|------------------------|-------------------|------------------|---------|------------------------|---------------------|
| 1 | Personnel | \$ 743,721 | | 1 | Personnel | \$ 743,721 |
| 2 | Travel | \$ 12,000 | + 1,531 | 2 | Travel | \$ 13,531 |
| 3 | Supplies | \$ 7,800 | + 5,125 | 3 | Supplies | \$ 12,925 |
| 4 | Equipment | \$ 0 | + 129,583 | 4 | Equipment | \$ 129,583 |
| 5 | Contractual/Consultant | \$ 11,091 | + 71,253 | 5 | Contractual/Consultant | \$ 82,344 |
| 6 | Other | \$ 18,520 | + 7,850 | 6 | Other | \$ 26,370 |
| 7 | Indirect | \$ 0 | | 7 | Indirect | \$ 0 |
| | Total Cost | \$ 793,132 | + 215,342 | | Total Cost | \$ 1,008,474 |

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.

| | | |
|---|---|---------|
| Authorized Sub-grantee Official Title | Signature | Date |
| Christine N. Smith Health Program Manager, PHP De Devine, MSW Health Program Manager II, PHP |  | 5/28/09 |
| Richard Whitley, MS Administrator, Health Division | | |

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

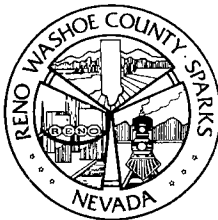
following revised budget detail and justification is based on the approved CDC Carry Forward Request to meet grant objectives and deliverables:

CDC Base Carry Forward Budget

| | | | |
|-------------------------------|-----------|----------------|---|
| 1. Travel | \$ | 1,531 | In-State and Out of State Travel- in accordance with federal GSA Rates |
| 2. Supplies | \$ | 3,500 | WCHD Emergency Management Guides |
| 3. Equipment | \$ | 68,981 | POD Staff Vests; POD Lane Signage Kit; POD Lane "Vaccination" Signage Kit; POD Lane "Vaccination" Signage Kit; POD Lane Signage Kit PVC Mounts; Two-Door Storage Cabinet 7' high; 5'high file/storage cabinet combo unit; Storage Bin Units; Wall and Shelf Track; LED Lights; Desk Chairs for PHP Manager and MRC Coordinator; 15" Televisions with DVD Recorders for PHP PIO and DOC; Ten (10) Field Disaster Kits; Vaccine Refrigeration Unit; Modular Furniture for Epidemiology staff; CRBN Cap 2 Conversion Kits for Sentinel HP PAPRs; Paraslydes; Shipping for Paraslydes |
| 4. Consultant/ Contractual | \$ | 22,000 | Media Training; Temporary Assistant Services for Public Information Officer Project |
| 5. Other | \$ | 4,850 | Relocation of C-Band Satellite Receiver; Relocation of Audio-Visual Cable in Epidemiology & Public Health Preparedness (EPHP); Pre-paid Service and Installation of Cable & Satellite Televisions for DOC |
| Total Base CF | \$ | 100,862 | |

CDC Pan Flu Carry Forward Budget

| | | | |
|-------------------------------|-----------|----------------|---|
| 1. Supplies | \$ | 1,625 | POD Operating Supplies |
| 3. Equipment | \$ | 60,602 | 16' POD Cargo Trailer for storing POD signage, equipment & supplies; Solar-powered roof fans for POD trailers; Traffic Candlesticks/Cones 42" for PODs; Collapsible Traffic Candlesticks/Cones 42"; POD Cable protectors; Adjustable hand cart for POD materials; Portable 22'x42' Hospital Shelter; 17.5 kw generator for remote power for portable hospital shelter air pump and air conditioning/heating unit; 16' Cargo Trailer to store and protect hospital shelter |
| 4. Consultant/ Contractual | \$ | 49,253 | Pandemic Influenza Plan Writing Consultant; Post Flu Prevention Marketing Research |
| 5. Other | \$ | 3,000 | Pan Flu Communication Production |
| Total Pan Flu CF | \$ | 114,480 | |




DISTRICT HEALTH DEPARTMENT


STAFF REPORT

BOARD MEETING DATE: May 28, 2009

DATE: May 14, 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 
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Proposed approval of Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to provide a faculty member to serve as a consultant on pediatric Tuberculosis cases for the period July 1, 2009 through June 30, 2010 in the total amount of \$2,000 and if approved, authorize the Chairman of the Board to sign.

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. A copy of the Interlocal Agreement is attached.

Goal supported by this item: Approval of this Interlocal Contract supports the Health District TB 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 TB cases per 100,000 in Washoe County.

PREVIOUS ACTION

The FY 09 agreement for the period July 1, 2008 through June 30, 2009 was approved by the Board on July 24, 2008.

BACKGROUND

The Washoe County Health District proposes to contract with MSAN for the period July 1, 2009 through June 30, 2010 at the rate of \$500 per quarter not to exceed \$2,000 per year.

AGENDA ITEM # 7.c.3.

The Interlocal Agreement provides for: medical consultation services related to the diagnosis and treatment of active tuberculosis cases and latent tuberculosis infection in pediatric patients (0-14 years) by record review or office visit; discussion and review of progress and concerns related to pediatric tuberculosis patients; and approval of pediatric treatment protocols and clinical evaluations performed by District nurses.

Washoe County's Risk Manager and District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 10 budget as expenses for this contract are included in the operating budget for Cost Center 171400 (Tuberculosis) in General Ledger account 710108 (MD consultants).

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to provide a faculty member to serve as a consultant on pediatric Tuberculosis cases for the period July 1, 2009 through June 30, 2010 in the total amount of \$2,000 and if approved, authorize the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve the Interlocal Agreement between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to provide a faculty member to serve as a consultant on pediatric Tuberculosis cases for the period July 1, 2009 through June 30, 2010 in the total amount of \$2,000 and if approved, authorize the Chairman of the Board to sign.

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, hereinafter referred to as "MSAN."

WHEREAS, the District conducts several public health programs which require the services of a physician consultant; and

WHEREAS, MSAN has faculty physicians who are licensed to practice medicine in the State of Nevada, and specialize in pediatric pulmonary medicine; and

WHEREAS, MSAN agrees to provide a faculty member to serve as a consultant on pediatric Tuberculosis cases;

Now therefore, in consideration of the mutual promises contained herein, the parties agree as follows:

The MSAN agrees to:

1. Provide medical consultation services related to the diagnosis and treatment of active tuberculosis cases and latent tuberculosis infection in pediatric patients (0-14 years) by record review or office visit.
2. Discuss and review progress and concerns related to pediatric tuberculosis patients and approve pediatric treatment protocols and clinical evaluations performed by District nurses.
3. Bill the District quarterly for consultative services provided.
4. Ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Reimburse MSAN \$2,000 per year in four (4) quarterly payments of \$500 for services described herein.
2. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
3. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

4. Provide no payment in advance of services. Payments are to be mailed to the following address:

MEDSchool Associates North
Nelson Building – MS 353
Attn: Accounts Receivable
401 West Second Street, Suite 237
Reno, NV 89503-5353

HIPAA: The parties acknowledge that they are subject to the provisions of the Health Insurance Portability and Accountability Act and the regulations promulgated there under (hereinafter “HIPAA”), pertaining to the maintenance, handling, retention, confidentiality and availability of records and data containing protected health information, as that term is defined by 45 C.F.R. §164.501. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors, and agents with whom they share the records and data provide comparable protections to those provided by the parties.

INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party 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 indemnifying 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.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 agrees to indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

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

TERM. The term of this Agreement is from July 1, 2009 through June 30, 2010. This Agreement may be further extended for a term of up to one year, by agreement in writing between the parties within 30 days prior to the end of this Agreement. Ratification by the governing bodies shall be a condition precedent to its entry into force.

TERMINATION. Either party may terminate this Agreement and any amendments at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse MSAN for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

NON-APPROPRIATION. In the event funds are not appropriated for this purposes specified in this Agreement, MSAN hereby consents to the termination of this Agreement. In such event, District will notify provider in writing and the agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by MSAN of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to MSAN shall be addressed to:

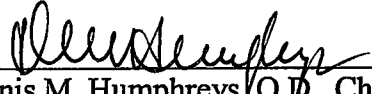
Gail Smith, MBA
MEDSchool Associates North
Nelson Building – MS 353
401 West Second Street, Suite 228
Reno, NV 89503-5353

Notices to the District shall be addressed to:

M.A. Anderson, MD, MPH, District Health Officer
Washoe County Health District
P O Box 11130
Reno NV 89520-0027

Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

By: 
Denis M. Humphreys, O.D., Chairman

Date: 5/28/09

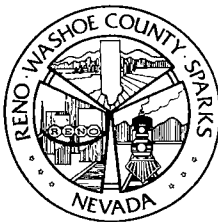
University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: _____
Ole J. Thienhaus, MD, ICS President

Date: _____

By: _____
Nevin Wilson, MD, MSAN President

Date: _____



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: May 28, 2009

DATE: May 14, 2009

TO: District Board of Health

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

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

SUBJECT: **Accept donation of \$500.00 from Catholic Healthcare West for the Washoe County Health District Immunization Program.**

SUMMARY

In April 2009 the Washoe County Health District received a check in the amount of \$500.00 from Catholic Healthcare West. The check was remitted to assist with Health District Immunization program expenses, specifically with regards to the Immunization program's participation in the National Infant Immunization Week held April 25 – May 2, 2009. A copy of the check is attached.

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

PREVIOUS ACTION

There has been no action taken this fiscal year.

BACKGROUND

The Washoe County Health District participates in and provides Public Health staff and operating supplies for various community events associated with National Infant Immunization Week. In previous years the Health District kept separate records for supplies associated with these events and submitted requests for reimbursement of those

AGENDA ITEM # 7.D.

expenditures. This year Catholic Healthcare West organization representatives determined that a lump sum donation to the Health District would be most efficient.

FISCAL IMPACT

Should the Board accept this donation, it will be recorded in the Immunization Program cost center- CC 173500 and the Donations, contributions-operating General Ledger account-G/L 484000.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept the donation of \$500.00 from Catholic Healthcare West for the Washoe County Health District Immunization Program.

POSSIBLE MOTION

Move to accept the donation of \$500.00 from Catholic Healthcare West for the Washoe County Health District Immunization Program.



(916) 851-2150

1400512

CUSTOMER SERVICES

| Vendor No. | Vendor Name | | | Check Date | Check No. | |
|-------------------|---------------------------|---------|--------------------|----------------|-----------|---------------|
| 145876 | WASHOE COUNTY HEALTH DEPT | | | 04/24/2009 | 625053 | 625053 |
| Invoice No. | Date | Voucher | PO No./Description | Invoice Amount | Discount | Net Amount |
| ARYS REG MED CTR | | | | | | |
| CR-DONATE 25APR09 | 04/13/2009 | 102055 | | 500.00 | | 500.00 |
| SUBTOTAL | | | | 500.00 | | 500.00 |
| TOTAL | | | | 500.00 | | 500.00 |

THIS CHECK IS VOID WITHOUT A BLUE BACKGROUND AND A WATERMARK. HOLD UP TO THE LIGHT TO VIEW THE WATERMARK



Catholic Healthcare West

Bank of America
Commercial Disbursement Account
Northbrook, IL

70-2328
0719

625053

3033 North Third Ave.
Phoenix, AZ 85013
(602) 407-3800

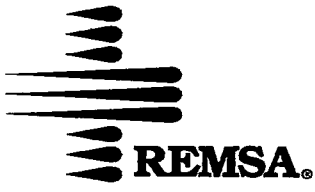
| |
|---------------------|
| PAYMENT DATE |
| 04/24/2009 |

| |
|------------------------|
| PAY THIS AMOUNT |
| *****\$500.00 |

PAY Five hundred and 00/100 Dollars

TO THE
ORDER OF

WASHOE COUNTY HEALTH DEPT
PO BOX 11130
1001 9TH ST
RENO, NV 89520



Regional Emergency Medical Services Authority

REMSA

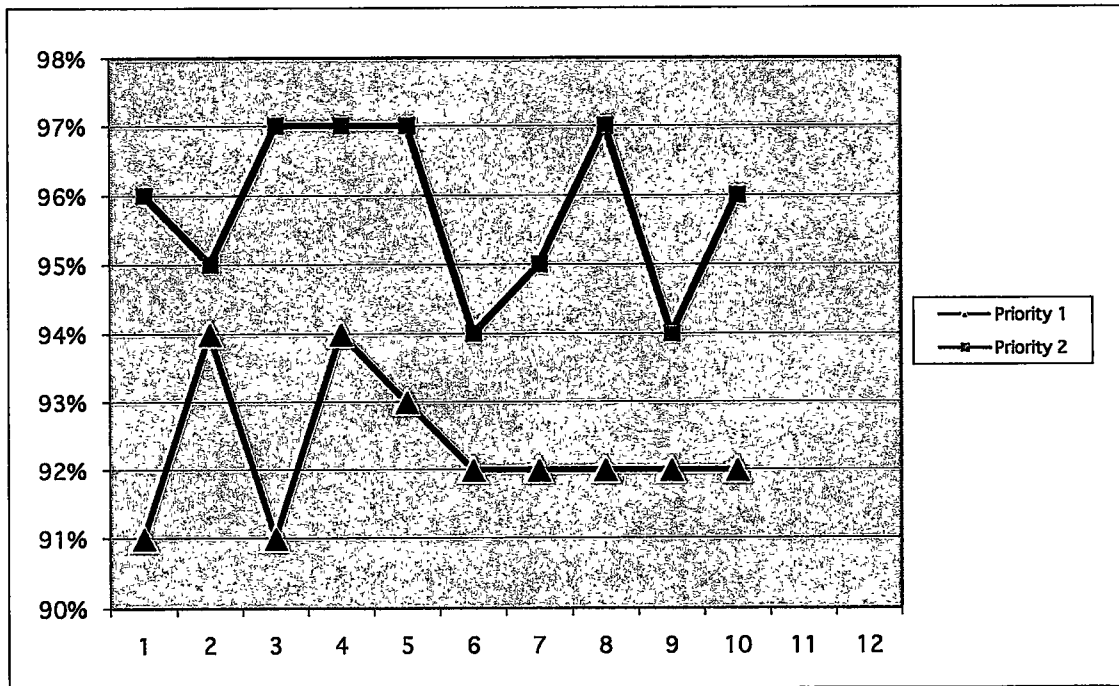
OPERATIONS REPORTS

FOR

APRIL 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. | 5 mins. 57 secs. | 4 mins. 51 secs. | 92% | 97% |
| Mar. | 6 mins. 14 secs. | 5 mins. 7 secs. | 92% | 94% |
| Apr. | 5 mins. 51 secs. | 4 mins. 47 secs. | 92% | 96% |
| 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. | 8 | \$48,151 | \$6,019 | \$5,961 |
| Mar. | 12 | \$94,826 | \$7,902 | \$6,138 |
| Apr. | 4 | \$27,733 | \$6,933 | \$6,161 |
| May | | | \$0 | \$6,161 |
| June | | | \$0 | \$6,161 |
| Totals | 136 | \$837,919 | \$6,161 | \$6,161 |
| | | | 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. | 2505 | \$2,220,210 | \$886 | \$879 |
| Mar. | 2815 | \$2,516,292 | \$894 | \$881 |
| Apr. | 2673 | \$2,372,085 | \$887 | \$881 |
| May | | | \$0 | \$881 |
| June | | | \$0 | \$881 |
| Totals | 26995 | \$23,793,633 | \$881 | \$881 |
| | | | Allowed ground avg bill - | \$886.00 |



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
APRIL 2009**



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

- ❖ **In Town Transfer:**
 - 1 ITT was completed

- ❖ **Outreach, Education, & Marketing:**
 - 2 Community Education & Public Event

| | | |
|---------|---|--------------|
| 4/12/09 | Washoe Lake State Park Annual Easter Egg Hunt | Flight Staff |
| 4/20/09 | REMSA/RASI New Hire Orientation | Flight Staff |

Statistics

Washoe County Flights

| | # patients |
|-------------------------|------------|
| Total Flights: | 4 |
| Total Patients | 4 |
| Expired on Scene | 0 |
| Refused Transport (AMA) | 0 |
| Scene Flights | 2 |
| Hospital Transports | 2 |
| Trauma | 3 |
| Medical | 1 |
| High Risk OB | 0 |
| Pediatrics | 0 |
| Newborn | 0 |
| Full Arrest | 0 |
| Total | 4 |



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
APRIL 2009



GROUND AMBULANCE OPERATIONS REPORT

April 2009

1. OVERALL STATISTICS:

| | |
|---|------|
| Total Number Of System Responses | 4634 |
| Total Number Of Responses In Which No Transport Resulted | 1960 |
| Total Number Of System Transports | 2674 |

2. CALL CLASSIFICATION REPORT:

| | | | |
|----------------------------------|------------------|------|-----|
| Trauma | | | 27% |
| | Trauma – MVA | 8% | |
| | Trauma – Non MVA | 19% | |
| Medical | | | 45% |
| OB | | | 1% |
| Psychiatric/Behavioral | | | 4% |
| Transfers | | | 16% |
| Unknown/Other | | | 6% |
| 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
 - 24 total
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
 - Total 164
- 100% of advanced airways (outside cardiac arrests)
 - 5 total
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
 - 395 Paramedic total
 - 542 EMT-I total

- 100% Pain/Sedation Management – 173

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

| Date | Course | Course Location | Students |
|---------|--------------------------------------|-----------------------------|----------|
| 4/21/09 | Advanced Cardiac Life Support | REMSA | 12 |
| 4/27/09 | Advanced Cardiac Life Support | REMSA | 22 |
| 4/27/09 | Advanced Cardiac Life Support | Riggs Amb Service | 6 |
| 4/3/09 | Advanced Cardiac Life Support Recert | REMSA-SMRMC | 13 |
| 4/7/09 | Advanced Cardiac Life Support Recert | REMSA | 22 |
| 4/9/09 | Advanced Cardiac Life Support Recert | NCME | 10 |
| 4/22/09 | Advanced Cardiac Life Support Recert | VA | 12 |
| 4/23/09 | Advanced Cardiac Life Support Recert | REMSA-Tahoe Forest Hospital | 25 |
| 4/10/09 | Advanced Cardiac Life Support Skills | Riggs Amb Service | 1 |
| 4/13/09 | Advanced Cardiac Life Support Skills | REMSA | 1 |
| 4/29/09 | Advanced Cardiac Life Support Skills | REMSA | 1 |
| 4/29/09 | Advanced Cardiac Life Support Skills | REMSA | 1 |
| 4/1/09 | Bloodborne Pathogens | REMSA | 6 |
| 4/22/09 | Bloodborne Pathogens | REMSA | 16 |
| 4/3/09 | Healthcare Provider CPR | Sierra NV Job Corps | 5 |
| 4/5/09 | Healthcare Provider CPR | Visual Insight | 3 |
| 4/5/09 | Healthcare Provider CPR | Jennifer Kraushaar | 1 |
| 4/6/09 | Healthcare Provider CPR | EMS CES 911 | 1 |
| 4/6/09 | Healthcare Provider CPR | Milan | 16 |
| 4/8/09 | Healthcare Provider CPR | Diamond Mtn Casino | 4 |

| | | | |
|---------|--------------------------------|-----------------------------|----|
| 4/20/09 | Healthcare Procvider CPR | EMS CES 911 | 1 |
| 4/22/09 | Healthcare Procvider CPR | Randall Evans | 4 |
| 4/22/09 | Healthcare Procvider CPR | NV Division Of Forestry | 1 |
| 4/25/09 | Healthcare Procvider CPR | Evergreen Healthcare | 3 |
| 4/28/09 | Healthcare Procvider CPR | Regent Care Center | 8 |
| 4/29/09 | Healthcare Procvider CPR | Diamond Mtn Casino | 3 |
| 4/1/09 | Healthcare Provider CPR | REMSA | 8 |
| 4/2/09 | Healthcare Provider CPR | REMSA | 7 |
| 4/4/09 | Healthcare Provider CPR | HCP | 8 |
| 4/7/09 | Healthcare Provider CPR | REMSA | 7 |
| 4/7/09 | Healthcare Provider CPR | REMSA | 1 |
| 4/7/09 | Healthcare Provider CPR | REMSA | 25 |
| 4/7/09 | Healthcare Provider CPR | REMSA | 29 |
| 4/8/09 | Healthcare Provider CPR | REMSA | 1 |
| 4/8/09 | Healthcare Provider CPR | REMSA | 3 |
| 4/11/09 | Healthcare Provider CPR | REMSA | 11 |
| 4/15/09 | Healthcare Provider CPR | REMSA | 8 |
| 4/18/09 | Healthcare Provider CPR | REMSA-Tahoe Forest Hospital | 6 |
| 4/23/09 | Healthcare Provider CPR | REMSA | 4 |
| 4/7/09 | Healthcare Provider CPR Skills | REMSA | 2 |
| 4/14/09 | Healthcare Provider CPR Skills | REMSA | 1 |
| 4/16/09 | Healthcare Provider CPR Skills | REMSA | 1 |
| 4/16/09 | Healthcare Provider CPR Skills | REMSA | 2 |
| 4/20/09 | Healthcare Provider CPR Skills | REMSA | 1 |
| 4/20/09 | Healthcare Provider CPR Skills | REMSA | 1 |
| 4/22/09 | Healthcare Provider CPR Skills | REMSA | 1 |

| | | | |
|---------|--------------------------------|-----------------------|----|
| 4/29/09 | Healthcare Provider CPR Skills | REMSA | 3 |
| 4/1/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/1/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/1/09 | Healthcare Provider Recert CPR | REMSA | 17 |
| 4/1/09 | Healthcare Provider Recert CPR | In House Education | 8 |
| 4/1/09 | Healthcare Provider Recert CPR | CPR Plus | 4 |
| 4/2/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/2/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/2/09 | Healthcare Provider Recert CPR | REMSA | 5 |
| 4/2/09 | Healthcare Provider Recert CPR | REMSA | 5 |
| 4/2/09 | Healthcare Provider Recert CPR | Willow Springs | 12 |
| 4/2/09 | Healthcare Provider Recert CPR | Tahoe Forest Hospital | 5 |
| 4/3/09 | Healthcare Provider Recert CPR | William Person | 1 |
| 4/4/09 | Healthcare Provider Recert CPR | In House Education | 9 |
| 4/4/09 | Healthcare Provider Recert CPR | Riggs Amb Service | 3 |
| 4/4/09 | Healthcare Provider Recert CPR | Jennifer Kraushaar | 5 |
| 4/4/09 | Healthcare Provider Recert CPR | In House Education | 9 |
| 4/6/09 | Healthcare Provider Recert CPR | REMSA | 2 |
| 4/6/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/6/09 | Healthcare Provider Recert CPR | REMSA | 5 |
| 4/8/09 | Healthcare Provider Recert CPR | REMSA-SMRMC | 4 |
| 4/8/09 | Healthcare Provider Recert CPR | Visual Insight | 6 |
| 4/8/09 | Healthcare Provider Recert CPR | CPR Plus | 4 |
| 4/8/09 | Healthcare Provider Recert CPR | CPR Plus | 5 |
| 4/9/09 | Healthcare Provider Recert CPR | REMSA | 7 |
| 4/10/09 | Healthcare Provider Recert CPR | REMSA | 10 |

| | | | |
|---------|--------------------------------|-------------------------------|----|
| 4/10/09 | Healthcare Provider Recert CPR | NCME | 2 |
| 4/10/09 | Healthcare Provider Recert CPR | Reno Tahoe Airport Fire | 1 |
| 4/16/09 | Healthcare Provider Recert CPR | REMSA | 10 |
| 4/16/09 | Healthcare Provider Recert CPR | REMSA-SMRMC | 10 |
| 4/19/09 | Healthcare Provider Recert CPR | Dave Zordell | 3 |
| 4/21/09 | Healthcare Provider Recert CPR | Orvis School Of Nursing | 1 |
| 4/22/09 | Healthcare Provider Recert CPR | Eastern Plumas Eastern Health | 3 |
| 4/23/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/23/09 | Healthcare Provider Recert CPR | Tahoe Forest Hospital | 1 |
| 4/24/09 | Healthcare Provider Recert CPR | REMSA | 4 |
| 4/24/09 | Healthcare Provider Recert CPR | REMSA-SMRMC | 8 |
| 4/24/09 | Healthcare Provider Recert CPR | CPR Plus | 8 |
| 4/25/09 | Healthcare Provider Recert CPR | REMSA | 3 |
| 4/25/09 | Healthcare Provider Recert CPR | REMSA-SMRMC | 10 |
| 4/25/09 | Healthcare Provider Recert CPR | REMSA | 10 |
| 4/27/09 | Healthcare Provider Recert CPR | Jennifer Kraushaar | 1 |
| 4/28/09 | Healthcare Provider Recert CPR | REMSA | 4 |
| 4/28/09 | Healthcare Provider Recert CPR | REMSA | 4 |
| 4/28/09 | Healthcare Provider Recert CPR | CPR Plus | 6 |
| 4/28/09 | Healthcare Provider Recert CPR | Tahoe Forest Hospital | 8 |
| 4/29/09 | Healthcare Provider Recert CPR | REMSA | 1 |
| 4/29/09 | Healthcare Provider Recert CPR | UNR | 1 |
| 4/30/09 | Healthcare Provider Recert CPR | REMSA | 7 |
| 4/30/09 | Healthcare Provider Recert CPR | REMSA | 3 |
| 4/1/09 | Heartsaver AED | REMSA | 6 |
| 4/4/09 | Heartsaver AED | NV Dept Of Corrections | 4 |

| | | | |
|---------|----------------------------|---------------------------|----|
| 4/8/09 | Heartsaver AED | REMSA | 2 |
| 4/9/09 | Heartsaver AED | Tonopah Ambulance Station | 8 |
| 4/9/09 | Heartsaver AED | Elko County School Dist | 11 |
| 4/13/09 | Heartsaver AED | REMSA | 3 |
| 4/13/09 | Heartsaver AED | REMSA | 3 |
| 4/15/09 | Heartsaver AED | Eagle Springs Refinery | 6 |
| 4/17/09 | Heartsaver AED | Sierra NV Job Corps | 6 |
| 4/18/09 | Heartsaver AED | REMSA | 1 |
| 4/23/09 | Heartsaver AED | JS Redpath Corp | 3 |
| 4/24/09 | Heartsaver AED | Beawawe Fire Dept | 4 |
| 4/25/09 | Heartsaver AED | Nampa | 8 |
| 4/27/09 | Heartsaver AED | JS Redpath Corp | 2 |
| 4/30/09 | Heartsaver AED | JS Redpath Corp | 1 |
| 4/30/09 | Heartsaver AED | JS Redpath Corp | 1 |
| 4/15/09 | Heartsaver CPR | Sierra NV Job Corps | 2 |
| 4/15/09 | Heartsaver CPR | Sierra NV Job Corps | 4 |
| 4/2/09 | Heartsaver First Aid & CPR | Hamilton Company | 4 |
| 4/3/09 | Heartsaver First Aid & CPR | REMSA | 3 |
| 4/3/09 | Heartsaver First Aid & CPR | Sierra NV Job Corps | 5 |
| 4/4/09 | Heartsaver First Aid & CPR | Jennifer Kraushaar | 18 |
| 4/9/09 | Heartsaver First Aid & CPR | REMSA | 1 |
| 4/9/09 | Heartsaver First Aid & CPR | REMSA | 4 |
| 4/9/09 | Heartsaver First Aid & CPR | Hamilton Company | 4 |
| 4/9/09 | Heartsaver First Aid & CPR | Majen | 4 |
| 4/10/09 | Heartsaver First Aid & CPR | Patagonia | 7 |
| 4/10/09 | Heartsaver First Aid & CPR | Semsa | 1 |

| | | | |
|---------|-----------------------------------|------------------------|----|
| 4/16/09 | Heartsaver First Aid & CPR | Hamilton Company | 5 |
| 4/17/09 | Heartsaver First Aid & CPR | Patagonia | 6 |
| 4/17/09 | Heartsaver First Aid & CPR | Riggs Amb Service | 9 |
| 4/18/09 | Heartsaver First Aid & CPR | REMSA | 9 |
| 4/18/09 | Heartsaver First Aid & CPR | CPR Plus | 13 |
| 4/20/09 | Heartsaver First Aid & CPR | NV Dept Of Corrections | 10 |
| 4/22/09 | Heartsaver First Aid & CPR | REMSA | 16 |
| 4/23/09 | Heartsaver First Aid & CPR | REMSA | 3 |
| 4/23/09 | Heartsaver First Aid & CPR | Hamilton Company | 5 |
| 4/24/09 | Heartsaver First Aid & CPR | Patagonia | 6 |
| 4/24/09 | Heartsaver First Aid & CPR | NV Dept Of Corrections | 2 |
| 4/24/09 | Heartsaver First Aid & CPR | Great Basin College | 4 |
| 4/27/09 | Heartsaver First Aid & CPR | Sierra NV Job Corps | 6 |
| 4/28/09 | Heartsaver First Aid & CPR | Nye County EMS | 9 |
| 4/28/09 | Heartsaver First Aid & CPR | Sierra NV Job Corps | 6 |
| 4/29/09 | Heartsaver First Aid & CPR | Gordon Gradney | 7 |
| 4/30/09 | Heartsaver First Aid & CPR | Hamilton Company | 7 |
| 4/3/09 | Heartsaver Pediatric First Aid | REMSA | 6 |
| 4/4/09 | Heartsaver Pediatric First Aid | EMS CES 911 | 2 |
| 4/7/09 | Heartsaver Pediatric First Aid | Tahoe Forest Hospital | 7 |
| 4/7/09 | Heartsaver Pediatric First Aid | Tahoe Forest Hospital | 6 |
| 4/9/09 | Heartsaver Pediatric First Aid | NV Dept Of Corrections | 11 |
| 4/11/09 | Heartsaver Pediatric First Aid | REMSA | 8 |
| 4/11/09 | Heartsaver Pediatric First Aid | Visual Insight | 2 |
| 4/21/09 | International Trauma Life Support | REMSA | 7 |
| 4/4/09 | Pediatric Advanced Life Support | REMSA-JM & Co | 2 |

| | | | |
|---------|---|-------------------------------|----|
| 4/10/09 | Pediatric Advanced Life Support | Eastern Plumas Eastern Health | 5 |
| 4/14/09 | Pediatric Advanced Life Support | REMSA | 23 |
| 4/10/09 | Pediatric Advanced Life Support Recert | NCME | 7 |
| 4/10/09 | Pediatric Advanced Life Support Recert | John Mohler & Co | 4 |
| 4/25/09 | Pediatric Emergency Assessment, Recognition and Stabilization | REMSA | 3 |

| | |
|--|------------|
| Total Students Processed – April 2009 | 911 |
|--|------------|

Paramedic Course

| | | |
|---------|--------------------------------|-------------|
| Ongoing | REMSA Paramedic Program – 7/08 | 12 Students |
| Ongoing | REMSA Paramedic Program – 1/09 | 11 Students |

EMT Course

| | | |
|---------|----------------|-------------|
| Ongoing | EMT I – 1/5/09 | 22 Students |
|---------|----------------|-------------|

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

| | | |
|--------|---|--------------------------|
| 4/4/09 | Child Safety Seat Checkpoint, Champion Chevrolet Collision Center . 18 cars and 21 seats inspected. | 7 volunteers, 4 staff |
|--------|---|--------------------------|

Northern Nevada Fitting Station Project

| | | |
|---------|--|------------|
| 4/22/09 | Fitting Station quarterly partners meeting, Renown Foundation, Reno. | 5 partners |
|---------|--|------------|

Safe Kids Washoe County

| | | |
|---------------------|---|-------------------------|
| 4/4/09 | Washoe County Child Death Review Team regular meeting, Washoe County Social Services. | 22 members |
| 4/4/09 | Body Mass Index measuring at Esther Bennett Elementary School for Safe Routes to Schools, Sun Valley. | 4 volunteers |
| 4/4/09 | Safe Kids Week subcommittee planning meeting, REMSA. | 6 volunteers |
| 4/6/09 | Safe Kids Distracted Driver Research Grant, one observation, Pine Middle School, Reno. | 1 volunteer |
| 4/7/09 | Safe Kids Distracted Driver Research Grant, two observations, Pine Middle School, Reno. | 3 volunteers |
| 4/8/09 | Safe Kids Distracted Driver Research Grant, two observations, Pine Middle School, Reno. | 3 volunteers |
| 4/9/09 | Safe Kids Distracted Driver Research Grant, two observations, Pine Middle School, Reno. | 3 volunteers |
| 4/10/09 | Safe Kids Distracted Driver Research Grant, two observations, Pine Middle School, Reno. | 2 volunteers |
| 4/10/09 | Safe Kids PHOTOVOICE meeting regarding advocacy project with Esther Bennett students. | 17 students/ 1 staff |
| 4/14/09 | Safe Kids Washoe County Coalition monthly meeting, Sparks. | 12 volunteers |
| 4/15/09 | Bike to Work subcommittee planning meeting, Reno | 6 volunteers |
| 4/16/09 | Northern Nevada Maternal Child Health Coalition monthly meeting, Washoe County District Health Department. | 22 volunteers |
| 4/23/09 | Nevada State Child Passenger Safety Task Force quarterly meeting, REMSA | 8 volunteers |
| 4/24/09 | Safe Kids Fundraising subcommittee meeting, REMSA. | 5 volunteers |
| 4/25/09 | Tune In To Kids Fair - Kick off event to Safe Kids Week 2009, Idlewild Park | 3 volunteers |
| 4/26/09 - 5/2/09 | National Safe Kids Week, partnering with the Nevada Immunization Coalition for National Infant Immunization Week. Proclamation from Governor Jim Gibbons. | |
| 4/28/09 | Safe Kids Distracted Driver Research Grant, one observation, Pine Middle School, Reno. | 2 volunteers |
| 4/28/09 | Jesse Hall PTA Meeting | 1 staff/14 parents |
| 4/29/09 | Safe Kids Week event at the Sparks Library, Sparks. | 2 volunteers |

| | | |
|---------|---|-------------------------|
| 4/29/09 | Safe Kids Week event at the Spanish Springs Library, Sparks. | 2 volunteers |
| 4/29/09 | Bike to Work subcommittee planning meeting, Reno | 9 volunteers |
| 4/30/09 | Assembly Energy, Infrastructure and Transportation subcommittee hearing on SB 18 - School Zone bill | 1 staff |
| 4/30/09 | Safe Kids PHOTOVOICE meeting regarding advocacy project with Esther Bennett students. | 15 students/ 1 staff |
| 4/30/09 | Esther Bennett Safety Committee meeting, Sun Valley. | 5 volunteers |

Public Relations

| | | |
|---------|--|---------|
| 4/30/09 | Interview with KOH radio regarding Safe Kids and Nevada Immunization Week. | 1 staff |
|---------|--|---------|

Meetings

| | | |
|---------|---|------------------|
| 4/27/09 | Simulator mannequin training for EMS for Children, REMSA. | 12 volunteers |
|---------|---|------------------|



Regional Emergency Medical Services Authority

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

INQUIRIES

April 2009

There were no inquiries in the month of April.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
APRIL 2009**

GROUND AMBULANCE CUSTOMER COMMENTS APRIL 2009

| | What Did We Do Well | What Can We Do To Serve You Better | Description / Comments |
|----|---|--|--|
| 1 | REMSA has given me very good attention. | | How soon can we sign up for Silver Saver? |
| 2 | Everything. | Everything was very good. | Me only complaint was I felt that one of the male EMT's did not believe that I past out. |
| 3 | They handled the person well. | Be sure you get (all) the insurance information. Ask how much they weigh before they bring the right size ambulance. | Some people have to have two pillows for their head. See if they have dentures. |
| 4 | Everything, you saved my life! | Silver Saver, do you still have it? Can you send us an application please? | |
| 5 | | Your gurney wheels left black residue on the carpet. Other residents made the same comment. | |
| 6 | Everything! | I think the driver was unfamiliar with the area (back part of the Valley of Lifestyle Homes) - took quite a while for them to arrive, however, the fire dept was here and my mother was okay with the oxygen they provided. | Great care - good team. |
| 7 | | Please update your dispatcher/control station's maps to include Walking Stick Court, Del Webb Pkwy, and Somersett Ridge Pkwy. | |
| 8 | | | The female REMSA worker was very rude and went through my personal papers and I always carry money with me. She didn't ask permission first and kept my oxygen away from me. I had to yell at her to give me my papers back and to give me my oxygen. She didn't listen to me. She didn't give me back my oxygen care which has my money and papers until I insisted and demanded she gave the cart back to me. |
| 9 | | | Crew was loud, rough, and disrespectful. Went into my purse and wallet when I was total conscious. Mishandled my wallet causing the loss of the supplemental health card, my AAA card, also lost my heart medicine. Am checking to see if they have legal right to go in my purse and wallet when I was perfectly able to give them info they needed which was in my purse. |
| 10 | Except for the dispatchers question of medications and the chest compressions being too deep, way more than 3 inches, they did very well. | Train the dispatchers as to what is appropriate questions to ask for the information given when the 911 call is called in. I am a registered nurse (30 years). I called into 911 and said my husband is not breathing and one of the questions he ask was "what medications is he on?" At this point, what does it matter?! A normal lay person may be ignorant enough to run to get the bottles of medications. This would be a critical waste of time. I told the dispatcher that CPR was in progress, so at his time the medication question is, in my opinion, inappropriate. The one responder was doing chest compressions WAY too deep. I heard my husbands ribs crack. I understand that he had a lot of adrenalin flowing at this point but had my husband loved he would of had a lot of broken ribs and possible punctured lungs. I know that broken ribs can occur during CPR but not that many, as my husband was not a skinny man and for his size as many cracks as I heard the deep deep compressions was not necessary in my opinion. | My concerns are that 1) the normal lay person would waste precious time, after starting CPR, trying to answer the dispatchers questions which would delay CPR, 2) the very deep compressions would end up killing someone and prevent them from possibly surviving anyway. The Responders were very polite and informed me of CPR time, they were professional and did the best they could. DON't get me wrong, I do appreciate and thank them very much. This is only a constructive letter. Thanks to everyone. |
| 11 | Everything was fine except for not finding our street. | Help get our street on the map. | There could have been a serious problem as it took a long time to explain where we live, street not on maps. |



Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
APRIL 2009



CARE FLIGHT CUSTOMER COMMENTS APRIL 2009

| | What Did We Do Well | What Can We Do To Serve You Better | Description / Comments |
|----|---|---|---|
| 1 | Delivered me to the hospital with no problems. | | |
| 2 | Good service, making sure I was comfortable during flight. Good communication between personnel and myself. | Nothing that comes to mind. | Staff very helpful and professional. |
| 3 | They keep asking if I was ok he whole time. | | |
| 4 | I was so ill I don't recall much of the flight. | | |
| 5 | Your kindness and care before, during and after flight was deeply appreciated. | | |
| 6 | Great communication with son and parents. Great medical knowledge. Thank yo for getting our son safely and quickly as possible to Renown. | | |
| 7 | Made me feel secure and comfortable. | | Thank you to the crew. |
| 8 | Excellent and professional assistance. No confusion and worked well together. | You folks did it all and I thank you from the bottom of my heart. | Everyone was swell and thoughtful and most compassionate. What a great crew. By the time I was loaded into the helicopter, I was out of pain, felt secure and pretty comfortable really. The flight to Reno on that full moon night was quite lovely. Please thank everyone involved. |
| 9 | Very plasant trip into Reno. Pain was controlled. Nice trip | No need to be better. | Just unfortunate that it cost sol much. |
| 10 | Promptness the crew went over details of flight and time plus safety procedures for flight. | Everything was very professional. | |
| 11 | I was very pleased how they work in extracting me out of those mountains. Great team work. | | |

| | What Did We Do Well | What Can We Do To Serve You Better | Description / Comments |
|----|--|------------------------------------|--|
| 12 | do to the nature of my injuries, the backboard that I was on was incredibly painful, the flight nurse did everything possible to make me as comfortable as possible and saw to it that I was removed quickly at the hospital. I greatly appreciated that. Thank you! | | |
| 13 | Very pleased with nurses assistance. | | |
| 14 | Excellent care and fast. In earlier age I worked 9 years in hospital and ambulance crew. I appreciate good care. | | Thnak you to the crew who saved me, God Bless You! |
| 15 | Courteous and informative. Kind | | |



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
APRIL 2009

PUBLIC RELATIONS

April 2009

| ACTIVITY | RESULTS |
|---|--|
| Wrote and Distributed "Community Advisor" regarding Red Light Move Right, playground safety, window safety and bike safety. | Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight. |
| Distributed press release regarding mini medi-files being distributed during Medication Safety Week in April. | Release was distributed on 4/1 and RGJ.com ran a story that day. KOH also mentioned the program on their 4/2 newscast |
| Continued to pitch Channel 2 on a possible series of story regarding REMSA CPR training to highlight Education Center. | Interview took place on 4/13. The story ran on 4/15. |
| Wrote and distributed press release regarding Care Flight being in operation in Gardnerville for 10 years. | Story ran in RGJ on 4/12. |
| Negotiated with Americom and their seven radio stations to be in-kind media sponsors of the REMSA Point of Impact Golf Tournament. Wrote two Public Service Announcements that will run on each of the seven stations from May until the event. | The PSAs and promotions will begin in May. |
| Edited Safe Kids Week press release from Melissa Krall. | Releases was reviewed and edited on 4/22 for distribution on 4/23. |
| Wrote press release regarding Care Flight giving a plaque to Bill Hale at Carson Valley Medical Center on 4/28. | Story ran in Record Courier on 4/29. |
| Worked with REMSA on Channel 4 request for information regarding Swine Flu. | Worked with Glen Jones on how to approach Channel 4 with information. |
| Wrote and distributed Stars of Life press releases for both REMSA and SEMSA. | Story ran on RGJ.com on 4/30. |
| Wrote talking points for swine flu media interview requests. | Points were written on 4/30 for use by REMSA managers. |



April 30, 2009

REMSA got five reports of swine flu symptoms last two days

By Susan Voyles
svoyles@rgj.com

Ambulance paramedics in Reno and Sparks have suited up five times since Tuesday on reports of people with swine flu symptoms.

Tests will determine whether the people have the flu strain. Those answering "yes" to a series of questions are treated as if they have the virus, said John Washko, emergency medical deployment director for the Regional Emergency Management Services Authority.

"We have no idea of knowing," he said Wednesday. "We make the assumption everyone is proven sick until proven otherwise."

Paramedics wore approved masks, gloves, gowns and eye protection.

The questions were developed in cooperation with the Washoe District Health Department, Washko said. They seek details about coughs, aches and pains, chills and other symptoms and whether the person has traveled outside the country in the past two weeks.

Washko said the county's computer-aided dispatch system, equipped with a First Watch program, sends an alert to REMSA and county health officials automatically, alerting them to the call before the ambulance arrives at the scene.

"We provide a transparent process," he said. "They know about the prescreening alert even before we arrive on the scene. We want to make sure we are taking appropriate precautions."

Washko said this is the first time First Watch has picked up a potentially lethal outbreak since going on line in March 2003, the fourth in the nation. Only about 5 percent of cities are covered, Washko said.

"Unfortunately, we are still considered leading edge," he said.

Five calls within five miles is considered a local outbreak, he said. A sixth call causes a warning to emergency personnel to use protective equipment.

"These are first responders," Washko said. "We don't really want them to get sick."

The \$10,000 spent on the alert system is well worth the money, said Kevin Romero, emergency medical operations director.

"It's definitely a bonus," he said. "For all the providers in the region, we're lucky to have it."

Romero said the agency began Friday developing a plan with state and local officials and stockpiling supplies for swine flu.



Carson City Sheriff's
Search and Rescue
Sheriff Ken Furlong

Tina Hamlin
Care Flight
450 Edison Way
Reno, NV. 89502

April 27, 2009

Dear Tina:

On behalf of the Search and Rescue unit we would like to thank you for your special contribution to our annual wine tasting fundraiser. Because of people like you we had our most successful event ever.

The static display of a Care Flight helicopter, plus your friendly flight crew helped make our event truly memorable. In addition, our unit appreciates the service that Care Flight provides in our search and rescue operations. We look forward to working with you.

The Carson City Sheriff's Search and Rescue Unit operates as a non profit 501 (c), (3) Our Tax Identification number is 88-0287160. Your contribution may be eligible as a tax deduction.

Sincerely,

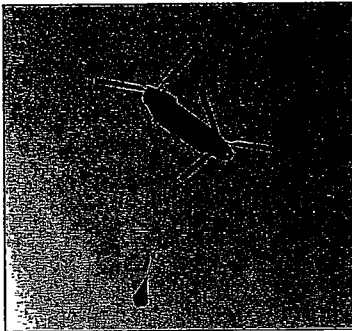
A handwritten signature in black ink, appearing to read 'Bill Fergus'.

Bill "Fergi" Fergus
Public Information / Grants

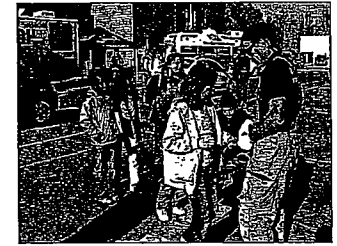
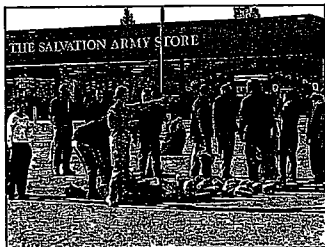
Post Office Box 1236 - Carson City - Nevada 89702
A Volunteer Auxiliary of the Carson City Sheriff's Office
Carson City Sheriff's Office - 901 East Musser Street -
Carson City NV 89701
Telephone: 775 - 887 - 2020

Harrah's Reno; Joe Hart, KРНV-TV; Brent Boynton, KOLO 8 TV; Global Studio, Allegra Print & Imaging; Sierra Electronics; auctioneer Dennis McCormac; Salvation Army Advisory Board members; Wells Fargo volunteers; guests and donors who supported the November 14th Annual Dinner & Christmas Kettle Kick-off. The fundraising event included dinner, silent and live auctions—as well as a testimonial from Adult Rehabilitation Program graduate Francisco Saldana. Awards were presented to: Raley's, Philanthropy; Walmart, Community Service; News Talk 780 KOH, Media; and Wells Fargo, Volunteer of the Year.

Advisory Board Chairman Mike Reynolds (R) listens as Francisco Saldana shares his recovery success story at the Annual Dinner.



Participating sponsors for the 12th annual **Operation Turkey Drop**, including News Talk 780 KOH and the 1/189th Aviation crew of the Nevada Army National Guard. The Salvation Army is also grateful for the participants of the accompanying **Safety Fair**, including the Nevada Highway Patrol, REMSA, Reno Fire, Reno Police S.A.V.E. volunteers and the Washoe County Sheriff's Department. Thanks also to donors, who made it possible for over 3,500 households to have Christmas turkeys and other food.



All of the local foundations, businesses and individuals who donated funds to support holiday programs, including the Williams Family Foundation; Roxie & Joseph Azad Foundation; E. L. Cord Foundation; Community Foundation of Western Nevada; Kohl's Cares for Kids; Gastroenterology Consultants; Dermody Properties Foundation; Farmers & Merchants Trust; IGT; Marybeth M. Lamb Foundation; McDonald, Carano, Wilson; Robert Z. Hawkins Foundation; The Nell J. Redfield Foundation; Safe Lube Plus; Hunter Refracteries, Inc; KHS & S Contractors and many more!

Sardina's Italian Restaurant for treating 50 men in our Adult Rehabilitation Program to a terrific Christmas Eve meal. Thanks also to all of the Sardina's staff and volunteers who prepared and served the meal!

Harrah's Reno for the wonderful food and Harrah's staff who volunteered at The Salvation Army's Sobriety Dinner at Thanksgiving and Christmas Community Dinner. Nearly 300 meals were served at the two events.

LDS Trucking for providing a storage trailer for holiday food box distribution.

All of the businesses, donors and volunteers that supported Salvation Army Christmas food barrel collection programs.

Local media (newspapers, radio and television) that supported Salvation Army holiday programs and events through promotion and news coverage.

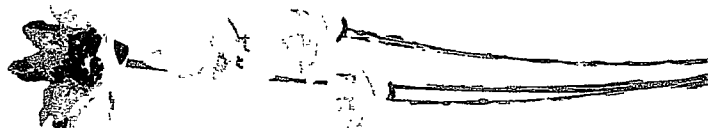
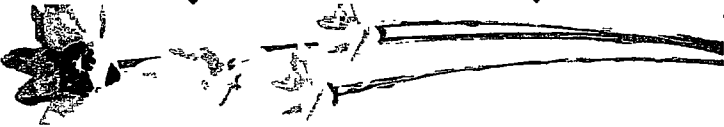
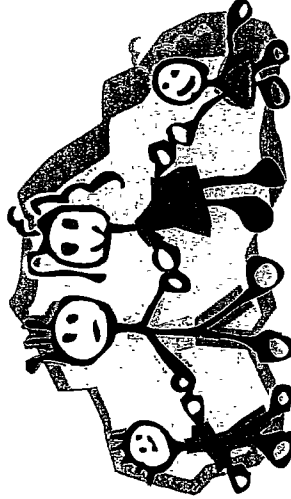
CERTIFICATE OF APPRECIATION

Presented to

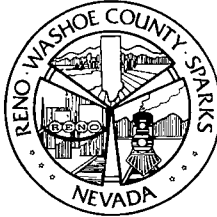
REMSA/SAFE KIDS

FOR YOUR SUPPORT OF THE

GERLACH HEALTH & LITERACY FAIR



THANK YOU FOR HELPING US HELP OUR COMMUNITY
WCSD FAMILY RESOURCE CENTER
MAY 4, 2009



DISTRICT HEALTH DEPARTMENT

May 18, 2009

TO: Members, District Board of Health

FROM: M. A. Anderson, MD, MPH

SUBJECT: Franchise Compliance Report for the Regional Emergency Medical Services Authority (REMSA) 7/1/07 through 6/30/08

RECOMMENDATIONS

Staff recommends that the District Board of Health find REMSA in compliance with 31 of the 31 performance requirements for Fiscal Year 2007/2008.

BACKGROUND

The following findings are based upon staff's in-depth analysis and reflect staff's commitment to the oversight role of the District Board of Health. More detailed information, including the REMSA audit report, Health District sampling data and other background information, is available to the Board members should you desire it. Applicable excerpts from the franchise language are in italics, followed by the description of the findings in standard type.

DESCRIPTION OF FINDINGS BY FRANCHISE SECTION

1. Governing Body of REMSA

The governing body of REMSA (the "REMSA Board") shall consist of the following:

- One (1) representative from Washoe Medical Center, Inc.;*
- One (1) representative from Saint Mary's Regional Medical Center;*
- One (1) representative from Northern Nevada Medical Center;*
- One (1) consumer appointed by the above three hospital representatives;*
- One (1) representative from the legal profession;*
- One (1) representative from the accounting profession; and*
- One (1) consumer representative appointed by District Board of Health.*

REMSA is in compliance.

The District Board of Health (DBOH) representatives to the REMSA Board in 07/08 were Bill Burrous (consumer representative), Richard Barnard (accounting representative) and Louis Test (legal representative). These three DBOH representatives were reappointed by the DBOH to the REMSA Board on June 28, 2007, for additional four-year terms from July 24, 2007 through July 23, 2011. The three hospital members of the REMSA Board in FY07/08 were Alan Olive, Administrator of Renown Health System; Mark Crawford, CEO of Northern Nevada Medical Center; and Barbara Reynolds, Vice President of Performance Improvement, St. Mary's Regional Medical Center. Mr. Steve Brown, UBS Financial Services, was the Board member appointed by the hospital representatives.

DBOH AGENDA ITEM # 10.

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

www.washoecounty.us/health

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PRINTED ON RECYCLED PAPER

The District Health Officer sits as an ex-officio member of the REMSA Board.

REMSA's legal counsel verified in writing "All contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members of the REMSA Board."

REMSA revised its Bylaws in December 2007.

2. Board Meetings

The REMSA Board shall meet at least once each calendar month to conduct operations and fiscal oversight and to develop, monitor and amend the policies and procedures for REMSA in the provision of ambulance services.

REMSA is in compliance.

3. Acknowledgment of REMSA's Past Competitive Bid Process

It is acknowledged that REMSA has complied with Sections 3 and 5 of the Franchise Designation, approved October 26, 1986, and as previously amended, in that REMSA successfully established interim ground and rotary wing ambulance services and subsequently completed a competitive bidding process for the continuation of a sole ground ambulance service within the time periods specified.

Acknowledged

4. Marking Of Ambulance Units

All ambulance units either directly operated by REMSA or by a vendor, shall be marked with REMSA identity rather than the individual business identity of any ambulance service vendor or contractor.

REMSA is in compliance.

5. Periodic Competitive Bid Requirement No Later Than Seven Years

During the term of this designation, REMSA may undertake additional competitive bidding procedures or market surveys as it deems necessary to ensure that the services provided under their vendor contract(s) are the most medically efficient and as economical for the consumer as possible, but in no case shall any contract(s) with a vendor(s) extend beyond a total of seven (7) years, commencing from July 1, 1988, without conducting such an open competitive bidding process or market survey.

REMSA is in compliance.

6. All Transfers Between Facilities Must Be At the Advanced Life Support Level

All transports or transfers of sick or injured persons whose condition may require medical observation or care, including patients who require transport or transfer on a stretcher, by ground or rotary wing ambulance units must be accomplished at the advanced life support ("ALS") level.

REMSA is in compliance.

7. Performance Bond and Three Way Lease

REMSA shall insure service performance security with the existence of either (a) a liquidated damages type of performance bond issued by an insurance company, (b) a letter of credit issued by a bank for a minimum of \$200,000 secured by itself and/or (c) an immediate contractual right of offset against its ground ambulance, dispatch, and rotary wing vendor(s) (the "Service Performance Security").

All equipment utilized by REMSA ground ambulance service or its contracted vendor(s) shall be made available to the District Board of Health through a three-way lease or an alternate method as approved by the District Board of Health in the event that REMSA or its contract vendor(s) are unable to provide the required services or loses its contract or franchise designation or its contract is terminated.

REMSA is in compliance.

REMSA ensures performance security through monthly service payments to RASI (its ground subsidiary) that REMSA maintains in arrears. These payments minimally total \$200,000 per month, and further performance security consists of the accounts receivable REMSA receives. Staff received a letter from REMSA's legal counsel verifying that the appropriate contractual provision exists in the contract between REMSA and RASI to maintain performance security safeguards.

8. Medical Radio Communications Dispatch Facility and Backup Emergency System

REMSA shall operate or cause to be operated a radio communications dispatch facility which is compatible with the existing emergency medical services ("EMS") radio network and with the 911 systems operated by Reno, Sparks and Washoe County. Operational drills on the "back up" system shall be conducted on a semi-annual basis. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance

REMSA carried out two tests of its back-up communication system. Computer Aided Dispatch (CAD) was down 6/24/08 from 0100-0800, for the purpose of routine software upgrade. Washoe County Health District was notified.

In May 2008, REMSA relocated their back-up communication site to the basement of the NV Energy building at 6100 Neil Road in Reno. REMSA reported it carried out three tests of its back-up communication system at their new location on May 9, 2008, June 13, 2008 and June 16, 2008.

The District Health Department, in association with EMS agencies and our area hospitals, dedicated one of its 800 MHz radio talk groups so that we can communicate in a disaster should traditional methods of communication fail. REMSA participates in the monthly testing of the 800MHz radio with the Health District and local hospitals.

9. Response Requirement of Eight (8) Minutes 90% of the Time for Life Threatening Calls in The City of Reno and Sparks, and Within Established Time Limits for Specific Areas of the County

REMSA shall insure that 90% of all presumptively defined life threatening calls within the incorporated boundaries of Reno and Sparks are responded to within eight (8) minutes and that 90% of all presumptively defined life threatening calls within unincorporated Washoe County shall be responded to in accordance with the time limits established for the specified map grids as mutually agreed to. Those specific map grids and assigned response time limits may be adjusted by the District Health Officer after periodic analysis of operational and response data. The District Health Officer shall present such revisions to the District Board of Health as a consent agenda item. A map reflecting current response zones will be available for review in the office of the District Health Officer.

A "life threatening call" shall be considered those defined as priority one by the medical dispatch protocol.

Response time is defined as the time period from receipt of the patient location, condition and telephone call back number until the ALS unit reports on scene, which is when the ground vehicle has come to a complete stop, or when the helicopter has notified dispatch that it has landed.

REMSA is in compliance.

Washoe County Health District staff performs external verification of REMSA's compliance with the response time requirements in the franchise by sampling ground and Care Flight calls. Staff reviewed dispatch tapes on 1,118 calls. A total of 770 P1 calls were reviewed for response times. According to staff's review, the response times for the P1 calls were within the required time limits.

Staff monitors calls to assure that the medical dispatchers are consistently assigning the correct priorities, monitoring a small number of additional non-Priority 1 calls. Staff reviewed 348 total calls to verify assigned priority.

10. Response Time Penalties

For each and every call that does not meet the required response time and for which there are not extenuating circumstances either approved by the District Health Officer, or which meet exception criteria established by REMSA and approved by the District Health Officer, a penalty of \$10.00 per minute (or portion thereof) shall be assessed for each call that does not meet the required response time, up to a maximum of \$150.00 per call. Effective July 1, 1995, REMSA shall increase its penalty amounts for all established late responses each year by an amount equal to one-hundred percent (100%) of the annually allowed consumer price index {U.S. City Average-All Urban Consumers (1982-84=100)} ("CPI") increase.

Response time exemptions shall be reported monthly to the District Health Officer. These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of operational or educational matters subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA's fiscal year.

Penalties are assessed for late calls which do not meet the required response time, or if there are not extenuating circumstances either approved by the District Health Officer or which do not meet exception criteria established by REMSA and approved by the District Health Officer (DHO). Response time exemptions are to be reported monthly to the DHO. The DHO may grant exemptions under extreme weather conditions. These penalties are to be placed in a separate restricted account of REMSA to defray costs of operational or educational matters subject to prior written approval by the DHO.

REMSA is in compliance

Exemptions

According to the franchise, REMSA shall report exemption requests monthly, which occurred. In FY 07/08 the District Health Officer granted two blanket weather exemptions. The total number of other approved non-annexation exemption is 86 which include: 22 isolated weather, 10 priority upgrades, 3 bad addresses, 46 status 99 and 5 miscellaneous exemptions. There were also 72 annexation exemptions granted.

Penalty Fund

REMSA's auditing firm performs a review of the penalty fund account annually to insure the rate per minutes is correct, and that expenditures from the penalty funds agree with the pre-approved authorizations from the District Health Officer.

The penalty amount per minute bases on the CPI increase for FY07/08 was \$14.09, the maximum penalty amount of \$150.00 per call. The actual penalty funds collected were \$40,057.87. REMSA spent all of the funds on approved expenditures.

The reviewed of annexation exemption data for FY07/08 was on the REMSA Working Group agenda for the 6/5/08 and 11/25/08 meetings.

11. Average Bill Approval and Overages, CPI Adjustments, Ambulance Subscription Program, and Submission of Current Rates and Charges

The District Board of Health shall approve the amount of the maximum average patient bill for ground and rotary wing ambulance transport commencing and terminating within the franchise area of Washoe County to be charged by REMSA, from time to time, upon written application by REMSA. Such maximum average patient bills approved by the District Board of Health shall be automatically adjusted thereafter for any change in the CPI for the preceding year without further District Board of Health action. The District Health Officer shall inform REMSA at least annually in writing with regard to the CPI adjustment amount as determined above. REMSA shall be responsible for determining and setting, from time to time, the various rates, fees and charges which comprise the patient's bill for ground and rotary wing ambulance transport and within ten (10) days of such determination, REMSA shall provide the District Health Officer in writing a current schedule of rates, charges and fees for ground and rotary wing ambulance transport within the franchise area of Washoe County. Such schedule of rates, charges, and fees determined by REMSA shall not cause the average patient's bill for ground and rotary wing ambulance transport within the franchise area to exceed the amount of the maximum average patient bill then in effect as approved by the District Board of Health.

REMSA is in compliance.

Rate Change was approved the District Board of Health on 7/27/07; REMSA's letter dated 8/3/07 was received by the Washoe County Health District on 8/9/07.

In May each year the Washoe County Health District calculates the Consumer Price Index (CPI) adjustment based on the appropriate CPI data for the preceding 12 months, and forwards this information to REMSA in writing. REMSA automatically receives 100% of the CPI adjustment for both air and ground average bills.

This resulted in increases in the FY07/08 ground average bill from \$804 to \$826, an increase in the air average bill from \$5641 to \$5793, and an increase in the penalty amount from \$13.72 per minute to \$14.09 per minute for FY07/08.

The average bill for FY07/08 did show a slight overage. This overage was forgiven in the CPI rate adjustment allowed by the District Board of Health in its August of 2008 Board meeting.

REMSA controls its own individual rates and charges, but is required by the franchise to inform the DHO in writing of revisions to its rates "within (10) days of such determination."

REMSA continues to maintain its subscription program for ground ambulance services at the cost of \$59 for an entire household. REMSA provided a copy of its FY07/08 Silver Saver brochure to document its compliance with this section. The DBOH has established the limit of ten for the number of times this service may be used by an individual in a membership year. REMSA reports that in FY07/08 one patient exceeded the transport limit under its Silver Saver program. That client was charged the full transport rate after the limit was exceeded.

12. Billing and Receipts

REMSA may do all billing of patients and third party payers for ambulance services provided or allow a vendor to do so. In either case, all receipts shall be handled by a process approved by the District Board of Health and in accordance with the business arrangements established by the REMSA Board.

REMSA is in compliance.

REMSA may do its own billing, or allow a vendor to do so. REMSA has elected to do its own billing.

13. Annual Independent Financial Audits, IRS Form 990, Agreed Upon Procedures

REMSA shall conform to all generally acceptable accounting practices ("GAAP") and shall have an annual, independent financial audit prepared according to generally accepted auditing standards ("GAAS"). REMSA will provide a copy of the financial audit and the Internal Revenue Service Form 990 within 180 days of the close of its fiscal year to the District Health Officer. The independent auditing firm will be selected by REMSA and such firm must be subject to peer review. In addition to the normal scope of the independent audit, the independent auditing firm will perform "agreed upon procedures" on the average bill and on specific franchise issues as agreed to by REMSA and the District Health Officer.

REMSA is in compliance.

REMSA's audit is due within 180 days of the close of its fiscal year, and was submitted to the Administrative Health Services Officer in a timely fashion.

REMSA's independent auditor prepares a report on the agreed upon procedures carried out on the penalty fund and the average bill, and completes REMSA's Internal Revenue Service Form 990. The Administrative Health Services Officer received copies in a timely fashion.

Each year the DHO reviews and approves the agreed upon procedures between REMSA and its auditor for the penalty fund and average bill.

14. Dispatch and Field Cross Exposure/Orientation

All personnel within the REMSA dispatch facility shall receive at least three (3) hours annual orientation to and participate as an observer in the field activities of REMSA ambulance services. All field ambulance personnel shall receive at least three (3) hours annual orientation to and observe the dispatch center operations. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

15. Dispatcher Training

All personnel within the REMSA dispatch facility shall be trained at the intermediate emergency medical technician ("EMT II") level or trained at the advanced emergency medical technician ("paramedic") level. All medical dispatch personnel shall maintain certification as Emergency Medical Dispatchers (EMDs) from the National Academy of Emergency Medical Dispatchers. New dispatch personnel shall receive training during their first six (6) months of employment that meets the standards of the Department of Transportation emergency medical dispatcher ("EMD") certification and the Association of Air Medical Services. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

REMSA has reported that no new Emergency Medical Dispatch (EMD) training standards or American Aviation Medical Standard (AAMS) dispatch training standards were issued during the fiscal year in question.

Dispatchers are required to be certified or trained at the EMT Intermediate level, or higher.

New dispatchers are required to receive training during their first six months of employment that meets EMD certification standards and the standards of the Association of Air Medical Services. REMSA reports no new dispatchers were hired in FY 07/08, and REMSA provided EMD certification information to show those dispatchers were in compliance with the training requirements.

The Nevada State Board of Health regulations regarding Emergency Medical Dispatcher certification requirements are consistent with the franchise requirements.

16. Monthly CPR Courses for the Public, Annual Multimedia Public Education Campaign

REMSA shall offer cardiopulmonary resuscitation ("CPR") courses at least monthly to the public. At least annually, REMSA shall conduct a multimedia campaign, using radio, television, printed media or promotional displays to educate the public. The educational focus will alternate each year between the topic of how to access 911 and injury prevention/health promotion. The District Health Department will assist and participate in such activities.

REMSA is in compliance.

REMSA reported in its monthly operations reports to the DBOH that it provided 505 CPR courses to 2957 attendees (which includes CPR, HCP and Heartsaver CPR classes).

The Washoe County Health District has assisted or participated in some of REMSA's activities for injury prevention/health promotion as WCHD staff is a member of the Washoe County Safe Kid's Coalition.

17. Field Supervisory Support/Medical Disaster Training of Staff and Management.

REMSA shall insure that a field supervisor be on each shift. REMSA shall insure that all of its medical personnel are trained in the Multiple Casualty Incident Plan ("MCIP") and that all of its management personnel are trained to the command level.

REMSA is in compliance.

REMSA does have a field supervisor on each shift.

All REMSA personnel received training on the REMSA MCIP training course, which has been accepted by Washoe County Health District as command level training.

18. Medical Direction

REMSA shall appoint a physician(s) to be the medical director(s) ("Medical Director") in accordance with the requirements in Nevada Revised Statutes and the Nevada Administrative Code.

REMSA is in compliance.

Joseph Ryan, M.D. met all Nevada State Health Division regulatory requirements.

19. Medical Quality Control Coordination

REMSA shall designate an individual(s) to be responsible for the internal coordination of its medical quality control issues.

REMSA is in compliance.

Diane Rolfs, RN, MSN, oversaw coordination of both ground and air ambulance Quality Assurance (QA) activities for FY07/08

20. Quality Assurance Reviews of Runs

Each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least 5% of the previous month's ALS calls. Those reviews should involve, if possible, the ambulance personnel who participated on those cases, including the emergency room physician, and shall be conducted by the designated REMSA

coordinator(s) of medical quality issues. A summary of those quality assurance review activities shall be included in the required monthly operations report forwarded to the District Board of Health.

REMSA is in compliance.

In its monthly DBOH report, REMSA described the chart reviews carried out by its Medical Director and Clinical Coordinator for both ground and air. Staff reviewed these numbers to verify they meet or exceed the 5% review requirement.

21. Formal Educational Opportunities to Be Sponsored By REMSA Four Times Annually

At least four (4) times annually, REMSA will sponsor formal educational opportunities for prehospital care personnel as recommended by REMSA's Medical Director or the District Health Department. REMSA shall offer its monthly continuing education programs to all prehospital care personnel in the Washoe County Health District. REMSA shall provide documentation of compliance to the District Board of Health annually.

REMSA is in compliance.

REMSA is required to "offer its monthly continuing education programs to all prehospital care personnel in the Washoe County Health District." REMSA provides the Washoe County Health District staff a copy of its monthly education calendars, which are posted on REMSA's web site.

REMSA sponsored multiple Advanced Cardiac Life Support (ACLS) certification and recertification courses, multiple Pediatric Advanced Life Support (PALS) certification and recertification courses, a CPR Instructor course and a Neonatal Resuscitation course in FY07/08.

22. Clinical Skill Experience Opportunities Through Participating Hospitals

REMSA, upon recommendation of its designated coordinator(s) of medical quality issues, REMSA's Medical Director or the District Health Department, shall facilitate opportunities for clinical skill experience for specific prehospital care personnel through the clinical services of its participating hospitals.

REMSA is in compliance.

REMSA reports it made no recommendations. The Washoe County Health District made no recommendations.

23. Section repealed.

24. Monthly Reports on Operational Activities and Average Bill

REMSA shall provide the DBOH a monthly report on operational activities including the average amount of the patient bill and proposed increases to the average patient bill and the report shall be in a format directed by the Board.

REMSA is in compliance.

REMSA submitted monthly operations reports to the DBOH in a format accepted by the DBOH for the last 12 years. Two reports were not submitted prior to the scheduled DBOH meeting due to earlier meeting dates during November and December, but these reports submitted at a later date and reviewed by the DBOH at a future monthly meeting.

25. REMSA's Compliance with All Applicable Rules/Regulations

REMSA and all of its subsidiaries shall comply with the provisions of law pertaining to business licensure within Reno, Sparks and Washoe County, with Nevada Revised Statutes Chapter 450B, Nevada Administrative Code Chapter 450B, and with all other applicable provisions of law.

REMSA is in compliance.

REMSA submitted copies of business licenses for Reno, Sparks and Washoe County for the fiscal year.

The State EMS office has provide documentation of REMSA's compliance with NRS 450B and NAC 450B for FY07/08.

26. REMSA's Annual Compliance Report and DHD Monitoring of REMSA

REMSA will report annually to the District Health Department its compliance with these organizational, performance and operational criteria within one hundred eighty (180) days of the end of REMSA's fiscal year. REMSA will also be monitored by the District Health Department for compliance and monitoring data will be provided to the District Health Officer. The District Health Officer shall report on REMSA's annual performance to the District Board of Health within ninety (90) days of the beginning of each calendar year. The District Health Department will periodically report to Reno, Sparks and Washoe County and the District Board of Health on that compliance.

REMSA is in compliance.

Under the franchise, the District Health Officer is required to report on REMSA's annual performance to the District Board of Health within (90) days of the beginning of each calendar year. Due to staff vacancies, this deadline was not met.

The Washoe County Health District is required to periodically report to Reno, Sparks and Washoe County on REMSA's compliance. A copy of the District Health Officer's report to the District Board of Health on REMSA's annual compliance for FY07/08 will be forwarded to the city managers and county manager after review and approval by the District Board of Health.

The Washoe County Health District is required to periodically report to the District Board of Health on REMSA's compliance.

27. Subsidy by Political Jurisdictions

The granting of this exclusive right to operate ambulance services does not carry any obligation on the part of the District Board of Health, the Cities of Reno and Sparks and Washoe County for any type of monetary subsidy. Costs for REMSA must be borne by REMSA, which is self-supporting.

REMSA is in compliance.

REMSA reports that it receives no tax subsidy.

28. REMSA's Exclusive Right to Operate Until July 1, 2006; Possible Penalties for REMSA's Noncompliance with Franchise Requirements and Appeal Rights

REMSA shall be entitled to the exclusive right to operate ambulance services within the defined service area. This specific time frame is intended to augment REMSA's efforts to develop and maintain a central facility to house the operations of REMSA and its vendor(s) and central medical dispatch. Each year on June 30 following that date, this exclusive right of REMSA to operate ambulance services within the defined service area shall be automatically extended for one additional year, unless the District Board of Health takes action to rescind this exclusive operating right for the material and adverse failure of REMSA to comply with any of these organizational performance and operational criteria. Unless a substantial and immediate threat to the public health requires the District Board of Health to assume control and operation of the ambulance equipment as provided for in this franchise designation, the District Board of Health shall notify REMSA of its intent to rescind this exclusive operating right and the reasons therefore no

less than one (1) year prior to the effective date of that proposed action. REMSA shall be provided the opportunity to appeal that proposed action before the District Board of Health within thirty (30) days of such notice.

Washoe County Health District staff is not recommending a penalty.

29. Any Future Service Agreements With Other Political Entities Not to Impact This Systems Funding of Costs
In the event that REMSA enters into service agreements with any other political entity, such service agreements shall be negotiated in such a way that the new system would fund its share of the costs of providing the service and shall not deplete or negatively impact the provision of service with the designated franchise area described herein.

REMSA is in compliance.

REMSA updated their mutual aid agreement with North Lake Tahoe Fire Protection District during FY 07/08 and entered into an agreement with Carson City Fire District for mutual coverage of South Washoe Valley.

REMSA currently has mutual aid agreements with North Lake Tahoe Fire Protection District and Truckee Fire Department for determination of compliance with this section of the franchise. REMSA also reported to the DBOH that they have agreements with the U.S. Forest Service, U.S. Bureau of Land Management, and the Air Race Association. REMSA has reported to staff that it has a mutual aid agreement with the Sierra Fire Chiefs or Lake Tahoe Fire Chiefs.

30. Assumption of REMSA Central Facility by A Future Contractor
Any and all successors and assigns to REMSA under any future franchise designation, license or substitute thereof shall be required to utilize the central facility established by REMSA to house, service, and maintain its offices, communications center, emergency vehicles, supplies, equipment and related items utilized within the EMS system developed under REMSA's franchise and to assume all the financial responsibility related thereto as part of its obligations as successor to REMSA. Such obligations to be assumed by the successor also include assuming any and all obligations under any lease agreement of the central facility, performance or security bond arrangements, ground and air ambulance provider or service agreements, occupancy agreements, lockbox arrangements, equipment leases such as the three-way lease, communications equipment leases, computer and office equipment leases, and other on-going obligations of REMSA as franchisee necessary or expedient to maintain the EMS system developed under REMSA's franchise. Any equipment or property owned by REMSA and utilized within the EMS system shall be purchased by such successor for cash on such terms mutually agreeable to REMSA and such successor.

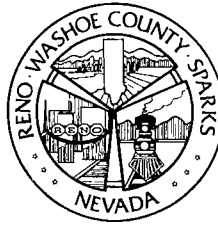
Not applicable.

31. Clause to Allow Amendments
These organizational, performance and operational criteria may be amended at any time upon mutual written agreement between REMSA and the District Board of Health and after formal action by the District Board of Health.

No amendments were made to the REMSA franchise in FY07/08.


District Health Officer

cc: Eileen Coulombe
Lori Cooke
Peg Caldwell



DISTRICT HEALTH DEPARTMENT

May 18, 2009

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

Recommendation

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

Background

The attached reports are for the accounting period 10/09 and the percentages should approximate 83% of the year. Our total revenues and expenditures for the current year (FY09) compared to last year (FY08) are as follows:

| April 2009 | FY09 – REV | FY08 – REV | FY09 – EXP | FY08 – EXP |
|--------------|------------|------------|------------|------------|
| Transfer | 71% | 77% | | |
| AHS | 58% | 77% | 64% | 80% |
| AQM | 63% | 79% | 69% | 74% |
| CCHS | 70% | 73% | 79% | 79% |
| EHS | 76% | 87% | 73% | 76% |
| EPHP | 62% | 57% | 62% | 64% |
| TOTAL | 67% | 74% | 72% | 76% |

The Environmental Oversight Account for April 2009 was \$162,815.10.

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


 Administrative Health Services Officer

Enclosure

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 422503 Environmental Permits | 125,000.00 | 97,236.21 | 27,763.79 | 78 | 125,000.00 | 138,492.39 | 13,492.39 | 111 |
| 422504 Pool Permits | 100,000.00 | 109,342.00 | 9,342.00 | 109 | 84,000.00 | 102,051.00 | 18,051.00 | 121 |
| 422505 RV Permits | 15,000.00 | 13,827.00 | 1,173.00 | 92 | 15,000.00 | 15,015.00 | 15.00 | 100 |
| 422507 Food Service Permits | 410,000.00 | 333,369.00 | 76,631.00 | 81 | 410,000.00 | 327,114.00 | 82,886.00 | 80 |
| 422508 Wat Well Const Perm | 40,000.00 | 24,137.00 | 15,863.00 | 60 | 40,000.00 | 30,232.00 | 9,768.00 | 76 |
| 422509 Water Company Permits | 25,000.00 | 7,691.00 | 17,309.00 | 31 | 28,000.00 | 18,002.00 | 9,998.00 | 64 |
| 422510 Air Pollution Permits | 420,550.00 | 337,894.65 | 82,655.35 | 80 | 313,845.28 | 621,479.40 | 307,634.12 | 198 |
| 422511 ISDS Permits | 125,000.00 | 66,194.00 | 58,806.00 | 53 | 125,000.00 | 108,507.00 | 16,493.00 | 87 |
| 422513 Special Event Permits | 80,000.00 | 70,287.00 | 9,713.00 | 88 | 80,000.00 | 70,940.00 | 9,060.00 | 89 |
| 422514 Initial Applic Fee | | 22,960.00 | 22,960.00 | | | | | |
| * Licenses and Permits | 1,340,550.00 | 1,082,937.86 | 257,612.14 | 81 | 1,220,845.28 | 1,431,832.79 | 210,987.51 | 117 |
| 431100 Federal Grants | 6,582,424.45 | 3,651,205.82 | 2,931,218.63 | 55 | 6,131,026.56 | 3,900,400.97 | 2,230,625.59 | 64 |
| 431105 Federal Grants - Indirect | | 11,320.41 | 11,320.41 | | | 15,000.88 | 3,936.88 | 136 |
| 432100 State Grants | 809,529.80 | 777,215.42 | 32,314.38 | 96 | 968,786.80 | 741,777.73 | 227,009.07 | 77 |
| 432310 Tire Fee NRS 444A.090 | 415,000.00 | 354,911.70 | 60,088.30 | 86 | 415,000.00 | 440,825.53 | 25,825.53 | 106 |
| 432311 Pol Ctr 455B.830 | 280,000.00 | 230,760.00 | 49,240.00 | 82 | 277,137.86 | 298,567.00 | 21,429.14 | 108 |
| * Intergovernmental | 8,086,954.25 | 5,025,413.35 | 3,061,540.90 | 62 | 7,803,015.22 | 5,396,572.11 | 2,406,443.11 | 69 |
| 460162 Services to Other Agencies | 195,859.10 | 123,288.62 | 72,570.48 | 37 | 197,796.38 | 141,586.89 | 56,209.49 | 72 |
| 460500 Other Immunizations | 165,000.00 | 95,384.98 | 69,615.02 | 58 | 165,000.00 | 158,740.00 | 6,260.00 | 96 |
| 460501 Medicaid Clinical Services | 30,750.00 | 39,971.82 | 9,221.82 | 130 | 20,500.00 | 41,380.92 | 20,880.92 | 202 |
| 460503 Childhood Immunizations | 190,000.00 | 174,113.03 | 15,886.97 | 92 | 190,000.00 | 191,498.00 | 1,498.00 | 101 |
| 460504 Maternal Child Health | | | | | | 41.41 | 41.41 | |
| 460505 Non Title X Revenue | | 4,297.93 | 4,297.93 | | | | | |
| 460508 Tuberculosis | 8,000.00 | 16,722.67 | 8,722.67 | 209 | 8,000.00 | 11,832.92 | 3,832.92 | 148 |
| 460509 Water Quality | | 280.00 | 280.00 | | 800.00 | 140.00 | 660.00 | 18 |
| 460510 IT Overlay | 150,000.00 | 108,675.00 | 41,325.00 | 72 | 150,000.00 | 113,010.00 | 36,990.00 | 75 |
| 460511 Birth and Death Certificates | 230,000.00 | 181,105.20 | 48,894.80 | 79 | 230,000.00 | 205,643.25 | 24,356.75 | 89 |
| 460512 Duplication Service Fees | 800.00 | 1,058.50 | 258.50 | 132 | 1,000.00 | 255.50 | 744.50 | 26 |
| 460513 Other Health Service Charges | 23,800.00 | 6,423.10 | 17,376.90 | 27 | 20,000.00 | 11,466.40 | 8,533.60 | 57 |
| 460514 Food Service Certification | 8,000.00 | 6,563.00 | 1,437.00 | 82 | 8,000.00 | 6,581.00 | 1,419.00 | 82 |
| 460515 Medicare Reimbursement | 250.00 | 892.07 | 642.07 | 357 | 8,000.00 | 14,407.04 | 6,407.04 | 180 |
| 460516 Pgm Inc-3rd Pny Rec | 3,000.00 | 12,058.53 | 9,058.53 | 402 | 4,600.00 | 8,304.70 | 3,704.70 | 181 |
| 460517 Influenza Immunization | 10,000.00 | 11,292.00 | 1,292.00 | 113 | 30,000.00 | 29,319.00 | 681.00 | 98 |
| 460518 STD Fees | 60,000.00 | 34,169.22 | 25,830.78 | 57 | 50,000.00 | 45,713.58 | 4,286.42 | 91 |
| 460519 Outpatient Services | 11,500.00 | 7,735.00 | 3,765.00 | 67 | 11,000.00 | 8,540.00 | 2,460.00 | 78 |
| 460520 Eng Serv Health | 120,000.00 | 118,467.00 | 1,533.00 | 99 | 140,000.00 | 97,195.34 | 42,804.66 | 69 |
| 460521 Plan Review - Pools & Spas | 3,000.00 | 4,474.00 | 1,474.00 | 149 | 3,000.00 | 13,121.05 | 10,121.05 | 437 |
| 460523 Plan Review - Food Services | 40,000.00 | 26,004.27 | 13,995.73 | 65 | 40,000.00 | 42,438.51 | 2,438.51 | 106 |
| 460524 Family Planning | 100,000.00 | 84,438.19 | 15,561.81 | 84 | 125,000.00 | 121,456.75 | 3,543.25 | 97 |
| 460525 Plan Review - Vector | 75,000.00 | 50,024.00 | 24,976.00 | 67 | 100,000.00 | 66,763.60 | 34,236.40 | 66 |
| 460526 Plan Review-Air Quality | 14,837.00 | 31,435.00 | 16,598.00 | 212 | 12,000.00 | 3,848.00 | 8,152.00 | 32 |
| 460527 NOE-AQM | 32,900.00 | 47,561.05 | 14,661.05 | 145 | 121,000.00 | 8,426.00 | 112,574.00 | 7 |
| 460528 NESHAP-AQM | 167,900.00 | 66,176.00 | 101,724.00 | 39 | 63,000.00 | 24,004.00 | 38,996.00 | 38 |
| 460529 Assessments-ACM | 36,630.00 | 24,144.00 | 12,486.00 | 66 | 26,000.00 | 6,068.00 | 19,932.00 | 23 |
| 460530 Inspector Registr-AQ | 2,100.00 | | 2,100.00 | | 2,000.00 | | 2,000.00 | |

Washoe County Health District
 REVENUE
 Pds 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------|----------------|---------------|---------------|------|----------------|---------------|---------------|------|
| 460531 Dust Plan-Air Quality | 178,333.00- | 223,556.00- | 45,223.00 | 125 | 395,000.00- | 39,747.50- | 355,252.50- | 10 |
| * Charges for Services | 1,857,659.10- | 1,449,310.18- | 408,348.92- | 78 | 2,121,696.38- | 1,410,529.36- | 711,167.02- | 66 |
| 484000 Donation, Contri-Oper | | | | | 15,000.00- | 15,000.00- | | 100 |
| 484195 Non-Govtl Grants | | | | | 6,020.00- | 6,020.00- | | 100 |
| 485300 Other Misc Govt Rev | | 584.91- | 584.91 | | 40,155.87- | 40,155.87- | 40,155.87 | |
| * Miscellaneous | | 584.91- | 584.91 | | 21,020.00- | 61,175.87- | 40,155.87 | 291 |
| ** Revenue | 11,285,163.35- | 7,558,246.30- | 3,726,917.05- | 67 | 11,166,576.88- | 8,300,110.13- | 2,866,466.75- | 74 |

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|---------------------------------|---------------|--------------|--------------|------|---------------|---------------|--------------|-------|
| 701110 Base Salaries | 11,240,002.38 | 8,424,395.46 | 2,815,606.92 | 75 | 11,810,586.22 | 9,237,501.63 | 2,573,084.59 | 78 |
| 701120 Part Time | 1,045,046.35 | 670,278.37 | 374,767.98 | 64 | 1,089,921.13 | 848,625.92 | 241,295.21 | 78 |
| 701130 Pooled Positions | 197,135.86 | 94,325.08 | 102,810.78 | 48 | 204,971.19 | 128,665.76 | 76,305.43 | 63 |
| 701140 Holiday Work | 1,500.00 | 1,452.62 | 47.38 | 97 | 1,750.00 | 716.36 | 1,033.64 | 41 |
| 701150 Contractual Wages | 84,339.87 | 23,350.61 | 60,989.26 | 28 | 22,167.00 | 36,959.72 | 14,792.72- | 167 |
| 701200 Incentive Longevity | 169,100.50 | 79,479.17 | 89,621.33 | 47 | 204,489.80 | 82,726.38 | 121,763.42 | 40 |
| 701300 Overtime | 69,385.91 | 30,783.78 | 38,602.13 | 44 | 83,378.85 | 39,040.09 | 44,338.76 | 47 |
| 701406 Standby Pay | 35,000.00 | 27,887.50 | 7,112.50 | 80 | 40,000.00 | 37,049.02 | 2,950.98 | 93 |
| 701408 Call Back | 6,000.00 | 3,005.31 | 2,994.69 | 50 | 11,000.00 | 3,681.03 | 7,318.97 | 33 |
| 701412 Salary Adjustment | 273,978.53- | | 273,978.53- | | 832.95- | | 832.95- | |
| 701413 Vac Payoff/Sick Pay-Term | | 210,705.30 | 210,705.30- | | | | | |
| 701417 Comp Time | | 31,926.47 | 31,926.47- | | | | | |
| 701419 Comp Time - Transfer | | 5,898.46 | 5,898.46- | | | | | |
| 701500 Merit Awards | 254,000.00- | | 254,000.00- | | 650,000.00- | | 650,000.00- | |
| * Salaries and Wages | 12,319,532.34 | 9,603,488.13 | 2,716,044.21 | 78 | 12,817,431.24 | 10,522,107.36 | 2,295,323.88 | 82 |
| 705110 Group Insurance | 1,493,380.68 | 1,094,372.33 | 399,008.35 | 73 | 1,575,329.42 | 1,237,475.31 | 337,854.11 | 79 |
| 705210 Retirement | 2,548,069.63 | 1,872,597.76 | 675,471.87 | 73 | 2,663,736.30 | 2,078,959.89 | 584,776.41 | 78 |
| 705215 Retirement Calculation | 147,700.00 | | 147,700.00 | | | | | |
| 705230 Medicare April 1986 | 161,008.60 | 123,870.82 | 37,137.78 | 77 | 173,003.66 | 133,822.67 | 39,180.99 | 77 |
| 705320 Workmens Comp | 81,600.00 | 67,592.98 | 14,007.02 | 83 | 70,725.00 | 55,715.00 | 15,010.00 | 79 |
| 705330 Unemply Comp | 13,260.00 | 13,268.32 | 8.32- | 100 | 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 | 4,464,173.91 | 3,171,702.21 | 1,292,471.70 | 71 | 4,498,765.20 | 3,517,687.87 | 981,077.33 | 78 |
| 710100 Professional Services | 1,042,795.07 | 583,044.86 | 459,750.21 | 56 | 1,022,606.13 | 371,083.13 | 651,523.00 | 36 |
| 710105 Medical Services | 13,700.00 | 11,026.50 | 2,673.50 | 80 | 14,000.00 | 9,409.00 | 4,591.00 | 67 |
| 710108 MD Consultants | 57,140.00 | 42,300.00 | 14,840.00 | 74 | 58,947.00 | 42,575.00 | 16,372.00 | 72 |
| 710115 Prof Eng Services | | 1,208.31 | 1,208.31- | | | | | |
| 710119 Subrecipient Payments | 304,994.00 | 220,759.50 | 84,234.50 | 72 | 303,716.49 | 217,925.43 | 85,791.06 | 72 |
| 710200 Service Contract | 116,754.00 | 74,244.66 | 42,509.34 | 64 | 124,335.10 | 58,449.31 | 65,885.79 | 47 |
| 710205 Repairs and Maintenance | 17,335.63 | 2,940.00 | 14,395.63 | 17 | 14,868.00 | 12,788.15 | 2,079.85 | 86 |
| 710210 Software Maintenance | | 9,350.00 | 9,350.00- | | | 8,174.15 | 8,174.15- | |
| 710300 Operating Supplies | 180,856.66 | 116,939.39 | 63,917.27 | 65 | 133,965.75 | 111,153.90 | 22,811.85 | 83 |
| 710302 Small Tools & Allow | 2,950.00 | | 2,950.00 | | 2,950.00 | 1,732.52 | 1,217.48 | 59 |
| 710308 Animal Supplies | 2,000.00 | 201.74 | 1,798.26 | 10 | 2,000.00 | | 2,000.00 | |
| 710310 Parts and Supplies | | | | | | 120.44 | 120.44- | |
| 710312 Special Dept Expense | | 200.00 | 200.00- | | 621,588.00 | 290,370.61 | 331,217.39 | 47 |
| 710319 Chemical Supplies | | 361,579.46 | 260,008.54 | 58 | 150.00 | | 150.00 | |
| 710325 Signs and Markers | | | | | 36,022.45 | 30,872.57 | 5,149.88 | 86 |
| 710334 Copy Machine Expense | 41,362.18 | 25,701.96 | 15,660.22 | 62 | 69,754.43 | 47,737.89 | 22,016.54 | 68 |
| 710350 Office Supplies | 56,718.55 | 43,842.63 | 12,875.92 | 77 | 8,111.57 | 7,595.75 | 515.82 | 94 |
| 710355 Books and Subscriptions | 9,988.50 | 7,378.17 | 2,610.33 | 74 | 1,989.00 | 20,436.36 | 18,467.36- | 1,038 |
| 710360 Postage | 6,951.57 | 19,372.51 | 12,420.94- | 279 | 21,180.76 | 449.02 | 20,731.74 | 2 |
| 710361 Express and Courier | 18,150.00 | 472.82 | 17,677.18 | 3 | 100.00 | 46.06 | 53.94 | 46 |
| 710391 Fuel & Lube | 100.00 | 123.60 | 23.60- | 124 | 61,475.02 | 24,546.84 | 36,928.18 | 40 |
| 710500 Other Expense | 52,568.75 | 29,427.19 | 23,141.56 | 56 | | | | |

Washoe County Health District
EXPENSE
Pds 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------------|---------------|---------------|--------------|-------|---------------|---------------|--------------|------|
| 710502 Printing | 38,043.48 | 11,595.27 | 26,448.21 | 30 | 37,331.00 | 20,012.41 | 17,318.59 | 54 |
| 710503 Licenses & Permits | 10,415.00 | 5,350.20 | 5,064.80 | 51 | 10,815.00 | 3,271.00 | 7,544.00 | 30 |
| 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 | | | 761.57 | 761.57 | |
| 710507 Network and Data Lines | 455.00 | 6,328.33 | 5,873.33 | 1,391 | 600.00 | 2,770.89 | 2,170.89 | 462 |
| 710508 Telephone Land Lines | 74,905.48 | 41,503.72 | 33,401.76 | 55 | 92,057.00 | 47,707.15 | 44,349.85 | 52 |
| 710509 Seminars and Meetings | 66,296.00 | 39,227.00 | 27,069.00 | 59 | 45,252.35 | 26,244.00 | 19,008.35 | 58 |
| 710512 Auto Expense | 26,645.18 | 11,921.42 | 14,723.76 | 45 | 17,658.00 | 13,246.18 | 4,411.82 | 75 |
| 710519 Cellular Phone | 24,205.00 | 12,185.76 | 12,019.24 | 50 | 5,765.00 | 22,030.95 | 16,265.95 | 382 |
| 710529 Dues | 5,280.00 | 4,320.00 | 960.00 | 82 | 8,661.00 | 9,493.00 | 832.00 | 110 |
| 710535 Credit Card Fees | | 8,769.34 | 8,769.34 | | | | | |
| 710546 Advertising | 65,626.52 | 34,960.78 | 30,665.74 | 53 | 84,570.00 | 32,191.48 | 52,378.52 | 38 |
| 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 | 177,808.55 | 78,637.58 | 69 | 196,463.00 | 172,091.63 | 24,371.37 | 88 |
| 710620 LT Lease-Equipment | 5,940.00 | 2,971.00 | 2,969.00 | 50 | 5,940.00 | 5,940.00 | | 100 |
| 710703 Biologicals | 287,009.61 | 162,615.79 | 124,393.82 | 57 | 299,830.51 | 213,848.93 | 85,981.58 | 71 |
| 710714 Referral Services | 8,700.00 | 3,885.00 | 4,815.00 | 45 | 17,190.00 | 4,605.00 | 12,585.00 | 27 |
| 710721 Outpatient | 149,305.88 | 95,737.61 | 53,568.27 | 64 | 142,765.11 | 111,947.70 | 30,817.41 | 78 |
| 710872 Food Purchases | 2,050.00 | 2,251.35 | 201.35 | 110 | 1,645.78 | 734.26 | 911.52 | 45 |
| 711113 Equip Srv Replace | 104,964.00 | 109,390.26 | 4,426.26 | 104 | 142,000.29 | 125,026.50 | 16,973.79 | 88 |
| 711114 Equip Srv O & M | 160,958.54 | 80,921.22 | 80,037.32 | 50 | 121,796.68 | 93,916.91 | 27,879.77 | 77 |
| 711115 Equip Srv Motor Pool | 19,195.00 | 4,792.50 | 14,402.50 | 25 | 19,100.00 | 12,877.50 | 6,222.50 | 67 |
| 711119 Prop & Liab Billings | 58,667.00 | 48,889.30 | 9,777.70 | 83 | 47,718.00 | 40,970.00 | 6,748.00 | 86 |
| 711210 Travel | 186,514.22 | 46,644.35 | 139,869.87 | 25 | 128,125.61 | 63,484.81 | 64,640.80 | 50 |
| 711504 Equipment nonCapital | 83,179.03 | 53,919.05 | 29,259.98 | 65 | 109,728.76 | 109,808.16 | 79.40 | 100 |
| 711507 Vehicles nonCapital | | | | | | 2,142.00 | 2,142.00 | |
| * Services and Supplies | 4,194,422.98 | 2,518,164.84 | 1,676,258.14 | 60 | 4,046,652.79 | 2,392,628.09 | 1,654,024.70 | 59 |
| 781004 Equipment Capital | 461,395.05 | 135,249.09 | 326,145.96 | 29 | 410,193.10 | 124,605.60 | 285,587.50 | 30 |
| 781007 Vehicles Capital | | | | | 32,000.00 | | 32,000.00 | |
| * Capital Outlay | 461,395.05 | 135,249.09 | 326,145.96 | 29 | 442,193.10 | 124,605.60 | 317,587.50 | 28 |
| ** Expenses | 21,439,524.28 | 15,428,604.27 | 6,010,920.01 | 72 | 21,805,042.33 | 16,557,028.92 | 5,248,013.41 | 76 |
| 621001 Transfer From General | 9,693,500.00 | 6,860,204.02 | 2,833,295.98 | 71 | 10,271,000.00 | 7,879,167.00 | 2,391,833.00 | 77 |
| * Transfers In | 9,693,500.00 | 6,860,204.02 | 2,833,295.98 | 71 | 10,271,000.00 | 7,879,167.00 | 2,391,833.00 | 77 |
| ** Other Financing Src/Use | 9,693,500.00 | 6,860,204.02 | 2,833,295.98 | 71 | 10,271,000.00 | 7,879,167.00 | 2,391,833.00 | 77 |
| *** Total | 460,860.93 | 1,010,153.95 | 549,293.02 | 219 | 367,465.45 | 377,751.79 | 10,286.34 | 103 |

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|---------------------------------|---------------|--------------|-------------|------|---------------|--------------|-------------|------|
| 431100 Federal Grants | 1,463,729.00- | 845,239.02- | 618,489.98- | 58 | 1,041,467.00- | 803,582.66- | 237,884.34- | 77 |
| * Intergovernmental | 1,463,729.00- | 845,239.02- | 618,489.98- | 58 | 1,041,467.00- | 803,582.66- | 237,884.34- | 77 |
| 460512 Duplication Service Fees | 800.00- | 1,058.50- | 258.50- | 132 | 1,000.00- | 255.50- | 744.50- | 26 |
| * Charges for Services | 800.00- | 1,058.50- | 258.50- | 132 | 1,000.00- | 255.50- | 744.50- | 26 |
| 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 | 1,484,529.00- | 846,782.43- | 617,746.57- | 58 | 1,042,467.00- | 804,319.21- | 238,147.79- | 77 |
| 701120 Part Time | 2,046,648.55 | 1,384,258.25 | 662,390.30 | 68 | 1,763,246.61 | 1,431,729.14 | 331,517.47 | 81 |
| 701130 Pooled Positions | 24,461.26 | 17,736.45 | 6,724.81 | 73 | 43,795.09 | 18,621.37 | 25,173.72 | 43 |
| 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 | 4,679.40 | 664.40- | 117 | 3,475.75 | 9,950.00 | 54,339.80 | 13 |
| 701412 Salary Adjustment | 94,369.00 | | 94,369.00 | | | 468.98 | 3,006.77 | |
| 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 | 91,459.00- | | 91,459.00- | | 47,450.00- | | 47,450.00- | |
| * Salaries and Wages | 2,133,465.67 | 1,465,156.11 | 668,309.56 | 69 | 1,827,357.25 | 1,469,215.65 | 358,141.60 | 80 |
| 705110 Group Insurance | 245,985.18 | 183,671.44 | 62,313.74 | 75 | 244,090.48 | 193,716.98 | 50,373.50 | 79 |
| 705210 Retirement | 425,683.31 | 284,787.43 | 140,895.88 | 67 | 372,329.49 | 294,670.85 | 77,658.64 | 79 |
| 705215 Retirement Calculation | 147,700.00 | | 147,700.00 | | | | | |
| 705230 Medicare April 1986 | 28,990.03 | 20,087.69 | 8,902.34 | 69 | 25,506.88 | 19,949.57 | 5,557.31 | 78 |
| 705320 Workmens Comp | 14,800.00 | 12,333.30 | 2,466.70 | 83 | 10,350.00 | 8,197.50 | 2,152.50 | 79 |
| 705330 Unemploy Comp | 2,405.00 | 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 | 503,284.86 | 381,433.66 | 57 | 653,926.85 | 518,184.90 | 135,741.95 | 79 |
| 710100 Professional Services | 4,800.00 | 2,296.18 | 2,503.82 | 48 | 2,915.62 | 315.00 | 2,600.62 | 11 |
| 710108 MD Consultants | 150.00 | 202.50 | 202.50- | | 270.00 | 202.50 | 67.50 | 75 |
| 710200 Service Contract | 800.00 | 549.65 | 399.65- | 366 | 400.00 | 9.02 | 390.98 | 2 |
| 710205 Repairs and Maintenance | 35,300.00 | 48.33 | 751.67 | 6 | 400.00 | 139.48 | 260.52 | 35 |
| 710300 Operating Supplies | | 14,563.40 | 20,736.60 | 41 | 22,300.00 | 17,331.98 | 4,968.02 | 78 |
| 710312 Special Dept Expense | | 25.00 | 25.00- | | | | | |
| 710334 Copy Machine Expense | 11,879.00 | 7,491.76 | 4,387.24 | 63 | 9,544.19 | 10,773.23 | 1,229.04- | 113 |
| 710350 Office Supplies | 16,185.00 | 7,884.56 | 8,300.44 | 49 | 15,185.00 | 12,993.98 | 2,191.02 | 86 |
| 710355 Books and Subscriptions | 1,370.00 | 1,108.81 | 261.19 | 81 | 1,370.00 | 2,945.99 | 1,575.99- | 215 |
| 710360 Postage | | 2,271.50 | 2,271.50- | | | 1,661.66 | 1,661.66- | |
| 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 | 849.10 | 400.90 | 68 | 650.00 | 840.43 | 190.43- | 129 |
| 710502 Printing | 9,570.00 | 930.50 | 8,639.50 | 10 | 4,525.00 | 3,411.02 | 1,113.98 | 75 |
| 710503 Licenses & Permits | 2,500.00 | 216.00 | 2,284.00 | 9 | 2,350.00 | 1,351.00 | 999.00 | 57 |
| 710507 Network and Data Lines | | 150.00 | 150.00- | | | | | |
| 710508 Telephone Land Lines | 12,510.00 | 8,539.04 | 3,970.96 | 68 | 13,425.00 | 8,587.61 | 4,837.39 | 64 |
| 710509 Seminars and Meetings | 5,100.00 | 3,531.50 | 1,568.50 | 69 | 4,700.00 | 2,999.00 | 1,701.00 | 64 |
| 710512 Auto Expense | 4,550.00 | 1,386.26 | 3,163.74 | 30 | 3,300.00 | 2,299.12 | 1,000.88 | 70 |

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------|--------------|--------------|--------------|------|--------------|--------------|------------|------|
| 710519 Cellular Phone | 383.00 | 356.41 | 26.59 | 93 | 625.00 | 684.28 | 59.28- | 109 |
| 710529 Dues | 955.00 | 1,310.00 | 355.00- | 137 | 946.00 | 2,801.00 | 1,855.00- | 296 |
| 710546 Advertising | | 156.77 | 156.77- | | | 76.97 | 76.97- | |
| 710600 LT Lease-Office Space | 141,319.12 | 73,370.72 | 67,948.40 | 52 | 77,370.00 | 70,921.30 | 6,448.70 | 92 |
| 710872 Food Purchases | 200.00 | 116.86 | 83.14 | 58 | 145.78 | 145.78 | | 100 |
| 711113 Equip Srv Replace | | 2,200.65 | 2,200.65- | | 4,002.00 | 3,001.50 | 1,000.50 | 75 |
| 711114 Equip Srv O & M | 1,623.64 | 960.93 | 662.71 | 59 | 1,473.91 | 550.82 | 923.09 | 37 |
| 711115 Equip Srv Motor Pool | | 410.00 | 410.00- | | | 150.00 | 150.00- | |
| 711119 Prop & Liab Billings | 10,693.00 | 8,910.90 | 1,782.10 | 83 | 7,230.00 | 6,025.10 | 1,204.90 | 83 |
| 711210 Travel | 16,500.00 | 4,076.98 | 12,423.02 | 25 | 12,274.31 | 7,623.22 | 4,651.09 | 62 |
| 711504 Equipment nonCapital | 1,700.00 | 123.95 | 1,576.05 | 7 | 1,785.00 | 691.64 | 1,093.36 | 39 |
| * Services and Supplies | 281,037.76 | 144,068.86 | 136,968.90 | 51 | 188,661.81 | 158,533.21 | 30,128.60 | 84 |
| ** Expenses | 3,299,221.95 | 2,112,509.83 | 1,186,712.12 | 64 | 2,669,945.91 | 2,145,933.76 | 524,012.15 | 80 |
| *** Total | 1,834,692.95 | 1,265,727.40 | 568,965.55 | 69 | 1,627,478.91 | 1,341,614.55 | 285,864.36 | 82 |

| Account | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|------------|------|--------------|--------------|------------|------|
| 422510 Air Pollution Permits | 420,550.00 | 337,894.65 | 82,655.35 | 80 | 313,845.28 | 621,529.40 | 307,684.12 | 198 |
| * Licenses and Permits | 420,550.00 | 337,894.65 | 82,655.35 | 80 | 313,845.28 | 621,529.40 | 307,684.12 | 198 |
| 431100 Federal Grants | 759,349.00 | 181,533.00 | 577,816.00 | 24 | 738,622.00 | 475,354.36 | 263,267.64 | 64 |
| 432100 State Grants | 170,000.00 | 170,000.00 | | 100 | 305,000.00 | 305,000.00 | | 100 |
| 432311 Pol Ctrl 455B.830 | 280,000.00 | 230,760.00 | 49,240.00 | 82 | 277,137.86 | 298,567.00 | 21,429.14 | 108 |
| * Intergovernmental | 1,209,349.00 | 582,293.00 | 627,056.00 | 48 | 1,320,759.86 | 1,078,921.36 | 241,838.50 | 82 |
| 460513 Other Health Service Charges | 9,800.00 | 551.10 | 9,248.90 | 6 | 6,000.00 | 429.40 | 5,570.60 | 7 |
| 460526 Plan Review-Air Quality | 14,837.00 | 31,435.00 | 16,598.00 | 212 | 12,000.00 | 3,848.00 | 8,152.00 | 32 |
| 460527 NOE-AQM | 32,900.00 | 47,561.05 | 14,661.05 | 145 | 121,000.00 | 8,426.00 | 112,574.00 | 7 |
| 460528 NESHAP-AQM | 167,900.00 | 66,176.00 | 101,724.00 | 39 | 63,000.00 | 24,004.00 | 38,996.00 | 38 |
| 460529 Assessments-AQM | 36,630.00 | 24,144.00 | 12,486.00 | 66 | 26,000.00 | 6,068.00 | 19,932.00 | 23 |
| 460530 Inspector Registr-AQ | 2,100.00 | | 2,100.00 | | 2,000.00 | | 2,000.00 | |
| 460531 Dust Plan-Air Quality | 178,333.00 | 223,556.00 | 45,223.00 | 125 | 395,000.00 | 39,747.50 | 355,252.50 | 10 |
| * Charges for Services | 442,500.00 | 393,423.15 | 49,076.85 | 89 | 625,000.00 | 82,522.90 | 542,477.10 | 13 |
| 485300 Other Misc Govt Rev | | | | | | 1,401.49 | 1,401.49 | |
| * Miscellaneous | | | | | | 1,401.49 | 1,401.49 | |
| ** Revenue | | | | | | | | |
| 701110 Base Salaries | 2,072,399.00 | 1,313,610.80 | 758,788.20 | 63 | 2,259,605.14 | 1,784,375.15 | 475,229.99 | 79 |
| 701130 Pooled Positions | 1,388,862.47 | 1,053,937.85 | 334,924.62 | 76 | 1,452,304.15 | 1,174,986.24 | 277,317.91 | 81 |
| 701140 Holiday Work | 8,000.00 | 3,050.71 | 4,949.29 | 38 | 26,000.00 | 4,120.91 | 21,879.09 | 16 |
| 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 | 388.77 | 8,611.23 | 4 |
| 701408 Call Back | 1,000.00 | | 1,000.00 | | 1,000.00 | 993.16 | 6.84 | 99 |
| 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 | 1,122,871.55 | 361,685.04 | 76 | 74,750.00 | 1,604.64 | 74,750.00 | |
| 705110 Group Insurance | 142,279.60 | 108,969.87 | 33,309.73 | 77 | 1,436,004.15 | 1,192,593.72 | 243,410.43 | 83 |
| 705210 Retirement | 289,544.99 | 216,843.15 | 72,701.84 | 75 | 148,778.32 | 121,866.45 | 26,911.87 | 82 |
| 705230 Medicare April 1986 | 18,901.05 | 14,921.30 | 3,979.75 | 79 | 301,596.76 | 242,369.51 | 59,227.25 | 80 |
| 705320 Workmens Comp | 8,000.00 | 6,666.70 | 1,333.30 | 83 | 19,794.89 | 15,960.97 | 3,833.92 | 81 |
| 705330 Unemply Comp | 1,300.00 | 1,300.00 | | 100 | 8,280.00 | 6,558.00 | 1,722.00 | 79 |
| * Employee Benefits | 460,025.64 | 348,701.02 | 111,324.62 | 76 | 1,320.00 | 1,320.00 | 91,695.04 | 100 |
| 710100 Professional Services | 261,928.54 | 97,611.89 | 164,316.65 | 37 | 479,769.97 | 388,074.93 | 163,863.98 | 81 |
| 710200 Service Contract | 350.00 | 312.84 | 37.16 | 89 | 310.10 | 6,373.00 | 2,159.25 | 4 |
| 710205 Repairs and Maintenance | 8,792.63 | 143.00 | 8,649.63 | 2 | 8,250.00 | 6,090.75 | 2,159.25 | 74 |
| 710300 Operating Supplies | 4,500.00 | 1,529.13 | 2,970.87 | 34 | 3,800.00 | 9,618.42 | 5,818.42 | 253 |
| 710312 Special Dept Expense | | 25.00 | 25.00 | | | | | |
| 710334 Copy Machine Expense | 4,387.20 | 3,996.52 | 390.68 | 91 | 4,387.20 | 4,596.39 | 209.19 | 105 |
| 710350 Office Supplies | 4,500.00 | 3,181.91 | 1,318.09 | 71 | 3,500.00 | 3,575.24 | 75.24 | 102 |
| 710355 Books and Subscriptions | 224.00 | 212.26 | 11.74 | 95 | 300.00 | 300.48 | 0.48 | 100 |
| 710360 Postage | | 2,411.53 | 2,411.53 | | | 2,675.18 | 2,675.18 | |

Washoe County Health District
 Air Quality Management
 Pgs 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|------------|------|--------------|--------------|------------|------|
| 710361 Express and Courier | 2,000.00 | 45.08 | 1,954.92 | 2 | 2,900.00 | 81.00 | 2,819.00 | 3 |
| 710500 Other Expense | 1,000.00 | 5,554.70 | 4,554.70- | 555 | 1,000.00 | 994.48 | 5.52 | 99 |
| 710502 Printing | 1,600.00 | 888.53 | -711.47 | 56 | 1,000.00 | 876.78 | 123.22 | 88 |
| 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 | 6,404.11 | 6,195.89 | 51 | 20,000.00 | 9,526.08 | 10,473.92 | 48 |
| 710509 Seminars and Meetings | 4,200.00 | 1,735.00 | 2,465.00 | 41 | 4,200.00 | 2,540.00 | 1,660.00 | 60 |
| 710512 Auto Expense | 200.00 | 731.62 | 531.62- | 366 | 200.00 | 170.27 | 29.73 | 85 |
| 710519 Cellular Phone | 4,145.00 | 2,912.58 | 1,232.42 | 70 | 1,000.00 | 3,589.32 | 2,589.32- | 359 |
| 710529 Dues | 435.00 | 435.00 | | 100 | 500.00 | 435.00 | 65.00 | 87 |
| 710535 Credit Card Fees | | 780.91 | 780.91- | | | | | |
| 710546 Advertising | 5,700.00 | 978.76 | 4,721.24 | 17 | 6,700.00 | 539.53 | 6,160.47 | 8 |
| 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 | 68,070.40 | 6,419.72 | 91 | 79,809.00 | 65,084.60 | 14,724.40 | 82 |
| 710721 Outpatient | 1,316.00 | 991.38 | 324.62 | 75 | 1,600.00 | 1,316.12 | 283.88 | 82 |
| 711113 Equip Srv Replace | 24,384.00 | 28,984.46 | 4,600.46- | 119 | 29,484.00 | 24,428.50 | 5,055.50 | 83 |
| 711114 Equip Srv O & M | 33,132.40 | 19,318.82 | 13,813.58 | 58 | 27,986.02 | 23,590.83 | 4,395.19 | 84 |
| 711115 Equip Srv/Motor Pool | 275.00 | 250.00 | 25.00 | 91 | 350.00 | 275.00 | 75.00 | 79 |
| 711119 Prop & Liab Billings | 5,780.00 | 4,816.70 | 963.30 | 83 | 4,338.00 | 4,820.00 | 482.00- | 111 |
| 711210 Travel | 38,964.00 | 8,435.07 | 30,528.93 | 22 | 28,600.00 | 7,921.47 | 20,678.53 | 28 |
| 711504 Equipment nonCapital | 4,000.00 | 18,942.93 | 14,942.93- | 474 | 5,327.05 | 40,344.21 | 35,017.16- | 757 |
| * Services and Supplies | 501,703.89 | 281,600.13 | 220,103.76 | 56 | 409,478.35 | 222,147.73 | 187,330.62 | 54 |
| 781004 Equipment Capital | 165,850.05 | 51,560.50 | 114,289.55 | 31 | 240,000.00 | 85,319.50 | 154,680.50 | 36 |
| * Capital Outlay | 165,850.05 | 51,560.50 | 114,289.55 | 31 | 240,000.00 | 85,319.50 | 154,680.50 | 36 |
| ** Expenses | 2,612,136.17 | 1,804,733.20 | 807,402.97 | 69 | 2,565,252.47 | 1,888,135.88 | 677,116.59 | 74 |
| *** Total | 539,737.17 | 491,122.40 | 48,614.77 | 91 | 305,647.33 | 103,760.73 | 201,886.60 | 34 |

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|------|
| 431100 Federal Grants | 2,343,949.20 | 1,420,581.92 | 923,367.28 | 61 | 2,314,316.05 | 1,502,678.99 | 811,637.66 | 65 |
| 432100 State Grants | 564,279.80 | 550,215.42 | 14,064.38 | 98 | 588,786.80 | 380,277.73 | 208,509.07 | 65 |
| * Intergovernmental | 2,908,229.00 | 1,970,797.34 | 937,431.66 | 68 | 2,903,102.85 | 1,882,956.12 | 1,020,146.73 | 65 |
| 460162 Services to Other Agencies | 86,494.00 | 57,359.59 | 29,134.41 | 66 | 88,062.00 | 59,598.58 | 28,463.42 | 68 |
| 460500 Other Immunizations | 165,000.00 | 95,384.98 | 69,615.02 | 58 | 165,000.00 | 158,740.00 | 6,260.00 | 96 |
| 460501 Medicaid Clinical Services | 30,750.00 | 39,971.82 | 9,221.82 | 130 | 20,500.00 | 41,380.92 | 20,880.92 | 202 |
| 460503 Childhood Immunizations | 190,000.00 | 174,113.03 | 15,886.97 | 92 | 190,000.00 | 191,498.00 | 1,498.00 | 101 |
| 460504 Maternal Child Health | | | | | | 41,411 | 41,411 | |
| 460505 Non Title X Revenue | | 4,297.93 | 4,297.93 | | | | | |
| 460508 Tuberculosis | 8,000.00 | 16,722.67 | 8,722.67 | 209 | 8,000.00 | 11,832.92 | 3,832.92 | 148 |
| 460513 Other Health Service Charges | | 892.07 | 642.07 | 357 | 8,000.00 | 87.00 | 87.00 | |
| 460515 Medicare Reimbursement | 250.00 | 12,058.53 | 9,058.53 | 402 | 4,600.00 | 14,407.04 | 6,407.04 | 180 |
| 460516 Pgm Inc-3rd Prty Rec | 10,000.00 | 11,292.00 | 1,292.00 | 113 | 30,000.00 | 8,304.70 | 3,704.70 | 181 |
| 460517 Influenza Immunization | 60,000.00 | 34,169.22 | 25,830.78 | 57 | 50,000.00 | 29,319.00 | 681.00 | 98 |
| 460518 STD Fees | 11,500.00 | 7,735.00 | 3,765.00 | 67 | 11,000.00 | 45,713.58 | 4,286.42 | 91 |
| 460519 Outpatient Services | 100,000.00 | 84,438.19 | 15,561.81 | 84 | 125,000.00 | 8,540.00 | 2,460.00 | 78 |
| 460524 Family Planning | 664,994.00 | 538,435.03 | 126,558.97 | 81 | 700,162.00 | 690,919.90 | 9,242.10 | 99 |
| * Charges for Services | | | | | 15,000.00 | 15,000.00 | | 100 |
| 484000 Donation,Confri-Oper | | | | | 6,020.00 | 6,020.00 | | 100 |
| 484195 Non-Govtl Grants | | | | | | | | |
| 485300 Other Misc Govt Rev | | | | | | | | |
| * Miscellaneous | | | | | | | | |
| ** Revenue | | | | | | | | |
| 701110 Base Salaries | 3,573,223.00 | 2,509,232.37 | 1,063,990.63 | 70 | 21,020.00 | 36,960.07 | 36,960.07 | 276 |
| 701120 Part Time | 3,350,766.90 | 2,559,651.29 | 791,115.61 | 76 | 3,624,284.85 | 57,980.07 | 36,960.07 | 73 |
| 701130 Pooled Positions | 966,243.97 | 606,564.21 | 359,679.76 | 63 | 3,808,943.86 | 2,631,856.09 | 992,428.76 | 78 |
| 701140 Holiday Work | 37,818.00 | 39,562.98 | 1,744.98 | 105 | 994,193.32 | 784,361.85 | 837,107.75 | 79 |
| 701150 Contractual Wages | 17,302.73 | 110.68 | 17,302.73 | | 65,300.00 | 67,367.65 | 2,067.65 | 103 |
| 701200 Incentive Longevity | 53,890.00 | 31,453.48 | 22,436.52 | 58 | 54,700.00 | 4,812.97 | 4,812.97 | 61 |
| 701300 Overtime | 3,835.57 | 980.07 | 2,855.50 | 26 | 11,879.10 | 33,308.07 | 21,391.93 | 56 |
| 701412 Salary Adjustment | 403,856.66 | | 403,856.66 | | | 6,689.73 | 5,189.37 | |
| 701413 Vac Payoff/Sick Pay-Term | | 89,427.11 | 89,427.11 | | | | | |
| 701417 Comp Time | | 10,384.80 | 10,384.80 | | | | | |
| 701419 Comp Time - Transfer | | | | | | | | |
| 701500 Merit Awards | 162,541.00 | | 162,541.00 | | | | | |
| * Salaries and Wages | 3,863,459.51 | 3,338,134.62 | 525,324.89 | 86 | 285,350.00 | 3,899,692.52 | 285,350.00 | 84 |
| 705110 Group Insurance | 558,482.31 | 395,101.89 | 163,380.42 | 71 | 4,649,666.28 | 749,973.76 | 749,973.76 | 76 |
| 705210 Retirement | 896,036.24 | 652,259.71 | 243,776.53 | 73 | 627,931.21 | 474,520.89 | 153,410.32 | 78 |
| 705230 Medicare April 1986 | 53,887.66 | 41,867.69 | 12,019.97 | 78 | 993,568.23 | 774,291.28 | 219,276.95 | 79 |
| 705320 Workmens Comp | 30,000.00 | 24,999.80 | 5,000.20 | 83 | 61,448.67 | 48,335.06 | 13,113.61 | 80 |
| 705330 Unemply Comp | 4,875.00 | 4,875.00 | 4,875.00 | 100 | 29,670.00 | 23,774.25 | 5,895.75 | 80 |
| * Employee Benefits | 1,543,281.21 | 1,119,104.09 | 424,177.12 | 73 | 4,730.00 | 5,170.00 | 440.00 | 109 |
| 710100 Professional Services | 299,863.70 | 249,550.18 | 50,313.52 | 83 | 1,717,348.11 | 1,326,091.48 | 391,256.63 | 77 |
| 710105 Medical Services | 13,350.00 | 9,274.50 | 4,075.50 | 69 | 292,320.05 | 139,424.26 | 152,895.79 | 48 |
| 710108 MD Consultants | 45,140.00 | 34,097.50 | 11,042.50 | 76 | 13,500.00 | 9,341.00 | 4,159.00 | 69 |
| | | | | | 46,677.00 | 35,372.50 | 11,304.50 | 76 |

Washoe County Health District
Community and Clinical Health Services
Pds 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|--------------|------|--------------|--------------|--------------|-------|
| 710119 Subrecipient Payments | 304,994.00 | 220,759.50 | 84,234.50 | 72 | 303,716.49 | 217,925.43 | 85,791.06 | 72 |
| 710200 Service Contract | 10,954.00 | 9,376.34 | 1,577.66 | 86 | 20,825.00 | 11,609.72 | 9,215.28 | 56 |
| 710205 Repairs and Maintenance | 5,410.00 | 1,680.22 | 3,729.78 | 31 | 2,885.00 | 4,767.43 | 1,882.43 | 165 |
| 710210 Software Maintenance | | 350.00 | 350.00 | | | 74.15 | 74.15 | |
| 710300 Operating Supplies | 86,391.00 | 67,745.25 | 18,645.75 | 78 | 75,093.18 | 61,361.76 | 13,731.42 | 82 |
| 710312 Special Dept Expense | | 125.00 | 125.00 | | | | | |
| 710334 Copy Machine Expense | 17,183.00 | 11,634.39 | 5,548.61 | 68 | 12,562.53 | 12,303.30 | 259.23 | 98 |
| 710350 Office Supplies | 16,679.00 | 13,999.28 | 2,679.72 | 84 | 18,225.76 | 15,462.48 | 2,763.28 | 85 |
| 710355 Books and Subscriptions | 4,595.00 | 1,488.14 | 3,106.86 | 32 | 2,050.00 | 1,851.54 | 198.46 | 90 |
| 710360 Postage | 4,350.00 | 6,297.16 | 1,947.16 | 145 | 100.00 | 6,763.55 | 6,663.55 | 6,764 |
| 710361 Express and Courier | 3,650.00 | 245.48 | 3,404.52 | 7 | 5,285.76 | 239.19 | 5,046.57 | 5 |
| 710500 Other Expense | 43,298.75 | 19,166.39 | 24,132.36 | 44 | 46,326.02 | 17,380.08 | 28,945.94 | 38 |
| 710502 Printing | 16,784.00 | 3,617.68 | 13,166.32 | 22 | 19,104.00 | 5,940.05 | 13,163.95 | 31 |
| 710503 Licenses & Permits | 4,780.00 | 2,864.20 | 1,915.80 | 60 | 5,330.00 | 1,730.00 | 3,600.00 | 32 |
| 710505 Rental Equipment | 469.00 | | 469.00 | | 350.00 | | 350.00 | |
| 710506 Dept Insurance Deductible | | | | | | 150.00 | 150.00 | |
| 710507 Network and Data Lines | 455.00 | 2,667.22 | 2,232.22 | 591 | 600.00 | 2,424.69 | 1,824.69 | 404 |
| 710508 Telephone Land Lines | 24,270.00 | 13,888.82 | 10,381.18 | 57 | 25,090.00 | 16,529.49 | 8,560.51 | 66 |
| 710509 Seminars and Meetings | 34,897.00 | 26,790.50 | 8,106.50 | 77 | 12,380.00 | 10,118.00 | 2,262.00 | 82 |
| 710512 Auto Expense | 20,542.00 | 9,021.50 | 11,520.50 | 44 | 9,895.00 | 9,916.41 | 21.41 | 100 |
| 710519 Cellular Phone | 2,178.00 | 886.90 | 1,291.10 | 41 | 1,900.00 | 2,741.48 | 841.48 | 144 |
| 710529 Dues | 2,050.00 | 849.00 | 1,201.00 | 41 | 2,400.00 | 2,194.00 | 206.00 | 91 |
| 710535 Credit Card Fees | | 4,044.37 | 4,044.37 | | | | | |
| 710546 Advertising | 29,092.00 | 32,308.53 | 3,216.53 | 111 | 36,443.00 | 30,235.97 | 6,207.03 | 83 |
| 710577 Uniforms & Special Clothing | 450.00 | | 450.00 | | 150.00 | | 150.00 | |
| 710703 Biologicals | 282,109.61 | 162,580.84 | 119,528.77 | 58 | 290,930.51 | 213,813.98 | 77,116.53 | 73 |
| 710714 Referral Services | 8,700.00 | 3,885.00 | 4,815.00 | 45 | 17,190.00 | 4,605.00 | 12,585.00 | 27 |
| 710721 Outpatient | 140,067.88 | 88,295.74 | 51,772.14 | 63 | 133,243.11 | 105,615.58 | 27,627.53 | 79 |
| 710872 Food Purchases | 1,850.00 | 2,134.49 | 284.49 | 115 | 1,500.00 | 588.48 | 911.52 | 39 |
| 711113 Equip. Srv Replace | 1,800.00 | 1,473.02 | 326.98 | 82 | 522.00 | 696.00 | 174.00 | 133 |
| 711114 Equip. Srv O & M | 3,129.54 | 1,159.08 | 1,970.46 | 37 | 1,515.84 | 1,195.24 | 320.60 | 79 |
| 711115 Equip. Srv Motor Pool | 320.00 | 862.50 | 542.50 | 270 | 50.00 | 277.50 | 227.50 | 555 |
| 711119 Prop & Liab Billings | 21,675.00 | 18,062.50 | 3,612.50 | 83 | 20,485.00 | 17,070.80 | 3,414.20 | 83 |
| 711210 Travel | 54,991.00 | 14,618.07 | 40,372.93 | 27 | 36,061.47 | 21,066.87 | 14,994.60 | 58 |
| 711504 Equipment nonCapital | 5,017.00 | 2,863.75 | 2,153.25 | 57 | 13,650.00 | 5,698.10 | 7,951.90 | 42 |
| * Services and Supplies | 1,511,485.48 | 1,038,683.04 | 472,802.44 | 69 | 1,488,356.72 | 986,484.03 | 481,872.69 | 67 |
| ** Expenses | 6,918,226.20 | 5,495,921.75 | 1,422,304.45 | 79 | 7,835,371.11 | 6,212,268.03 | 1,623,103.08 | 79 |
| *** Total | 3,345,003.20 | 2,986,689.38 | 388,313.82 | 89 | 4,211,086.26 | 3,580,411.94 | 630,674.32 | 85 |

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|------------|------|--------------|--------------|------------|------|
| 422503 Environmental Permits | 125,000.00 | 97,236.21 | 27,763.79 | 78 | 125,000.00 | 138,492.39 | 13,492.39 | 111 |
| 422504 Pool Permits | 100,000.00 | 109,342.00 | 9,342.00 | 109 | 84,000.00 | 102,051.00 | 18,051.00 | 121 |
| 422505 RV Permits | 15,000.00 | 13,827.00 | 1,173.00 | 92 | 15,000.00 | 15,015.00 | 15.00 | 100 |
| 422507 Food Service Permits | 410,000.00 | 333,369.00 | 76,631.00 | 81 | 410,000.00 | 327,114.00 | 82,886.00 | 80 |
| 422508 Wat Well Const Perm | 40,000.00 | 24,137.00 | 15,863.00 | 60 | 40,000.00 | 30,232.00 | 9,768.00 | 76 |
| 422509 Water Company Permits | 25,000.00 | 7,691.00 | 17,309.00 | 31 | 28,000.00 | 18,002.00 | 9,998.00 | 64 |
| 422510 Air Pollution Permits | | | | | | 50.00 | 50.00 | |
| 422511 ISDS Permits | 125,000.00 | 66,194.00 | 58,806.00 | 53 | 125,000.00 | 108,507.00 | 16,493.00 | 87 |
| 422513 Special Event Permits | 80,000.00 | 70,287.00 | 9,713.00 | 88 | 80,000.00 | 70,940.00 | 9,060.00 | 89 |
| 422514 Initial Applic Fee | | 22,960.00 | 22,960.00 | | | | | |
| * Licenses and Permits | 920,000.00 | 745,043.21 | 174,956.79 | 81 | 907,000.00 | 810,303.39 | 96,696.61 | 89 |
| 431100 Federal Grants | 277,000.00 | 176,915.36 | 100,084.64 | 64 | 257,000.00 | 182,266.92 | 74,733.08 | 71 |
| 432100 State Grants | 75,250.00 | 57,000.00 | 18,250.00 | 76 | 75,000.00 | 56,500.00 | 18,500.00 | 75 |
| 432310 Tire Fee NRS 444A.090 | 415,000.00 | 354,911.70 | 60,088.30 | 86 | 415,000.00 | 440,825.53 | 25,825.53 | 106 |
| * Intergovernmental | 767,250.00 | 588,827.06 | 178,422.94 | 77 | 747,000.00 | 679,592.45 | 67,407.55 | 91 |
| 460162 Services to Other Agencies | 109,365.10 | 14,929.03 | 94,436.07 | 14 | 109,734.38 | 81,988.31 | 27,746.07 | 75 |
| 460509 Water Quality | | 280.00 | 280.00 | | 800.00 | 140.00 | 660.00 | 18 |
| 460510 IT Overlay | 150,000.00 | 108,675.00 | 41,325.00 | 72 | 150,000.00 | 113,010.00 | 36,990.00 | 75 |
| 460513 Other Health Service Charges | 14,000.00 | 5,872.00 | 8,128.00 | 42 | 14,000.00 | 10,950.00 | 3,050.00 | 78 |
| 460514 Food Service Certification | 8,000.00 | 6,563.00 | 1,437.00 | 82 | 8,000.00 | 6,581.00 | 1,419.00 | 82 |
| 460520 Eng Serv Health | 120,000.00 | 118,467.00 | 1,533.00 | 99 | 140,000.00 | 97,195.34 | 42,804.66 | 69 |
| 460521 Plan Review - Pools & Spas | 3,000.00 | 4,474.00 | 1,474.00 | 149 | 3,000.00 | 13,121.05 | 10,121.05 | 437 |
| 460523 Plan Review - Food Services | 40,000.00 | 26,004.27 | 13,995.73 | 65 | 40,000.00 | 42,438.51 | 2,438.51 | 106 |
| 460525 Plan Review - Vector | 75,000.00 | 50,024.00 | 24,976.00 | 67 | 100,000.00 | 65,763.60 | 34,236.40 | 66 |
| * Charges for Services | 519,365.10 | 335,288.30 | 184,076.80 | 65 | 565,534.38 | 431,187.81 | 134,346.57 | 76 |
| 485300 Other Misc Govt Rev | | 100.00 | 100.00 | | | 1,625.26 | 1,625.26 | |
| * Miscellaneous | | 100.00 | 100.00 | | | 1,625.26 | 1,625.26 | |
| ** Revenue | 2,206,615.10 | 1,669,258.57 | 537,356.53 | 76 | 2,219,534.38 | 1,922,708.91 | 296,825.47 | 87 |
| 701110 Base Salaries | 3,324,778.61 | 2,618,500.48 | 706,278.13 | 79 | 3,602,288.90 | 2,921,459.26 | 780,829.64 | 78 |
| 701130 Pooled Positions | 125,737.00 | 51,711.39 | 74,025.61 | 41 | 113,671.19 | 57,177.20 | 56,493.99 | 50 |
| 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 | 24,389.24 | 29,510.76 | 45 | 57,850.00 | 27,253.85 | 30,596.15 | 47 |
| 701300 Overtime | 55,000.00 | 20,638.17 | 34,361.83 | 38 | 55,000.00 | 28,793.97 | 26,206.03 | 52 |
| 701406 Standby Pay | 35,000.00 | 27,887.50 | 7,112.50 | 80 | 40,000.00 | 37,049.02 | 2,950.98 | 93 |
| 701408 Call Back | 5,000.00 | 3,005.31 | 1,994.69 | 60 | 10,000.00 | 2,687.87 | 7,312.13 | 27 |
| 701412 Salary Adjustment | | | | | 7,848.83 | | 7,848.83 | |
| 701413 Vac Payoff/Sick Pay-Term | | 39,358.83 | 39,358.83 | | | 70,666.25 | 70,666.25 | |
| 701417 Comp Time | | 5,606.42 | 5,606.42 | | | 3,661.49 | 3,661.49 | |
| 701500 Merit Awards | | | | | 189,150.00 | | 189,150.00 | |
| * Salaries and Wages | 3,600,915.61 | 2,799,386.61 | 801,529.00 | 78 | 3,699,008.92 | 3,056,475.44 | 642,533.48 | 83 |
| 705110 Group Insurance | 411,165.33 | 319,467.31 | 91,698.02 | 78 | 445,219.47 | 349,649.34 | 95,570.13 | 79 |
| 705210 Retirement | 692,578.60 | 546,032.96 | 146,545.64 | 79 | 748,655.94 | 590,285.21 | 158,370.73 | 79 |
| 705230 Medicare April 1986 | 42,676.59 | 35,327.07 | 7,349.52 | 83 | 44,736.39 | 37,631.79 | 7,104.60 | 84 |
| 705320 Workmens Comp | 20,800.00 | 17,259.88 | 3,540.12 | 83 | 17,940.00 | 14,209.00 | 3,731.00 | 79 |
| 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 | 921,540.54 | 249,059.98 | 79 | 1,261,134.62 | 994,635.34 | 266,499.28 | 79 |
| 710100 Professional Services | 131,160.62 | 62,560.08 | 68,600.54 | 48 | 90,989.48 | 36,503.67 | 54,485.81 | 40 |

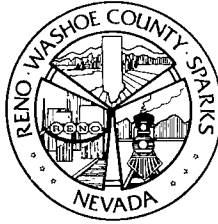
| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|------------------------------------|--------------|--------------|--------------|-------|--------------|--------------|--------------|------|
| 710105 Medical Services | 150.00 | 1,752.00 | 1,602.00 | 1,168 | 500.00 | 68.00 | 432.00 | 14 |
| 710115 Prof Eng Services | | 1,208.31 | 1,208.31 | | | | | |
| 710200 Service Contract | 104,700.00 | 63,154.05 | 41,545.95 | 60 | 102,200.00 | 46,210.37 | 55,989.63 | 45 |
| 710205 Repairs and Maintenance | 1,100.00 | 768.70 | 331.30 | 70 | 1,100.00 | 1,706.49 | 606.49 | 155 |
| 710300 Operating Supplies | 14,392.81 | 10,561.49 | 3,831.32 | 73 | 7,150.00 | 3,745.21 | 3,404.79 | 52 |
| 710302 Small Tools & Allow | 2,950.00 | 201.74 | 2,950.00 | 10 | 2,950.00 | 1,732.52 | 1,217.48 | 59 |
| 710308 Animal Supplies | 2,000.00 | | 1,798.26 | | 2,000.00 | | 2,000.00 | |
| 710310 Parts and Supplies | | 25.00 | 25.00 | | | 120.44 | 120.44 | |
| 710312 Special Dept Expense | 621,588.00 | 361,579.46 | 260,008.54 | 58 | 621,588.00 | 290,370.61 | 331,217.39 | 47 |
| 710319 Chemical Supplies | | | | | 150.00 | | 150.00 | |
| 710325 Signs and Markers | 4,550.00 | 673.12 | 3,876.88 | 15 | 4,909.53 | 1,064.91 | 150.00 | 22 |
| 710334 Copy Machine Expense | 9,075.00 | 7,763.74 | 1,311.26 | 86 | 9,018.57 | 6,371.91 | 3,844.62 | 71 |
| 710350 Office Supplies | 2,000.00 | 3,019.43 | 1,019.43 | 151 | 2,225.57 | 735.24 | 2,646.66 | 33 |
| 710355 Books and Subscriptions | 1,250.00 | 5,977.48 | 4,727.48 | 478 | 750.00 | 6,462.92 | 1,490.33 | 862 |
| 710360 Postage | 7,100.00 | 151.66 | 6,948.34 | 2 | 6,900.00 | 128.25 | 5,712.92 | 2 |
| 710361 Express and Courier | 100.00 | 123.60 | 23.60 | 124 | 100.00 | 46.06 | 6,771.75 | 46 |
| 710391 Fuel & Lube | 3,400.00 | 66.40 | 3,334.60 | 2 | 3,400.00 | 3,199.81 | 53.94 | 94 |
| 710500 Other Expense | 4,060.00 | 2,351.32 | 1,708.68 | 58 | 4,560.00 | 4,022.53 | 200.19 | 88 |
| 710502 Printing | 3,135.00 | 2,180.00 | 955.00 | 70 | 3,135.00 | 100.00 | 537.47 | 3 |
| 710503 Licenses & Permits | 8,000.00 | | 8,000.00 | | 8,000.00 | | 3,035.00 | |
| 710505 Rental Equipment | | 263.74 | 263.74 | | | 611.57 | 8,000.00 | |
| 710506 Dept Insurance Deductible | | 3,084.94 | 3,084.94 | | | | 611.57 | |
| 710507 Network and Data Lines | 22,845.00 | 8,266.61 | 14,578.39 | 36 | 24,920.00 | 8,337.33 | 16,582.67 | 33 |
| 710508 Telephone Land Lines | 15,850.00 | 4,640.00 | 11,210.00 | 29 | 12,430.47 | 6,132.00 | 6,298.47 | 49 |
| 710509 Seminars and Meetings | 350.00 | 55.56 | 294.44 | 16 | 550.00 | 66.45 | 483.55 | 12 |
| 710512 Auto Expense | 16,813.00 | 6,598.61 | 10,214.39 | 39 | 2,000.00 | 13,847.31 | 11,847.31 | 692 |
| 710519 Cellular Phone | 1,800.00 | 1,136.00 | 664.00 | 63 | 2,700.00 | 3,483.00 | 783.00 | 129 |
| 710529 Dues | | 3,934.06 | 3,934.06 | | | | | |
| 710535 Credit Card Fees | 30,500.00 | 516.72 | 29,983.28 | 2 | 16,500.00 | 1,339.01 | 15,160.99 | 8 |
| 710546 Advertising | 1,950.00 | 36,367.43 | 1,950.00 | | 1,700.00 | 54.95 | 1,645.05 | 3 |
| 710577 Uniforms & Special Clothing | 40,636.89 | 3,073.50 | 4,269.46 | 89 | 39,284.00 | 36,085.73 | 3,198.27 | 92 |
| 710600 LT Lease-Office Space | 4,922.00 | 76,732.13 | 1,848.50 | 62 | 4,922.00 | 2,268.00 | 2,654.00 | 46 |
| 710721 Outpatient | 78,780.00 | 59,012.01 | 2,047.87 | 97 | 107,992.29 | 96,900.50 | 11,091.79 | 90 |
| 711113 Equip Srv Replace | 123,072.96 | 3,195.00 | 64,080.95 | 48 | 90,820.91 | 68,580.02 | 22,240.89 | 76 |
| 711114 Equip Srv O & M | 18,500.00 | 12,523.30 | 15,305.00 | 17 | 18,500.00 | 12,027.50 | 6,472.50 | 65 |
| 711115 Equip Srv Motor Pool | 15,028.00 | 8,612.98 | 2,504.70 | 83 | 12,532.00 | 10,443.30 | 2,088.70 | 83 |
| 711119 Prop & Liab Billings | 44,136.62 | 2,545.47 | 35,523.64 | 20 | 27,161.83 | 15,507.00 | 11,654.83 | 57 |
| 711210 Travel | 36,202.42 | 754,674.64 | 33,656.95 | 7 | 35,078.61 | 5,519.67 | 29,558.94 | 16 |
| 711504 Equipment nonCapital | | | | | | | | |
| 711507 Vehicles nonCapital | | | | | | | | |
| * Services and Supplies | 1,372,098.32 | 754,674.64 | 617,423.68 | 55 | 1,268,718.26 | 685,934.28 | 582,783.98 | 54 |
| 781007 Vehicles Capital | | | | | 32,000.00 | | 32,000.00 | |
| * Capital Outlay | | | | | 32,000.00 | | 32,000.00 | |
| ** Expenses | 6,143,614.45 | 4,475,601.79 | 1,668,012.66 | 73 | 6,260,861.80 | 4,737,045.06 | 32,000.00 | 76 |
| 621001 Transfer From General | 350,000.00 | 79,428.02 | 270,571.98 | 23 | 350,000.00 | | 1,523,816.74 | |
| ** Other Financing Src/Use | 350,000.00 | 79,428.02 | 270,571.98 | 23 | 350,000.00 | | 350,000.00 | |
| *** Total | 3,586,999.35 | 2,726,915.20 | 860,084.15 | 76 | 3,691,327.42 | 2,814,336.15 | 876,991.27 | 76 |

Washoe Health District
Epidemiology and Public Health Preparedness
Pds 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-------------------------------------|--------------|--------------|------------|-------|--------------|--------------|------------|------|
| 431100 Federal Grants | 1,738,397.25 | 1,026,936.52 | 711,460.73 | 59 | 1,779,621.51 | 936,518.84 | 843,102.87 | 53 |
| 431105 Federal Grants - Indirect | | 11,320.41 | 11,320.41 | | 11,064.00 | 15,000.88 | 3,936.88 | 136 |
| * Intergovernmental | 1,738,397.25 | 1,038,256.93 | 700,140.32 | 60 | 1,790,685.51 | 951,519.52 | 839,165.99 | 53 |
| 460511 Birth and Death Certificates | 230,000.00 | 181,105.20 | 48,894.80 | 79 | 230,000.00 | 205,643.25 | 24,356.75 | 89 |
| * Charges for Services | 230,000.00 | 181,105.20 | 48,894.80 | 79 | 230,000.00 | 205,643.25 | 24,356.75 | 89 |
| * 485300 Other Misc Govt Rev | | | | | 312.00 | 312.00 | 312.00 | |
| * Miscellaneous | | | | | 312.00 | 312.00 | 312.00 | |
| ** Revenue | | | | | 2,020,685.51 | 1,156,850.77 | 863,834.74 | 57 |
| 701110 Base Salaries | 1,128,945.85 | 808,047.59 | 320,898.26 | 72 | 1,183,802.70 | 837,490.88 | 346,311.82 | 71 |
| 701120 Part Time | 54,341.12 | 45,977.71 | 8,363.41 | 85 | 51,932.72 | 45,642.70 | 6,290.02 | 88 |
| 701150 Contractual Wages | 17,037.14 | 16,237.26 | 799.88 | 95 | 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 | 4,351.66 | 2,351.66 | 218 | 4,024.00 | 2,698.64 | 1,325.36 | 67 |
| 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 | | | | | | | | |
| 701500 Merit Awards | | | | | | 3.19 | 3.19 | |
| * Salaries and Wages | 1,237,134.96 | 877,939.24 | 359,195.72 | 71 | 53,300.00 | 904,130.03 | 53,300.00 | 75 |
| 705110 Group Insurance | 135,468.26 | 87,161.82 | 48,306.44 | 64 | 1,205,394.64 | 97,721.65 | 301,264.61 | 89 |
| 705210 Retirement | 244,226.49 | 172,674.51 | 71,551.98 | 71 | 109,309.94 | 177,343.04 | 11,588.29 | 72 |
| 705230 Medicare April 1986 | 16,553.27 | 11,667.07 | 4,886.20 | 70 | 247,585.88 | 11,945.28 | 70,242.84 | 56 |
| 705320 Workmens Comp | 8,000.00 | 6,333.30 | 1,666.70 | 79 | 21,516.83 | 2,976.25 | 9,571.55 | 66 |
| 705330 Unemploy Comp | 1,300.00 | 1,235.00 | 65.00 | 95 | 4,485.00 | 715.00 | 1,508.75 | 100 |
| 705360 Benefit Adjustment | | | | | 2,973.00 | 715.00 | 2,973.00 | |
| * Employee Benefits | 405,548.02 | 279,071.70 | 126,476.32 | 69 | 386,585.65 | 290,701.22 | 95,884.43 | 75 |
| 710100 Professional Services | 345,042.21 | 171,026.53 | 174,015.68 | 50 | 466,144.00 | 188,467.20 | 277,676.80 | 40 |
| 710105 Medical Services | 200.00 | | 200.00 | | | | | |
| 710108 MD Consultants | 12,000.00 | 8,000.00 | 4,000.00 | 67 | 12,000.00 | 7,000.00 | 5,000.00 | 58 |
| 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 | 40,272.85 | 22,540.12 | 17,732.73 | 56 | 25,622.57 | 19,096.53 | 6,526.04 | 75 |
| 710334 Copy Machine Expense | 3,362.98 | 1,906.17 | 1,456.81 | 57 | 4,619.00 | 2,134.74 | 2,484.26 | 46 |
| 710350 Office Supplies | 10,279.55 | 11,013.14 | 733.59 | 107 | 23,825.10 | 9,334.28 | 14,490.82 | 39 |
| 710355 Books and Subscriptions | 1,799.50 | 1,549.53 | 249.97 | 86 | 2,166.00 | 1,762.50 | 403.50 | 81 |
| 710360 Postage | 1,351.57 | 2,414.84 | 1,063.27 | 179 | 1,119.00 | 2,873.05 | 1,754.05 | 257 |
| 710361 Express and Courier | 3,700.00 | | 3,700.00 | | 4,620.00 | | 4,620.00 | |
| 710500 Other Expense | 3,620.00 | 3,791.60 | 171.60 | 105 | 10,099.00 | 2,132.04 | 7,966.96 | 21 |
| 710502 Printing | 6,029.48 | 3,807.24 | 2,222.24 | 63 | 8,142.00 | 5,762.03 | 2,379.97 | 71 |
| 710507 Network and Data Lines | | 406.17 | 406.17 | | | 346.20 | 346.20 | |
| 710508 Telephone Land Lines | 2,680.48 | 4,405.14 | 1,724.66 | 164 | 8,622.00 | 4,726.64 | 3,895.36 | 55 |
| 710509 Seminars and Meetings | 6,249.00 | 2,530.00 | 3,719.00 | 40 | 11,541.88 | 4,455.00 | 7,086.88 | 39 |
| 710512 Auto Expense | 1,003.18 | 726.48 | 276.70 | 72 | 3,713.00 | 793.93 | 2,919.07 | 21 |
| 710519 Cellular Phone | 686.00 | 1,431.26 | 745.26 | 209 | 240.00 | 1,168.56 | 928.56 | 487 |
| 710529 Dues | 40.00 | 590.00 | 550.00 | 1,475 | 2,115.00 | 580.00 | 1,535.00 | 27 |

Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1 - 10, FY 2009

| Accounts | 2009 Plan | 2009 Actuals | Balance | Act% | 2008 Plan | 2008 Actual | Balance | Act% |
|-----------------------------|--------------|--------------|------------|------|--------------|--------------|------------|------|
| 710546 Advertising | 334.52 | 1,000.00 | 665.48- | 299 | 24,927.00 | | 24,927.00 | |
| 710620 LT Lease-Equipment | 5,940.00 | 2,971.00 | 2,969.00 | 50 | 5,940.00 | 5,940.00 | 8,865.05 | 100 |
| 710703 Biologicals | 4,900.00 | 34.95 | 4,865.05 | 1 | 8,900.00 | 34.95 | 8,865.05 | 0 |
| 710721 Outpatient | 3,000.00 | 3,376.99 | 376.99- | 113 | 3,000.00 | 2,748.00 | 252.00 | 92 |
| 711114 Equip Srv O & M | | 470.38 | 470.38- | | | | | |
| 711115 Equip Srv Motor Pool | 100.00 | 75.00 | 25.00 | 75 | 200.00 | 147.50 | 52.50 | 74 |
| 711119 Prop & Liab Billings | 5,491.00 | 4,575.90 | 915.10 | 83 | 3,133.00 | 2,610.80 | 522.20 | 83 |
| 711210 Travel | 31,922.60 | 10,901.25 | 21,021.35 | 34 | 24,028.00 | 11,366.25 | 12,661.75 | 47 |
| 711504 Equipment nonCapital | 36,259.61 | 29,442.95 | 6,816.66 | 81 | 53,888.10 | 57,554.54 | 3,666.44- | 107 |
| * Services and Supplies | 528,097.53 | 299,138.17 | 228,959.36 | 57 | 711,437.65 | 339,528.84 | 371,908.81 | 48 |
| 781004 Equipment Capital | 295,545.00 | 83,688.59 | 211,856.41 | 28 | 170,193.10 | 39,286.10 | 130,907.00 | 23 |
| * Capital Outlay | 295,545.00 | 83,688.59 | 211,856.41 | 28 | 170,193.10 | 39,286.10 | 130,907.00 | 23 |
| ** Expenses | 2,466,325.51 | 1,539,837.70 | 926,487.81 | 62 | 2,473,611.04 | 1,573,646.19 | 899,964.85 | 64 |
| *** Total | 497,928.26 | 320,475.57 | 177,452.69 | 64 | 452,925.53 | 416,795.42 | 36,130.11 | 92 |



DISTRICT HEALTH DEPARTMENT

STAFF REPORT

BOARD MEETING DATE: May 28, 2009

DATE: May 15, 2009

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer, Washoe County Health District *PB*
 775-328-2418, pbuxton@washoecounty.us
 Lori Cooke, Fiscal Compliance Officer, Washoe County Health District *LC*
 775-325-8068, lcooke@washoecounty.us

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

SUBJECT: **Acceptance of Fiscal Year 2010 Budget Update with Possible Direction to Staff.**

SUMMARY

The attached presentation provides an update regarding the Washoe County Health District FY 2010 budget.

Goal supported by this item: Acceptance of the budget update supports the Washoe County Health District priority to *be assured that mandates are met and needed services are delivered* and the operational objective of *assuring fiscal responsibility for the Health District.*

PREVIOUS ACTION

On April 9, 2009 the Washoe County District Board of Health held a Public Hearing to discuss and provide direction regarding the FY 2010 Health District Budget.

BACKGROUND

On April 9, 2009 The Washoe County District Board of Health provided direction to staff regarding the FY 2010 Health District Budget. This update outlines the projected impacts/results of implementing the direction.

AGENDA ITEM # 12.

FISCAL IMPACT

There is no fiscal impact to the adopted FY 2010 Health District budget upon approval of the update. Additional direction may impact individual programs and/or staff members.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health accept the Fiscal Year 2010 Budget update.

POSSIBLE MOTION

Move to accept the Fiscal Year 2010 Budget update.

FY 2010 Budget Update

Patsy Buxton

Lori Cooke

Presented to the Washoe County
District Board of Health

May 28, 2009





FY 2010 Budget Update

- History
 - District Board of Health FY 2010 Direction at April 9, 2009 Budget Meeting
 - Minimum Ending Fund Balance \$258,000
 - Fund eight vacant positions in mandated programs
 - Reduce Family Planning by \$339,608
 - Reduce Home Visiting by \$398,535
 - Timing flexibility allowed for personnel changes due to program reductions

FY 2010 Budget Update

- Where Are We Now?
 - Budgeted Ending Fund Balance = \$258,000
 - Eight vacant positions in mandated programs funded as of July 1, 2009
 - Family Planning reduced by \$339,608
 - Home Visiting reduced by \$398,535
 - Personnel reassignments made due to program reductions

FY 2010 Budget Update

• How Were Program Reductions Met?

| | |
|--|-----------|
| • Family Planning (\$339,608) | |
| – APN Vacancy | \$101,857 |
| – Elimination of Sub-recipient Funding | \$115,000 |
| – Services & Supply Reduction | \$ 71,037 |
| – Position Reassignments | \$ 51,714 |
| Total | \$339,608 |
| • Home Visiting (\$398,535) | |
| – PHN II Vacancies | \$198,330 |
| – Position Reassignments | \$200,205 |
| Total | \$398,535 |

FY 2010 Budget Update

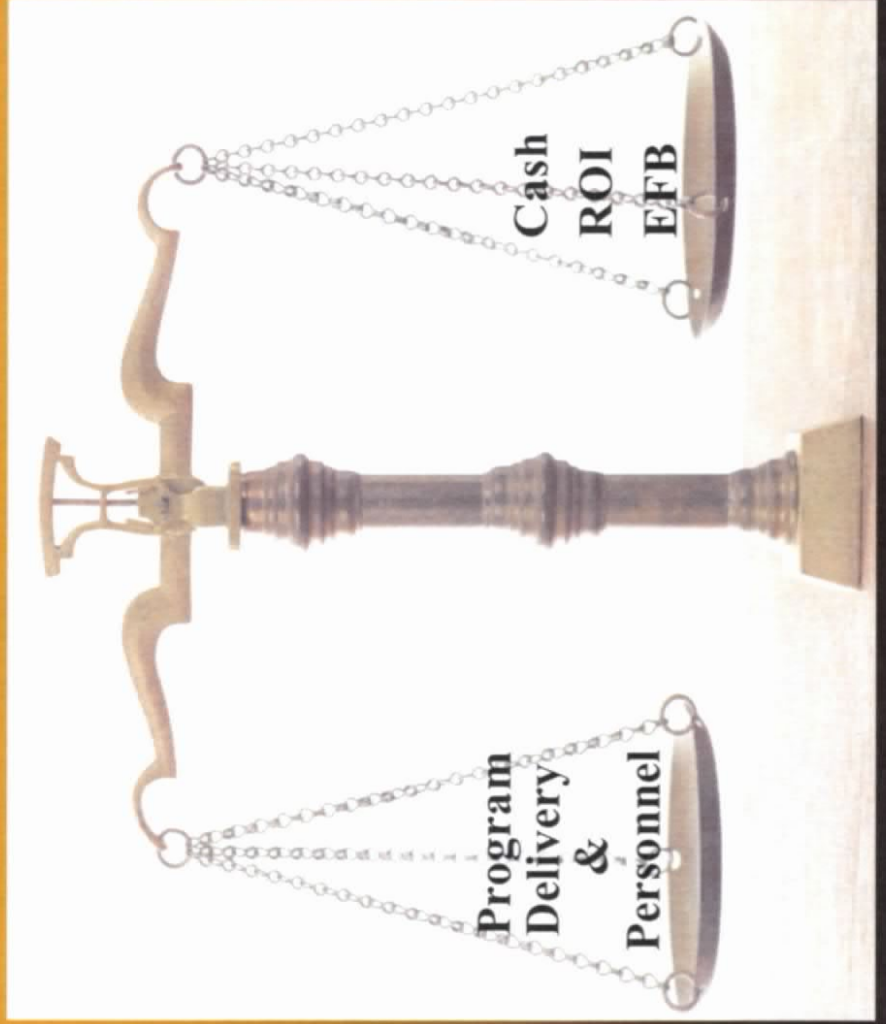
- What Does This Mean?
 - No workforce reductions
 - Net reassignment value = ~(\$88,950)
 - (\$251,919) reassignment + \$162,969 final budget adjustments
 - Projected salary savings from voluntary separation incentives = ~\$870,043
 - Net savings = ~\$781,093
 - Realized savings will be utilized for:
 - Cash flow
 - County requirement for Return On Investment (2x incumbent salary & benefits PLUS cost of incremental incentives)

FY 2010 Budget Update

- What Could Happen?
 - Voluntary separation incentives not executed
 - Brokering and/or Bumping
 - Future vacancies
 - Employee concessions
 - Unfunded/unanticipated expenditures
 - Revenue impacts
 - Grants, Fees, General Fund Transfer

FY 2010 Budget Update

Balancing Act





WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: May 28, 2009

TO: District Board of Health

FROM: Andrew Goodrich, Director
Air Quality Management Division

SUBJECT: Public Hearing: Proposed "Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area".

Agenda Item: 13.A.

Recommendation

Air Quality Management Division Staff recommends that the District Board of Health approve and adopt the "Redesignation Request and Maintenance Plan for the Truckee Meadows PM10 Non-Attainment Area" as an amendment to the Truckee Meadows portion of the Nevada PM10 State Implementation Plan.

Background

The U.S. Environmental Protection Agency (EPA) has established health based national ambient air quality standards (NAAQS) for six criteria pollutants, including particulate matter less than 10 microns in diameter (PM10). During the 1970's and 1980's, the Truckee Meadows portion of Washoe County frequently exceeded and violated the PM10 NAAQS. Because of these violations, the Truckee Meadows was designated as a "Moderate" non-attainment area for the 24-hour PM10 NAAQS.

Non-attainment areas, such as the Truckee Meadows, are required by the Clean Air Act (CAA) to develop a State Implementation Plan (SIP) demonstrating attainment of the NAAQS. The Washoe County Health District - Air Quality Management Division submitted a "Moderate" PM10 SIP that EPA determined to improve air quality in the Truckee Meadows, but not to the level of attaining the NAAQS. Pursuant to section 188(b)(2)(A) of the 1990 CAA Amendments, the Truckee Meadows was reclassified to "Serious" non-attainment in 2001.

In response to the redesignation, another SIP was prepared to address the more stringent requirements for "Serious" non-attainment areas. This SIP identified and applied best available control measures (BACM) to the most significant wintertime PM10 categories in the Truckee Meadows. These categories included paved roads, street sanding, street sweeping, residential wood combustion, and construction/grading projects. The "Serious" PM10 SIP has resulted in air quality improvements and the Truckee Meadows attained the 24-hour NAAQS in 2002.

DBOH AGENDA ITEM # 13.A.

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 IS AN EQUAL OPPORTUNITY EMPLOYER HIRING EMPLOYMENT ELIGIBLE APPLICANTS
Printed on Recycled Paper

May 28, 2009

District Board of Health

Redesignation Request and Maintenance Plan for the Truckee Meadows PM10 Non-Attainment Area

Page 2 of 3

The Redesignation Request is the first step in the formal process for EPA to redesignate the Truckee Meadows from a "Serious" PM10 non-attainment area to a PM10 "Attainment/Maintenance" area. It details how the Truckee Meadows attained the NAAQS and that all of the CAA requirements for "Serious" non-attainment areas were met.

The Maintenance Plan details how future exceedances of the NAAQS will be prevented and, if necessary, is a commitment by the DBOH to take prompt and expedient action should an exceedance or violation occur. These commitments may include adopting and implementing additional control measures to reduce wintertime PM10 emissions.

The following organizations were individually contacted and updated about the proposed revisions:

- Regional Transportation Commission of Washoe County;
- EPA, Region IX
- Federal Highway Administration;
- Nevada Department of Transportation;
- Nevada Division of Environmental Protection, Bureau of Air Quality Planning;
- Public works departments from Washoe County, City of Reno, City of Sparks, and Nevada Department of Transportation; and
- Associated General Contractors.

If the "Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area" is adopted, it will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada PM10 SIP.

To reduce printing resources and expenses, the "Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area" is not included with this staff report. This document, including appendices, is approximately 1,200 pages and can be accessed from the "News & events" section of the Air Quality Management Division website (<http://www.washoecounty.us/health/aqm/home.html>). A hard copy is available by contacting Mr. Daniel Inouye of the WCAQMD at (775) 784-7214 or dinouye@washoecounty.us.

A notice of today's public hearing was published in the Reno Gazette-Journal on April 23, May 13, and May 25, 2009.

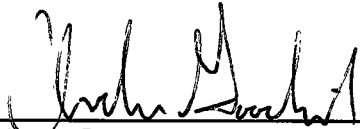
Suggested Motion

“I move that the Washoe County District Board of Health approve and adopt the ‘Redesignation Request and Maintenance Plan for the Truckee Meadows PM10 Non-Attainment Area’ and forward it to EPA as an amendment to the Truckee Meadows portion of the Nevada PM10 State Implementation Plan.”

Alternatives

The District Board of Health may:

1. Elect not to adopt the Redesignation Request and Maintenance Plan; or
2. Continue this public hearing and direct Staff to research some portion of the Redesignation Request and Maintenance Plan.



Andrew Goodrich, REM
Division Director

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Publishers of
Reno Gazette-Journal
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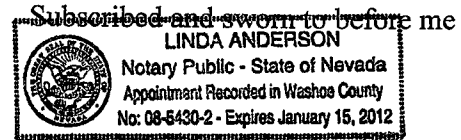
WASHOE CO
PO BOX 11130
RENO NV 89520-0027

Customer Acct# 349008
PO# NPH
Ad# 1000637415
Legal Ad Cost \$68.25

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: **04/23/2009 - 04/23/2009**, for exact publication dates please see last line of Proof of Publication below.

Signed: *Debra Dilcaunt*



APR 24 2009

Linda Anderson

Proof of Publication

NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH
The Washoe County District Board of Health does hereby declare 1:00 p.m., May 28, 2009, at the District Health Department South Auditorium (1001 East 9th Street, Reno) as the time, date, and place to consider the Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area. If accepted and adopted, the Redesignation Request and Maintenance Plan will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the PM10 State Implementation Plan. Interested persons who may be affected or wish to comment on any action being considered on the above dates 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 - Air Quality Management Division, P. O. Box 11130, Reno, NV 89520. Copies of the Redesignation Request and Maintenance Plan are available at the Air Quality Management Division office, 401 Ryland Street, Suite 331, Reno NV 89502 for inspection by any interested person. Denis Humphreys, OD, Chairman Washoe County District Board of Health No. 637415 - Apr. 23, May 13, 25, 2009

APR 27 2009

THURSDAY, APRIL 23, 2009

RENO GAZETTE-JOURNAL/RGJ.COM

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., May 28, 2009, at the District Health Department South Auditorium, (1001 East 9th Street, Reno) as the time, date, and place to consider the Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area. If accepted and adopted, the Redesignation Request and Maintenance Plan will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the PM10 State Implementation Plan.

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Denis Humphreys, OD, Chairman
Washoe County District Board of Health

No. 637415 - Apr. 23, May 13, 25, 2009

NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH

The Washoe County District Board of Health does hereby declare 1:00 p.m., May 28, 2009, at the District Health Department South Auditorium (1001 East 9th Street, Reno) as the time, date, and place to consider the Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area. If accepted and adopted, the Redesignation Request and Maintenance Plan will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the PM10 State Implementation Plan

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Denis Humphreys, OD, Chairman
Washoe County District Board of Health

**NOTICE OF PUBLIC HEARING
WASHOE COUNTY DISTRICT BOARD OF HEALTH**

The Washoe County District Board of Health does hereby declare 1:00 p.m., March 26, 2009, at the District Health Department South Auditorium (1001 East 9th Street, Reno) as the time, date, and place to consider the Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area. If accepted and adopted, the Redesignation Request and Maintenance Plan will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the PM10 State Implementation Plan

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 - Air Quality Management Division, P. O. Box 11130, Reno, NV 89520. Copies of the Redesignation Request and Maintenance Plan are available at the Air Quality Management Division office, 401 Ryland Street, Suite 331, Reno NV 89502 for inspection by any interested person.

Denis Humphreys, OD, Chairman
Washoe County District Board of Health

cont to May 28, 2009

**NOTICE OF PUBLIC HEARING
WASHOE COUNTY DISTRICT BOARD OF HEALTH**

The Washoe County District Board of Health does hereby declare 1:00 p.m., March 26, 2009, at the District Health Department South Auditorium (1001 East 9th Street, Reno) as the time, date, and place to consider the Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area. If accepted and adopted, the Redesignation Request and Maintenance Plan will be forwarded to the State of Nevada and the U.S. Environmental Protection Agency as a revision to the PM10 State Implementation Plan.

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Denis Humphreys, OD, Chairman
Washoe County District Board of Health

Burton, Tina

From: Legals [legals@rgj.com]
Sent: Tuesday, February 17, 2009 3:10 PM
To: Burton, Tina
Subject: RE: Washoe County Air Quality Public Notice

Received. Will publish as requested.
Linda

From: Burton, Tina [mailto:TBurton@washoecounty.us]
Sent: Tuesday, February 17, 2009 2:59 PM
To: legals@rgj.com
Subject: Washoe County Air Quality Public Notice

Hi Linda,

Please run the attached Public Notice on the following dates:

LEGAL NOTICE

<<PM10 State Implementation Plan 2009 .doc>>

RUN DATE: FEB 20 ... MAR 10 ... MAR 20

Thank You – have a great week

Tina

Christina L Burton

Plans/Permits/Application Aide

Washoe County Air Quality

Ofc ... (775) 784-7230

Fax ... (775) 784-7225

2/27/2009

* * * Communication Result Report (Feb. 17. 2009 3:02PM) * * *

1}

ate/Time: Feb. 17. 2009 3:01PM

| File No. | Mode | Destination | Pg (s) | Result | Page Not Sent |
|----------|-----------|-------------|--------|--------|---------------|
| 9979 | Memory TX | 93276786 | P. 2 | OK | |

Reason for error

| | | | |
|-------|---------------------------|-------|-------------------------|
| M. 1) | Hang up or line fail | E. 2) | Busy |
| M. 2) | No answer | E. 3) | No facsimile connection |
| M. 3) | Exceeded max. E-mail size | | |



**WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION**



* FAX ROUTING COVER PAGE *

FROM: Jim
DATE: 2/17/09 TIME: 3:04 pm

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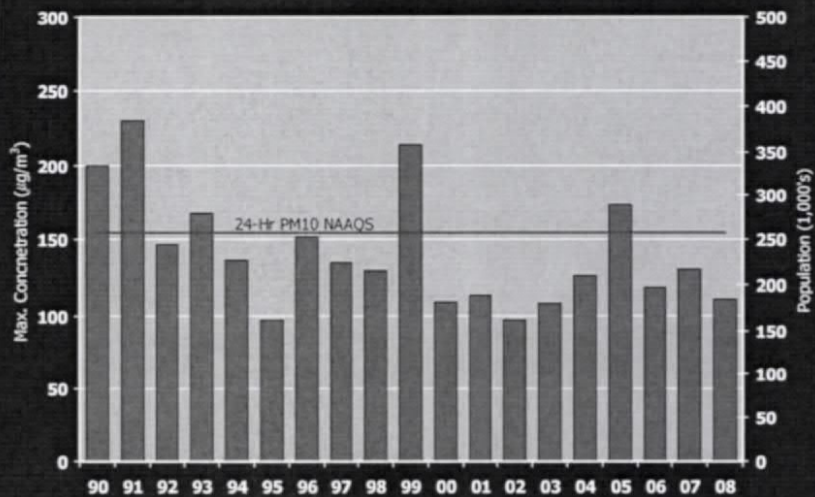
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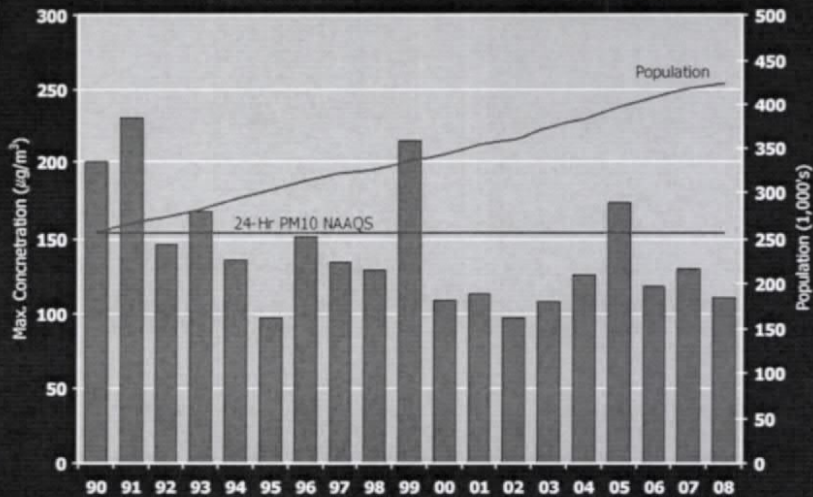
Redesignation Request and Maintenance Plan for the Truckee Meadows PM10 Non-Attainment Area

Daniel Inouye
Washoe County Health District
Air Quality Management Division

PM10 Trend (1990-2008)



PM10 Trend (1990-2008)



Air Quality Improvements in the Truckee Meadows

- Control measures targeting major wintertime PM10 categories
 - Residential Wood Combustion
 - Street Sanding and Sweeping
 - Dust Control
 - Emergency Episodes

PM10 Emission Reductions

| | Uncontrolled Emissions | Controlled Emissions | Reduction |
|-----------------------------|------------------------|----------------------|-----------|
| Residential Wood Combustion | 9,637 | 8,628 | 11 % |
| Street Sanding and Sweeping | 1,894 | 786 | 59 % |
| Dust Control | 8,922 | 4,461 | 50 % |
| Emergency Episode Plan | 7,401 | 3,290 | 56 % |

Maintenance Plan

- Ensures continued attainment of the PM10 NAAQS
 - Ambient air monitoring network
 - Periodic emission inventories and surveys
 - Motor vehicle emissions budget
 - Contingency plan

Motor Vehicle Emissions Budget

- Identifies the level of emissions to maintain the PM10 NAAQS
- Developed cooperatively with local, state, and federal agencies
- Used latest planning assumptions
- Long and short term transportation plans must conform with the MVEB

Contingency Plan

- Trigger Mechanisms
 - Based on ambient air monitoring data
- Contingency Measures
 - Reevaluation of PM10 sources and controls
 - Control measures to reduce PM10 emissions
- Timelines
 - “Promptly” and “expediently”

What's Next?

- July 2009
 - Formal submittal to EPA
- Fall/Winter 2009
 - MVEB "adequacy" determination
- 2009/2010
 - EPA approval followed by FR publication
- 2018
 - Update Maintenance Plan demonstrating attainment through 2030.

**Redesignation Request and Maintenance Plan
for the
Truckee Meadows 24-Hour PM10 Non-Attainment Area**

May 28, 2009

**Principal Author
Daniel Inouye**

**Washoe County Health District
Air Quality Management Division
401 Ryland Street, Suite 331
Reno, Nevada 89502
(775) 784-7200**

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- C. Washoe County, Nevada; 2005 Periodic Emissions Inventory and Appendices A, B, C (Adopted by the Washoe County District Board of Health on May 27, 2007)

ACRONYMS

| | |
|--------|--|
| ADT | Average Daily Traffic |
| AERR | Air Emissions Reporting Requirements |
| AQI | Air Quality Index |
| AQS | Air Quality System |
| BACM | Best Available Control Measure |
| BACT | Best Available Control Technology |
| BAM | Beta Attenuation Monitor |
| CAA | Clean Air Act |
| CERR | Consolidated Emissions Reporting Rule |
| CFR | Code of Federal Regulations |
| EPA | United States Environmental Protection Agency |
| FR | Federal Register |
| FRM | Federal Reference Method |
| HA | Hydrographic Area |
| MPO | Metropolitan Planning Organization |
| MVEB | Motor Vehicle Emissions Budget |
| NAA | Non-Attainment Area |
| NAAQS | National Ambient Air Quality Standard |
| NAC | Nevada Administrative Code |
| NAMS | National Air Monitoring Station |
| NCore | National Core Multi-Pollutant Monitoring Station |
| NDEP | Nevada Division of Environmental Protection |
| NRS | Nevada Revised Statute |
| NSR | New Source Review |
| PM2.5 | Particulate matter less than or equal to a nominal 2.5 microns in aerodynamic diameter |
| PM10 | Particulate matter less than or equal to a nominal 10 microns in aerodynamic diameter |
| PSD | Prevention of Significant Deterioration |
| RACM | Reasonably Available Control Measure |
| RACT | Reasonably Available Control Technology |
| RE | Rule Effectiveness |
| RP | Rule Penetration |
| RPA | Reno Planning Area |
| RTC | Regional Transportation Commission |
| RWC | Residential Wood Combustion |
| SIP | State Implementation Plan |
| SLAMS | State and Local Air Monitoring Station |
| SMP | Smoke Management Program |
| SPM | Special Purpose Monitoring |
| TMRPA | Truckee Meadows Regional Planning Agency |
| ULSD | Ultra Low Sulfur Diesel |
| VMT | Vehicle Miles Traveled |
| WCAQMD | Washoe County Health District / Air Quality Management Division |
| WCDBOH | Washoe County District Board of Health |

To affect the quality of the day, that is the highest of arts.

- Henry David Thoreau

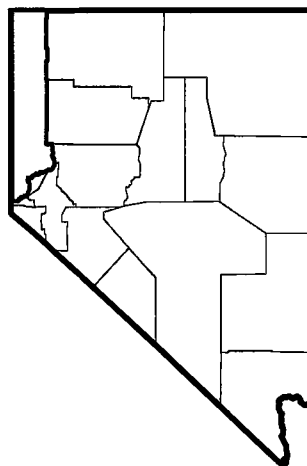
CHAPTER 1

INTRODUCTION

The Washoe County Health District - Air Quality Management Division (WCAQMD) is requesting the U.S. Environmental Protection Agency (EPA) redesignate the Truckee Meadows non-attainment area (NAA) to attainment/maintenance status for the 24-hour Particulate Matter less than 10 microns (PM10) National Ambient Air Quality Standard (NAAQS). The Truckee Meadows has not violated the NAAQS since 2002 and is currently classified as a “Serious” NAA.²

Washoe County is located in the northwest portion of Nevada and is bounded by California, Oregon, and the counties of Humboldt, Pershing, Storey, Churchill, Lyon, and Carson City (Figure 1-1). The Truckee Meadows is approximately 200 square miles in size and situated in the southern portion of Washoe County. It is geographically identified as Hydrographic Area 87 as defined by the State of Nevada Division of Water Resources and is surrounded by mountain ranges, which can lead to wintertime temperature inversions where a layer of cold air is trapped in the valley. Warmer air above the inversion acts as a lid, containing and concentrating air pollutants. Much of Washoe County’s urban population lives in the Truckee Meadows PM10 NAA. Anthropogenic activities, such as automobile use and residential wood combustion, are also concentrated here.

Figure 1-1
Washoe County, Nevada



The Truckee Meadows PM10 NAA covers an area governed by three entities - the County of Washoe, City of Reno, and City of Sparks. The WCAQMD is the designated agency responsible for air quality management throughout the entire county.

This Redesignation Request and Maintenance Plan was prepared in accordance with Section 107(d)(3)(E) of the Clean Air Act (CAA) as amended in 1990 and follows guidance contained in the Calcagni Memorandum.³ The following five sections are structured and organized as presented in Subsections (i) through (v) of Section 107(d)(3)(E).

¹ Identified as the “Reno Planning Area” in 40 CFR 81.329.

² 40 CFR 81.329.

³ “Procedures for Processing Requests to Redesignate Areas to Attainment”; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

CHAPTER 2

ATTAINMENT OF THE STANDARD

The first condition for redesignation is demonstration of attaining the NAAQS. This condition is met when ambient PM₁₀ monitoring data are representative, complete, quality-assured, and reported in accordance with 40 Code of Federal Regulations (CFR) 50, 53, and 58, and meet the NAAQS. Ambient air monitoring data demonstrate that the Truckee Meadows area attained the NAAQS in 2002. The following information further validates the long-term air quality improvements within the Truckee Meadows PM₁₀ NAA.

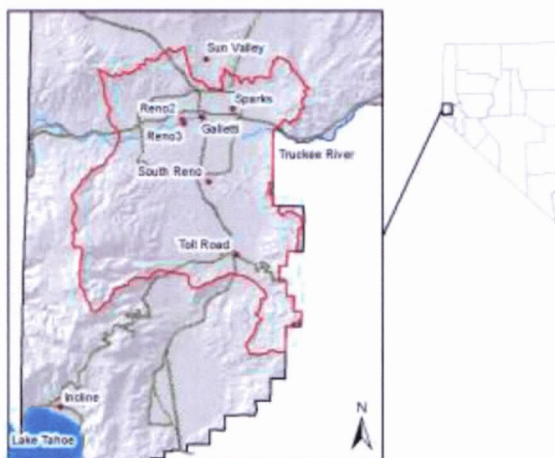
National Ambient Air Quality Standard

The level of NAAQS for PM₁₀ is 150 $\mu\text{g}/\text{m}^3$ over a 24-hour averaging period; the number of times a monitor is expected to exceed this concentration must be less than one per year for the NAAQS to be attained. The rounding convention in the standard specifies that values be rounded to the nearest 10 $\mu\text{g}/\text{m}^3$ (i.e., values ending in 5 or greater are to be rounded up). If less than everyday sampling occurs, an adjustment factor must be applied to the number of measured exceedances to determine the number of expected exceedances.⁴

Washoe County Monitoring Network

Between 1990 and 2005, the WCAQMD maintained eight National Air Monitoring Station (NAMS) or State and Local Air Monitoring Station (SLAMS) sites within Washoe County (Figure 2-1). Six of the eight sites were located within the Truckee Meadows PM₁₀ NAA. All of these sites were sited in accordance with 40 CFR 58 and utilized monitoring equipment designated as reference or equivalent methods under 40 CFR 53. In addition, Washoe County's PM₁₀ monitoring network was reviewed annually pursuant to 40 CFR 58.10 to ensure the network meets the monitoring objectives defined in 40 CFR 58, Appendix D. The data were collected and quality assured in accordance with 40 CFR 58 and recorded in the Air Quality System (AQS), formerly referred to as Aerometric Information Retrieval System (AIRS).

Figure 2-1
PM₁₀ Monitoring Network (1990-2005)



⁴ 40 CFR 50, Appendix K.

Monitoring Data

PM10 monitoring data were collected, complete, quality assured, recorded in AQS, and available for public review in accordance with 40 CFR 58. Expected exceedance rates were calculated following guidance in the 40 CFR 50, Appendix K. Table 2-1 summarizes the exceedances and expected number of exceedances from 1999 to 2005. These data are from NAMS and SLAMS sites within Washoe County, including the Truckee Meadows PM10 NAA.

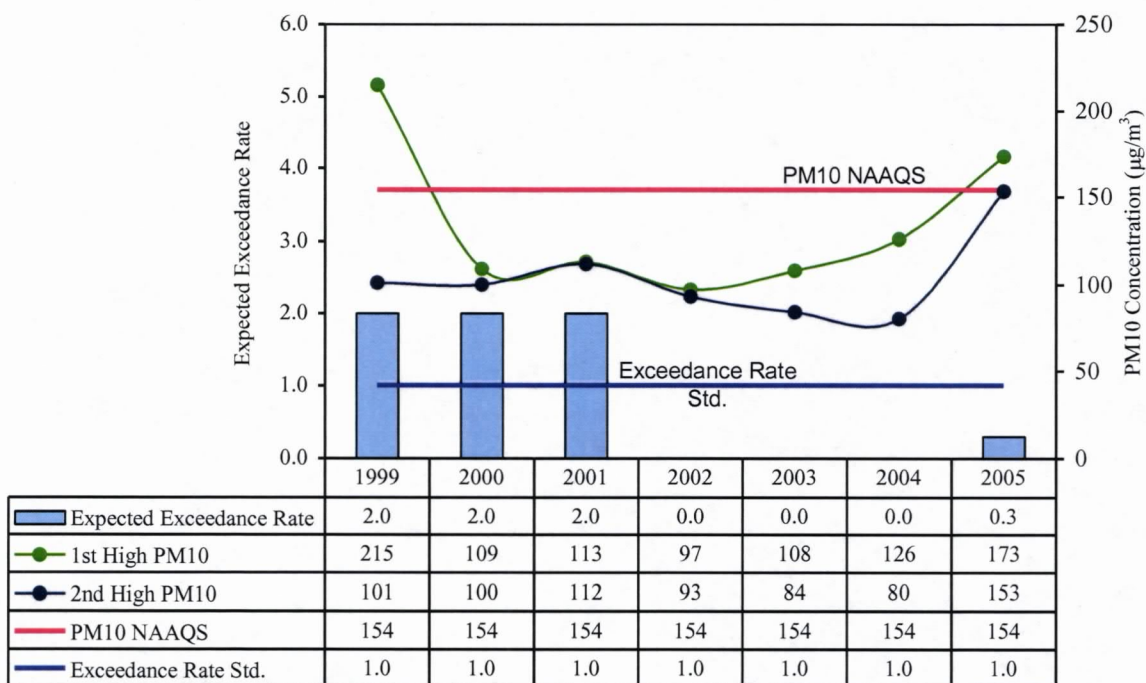
Based on these data, the Truckee Meadows PM10 NAA violated the 24-hour PM10 NAAQS as recent as 2001. However, the long-term trend has been a decline in ambient PM10 exceedances (See Table 2-1 and Figure 2-2). Since 2002, the Truckee Meadows PM10 NAA's expected exceedance rate has been equal to or less than one and therefore, has attained the NAAQS in accordance with 40 CFR 50.6.

Table 2-1
Monitored PM10 Concentrations and Exceedances (1999-2005)

| Highest Monitored Concentration and Exceedances | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 |
|---|------|------|------|------|------|------|------|
| Highest Monitored ($\mu\text{g}/\text{m}^3$) | 215 | 109 | 113* | 97 | 108 | 126 | 173 |
| 2nd Highest ($\mu\text{g}/\text{m}^3$) | 101 | 100 | 112 | 93 | 84 | 80 | 153 |
| Exceedances (Measured) | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Exceedances (Expected) | 6.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.0 |
| 3-Year Average of Expected | 2.0 | 2.0 | 2.0 | 0.0 | 0.0 | 0.0 | 0.3 |

* Highest monitored concentrations were $144 \mu\text{g}/\text{m}^3$ (Toll Road) and $136 \mu\text{g}/\text{m}^3$ (Incline Village) on August 29, 2001, however these data were affected by the Star Wildfire.

Figure 2-2
Monitored PM10 Concentrations and Exceedances (1999-2005)



* January, November, and December.

The regular PM10 sampling schedule using manual methods in the Truckee Meadows is once every six days,⁵ with the exception of air pollution episodes when monitoring is conducted more frequently. More frequent monitoring should have occurred after the PM10 exceedance in January 1999, but did not. In accordance with the procedures in Appendix K of 40 CFR 50, this single measured exceedance equals six expected exceedances.

In January 2005, another PM10 episode occurred resulting from record snowstorms followed by strong temperature inversions. The storms required many applications of road sand that was eventually ground into smaller particles and re-entrained by vehicle traffic. The regular PM10 sample day was Sunday, January 16. Because PM10 concentrations were increasing to unhealthy levels at two monitoring sites,⁶ additional PM10 sampling began at the Galletti site on Friday, January 14. The PM10 concentration on January 14 was 173 µg/m³ and everyday sampling, as required by 40 CFR 58.12, continued at this site through the end of calendar year 2005 (Table 2-2).

⁵ "Waivers for PM10 Sampling Frequency"; William F. Hunt, Jr., Director, Emissions, Monitoring, and Analysis Division (MD-14); December 2, 1997.

⁶ The Reno3 and Sparks sites operated manual and continuous PM10 monitors. The continuous PM10 BAM data were used for AQI purposes only, and were not submitted to AQS as data for record.

Table 2-2
Galletti Ambient Air Monitoring Data (2005)

| Quarter | Number of Samples | | Data Capture | Concentration ($\mu\text{g}/\text{m}^3$) | | Exceedances | |
|-----------|-------------------|----------|--------------|--|----------|-------------|----------|
| | Valid | Possible | | Maximum | 2nd High | Measured | Expected |
| Jan - Mar | 77 | 90 | 0.86 | 173 | 153 | 1 | 1 |
| Apr - Jun | 88 | 91 | 0.97 | 116 | 91 | 0 | 0 |
| Jul - Sep | 88 | 92 | 0.96 | 91 | 86 | 0 | 0 |
| Oct - Dec | 80 | 92 | 0.87 | 103 | 103 | <u>0</u> | <u>0</u> |
| Summary | | | | 173 | 153 | 1 | 1 |

Per 40 CFR 50, Appendix K, Section 3.1(f), the number of measured and expected exceedances is one because: 1) There was only one exceedance in the calendar quarter, 2) everyday sampling was initiated and maintained for four calendar quarters, and 3) data capture of at least 75 percent was achieved for each quarter.

Summary

From 1999 through 2005, PM10 ambient air monitoring data from the Truckee Meadows PM10 NAA:

- Were collected from a PM10 monitoring network that was sited, operated, and maintained in accordance with 40 CFR 53 and 58; and
- Were complete, quality assured, and reported in accordance with 40 CFR 58.

From 2002 through 2005, PM10 ambient air monitoring data from the Truckee Meadows PM10 NAA:

- Demonstrated that the number of times a monitor was expected to exceed a 24-hour PM10 concentration of $150 \mu\text{g}/\text{m}^3$ (as determined in accordance with 40 CFR 50, Appendix K) was less than one per year.

Therefore, the Truckee Meadows PM10 NAA has attained the 24-hour PM10 NAAQS in accordance with 40 CFR 50.6.

CHAPTER 3

STATE IMPLEMENTATION PLAN APPROVAL

The second condition for redesignation is that the applicable implementation plan requirements have been fully approved by the EPA under Section 110(k) of the CAA.

On November 15, 1990, the date of enactment of the 1990 CAA Amendments, PM10 areas meeting the qualifications of Section 107(d)(4)(B) of the CAA were designated non-attainment by operation of law. Once an area is designated non-attainment, Section 188 of the CAA outlines the process for classification of the area and establishes the area's attainment date. Pursuant to Section 188(a), all PM10 non-attainment areas were initially classified as "Moderate" by operation of law upon designation as non-attainment. The Truckee Meadows "Moderate" non-attainment designation was codified in 40 CFR 81.329 in a Federal Register (FR) notice published on November 6, 1991.⁷

States containing areas, which were designated as "Moderate" non-attainment by operation of law under section 107(d)(4)(B), were to develop and submit state implementation plans (SIPs) to provide for the attainment of the PM10 NAAQS. Pursuant to section 189(a)(2), those SIP revisions were to be submitted to EPA by November 15, 1991.

EPA has the responsibility, pursuant to sections 179(c) and 188(b)(2) of the Act, of determining within six months of the applicable attainment date, whether PM10 NAAs have attained the NAAQS. Section 179(c)(1) of the Act provides that these determinations are to be based upon an area's "air quality as of the attainment date", and section 188(b)(2) is consistent with this requirement. EPA makes the determinations of whether an area's air quality is meeting the PM10 NAAQS based upon air quality data gathered at monitoring sites in the non-attainment area. These data are reviewed to determine the area's air quality status in accordance with EPA guidance in 40 CFR 50, Appendix K.

Pursuant to Appendix K, attainment of the 24-hour standard is determined by calculating the expected number of exceedances of the 150 $\mu\text{g}/\text{m}^3$ limit per year. The 24-hour standard is attained when the number of times a monitor is expected to exceed this concentration is less than one per year. A total of three consecutive years of clean air quality data is generally necessary to show attainment of the 24-hour standard for PM10. A complete year of air quality data, as referred to in 40 CFR 50, Appendix K, is comprised of all four calendar quarters with each quarter containing data from at least 75 percent of the scheduled sampling days.

Under section 188(b)(2)(A), a "Moderate" PM10 NAA must be reclassified as "Serious" by operation of law after the statutory attainment date if the Administrator finds that the area has failed to attain the NAAQS. Pursuant to section 188(b)(2)(B) of the Act, EPA must publish a notice in the FR identifying those areas that failed to attain the standard and the resulting reclassifications. As a result, the Truckee Meadows was reclassified to a "Serious" NAA on February 7, 2001.

⁷ 56 FR 56694 (November 6, 1991).

In response to the “Serious” designation, the WCAQMD prepared a PM10 SIP. The SIP included a periodic emission inventory that identified the significant wintertime PM10 sources in the Truckee Meadows as construction/grading, street sanding, street sweeping, and residential wood combustion (RWC). In “Serious” PM10 NAAs, Best Available Control Measures (BACM) is required to be applied to these sources. To ensure that BACM is properly applied, the WCAQMD follows EPA guidance, consults with EPA during the rule development process, and participates in the EPA Region IX PM10 SIP BACM working group. This group meets twice per year to discuss and share knowledge about control measures affecting “Serious” PM10 NAAs in the Pacific Southwest.

The “Serious” PM10 SIP was adopted by the Washoe County District Board of Health (WCDBOH) on July 26, 2002 and submitted to EPA on August 5, 2002. Additional SIP elements were submitted in 2006 to address deficiencies in the RWC regulation and emergency episode plan. EPA has approved many of these submittals, but has not fully approved the PM10 SIP.

CHAPTER 4

PERMANENT AND ENFORCEABLE IMPROVEMENT IN AIR QUALITY

The third condition for redesignation is EPA must determine that air quality improvements are due to permanent and enforceable emission reductions. The Truckee Meadows PM10 NAA improvements are attributed to permanent and enforceable federal, state, and local emission reduction programs. In addition, the long-term air quality improvements were not as a result of temporary reduction in emission rates or unusually favorable meteorology.

Federally Enforceable Control Programs in the Truckee Meadows Portion of the Nevada SIP

The following programs have significantly reduced PM10 emissions and contributed to the air quality improvements in the Truckee Meadows. These programs are federally enforceable and included in the Truckee Meadows portion of the Nevada PM10 SIP. They are implemented by federal, state, and local regulatory agencies. Emission reductions from the state and local programs are summarized in Table 4-1.

1. Residential Wood Combustion Program: Residential wood combustion (RWC) has been identified as a significant source of wintertime PM10 emissions. WCDBOH Regulation 040.051⁸ addresses and reduces these emissions. This regulation: 1) Establishes wood stove / fireplace insert control areas; 2) requires use of seasoned wood; 3) clarifies “Prohibited Fuels”; 4) requires removing or upgrading existing solid fuel combustion devices upon real estate sale; and 5) includes a mandatory burning curtailment during Stage 1 episodes. Approximately 1,009 lbs/day of PM10 emissions were reduced from the Truckee Meadows in 2005 due to the RWC program.

In addition, the WCAQMD implements a “Green, Yellow, Red” Program to reduce wintertime RWC PM10 emissions. This public outreach program consists of a daily burn code that provides the community a recommendation on whether RWC will impact air quality in Washoe County. RWC is discouraged when the burn code is Yellow and prohibited when the code is Red. A recent survey conducted in 2008 indicated 79 percent of all respondents and 91 percent of those who burned wood were aware of the “Green, Yellow, Red” Program and. Also, 75 percent of those who burned wood followed the Yellow and Red recommendations.⁹ Emission reductions from the “Green, Yellow, Red” Program are quantified under the Emergency Episode Plan.

Additional benefits are realized in the Truckee Meadows PM10 NAA because the RWC Program is applicable to the entire geographic area of Washoe County.

⁸ 72 FR 33397 (June 18, 2007).

⁹ “Washoe County Health District; Air Quality Management Division; Residential Wood Use Survey”; MarkeTec, Incorporated; June 2008.

2. **Street Sanding and Sweeping Program:** The Truckee Meadows receives approximately 24 inches of snow per year. Wintertime traction control is a significant source of PM10 emissions. Emissions are generated directly from application of traction control material (i.e., sand, salt, and chlorides) and indirectly from the increased silt loading on the paved streets. Motor vehicle traffic grinds and re-entrains the material into the atmosphere.

In 2002, the WCDBOH adopted revisions to Regulations 040.031 and 040.032.¹⁰ These revisions required municipalities to: 1) Use a harder and cleaner type of sand, 2) reduce the sand application rate by 50 percent compared to 1999 rates, 3) remove the sand within four days after a storm event, and 4) only purchase new sweepers that are PM10 certified.

Approximately 1,108 lbs/day of PM10 emissions were reduced in the Truckee Meadows in 2005 because of the Street Sanding and Sweeping program. Additional benefits are realized in the Truckee Meadows because the Street Sanding and Sweeping Programs are applicable to additional geographic areas of Washoe County. This area encompasses all of the urbanized portions of Washoe County south of Township 22N, which includes the Cities of Reno and Sparks.

3. **Dust Control:** Fugitive PM10 generating sources, such as construction activities and unpaved roads, are subject to WCDBOH Regulation 040.030.¹¹ The current regulation implements BACM and was adopted by the WCDBOH in 2002. In addition, projects that disturb one acre or more of land are required to obtain a Dust Control Permit from the WCAQMD. The Dust Control permit includes additional control and contingency measures that are to be implemented before, during, and after completion of the project.

Approximately 4,461 lbs/day of PM10 emissions were reduced in the Truckee Meadows because of the Dust Control program. Additional benefits are realized in the Truckee Meadows PM10 NAA because the Dust Control regulation is applicable to the entire geographic area of Washoe County.

4. **Emergency Episode Plan:** WCDBOH Regulation 050.001¹² addresses actions that the WCAQMD shall take during periods of elevated ambient PM10 concentrations. When 24-hour PM10 concentrations reach, or are predicted to reach, Stage 1 levels (154 $\mu\text{g}/\text{m}^3$), the regulation: 1) Implements notification procedures to the public about potential health problems 2) prohibits all open and prescribed burning, 3) prohibits the use of permitted incinerators, crematoriums, and pathological incinerators, 4) prohibits the use of solid fuel burning devices, and 5) activates control plans for the largest PM10 sources in the county.

Approximately 4,111 lbs/day of PM10 emissions were reduced in the Truckee Meadows because of the Emergency Episode Plan. The Truckee Meadows PM10 NAA receives

¹⁰ 71 FR 14386 (March 22, 2006).

¹¹ WCDBOH Regulations Governing Air Quality Management; Section 040.030, "Dust Control". Submitted to EPA August 2002.

¹² 72 FR 33397 (June 18, 2007).

additional benefits from the Emergency Episode Plan because it is applicable to the entire geographic area of Washoe County.

Table 4-1
2005 Emission Reductions from Federally Enforceable Programs

| Federally Enforceable Program | Emissions (lbs / Typical PM10 Season Day) | | |
|-------------------------------|--|--------------|--------------|
| | Uncontrolled | Controlled | Reductions |
| Residential Wood Combustion | 9,637 | 8,628 | 1,009 |
| Street Sanding and Sweeping | 1,894 | 786 | 1,108 |
| Dust Control | 8,922 | 4,461 | 4,461 |
| Emergency Episode Plan | <u>7,401</u> | <u>3,290</u> | <u>4,111</u> |
| Total | 27,854 | 17,165 | 10,689 |

Other Programs That Provide Additional PM10 Benefits

The Truckee Meadows also benefits from other PM10 control programs. Although these programs are not part of the Truckee Meadows portion of the Nevada PM10 SIP, they contribute to air quality improvements in the area. These programs are applicable to the entire geographic area of Washoe County.

1. Non-Road Diesel Emission Standards: The Clean Air Non-Road Diesel Rule, which was signed in 2004, established stringent Tier 4 PM and NOx emission standards. This rule is the most recent of a series of regulations addressing non-road diesel emissions. These standards will dramatically reduce PM emissions nationwide as the diesel fleet turns over.
2. Ultra Low Sulfur Diesel: The Clean Air Non-Road Diesel Rule, along with the 2007 Highway Rule, lowers the sulfur content of diesel fuel. All diesel fuel for on-road and non-road uses will have a maximum sulfur content of 15 ppm by 2014.
3. Washoe County Smoke Management Program: Particulate matter is a major component of smoke. The WCAQMD has developed and implemented a Smoke Management Program (SMP) to balance the need for forest fuels management while maintaining clean air requirements. Major components of the SMP are: 1) Consideration of alternatives; 2) stringent meteorological prescriptions; 3) notification procedures; and 4) contingency measures. Section C.2.a.(2) of WCDBOH Regulation 050.001 addresses PM10 impacts from prescribed burning by prohibiting these projects during Stage 1 air pollution

episodes. Washoe County's SMP was adopted by the WCDBOH in 2003 and submitted to EPA Region IX in 2006.

Economic Conditions

Between 1990 and 2005, Washoe County, including the Truckee Meadows PM10 NAA, did not experience temporary adverse economic conditions. Demographic and economic indicators such as population, full-time employment, total industry earnings, and vehicle miles traveled (VMT) demonstrated steady, positive growth during this period. Table 4-2 lists these indicators and their overall rate of growth.

Table 4-2
Washoe County Demographic and Economic Indicators (1990-2005)

| Indicator | Source* | 1990 | 2005 | 2005/1990 Ratio |
|---------------------------|---------|--------------|---------------|-----------------|
| Population | A | 257,120 | 396,844 | 1.543 |
| Full-Time Employment | B | 176,484 | 269,969 | 1.530 |
| Total Industry Earnings** | B | \$ 5,731,448 | \$ 10,477,839 | 1.828 |
| Vehicle Miles Traveled*** | C | 4,225,134 | 7,622,355 | 1.804 |

* A: Nevada State Demographer's Office; "Nevada County Population Estimates July 1, 1990 to July 1, 2006 Includes Cities and Towns".

B: University of Nevada, Reno; Center of Economic Development; "PNREAP: Selected Economic Indicators, Washoe County, 1969-2005".

C: 1990 Emission Inventory of Carbon Monoxide, Amended Final; November 2, 1993; Table 38. 2005 Periodic Emissions Inventory; May 2007; Table 5-3.

** Total Industry Earnings are in 2000 Dollars (1,000's).

*** Vehicle Miles Traveled are in miles per day and represent only the Truckee Meadows PM10 NAA portion of Washoe County.

Washoe County's air quality continued to improve despite substantial growth in population, economic activity, and VMT. Based on these demographic and economic data, long-term improvement in Washoe County's air quality was not due to temporary reductions in emission rates.

Meteorological Conditions

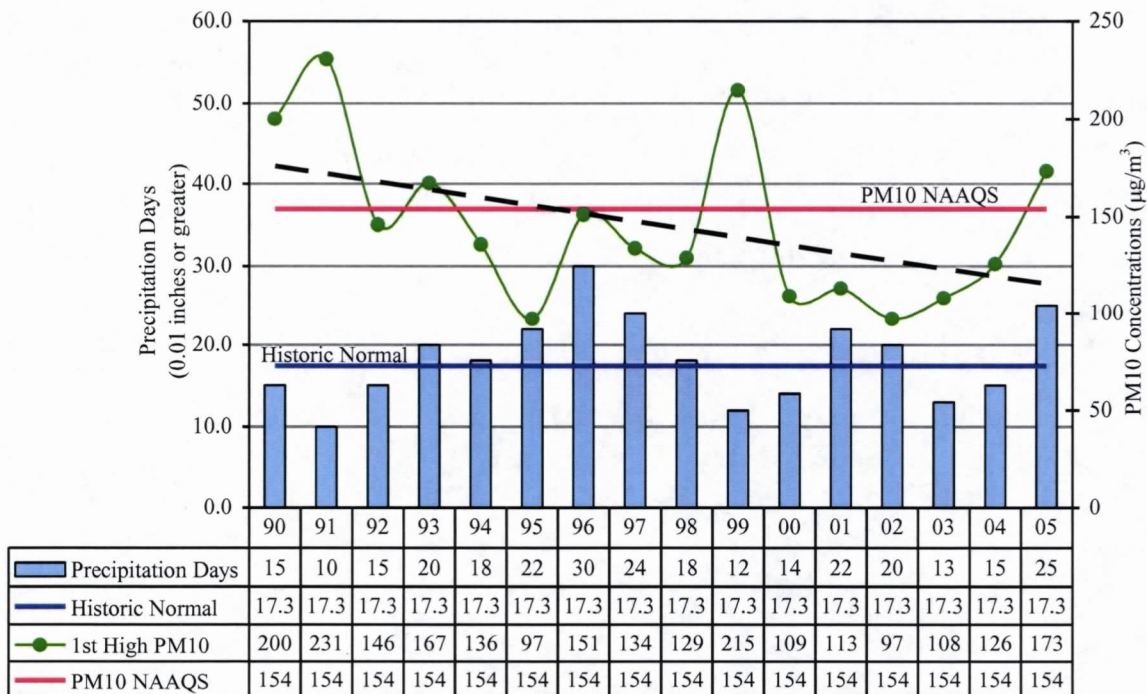
As described earlier, the Truckee Meadows PM10 NAA sits in a valley surrounded by mountain ranges. Wintertime high-pressure systems are characterized by stable atmospheric conditions, light winds, sunny days, and clear, cold nights. Cold nights, combined with local topography, can create temperature inversions where a layer of cold air is contained in the valley. Warm air above the inversion acts as a lid trapping and concentrating pollutants. The low winter sun angle

provides only slight warmth making the break-up of the inversion difficult without wind or a storm front. This wintertime atmospheric condition is when the Truckee Meadows experiences its highest PM10 concentrations.

An indicator of unusually favorable wintertime meteorology is periods of unstable atmospheric conditions. Wind, clouds, milder night temperatures, good dispersion, and precipitation characterize these unstable conditions. Figure 4-1 displays the annual number of days of precipitation 0.01 inches or greater during the months of January, November, and December. The historic normal number of days (17.3) is also included as a reference. These data were recorded at the Reno-Tahoe International Airport.¹³ Favorable meteorology, conditions leading to low PM10 concentrations, would mean a greater than normal number of precipitation days.

Wintertime precipitation data indicate that nine of the 16 years between 1990 and 2005 were above the historic normal number of 17.3 precipitation days per year. Of the five years with PM10 exceedances, two were above (1993 and 2005) and three were below (1990, 1991, and 1999) the historic normal number of precipitation of days. Because the monitored PM10 exceedances and expected exceedance rate declined while the number of precipitation days fluctuated above and below the historic normal, improvements in air quality can not be solely attributed to favorable precipitation conditions.

Figure 4-1
Precipitation Days (1990-2005)

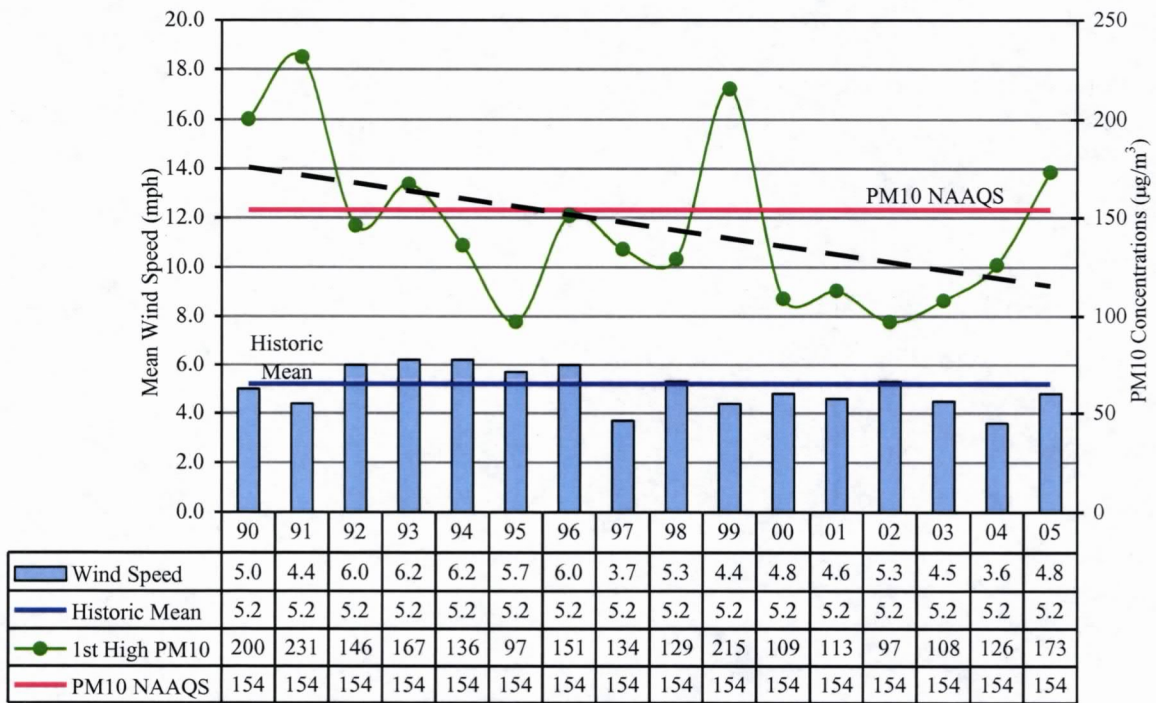


¹³ The official site where precipitation, wind speed, and atmospheric pressure data are recorded relocated three times since 1931. The precipitation data collected were from sites located: 1) within a two mile radius of each other; 2) at the same elevation (less than ten feet difference); and 3) within the Truckee Meadows PM10 NAA.

Wind speed is another meteorological indicator for PM10 concentrations. In the Truckee Meadows, higher wind speeds typically reflect unstable conditions and favorable PM10 conditions. Figure 4-2 displays the mean wintertime wind speeds from 1990 through 2005.

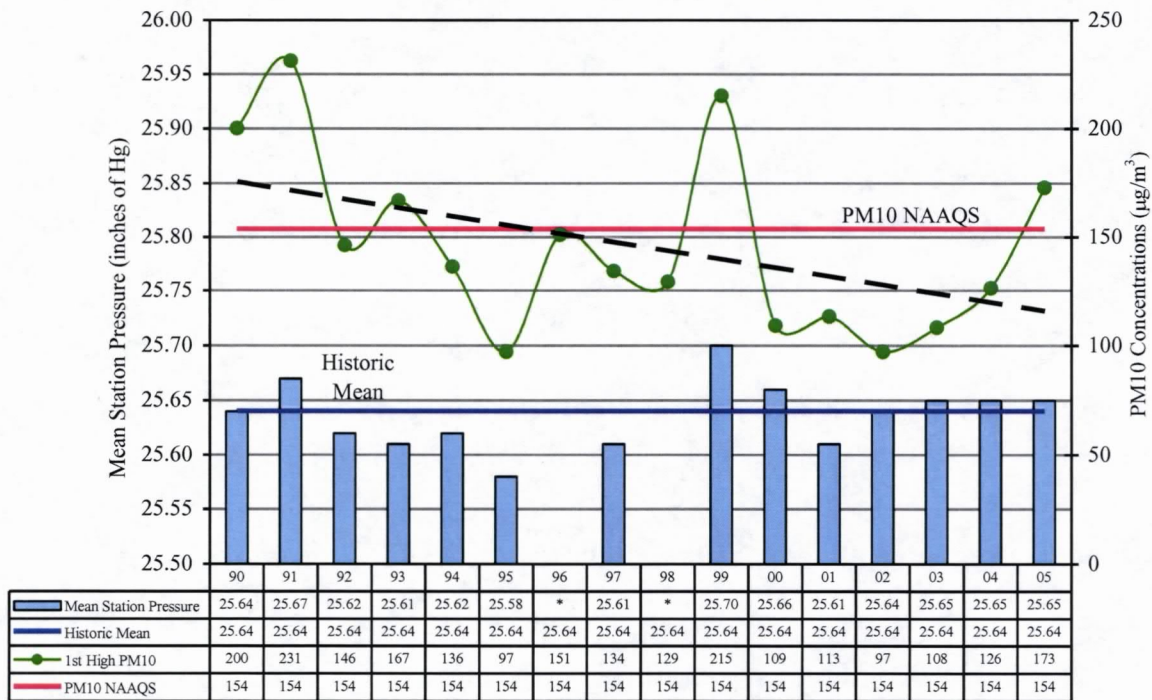
Of the nine years with wind speeds below the historic mean, four years had at least one PM10 exceedance and the other five had zero. Because the monitored PM10 exceedances and expected exceedance rate declined while the mean wind speed fluctuated above and below the historic mean, improvements in air quality can not be solely attributed to favorable wind speeds.

Figure 4-2
Mean Wind Speed (1990-2005)



Another indicator of favorable meteorological conditions is barometric pressure. Lower pressures are associated with unstable conditions, increased atmospheric mixing, weaker temperature inversions, and lower PM10 concentrations. Figure 4-3 displays the mean barometric pressures in the Truckee Meadows. Only January and November data were available for 1996 and 1998. These years are not included in the figure, but the mean pressures for the two months of these two years were below the historic mean.

Figure 4-3
Mean Station Pressure (1990-2005)



* Incomplete data for 1996 and 1998, however, partial data indicated both years were below the historic mean.

Of the 14 years with complete data, mean barometric pressures were evenly distributed - six years were above, six years were below, and two years were at the historic mean of 25.64 inches of Hg. Half of the eight years with barometric pressures at or above the historic mean did not have a monitored PM10 exceedance.

Because the monitored PM10 exceedances and expected exceedance rate declined while the precipitation days, wind speeds, and barometric pressures fluctuated above and below the historic averages, improvements in air quality can not be solely attributed to favorable meteorological conditions.

Summary

The Truckee Meadows PM10 NAA experienced long-term air quality improvements attributed to federal, state, and local control measures. In addition, Washoe County did not experience an economic downturn or unusually consistent favorable meteorology.

CHAPTER 5

SECTION 110 AND PART D REQUIREMENTS

For the purposes of redesignation, all of the general non-attainment area requirements of the 1990 CAA Section 110 and Part D must be met.

Section 110 Requirements

In general, the requirements of Section 110(a)(2) are:

- The establishment and implementation of enforceable emission limitations;
- The monitoring, compiling, and analyzing of ambient air quality data;
- Pre-construction reviews and permitting of new and modified major stationary sources;
- Consulting with and providing for the participation of local governments that are affected by the plan;
- Assurance that the State has the adequate funds and authority to enforce the SIP element and the associated regulations; and
- Permit fees for stationary sources.

Nevada Revised Statute (NRS) 445B.500¹⁴ addresses the Section 110(a)(2) requirements by authorizing the WCDBOH to implement and administer air quality management programs within the boundaries of Washoe County. These programs are managed through the WCAQMD. The WCAQMD currently consists of 20 allocated full-time staff with an annual budget of \$2.1 million. Primary funding sources are: 1) Operating permit fees; 2) EPA grants; 3) Nevada DMV funds; and 4) the City of Reno, City of Sparks, and County of Washoe County via an inter-local agreement with the Washoe County Health District.

Should the WCAQMD be unable to meet the Section 110 requirements, NRS 445B.520¹⁵ and 445B.530¹⁶ allows the State Environmental Commission to assume jurisdiction over the local air quality management program to ensure that the CAA requirements are satisfied. In addition, EPA has authority to impose sanctions on a State where EPA “. . . finds that any requirement of an approved plan (or approved part of a plan) is not being implemented . . .”.¹⁷

¹⁴ “Establishment and administration of program; contents of program; designation of air pollution control agency of county for purposes of federal act; powers and duties of local air pollution control board; notice of public hearings; delegation of authority to determine violations and levy administrative penalties; cities and smaller counties; regulation of certain electric plants prohibited”; May 23, 2007.

¹⁵ “Commission may establish or supersede county program”.

¹⁶ “Commission may assume jurisdiction over specific classes of air contaminants”.

¹⁷ 1990 CAAA; Section 179 “Sanctions and Consequences of Failure to Attain”.

Part D Requirements

The 1990 CAA lists the requirements for “Serious” PM10 NAAs in Part D, Subparts 1 and 4, and the General Preamble. These requirements were completed, implemented, and submitted to EPA by the dates specified in Section 187(a). A summary of these SIP elements is detailed in Table 5-1. EPA has not taken formal action on these elements. Table 5-1 also describes current activities by WCAQMD to revise and resubmit certain materials previously submitted to EPA based on consultation between the WCAQMD and EPA. In accordance with the Calcagni Memorandum, the WCAQMD requests that EPA simultaneously approve the applicable SIP elements and redesignation request.

PM10 NAAs reclassified as “Serious” under section 188(b)(2) of the CAA are required to submit, within 18 months of the area’s reclassification, SIP revisions providing for the implementation of BACM no later than four years from the date of reclassification. The SIP also must contain, among other things, a demonstration that the implementation of BACM will provide for attainment of the PM10 NAAQS no later than December 31, 2001 (See CAA sections 188(c)(2) and 189(b)). EPA has provided specific guidance on developing “Serious” area PM10 SIP revisions in an addendum to the General Preamble to Title I of the Clean Air Act.¹⁸

In response to the “Serious” designation, the WCAQMD prepared a PM10 SIP. The SIP included a periodic emission inventory that identified the significant wintertime PM10 sources in the Truckee Meadows as construction/grading, street sanding, street sweeping, and RWC. In “Serious” PM10 NAAs, BACM is required to be applied to these sources. To ensure that BACM is properly applied, the WCAQMD follows EPA guidance, consults with EPA during the rule development process, and participates in the EPA Region IX PM10 SIP BACM working group. This group meets twice per year to discuss and share knowledge about control measures affecting “Serious” PM10 NAAs in the Pacific Southwest.

The “Serious” PM10 SIP was adopted by the WCDBOH on July 26, 2002 and submitted to EPA on August 5, 2002. Additional SIP elements were submitted in 2006 to address deficiencies in the RWC regulation and emergency episode plan. EPA has approved many of these submittals, but has not fully approved the PM10 SIP.

In order to ensure that the Prevention of Significant Deterioration (PSD) program will become fully effective immediately upon redesignation (to replace the Part D new source review program), the County must either be delegated the Federal PSD program or make any needed modifications to its rules to have the approved PSD program apply to the affected area upon redesignation. EPA granted full delegation of the Federal PSD program (40 CFR 52.21) to Washoe County in March 2008.

¹⁸ 59 FR 41998 (August 16, 1994).

Table 5-1
Part D Requirements and Actions for the Truckee Meadows PM10 NAA

| CAA Section | Requirement | Reference | Submitted to EPA | Comments |
|-------------|-----------------------------------|--|---|---|
| 172(c)(1) | RACM/RACT | --- | --- | BACM subsumes RACM. |
| 172(c)(2) | RFP | EPA's General Preamble, ¹⁹ Calcagni Memorandum at page 6, ²⁰ and Clean Data Policy ²¹ | --- | Attained the 24-hour PM10 NAAQS in 2002 based on ambient air monitoring data. |
| 172(c)(3) | Emission Inventories | EPA's General Preamble, ²² Calcagni Memorandum at page 6. ²³ | Baseline and periodic inventories submitted at various times, most recently in June 2007. | The 2005 periodic inventory was also used as a baseline for the 2006 attainment inventory and is included in Chapter 6, Maintenance Plan. |
| 172(c)(4) | Identification and Quantification | EPA's General Preamble, ²⁴ Calcagni Memorandum at page 6. ²⁵ | --- | N/A |

¹⁹ 57 FR 13498, 13564 (April 16, 1992).

²⁰ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

²¹ "Clean Data Policy for the Fine Particulate National Ambient Air Quality Standards"; Stephen D. Page, Director, Office of Air Quality Planning and Standards; December 14, 2004.

²² 57 FR 13498, 13564 (April 16, 1992).

²³ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

²⁴ 57 FR 13498, 13564 (April 16, 1992).

²⁵ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

Table 5-1 (continued)
Part D Requirements and Actions for the Truckee Meadows PM10 NAA

| CAA Section | Requirement | Reference | Submitted to EPA | Comments |
|-------------|-----------------------------------|--|------------------|---|
| 172(c)(5) | NSR | EPA's General Preamble, ²⁶ Calcagni Memorandum at page 6, ²⁷ 030.500-030.508, ²⁸ and Nichols Memo ²⁹ | April 7, 1994 | Lack of approval of NAA NSR program not an obstacle to redesignation. Washoe County's PSD program will become fully effective immediately upon redesignation, pursuant to EPA delegation. ³⁰ |
| 172(c)(6) | Other Measures as Necessary | EPA's General Preamble, ³¹ Calcagni Memorandum at page 6. ³² | --- | N/A |
| 172(c)(7) | Compliance with Section 110(a)(2) | NRS 445B.500 ³³ | --- | Addressed earlier in this chapter. |

²⁶ 57 FR 13498, 13564 (April 16, 1992).

²⁷ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

²⁸ WCDBOH Regulations Governing Air Quality Management; Section 030.050-030.508, "Federal New Source Review (NSR)".

²⁹ "Part D New Source Review (part D NSR) Requirements for Areas Requesting Redesignation to Attainment"; Mary D. Nichols, Assistant Administrator for Air and Radiation (6101); October 14, 1994.

³⁰ Agreement for Delegation of the Federal Prevention of Significant Deterioration (PSD) Program by the United States Environmental Protection Agency, Region 9 to the Washoe County District Health Department, 3/13/08.

³¹ 57 FR 13498, 13564 (April 16, 1992).

³² "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

³³ "Establishment and administration of program; contents of program; designation of air pollution control agency of county for purposes of federal act; powers and duties of local air pollution control board; notice of public hearings; delegation of authority to determine violations and levy administrative penalties; cities and smaller counties; regulation of certain electric plants prohibited".

Table 5-1 (continued)
Part D Requirements and Actions for the Truckee Meadows PM10 NAA

| CAA Section | Requirement | Reference | Submitted to EPA | Comments |
|--------------|---|---|---|---|
| 172(c)(8) | Equivalent Techniques | EPA's General Preamble ³⁴ and Calcagni Memorandum at page 6. ³⁵ | --- | N/A |
| 172(c)(9) | Contingency Measures | EPA's General Preamble, ³⁶ Calcagni Memorandum at page 12, ³⁷ and Clean Data Policy | (Maintenance plan contingency measures supersede the 172(c)(9) attainment contingency measure requirement.) | Attained the 24-hour PM10 NAAQS in 2002 based on ambient air monitoring data. |
| 176(c) | Conformity | --- | July 31, 1995 | No EPA action. Lack of approval not an obstacle to redesignation. |
| 189(a)(1)(A) | NSR | 030.500-030.508 ³⁸ and Nichols Memo | April 7, 1994 | No EPA action. Lack of approval not an obstacle to redesignation. |
| 189(a)(1)(B) | Demonstration of Attainment or Impracticality | Clean Data Policy | --- | Attained the 24-hour PM10 NAAQS in 2002 based on ambient air monitoring data. |

³⁴ 57 FR 13498, 13564 (April 16, 1992).

³⁵ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

³⁶ 57 FR 13498, 13564 (April 16, 1992).

³⁷ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

³⁸ WCDBOH Regulations Governing Air Quality Management; Section 030.500-030.508, "Federal New Source Review (NSR)".

Table 5-1 (continued)
Part D Requirements and Actions for the Truckee Meadows PM10 NAA

| CAA Section | Requirement | Reference | Submitted to EPA | Comments |
|--------------|--------------------------|---|---------------------------------------|--|
| 189(a)(1)(C) | RACM | --- | --- | BACM subsumes RACM. |
| 189(b)(1)(A) | Attainment Demonstration | Clean Data Policy | --- | Attained the 24-hour PM10 NAAQS in 2002 based on ambient air monitoring data. |
| 189(b)(1)(B) | BACM | 010.117, ³⁹ 040.005, ⁴⁰ 040.030, ⁴¹ 040.031, ⁴² 040.032, ⁴³ and 040.051 ⁴⁴ | Various times from 2002 through 2006. | Adopted BACM for dust control, street sanding, street sweeping, and residential wood combustion. |
| 189(c) | Milestones | EPA's General Preamble, ⁴⁵ Calcagni Memorandum at page 6, ⁴⁶ and Clean Data Policy | --- | Attained the 24-hour PM10 NAAQS in 2002 based on ambient air monitoring data. |
| 189(e) | Precursors | 2005 periodic emissions inventory and attainment of the NAAQS | N/A | No Major sources of direct PM10 or PM10 precursor emissions (NOx, SOx, or VOC) sources in the Truckee Meadows NAA. |

³⁹ 72 FR 33397 (June 18, 2007).

⁴⁰ 72 FR 33397 (June 18, 2007).

⁴¹ WCDBOH Regulations Governing Air Quality Management, Section 040.030, "Dust Control". Submitted to EPA August 2002.

⁴² 71 FR 14386 (March 22, 2006).

⁴³ 71 FR 14386 (March 22, 2006).

⁴⁴ 72 FR 33397 (June 18, 2007).

⁴⁵ 57 FR 13498, 13564 (April 16, 1992).

⁴⁶ "Procedures for Processing Requests to Redesignate Areas to Attainment"; John Calcagni, Director; Air Quality Management Division (MD-15); September 4, 1992.

CHAPTER 6

MAINTENANCE PLAN

Pursuant to the Calcagni Memorandum and Section 107(d)(3)(E) of the CAA, the EPA must fully approve a maintenance plan, including a contingency plan, which meets the requirements of Section 175A. This maintenance plan meets these requirements by including the following core provisions to ensure maintenance of the 24-hour PM10 NAAQS.

- Attainment Inventory;
- Maintenance Demonstration;
- Motor Vehicle Emissions Budget;
- Monitoring Network;
- Verification of Continued Attainment; and
- Contingency Plan.

In accordance with Section 175A(b) of the CAA, the WCAQMD will prepare and submit another maintenance plan eight years after this redesignation/maintenance plan is approved. The purpose of this revision is to provide for maintenance of the 24-hour PM10 NAAQS for an additional ten years following the first ten-year period.

Attainment Inventory

Per the Calcagni Memorandum, "The State should develop an attainment emissions inventory to identify the level of emissions in the area which is sufficient to attain the NAAQS." The WCAQMD developed a comprehensive 1988 baseline emissions inventory as part of the "Moderate" PM10 NAA SIP. The 1988 inventory was scaled up to 1990 levels using growth factors based on demographic and economic data. Since 1990, periodic emission inventories have been compiled on a triennial schedule with the most recent inventory prepared for 2005. These inventories were prepared using EPA guidance and models. The on-road vehicles category incorporated the most recent planning assumptions for the transportation network including VMT and vehicle speeds. These planning assumptions were consistent with those used by the metropolitan planning organization (MPO) for their transportation plans. The designated MPO is the Regional Transportation Commission of Washoe County.

As discussed earlier in Chapter 2, the Truckee Meadows PM10 NAA attained the 24-hour PM10 NAAQS in 2002. Because air quality improvements were a result of the SIP, the 2002 periodic inventory will represent the attainment inventory (Table 6-1).⁴⁷

Table 6-1
2002 Attainment Inventory (lbs/day)

| Category | 2002 Attainment Inventory |
|-------------------------|---------------------------|
| Point Sources | 0 |
| Stationary Area Sources | 17,981 |
| Non-Road Mobile | 577 |
| On-Road Mobile | <u>718</u> |
| Total | 19,276 |

⁴⁷ Washoe County, Nevada; 2002 Emissions Inventory for Particulate Matter; July 2004; Table 1-2.

Maintenance Demonstration

Maintaining the PM10 NAAQS may be demonstrated by showing that future emissions will not exceed the level of the attainment inventory. Also, attainment must be demonstrated for the ten-year period following EPA's approval action on the redesignation request. The final year of this maintenance demonstration is 2020.

Truckee Meadows Emissions Budget

The 2005 periodic emissions inventory⁴⁸ was used as a baseline to develop an emissions budget for the Truckee Meadows. Growth factors were applied to many of the emission categories of the 2005 inventory to generate a 2006 Truckee Meadows emissions budget. These growth factors were based on demographic, economic, VMT, and meteorological data (Appendix A). Several PM10 categories were recalculated because they were either significant (i.e., paved roads and RWC) or had models available that could provide specific year emissions (i.e., non-road and on-road motor vehicles). The 2006 PM10 Truckee Meadows emissions budget was 28,686 lbs/day.

Truckee Meadows Carrying Capacity

An adjustment factor based on simple rollback was applied to the 2006 Truckee Meadows emissions budget to develop a carrying capacity for the area. Simple rollback assumes that ambient concentrations (net of background) are proportional to total emissions; equivalently, and adjustment factor applied to emissions will factor concentrations by the same amount.

This use was a conservative application of simple rollback because it was used to determine the increase in emissions up to the NAAQS rather than the amount of emissions needed to be reduced down to the NAAQS.

Also, simple rollback should normally not be used if the area is significantly affected by secondary PM10 formation. The Truckee Meadows meets this criterion through WCAQMD's periodic emissions inventory program. Secondary particulates are associated with point source emissions of NOx, SOx, and VOC. Through 2005, there were no major sources of direct PM10 or PM10 precursors within the Truckee Meadows NAA.

Direct PM10 and PM10 precursor emissions from RWC are likely to increase on cold winter nights. Their proportion of the entire inventory is also likely to increase. If PM10 concentrations approach the 24 hour NAAQS, Washoe County's emergency episode plan⁴⁹ is activated and includes a mandatory curtailment. A recent survey indicated that this program reduces RWC emission 72 percent during Stage I alerts.⁵⁰ In the 2020

⁴⁸ See Appendix C. Washoe County, Nevada; 2005 Periodic Emissions Inventory and Appendices A, B, C

⁴⁹ 72 FR 33397 (June 18, 2007).

⁵⁰ "Washoe County Health District; Air Quality Management Division; Residential Wood Use Survey"; MarkeTec, Incorporated; June 2008.

horizon year of this maintenance plan, RWC's portion of PM10 emissions will be reduced from 15 to four percent during the mandatory curtailment.

The adjustment factor used the following simple rollback equation.

$$2006 \text{ Adjustment Factor} = (N - B)/(C - B)$$

Where: N = 24-hour PM10 NAAQS ($\mu\text{g}/\text{m}^3$)
B = Background concentration in ($\mu\text{g}/\text{m}^3$), and
C = Highest monitored concentration ($\mu\text{g}/\text{m}^3$)

By applying the variables of N = 150, B = 0, and C = 118 into the simple rollback equation, the adjustment factor becomes:

$$2006 \text{ Adjustment Factor} = (N - B)/(C - B) = (150 - 0)/(118 - 0) = 1.271$$

This shows the factor by which current PM10 concentrations are below the NAAQS, and also the factor by which PM10 concentrations can be increased while still attaining the NAAQS. Two safety margins were incorporated into the 2006 Truckee Meadows carrying capacity emissions inventory. First, the adjustment factor was based on a 24-hour PM10 NAAQS of 150 instead of 154 $\mu\text{g}/\text{m}^3$, which added approximately 3.4 percent of safety margin.⁵¹ Also, a conservative estimate of 0 $\mu\text{g}/\text{m}^3$ was used for the background concentration. Background concentrations are the irreducible non-anthropogenic portion of PM10 emissions. The assumption of zero background in the formula is conservative because it implies that the full ambient concentration, including the true background not affected by emissions, increases along with emissions.

This adjustment factor of 1.271 was applied to the 2006 Truckee Meadows emissions budget to calculate the 2006 Truckee Meadows carrying capacity of 36,466 lbs/day (Appendix B). Table 6-2 lists the four major emissions inventory categories for 2005 and 2006.

⁵¹ Because of the rounding procedures specified in 40 CFR 50, Appendix K, concentrations less than or equal to 154 $\mu\text{g}/\text{m}^3$ are not considered exceedances.

**Table 6-2
Truckee Meadows PM10 Emission Inventories (lbs/day)**

| Category | 2005 | 2006 | |
|-------------------------|--------------------|------------------|-------------------|
| | Periodic Inventory | Emissions Budget | Carrying Capacity |
| Point Sources | 11 | 11 | 14 |
| Stationary Area Sources | 28,844 | 27,341 | 34,756 |
| Non-Road Mobile | 790 | 721 | 917 |
| On-Road Mobile | <u>630</u> | <u>563</u> | <u>715</u> |
| Total* | 30,275 | 28,635 | 36,400 |

* Totals may not add up due to rounding.

The 2006 Truckee Meadows carrying capacity satisfies Condition 5.a of the Calcagni Memorandum because it:

- Uses the most accurate emissions inventory methodologies;
- Is a comprehensive and current emissions inventory;
- Identifies the level of emissions in the Truckee Meadows PM10 NAA sufficient to attain the NAAQS; and
- Will be the emissions inventory most consistent with the 2020 projected inventory required for demonstrating maintenance of the NAAQS.

Maintenance of the NAAQS

The projected 2020 emissions inventory used the 2006 Truckee Meadows emissions budget as its baseline. Each of the emission categories in the 2006 Truckee Meadows emissions budget (Appendix B) were projected to 2020 levels using one of the following EPA emission methodologies or models.⁵²

1. **Baseline Emission Projections:** Washoe County's 2020 population, employment, and VMT forecasts (Appendix A) were used as surrogates to project the 2020 emissions. These forecasts were consistent with those used by the local MPO. This methodology was conservative because it did not account for any additional emission controls through 2020.
2. **EPA Models:** The non-road and on-road motor vehicle categories accounted for approximately four percent of the 2006 Truckee Meadows emissions budget. To ensure consistency throughout the maintenance demonstration period, the same non-road and on-road models (NONROAD2005 and MOBILE6.2.03) were used to estimate the 2020 inventory.

The 2020 on-road vehicles category incorporated the latest planning assumptions for the transportation network including VMT and vehicle speeds. As with previous periodic emission inventories, these planning assumptions were consistent with those used by the MPO for their transportation plans.

3. **Emission Category Surveys:** Residential wood combustion is a significant source of PM10 emissions. The RWC category is updated on a regular basis via an emission category survey. As part of the carbon monoxide maintenance plan SIP, the WCAQMD is committed to conducting this survey at least once every three years.⁵³ The most recent survey was completed for the 2007-2008 winter season. An adjustment factor of 1.038 based on heating degree days was applied to the 2007-2008 survey to estimate future emission through 2020. This factor accounts for the milder 2007-2008 winter season (2,604 heating degree days) compared to the historic normal (2,703 heating degree days). A conservative estimate of no change in projected PM10 emissions is used because RWC in the Truckee Meadows is controlled by a regulation that: 1) Is permanent and enforceable, 2) does not allow non-EPA certified devices in new dwelling units, and 3) requires non-EPA certified devices to be upgraded or removed upon real estate transactions.

Table 6-3 lists the 2006 Truckee Meadows carrying capacity emissions inventory and the 2009, 2013, 2018 and 2020 projected emissions for the four major PM10 emission categories. A more detailed inventory can be found in Appendix B.

⁵² "Procedures for Preparing Emissions Projections" (EPA-450/4-91-019).

⁵³ 73 FR 38124 (July 3, 2008).

Table 6-3
Truckee Meadows PM10 Maintenance Emission Inventories (lbs/day)

| Category | 2006* | 2009** | 2013 | 2018 | 2020** |
|-------------------------|------------|------------|------------|------------|------------|
| Point Sources | 14 | 12 | 12 | 14 | 14 |
| Stationary Area Sources | 34,756 | 25,645 | 27,478 | 30,379 | 30,774 |
| Non-Road Mobile | 917 | 691 | 627 | 502 | 480 |
| On-Road Mobile | <u>715</u> | <u>361</u> | <u>254</u> | <u>182</u> | <u>176</u> |
| Total | 36,400 | 26,707 | 28,371 | 31,077 | 31,443 |

* Truckee Meadows Carrying Capacity Emissions Inventory.

** Straight-line interpolation between 2006 Truckee Meadows Emissions Budget and 2013, 2013 and 2018, or 2018 and 2028.

*** Totals may not add up due to rounding.

Summary

Population, employment, and VMT are projected to increase through 2020 and beyond. Federally enforceable PM10 control programs targeting RWC, diesel-powered motor vehicles, and diesel fuel will help offset this growth. Because future emissions are not projected to exceed the level of the 2006 Truckee Meadows carrying capacity emissions inventory, the 24-hour PM10 NAAQS will be maintained through the attainment demonstration period.

Motor Vehicle Emissions Budget

Transportation conformity is required by Section 176(c) of the CAA. Under EPA’s transportation conformity regulations,⁵⁴ transportation plans and improvement programs must be consistent with, or conform to, the motor vehicle emissions budget (MVEB) defined in the applicable SIP. These budgets specify the level of on-road motor vehicle emissions that are consistent with attainment and maintenance of air quality standards and should include an adequate safety margin.⁵⁵

Emissions inventory data for the years 2009 through 2020 were used to establish the MVEB. The MVEB includes road construction fugitives, paved road fugitives, unpaved road fugitives, on-road vehicles, diesel idling, and a safety margin. The safety margin is the excess emissions between the total projected emissions for a specific year and the 2006 area carrying capacity (Table 6-4).

Table 6-4
Truckee Meadows PM10 Safety Margin (lbs/day)

| Category | 2009 | 2013 | 2018 | 2020 |
|---------------------------|---------------|---------------|---------------|---------------|
| 2006 Attainment Inventory | 36,400 | 36,400 | 36,400 | 36,400 |
| PM10 Emission Inventory* | <u>26,707</u> | <u>28,371</u> | <u>31,077</u> | <u>31,443</u> |
| Safety Margin | 9,693 | 8,029 | 5,323 | 4,957 |

* Projected 2009, 2013, 2018, and 2020 emission inventories from Table 6-2.

The MVEB is set at a level that keeps the intermediate (2013 and 2018) and horizon (2020) year Truckee Meadows PM10 NAA emissions less than the 2006 Truckee Meadows carrying capacity. For years beyond 2020, the MVEB will remain at the 2020 level of 20,881 lbs/day.

⁵⁴ 40 CFR 93.

⁵⁵ Safety margin means the amount by which the total projected emissions from all sources of a given pollutant are less than the total emissions that would satisfy the applicable requirement for reasonable further progress, attainment, or maintenance. (40 CFR 93.101)

Table 6-5
Truckee Meadows PM10 MVEB (lbs/day)

| Category | 2009 | 2013 | 2018 | 2020 |
|--------------------------------|--------------|--------------|--------------|--------------|
| Road Construction | 523 | 526 | 522 | 520 |
| Paved Roads - Fugitives | 9,823 | 11,169 | 13,775 | 14,105 |
| Unpaved Roads - Fugitives | 795 | 893 | 1,034 | 1,057 |
| On-Road Vehicles | 346 | 238 | 165 | 159 |
| Diesel Idling | 15 | 16 | 17 | 18 |
| Safety Margin | <u>9,693</u> | <u>8,029</u> | <u>5,323</u> | <u>4,957</u> |
| Motor Vehicle Emissions Budget | 21,195 | 20,871 | 20,836 | 20,816 |

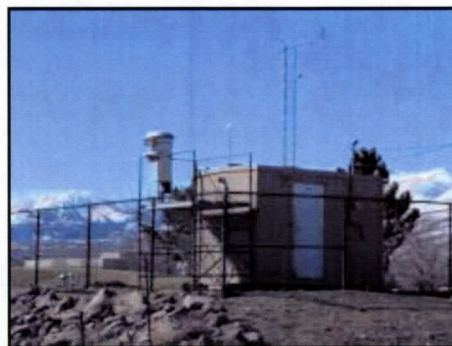
The MVEB includes an additional safety margin. Based on ambient air monitoring data, the Truckee Meadows expected exceedance rate for 2005 was 0.3 expected exceedances (70 percent below the NAAQS). Because the Truckee Meadows' carrying capacity used 2005 as a baseline, future motor vehicle emissions nearing the MVEB should not lead to an exceedance or violation of the NAAQS.

Monitoring Network

Once the Truckee Meadows PM10 NAA has been redesignated to an attainment/maintenance area, the WCAQMD will continue to operate an appropriate PM10 monitoring network, in accordance with 40 CFR 58, to verify the attainment status of the area. In addition, Washoe County's PM10 monitoring network will be reviewed annually pursuant to 40 CFR 58.10 to ensure the network meets the monitoring objectives defined in 40 CFR 58, Appendix D. Funding to meet these objectives has, and will be, primarily obtained from: 1) EPA Section 105 grants, and 2) Nevada Department of Motor Vehicles funds.

Ambient PM10 monitoring data will be collected and quality assured in accordance with 40 CFR 58, recorded in the AQS, and be available for public review.

Figure 6-1
South Reno Monitoring Site



Verification of Continued Attainment

As described in the previous section, the WCAQMD will continue to operate and maintain an appropriate PM10 monitoring network. Ambient air monitoring data will be used to verify attainment and maintenance of the 24-hour PM10 NAAQS.

Tracking actual emissions can identify potential increases in ambient PM10 levels. The WCAQMD has three existing mechanisms to track emissions. These mechanisms, listed below, will remain in place and be used to screen for significant increases in actual PM10 emissions.

1. Periodic Emissions Inventories: The WCAQMD will continue to prepare, and submit to EPA, comprehensive periodic PM10 emissions inventories on a triennial schedule. The last periodic emissions inventory was prepared for calendar year 2005.
2. Consolidated Emissions Reporting Rule (CERR) and Air Emissions Reporting Rule (AERR): The CERR and AERR simplify and streamline emissions reporting requirements. It requires regular updates of point and area sources within Washoe County. The WCAQMD will continue to meet the requirements of the CERR and AERR.
3. Residential Wood Use Survey: Residential wood combustion is a significant PM10 source during the winter season. The WCAQMD has completed seven residential wood use surveys between 1993 and 2008. These surveys estimated the device (fireplaces, woodstoves, and pellet stoves) population, amount of wood burned, and PM10 emissions in Washoe County. As part of this maintenance plan, as well as the carbon monoxide maintenance plan,⁵⁶ the WCAQMD is committed to conducting this survey at least once every three years.

Continued ambient air monitoring and emissions tracking will ensure verification of continued attainment and maintenance of the 24-hour PM10 NAAQS.

⁵⁶ 73 FR 38124 (July 3, 2008).

Contingency Plan

Section 175A of the CAA requires that a maintenance plan include contingency provisions, as necessary, to promptly correct any violation of the PM10 NAAQS that occurs after redesignation of the area. The plan should clearly identify:

- Specific indicators, or triggers, which will be used to determine when contingency measures need to be implemented;
- The contingency measures to be adopted;
- A schedule and procedure for adoption and implementation; and
- A specific time limit for action.

The typical PM10 season in the Truckee Meadows PM10 NAA is November, December, and January. This is when the highest ambient PM10 concentrations, and possible exceedances, are most likely to occur. Contingency Plan "A" is monitoring based and increases sampling frequency during PM10 episodes. If monitoring data indicate a PM10 violation, then Contingency Plan "B" begins control measure development and implementation.

Contingency Plan "A"

Trigger Mechanism "A": When 24-hour PM10 concentrations reach, or are expected to reach, the 24-hour PM10 NAAQS verified from any NAMS, SLAMS, SPM, or NCore site operated within Washoe County.

Contingency Measure "A": Increase PM10 ambient monitoring sampling frequency from the current once every six days to every day through the PM10 episode. Every day sampling will continue through the episode to validate the episode length in accordance with 40 CFR 50, Appendix K. If no exceedances are observed, then the PM10 sampling frequency will return to once every six days. In addition, the EPA Regional Office will be notified within 30 days of implementation of Contingency Measure "A".

Contingency Plan "B"

Trigger Mechanism "B": A violation of the 24-hour PM10 NAAQS verified from any NAMS, SLAMS, SPM, or NCore site operated within Washoe County. Violation of the NAAQS is defined as when the expected number of days per calendar year with a 24-hour concentration above $150 \mu\text{g}/\text{m}^3$, as determined in accordance with 40 CFR 50, Appendix K is greater than one.

Contingency Measure "B": The WCAQMD will maintain a list of potential contingency measures and provide recommendations for implementation to the WCDBOH. Recommendations to the WCDBOH shall occur at their next regularly scheduled meeting, but no later than 45 days after reaching Trigger Mechanism "B" levels. The recommendations will also include a timeline for adoption and implementation. Contingency measures recommended to the WCDBOH shall be adopted and implemented as promptly and expeditiously as possible. Any rule revision should be

adopted and implemented before the next PM10 season (November, December, and January). Prompt action and implementation of contingency measures may prevent future exceedances and violations of the PM10 NAAQS.

The list of potential contingency measures will concentrate on the significant emission categories impacting PM10 season emissions. Table 6-6 summarizes the current list. Because of changes in growth and technology, the effectiveness of each measure may vary over time. A triennial review and reprioritization of the measures in coordination with the periodic PM10 emissions inventory should be adequate to anticipate the need for additional emission reductions. In addition, the EPA Regional Office will be notified within 30 days of implementation of Contingency Measure "B".

Table 6-6
Potential PM10 Contingency Measures

| Emission Category | Potential Contingency Measure |
|-----------------------------|--|
| Paved Streets | <ul style="list-style-type: none"> • Increase stringency of street sanding and sweeping programs • Improve unpaved shoulders • Transportation control measures to reduce VMT |
| Unpaved Streets | <ul style="list-style-type: none"> • Improve unpaved streets and shoulders • Post speed limits to decrease vehicle speeds • Restrict access to decrease ADT and VMT |
| Dust Control | <ul style="list-style-type: none"> • Phased mass grading • Mass grading allocation system • Stabilize projects during PM10 season • Decrease one acre dust control permit exemption |
| Residential Wood Combustion | <ul style="list-style-type: none"> • Increase one acre lot size exemption • Mandatory curtailment at lower PM10 concentrations |
| Mobile Sources (Diesel) | <ul style="list-style-type: none"> • Non-road diesel engine repowers and rebuilds • Non-road diesel tailpipe controls (i.e., filters and catalysts) • Advanced Travel Center Electrification systems for long haul trucks |

Summary

The WCAQMD contingency plan meets Condition 5.e of the Calcagni Memorandum by promptly and expediently addressing future exceedances of the PM10 NAAQS with clearly defined trigger mechanisms, contingency measures, adoption schedules, and implementation schedules.

Appendix A

Growth Factors for 2006, 2007, 2009, 2013, 2018, and 2028 Projections

Growth Factors for 2006, 2007, 2009, 2013, 2018, and 2028 Projections

| Growth Factors | 2005 | 2006 | 2007 | 2009 | 2013 | 2018 | 2028 | Reference |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|
| Uniform (UNI) | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | -- |
| Population (POP) | 273,938 | 279,425 | 284,913 | 299,593 | 336,363 | 369,365 | 422,099 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Ratio to 2005 | 1.000 | 1.020 | 1.040 | 1.072 | 1.204 | 1.322 | 1.511 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.020 | 1.032 | 1.028 | 1.018 | 1.013 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Population Growth Rate (PGR) | 1.000 | 1.020 | 1.020 | 1.011 | 1.008 | 0.998 | 0.993 | |
| Ratio to 2005 | 1.000 | 1.000 | 1.000 | 1.025 | 1.123 | 1.240 | 1.387 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.001 | 1.024 | 1.022 | 1.019 | 1.011 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Employment (EMP) | 185,830 | 185,909 | 185,987 | 190,625 | 208,859 | 230,448 | 257,785 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Ratio to 2005 | 1.000 | 1.000 | 1.001 | 1.024 | 1.038 | 1.038 | 1.038 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.000 | 1.024 | 1.022 | 1.019 | 1.010 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Employment Growth Rate (EGR) | 1.000 | 1.000 | 1.001 | 1.024 | 1.038 | 1.038 | 1.038 | |
| Ratio to 2005 | 1.000 | 1.000 | 1.001 | 1.024 | 1.022 | 1.019 | 1.010 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.000 | 1.024 | 1.022 | 1.019 | 1.010 | National Climatic Data Center. 2005 Local Climatological Data: Normal, Means and Extremes; Reno, NV (RNO)* |
| Heating Degree Days (HDD) | 2,490 | 2,373 | 2,604 | 2,703 | 2,703 | 2,703 | 2,703 | National Climatic Data Center. 2005 Local Climatological Data: Normal, Means and Extremes; Reno, NV (RNO)* |
| Ratio to 2005 | 1.000 | 0.953 | 1.046 | 1.038 | 1.038 | 1.038 | 1.038 | |
| Ratio using 2007 Baseline | 1.000 | 1.000 | 1.000 | 1.038 | 1.038 | 1.038 | 1.038 | National Climatic Data Center. 2005 Local Climatological Data: Normal, Means and Extremes; Reno, NV (RNO)* |
| Snowfall >= 1 inch (SNO) | 5.0 | 2.0 | 2.0 | 3.9 | 3.9 | 3.9 | 3.9 | National Climatic Data Center. 2005 Local Climatological Data: Normal, Means and Extremes; Reno, NV (RNO)* |
| Ratio to 2005 | 1.000 | 0.400 | 0.400 | 1.950 | 1.950 | 1.950 | 1.950 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.000 | 1.950 | 1.950 | 1.950 | 1.950 | National Climatic Data Center. 2005 Local Climatological Data: Normal, Means and Extremes; Reno, NV (RNO)* |
| Vehicle Miles Traveled (VMT) | 5,993,704 | 6,162,018 | 6,330,331 | 6,739,077 | 7,700,805 | 9,590,285 | 10,803,621 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Ratio to 2005 | 1.000 | 1.028 | 1.056 | 1.094 | 1.250 | 1.556 | 1.753 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.027 | 1.094 | 1.250 | 1.556 | 1.753 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Local Vehicle Miles Traveled (LVMT) | 622,475 | 641,723 | 660,971 | 703,309 | 795,671 | 920,795 | 1,021,564 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| Ratio to 2005 | 1.000 | 1.031 | 1.062 | 1.096 | 1.240 | 1.435 | 1.592 | |
| Ratio using 2006 Baseline | 1.000 | 1.000 | 1.030 | 1.096 | 1.240 | 1.435 | 1.592 | RTC of Washoe County; "2040 RTP", Truckee Meadows, November 21, 2008. |
| NONROAD2005 (NR05) | NR05 | NR05 | NR05 | NR05 | NR05 | NR05 | NR05 | |
| MOBILE6.2 (M6) | M6 | M6 | M6 | M6 | M6 | M6 | M6 | |
| Episodic RWC EI Factors: | | | | | | | | |
| Rule Penetration | 0.78 | 0.78 | 0.79 | 0.79 | 0.79 | 0.79 | 0.79 | "Washoe County District Health Department; Air Quality Management Division; Residential Wood Use Survey"; MarkeTec, Incorporated; June 2008. |
| Rule Effectiveness | 0.57 | 0.57 | 0.75 | 0.75 | 0.75 | 0.75 | 0.75 | |
| Control Efficiency | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | |

Appendix B

Truckee Meadows PM10 NAA Seasonal Emissions (lbs/day)

Truckee Meadows PM10 NAA Seasonal Emissions (lbs/day)

| Major Category | Sub-Category | 2005 | | 2006 | | | 2009 | | 2013 | | 2018 | | 2020 | | 2028 | |
|--------------------------------|---|-------|------------------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--|
| | | EI | Growth Surrogate | TMEB | TMCC | EI | EI | EI | EI | EI | EI | EI | EI | EI | EI | |
| POINT SOURCES | | | | | | | | | | | | | | | | |
| | subtotal | 11 | EMP | 11 | 14 | 14 | 12 | 12 | 14 | 14 | 14 | 14 | 14 | 15 | 15 | |
| STATIONARY AREA SOURCES | | | | | | | | | | | | | | | | |
| | Stationary Source Fuel Combustion | | | | | | | | | | | | | | | |
| | Fuel Combustion (Industrial/Commercial) | 196 | EMP | 196 | 249 | 206 | 220 | 243 | 243 | 249 | 249 | 249 | 249 | 272 | 272 | |
| | Fuel Combustion (Residential) | 150 | POP | 153 | 194 | 166 | 184 | 202 | 202 | 208 | 208 | 208 | 231 | 231 | 231 | |
| | subtotal | 346 | | 349 | 444 | 373 | 404 | 445 | 445 | 457 | 457 | 503 | 503 | | | |
| | Residential Wood Combustion | | | | | | | | | | | | | | | |
| | Fireplaces | 7,221 | HDD | 5,424 | 6,895 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | 3,343 | |
| | Woodstoves/Insert (Certified) | 2,208 | HDD | 1,813 | 2,305 | 758 | 758 | 758 | 758 | 758 | 758 | 758 | 758 | 758 | 758 | |
| | Woodstoves/Insert (Non-certified) | 68 | HDD | 34 | 43 | 432 | 432 | 432 | 432 | 432 | 432 | 432 | 432 | 432 | 432 | |
| | Pellet Stoves | 139 | HDD | 130 | 165 | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 | |
| | subtotal | 9,636 | | 7,401 | 9,408 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | 4,606 | |
| | Industrial Processes | | | | | | | | | | | | | | | |
| | Chemical Manufacturing | 41 | EMP | 41 | 52 | 43 | 46 | 51 | 51 | 52 | 52 | 57 | 57 | 57 | 57 | |
| | Food and Kindred Products | | | | | | | | | | | | | | | |
| | Commercial Food Establishments | 241 | POP | 246 | 312 | 267 | 296 | 325 | 325 | 334 | 334 | 371 | 371 | 371 | 371 | |
| | Manufacturing | 2 | EMP | 2 | 3 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | |
| | Mineral Processes | 165 | EMP | 165 | 210 | 174 | 185 | 205 | 205 | 209 | 209 | 229 | 229 | 229 | 229 | |
| | Rubber/Plastic Processes | 208 | EMP | 208 | 265 | 219 | 234 | 258 | 258 | 264 | 264 | 289 | 289 | 289 | 289 | |
| | Fabricated Metals | 44 | EMP | 44 | 56 | 46 | 49 | 55 | 55 | 56 | 56 | 61 | 61 | 61 | 61 | |
| | Construction | | | | | | | | | | | | | | | |
| | Residential Dust Projects (Road Const.)* | 430 | PGR | 439 | 558 | 440 | 442 | 438 | 438 | 437 | 437 | 435 | 435 | 435 | 435 | |
| | Residential Dust Projects (Non-Road Const.) | 2,266 | PGR | 2,311 | 2,938 | 2,319 | 2,330 | 2,307 | 2,330 | 2,305 | 2,305 | 2,295 | 2,295 | 2,295 | 2,295 | |
| | Commercial Dust Projects (Road Const.)* | 82 | EGR | 82 | 104 | 83 | 84 | 84 | 84 | 83 | 83 | 83 | 83 | 83 | 83 | |
| | Commercial Dust Projects (Non-Road Const.) | 1,683 | EGR | 1,684 | 2,140 | 1,700 | 1,721 | 1,715 | 1,721 | 1,712 | 1,712 | 1,701 | 1,701 | 1,701 | 1,701 | |
| | Asphalt, Sand and Gravel, Abrasive Blasting | 3,571 | EGR | 3,573 | 4,541 | 3,606 | 3,651 | 3,639 | 3,651 | 3,633 | 3,633 | 3,609 | 3,609 | 3,609 | 3,609 | |
| | Machinery | | EMP | | | | | | | | | | | | | |
| | Mining and Quarrying | 478 | EMP | 478 | 608 | 504 | 537 | 593 | 593 | 607 | 607 | 663 | 663 | 663 | 663 | |
| | Miscellaneous Industrial Processes | 87 | EMP | 87 | 111 | 92 | 98 | 108 | 108 | 110 | 110 | 121 | 121 | 121 | 121 | |
| | subtotal | 9,298 | | 9,360 | 11,898 | 9,495 | 9,675 | 9,779 | 9,675 | 9,807 | 9,807 | 9,917 | 9,917 | 9,917 | 9,917 | |
| | Solvent Utilization | | | | | | | | | | | | | | | |
| | All Sub-Categories | | EMP | | | | | | | | | | | | | |
| | Other Solvent Utilization | | | | | | | | | | | | | | | |
| | All Sub-Categories | | EMP | | | | | | | | | | | | | |
| | Storage and Transport | | | | | | | | | | | | | | | |
| | All Sub-Categories | | EMP | | | | | | | | | | | | | |

Truckee Meadows PM10 NAA Seasonal Emissions (lbs/day)

| Major Category | Sub-Category | 2005 | | 2006 | | | 2009 | | 2013 | | 2018 | | 2020 | | 2028 | |
|---|---|--------|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|------|----|
| | | EI | Growth Surrogate | TMEB | TMCC | EI | EI | EI | EI | EI | EI | EI | EI | EI | EI | EI |
| <u>Waste Disposal, Treatment & Recovery</u> | | | | | | | | | | | | | | | | |
| | All Sub-Categories | 72 | EMP | 72 | 92 | 76 | 81 | 89 | 91 | 81 | 89 | 91 | 91 | 100 | 100 | |
| | subtotal | 72 | | 72 | 92 | 76 | 81 | 89 | 91 | 81 | 89 | 91 | 91 | 100 | 100 | |
| <u>Miscellaneous Area Sources</u> | | | | | | | | | | | | | | | | |
| | Paved Roads - Fugitives* | 7,973 | RTP | 9,090 | 11,555 | 9,823 | 11,169 | 13,775 | 14,105 | 11,169 | 13,775 | 14,105 | 15,423 | 15,423 | | |
| | Unpaved Roads - Fugitives* | 699 | LVMIT | 721 | 916 | 795 | 893 | 1,034 | 1,057 | 893 | 1,034 | 1,057 | 1,147 | 1,147 | | |
| | Street Sanding | 786 | SNO | 314 | 400 | 442 | 613 | 613 | 613 | 613 | 613 | 613 | 613 | 613 | | |
| | Fires | 23 | UNI | 23 | 29 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | | |
| | Automotive and Miscellaneous Repair Shops | - | EMP | - | - | - | - | - | - | - | - | - | - | - | | |
| | Health Services (All Sub-Categories) | 11 | POP | 11 | 14 | 12 | 14 | 15 | 15 | 14 | 15 | 15 | 17 | 17 | | |
| | subtotal | 9,492 | | 10,159 | 12,914 | 11,095 | 12,712 | 15,460 | 15,813 | 12,712 | 15,460 | 15,813 | 17,223 | 17,223 | | |
| <u>NON-ROAD MOBILE SOURCES</u> | | | | | | | | | | | | | | | | |
| | Aircraft | 19 | EMP | 19 | 24 | 20 | 21 | 24 | 24 | 21 | 24 | 24 | 26 | 26 | | |
| | Non-Road Gasoline Vehicles | 199 | NR05 | 179 | 228 | 185 | 195 | 206 | 212 | 195 | 206 | 212 | 234 | 234 | | |
| | Non-Road CNG and LPG Vehicles | 6 | NR05 | 7 | 9 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 10 | 10 | | |
| | Non-Road Diesel Vehicles | 536 | NR05 | 486 | 618 | 447 | 369 | 227 | 198 | 369 | 227 | 198 | 80 | 80 | | |
| | Railroads | 30 | EMP | 30 | 38 | 32 | 34 | 37 | 38 | 34 | 37 | 38 | 42 | 42 | | |
| | subtotal | 790 | | 721 | 917 | 691 | 627 | 502 | 480 | 627 | 502 | 480 | 392 | 392 | | |
| <u>ON-ROAD MOBILE SOURCES</u> | | | | | | | | | | | | | | | | |
| | On-Road Vehicles* | 616 | M6 | 549 | 697 | 346 | 238 | 165 | 159 | 238 | 165 | 159 | 134 | 134 | | |
| | Diesel Idling* | 14 | EMP | 14 | 18 | 15 | 16 | 17 | 18 | 16 | 17 | 18 | 19 | 19 | | |
| | subtotal | 630 | | 563 | 715 | 361 | 254 | 182 | 176 | 254 | 182 | 176 | 153 | 153 | | |
| | Grand Total | 30,275 | | 28,635 | 36,400 | 26,707 | 28,371 | 31,077 | 31,443 | 28,371 | 31,077 | 31,443 | 32,908 | 32,908 | | |
| * Sub-Category included in Motor Vehicle Emissions Budget | | | | | | | | | | | | | | | | |

TMEB - Truckee Meadows Emissions Budget
 TMCC - Truckee Meadows Carrying Capacity

SIMPLE ROLLBACK VARIABLES
 Background (B): - ug/m3
 Highest Monitored 24-Hour Concentration (C): 118 ug/m3
 24-Hour PM10 NAAQS (N): 150 ug/m3
 Attainment Inventory Adjustment Factor: 1.271

Appendix C

**Washoe County, Nevada; 2005 Periodic Emissions Inventory
and Appendices A, B, C**

**(Adopted by the Washoe County District Board of Health
on May 27, 2007)**



DISTRICT HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: April 7, 2009

TO: Washoe County District Board of Health Members

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

SUBJECT: Proposed Amendments, Additions and Deletions to the Regulations of the Washoe County District Board of Health Governing Food Establishments, Sections: 170.050 (6)(7)(8)(9), 170.100 (1-10), 170.105, 170.110 (6), 170.120 (5)(12), 170.200, 170.215, 170.220 (1), 170.225 (1), 170.229, 170.250 (1-6), 170.260, 170.310 (5), 170.320 (4), 170.330 (7), 170.400 (1B and C)(2)(3), 170.405 (1-6), 170.410 (4)(5)(10-20), 170.412, 170.415 (4), 170.430 (1-3), 170.440 (5), 170.480 (1), 170.490 (1), 170.510, 170.700, 170.710 (1)

Background

Staff reviews the temporary food and special event regulations approximately every two (2) years to ensure that our regulations address current industry practices and standards and that they are consistent with the Nevada Administrative Code (NAC). The proposed changes to Section 170 of the regulations reflect internal practice and procedure, as well as incorporating some language from the NAC.

Two (2) public workshops were conducted to get feedback on the proposed regulatory changes. Only four (4) people attended the workshops. Notification of the workshops was sent to 79 temporary food establishment operators and special event promoters. Staff fielded phone calls and email correspondence in response to this notification. Although there were questions about the regulations, staff received no objections to the proposed language.

A Business Impact Statement has been prepared and is attached to this document. The primary financial impact will be the reinspection fee. Non-complaint operators will be assessed a fee for any reinspections required beyond the initial opening inspection and reinspection. The fee is proposed to be up to, but not to exceed, the amount of the initial permit fee. The purpose of the fee is to provide cost recovery for staff time needed to gain compliance from recalcitrant operators.

DBOH AGENDA ITEM # 14.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176

www.washoecounty.us

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The application requirements outlined in Sections 170.050 and 170.100 have been required for many years, but have not been previously codified. Section 170.110 (6) allows the Health Authority some latitude to exempt some regulatory provisions if there is no hazard to the public health. In Section 170.120, cook off events are exempted from permit requirements if there is no service to the general public. Section 170.220 has been modified to include temperature guidelines for low risk foods. Section 170.229 requires a reinspection fee if more than one reinspection is required during an operational period. This is significant because staff currently continues to reinspect temporary food establishments or sampling operations until such time as compliance has been achieved. This fee is an effort to achieve cost recovery from chronic non-compliant operators. Section 170.250 is additional language addressing requirements for food from private homes and what type foods must be labeled prior to sale to the public. Although we already require this, Section 170.260 specifies that a health warning must be posted regarding drinking alcoholic beverages during pregnancy. Section 170.310 amends the description of the type of temperature measuring devices that are acceptable and must be available during operational hours. Section 170.320 limits the size of a temporary food establishment. This proposed language is based on standard industry practice and prevents overly large operations from attempting to function under a single permit. Section 170.330 specifies how single service gloves should be used. Section 170.405 has been amended to ensure that the temperature requirements and other food handling practices outlined in this regulation are consistent with NAC and the Model Food Code. Section 170.410 addresses the requirements for condiment use, service utensils and other food protection activities. Section 170.412 is specific to the temperature requirements for service, storage and display of food. Section 170.420 requires that potable water be made available for hand washing. It has come to the attention of staff that many portable hand washing stations are serviced by non-potable water and this practice must be prohibited. In Section 170.430 utensil cleaning and sanitizing operations are clarified. Section 170.440 requires the use of food grade hoses to provide potable water to temporary food establishments. Section 170.480 allows for the discharge of potable water to the sanitary sewer if approved in advance by the local wastewater pre-treatment authority. In an effort to be consistent with NAC, Section 170.500 requires portable toilets to be located within 200 feet of a temporary food establishment, unless otherwise approved by the Health Authority. Section 170.510 again requires potable water for hand washing stations. Section 170.700 allows for inspections during pre and post event hours. Staff has routinely conducted inspections before and after hours at large events. This has been done primarily to evaluate potentially hazardous food handling practices and to ensure proper cleaning and waste disposal. This section also requires the Health Authority to provide written notification to the operator prior to conducting said inspections.

Finally, the applicable section of Nevada Revised Statutes (446.017 – 446.945) will be included on all temporary food establishment/ special events regulations handouts. We frequently refer to the statute and this is to aid the applicants and operators in compliance.

Recommendation

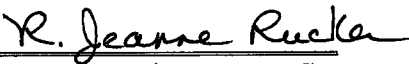
Staff is recommending approval of the proposed amendments, additions and deletions to the Washoe County District Board of Health Regulations Governing Food Establishments.

Fiscal Impact

A new fee, the reinspection fee, is included in this regulation. It will have minimal impact on most operators. Rather it will be assessed to those operators who fail to achieve regulatory compliance after the initial inspection and reinspection.

Prior to implementation of this fee, data will be collected to ensure that the fee provides cost recovery for the time and resources needed to conduct these additional inspections. A proposed fee will be included in the next fee schedule brought to the Board for approval.

Respectfully submitted,



R. Jeanne Rucker, R.E.H.S.
Environmental Supervisor
Division of Environmental Health Services

cc: Bob Sack, Division Director
Jeff Brasel, PhD, R.E.H.S.

SECTION 170

TEMPORARY FOOD ESTABLISHMENTS AND SPECIAL EVENTS

170.040 Permit Application Requirements

170.050 Application for Permit to Operate a Special Event

Anyone desiring to operate a special event in the Washoe Health District must make written application for a permit on forms provided by the Health Authority, if the event daily attendance is equal to or exceeds 5000 persons per day, or the total attendance over a fourteen (14) day period is equal to or exceeds 10,000 persons. The application must include:

1. A statement whether the applicant is a natural person, firm or corporation; and, if a partnership, the names of the partners and their addresses;
2. A statement of the location(s) and type of the proposed special event;
3. Applicant's full name and address;
4. The inclusive dates of the proposed special event;
5. The signature(s) of the applicant(s);
6. *All Temporary Food Establishments participating in the event;*
7. *Layout of the event;*
8. *Solid waste and recycling plan; and*
9. *Locations of support equipment including 3 compartment sinks, dumpsters, potable water source(s), wastewater collection units, restrooms, handwash stations, refrigeration, and grease collection.*

170.100 Application for Permit to Operate a Temporary Food Establishment

Any person desiring to operate a temporary food establishment either independently or in conjunction with a special event in Washoe County must make an application for a permit to operate in accordance with Nevada Revised Statute (NRS) 446.875. Applications must be made on forms provided by the Health Authority. A temporary food permit application must be submitted to the Health Authority not less than seven (7) days prior to the date of the event. Event promoters shall ensure that all persons operating temporary food establishments at special events, as defined by this regulation, have obtained a permit to operate from the Health Authority prior to conducting foodservice operations.

Temporary Food Establishment application must include:

1. *Applicant's full name;*
2. *The name of the event;*
3. *Dates and times at event;*
4. *Promoter name and contact information; and*
5. *Applicant's current contact information to include;*
 - A. *Address,*
 - B. *phone numbers with area codes, and*

C. email address

- 6. Food to be prepared stored, processed, or used in any other way;**
- 7. Verification of water source to be used;**
- 8. Type of handwash setup;**
- 9. Solid waste disposal; and**
- 10. Restroom availability.**

170.105 Permit Issuance Requirements

170.106 Special Event Permit to Operate

It is unlawful for any person to operate a special event with attendance equal to or exceeding 5,000 persons per day, or a total attendance over a fourteen (14) day period equal to or exceeding 10,000 persons without obtaining a health permit to operate from the Health Authority. A special event permit to operate shall be issued only upon review and approval of the permit application and only after an inspection by the Health Authority reveals that applicable requirements have been met. The permit issued pursuant to this section is not transferable from person to person or place to place.

170.110 Temporary Food Establishment Permit to Operate

1. It is unlawful for any person to operate a temporary food establishment unless a valid permit has been issued for the establishment by the Health Authority. After receipt of an application, the Health Authority shall review the application and make an inspection of the temporary food establishment to determine compliance with the provisions of Chapter 446 of the Nevada Revised Statutes, the regulations of this section, and with all other Regulations of the District Board of Health that are applicable to the operation of a temporary food establishment.
2. Food that is prepared in a private home and given away free of charge or consideration of any kind is exempt from the provisions of this section, unless it is given to a food establishment with the meaning ascribed to it in NRS 446.020.
3. Except as otherwise provided in subsection 4, food that is prepared in a private home must not be sold, or offered or displayed for sale or for compensation of contractual consideration of any kind, unless the person preparing the food possesses a valid permit issued by the Health Authority for that purpose.
4. A religious, charitable or other nonprofit organization may, without possessing a permit from the Health Authority, sell food occasionally to raise money, whether or not the food was prepared in a private home, if the sale occurs on the premises of the organization. If the sale is to occur off the premises of the organization, a permit from the Health Authority is required unless an exemption has been granted by the Health Authority based on a determination that the food which is sold, offered or displayed for sale, or served at the establishment does not constitute a potential or actual hazard to the public health.
5. The permit issued pursuant to this section is not transferable from person to person or from place to place.
6. ***The health authority may exempt a temporary food establishment from the provisions of this chapter if the health authority determines that the food which is sold, offered or displayed for sale, or served at the establishment does not constitute a potential or actual hazard to the public.***

170.120 Temporary Food Establishment Permit Exemptions

As provided in NRS 446.870 (2), a temporary food establishment which distributes the following foods is exempt from the permitting requirements of these regulations:

1. Bottled water, canned soft drinks.
2. Coffee/Tea with powdered non-dairy creamer or ultra-pasteurized dairy creamer packaged in individual servings. This exemption does not include beverages such as latte and espresso that are mixed with dairy product by the vendor during preparation.
3. Commercially prepared acidic beverages (such as orange juice, lemonade, and other similar beverages) that are served from the original properly labeled container without the addition of consumer ice or other regulated food product.
4. Draft beer and other alcoholic beverages that are served without the addition of consumer ice or the addition of potentially hazardous food.
5. Foods from an approved source prepared for a "cook-off" or judging contest in which is limited to one (1) gallon maximum of food product per contestant per day. *food is not provided to the general public.*
6. Hermetically sealed and unopened containers of non-potentially hazardous beverages, which do not require refrigeration.
7. Hot chocolate prepared without the use of potentially hazardous or reconstituted dairy products.
8. Non-potentially hazardous prepackaged baked goods with proper labeling from an approved source and requiring no on-site preparation.
9. Non-potentially hazardous and unopened prepackaged food from an approved source with proper labeling, such as honey, jerked meats, potato chips, popcorn and other similar foods.
10. Produce sold from a produce stand where no food preparation is done.
11. Commercially prepared, prepackaged, and unopened ice cream that is appropriately labeled as to ingredients and manufacturer.
12. Shelled or unshelled nuts, including flavored nuts for sample or sale *unless the nuts are processed at the event site.*
13. Food Supplements that are offered for sample or sale without the addition of regulated food items. These include, but are not limited to, vitamins, minerals, protein powder mixes, energy drinks, and herbal mixtures.

170.200 Fees

170.201 Special Event Fee

An application for a permit to operate a special event shall be accompanied by a fee established by the District Board of Health. A late fee will be assessed if the permit application and fee are not submitted to the Health Authority a minimum of fourteen (14) days prior to the start date of the event.

170.205 Temporary Food Establishment Fee

An application for a permit to operate a temporary food establishment shall be accompanied by the fee established by the District Board of Health. A late fee will be assessed if the permit application and fee are not received a minimum of seven (7) days prior to the start date of the event.

170.210 Cumulative Maximum Fee for Temporary Food Establishment

A temporary food establishment, which operates at the same special event, in the same location and serves the same menu for at least three times during a calendar year, will be eligible for a cumulative maximum fee for the special event. The operation of the temporary food establishment is limited to fourteen (14) days per calendar year. If the fourteen (14) day limit is exceeded, the operator must make application for a permit to operate a permanent establishment and will be subject to all applicable regulations. An application shall be

submitted to cover each calendar day at the event. In the event that all dates are not determined at the time of application, advanced notice must be received at least seven (7) days prior to the date of any food service operation under cumulative maximum fee permit. A separate application and fee for a temporary food establishment permit is still required for any event in which the cumulative maximum fee has not yet been paid. Late fees will apply each time an application is not submitted seven (7) days prior to operating a temporary food establishment.

170.215

Fee for Annual Sampling Permit for ~~Temporary Food Establishments~~ for Special Events

1. An annual fee has been established by the District Board of Health for ~~temporary food establishments operators~~ engaged in the practice of providing only food samples to the public. The permit can be renewed annually, provided the permit has not been suspended or revoked for chronic or repeated sanitation violations. The permit is valid only for the calendar year in which it was purchased. Following suspension or revocation of an Annual Sampling Permit, a reinstatement fee shall be submitted prior to reactivation of the permit to operate. All violations that prompted the permit suspension must be corrected prior to the request for reinstatement.
2. Upon making application to the Health Authority, the applicant will be provided with two (2) copies of the sanitation requirements for sampling. One copy will remain with the applicant for reference. The other copy must be signed by the applicant, indicating acknowledgement and receipt of the requirements, and must be returned with the permit application to the Health Authority. Temporary Food Establishments that apply for the Annual Sampling Permit must submit a proposed schedule outlining the events and locations at which they will be operating and meet applicable sanitation requirements set forth in this regulation.

170.220

Fee for Low Risk Foods

The District Board of Health has set a limited fee for temporary food establishments serving low risk foods, including, but not limited to:

1. *Foods that do not require cooling below 5 degrees Celsius (41 degrees Fahrenheit) or heating above 60 degrees Celsius (140 Fahrenheit) prior to serving in order to ensure that the foods are not hazardous to human health.*
2. Any beverage served in an open container with ice.
3. Candy, fudge.
4. Coffee drinks blended with dairy products.
5. Samples given of any food item. Samples must be from an approved source and must be dispensed in a manner which protects the food from contamination and temperature abuses.
6. Snow cones, shaved ices, slurpies and other similar ice with syrup mixes.
7. Cooked vegetables, funnel cakes, roasted corn, popcorn, deep fried onion rings, french fries, and other food items, excluding meat, poultry and fish subjected to deep-frying as the primary cooking process. This provision is subject to approval of food item(s) and does not allow for the addition or inclusion of high-risk items such as chili, chowder, dairy toppings, or other high-risk foods in the service of the original permitted low risk food item.

170.225

Limited Fee for Non-Profit Organizations

The District Board of Health also has set a limited fee for non-profit organizations operating temporary food establishments. Applicants who desire to be eligible for the non-profit fee must submit evidence of non-profit status when applying for a permit to operate. Such evidence may include, but is not limited to:

1. Tax exempt status recognized by the Internal Revenue Service or State of Nevada; and
2. Articles of incorporation or association filed pursuant to the provisions of Chapter 81 of NRS.

The limited fee for non-profit organizations shall not apply if any of the revenue is retained by a for-profit organization.

170.227

The District Board of Health has established a conditional maximum temporary food establishment fee for individual sample and tasting events promoted by non-profit organizations. The maximum fee will be charged for twenty (20) or fewer temporary food establishment permit applications for each qualifying event and applies to samples only. Each permit application for Temporary Food Establishments in excess of the twenty (20) allowed under the maximum fee shall be accompanied by the non-profit temporary food establishment permit fee as set by the District Board of Health. The conditional maximum temporary food establishment fee does not apply to for-profit temporary food establishments at the event. In order to qualify for this fee, the event promoter shall provide proof of non-profit status as outlined in Section 170.225.

170.229

Re-inspection Fee

If more than one re-inspection of a Temporary Food Establishment or Annual Sampling Operation is required a fee up to the amount, but not to exceed the permit fee set by the District Board of Health will be charged. The fee will be assessed in the field and is due to the Environmental Health Services Office within 5 working days following the event. Subsequent Temporary Food Establishment Permit Applications will be denied until the re-inspection fee is paid.

170.230

General Requirements

Temporary food establishments shall comply with the requirements outlined in this section and may be subject to other portions of the Washoe County District Board of Health Regulations Governing Food Establishments. The Health Authority may impose additional requirements to protect against potential health hazards related to the operation of such establishments.

170.240

Food Source

1. Food must be obtained from a supplier or source acceptable to the Health Authority. Food sources acceptable to the Health Authority include sources where the producer, manufacturer, distributor, or food establishment is determined by the Health Authority to conform to applicable laws, or in the absence of applicable laws, conforms to current public health principles and practices and recognized industry standards to protect public health. Any preparation or storage at a private residence of any food item to be sold at a special event in Washoe County is strictly prohibited. Operators that obtain their food source outside Washoe County shall be required to provide proof to the Health Authority that the source of the food products is regulated and approved by a Health Authority in the jurisdiction of origin.
2. Interstate transport of pre-cooked meat or poultry is prohibited unless the product is unadulterated; in the original unopened package from the source; and has been U.S.D.A. inspected and approved, and bears a label indicating such.
3. All food shall be protected against contamination and held within the safe temperature requirements set forth in these regulations during transport and storage.

170.250

Safety of food for consumption; use of food from private home; labeling of certain food

1. ***All food must be free from spoilage, filth, adulteration, misbranding and contamination and must be safe for human consumption.***
2. ***Food must be protected from contamination and spoilage while it is being handled, packaged, stored, displayed, dispensed and transported.***
3. ***Food must be protected from cross-contamination between foods, equipment, utensils or other surfaces which may come into contact with food and from contamination by insects, insecticides, rodents, rodenticides, probe price markers or probe identification markers.***
4. ***No food prepared or stored in a private home may be used, stored, served, offered for sale, sold, given away or offered to the public in a Temporary Food Establishment.***

5. ***Packages of food, including packages of food repackaged from bulk that was prepared within Washoe County, that are for sale in a Temporary Food Establishment must have a label which has been approved by the Health Authority. The label must include:***

A. The name of the food establishment;

B. The mailing address of the food establishment, including:

- 1. The number of the street or post office box;***
- 2. The city;***
- 3. The state; and***
- 4. The zip code;***

C. A list of ingredients in descending order of predominance; and

D. The last date of sale, if applicable, shown clearly as the three letters of the month followed by the date. Frozen food that has been thawed must also be dated to indicate the last date of sale.

~~6. Packages of food, including packages of food repackaged from bulk that was prepared within Washoe County, that are for sale in a food establishment must have a label which has been approved by the health authority.~~

170.260 Alcohol Consumption While Pregnant

Temporary Food Establishments and all other operations which sell alcoholic beverages for consumption on premises must post health warnings for drinking during pregnancy as outlined in NRS 446.842.

170.300 Food Menu Restrictions

The Health Authority will limit or prohibit the sale of any potentially hazardous foods that may put the public at risk for disease or injury.

170.310 Food Cooking, Holding and Service Equipment

1. All food holding, service and cooking equipment shall be clean, in good repair and in such condition to present no risk to public health. All equipment used in temporary food establishments is subject to approval by the Health Authority.
2. The Health Authority shall restrict foods at an event if adequate facilities are not available and functioning properly to keep food at the required temperatures. Chafing dishes, which are not heated mechanically or similar equipment, are prohibited for use at outdoor special events.
3. Adequate power shall be supplied by the event promoter to temporary food establishments that require electrical or mechanical means to hold food products at safe temperatures. A contingency plan for recovery and safe storage of food shall be required in writing from the event promoter at the time the permit application is submitted. The contingency plan shall include a 24-hour contact for implementation.
4. Failure by the operator of a temporary food establishment to maintain safe temperatures and adequate refrigeration may require modification of food service operations plans. The event promoter must ensure that adequate refrigeration is available for temporary food establishment operators who intend to hold potentially hazardous foods overnight for a multi-day event. Temporary food establishment operators shall not store potentially hazardous foods off-site at non-permitted food establishments.
5. ~~A calibrated temperature measuring device with a range of 0-220°F shall be available and used to monitor the attainment and maintenance of proper internal food temperatures at all times during the operation of a temporary food establishment. The temperature measuring device must be accurate to plus or minus 2°F, have a metal stem, and be numerically sealed.~~

Metal stem thermometer or similar temperature measuring devices that are numerically scaled with a range of 0-220°F and accurate to plus or minus 2°F must be used to ensure the attainment and maintenance of proper internal temperatures for cooking, holding, cooling or refrigerating all potentially hazardous foods. At least one such thermometer or temperature measuring device must be available for use by employees at all times. The thermometers or temperature measuring device must be washed, rinsed and sanitized before insertion into food.

6. Utensils and cutting surfaces shall be smooth, easily cleanable and nonabsorbent. The Health Authority may prohibit the use of utensils that are chipped, cracked, scratched or otherwise constructed or finished as to present a risk to public health. This does not preclude the use of single service utensils such as toothpicks or similar items.

170.320

Temporary Food Establishment Construction Requirements

1. All temporary food establishments shall be located in such a manner as to minimize the risk of contamination from external sources such as sewage, flooding, dust and vectors or vermin. Food preparation must be limited to areas inaccessible to the public to protect food from contamination. Temporary food establishments may not be closer than fifty (50) feet from any non-sewered toilets, animal pens, or down gradient of runoff in a drainage zone. The fifty (50) foot setback requirement may be waived by the Health Authority, if public health concerns are not compromised by such waiver.
2. The ceiling of a temporary food establishment must be made of wood, canvas, metal or other leak proof material, which will protect the interior from overhead contamination. The floor, ground or ground cover shall be maintained in such a manner as to minimize contamination from dust, insects or water.
3. Placement of heating or cooking equipment shall be in an area inaccessible to the public.
4. ***Temporary Food Establishments that are larger than 800ft² in area or have divided operations that require more than one inspection are subject to requirements for additional permits and corresponding fees.***

170.330

Food Handlers

1. When the Health Authority has reasonable cause to suspect the possibility of disease transmission from any food handler working in a temporary food establishment, the Health Authority shall secure a morbidity history of the suspected food handler, or make such other investigation as may be indicated, and take appropriate action.
2. The Health Authority may require any or all of the following measures:
 - A. Immediate exclusion of the food handler from all food establishments;
 - B. Immediate closure of the food establishment concerned until, in the opinion of the Health Authority, no further danger of disease outbreak exists;
 - C. Restriction of the food handler's services to some area of the establishment where there would be no danger of transmitting disease; and
 - D. Adequate medical and laboratory examinations of the food handler, of other food handlers and of his or their body discharges.
3. Food handlers shall wash their hands and the exposed portions of their arms thoroughly with soap and warm water before starting work, during work, after using tobacco, eating, drinking or using the toilet, before and after handling raw meat, raw poultry or raw seafood, before handling clean tableware and after handling soiled tableware, including ashtrays, after caring for and handling support animals, after coughing, sneezing or using a handkerchief or disposable tissue, or as often as is necessary to keep them clean.
4. Eating, drinking and/or the use of any form of tobacco in the food booth are allowed in designated areas only. This must be outside the food preparation area. A food handler may consume a beverage from a

container that has a lid and a permanent straw, if the straw does not have a cap on it and if the container is handled to prevent the contamination of the employee's hands, the container, any exposed food, clean equipment, utensils, linens and unwrapped articles intended to be disposed of by the customer after a single use. Hand to mouth contact during food preparation is prohibited.

5. Clean clothing is required for food preparation personnel.
6. Jewelry on the hands and wrists is prohibited during food preparation with exception of medical alert bracelets.
7. *An employee of a food establishment must not use a pair of gloves intended for a single use for more than one purpose and must discard the gloves after they are damaged or soiled or after the process of preparing food has been interrupted.*

170.400

Defrosting of Potentially Hazardous Foods

1. Frozen, potentially hazardous foods shall be defrosted for use in temporary food establishment operations by one of the following methods:
 - A. In refrigerated units with an ambient air temperature of 40°F or below;
 - B. In an insulated container with enough ice to maintain 40°F. The food must remain covered during this process so as not to allow direct contact with the ice and uneven defrosting from external heat sources such as nearby cooking equipment or sunlight; or ~~Defrosting potentially hazardous foods in standing water is strictly prohibited;~~
 - C. In a permitted food establishment, under potable, running water with a temperature of 70°F or below, and with sufficient velocity to agitate and float off loose food particles into the overflow. ~~Defrosting food in a sanitizing sink or hand wash sink is strictly prohibited.~~
2. *Defrosting potentially hazardous foods in standing water is strictly prohibited.*
3. *Defrosting food in a sanitizing sink or hand wash sink is strictly prohibited.*

170.405

Food Temperatures

1. ~~Cooking: Potentially hazardous foods shall be cooked to the following minimum internal temperatures to heat all parts of the food with no interruption in the cooking process:~~
 - A. ~~Poultry, poultry stuffing, stuffed meats and stuffing containing meat 165°F for 15 seconds.~~
 - B. ~~Hot dogs 165°F for 15 seconds.~~
 - C. ~~Hamburgers 155°F for 15 seconds. Raw or undercooked hamburgers are prohibited for service.~~
 - D. ~~Pork, foods containing pork, game animals, injected meats, comminuted meats or fish 155°F for 15 seconds, or if cooked in a microwave, to at least 170°F.~~
 - E. ~~All other potentially hazardous foods 145°F for 15 seconds.~~
1. *Potentially hazardous foods which require cooking must be cooked to heat all parts of the food to a temperature of at least 145°F (63°C) for at least 15 seconds, with the following exceptions:*
 - A. *Poultry, stuffing for poultry, stuffed meats and stuffing containing meats must be cooked to heat all parts of the food to at least 165°F (74°C) for at least 15 seconds with no interruption in the cooking process.*

- B. *Pork, any food containing pork, injected meats, comminuted fish and meats, including hamburger, must be cooked to heat all parts of the food to at least 155°F (68°C) for at least 15 seconds or, if cooked in a microwave oven, to at least 170°F (77°C).*
 - C. *Roast beef must be cooked to an internal temperature of at least 130°F (55°C) or, if cooked in a microwave oven, to at least 145°F (63°C). Beef steak must be cooked to an internal temperature of at least 130°F (55°C), unless otherwise ordered by the immediate customer.*
2. *Potentially hazardous foods which have been prepared to be ready to eat and then refrigerated for more than 24 hours must be marked with the date of preparation. These foods must not be used for human consumption if not sold, served or frozen within 10 calendar days after preparation.*
 3. *Potentially hazardous foods which have been prepared by another food establishment or food processing plant to be ready to eat and packaged in a container for refrigeration must be marked by the manufacturer to indicate the date by which the food must be sold, served or frozen. These foods must be discarded if not sold, served or frozen:*
 - A. *Within 10 calendar days after the original container is opened; or*
 - B. *On or before the date by which the food must be sold or used, as indicated on the container, whichever occurs first.*
 4. **Holding**
 - A. Potentially hazardous cold foods are required to be held at 40°F or below.
 - B. Potentially hazardous hot foods are required to be held at 140°F or above.

5. Reheating and Cooling

Cooling and/or reheating of potentially hazardous foods intended for sale or distribution from a temporary food establishment is prohibited, unless approved in advance by the Health Authority. All foods that have been cooked and refrigerated must be thoroughly heated to 165°F for 15 seconds within 30 minutes prior to being held or served. *Steam tables, bainmaries, warmers, crockpots and similar facilities for holding hot foods may not be used for the rapid reheating of potentially hazardous foods.* Cooling and/or reheating of potentially hazardous foods intended for sale or distribution from a temporary food establishment is prohibited, unless approved in advance by the Health Authority. Potentially hazardous foods which have been prepared by another food establishment or food processing plant to be ready to eat and packaged in a container for refrigeration must be marked by the manufacturer to indicate the date by which the food must be sold, served or frozen:

- A. within 10 calendar days after the original container is opened, or;
 - B. on or before the date by which the food must be sold or used, as indicated on the container, whichever comes first.
6. ~~Metal stem thermometer or similar temperature measuring devices that are numerically sealed and accurate to plus or minus 2°F must be used to ensure the attainment and maintenance of proper internal temperatures for cooking, holding, cooling or refrigerating all potentially hazardous foods. At least one such thermometer or temperature measuring device must be available for use by employees at all times. The thermometers or temperature measuring device must be washed, rinsed and sanitized before insertion into food.~~

170.410

Food Protection

1. All food, kitchenware, single-service articles and tableware must be stored at least six (6) inches off the ground.

2. Food must be protected and/or shielded from contamination by methods approved by the Health Authority.
3. All raw animal products or foods and fish shall be stored and prepared so they will not contaminate other foods.
4. ~~Temporary food establishments serving ice to customers must utilize an approved ice scoop with a handle.~~
5. ~~All condiments, including onions, relish, catsup, mustard and mayonnaise, which are intended for self-service by the establishment's clientele, must be dispensed in single service packets or dispensed from sanitary dispensers, or other means approved by the Health Authority.~~
4. Temporary food establishments that offer food samples must serve individual portions. Common bowls are strictly prohibited.
5. Packaged food may not be stored in direct contact with ice or water, if the food is subject to entry of water because of the nature of its packaging, wrapping, or container or its positioning in the ice or water.
6. Unpackaged food may not be stored in direct contact with ice, with the exceptions of whole, raw fruits or vegetables or raw poultry or fish that are immersed in ice in shipping containers or packaged from an approved manufacturer or distributor.
7. No live animals, birds or fowl shall be kept within fifty (50) feet of any area where food is stored or offered for sale. This exclusion does not apply to edible fish, crustaceans, shellfish, fish in aquariums, dogs used by peace officers in the performance of their official duties, or service animals.
8. Food must be stored and prepared in such a manner as to preclude contamination and/or infestation by insects or vermin.
9. Beverages stored in cooling ice are not allowed for self-service to the general public and must be dispensed by the temporary food establishment operator.
10. *Condiments, seasonings and dressings for customers who serve themselves must be provided in single packages, from approved dispensers, or from containers which are protected from contamination by customers.*
11. *Condiments provided at a table or counter must be individually portioned, except that catsup and other sauces, if in dispenser type containers, may be served in the original containers or in other approved dispensers that pour.*
12. *Sugar must be provided in single packages or in covered dispensers that pour.*
13. *Ice for customers must be dispensed only by employees using scoops, tongs or other utensils that have been approved by the health authority or by automatic equipment. Ice offered for sale must be packaged and labeled properly.*
14. *Utensils used for dispensing ice must be stored on a clean surface and in a manner that has been approved by the health authority or in the ice with the handles of the utensils extended out of the ice. Receptacles used to transfer ice must be stored so that they are protected from contamination when not in use.*
15. *Only those items necessary for dispensing, packaging or transporting ice may be stored on top of an ice machine.*
16. *Suitable dispensing utensils, adequate in number, must be used by employees when serving food or provided to customers who serve themselves.*
17. *When not being used to serve food, dispensing utensils must be:*
 - A. *Stored in the food with the handle of the utensil extended out of the food;*

B. Clean and dry when stored; or

C. Stored in a solution of 50-200ppm available chlorine which is changed at a minimum of every 30 minutes or more often as otherwise necessary to ensure sanitization.

18. If ladles and spatulas are used in other than dry foods, they must be stored in the food with handles extending to the outside and the handles must not prevent the lid from closing.

19. Knives, forks and spoons packaged in bulk and designed for a single use must be inserted into holders or be wrapped by an employee who has washed his hands immediately before sorting or wrapping the utensils. Unless knives, forks and spoons designed for a single use are pre-wrapped or prepackaged, holders must be provided which protect these items from contamination and present the handle of the utensil to the customer.

20. Coated, shatterproof light bulbs or shielding designed to prevent broken glass from falling onto unpackaged food must be used for all artificial lighting fixtures which are located over, by or within facilities used for the storage, preparation, service and display of food, for cleaning and storing utensils, equipment and linens, or for storing unwrapped articles designed for a single service or single use

170.412

Service, storage and display of food: Potentially hazardous food kept at an internal temperature above 40°F (4.44°C) or below 140°F (60°C). (NRS 439.150, 439.200, 446.940)

1. Potentially hazardous food may be kept at an internal temperature above 40°F (4.44°C) or below 140°F (60°C) if held for no longer than the time limitations set forth in this subsection. While being stored before cooking or while being served or displayed for immediate service, potentially hazardous food may be kept at an internal temperature above 40°F (4.44°C) or below 140°F (60°C) if:

A. The food is cooked or served within 2 hours after the time its temperature exceeds 40°F (4.44°C) or goes below 140°F (60°C);

B. The food is marked or otherwise identified with the hour of the day by which it must be cooked, served or discarded; and

170.415

Poisonous or Toxic Materials

- 1. Only those poisonous or toxic materials approved for maintaining the establishment, cleaning and sanitizing equipment and utensils and controlling insects and rodents may be present in a temporary food establishment.**
- 2. Poisonous or toxic materials must be kept in their original containers and must be prominently labeled according to applicable federal and state laws and regulations.**
- 3. Poisonous or toxic materials must be stored and physically separated by category. All poisonous or toxic materials must be stored in cabinets or in a similar physically separate place used for no other purpose. To prevent contamination of foods, poisonous or toxic materials must not be stored above food, food equipment, utensils or single-service articles. This requirement does not prohibit the placement and use of detergents or sanitizers at utensil or dishwashing stations.**
- 4. Bactericides, cleaning compounds and other substances intended for use on food contact surfaces must not be used in a way that leaves a toxic residue on such surfaces or that constitutes a hazard to food handlers or patrons. Poisonous or toxic materials must be utilized according to the manufacturer's directions on the label at all times.**
- 5. Personal medications must not be stored in food storage, preparation or service areas.**
- 6. First aid supplies must be stored in a way that prevents them from contaminating food or food contact surfaces.**

170.420

Hand Washing Facilities

1. A hand washing facility must be readily accessible inside or directly adjacent to, but not more than ten (10) feet from, the preparation area of a temporary food establishment. Temporary food establishments without hot and cold running water must provide a container with a spigot or other apparatus that will dispense water without continuous manual contact holding a minimum of two (2) gallons of water for the purpose of hand washing. Wastewater generated must empty into a spill-proof container.
2. Pump soap and single-service towels must be available at the hand sink.
3. Hand washing facilities will be required at special events when non-sewered toilets are used and public restrooms for hand washing are not readily accessible. The number of hand washing facilities will be determined by the Health Authority. Hand washing facilities must *provide potable water and* be adequately serviced, stocked and maintained during the course of the event.

170.430

Utensil and Equipment Cleaning and Sanitizing

1. Foodservice utensils and tableware shall be washed, rinsed and sanitized *as needed and following each day of operation* in a three (3)-compartment sink, or an approved mechanical dishwasher. An adequate supply of clean *and sanitary* utensils shall be available for daily operation. The practice of washing, rinsing and sanitizing buckets is prohibited. Cutting boards and utensils used to cut, slice or prepare potentially hazardous food must be washed, rinsed and sanitized every two (2) hours. If facilities are not available to accomplish this, extra cleaned and sanitized utensils and cutting boards shall be on site for use.
2. At special events exceeding one (1) day in duration, a three (3)-compartment sink or an approved dishwasher shall be provided by the event promoter for temporary food establishment operators who do not have access to these facilities. The sink shall have hot and cold running water. Utensils shall be thoroughly washed in the first compartment, with a solution of detergent and hot water (at least 110°F) that is changed as necessary. Utensils shall be rinsed free of detergent and abrasives with clean water in the second compartment. Utensils shall be sanitized using a sanitizing solution, in accordance with the EPA-approved manufacturer's label use instructions, shall be used as follows:
 - A. ~~Immersion for at least one minute in a clean solution containing 50-100 parts per million (ppm) of available chlorine as hypochlorite at a temperature of at least 70°F, 75°F but not to exceed 120°F.~~
 - B. ~~Immersion for at least one (1) minute in a clean solution containing any other agent, such as quaternary ammonium, used for sanitizing that has been approved by the Health Authority and provides the equivalent bactericidal effect of a solution containing at least fifty (50) ppm of available chlorine. All sanitizers must be used in accordance with the manufacturer's label and must be used for their intended purpose.~~
 - A. *Immersion of 1 minute in a clean solution containing chlorine or any other agent used for sanitizing which is approved by the health authority and provides the equivalent bactericidal effect of a solution containing at least 50 parts per million (ppm) of available chlorine as a hypochlorite, at a temperature of at least 75°F (24°C). For example, quaternary ammonium compounds must be at the concentration which is indicated by the manufacturer's instructions on the label.*
 - B. A kit for testing or other device that accurately measures the concentration of the sanitary solution in parts per million (ppm) shall be available and routinely used to verify the sanitizing solution concentration.
3. ~~All food contact surfaces of equipment shall be sanitized prior to use and in between use for raw foods. Properly labeled spray bottles with 50-200 ppm available chlorine or other approved sanitizers may be used for sanitizing cutting boards or equipment in place. Equipment or utensils sanitized in this manner must be properly rinsed and air dried so as to be free of chemical residual following sanitization.~~

Equipment and food surfaces that are too large for immersion in a 3-compartment sink shall be sanitized by rinsing, spraying or swabbing with a sanitizing solution of 50-200ppm available chlorine. All bottles or containers of solutions used in this process must be properly labeled as to their contents.

Any solution or textiles used for this purpose must be changed as needed to ensure appropriate concentration and application of sanitizer without stagnation of the solution. Sanitization which is done in this manner must not be done during food preparation on or near the equipment or food surface being sanitized or in any way contaminate food with sanitizing solutions or chemical residues.

170.440 Potable Water

An accessible potable water supply must be available for hand washing, cooking and cleaning equipment and utensils.

1. The event promoter shall notify all temporary food establishment operators of the location of potable water sources.
2. Non-potable water sources shall not be used within temporary food establishments or in areas at special events where spray and/or flow may contaminate food sources. All water connections and water service containers must be marked and clearly identifiable as to potable and non-potable.
3. Any water source provided for an event outside the approved service connections located on the event premises must be approved by the Health Authority prior to use.
4. Water haulers for special events must comply with Nevada Administrative Code (NAC) Sections 445A.67275 through 445A.6731.
5. ***Food grade*** hoses connected to public water sources must be equipped with an approved backflow prevention device.
6. Water lines or hoses and connections used to conduct potable water must not be used for any other purpose. They must be clearly identified as potable water systems.

170.480 Liquid Waste

1. The special event promoter must ensure that all wastewater generated at an event is discharged to sanitary sewer. The dumping of wastewater into a storm drain is strictly prohibited. ***Upon approval by the Health Authority and the local pre-treatment sewer discharge authority water that is not contaminated may be discarded by other means.***
2. Wastewater holding tanks are required for temporary food establishment operations, unless a suitable alternative for collection of wastewater is provided. The Health Authority must approve the alternative system prior to the event. The tanks must be readily accessible to temporary food establishment employees for dumping of wastewater. In the event that wastewater cannot be transported by the employees of a temporary food establishment, the promoter shall be responsible for collecting the wastewater and ensuring proper disposal into wastewater holding tanks and/or sanitary sewer.
3. Water lines or hoses used for the discharge of wastewater must not be used for any other purpose.

170.490 Grease and Cooking Oil Waste

1. Grease and waste cooking oil must be disposed in a manner approved by the Health Authority. Disposal of grease or waste cooking oil to the sanitary sewer system or storm drain system is prohibited. ***Wastewater must not be dumped into containers dedicated to grease and cooking oil waste.***
2. Disposal of grease or waste cooking oil on the ground is prohibited.

170.500 Non-sewered Toilets

The special event promoter shall be required to provide non-sewered toilets at special events if there are insufficient numbers of sewerer toilets available. ***Approved toilet facilities shall be available within 200 feet (61.5 meters) of any Temporary Food Establishment or as approved by the Health Authority.*** Non-sewered toilets must be adequately serviced, stocked and maintained during the course of the event. See Table 1 for the appropriate number of non-sewered toilets required for an event.

**TABLE 1
NON-SEWERED TOILETS – SPECIAL EVENTS**

| NUMBER OF PEOPLE | NUMBER OF HOURS FOR EVENT | | | | | | | | | |
|------------------|---------------------------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 0-500 | 2 | 4 | 4 | 5 | 6 | 7 | 9 | 9 | 10 | 12 |
| 1,000 | 4 | 6 | 8 | 8 | 9 | 9 | 11 | 12 | 13 | 13 |
| 2,000 | 5 | 6 | 9 | 12 | 14 | 16 | 18 | 20 | 23 | 25 |
| 3,000 | 6 | 9 | 12 | 16 | 20 | 24 | 26 | 30 | 34 | 38 |
| 4,000 | 8 | 13 | 16 | 22 | 25 | 30 | 35 | 40 | 45 | 50 |
| 5,000 | 12 | 15 | 20 | 25 | 31 | 38 | 44 | 50 | 56 | 63 |
| 6,000 | 12 | 15 | 23 | 30 | 38 | 45 | 53 | 60 | 68 | 75 |
| 7,000 | 12 | 18 | 26 | 35 | 44 | 53 | 61 | 70 | 79 | 88 |
| 8,000 | 12 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |
| 10,000 | 15 | 25 | 38 | 50 | 63 | 75 | 88 | 100 | 113 | 125 |
| 12,500 | 18 | 31 | 47 | 63 | 78 | 94 | 109 | 125 | 141 | 156 |
| 15,000 | 20 | 38 | 56 | 75 | 94 | 113 | 131 | 150 | 169 | 188 |
| 17,500 | 22 | 44 | 66 | 88 | 109 | 131 | 153 | 175 | 197 | 219 |
| 20,000 | 25 | 50 | 75 | 100 | 125 | 150 | 175 | 200 | 225 | 250 |
| 25,000 | 38 | 69 | 99 | 130 | 160 | 191 | 221 | 252 | 282 | 313 |
| 30,000 | 46 | 82 | 119 | 156 | 192 | 229 | 266 | 302 | 339 | 376 |
| 35,000 | 53 | 96 | 139 | 181 | 224 | 267 | 310 | 352 | 395 | 438 |
| 40,000 | 61 | 109 | 158 | 207 | 256 | 305 | 354 | 403 | 452 | 501 |
| 45,000 | 68 | 123 | 178 | 233 | 288 | 343 | 398 | 453 | 508 | 563 |
| 50,000 | 76 | 137 | 198 | 259 | 320 | 381 | 442 | 503 | 564 | 626 |
| 55,000 | 83 | 150 | 217 | 285 | 352 | 419 | 486 | 554 | 621 | 688 |
| 60,000 | 91 | 164 | 237 | 311 | 384 | 457 | 531 | 604 | 677 | 751 |
| 65,000 | 98 | 177 | 257 | 336 | 416 | 495 | 575 | 654 | 734 | 813 |
| 70,000 | 106 | 191 | 277 | 362 | 448 | 533 | 619 | 704 | 790 | 876 |
| 75,000 | 113 | 205 | 296 | 388 | 480 | 571 | 663 | 755 | 846 | 938 |
| 80,000 | 121 | 218 | 316 | 414 | 512 | 609 | 707 | 805 | 903 | 1001 |
| 85,000 | 128 | 232 | 336 | 440 | 544 | 647 | 751 | 855 | 959 | 1063 |
| 90,000 | 136 | 246 | 356 | 466 | 576 | 686 | 796 | 906 | 1016 | 1126 |
| 95,000 | 143 | 259 | 375 | 491 | 607 | 724 | 840 | 956 | 1072 | 1188 |
| 100,000 | 151 | 273 | 395 | 517 | 639 | 762 | 884 | 1006 | 1128 | 1251 |

170.510 Hand washing facilities shall be required at special events when non-sewered toilets are used. Hand washing facilities shall be adequately serviced, stocked and maintained during the course of the special event. Hand washing facilities must be of adequate size and design to serve the public during the course of a special event. Each bank of non-sewered toilets must have a portable hand washing facility. The portable hand washing facility shall be provided with *potable* running water that drains to an enclosed wastewater tank, liquid soap, disposable towels and a trash receptacle for waste. The wastewater tank, soap and towel dispensers and waste receptacle must be attached to the hand washing facility in a manner allowing for ease of use. An additional portable hand washing facility shall be provided for each incremental increase of twenty (20) or more non-sewered toilets per bank.

170.530 Solid Waste

1. Special event promoters shall provide a solid waste management plan in writing with detailed information as to the method of solid waste storage, handling and removal for a special event. Solid waste shall be handled in accordance with these regulations and the District Board of Health Regulations Governing Solid Waste Management.

2. All solid waste generated at a special event or at a temporary food establishment shall be disposed of in leak proof containers. Solid waste shall be collected and dumpsters shall be emptied as often as necessary to prevent an excessive accumulation of solid waste.
3. Putrescible waste shall be disposed frequently enough to prevent odors and/or attraction for vermin.
4. The special event promoter shall provide for the removal of any sold waste scattered on the event premises or on other premises as a result of event activities. The special event promoter is also required to provide removal of such wastes at the conclusion of the event.
5. The special event promoter is responsible for developing and implementing a resource recovery plan. At any event where attendance is expected to exceed 5,000 persons per day, a resource recovery plan shall be implemented. Cardboard, glass, plastic bottles (PTE) and aluminum generated at an event of this size shall be collected and recycled.

170.600

Operation of Temporary Food Establishment without Permit Issued by Health Authority

Temporary food establishment operators who are found operating without a valid health permit will be required to cease food operations immediately until a valid health permit is obtained. Failure to comply shall result in a written notice of violation and possible subsequent legal action taken by the Health Authority.

170.700

Inspections

The Health Authority, after proper identification, must be permitted to enter, at any reasonable time, any food establishment within the state for the purpose of making an inspection to determine compliance with NRS Chapter 446 and this regulation. He must be permitted to examine the records of an establishment to obtain pertinent information pertaining to food and supplies purchased, received or used, and persons employed.

Whenever the Health Authority makes an inspection of a food establishment, he shall record his findings on an inspection report form provided for this purpose. The Health Authority shall furnish the original of the inspection report form to the permit holder, operator or the designated person in charge. The form must summarize the requirements of NRS Chapter 446 and this regulation.

Inspections may be conducted during event, pre-event and post-event hours to ensure compliance with the requirements of these regulations. If the Health Authority suspects that a hazardous condition exists with food intended for the public or with public safety in a temporary food establishment or annual sampling operation, he or she may enter at any time to ensure that such conditions are abated. Written notice that inspections will be conducted outside of normal operating hours will be provided to the temporary food establishment operator or the event promoter prior to the event.

170.705

Examination and Condemnation of Food

Food which, upon inspection of a temporary food establishment by the Health Authority, is determined to have been potentially adulterated or for any reason may present a substantial risk to public health, shall be condemned. Food that has been condemned may be voluntarily destroyed and discarded by the establishment operator in the presence of the Health Authority or otherwise placed on hold under the following provisions of NRS 446.920:

1. Food may be examined or sampled by the Health Authority as often as may be necessary to determine freedom from adulteration or misbranding. The Health Authority may, upon written notice to the owner or person in charge, place a hold order on any food that he determines is or has probable cause to believe to be unwholesome or otherwise adulterated or misbranded.
2. Under a hold order, food shall be permitted to be suitably stored. It shall be unlawful for any person to remove or alter a hold order, notice or tag placed on food by the Health Authority. Neither such food nor the containers thereof shall be relabeled, repacked, reprocessed, altered, disposed or destroyed without permission of the Health Authority, except by order of a court of competent jurisdiction.
3. After the owner or person in charge has had a hearing, as provided in NRS 446.895, and, on the basis of evidence produced at such a hearing, or on the basis of his examination in the event a written request for

a hearing is not received within ten (10) days, the Health Authority may vacate the hold order, or may, by written order, direct the owner or person in charge of the food that was placed under the hold order to denature or destroy such food or to bring it into compliance with the provisions of this regulation. The order of the Health Authority to denature or destroy such food or bring it into compliance with the provisions of this regulation shall be stayed if the order is appealed to a court of competent jurisdiction within three (3) days.

170.710 Compliance

1. ***In addition to these regulations*** a temporary food establishment shall comply with all the provisions of NRS Chapter 446 and any other District Board of Health regulations, which are applicable to its operation. The Health Authority may:
 - A. Augment such requirements when needed to assure the service of safe food;
 - B. Prohibit the sale of certain potentially hazardous food; and/or
 - C. Modify specific requirements for physical facilities when, in his opinion, no imminent health hazard will result.

170.720 Suspension or Revocation of Temporary Food Permit and Reinstatement

1. Whenever the Health Authority finds an unsanitary or other condition at a special event or in the operation of a temporary food establishment which, in his judgment, constitutes a substantial hazard to the public health, he may, without warning, notice or hearing, issue a written Notice of Violation (NOV) to the permit holder or operator citing the condition and specifying the time in which the corrective action must be taken. The specified period must not be more than 24 hours.
2. The order may state that the permit is immediately suspended and all food operations must be immediately discontinued. Any person to whom such a NOV is issued shall comply with it immediately. Upon written petition to the Health Authority, the person must be afforded a hearing as soon as possible.
3. A re-inspection will be conducted to determine compliance with the correction notification. The temporary food establishment permit will be reinstated only after violations have been corrected.
4. A temporary food establishment permit to operate shall be revoked in accordance with the compliance procedures outlined in Section 190 of these regulations.

170.730 Failure to Comply

After notification to owner, operator or person in charge by the Health Authority of any violation to these regulations, it shall be unlawful for that person to refuse or fail to correct these violations within the time limits set in this notice.

170.800 Interference with Performance of Duty

No person shall refuse entry or access to the Health Authority who, upon presentation of appropriate credentials, requests to inspect any temporary food establishment, or any related facility of that temporary food establishment, for the purpose of ascertaining compliance with these regulations. Per NRS 446.885(3), it is unlawful for any person to interfere with the Health Authority in the performance of his duties.

170.900 Food Borne Illness/Food Related Injury

1. When a food borne illness or food related injury is reported to any employee of a temporary food establishment, the employee shall notify the operator of the establishment immediately of the report. The operator must immediately report the incident to the Health Authority and remove from sale and refrigerate any suspect foods until released by the Health Authority.

2. When the Health Authority suspects that a special event, temporary food establishment or its employees may be the source of disease, he shall take appropriate action to control transmission of the disease. Such action may include, but is not limited to, any or all of the following:
 - A. Secure records that may enable identification of persons potentially exposed to the disease, and/or requiring additional assistance in locating such persons. This includes records of hotels, motels, or other facilities on whose premises the temporary food establishment is operating;
 - B. Obtain samples of any suspect food for laboratory examination;
 - C. Require the destruction of suspect food or preventing the suspect food from being served until such time as the food has been deemed safe for human consumption;
 - D. Require implementation of environmental controls to reduce the potential exposure of the public to environmental contaminants or injuries resulting from existing conditions at a special event or in a temporary food establishment.

Reference NRS 446

DEFINITIONS

NRS 446.017 "Food" defined. *"Food" means any food, drink, confection or beverage, or any component in the preparation or manufacture thereof, intended for ultimate human consumption, stored, being prepared or manufactured, displayed, offered for sale, sold, or served in a food establishment.*

[Part 1:116:1943; 1943 NCL § 5319]—(NRS A 1969, 803)—(Substituted in revision for NRS 446.040)

NRS 446.020 "Food establishment" defined.

1. *Except as otherwise limited by subsection 2, "food establishment" means any place, structure, premises, vehicle or vessel, or any part thereof, in which any food intended for ultimate human consumption is manufactured or prepared by any manner or means whatever, or in which any food is sold, offered or displayed for sale or served.*

2. *The term does not include:*

(a) Private homes, unless the food prepared or manufactured in the home is sold, or offered or displayed for sale or for compensation or contractual consideration of any kind;

(b) Fraternal or social clubhouses at which attendance is limited to members of the club;

(c) Vehicles operated by common carriers engaged in interstate commerce;

(d) Any establishment in which religious, charitable and other nonprofit organizations sell food occasionally to raise money or in which charitable organizations receive salvaged food in bulk quantities for free distribution, unless the establishment is open on a regular basis to sell food to members of the general public;

(e) Any establishment where animals are slaughtered which is regulated and inspected by the State Department of Agriculture;

(f) Dairy farms and plants which process milk and products of milk or frozen desserts which are regulated under chapter 584 of NRS; or

(g) The premises of a wholesale dealer of alcoholic beverages licensed under chapter 369 of NRS who handles only alcoholic beverages which are in sealed containers.

[Part 1:116:1943; 1943 NCL § 5319]—(NRS A 1960, 295; 1963, 758; 1969, 803, 991; 1973, 1164; 1981, 697; 1985, 901; 1991, 286; 1993, 1624; 1999, 3624; 2001, 1504)

NRS 446.030 "Food handler" defined.

1. *"Food handler" means any person employed in or operating a food establishment, whether that person is an employer, employee or other natural person, who handles, stores, transports, prepares, manufactures, serves or sells food, or who comes in contact with eating or cooking utensils or other equipment used in the handling, preparation, manufacture, service or sale of food.*

2. *The term does not include a person who:*

(a) Only handles, stores, transports, sells or otherwise comes in contact with food that is sealed and packaged for sale directly to the consumer;

(b) If the food is potentially hazardous food, handles the food only occasionally and incidentally to his responsibilities or employment, and such handling is not part of his regularly scheduled responsibilities or employment; or

(c) Is providing services as a cashier, salesperson, stock clerk, warehouse or dockworker, delivery person or maintenance staff or providing services in a similar position with limited food-handling responsibility.

[Part 1:116:1943; 1943 NCL § 5319]—(NRS A 1969, 803; 2001, 1505; 2003, 595; 2007, 2175)

NRS 446.035 "Food processing establishment" defined. "Food processing establishment" means a commercial establishment in which food is processed or otherwise prepared and packaged for human consumption. (Added to NRS by 1969, 816)

NRS 446.050 "Health authority" defined. "Health authority" means the officers and agents of the Health Division of the Department of Health and Human Services, or the officers and agents of the local boards of health. [Part 1:116:1943; 1943 NCL § 5319]—(NRS A 1963, 311, 758; 1969, 803; 1973, 1406)

NRS 446.053 "Misbranded" defined. "Misbranded" means the presence of any written, printed or graphic matter, upon or accompanying food or containers of food, which is false or misleading or which violates any applicable state or local labeling requirements. (Added to NRS by 1969, 816)

NRS 446.057 "Potentially hazardous food" defined. "Potentially hazardous food" has the meaning ascribed to it in subpart 1-201 of the 1999 edition of the Food Code published by the Food and Drug Administration of the United States Department of Health and Human Services, unless the Administrator of the Health Division of the Department of Health and Human Services has adopted a later edition of the Food Code for this purpose. (Added to NRS by 2003, 594)

NRS 446.067 "Temporary food establishment" defined. "Temporary food establishment" means any food establishment which operates at a fixed location for a temporary period of time, not to exceed 2 weeks, in connection with a fair, carnival, circus, public exhibition, celebration or similar transitory gathering. (Added to NRS by 1969, 817)

NRS 446.069 "Wholesome" defined. "Wholesome" means in sound condition, clean, free from adulteration, and otherwise suitable for use as human food. (Added to NRS by 1969, 817)

FACILITIES AND OPERATIONS

NRS 446.841 Use of sawdust on floors in retail meat, poultry and fish markets. A food establishment engaged in the cutting and packaging of meat, poultry or fish for retail sale may use sawdust on the floors in that area of such establishment not visited by the public if:

- 1. Such sawdust is treated in a manner approved by the Health Division of the Department of Health and Human Services; and**
 - 2. The floors are cleaned and fresh sawdust is used daily.**
- (Added to NRS by 1971, 151; A 1973, 1406)**

NRS 446.842 Food establishments which sell alcoholic beverages for consumption on premises required to post signs concerning birth defects; exception.

- 1. Except as otherwise provided in subsection 5, each food establishment in which alcoholic beverages are sold by the drink for consumption on the premises shall post at least one sign that meets the requirements of this section in a location conspicuous to the patrons of the establishment. The conspicuous location described in this subsection may include, without limitation, a women's restroom that is located within the establishment.**
- 2. Each sign required by subsection 1 must be not less than 8 1/2 by 11 inches in size and must contain a notice in boldface type that is clearly legible and, except as otherwise provided in paragraph (a) of subsection 4, in substantially the following form:**

HEALTH WARNING

Drinking wine, beer and other alcoholic beverages during pregnancy can cause birth defects.

¡ADVERTENCIA!

El consumo de vino, cerveza y otras bebidas alcohólicas durante el embarazo puede causar defectos físicos y/o mentales en el feto.

- 3. The letters in the words "HEALTH WARNING" and "¡ADVERTENCIA!" in the sign must be written in not less than 40-point type, and the letters in all other words in the sign must be written in not less than 30-point type.**
- 4. The Health Division of the Department of Health and Human Services may:**

- (a) Provide by regulation for one or more alternative forms for the language of the warning to be included on the signs required by subsection 1 to increase the effectiveness of the signs. Each alternative form must contain substantially the same message as is stated in subsection 2.
 - (b) Solicit and accept the donation of signs that satisfy the requirements of this section from a nonprofit organization or any other source. To the extent that such signs are donated, the Health Division shall distribute the signs upon request to food establishments that are required to post the signs.
5. A food establishment is not required to post the sign otherwise required by this section if the food establishment provides to its patrons a food or drink menu that contains a notice, in boldface type that is clearly legible and not less than the size of the type used for the items on the menu, in substantially the same form and language as is set forth in subsection 2 or authorized pursuant to paragraph (a) of subsection 4.
6. As used in this section, "alcoholic beverage" means:
- (a) Beer, ale, porter, stout and other similar fermented beverages, including, without limitation, sake and similar products, of any name or description containing one-half of 1 percent or more of alcohol by volume, brewed or produced from malt, wholly or in part, or from any substitute therefor.
 - (b) Any beverage obtained by the fermentation of the natural content of fruits or other agricultural products containing sugar, of one-half of 1 percent or more of alcohol by volume.
 - (c) Any distilled spirits commonly referred to as ethyl alcohol, ethanol or spirits of wine in any form, including, without limitation, all dilutions and mixtures thereof from whatever process produced.
- (Added to NRS by 2003, 1361)

NRS 446.846 Certain employees of food establishments required to wear hair net or other suitable covering to confine hair. The State Board of Health shall adopt reasonable rules and regulations requiring that any person employed in the preparation or service of food or beverages to patrons on the premises of a food establishment, or who comes in contact with eating or cooking utensils used for such service, whose hair length exceeds specified limits shall wear a hair net, cap or other suitable covering which confines the hair while such person is engaged in the performance of his duties. Such rules and regulations shall specify the minimum hair length to which such requirement applies.

(Added to NRS by 1973, 1055)

TEMPORARY FOOD ESTABLISHMENTS

NRS 446.865 Compliance with chapter; powers of health authority. A temporary food establishment shall comply with all the provisions of this chapter which are applicable to its operation. The health authority may:

1. Augment such requirements when needed to assure the service of safe food.
2. Prohibit the sale of certain potentially hazardous food.
3. Modify specific requirements for physical facilities when in his opinion no imminent health hazard will result.

(Added to NRS by 1963, 753; A 1969, 810)

PROVISIONS FOR ENFORCEMENT

NRS 446.870 Prohibited acts: Operation of food establishment without valid permit issued by health authority; sale, offer or display for consideration of food prepared in private home without valid permit issued by health authority; exemptions.

1. Except as otherwise provided in this section, it is unlawful for any person to operate a food establishment unless he possesses a valid permit issued to him by the health authority.
2. The health authority may exempt a food establishment from the provisions of this chapter if the health authority determines that the food which is sold, offered or displayed for sale, or served at the establishment does not constitute a potential or actual hazard to the public health.
3. Food that is prepared in a private home and given away free of charge or consideration of any kind is exempt from the provisions of this chapter, unless it is given to a food establishment.
4. Except as otherwise provided in subsection 5, food that is prepared in a private home must not be sold, or offered or displayed for sale or for compensation or contractual consideration of any kind, unless the person preparing the food possesses a valid permit issued to him by the health authority for that purpose.
5. A religious, charitable or other nonprofit organization may, without possessing a permit from the health authority, sell food occasionally to raise money, whether or not the food was prepared in a private home, if the sale occurs on the premises of the organization. If the sale is to occur off the premises of the organization, a permit from the health authority is required unless an exemption is granted pursuant to subsection 2.

(Added to NRS by 1963, 753; A 1969, 810; 1987, 382; 2001, 1505)

NRS 446.875 Issuance of permit.

1. Any person desiring to operate a food establishment must make written application for a permit on forms provided by the health authority. The application must include:
 - (a) The applicant's full name and post office address.
 - (b) A statement whether the applicant is a natural person, firm or corporation, and, if a partnership, the names of the partners, together with their addresses.
 - (c) A statement of the location and type of the proposed food establishment.
 - (d) The signature of the applicant or applicants.
 2. An application for a permit to operate a temporary food establishment must also include the inclusive dates of the proposed operation.
 3. Upon receipt of such an application, the health authority shall make an inspection of the food establishment to determine compliance with the provisions of this chapter. When inspection reveals that the applicable requirements of this chapter have been met, the health authority shall issue a permit to the applicant.
 4. A permit to operate a temporary food establishment may be issued for a period not to exceed 14 days.
 5. A permit issued pursuant to this section:
 - (a) Is not transferable from person to person or from place to place.
 - (b) Must be posted in every food establishment.
- (Added to NRS by 1963, 753; A 1969, 811; 1987, 383)

NRS 446.877 City or county business license must not be issued until permit issued by health authority. No license under any license ordinance of city, county or other licensing authority shall be issued for the operation of a food establishment to any person owning or operating such food establishment unless the permit required by this chapter has first been granted by the health authority.

[14:116:1943; 1943 NCL § 5319.13]—(NRS A 1963, 759; 1969, 804)—(Substituted in revision for NRS 446.190)

NRS 446.880 Suspension or revocation of permit; reinstatement of suspended permit; hearing.

1. Permits issued under the provisions of this chapter may be suspended temporarily by the health authority for failure of the holder to comply with the requirements of this chapter.
 2. Whenever a permit holder or operator has failed to comply with any notice issued under the provisions of this chapter, the permit holder or operator must be notified in writing that the permit is, upon service of the notice, immediately suspended or that the establishment is downgraded if that is the case. The notice must also contain a statement informing the permit holder or operator that an opportunity for a hearing will be provided if a written request for a hearing is filed by him with the health authority.
 3. Whenever the health authority finds an insanitary or other condition in the operation of a food establishment which, in his judgment, constitutes a substantial hazard to the public health, he may without warning, notice or hearing issue a written order to the permit holder or operator citing the condition, specifying the corrective action to be taken, and specifying the time within which the action must be taken. The order may state that the permit is immediately suspended and all food operations must be immediately discontinued. Any person to whom such an order is issued shall comply with it immediately. Upon written petition to the health authority, the person must be afforded a hearing as soon as possible.
 4. Any person whose permit has been suspended may, at any time, make application for a reinspection for reinstatement of the permit. Within 10 days following receipt of a written request, including a statement signed by the applicant that in his opinion the conditions causing suspension of the permit have been corrected, the health authority shall make a reinspection. If the applicant is complying with the requirements of this chapter, the permit must be reinstated.
 5. For serious or repeated violations of any of the requirements of this chapter or for interference with the health authority in the performance of his duties, the permit may be permanently revoked after an opportunity for a hearing has been provided by the health authority. Before taking such an action, the health authority shall notify the permit holder in writing, stating the reasons for which the permit is subject to revocation and advising the permit holder of the requirements for filing a request for a hearing. A permit may be suspended for cause pending its revocation or a hearing relative thereto.
 6. The health authority may permanently revoke a permit after 5 days following service of the notice unless a request for a hearing is filed with the health authority by the permit holder within 5 days.
 7. The hearings provided for in this section must be conducted by the health authority at a time and place designated by him. Based upon the record of the hearing, the health authority shall make a finding and may sustain, modify or rescind any official notice or order considered in the hearing. A written report of the hearing decision must be furnished to the permit holder by the health authority.
- (Added to NRS by 1963, 754; A 1969, 811; 1981, 604; 1985, 292)

NRS 446.883 Revocation of city or county business license if permit issued by health authority revoked.

1. A license to operate a food establishment issued by any licensing authority to a person owning or operating such food establishment shall be revoked when such person's permit has been revoked by the health authority, and no new license may be issued until such person again possesses an unrevoked permit from the health authority.
 2. Licensing authorities shall be notified by the health authority of the revocation of any permit.
- [15:116:1943; 1943 NCL § 5319.14]—(NRS A 1969, 804)—(Substituted in revision for NRS 446.200)

NRS 446.885 Inspection of food establishment.

1. At least once every year, the health authority shall inspect each food establishment located in the State.
 2. He shall make as many additional inspections and reinspections as are necessary for the enforcement of this chapter.
 3. It is unlawful for any person to interfere with the health authority in the performance of his duties.
- (Added to NRS by 1963, 755; A 1969, 812)

NRS 446.890 Access to food establishment; form for inspection report.

1. The health authority, after he has properly identified himself, must be permitted to enter, at any reasonable time, any food establishment within the State for the purpose of making any inspection to determine compliance with this chapter. He must be permitted to examine the records of the establishment to obtain pertinent information pertaining to food and supplies purchased, received or used, and persons employed.
 2. Whenever the health authority makes an inspection of a food establishment, he shall record his findings on an inspection report form provided for this purpose. The health authority shall furnish the original of the inspection report form to the permit holder or operator. The form must summarize the requirements of this chapter.
- (Added to NRS by 1963, 755; A 1969, 812; 1981, 605)

NRS 446.895 Issuance of notice. Except as otherwise provided in subsection 3 of NRS 446.880, whenever the health authority makes an inspection of a food establishment and discovers that any of the requirements of this chapter have been violated, he shall notify the permit holder or operator of the violations by means of an inspection report form or other written notice. The notice must:

1. Set forth the specific violations found;
 2. Establish a specific and reasonable time for the correction of those violations;
 3. In the case of temporary food establishments, state that the violations must be corrected within a specified period which must not be more than 24 hours. Failure to comply with the notice results in immediate suspension of the permit;
 4. State that failure to comply with the requirements of any notice issued in accordance with the provisions of this chapter may result in immediate suspension of the permit or in downgrading of the establishment; and
 5. State that an opportunity for appeal from any notice or inspection findings will be provided if a written request for a hearing is filed with the health authority within the period established in the notice for correction.
- (Added to NRS by 1963, 755; A 1969, 813; 1981, 605)

NRS 446.900 Service of notice. Notices provided for in NRS 446.895 shall be deemed to have been properly served when the original of the inspection report form or other notice has been delivered personally to the permit holder or person in charge, or such notice has been sent by registered or certified mail, return receipt requested, to the last known address of the permit holder. A copy of such notice shall be filed with the records of the health authority.

(Added to NRS by 1963, 756)

NRS 446.920 Examination and condemnation of food.

1. Food may be examined or sampled by the health authority as often as may be necessary to determine freedom from adulteration or misbranding. The health authority may, upon written notice to the owner or person in charge, place a hold order on any food which he determines is or has probable cause to believe to be unwholesome or otherwise adulterated or misbranded.
2. Under a hold order, food shall be permitted to be suitably stored. It shall be unlawful for any person to remove or alter a hold order, notice or tag placed on food by the health authority. Neither such food nor the containers thereof shall be relabeled, repacked, reprocessed, altered, disposed of or destroyed without permission of the health authority, except by order of a court of competent jurisdiction.
3. After the owner or person in charge has had a hearing as provided for in NRS 446.895, and on the basis of evidence produced at such hearing, or on the basis of his examination in the event a written request for a hearing is not received within 10 days, the health authority may vacate the hold order, or may by written order direct the owner or person in charge of the food which was placed under the hold order to denature or destroy such food or to bring it into compliance with the provisions of this chapter. Such order of the health authority to denature or destroy such food or bring it into compliance with the provisions of this chapter shall be stayed if the order is appealed to a court of competent jurisdiction within 3 days.

(Added to NRS by 1963, 757; A 1969, 814)

NRS 446.925 Food establishment outside jurisdiction of health authority. *Food from food establishments outside the jurisdiction of the health authority of the State of Nevada may be sold within the State of Nevada if such food establishments conform to the provisions of this chapter or to substantially equivalent provisions. To determine the extent of compliance with such provisions, the health authority may accept reports from responsible authorities in the jurisdictions where such food establishments are located.*

(Added to NRS by 1963, 757; A 1969, 814)

NRS 446.930 Review of plan for construction or remodeling of food establishment. *If, after April 18, 1963, a food establishment is constructed or extensively remodeled, or if an existing structure is converted for use as a food establishment, properly prepared plans and specifications for such construction, remodeling or alteration showing layout, arrangement and construction materials of work areas and the location, size and type of fixed equipment and facilities shall be submitted to the health authority for approval before such work is begun. Where full-time city, county or district health departments exist, such plans and specifications shall be submitted to such health authorities for approval before such work is begun.*

(Added to NRS by 1963, 757; A 1969, 814)

NRS 446.935 Procedure if infection of food handler is suspected.

1. *When the health authority has reasonable cause to suspect the possibility of disease transmission from any food handler of a food establishment, the health authority shall secure a morbidity history of the suspected food handler, or make such other investigation as may be indicated, and take appropriate action.*
2. *The health authority may require any or all of the following measures:*
 - (a) *The immediate exclusion of the food handler from all food establishments.*
 - (b) *The immediate closure of the food establishment concerned until, in the opinion of the health authority, no further danger of disease outbreak exists.*
 - (c) *Restriction of the food handler's services to some area of the establishment where there would be no danger of transmitting disease.*
 - (d) *Adequate medical and laboratory examinations of the food handler, of other food handlers and of his and their body discharges.*

(Added to NRS by 1963, 757; A 1969, 815)

NRS 446.940 Enforcement.

1. *Except as provided in subsection 2, this chapter must be enforced by the health authority in accordance with regulations hereby authorized to be adopted by the State Board of Health to carry out the requirements of this chapter.*
2. *A local board of health may adopt such regulations as it may deem necessary to carry out the requirements of this chapter. Such regulations:*
 - (a) *Become effective when approved by the State Board of Health;*
 - (b) *Must be enforced by the health authority; and*
 - (c) *Supersede the regulations adopted by the State Board of Health pursuant to subsection 1.*
3. *All sheriffs, constables, policemen, marshals and other peace officers shall render such services and assistance to the health authority in regard to enforcement as he may request.*

(Added to NRS by 1963, 758; A 1969, 815; 1981, 606)

NRS 446.941 Inapplicability of certain regulations to child care facilities with limited menus.

1. *Any regulation adopted by the State Board of Health or a local board of health pursuant to NRS 446.940 that establishes a standard for the construction of a food establishment or the equipment required to be present in a food establishment shall not apply to any child care facility that limits its menu to:*
 - (a) *Food that does not constitute a potential or actual hazard to the public health; and*
 - (b) *Potentially hazardous food that has been:*
 - (1) *Commercially prepared and precooked; or*
 - (2) *Pasteurized.*
2. *As used in this section, "child care facility" includes:*
 - (a) *A child care facility licensed pursuant to chapter 432A of NRS; or*
 - (b) *A child care facility licensed by a city or county.*

(Added to NRS by 2003, 594)

NRS 446.943 Prosecution by district attorney. The district attorney of each county shall prosecute any person who violates any provision of this chapter or any provision of the regulations of the State Board of Health or the local board of health adopted pursuant to this chapter.

[Part 21:116:1943; 1943 NCL § 5319.20]—(NRS A 1963, 760; 1969, 807; 1981, 606)

NRS 446.945 Penalties. Any person who violates any of the provisions of this chapter is guilty of a misdemeanor. In addition thereto, such persons may be enjoined from continuing such violations. Each day upon which such a violation occurs shall constitute a separate violation.

(Added to NRS by 1963, 758; A 1969, 815)

DRAFT

BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of the:

- A. Revisions of definitions to Section 010, and**
- B. Amendments to Section 170 of the Washoe 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 (List all trade association or owners and officers of businesses likely to be affected by the proposed rule that have been consulted).

District Health Department staff invited representatives from all facets of the Special Events and Temporary Food Service Industries to attend pertinent regulation workshops. The mailing list for the workshops consisted of 79 addresses for Temporary Food Establishments and Event Promoters. Additional invitations were extended to businesses that serve the Special Events Industry and other local Government Agencies involved in Special Events.

The workshops for new and revised regulations specific to Special Events were conducted in late March and early April. Draft regulations were made available for review during the workshops. The days and times were staggered to accommodate individuals who may have scheduling conflicts. On Monday, March 23rd, 2009 a workshop was scheduled from 6:00pm to 8:00pm. A mid-day workshop was held Wednesday, April 1st from 1:00pm to 3:00pm. The only participants in the first workshop were Washoe County Health Department Employees. In the second workshop there were four attendees including two Temporary Food Operators, a City of Reno Official, and an Event Promoter. The regulation revisions were reviewed and there were no concerns voiced regarding the changes by the attendees. There were three calls and two emails from event promoters and temporary food vendors unable to attend. When informed of the changes there were no concerns stated by promoters or temporary food vendors in response during the calls or in the emails.

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: Currently individual Temporary Food Establishments are re-inspected as many times as necessary to ensure that violations are corrected. No fee is presently charged for these extra inspections. In accordance with the revised regulations a Temporary Food Establishment Operator will have to pay a re-inspection fee if more than one re-

inspection is necessary for compliance. The fee will be based on the time it takes to conduct the additional inspections.

Beneficial Effects: The addition of re-inspection fees allow the District Health Department to collect revenue for services that extend beyond normal fee for service permits for Temporary Food Establishments. The fees will discourage repeated violations. The benefit in fee for non-compliance will be in capturing fees and reducing the number of necessary inspections. Temporary Food Establishment Operators may also avoid closure with the financial incentive for maintaining compliance.

New sanitation requirements for food protection will also result in purchase of necessary items. Industries that supply Temporary Food Vendors and Special Events with equipment will benefit by an increase in sales of items that are required for safe operation. Such items include shielded light fixtures, cleaning and sanitizing supplies and hand wash stations supplied with potable water.

Direct Effects: There will be a direct financial burden to the Temporary Food Establishment Operators that have continuous non-compliance with regulations upon re-inspection. There will be a positive effect in revenue collected for the time spent conducting re-inspections.

Indirect Effects: Temporary food Establishment Operators that are habitually in violation of regulations and pose a risk to the public will be discouraged from operating in Washoe County. The net effect will be the opportunity for new operators that may be on waiting lists for events to replace the habitual violators. Establishing new Temporary Food Establishment Operators that are better operators could subsequently reduce inspection times.

- 3. The following constitutes a description of the methods that Washoe County 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 regulations are intended to set reasonable requirements and costs for operation of Special Events and Temporary Food Establishments. The proposed re-inspection fee is a fee for service that is not currently addressed in the current Temporary Food Establishment fee schedule. None of the attendees at the workshops or individuals who inquired by phone or email had any objections to the fee and several voiced support for its implementation. Options for non-compliant operators would include finding other venues in which to operate that have less stringent requirements or facing closure instead of re-inspection fees within Washoe County.

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

There will not be any additional cost for enforcement. The Special Events Program already inspects all events within Washoe County Health District. The re-inspection fee is intended to capture costs of additional time spent at Special events to ensure compliance. The number of permit applications will not be affected by the revised regulations.

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 expects to collect is:

There is one new fee associated with the revised regulations. The total amount that Washoe County expects to collect annually is between \$500 and \$2000 depending on compliance.

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 revised regulation is consistent with Nevada Revised Statutes and Nevada Administrative Code. The revision was necessary for consistency with these codes.

LEGAL AD DEPARTMENT
Reno Gazette Journal Newspaper
April 7, 2009

**NOTICE OF PUBLIC HEARING
WASHOE COUNTY DISTRICT BOARD OF HEALTH**

The Washoe County District Board of Health does hereby declare 1:00 p.m., May 28, 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 Food Establishments.

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 Rucker, 328-2423.

Denis M. Humphreys, OD, Chairman
Washoe County District Board of Health

Reno Gazette Journal:

Please run a legal ad 1" X 3" three times, Wednesday April 15, 2009, Saturday April 18, 2009 and Tuesday April 21, 2009. Please send proof of publication to:

Sheryl Nolte
Washoe County Health District
P.O. Box 11130
Reno, Nevada 89520 or FAX to (775) 328-6176

Account #349008; Please call Darlene in our Purchasing Department (328-2286) with the cost.

Thank you, Sheryl Nolte, 328-6144

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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: **04/15/2009 - 04/21/2009**, for exact publication dates please see last line of Proof of Publication below.

Subscribed and sworn to before me

Signed: *Krista Louise*



'APR 22 2009

Linda Anderson

Proof of Publication

NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH
The Washoe County District Board of Health doeshereby declare 1:00 p.m., May 28, 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 FoodEstablishments. Interested persons who may be affected or wish tocomment on any action being considered on theabove date should appear at the public hearing tosubmit oral testimony or may address comments,data, views or arguments in written form to the Washoe County District Board of Health, P.O. Box11130, Reno, Nevada 89520. Copies of the proposed regulations are available at the Washoe County Health District Office, Environmental HealthServices Division, 1001 E. 9th Street, Reno, Nevadafor inspection by any person. If you would like additional information, pleasecontact Jeanne Rucker, 328-2423. Denis M. Humphreys, OD, Chairman Washoe County District Board of Health No. 637135 - Apr. 15, 18, 21, 2009

APR 22 2009



DISTRICT HEALTH DEPARTMENT

May 19, 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 May 28, 2009.

BILL STATUS UPDATE- GOVERNMENT AFFAIRS REQUESTS

The Legislative Session began on February 2, 2009. Since that time, staff received requests for evaluation and/or fiscal notes from Washoe County Government Affairs on the following bills. A staff-recommended position on each bill is noted. This list is also *inclusive* of legislation that failed to meet session deadlines.

- **AB16.** Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600). *Oppose*
- **AB112.** Establishes provisions relating to public health emergencies. (BDR 40-214) *Oppose, Unless Amended Enrolled*
- **AB200.** Extends limited immunity from civil liability to certain medical providers who render gratuitous care under certain circumstances. (BDR 3-469) *Support Failed*
- **AB249.** Revises provisions governing the abatement of certain nuisances. (BDR 40-1043) *Support*
- **AB312.** Revises provisions related to a special volunteer medical license. (BDR 54-470) *Support Failed*
- **AB347.** Makes various changes concerning foreign nationals. (BDR 3-136) *Neutral Failed*
- **AB349.** Revises provisions governing certain emergency medical technicians. (BDR 40-1022) *Support*

DBOH AGENDA ITEM # 15.

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

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- **AB396.** Reforms vehicle registration process; allows for vehicle emissions tests to be required only once every two years. (BDR 43-956) *Oppose Failed*
- **AB398.** Limits disclosure of certain records of a health authority. (BDR 40-1044) *Support Failed*
- **AB414.** Makes various changes to the requirements for emissions inspections of certain vehicles. (BDR 40-821) *Support*
- **AB426.** Requires the Division of Environmental Protection of the State Department of Conservation and Natural Resources to conduct a study concerning programs for reusing and recycling computers and other electronics. (BDRS-466) *Neutral*
- **AB432.** Revises provisions governing alcoholic beverage awareness programs. (BDR 32-526) *Neutral Enrolled*
- **AB466.** Revises provisions relating to franchise agreements in certain counties. (BDR 20-775) *Neutral Failed*
- **SB21.** Revises provisions governing the sale or offer for sale of certain food, drugs and other commodities after the date of expiration for those products has passed. (BDR 51-260) *Neutral Failed*
- **SB32.** Makes various changes to the Open Meeting Law. (BDR 19-459) *Neutral Failed*
- **SB54.** Revises the qualifications of the State Health Officer. (BDR 40-336) *Oppose*
- **SB126.** Requires local governments to allow the reuse of graywater in single-family residences. (BDR 48-394) *Neutral Failed*
- **SB137.** Provides for the placement of recycling containers in certain locations. (BDR 40-741) *Support*
- **SB186.** Provides for the issuance of permits for the operation of motor vehicle tire recycling centers. (BDR 40-739) *Neutral*
- **SB231.** Makes various changes concerning food establishments connected with a child care facility. (BDR 40-975) *Neutral*
- **SB233.** Provides for the free immunization of certain children against certain diseases within limits of available money. (BDR 40-105) *Oppose, Unless Amended*
- **SB278.** Authorizes the establishment of health districts in certain less populous counties. (BDR 40-1061) *Support, If Amended*
- **SB279.** Makes changes to public records requirements. (BDR 19-82) *Neutral Failed*
- **SB381.** Revises provisions governing the immunization of children against certain diseases. (BDR 38-809) *Support*
- **SB397.** Establishes provisions relating to the use of certain plastic bags. (BDR 52-1143) *Neutral*

Total: 25

Total Enrolled: 2

Total Failed: 10

- **Fiscal notes:** BDR 136 (now AB347), BDR 214 (now AB112), BDR 466 (now AB426), BDR 739 (now SB186), BDR 809 (now SB381), BDR 1068, and BDR 1143 (now SB397).

BILL STATUS UPDATE- STAFF TRACKING

Staff also continued to monitor additional bills that have relevance to Board-approved Departmental and Divisional legislative priorities. Again, a staff-recommended position on each bill is noted. This list is also *inclusive* of legislation that failed to meet session deadlines.

- **AB97.** Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487) *Neutral Enrolled*
- **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) *Support Enrolled*
- **AB145.** Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815) *Support*
- **AB191.** Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827) *Support*
- **AB206.** Revises provisions relating to public health. (BDR 40-858) *Support*
- **AB213.** Requires the establishment of the Cancer Drug Donation Program. (BDR 40-39) *Neutral Enrolled*
- **AB219.** Enacts provisions governing certain blood tests for children. (BDR 40-682) *Support Enrolled*
- **AB229.** Enacts provisions governing fire-safe cigarettes. (BDR 42-568) *Neutral*
- **AB255.** Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812) *Support*
- **AB266.** Prohibits the sale of novelty lighters. (BDR 52-569) *Neutral*
- **AB285.** Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853). *Support*
- **AB332.** Revises provisions governing immunity from liability for donating, receiving or distributing certain grocery products or food. (BDR 3-1017) *No Position Enrolled*
- **AB479.** Revises the rate of taxation on moist snuff. (BDR 32-837) *Oppose*
- **AB544.** Revises provisions governing the State Plan for Medicaid. (BDR 38-1266)
- **AJR14.** Resolution supporting US EPA to grant California a waiver to set vehicle standards for greenhouse gases. (BDR R-5) *Support Failed*
- **SB7.** Makes various changes to the Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23) *Neutral*
- **SB17.** Revises provisions governing health care records. (BDR 54-607) *Neutral*
- **SB48.** Repeals certain requirements regarding the delivery of cigarettes sold to consumers. (BDR 32-270) *Neutral Enrolled*
- **SB60.** Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542) *Support*
- **SB72.** Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376) *Neutral*
- **SB159.** Requires the establishment of the Cancer Drug Donation Program. (BDR 40-14) *Neutral Failed*
- **SB220.** Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program. (BDR 40-1135) *Neutral Enrolled*
- **SB304.** Revises provisions relating to tests for certain communicable diseases. (BDR 40-844) *Support Enrolled*
- **SB305.** Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845) *Support*

- **SB311.** Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924) *No Position*
- **SB332.** Revises provisions governing vehicles owned or operated by governmental entities. (BDR 43-1147) *Oppose*
- **SB340.** Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133) *Support*
- **SB372.** Revises the Nevada Clean Indoor Air Act. (BDR 15-1099) *Oppose Failed*
- **SB383.** Requires certain warnings regarding the use of certain tobacco products. (BDR 40-1104) *Support Failed*
- **SB395.** Makes various changes regarding renewable energy and energy efficiency and alters the composition of the Commission on Economic Development. (BDR 58-1219) *Support*
- **SCR12.** Urges the promotion of physical fitness in the schools. (BDR R-697) *Neutral Enrolled*

Total: 31
Total Enrolled: 9
Total Failed: 4

TESTIMONY UPDATE

Staff continued to provide written and verbal testimony on legislation of high priority to the Department. Per County process, Washoe County Government Affairs was notified of staff activity at the Legislature as well as provided copies of any written testimony. Testimony has occurred on the following bills with type, position, and location indicated:

- **AB16.** Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600). *Oppose (Written testimony; Assembly Health & Human Services)*
- **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). *Support (Verbal and written testimony; Assembly Health & Human Services) Enrolled*
- **AB145.** Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815) *Support (Verbal testimony; Assembly Health & Human Services)*
- **AB191.** Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827) *Support (Verbal and written testimony; Assembly Health & Human Services; Senate Health & Education) Enrolled*
- **AB255.** Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812) *Support (Verbal and written testimony; Assembly Taxation)*
- **AB285.** Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853). *Support (Verbal and written testimony; Assembly Health & Human Services; Senate Health & Education)*
- **AB479.** Revises the rate of taxation on moist snuff. (BDR 32-837) *Oppose (Verbal and written testimony; Assembly Taxation)*
- **AB544.** Revises provisions governing the State Plan for Medicaid. (BDR 38-1266) *Support (Verbal testimony; Assembly Ways & Means)*

- **SB60.** Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542) *Support (Verbal testimony; Assembly Health & Human Services)*
- **SB304.** Revises provisions relating to tests for certain communicable diseases. (BDR 40-844) *Position: Support (Verbal and written testimony; Senate Health & Education; Assembly Health & Human Services)* **Enrolled**
- **SB305.** Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40-845) *Support (Verbal and written testimony; Senate Health & Education; Assembly Health & Human Services)*
- **SB372.** Revises the Nevada Clean Indoor Air Act. (BDR 15-1099) *Oppose (Verbal and written testimony; Senate Judiciary; Assembly Judiciary)* **Failed**
- **SB340.** Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133) *Support (Verbal and written testimony; Senate Health & Education; Assembly Health & Human Services)*

Total: 13
Total Enrolled: 3
Total Failed: 1

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)
 - If **Yes** = include type of testimony to be provided (written, verbal, both) (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, jhadavia@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 1 st Reprint | Commerce and Labor | Assembly Final Passage 4/6 To Senate Health and Education 5/7 Amend and Do Pass as Amended | Provides for the disclosure of certain information to an emergency response employee concerning possible exposure to an infectious disease. (BDR 40-600) | <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. 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. <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. | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) (Type: <u>written</u>) • Oppose • Ordinance: No • Policy: No • Fiscal Impact : Yes (R. Todd) |
| AB97 1 st Reprint | Government Affairs (on behalf of NVCN) | Governor | Requires the establishment of procedures for transferring governmental functions between and among local governments and state agencies. (BDR 31-487) | <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. 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. <u>Fiscal impact:</u> The fiscal impact to the Health District is unknown at this time. | <ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) |
| *AB112 1 st Reprint | Health and Human Services | Governor | Establishes provisions relating to public health emergencies. (BDR 40-214) | <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 | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (R. Todd) (Type: <u>Unknown</u>) • Oppose, Unless |

Washoe County Health District
 Bill Tracking – 2009 State Legislative Session

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| | <p>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. • Inclusion of the State Health Officer and District Health Officers may or may not address this concern. Membership should include the State Epidemiologist. • <i>It preempts the local Public Health Authority.</i> This may or may not be an issue depending on whether the definitional 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><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</p> | <p>Amended</p> <ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : Yes (R. Todd) |
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| <p><u>AB206</u> 1st Reprint</p> | <p>Health and Human Services</p> | <p>Senate Health & Education 5/14 Do Pass Senate General File</p> | <p>Revises provisions relating to public health. (BDR 40-858)</p> | <p>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: <u>AB112 Evaluation</u>, <u>AB112 Fiscal Impact</u></p> <p><u>Evaluation:</u> Sections 1 to 10 relate primarily to sentinel event reporting requirements of medical facilities to the Nevada State Health Division.</p> <p>Sections 11 to 19 amend NRS 441A covering communicable disease investigation by health authorities. The key changes are as follows:</p> <ul style="list-style-type: none"> • Adds a definition of infectious disease. This is important as it is a more inclusive term than communicable disease. • Adds authority to investigate events other than infectious disease if the event significantly impairs the health, safety, or welfare of the public. • Gives health authorities the power to issue a subpoena for release of information relevant to an investigation. • Gives health authorities the power to levy a fee on a healthcare provider or medical facility to cover a proportionate share of investigation costs. • Compels public agencies, law enforcement agencies, and political subdivisions to provide information that is relevant to an investigation to a health authority. • Gives health authorities the power to issue cease and desist orders to healthcare providers and medical facilities. <p>These provisions, if enacted, would improve the ability of health authorities to investigate and control infectious disease within their jurisdictions.</p> <p>The remaining sections of the bill would not</p> | <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: Yes (R. Todd, M. Anderson) (Type: verbal, written; depending on amendments) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (R. Todd) |
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**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| *AB349 1 st Reprint | Parnell, Leslie, McClain (primaries) | Senate Health & Education 5/20 Agenda Exemption effective | Revises provisions governing certain emergency medical technicians. (BDR 40-1022) | directly impact the Health District. This bill allows for certain emergency medical technicians to be able to administer immunizations or medications in an emergency or to otherwise satisfy public health needs, such as a public health preparedness exercise. | <ul style="list-style-type: none"> Priority: Low Track Testify: No Support, As Is Ordinance: No Policy: No Fiscal Impact : No (S. Kutz) |
| *SB54 1 st Reprint | Health and Education | Senate Concur Not Concur | Revises the qualifications of the State Health Officer. (BDR 40-336) | <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 and priority that is placed on public health in the State of Nevada.</p> <p><u>Amendment:</u> Do not change the existing requirements for a licensed physician to assume the role of State Health Officer.</p> | <ul style="list-style-type: none"> Priority: High Needs Attention Testify: Yes (M. Anderson) (Type: Unknown) Oppose (amendment proposed) Ordinance: No Policy: No Fiscal Impact : No (M. Anderson) |
| *SB278 2 nd Reprint | McGinness | Assembly Health and Human Services 5/12 Amend and Do Pass as Amended | <p>Authorizes the establishment of health districts in certain less populous counties. (BDR 40-1061)</p> <p><i>Note title change:</i> Requiring the Legislative Committee on Health Care to study certain issues concerning the provision of public health. (BDRS-1061)</p> | <p><u>Evaluation:</u> This bill enables rural and frontier counties to establish consolidated health districts to provide health and social services, including substance abuse and mental health treatment. It also allows newly-formed health districts to levy taxes.</p> <p>Inclusion of substance abuse and mental health services may inappropriately expand the scope of a public health district. Therefore, an amendment is pending before law-makers that would refer this issue to a study by the Interim Committee on Health Care.</p> | <ul style="list-style-type: none"> Priority: Low Track Testify: No Support, If Amended Ordinance: No Policy: No Fiscal Impact : No (M. Anderson) |

Air Quality Management Division

| Bill # | Sponsor | Status | Summary | Analysis | Recommendations/Staff |
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| *AB414 | Claborn | Senate Committee on Natural Resources 5/15 Do Pass | Makes various changes to the requirements for emissions inspections of certain vehicles. (BDR 40-821) | Allows for electronic submission of emission control data and other minor program modifications. Maintains fees collected by the DMV, and therefore should be revenue neutral to the Pollution Control Fund and the Health | <ul style="list-style-type: none"> Priority: Low Monitor Testify: No Support, As Is |

**Washoe County Health District
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| | | | | District. | | <ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact : No (A. Goodrich) |
| <u>AJR14</u> | Ohrenschall, Bobzien, Segerblom, Leslie, Hogan, Parks, et al | Committee on Elections, Procedures, Ethics, and Constitutional Amendments 4/9 Do Pass To Chief Clerk No further action | Resolution supporting US EPA to grant California a waiver to set vehicle standards for greenhouse gases. (BDR R-5) | California, along with 17 other states, has requested a greenhouse gas standard for motor vehicles. If granted, these standards would apply to the majority of vehicles sold in the western US. Nevada would benefit by receiving cleaner motor vehicles. | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (A. Goodrich) | |
| <u>SB332</u> 1 st Reprint | Committee on Energy, Infrastructure & Transportation | Assembly Transportation 5/14 Amend and Do Pass as Amended | Revises provisions governing vehicles owned or operated by governmental entities. (BDR 43-1147) | Changes the parameters for the required use of alternative fuels in government fleets. | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: Unknown • Support, As Is • Ordinance: Uncertain • Policy: Uncertain • Fiscal Impact : Yes (A. Goodrich) | |
| <u>SB395</u> 1 st Reprint | Committee on Energy, Infrastructure & Transportation (on behalf of the Governor) | Senate Energy, Infrastructure and Transportation 5/12 Amend and Do Pass as Amended Exemption effective | Makes various changes regarding renewable energy and energy efficiency and alters the composition of the Commission on Economic Development. (BDR 58-1219) | Governor's energy bill partially in response to recommendations by the Nevada Climate Change Advisory Committee. Requires energy efficient appliances and equipment, state buildings to meet energy codes, revises renewable portfolio standards, modifies tax abatements for renewable energy businesses, requires CO2 information for vehicles, and other energy producer requirements. A. Goodrich, Chairman of advisory committee. | <ul style="list-style-type: none"> • Priority: High • Track • Testify: Yes (A. Goodrich) (Type: written, verbal) • Support • Ordinance: Uncertain • Policy: Uncertain • Fiscal Impact : Uncertain (A. Goodrich) | |

Community and Clinical Health Services Division

| Bill # | Sponsor | Status | Summary | Analysis | Recommendations/Staff |
|---|----------|----------|---|--|---|
| <u>AB107</u> 1 st Reprint | Oceguera | Governor | Creates the Advisory Committee for the Prevention and Treatment of Stroke within the Health Division of the | <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 | <ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadaya) (Type: |

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| <p><u>AB145</u> 1st Reprint</p> | <p>Hambrick (primary); Carpenter, Cobb, Gustavson, Mortenson, Ohrenschaill & Segerblom</p> | <p>Assembly Ways and Means Exemption effective</p> | <p>Requires school districts to grant the use of certain athletic fields to nonprofit organizations which provide programs for youth sports. (BDR 34-815)</p> | <p>Department of Health and Human Services. (BDR 40-208)</p> | <p>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.</p> <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 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><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill expands the use of school athletic fields to non-profits outside of the traditional school day. Similar policies are being promoted nationally 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 goal of chronic disease prevention.</p> <p>The bill could be increasingly effective toward this goal if it expanded the locations on school property that may be used for youth physical activity outside of regular school hours; expanded the types of organizations to which use of school facilities will be granted without charge for the purpose of youth physical activity; expanded activities beyond "sports" to include any activity with the purpose of youth physical education; and included high schools.</p> <p><u>Amendment:</u></p> <ul style="list-style-type: none"> • Replace "athletic field" with "location on school property that may be reasonably | <p>verbal)</p> <ul style="list-style-type: none"> • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia) |
| | | | | <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill expands the use of school athletic fields to non-profits outside of the traditional school day. Similar policies are being promoted nationally 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 goal of chronic disease prevention.</p> <p>The bill could be increasingly effective toward this goal if it expanded the locations on school property that may be used for youth physical activity outside of regular school hours; expanded the types of organizations to which use of school facilities will be granted without charge for the purpose of youth physical activity; expanded activities beyond "sports" to include any activity with the purpose of youth physical education; and included high schools.</p> <p><u>Amendment:</u></p> <ul style="list-style-type: none"> • Replace "athletic field" with "location on school property that may be reasonably | <p>Priority: Low</p> <ul style="list-style-type: none"> • Track • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support, As Is (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon, J. Stoll-Hadayia) | |

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| <p>AB191 1st Reprint</p> | <p>Denis, Kihuen, Parnell, Hardy, Anderson, Leslie & Smith</p> | <p>Assembly Final Passage 4/9 Amend & Do Pass Senate Health and Education 5/7 Amend and Do Pass as Amended</p> | <p>Removes the prospective expiration of a provision requiring certain examinations of the height and weight of pupils. (BDR S-827)</p> | <p><u>used for youth physical activity including playgrounds, multi-purpose rooms, or athletic fields</u></p> <ul style="list-style-type: none"> • Replace “nonprofit organization” with “nonprofit organization, public parks and recreation department, or other entity” • Replace “sports” with “physical activity and sports” • Include “high schools” <p>Similar language is included in <u>AB285</u>.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill requires school districts to continue to collect height and weight of students for the intent of determining childhood obesity rates. This is the only local data Washoe County and Nevada have to assess childhood obesity and the impact of prevention/ intervention programs. The Health District uses these data to set priorities and apply for grant funding.</p> <p><u>Amendment:</u> (Proposed by American Health Association and accepted by bill sponsor) Specify that measurements will be taken from a sample of 4th, 7th, and 10th graders; and specify that the Interim Health Committee examine child weight-related health issues.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal) • Support, As Is & As Amended • Ordinance: No • Policy: No • Fiscal Impact: No <p>(E. Dixon, J. Stoll-Hadaya)</p> |
| <p>AB213 1st Reprint</p> | <p>Anderson, Conklin, Horne, Kihuen & Parnell (primaries) et al.</p> | <p>Governor</p> | <p>Requires the establishment of the Cancer Drug Donation Program. (BDR 40-39)</p> | <p><u>Evaluation:</u> This bill requires the State Board of Pharmacy to establish a program in which private citizens can donate unused cancer treatment medications for re-distribution to other cancer patients in need. The bill outlines basic criteria for storage, distribution, and dispensing of the donated medications and provides civil liability immunity for those who donate.</p> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Stoll-Hadaya)</p> |

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| <p><u>AB219</u></p> | <p>Hardy & Horsford</p> | <p>Governor</p> | <p>Enacts provisions governing certain blood tests for children. (BDR 40-682)</p> | <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention. In addition, this bill is a priority of the Nevada Cancer 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> <p><u>Evaluation:</u> This bill mandates reporting of blood lead levels tests of children to local health authorities and then urges health authorities to investigate high level cases. At a minimum, the impact on the Health District would be to receive and document data from laboratories.</p> <p>Lead monitoring and education is a core function of Public Health Nurses (PHN). In the past, the Health District assigned one PHN to respond to lead concerns. Though this program is no longer in place, receipt of a high blood level case would necessitate investigation by a PHN; not responding to such a report would be irresponsible. In general, monitoring lead levels in children is good public health practice; however, no funding is currently available to support this function at the Health District.</p> <p><u>Fiscal impact:</u> There is fiscal impact to the Health District as calculated in staff time for documenting laboratory results, conducting investigations, and providing other activities related to community-wide lead monitoring and/or education.</p> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: Yes (M.A. Brown) |
| <p><u>AB229</u> 1st Reprint</p> | <p>Assembly: Oceguera, et al Senate: Parks</p> | <p>Senate Commerce and Labor 5/18 Agenda Exemption effective</p> | <p>Enacts provisions governing fire-safe cigarettes. (BDR 42-568)</p> | <p><u>Evaluation:</u> This bill requires cigarettes sold in Nevada to meet specific fire safety standards. It also establishes systems for testing and enforcement of these standards. This bill was modeled after requirements that were first adopted in 2004 in New York State. There is no definitive data that fire-safe cigarettes impact</p> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No |

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| | | | | <p>Therefore, there would be no impact on the Health District as a result of this bill; however, this bill is a priority of Safe Kids Washoe County for its potential to prevent fire-related injury. Health District staff serve in a leadership capacity on this Coalition.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill increases the cigarette excise tax to \$1.00 per pack (from the current \$0.80 per pack) or 90 mills per cigarette. It then earmarks the additional revenue from this increase to pay for presumptive eligibility for Medicaid coverage of prenatal care, with the balance to State Medicaid.</p> <p>There would be no impact on the Health District as a result of this bill, as written; however, this bill strongly supports the Health District goal of chronic disease prevention. Research shows that increases in cigarette excise tax produce real, predictable improvements in smoking rates, smoking-related health care costs, and state revenue. The increase proposed in this bill would produce:</p> <ul style="list-style-type: none"> • A 17.4% decrease in youth smoking; • 16,400 fewer adults smoking; and • \$598.6 million in long-term health savings from adult and youth smoking declines over the next five years <p>It would also generate an estimated \$75.7 million in additional state revenue in the first year. However, to maximize these positive health benefits, a comprehensive statewide tobacco prevention and control program must also be maintained.</p> <p>Amendment: (As proposed by sponsor) <u>Sec. 2. 2 (b)(2) Six mills per cigarette to the State</u></p> | (E. Dixon) |
| <u>AB255</u> | Leslie | Assembly Ways and Means Exemption effective | Increases the tax on tobacco products and provides for use of the additional tax proceeds to expand certain health care delivery programs. (BDR 32-812) | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadayia) (Type: <u>written, verbal</u>) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: Yes (with amendment only) (J. Stoll-Hadayia) | |

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| | | | | <p>Treasurer for deposit to the credit of Health Division of the Department of Health and Human Services and to the district boards of health in counties whose population is 50,000 or more to pay for tobacco prevention and control programs.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District from this bill as currently written. However, should the bill pass with the proposed amendment, it would result in revenue to the Health District for tobacco prevention and control activities.</p> <p><u>Evaluation:</u> This bill prohibits the sale or distribution of cigarette lighters that are made to resemble cartoon characters, toys, guns, watches, etc. or that have flashing lights or other entertainment features.</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>AB266</p> | <p>Oceguera</p> | <p>Assembly Final Passage 4/13 Senate Commerce and Labor 5/13 Amend and Do Pass as Amended</p> | <p>Prohibits the sale of novelty lighters. (BDR 52-569)</p> | <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District from this bill as currently written. However, should the bill pass with the proposed amendment, it would result in revenue to the Health District for tobacco prevention and control activities.</p> <p><u>Evaluation:</u> This bill prohibits the sale or distribution of cigarette lighters that are made to resemble cartoon characters, toys, guns, watches, etc. or that have flashing lights or other entertainment features.</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> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) |
| <p>AB285 1st Reprint</p> | <p>Christensen, Atkinson, Wiener & Carlton (primaries)</p> | <p>Assembly Ways and Means 4/29 No Action Exemption effective</p> | <p>Requires a certain amount of time each school day for physical activity in elementary schools and revises provisions governing the use of school property. (BDR 34-853)</p> | <p><u>Fiscal impact:</u> This bill requires that elementary schools provide at least 30 minutes of physical activity during each school day. It also grants the use of school buildings and grounds outside of school hours to organizations providing physical activity at no cost (similar to AB145). Both policy changes are to increase levels of physical activity among children as a means of preventing overweight/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 goal of chronic disease prevention.</p> <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill revises the type of</p> | <ul style="list-style-type: none"> • Priority: Low • Track • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia) |
| <p>*AB432</p> | <p>Smith and</p> | <p>Governor</p> | <p>Revises provisions governing</p> | <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill revises the type of</p> | <ul style="list-style-type: none"> • Priority: Low |

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| 1 st Reprint | Oceguera | | alcoholic beverage awareness programs. (BDR 32-526) | <p>infraction, amount of fine, and distribution of fines related to noncompliance with the alcohol beverage awareness program for alcohol-serving establishments.</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> | <ul style="list-style-type: none"> • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (N. Alberti) |
| <u>AB479</u> | Government Affairs | Assembly Ways and Means Exemption effective | Revises the rate of taxation on moist snuff. (BDR 32-837) | <p><u>Evaluation:</u> This bill proposes to change the rate of taxation on smokeless tobacco products from 30% of wholesale price to \$0.75 per ounce. Research shows that applying a weight-based tax on smokeless tobacco results in lower cost to the consumer and, therefore, increased sales, as tobacco manufacturers reduce the weight of their product. While this change may benefit tobacco manufacturers and distributors, it will result in increased consumption of tobacco by Nevadans.</p> | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal, <u>written</u>) • Oppose • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadaya) |
| <u>AB544</u> | Committee on Ways and Means | Assembly Ways and Means Notice of Exemption | Revises provisions governing the State Plan for Medicaid. | <p>The Medicaid Family Planning Waiver would increase family planning access for low-income women. It would also serve as a source of revenue for struggling Title X clinics as well as any other type of clinic or private physician's office that provide Medicaid family planning services. Currently the only birth control service available to women that cannot afford to pay is provided through Title X programs. The Family Planning Program (FPP), at the Washoe County Health District, is one of three Title X providers located within the state.</p> | <ul style="list-style-type: none"> • Priority: High • Track • Testify: Yes (S. Hardie verbal) • Support • Ordinance: No • Policy: No • Fiscal Impact: No |
| <u>SBZ</u> 1 st Reprint | Wiener | Assembly Ways & Means 5/19 Agenda Exemption effective | Advisory Council on the State Program for Fitness and Wellness. (BDR 40-23) | <p><u>Evaluation:</u> 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><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) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p><u>SB17</u> 2nd Reprint</p> | <p>Wiener</p> | <p>Assembly Health & Human Services 5/13 Amend and Do Pass as Amended Exemption effective</p> | <p>Revises provisions governing health care records. (BDR 54-607)</p> | <p><u>Evaluation:</u> 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. There would be an impact on the Health District as a result of this bill due to the patient notification requirement. <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> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : Yes (P. Carlson) |
| <p><u>SB48</u></p> | <p>Senate Taxation</p> | <p>Governor</p> | <p>Repeals certain requirements regarding the delivery of cigarettes sold to consumers. (BDR 32-270)</p> | <p><u>Evaluation:</u> This bill aligns Nevada Revised Statute with federal laws governing delivery of cigarettes. There would be no impact on the Health District as a result of this bill. <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) |
| <p><u>SB72</u> 1st Reprint</p> | <p>Cegavske</p> | <p>Assembly Commerce and Labor 5/13 Do Pass Assembly General File</p> | <p>Authorizes a registered pharmacist to perform certain screening tests. (BDR 54-376)</p> | <p><u>Evaluation:</u> This bill would allow registered pharmacists to perform a blood glucose screening test in a pharmacy setting, using an FDA-approved testing device. The outcome <i>could</i> be increased access to diabetes screening, which facilitates early intervention and lifestyle modification. However, there appears to be little definitive evidence to support screening alone as an effective diabetes intervention. There would be no direct impact on the Health District as a result of this bill. 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. <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 (J. Stoll-Hadayia) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p><u>SB220</u></p> | <p>Health and Education</p> | <p>Governor</p> | <p>Provides for the establishment of the Chronic Obstructive Pulmonary Disease Program. (BDR 40-1135)</p> | <p><u>Evaluation:</u> This bill establishes a Chronic Obstructive Pulmonary Disease (COPD) Program at the state health division, based on available funding. However, this bill does not provide funding to the program.</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> | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (E. Dixon) |
| <p>*<u>SB233</u> 1st Reprint</p> | <p>Woodhouse, Breeden, Wiener, Parks & Horsford (primaries) et al</p> | <p>Senate Finance Exemption effective</p> | <p>Provides for the free immunization of certain children against certain diseases within limits of available money. (BDR 40-105)</p> | <p>The Vaccines for Children (VFC) federal entitlement program provides vaccines at no charge to children 0-18 years of age if the child is uninsured, underinsured (insurance does not cover immunizations), has Medicaid, or is Native American or an Alaskan Indian.</p> <p><u>Amendment:</u> <i>This bill would need to be amended to identify the specific population it will serve and calculate the associated fiscal impact.</i></p> | <ul style="list-style-type: none"> • Priority: Low • Track • Testify: No • Oppose, Unless Amended • Ordinance: No • Policy: No • Fiscal Impact: Yes (M.A. Brown, S. Kutz) |
| <p><u>SB304</u> 1st Reprint</p> | <p>Parks Copening Horsford Pierce Leslie (primaries) et al</p> | <p>Governor</p> | <p>Revises provisions relating to tests for certain communicable diseases. (BDR 40-844)</p> | <p><u>Evaluation:</u> Sec. 1 of the bill mandates clinicians to provide for syphilis testing in the first trimester of pregnancy (in addition to the third trimester currently required by law). This testing schedule adheres to Centers for Disease Control and Prevention (CDC) guidelines for preventing congenital syphilis transmission.</p> <p>Sec. 2 of the bill exempts HIV tests from state licensing regulations that exceed federal requirements. The intent of this portion of the bill is to increase availability of Rapid HIV Tests for use by community-based organizations. Rapid HIV Tests are CLIA-waived tests, and their use at the community level is a CDC recommendation.</p> <p>There would be no direct impact on the Health District as a result of Sec. 1 as current CDC STD testing and treatment guidelines are</p> | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support As Is & As Amended (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p>SB305 1st Reprint</p> | <p>Parks Copening Horsford Pierce Leslie (primaries) et al</p> | <p>Senate Final Passage 4/17 Amend Do Pass Assembly Health & Human Services 5/13 Amend and Do Pass as Amended</p> | <p>Makes various changes concerning a prescription for the sexual partner of a person diagnosed with a sexually transmitted disease. (BDR 40- 845)</p> | <p><u>Fiscal impact:</u> There is no fiscal impact to the Health District.</p> <p><u>Evaluation:</u> This bill authorizes a health care provider to issue a prescription for the treatment of the sexual partner of a person who has been diagnosed with an STD without examining the partner; and does so by allowing the provider to exclude the name of the partner from the prescription if the prescription specifies this purpose. This practice is commonly referred to as Expedited Partner Therapy (EPT) or Partner-Delivered Therapy (PDT) and is a proven method for preventing repeat STD infections between partners. Research shows that EPT reduces STD re-infection rates in a community by 50-70%. It is currently recommended for use with <i>Chlamydia</i> and <i>gonorrhea</i> by the Centers for Disease Control and Prevention.</p> <p>This bill would allow the Health District to utilize an additional proven strategy in the prevention of STD infections by allowing partners to be empirically treated (i.e., without testing and examination). In CY07, the Health District</p> | <p>already in place. Sec. 2 would allow the Health District to more readily provide Rapid HIV Tests.</p> <p>Overall, this bill supports the Health District goal of HIV and STD prevention. In addition, this bill was submitted by request from the State AIDS Task Force, on which the District Health Officer and other staff serve.</p> <p><u>Amendment:</u> <i>All entities providing a waived test for the detection of the human immunodeficiency virus must adhere to the Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988; and to NRS 441A.150 and NAC 441.230 – 441A.253.</i></p> | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadayia) (Type: verbal) • Support As is & As Amended (amendment proposed to sponsor) • Ordinance: No • Policy: No • Fiscal Impact: Yes (J. Stoll-Hadayia) |
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**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p><u>SB340</u> 1st Reprint</p> | <p>Health and Education</p> | <p>Senate Final Passage 4/17 Amend Do Pass Assembly Health & Human</p> | <p>Revises provisions governing the allocation of certain money from the Fund for a Healthy Nevada. (BDR 40-1133)</p> | <p>tested and treated 405 <i>Chlamydia</i> and <i>gonorrhea</i> contacts. With the average cost of an STD encounter at \$60, EPT could save up to \$24,300 in annual cost if contact testing and treatment were no longer required.</p> <p>In addition, this bill was submitted by request from the State AIDS Task Force, on which the District Health Officer and other staff serve.</p> <p><u>Amendment:</u> Sec 1. line 4, after "a provider of health care" add or a public health staff under the authority of a district health officer; Sec. 1, line 5, after "who diagnoses a patient with a sexually transmitted disease" add that is approved by the Board of Health for expedited partner therapy may dispense a medication.</p> <p>Provision of expedited partner therapy shall be noted on the morbidity report form to the health authority per NRS 441A.150 and NAC 441.230 – 441A.253. The Health Division shall develop written protocols for expedited partner therapy to be approved by the Board of Health and to which providers of this service must adhere. This protocol shall not supersede adopted ethical or practice guidelines for providers of health care.</p> <p><u>Fiscal impact:</u> There could be a positive fiscal impact to the Health District, as empirical treatment of <i>Chlamydia</i> and <i>gonorrhea</i> contacts could save \$60 per case annually.</p> <p><u>Evaluation:</u> This bill proposes to restructure the distribution of the tobacco prevention and control allocation of the Fund for a Healthy Nevada (FHN) so that it flows directly to the Nevada State Health Division (NSHD) and to the local health departments (LHDs) in each county of at least 100,000 population. This restructuring represents <i>best practice</i> for the</p> |
| | | | | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (J. Stoll-Hadaya) (Type: verbal, <u>written</u>) • Support, As Amended (amendment proposed to sponsor) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| | Senate Health and Education | Senate Health and Education 4/10 Amend | Services 5/13 Do Pass Assembly General File | <p>administration of tobacco prevention and control programming at the local level and is supported by public health stakeholders.</p> <p>There would be a beneficial impact to the Health District as a result of this bill. New monies would flow directly to the Health District for the purpose of regional planning and implementation of tobacco prevention and control activities for Washoe County.</p> <p>Amendment: (f) Allocate, by contract or grant, for expenditure not more than 15 percent of available revenues to the <i>Health Division for allocation</i> for programs that have been <i>prevent</i> are consistent with guidance from the Centers for Disease Control and Prevention on evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. <i>In making allocations pursuant to this paragraph, the Department Division shall allocate the money: (1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county; and</i> <i>(2) To such programs in those counties the Health Division for expenditure for such programs in those counties whose population is less than 100,000; and</i> <i>(3) To such programs that provide statewide evaluation, tobacco cessation, and other services as determined by the Division and district boards of health.</i></p> <p>Fiscal impact: There would be a positive fiscal impact to the Health District. A population-based formula will be used to determine funding levels.</p> | <ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: Yes (J. Stoll-Hadayia) |
| *SB381 1 st Reprint | Senate Health and Education | Senate Health and Education 4/10 Amend | Revises provisions governing the immunization of children against certain diseases. | <p>This bill provides first dollar coverage for children 0-17 years old who are covered by insurance. This eliminates any out of pocket</p> <p>Fiscal impact: There would be a positive fiscal impact to the Health District. A population-based formula will be used to determine funding levels.</p> | <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: No |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <u>SCR12</u> | Weiner & Denis (primaries) et al | and Rerefer to Senate Finance 5/4 No Action Exemption effective Secretary of State | (BDR 38-809) Urges the promotion of physical fitness in the schools. (BDR R-697) | <ul style="list-style-type: none"> • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: No (S. Kutz) <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (J. Stoll-Hadayia) |
| | | | <p>expense for families, thereby making it easier for them to immunize their children, and protecting the community from vaccine preventable diseases.</p> <p>This resolution urges school districts to expand physical education programs during the school day as a means of preventing obesity. It urges the Nevada Department of Education to employ or consult with a physical education coordinator and to distribute the resolution to teachers, parents, and non-governmental agencies.</p> <p>There would be no impact on the Health District as a result of this bill; however, this bill supports the Health District goal of chronic disease prevention.</p> | |

Environmental Health Services Division

| Bill # | Sponsor | Status | Summary | Analysis | Recommendations/Staff |
|--------------------------------------|-----------------------|---|--|---|---|
| *AB249 1 st Reprint | Hardy, Home, Cegavske | Assembly Final Passage 4/13 Senate Health and Education 5/14 Reconsider, Amend and Do Pass as Amended Senate 2 nd Reading | Revises provisions governing the abatement of certain nuisances. (BDR 40-1043) | <p>Evaluation: This bill is based on an initiative by the Illegal Dumping Task Force, which is supported by Keep Truckee Meadows Beautiful. The text for the proposed amendment was developed by this Task Force, in coordination with the Health District and Sheriff.</p> <p>The bill takes several actions in regards to public nuisances, including abatement orders and citation authority. The direct impact to the Health District is in the proposed changes to NRS 444 (Sec. 5) that would enable the Health District to establish a solid waste management authority in the future (when the budget picture improves). The Health District does not seek such authority immediately, but it does desire the same latitude as Clark County to establish such an authority in the future.</p> <p>Amendment: The County supports the bill without amendments; however, one amendment</p> | <ul style="list-style-type: none"> • Priority: High • Track • Testify: Yes (B. Sack) (Type: written, verbal) • Support, As Is • Ordinance: Yes • Policy: Yes • Fiscal Impact: No (B. Sack) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p><u>AB332</u></p> | <p>Dondero-Loop, Buckley, Manendo, Smith, & Conklin (primaries) et al</p> | <p>Governor</p> | <p>Revises provisions governing immunity from liability for donating, receiving or distributing certain grocery products or food. (BDR 3-1017)</p> | <p>would be of benefit. Sec. 2 of the bill amends NRS 244, paragraph 3, which defines public nuisance. Sec. 3 allows a County to adopt a nuisance ordinance, and paragraph 5 (b) defines public nuisance. The difference between Secs. 2 and 3 is that the definition within Sec. 3 includes "an ordinance adopted pursuant 2 of this act." This term should also be included within the Sec. 2 definition. This additional text enables an enforcement official to cite to either NRS or County Code, and have the Court use either regulation as the basis for a public nuisance violation. Without this text (as it appears in Sec. 2), the enforcement official would have to cite to NRS, which only the Sheriff is able to do (code enforcement officers, building inspectors, health inspectors cannot currently cite to this section of NRS). The additional text should be added to the definition of public nuisance within Sec. 2.</p> |
| <p><u>AB353</u> 1st Reprint</p> | <p>Bobzien, Smith, Leslie, Parnell, Anderson</p> | <p>Governor</p> | <p>Makes various changes concerning certain crimes related to property. (BDR 15-514)</p> | <p>There are no discernable adverse impacts to the Health District's current interpretation and application of the statute referenced in this bill. As intended, the proposed revisions would simply add clarifying language to the statute.</p> <p>A letter stating this position was sent to the bill sponsor, per her request for bill evaluation.</p> <p>This bill allows counties and health authorities to order cleanup of properties, adopt an administrative hearing process and place liens to recover costs of cleanup.</p> <p>This bill would require the health district to adopt regulations in order to establish an administrative process. The health district would probably do this in conjunction with the County to minimize the cost of a Hearing Officer.</p> |
| <p>*<u>AB426</u> 1st Reprint</p> | <p>Peirce and Parks (primaries),</p> | <p>Senate Natural Resources 5/19 Agenda</p> | <p>Requires the Division of Environmental Protection of the State Department of</p> | <p>Pending (M. Anderson, B. Sack)</p> <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: Yes (B. Sack) (Type: verbal) • Support • Ordinance: Yes • Policy: Yes • Fiscal Impact: Yes (B. Sack) <ul style="list-style-type: none"> • Priority: Low • Track • Testify: No |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <u>SB60</u> 1 st Reprint | etc al. | Exemption effective. | Conservation and Natural Resources to conduct a study concerning programs for reusing and recycling computers and other electronics. (BDRS-466) | <ul style="list-style-type: none"> • Comment Only • Ordinance: No • Policy: Yes • Fiscal Impact : No (B. Sack) |
| | Committee on Health and Education on behalf of Nye County | Assembly Health & Human Services Exemption effective 5/13 Agenda | Revises provisions governing buildings, motor vehicles and other property that has been used in crimes involving methamphetamine or certain other substances. (BDR 40-542) | <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: Yes (B. Sack) (Type: verbal) • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact: Unknown |
| <u>*SB137</u> 2 nd Reprint | Breeden, Parks, Copening, Woodhouses, egerblom (primaries), et al | Assembly Health & Human Services 5/13 Amend and Do Pass as Amended Assembly General File | Provides for the placement of recycling containers in certain locations. (BDR 40-741) | <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: No • Support, As Is • Ordinance: No • Policy: No • Fiscal Impact : No (B. Sack) |
| <u>*SB186</u> 1 st Reprint | Copening, Parks, Pierce, Segerblom (primaries), et al | Assembly Chief Clerk's Desk | Provides for the issuance of permits for the operation of motor vehicle tire recycling centers. (BDR 40-739) | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (B. Sack) |
| <u>*SB231</u> 1 st Reprint | Cegavske | Senate Final Passage 4/13 Assembly Health and Human Services 5/12 Amend and Do | Makes various changes concerning food establishments connected with a child care facility. (BDR 40-975) | <ul style="list-style-type: none"> • Priority: Low • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact : No (B. Sack) |

**Washoe County Health District
Bill Tracking – 2009 State Legislative Session**

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| <p><u>SB311</u></p> | <p>Mathews, Lee, Horsford, Anderson & Smith 4/6 Agenda</p> | <p>Pass as Amended Senate Health and Education Committee 4/8 Do Pass Exemption effective Senate Finance 4/29 Amend and Do Pass as Amended</p> | <p>Requires the fluoridation of water provided by certain public water systems and water authorities in certain counties. (BDR 40-924)</p> | <p>This bill would require fluoridation of public drinking water supplies in Washoe County.</p> | <ul style="list-style-type: none"> • Priority: High • Monitor • Testify: No • Comment Only • Ordinance: No • Policy: No • Fiscal Impact: No (B. Sack) |
| <p><u>*SB397</u> 1st Reprint</p> | <p>Committee on Commerce and Labor</p> | <p>Senate Commerce and Labor 4/10 Amend Do Pass As Amended Exemption effective</p> | <p>Establishes provisions relating to the use of certain plastic bags (BDR 52-1143)</p> | <p>This bill would tax plastic bags to pay for a fund to clean up Nevada for two years and then ban them altogether. It would also require us to inspect every retailer in Washoe County for compliance every year. <u>Fiscal Impact:</u> If enacted as written this bill would require us to inspect approximately 31,000 retail businesses, which would require 15-20 new staff. This would cost a minimum of \$2,000,000 a year with no new funding in the bill. Funding would have to come from existing local dollars.</p> | <ul style="list-style-type: none"> • Priority: High • Needs Attention • Testify: Yes (B. Sack) (Type: verbal) • Comment Only • Ordinance: Yes • Policy: Yes • Fiscal Impact: Yes (B. Sack) |

Washoe County



Health District

May 20, 2009

TO: District Board of Health

FROM: Gerold Dermid, Health Educator II
Washoe County Health District (WCHD) Sexual Health Program

THROUGH: Mary-Ann Brown, RN, MSN, Division Director

SUBJECT: Proclaim June 7, 2009 as a day in honor of the International AIDS Candlelight Memorial and adopt the attached Proclamation.

SUMMARY

HIV/AIDS is a community public health concern that can be addressed through prevention, education, awareness, and treatment activities. The International AIDS Candlelight Memorial is an annual event to raise awareness and honor friends and family infected and affected by HIV/AIDS.

PREVIOUS ACTION

The District Board of Health has adopted proclamations in honor of the International AIDS Candlelight Memorial in several previous years.

BACKGROUND

The following background is related to the 2009 International AIDS Candlelight Memorial, including relevant data:

- This memorial represents the 26th Annual International AIDS Candlelight Memorial, which is held in 115 countries at over 1200 locations.
- The 2009 International AIDS Candlelight Memorial will be held locally under the theme "Together" on Sunday, June 7th, 2009 at 7pm, at 1st United Methodist Church, 209 W 1st St., Downtown Reno.
- Through July 2007, there were 7,488 Nevadans living with HIV/AIDS. Through the year 2007, the cumulative AIDS deaths claimed the lives of 3,066 Nevada residents; Nevada had a

higher rate than the national rate of new HIV diagnoses of infection for all age categories except ages 13-19.

- As of 2007, a total of 1,264 cases of HIV infection and 857 cases of AIDS have been reported in Washoe County. In 2007, 31 new cases of AIDS were reported for an incidence of 7.4 cases per 100,000 population

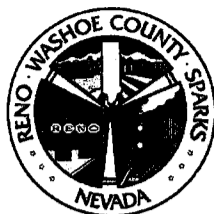
RECOMMENDATION

It is recommended that the Washoe County District Board of Health proclaim June 7, 2009 as a day in honor of the International AIDS Candlelight Memorial and adopt the attached proclamation. Additionally, it is recommended that a representative from the District Board of Health be available to present the proclamation at the 2009 International AIDS Candlelight Memorial on Sunday, June 7, 2009 at 7pm, being held at 1st United Methodist Church, 209 W. 1st St., Reno, NV.

POSSIBLE MOTION

Should the Board agree with staff recommendation, a possible motion would be: “move to proclaim June 7, 2009 as a day in honor of the International AIDS Candlelight Memorial and adopt the attached Proclamation.”

Washoe County



Health District

PROCLAMATION

WHEREAS, the world is honoring those that have died of AIDS, and the thousands that have been infected and affected by HIV and AIDS; and

WHEREAS, there are many faces that make up those infected by this disease: children, women, men, family, friends, neighbors, and community members; and

WHEREAS, through year 2007, the cumulative AIDS cases reported to the CDC were 1,028,991 and an estimated 468,578 persons were living with AIDS. Populations of minority races or ethnicities are disproportionately affected by the HIV epidemic 48% for African Americans, 33% for Whites, 17% for Hispanics, 1% for Asians and <1% for Pacific Islanders and Native Americans; and

WHEREAS, Nevada must continue in the fight against infection and further transmission of HIV. Through July 2007, there were 7,488 Nevadans living with HIV/AIDS. Through the year 2007, the cumulative AIDS deaths claimed the lives of 3,066 Nevada residents; Nevada had a higher rate than the national rate of new HIV diagnoses of infection for all age categories except ages 13-19; and

WHEREAS, as of 2007, a total of 1,264 cases of HIV infection and 857 cases of AIDS have been reported in Washoe County. In 2007, 31 new cases of AIDS were reported for an incidence of 7.4 cases per 100,000 population; and

WHEREAS, today and every day, Nevadans have dedicated their lives to the fight of this disease and encourage fellow Nevadans to raise their awareness. With awareness, comes education; and with education, prevention is more likely to occur.

NOW THEREFORE, I, Denis Humphreys, OD, Chairman of the Washoe County District Board of Health, do hereby proclaim

Sunday, June 7, 2009, as a day in honor of
**INTERNATIONAL AIDS
CANDLELIGHT MEMORIAL**

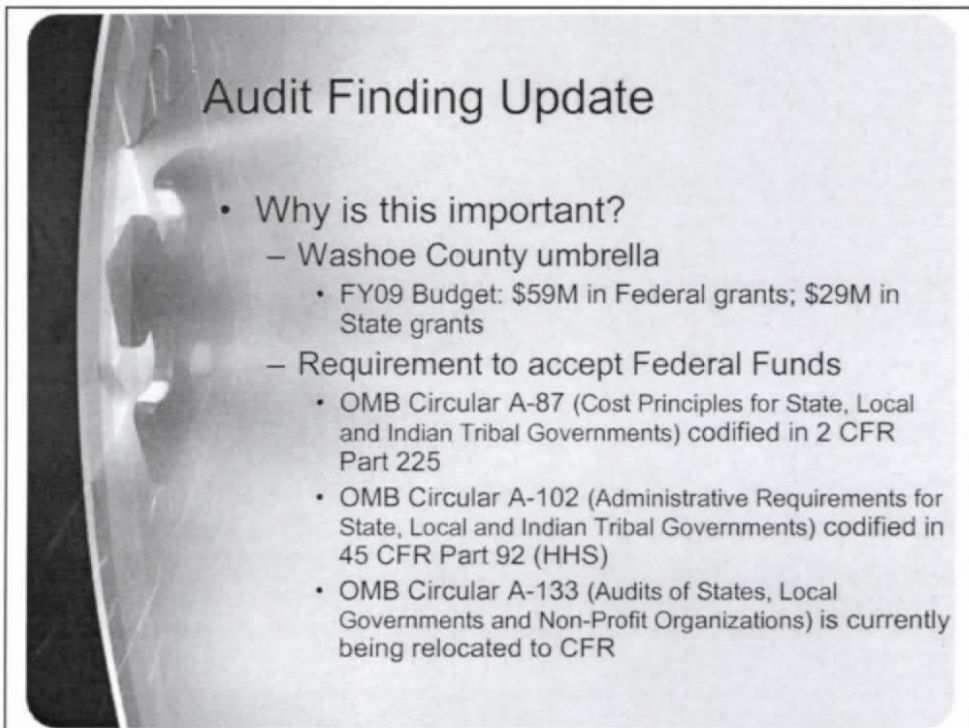
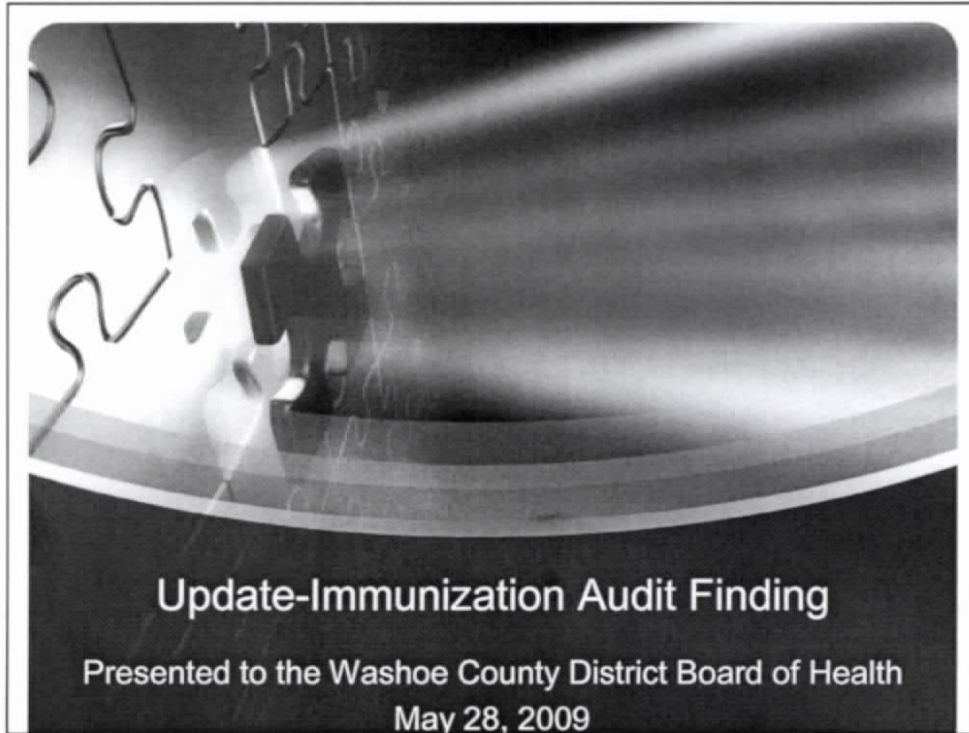
In and for the Washoe County Health District, including Reno, Sparks, and Washoe County, urge all citizens to celebrate lives, remember loved ones, raise awareness about the HIV/AIDS epidemic and come together as friends, family, neighbors, and community members to share a vision for a brighter tomorrow.

IN WITNESS WHEREOF, I have set my hand and adopted on this twenty-ninth day of May, 2009.

Denis Humphreys, OD, Chairman
District Board of Health

ATTEST:

M. A. Anderson, MD, MPH
District Health Officer
Secretary



A-133 Audit Compliance Matrix

March 2008

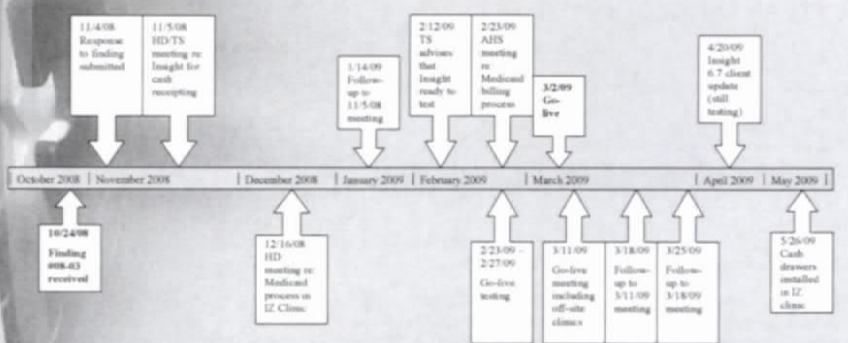
Matrix of Compliance Requirements

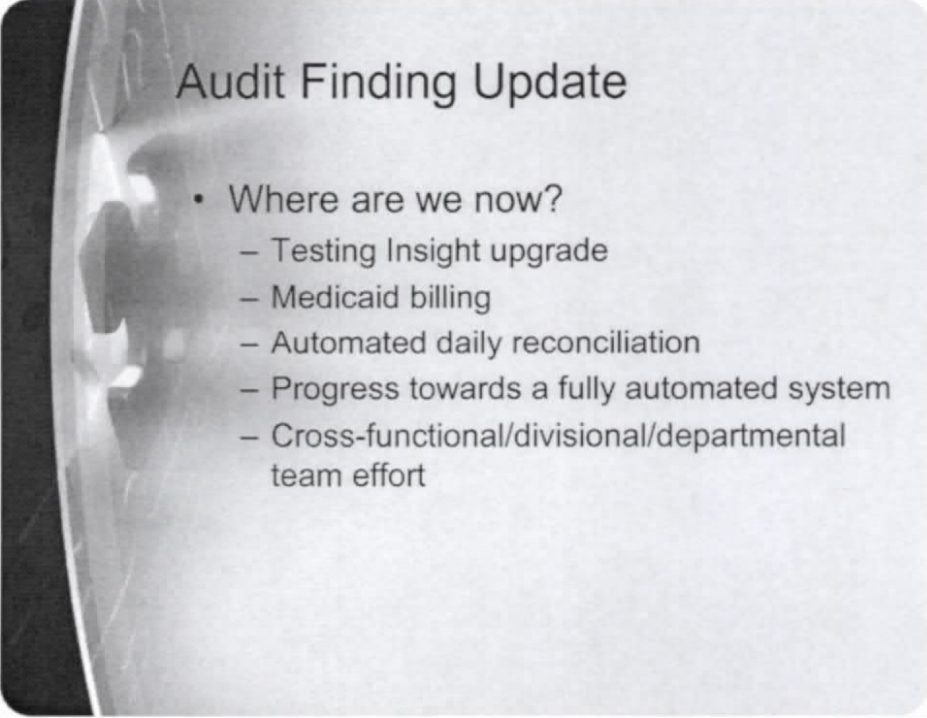
| CFDA | Types of Compliance Requirements | | | | | | | | | | | | | | |
|---|----------------------------------|-----------|-------|--------|-------------|---------|---------|----------|-------------|----------|-------|---------|-------|-------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| | Administrative | Financial | Grant | Health | Information | Program | Quality | Research | Statistical | Training | Other | Program | Other | Other | |
| 84.208 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.218 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.207 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.205 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.206 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.207 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 84.208 | Y | Y | Y | | | Y | Y | Y | Y | Y | | | Y | Y | Y |
| 93 - Department of Health and Human Services (HHS) | | | | | | | | | | | | | | | |
| 93.244 | | | | | | | | | | | | | | | |
| 93.045 | | | | | | | | | | | | | | | |
| 93.253 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.255 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.256 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.257 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.258 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.259 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.260 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.261 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.262 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.263 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.264 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.265 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.266 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.267 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.268 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.269 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.270 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.271 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.272 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| 93.273 | Y | Y | Y | | | Y | Y | Y | Y | Y | Y | | Y | Y | Y |

A-133 Compliance Supplement 57

http://www.whitehouse.gov/omb/circulars/a133_compliance/04/04toc.html

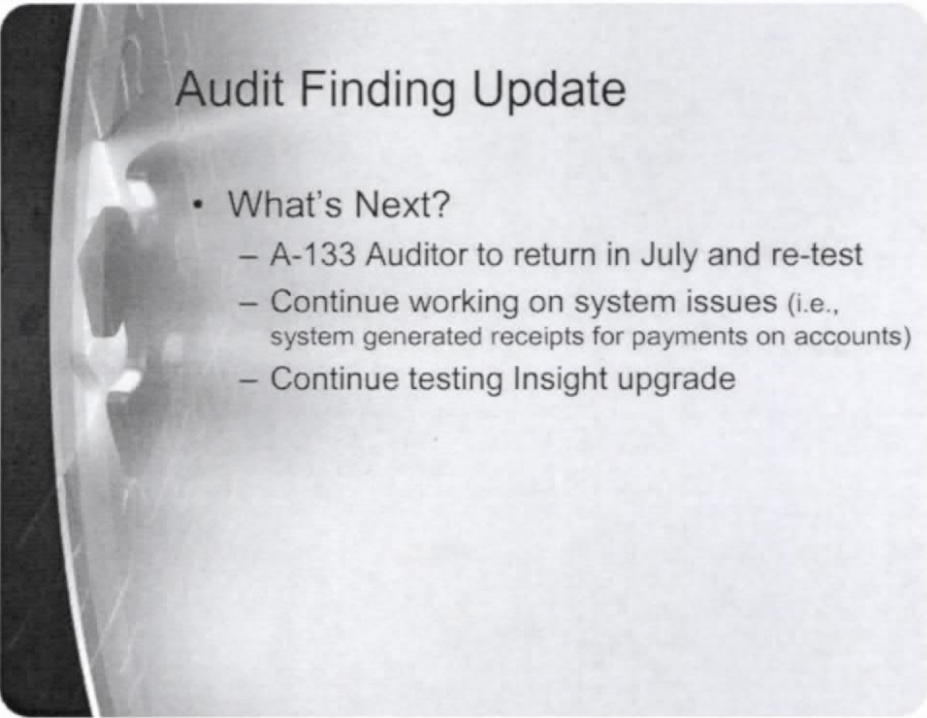
Timeline





Audit Finding Update

- Where are we now?
 - Testing Insight upgrade
 - Medicaid billing
 - Automated daily reconciliation
 - Progress towards a fully automated system
 - Cross-functional/divisional/departmental team effort



Audit Finding Update

- What's Next?
 - A-133 Auditor to return in July and re-test
 - Continue working on system issues (i.e., system generated receipts for payments on accounts)
 - Continue testing Insight upgrade



DISTRICT HEALTH DEPARTMENT

May 20, 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, May 2009

Communicable Disease –

Influenza - For the week ending 16 (week 19) six of six participating sentinel healthcare providers in Washoe County saw 71 patients presenting with an influenza-like-illness (ILI) out of 3,626 total patients. This yields a total ILI percentage of 2.0%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (18) was 2.6%. The national baseline is 2.4%. Although much of this year's flu season was mild and by week 15 appeared to be winding down, we have seen a marked rise in ILI reports starting with week 16 and continuing through week 19. Some of this is, no doubt precipitated by concerns regarding the novel H1N1 (swine) strain that has received a great deal of media attention. Laboratory analysis, however, reveals that both the novel strain and seasonal strains are continuing to circulate.

There have been 460 influenza positive lab results reported to Washoe County so far this season. Of these most (292) were type A. There were 187 type B and 41 un-typed reports. Among the type A isolates 4 have been identified as H1N1 – Swine.

Public Health Preparedness (PHP) Activities –

Public Health Preparedness activities have focused heavily on the response to the novel H1N1 influenza issue. The Health District initiated an incident command system to manage the situation with wide participation from all Divisions within the Department. This provided an excellent opportunity for Department staff to implement their ICS training.

Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



DISTRICT HEALTH DEPARTMENT

May 14, 2009

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Division Director, Community and Clinical Health Services

SUBJECT: Report for May 2009 District Board of Health Meeting

Tuberculosis (TB) Outbreak Investigation Update

The Tuberculosis Prevention and Control Program (TBPCP) is actively managing the eighth confirmed cases of Tuberculosis (TB) and investigating an additional four suspect cases for the year 2009 (ten cases were confirmed for calendar year 2008).

Two contact investigations are underway:

1. Local Casino
 - a. A highly infectious individual was treated for community acquired pneumonia and asthma beginning in August 2008 before TB was identified during a March hospitalization. An out-of-state laboratory performed the confirmation of TB diagnosis which was reported to the WCHD on April 20, 2009. The patient was excluded from his employment as a food handler at a local casino on April 20, 2009.
 - b. Contacts have been managed by the casino's occupational health care provider, and data is being provided to the TB Clinic for analysis. Procedural improvements made subsequent to a large 2008 investigation have resulted in better testing methodology and communication patterns during this investigation.
 - c. With approximately two thirds of the casino contacts tested, no evidence of transmission has been identified to date. One household member's initial skin test was negative and will be retested in eight weeks to determine if transmission occurred. A hospital contact investigation including medical, office and emergency transport staff is progressing.
2. Residential Hotel
 - a. A highly infectious client was identified by a local hospital and remains hospitalized. Discharge is expected in mid May, 2009.
 - b. Environmental Health Services (EHS) partnered with the TB Clinic to ensure TB transmission was interrupted pending completion of testing.

DBOH AGENDA ITEM 19.B.

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Correspondence was issued May 1, 2009 to discontinue acceptance of new residents into the hotel until the TB transmission risk could be determined. The order was lifted on May 13 when a 19% latent positivity rate was calculated. This rate is below the average U.S. rate of Latent TB Infection of 20-30% found in contact investigations.

- c. Contacts include 82 indigent, disabled, elderly and mentally ill residents who were tested through their private provider, Veteran's Administration Medical Center (VAMC) and TB clinic. Although the majority of these individuals were compliant, a third certified letter containing a health order from Dr. Anderson and an EHS notice of violation was necessary for eighteen individuals. The letter detailed NRS requirements and enforcement of communicable disease control measures.
- d. Although one elderly contact was hospitalized for evaluation of TB, initial tests were negative; final culture results will be available in 6-8 weeks. (Typically, contact investigations will identify cases of active tuberculosis in 1% of contacts.)

Recently incorporated program efficiencies were evident in the above mentioned investigations including the use of videophones to conduct Directly Observed Therapy (DOT) which saves staff time and mileage, and referral to private health care providers for evaluation when possible. Nursing and clerical staff was reallocated temporarily from Sexual Health and Immunization programs to assist TB Program nurses.

Community and Clinical (CCHS) Participation in Swine Flu (H1N1) Response

CCHS staff was deployed to assist in the H1N1 incident. The ICS command positions were filled by: Operations Section Chief, Steve Kutz (Immunization Program Manager), Safety Officer, Margot Jordan (PHN Quality Assurance) with back-up coverage for Margot by Stacy Hardie (Family Planning Program Manager), Education Bureau Chief, Kelli Seals and Jen Stoll-Hadayia. As the incident developed and more resources were required, the Public Health Nurse (PHN) Home Visiting Program was suspended and all program staff was assigned to the investigation and related activities. PHN Home Visiting staff were relieved of regular duties and assigned full time to the incident to allow for the most efficient response. All other non grant funded staff maintained required routine operations but provided assistance and participated as requested. The H1N1 outbreak provided CCHS staff the opportunity to utilize their extensive ICS training.

Tobacco Prevention Program Activities Report

The mission of Washoe County Health District's Chronic Disease Prevention Program (CDPP) is to prevent chronic diseases by improving the modifiable risk factors of poor nutrition, physical inactivity, and tobacco use and exposure.

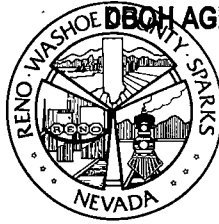
This year's tobacco prevention efforts included campaigns and activities focused on those populations with the highest use and exposure to tobacco products such as young adults (ages 18 – 24 years old), low-income populations and Latinos. In addition to ongoing campaigns, the following activities were completed this quarter:

- The University of Nevada Reno (UNR), student groups, and the Northern Nevada Outreach Team (NNOT), both adopted voluntary smoke free policies.
- A telephone survey of 302 randomly selected apartment tenants in Washoe County was conducted. Of interest is that 73% favored smoke-free apartment buildings.
- The Northern Nevada Apartment Association (NNAA) developed a Smoke-Free Apartment Certification. This certification requires the apartment property to have in place, adopt, or strengthen a voluntary smoke-free policy, as well as participate in education related to smoke-free apartments.
- Brief Tobacco Cessation Intervention Trainings was held for 36 community partners who work with the identified priority populations to provide effective tobacco cessation interventions.
- Staff collaborated on changing traditionally tobacco –friendly venues to smoke free events including:
 - Smoke free nights at Divine Lounge and 210 North
 - *Fashion Positive Fashion Show* at UNR

CCHS Division Location Move

CCHS will be relocating staff to the central clinic area and vacating a portion of CCHS East. The resulting open offices and space will be occupied by Fire Prevention North and EMS. The move will allow off site operations to move back into the County complex eliminating the cost of leasing space. CCHS has taken this opportunity to relocate staff and supplies to create efficiencies in work flow. Additionally, excess offices and equipment caused by staff separations have been reassigned or eliminated as appropriate.

Mary-Ann Brown, R.N., M.S.N.
Division Director
Community and Clinical Health Services



DISTRICT HEALTH DEPARTMENT

DATE: May 19, 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. 19.C.

ENVIRONMENTAL HEALTH AND THE INDOOR SMOKING REGULATION

Attempts to change the language of the Indoor Smoking Regulation failed in the Nevada Assembly. The Senate had approved changes which would allow smoking where food is being served in bars that did not allow minors. Other proposed changes could have affected enforcement activities.

VECTOR BORNE DISEASE AND PREVENTION PROGRAM

The Washoe County Health District Vector Borne Disease and Prevention program has begun mosquito surveillance and will start bi-weekly applications of growth inhibitor via helicopter starting May 21st. According to Scott Monsen, Program Supervisor, temperatures have been excellent for adult mosquito activity. Radio and television advertising on the use of mosquito repellent has also begun and will run through the mosquito season. Staff has been active with both Washoe County Community Advisory Boards (CABs) and the City of Reno Neighborhood Advisory Boards (NABs) presenting information on mosquito activity and control methods, as well as providing information on West Nile Virus and the use of repellent.

ILLEGAL VENDORS

The warm weather has increased the problem with illegal vendors, which continues to grow each year. Staff is working to develop a program which will provide a more permanent presence in the high traffic areas where these

vendors work to attempt to curb this type of business. An agenda item will be forthcoming.

PUBLIC INFORMATION AND OUTREACH

Staff is starting to roll out the new "iRefill" program, which encourages the use of refillable bottles instead of single-use plastic bottles. Approximately 60 million single-use plastic bottles are used in the US every day, with only a small portion going to recycling. Staff will be presenting the program to the District Board of Health at this meeting.

Robert O. Sack
Division Director
Environmental Health Services Division
ROS:sl

DBOH AGENDA ITEM # 19.C.




WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Date: May 28, 2009
To: District Board of Health
From: Andrew Goodrich, Director, Air Quality Management 
Re: Monthly Report for Air Quality Management
Agenda Item: 19.D.

The enclosed Air Quality Management Division Report is for the month of April 2009 and includes the following sections:

**Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity**

DBOH AGENDA ITEM # 19.D.

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Director's Report

April 2009

April 2009

Greenhouse gases a threat to public health.

Following a scientific review that had been ordered by the U.S. Supreme Court in 2007, the U.S. Environmental Protection Agency (EPA) has concluded that excessive levels of greenhouse gases (GHG) in the atmosphere endanger public health and welfare. The finding opens the way for EPA to regulate GHG emissions under the authority of the Clean Air Act (CAA). As you know, the CAA is the foundation for all of the programs implemented by the Air Quality Management Division.

EPA's peer-reviewed scientific analysis concluded that emissions of GHG could result in several negative impacts, including higher concentrations of ground-level ozone, increased drought, more intense storms and flooding, more intense heat waves and wildfires, rising sea levels, and harm to water resources, agriculture, wildlife, and ecosystems. "This finding confirms that greenhouse gas pollution is a serious problem, now and for future generations," said EPA Administrator Lisa Jackson in announcing the endangerment finding. Ms. Jackson went on to say, "This pollution problem has a solution – one that will create millions of green jobs and end our country's dependence on foreign oil."

The Air Quality Management Division stands ready to continue its mission of "...implementing clean air solutions that protect the quality of life..." and is looking forward to addressing the challenges of GHG emissions.

Andy Goodrich, Director

AIR QUALITY COMPARISON FOR APRIL

| Air Quality Index Range | | # OF DAYS APRIL 2009 | # OF DAYS APRIL 2008 |
|--------------------------------|------------|-------------------------|-------------------------|
| GOOD | 0 to 50 | 29 | 24 |
| MODERATE | 51 to 100 | 1 | 6 |
| UNHEALTHY FOR SENSITIVE GROUPS | 101 to 150 | 0 | 0 |
| UNHEALTHY | 151 to 200 | 0 | 0 |
| VERY UNHEALTHY | 201 to 300 | 0 | 0 |
| TOTAL | | 30 | 30 |

Air Quality

HIGHEST AQI NUMBER BY POLLUTANT

| POLLUTANT | APRIL 2009 | Highest for 2009 | APRIL 2008 | Highest for 2008 |
|-----------------------------------|------------|------------------|------------|------------------|
| CARBON MONOXIDE (CO) | 12 | 37 | 29 | 32 |
| OZONE 8 hour (O3) | 74 | 74 | 69 | 140 |
| PARTICULATES (PM _{2.5}) | 37 | 48 | 32 | 211 |
| PARTICULATES (PM ₁₀) | 38 | 94 | 64 | 167 |

For the month of April, 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 April was seventy-four (74) for Ozone. There were twenty-nine (29) days in the month of April where the Air Quality was in the good range, and one (1) day 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 is in the process of preparing the 2008 Annual Network Review for submission to Region 9 in June as well as the 2008 Northern California Wildfires Exceptional Events Case anticipated for submission to Region 9 later this summer

Duane Sikorski, Air Quality Supervisor

Planning Activity

Preparation on the 24-hour PM₁₀ Redesignation Request and Maintenance Plan (Plan) was completed with EPA comments addressed. The final document came before your Board for adoption in April. The lack of a quorum in March, however, continued the item requiring that the document go back out for another 30-day public comment period with the item now scheduled to come before your Board in May.

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.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

| TYPE OF PERMIT | 2009 | | 2008 | |
|---------------------------------|----------------------------|-----------------------------|----------------------------|------------------------------|
| | APRIL | YTD | APRIL | ANNUAL TOTAL |
| Renewal of Existing Air Permits | 132 | 425 | 134 | 1302 |
| New Authorities to Construct | 5 | 33 | 9 | 81 |
| Dust Control Permits | 15 (318 acres) | 40 (570 acres) | 20 (287 acres) | 195 (3012 acres) |
| Wood Stove Certificates | 11 | 51 | 16 | 170 |
| WS Dealers Affidavit of Sale | 2 (2 replacements) | 49 (31 replacements) | 6 (2 replacements) | 250 (145 replacements) |
| WS Notice of Exemptions | 475 (25 stoves removed) | 1359 (63 stoves removed) | 347 (10 stoves removed) | 3729 (139 stoves removed) |
| Asbestos Assessments | 74 | 239 | 76 | 856 |
| Asbestos Removal Notifications | 16 | 70 | 21 | 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 seventy-one (71) stationary source renewal inspections and fifty-five (55) gas station inspections in April 2009. Staff also conducted inspections on asbestos removal and construction/dust projects.

Enforcement Activity

| COMPLAINTS | 2009* | | 2008 | | |
|---------------------------|-----------|-----------|-----------|------------|--------------|
| | April | YTD | April | YTD | Annual Total |
| Asbestos | 2 | 6 | 1 | 9 | 21 |
| Burning/Smoke | 0 | 3 | 2 | 3 | 12 |
| Dust | 12 | 36 | 72 | 119 | 229 |
| Gas Station/Oxy Fuel | 0 | 0 | 1 | 1 | 0 |
| Miscellaneous | 3 | 4 | 1 | 5 | 12 |
| Odor | 2 | 7 | 0 | 4 | 31 |
| Painting (spray painting) | 0 | 0 | 1 | 5 | 8 |
| Permit Violation | 0 | 3 | 0 | 6 | 20 |
| TOTAL | 19 | 59 | 78 | 152 | 334 |
| NOV'S | April | YTD | April | YTD | Annual Total |
| Warnings | 1 | 4 | 0 | 9 | 16 |
| Citations | 1 | 3 | 5 | 14 | 27 |
| TOTAL | 2 | 7 | 5 | 23 | 43 |

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were two (2) Notice of Violations (NOVs) issued in April 2009. There was one (1) NOV Warning issued for Asbestos Sampling and Notification; and one (1) NOV Citation issued for Failure to Control Dust.

Permitting/Enforcement
Activity

The Washoe County School District has submitted a list of “green” and science room projects that will utilize the available air pollution fine monies. The projects include a windmill electronic control modification at both Traner and Mendive middle schools, a Huffaker elementary school energy retrofit project, and science room eyewash testing equipment at various high schools. Total cost of these projects is estimated at \$26,000.

Over \$25,000 for dust permit fees has been collected over the last month. These fees are mainly associated with dust permit renewals on projects that have not been built out. Dust permits are issued for an 18-month period, and these permits must be renewed, if the project has not been permanently stabilized or built upon. In many cases, the new owners that have acquired these properties, due to bankruptcy or foreclosure, need to be “educated” on the local dust control requirements in order to assure that adequate dust controls are implemented at all times.

Finally, the AQMD has tentatively scheduled the “2nd annual” dust seminar for June 10, 2009 at Associated General Contractors. Topics this year will include an update on the current dust study being conducted by our consultant, new developments in the dust palliative arena, re-vegetation success stories, and a special presentation by John Brock of EPA Region IX.

Noel Bonderson, Air Quality Supervisor



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: May 28, 2009

TO: District Board of Health

FROM: Andrew C. Goodrich, Director
Air Quality Management Division

SUBJECT: 2008-2009 Oxygenated Fuels Program for Washoe County annual report

Please find enclosed the 2008-2009 Oxy-Fuel Program annual report. Highlights of the program report include:

- Washoe County began oxy-fuel program in December 1989
- Federal Mandate began in 1992
- Current oxy-fuel program runs from Oct. 1 – Jan. 31st
- Oxy-fuel contains 2.7% by weight of oxygen
- Historical oxy-fuel content from Methyl Tertiary Butyl Ether (MTBE), now from ethanol
- 2008-2009 season oxy-fuel program reduces Carbon Monoxide (CO) emissions by:
 - 3% from on-road motor vehicles
 - 6% from non-road mobile sources
- 2 major sources of CO emissions in the Truckee Meadows:
 - on-road motor vehicles – 62%
 - non-road mobile sources – 30%
- Washoe County's oxy-fuel program is effective, considering since the federal mandate of the oxy-fuel program in 1992:
 - Population has increased 57%
 - Vehicle Miles Traveled (VMT) has increased 42%
 - Gasoline sale has increased 30% during oxy-fuel season
 - No CO violations of the National Ambient Air Quality Standard (NAAQS) in Washoe County since December 13, 1991

Additional details can be found in the full report

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2008 – 2009 OXYGENATED FUELS PROGRAM
FOR WASHOE COUNTY

Prepared by

Yann Ling-Barnes
Washoe County Health District
Air Quality Management Division

April 2009

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Background

The oxygenation of gasoline reduces carbon monoxide (CO) emissions from motor vehicles during the winter months, when climatic factors tend to exacerbate carbon monoxide problems. The U.S. Environmental Protection Agency (EPA), under authority of the Clean Air Act Amendments of 1990, mandated an oxygenated fuel (oxy-fuel) program for 39 urban areas, including Washoe County, which had exceeded federal health standards for CO. In 1992, the first year of the federal mandate, only two days were recorded on which any of the participating urban areas exceeded the CO health standard: one day in Provo, Utah and the other day in Missoula, Montana.¹

Washoe County began its oxy-fuel program in December 1989. It is estimated that oxy-fuels reduce CO emissions by 5 to 30%. Since the first year of the oxy-fuel program in Washoe County, decreases have been observed in concentrations of CO during the winter months. The 2008-2009 season, the twentieth year of the program, continued the success that is achieved with minimal cost and inconvenience to motorists.

According to the Washoe County 2005 Carbon Monoxide Emissions Inventory, gasoline-powered on-road motor vehicles account for approximately 62% of the CO emissions in the Truckee Meadows. This portion amounts to over 78,000 tons of CO emissions per year. Based on the EPA MOBILE6.2 computer model, the oxy-fuel program reduced CO emissions by approximately 2,200 tons in Washoe County during the 2008-09 oxy-fuel season.

In addition to on-road mobile sources, non-road mobile sources contribute an additional 30% of the total CO emissions according to the 2005 CO emissions inventory. Since non-road mobile sources contribute the second largest amount of CO emissions in Washoe County, the Air Quality Management Division (AQMD) also calculated the non-road CO emissions reduction for the 2008-2009 oxy-fuel season. The AQMD used the EPA's NONROAD 2005 model to calculate non-road mobile sources CO emissions, the same method used to calculate the 2005 emissions inventory. Non-road CO emissions accounted for another 2,300 tons of CO reduction from oxy-fuel usage during the oxy-fuel season.

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

Air Quality

No exceedances of either the 8-hour or 1-hour National Ambient Air Quality Standards (NAAQS) for CO were observed at any of the air quality monitors in Washoe County this season. This totals to 17 seasons of clean data for Washoe County. The last CO exceedance of the federal health standard occurred on December 13, 1991. Figure 1 illustrates the number of CO exceedances since 1988 at the Sparks, Galletti, and Reno monitoring sites. These are the sites in the AQMD's air quality monitoring network that usually record the highest CO levels.

¹ "Oxygenated fuel cuts emissions, EPA data show," 1993. The Oil and Gas Journal 91: 32.

The federal health standards for CO are based on one-hour and eight-hour averages. The AQMD has never measured an exceedance of the 1-hour average of 35 ppm. As illustrated below in Figure 1, the District has not had an exceedance of the eight-hour average of 9 ppm since December 1991.

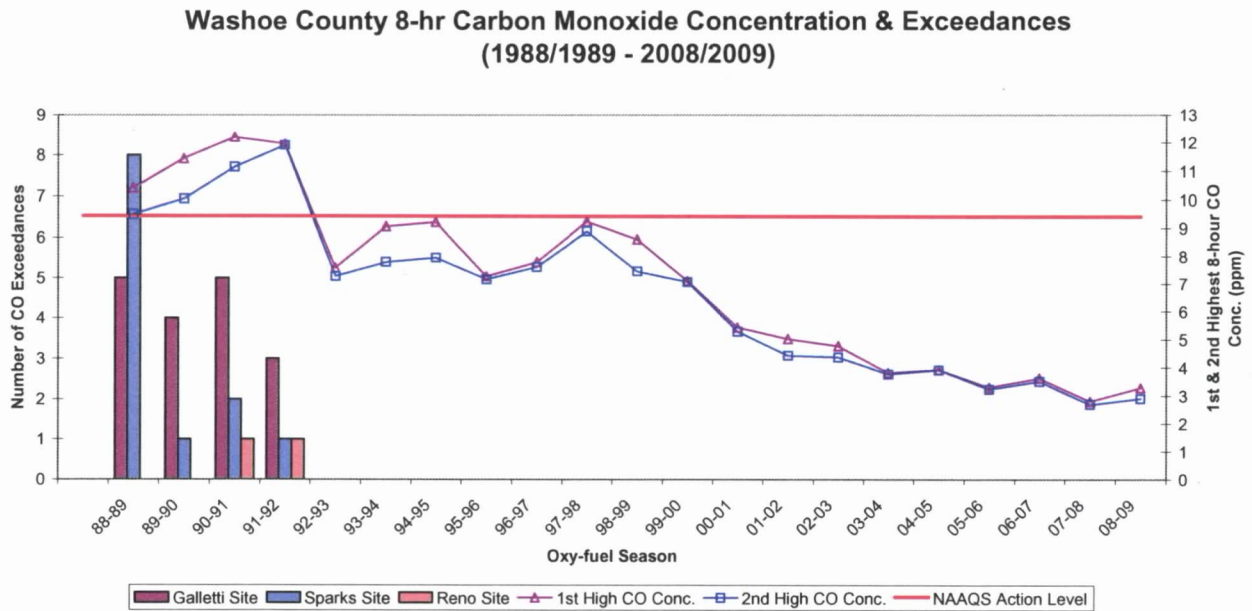


Figure 1

Additionally, Figure 1 graphically depicts the highest and second highest eight-hour CO concentrations from the 1988-1989 to 2008-2009 oxy-fuel season. Although Washoe County has not exceeded the federal standard for CO since 1991, CO levels in 1994-95 and 1997-98 oxy-fuel seasons were very close to the standard and probably would have exceeded the standard if not for the oxy-fuel program. The 2008-09 oxy-fuel season was a clean season for CO and levels were comparable to the levels seen in the 2007-08 season, due to continuing improvement of motor vehicle technology and fleet turnover.

2008 - 2009 Program Details

For the seventeenth year since the federal mandate, the oxy-fuel season began on October 1 and ended on January 31. According to the State of Nevada, Department of Motor Vehicles, approximately 56.8 million gallons of gasoline were delivered in Washoe County between October 1, 2008, and January 31, 2009. Ethanol again was the only oxygenate fuel in the market this year. The oxygenate Methyl Tertiary Butyl Ether (MTBE) was not found in any of the tested stations.

On October 25, 2000, the District Board of Health adopted revisions to Section 040.095 (Oxygen Content of Motor Vehicle Fuels) of the District Board of Health Regulations Governing Air Quality Management. The revised regulation phases out the use of MTBE to satisfy the 2.7% oxygen requirement “effective the same date as the phase-out of MTBE in California.” The original first phase-

phase-out date for California was December 31, 2002, but the California Governor extended that date to December 31, 2003. In 2004, MTBE in California gasoline was fully phased out.

Section 040.095 was revised on September 22, 2005. This revision primarily addressed enforceability issues during emergency fuel supply interruptions.

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

Compliance and Investigation

To ensure compliance, the AQMD collected a total of 95 random fuel samples of all available grades of gasoline during routine on-site inspections of gasoline stations. The AQMD also took nine additional control samples during this season, bringing the total up to 104 oxy-fuel samples to be tested. Gasoline samples collected by AQMD are tested by the Petroleum Laboratory of the Nevada Department of Agriculture (Dept. of Ag), which is responsible for testing gasoline octane and Reid Vapor Pressure (RVP) year round. The Dept. of Ag also tests for oxygenates during the oxy-fuel season. For the 2008-09 oxy-fuel season, the Dept. of Ag tested 284 additional samples separate from AQMD's samples. The Dept. of Ag's sample results cannot be used for AQMD enforcement; however, they indicate if a station's fuel supply contains any oxygenate thus determining whether a follow-up inspection needs to be conducted. Altogether, the Dept. of Ag tested 388 samples of gasoline in Washoe County for oxygenates this past season.

The Dept. of Ag analyzed all samples using gas chromatography. As a quality assurance measure, some samples were split and submitted to the lab as blind samples to ensure the analysis of each sample was accurate.

All gasoline sold during the program period is required by regulation to contain a minimum of 2.7% oxygen by weight. The AQMD accepts a testing tolerance, used by the laboratories, which allows for minor variations in percent oxygen due to problems of test reproducibility.

Among the 388 samples tested, 23 samples were below the required oxygen content level. Based on delivery receipts, AQMD confirmed that the low oxygen content in most of those samples were from low sales of existing inventories due to low throughput. Therefore, no action will be taken. However, six of the 23 failed samples were devoid of oxygen content. Since these samples came from two gasoline stations on tribal land and were collected by the Dept. of Ag, they are outside the jurisdiction of AQMD so no action will be taken.

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

² "Procedures for determining BACT emission controls," Washoe County District Health Dept. Air Quality Management Division, Policy # P-1-92, February 13, 1992

Summary

Washoe County's oxy-fuel program is effective. Since the federal mandate of the oxy-fuel program in 1992:

- The population has increased 57%;³
- Vehicle miles traveled has increased 42%;⁴ and
- The amount in gallons of gasoline sold in Washoe County has increased over 30% during oxy-fuel season.⁵

While at the same time:

- The AQMD has not recorded an exceedance of the CO NAAQS since December 13, 1991;
- Oxy-fuel accounted for 3% annual reduction of CO emissions from on-road mobile sources; and
- Oxy-fuel also accounted for 6% annual reduction of CO emissions from non-road mobile sources.

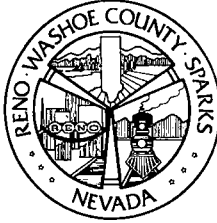
Since older vehicles have less efficient pollution control devices, oxy-fuel provides the greatest benefit to these older vehicles. In future years, as the Washoe County fleet turns over and these older vehicles are replaced with newer vehicles with more efficient pollution control equipment, the oxy-fuel program may have diminishing returns.

In November 2005, the Washoe County AQMD submitted a request to EPA for redesignation of the Truckee Meadows from a "moderate" CO non-attainment area to an "attainment/maintenance" area. The submittal also included the September 2005 revisions to Section 040.095 of the Washoe County District Board of Health Regulations Governing Air Quality Management. The redesignation to attainment/maintenance became effective on August 4, 2008. The oxy-fuel program will be reevaluated for its effectiveness in maintaining the CO NAAQS in the future. If the oxy-fuel program is removed from the State Implementation Plan, it will become a contingency measure to be reconsidered if the Truckee Meadows violates the CO NAAQS.

³ Population information obtained from the State of Nevada, Demographer's website.

⁴ Vehicle Miles Traveled information obtained from RTC Planning Dept - Supporting data for 2040 RTP, Approved November 21, 2008.

⁵ Gasoline Sale Information for Washoe County obtained from the State of Nevada, Dept. of Motor Vehicle, Motor Carrier Division.



DBOH AGENDA ITEM NO. 19.F.

May 21, 2009

TO: **DISTRICT HEALTH DEPARTMENT**
Members, District Board of Health

FROM: Mary A. Anderson, MD, MPH, FACPM

SUBJECT: District Health Officer's Report

A(H1N1) 2009 aka "Swine Flu" - A Novel Influenza Virus

The various public health preparedness planning efforts and practice events, which we have performed over the last several years, proved to be good groundwork for responding to the appearance of the novel strain of influenza that became front page news throughout the world over the course of the last few weeks. As confirmed cases of the novel virus began to show up in the United States, many wondered if and when Nevada would have a case. We were among the earliest states to confirm a case. As most of you know, that case occurred in Washoe County and was confirmed on April 29, 2009. A press conference was convened at the Health District with Governor Gibbons, Mr. Mike Willden, Dr. Mary Guinan, Dr. Randall Todd, and me in attendance to make the announcement and explain the situation as it was known at that time.

Intense pressure was exerted by the media for each and every detail of the first and subsequent cases. Our greatest challenge was to provide adequate information without violating the privacy of the patients involved. WCHD did not provide the names, ages, or school locations to the media. However, demographic information on the first and subsequent patients was provided by various combinations of relatives, friends, an affected business owner, and other agencies. In response to a demand from the Reno Gazette-Journal for the release of the name of the daycare center that one of the patients attended, a letter was drafted on our behalf by Mary Kandaras, Assistant District Attorney (Enclosure 1). The response received from Scott Glogovac, the attorney representing the Reno Gazette-Journal, indicates that he "disagrees with all aspects of the analysis..." (Enclosure 2).

"To close or not to close?" that was the question which was among the thorniest issues for the affected schools and health districts. The school closure guidance from the Centers for Disease Control changed several times during the first week of May with two guidance changes occurring in one calendar day. To answer the questions surrounding school closure in Nevada, a group of state health officials, health officers, and school officials came together and devised a method to come to a timely decision about school closure when a confirmed case of A(H1N1) occurred in a student. The initial and subsequent cases were single cases in single facilities with circumstances that did not require school closure. However, yesterday, May 20, 2009, we received notification of five confirmed cases in one middle school and were alerted to a high percentage of absenteeism for illness as a result of a school absenteeism surveillance system that was recently put in place. Based on the combination of five confirmed cases and the marked spike in absenteeism for that school, a decision was made to close the school for the five-day period that spans the Memorial Day holiday weekend. The decision was made using the previously established approach for consultation among school officials and health officers.

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

www.washoecounty.us/health

WASHOE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER
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Testimony on Senate Bill 372

Once again, our partners in public health provided oral and written testimony in strong opposition to legislation (SB 372) that would "roll-back" the provisions of the Nevada Clean Indoor Air Act (NCIAA). On May 13, 2009, testimony on SB 372 was heard by the Assembly Judiciary Committee, chaired by Mr. Bernie Anderson. The proponents of SB 372 had considerably more time to present their views than those of us representing public health interests.

One of our WCHD members, Ms. Michelle Washington, provided testimony at the hearing. She was asked by Chairman Anderson about her study on the economic consequences of the NCIAA. Ms. Washington remained neutral on the bill for her testimony because her study was done while attending the University of Nevada Reno as a graduate student.

SB 372 was not passed out of the Assembly Judiciary Committee, but concern remains that the possibility still exists for elements of this legislation to reappear in the latter hours of the legislative session.

University of Nevada Reno, School of Community Health Sciences Hooding Ceremony

I was invited to speak at the School of Community Health Sciences, Master of Public Health Hooding Ceremony for the Spring Commencement at UNR. The title of my presentation was "Your Future in Public Health." As part of that future, I announced the establishment and the endowment of the District Board of Health scholarship to the audience of faculty, graduates, current students, and family members. Many, including faculty members, were surprised and pleased to learn about the scholarship.

I would like to acknowledge the accomplishments of our own M.P.H. graduate, Ms. Michelle Washington, who was one of the six students recognized at the ceremony. The title of her thesis project was "Smoking Restrictions and Economic Impacts: A Preliminary Analysis of the 2006 NCIAA."

State and Local Health Authorities Meeting

Discussion of legislative issues, especially SB 372, was the main focus of the meeting.

Delegate to the Nevada State Medical Association (NSMA) Annual Meeting

Because of the announcement of the first confirmed case of A (H1N1) influenza on April 29, 2009 and subsequent heightened activity, I was unable to attend the annual NSMA meeting beginning on April 30th as announced in my April Board Report. My colleagues from Southern Nevada Health District, Dr. Larry Sands and Dr. John Middaugh, were also unable to attend due to the pressures of the outbreak.



Mary A. Anderson, MD, MPH, FACPM
District Health Officer



Washoe County District Attorney

RICHARD A. GAMMICK
DISTRICT ATTORNEY

Via facsimile (775) 333-0412

May 15, 2009

Scott A. Glogovac
BURTON, BARTLETT & GLOGOVAC
50 West Liberty Street, Suite 700
Reno, NV 89501

Re: Records request re: "second H1N1 flu case in Washoe County"

Dear Mr. Glogovac:

I have received your letter in which you requested on behalf of Frank Mullen of the Reno-Gazette Journal information concerning "the second H1N1 flu case in Washoe County." You objected to the refusal by the Health Department to provide the name of the daycare center or the age and gender of the person at issue.

Your letter stated that NRS 441A.220 does not provide an adequate basis on which to refuse disclosure of the requested information. Based upon the actual wording and obvious intent of the statute, the name of a daycare facility is considered information of a personal nature. By its terms, NRS 441A.220 protects as confidential "*all information* of a personal nature about any person ..." (emphasis added). Moreover, NAC 441A.115 provides guidance on the issue: "Information of a personal nature" includes a person's name, address, telephone number and social security number, and *any other information* which the health authority determines to be of a personal nature." (emphasis added). In this instance, the health authority has determined that to provide the name of the daycare facility would be to provide information of a personal nature about an individual with a communicable disease. That information would inevitably lead to the identity of such individual, in violation of the clear intent of the statute, which is to keep such information confidential.

NRS 441A.220 is clearly prohibitive when it states that disclosure of information of a personal nature is "confidential and *must not* be disclosed to any person *under any* circumstances, including pursuant to any subpoena, search warrant or discovery proceeding [absent certain exceptions.]" (emphasis added). Pursuant to the rules of statutory construction, when the language of a statute is expressly clear and unambiguous, the apparent intent must be given effect. See, *Metz v. Metz*, 120 Nev. 786, 791-92, 101 P.3d 779 (2004) quoting *State, Dep't of Motor Vehicles and Pub. Safety v. Vezeris*, 102 Nev. 232, 236, 720 P.2d 1208 (1986) (even if a statutory provision is ambiguous, the court should attempt to follow the Legislature's intent. To ascertain legislative intent, a court may examine the context and spirit of the statute in question, together with the subject matter and policy involved. Statutes should also be interpreted in line with what reason and public policy would indicate the legislature intended). This statute clearly

Enclosure 1



Washoe County District Attorney

RICHARD A. GAMMICK
DISTRICT ATTORNEY

Letter re: NRS 441A.220
May 15, 2009 page 2

intends to prohibit the disclosure of personal information that may identify an individual, even in court proceedings. Therefore, the information sought is prohibited from release pursuant to NRS 441A.220.

If you wish to further discuss the matter, my direct line is (775) 337 - 5723.

Very truly yours,

By: _____
MARY KANDARAS
Deputy District Attorney

BURTON, BARTLETT & GLOGOVAC

ATTORNEYS AT LAW

C. THOMAS BURTON, JR.
SCOTT A. GLOGOVAC
MICHAEL A. PINTAR
GREGORY J. LIVINGSTON
DAVID S. MCELROY
MICHELINE N. FAIRBANK

50 WEST LIBERTY STREET, SUITE 700
RENO, NEVADA 89501-1947

PHILLIP W. BARTLETT (1948-2004)

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FACSIMILE 333-0412
EMAIL info@bbg.net

May 20, 2009

By Fax [337-5732] & U.S. Mail

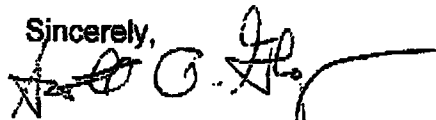
Mary Kandaras, Esq.
Deputy District Attorney
Washoe County District Attorney's Office
One South Sierra St.
Reno, NV 89501

Re: **H1N1 Records Request**

Dear Ms. Kandaras:

The Reno Gazette-Journal disagrees with all aspects of the analysis set forth in your May 15, 2009 fax to me. Suit against the county will be filed shortly.

Sincerely,



SCOTT A. GLOGOVAC

SAG/vls



LEAD EXPOSURE IN NORTHERN NEVADA

INTRODUCTION

Lead exposure and the effects of lead on the human body developed into a major public health concern during the twentieth century, due to the widespread use of lead paint and leaded gasoline. A number of European countries severely restricted the use of lead paint as early as 1922. However in the U.S. it was not until 1978 that lead paint for interior use was banned. Leaded gasoline was completely phased out by 1996, but is still produced and sold in some developing countries^{1,2}. Although mean blood lead values declined sharply in the years following the phase-out of lead paint and leaded gasoline, sources of lead exposure remain. Deteriorating paint in homes built before 1978 remains the most common lead hazard for children. Other current sources of lead include soil contaminated with fallout from leaded gasoline emissions, certain occupations (battery manufacturing, foundry work, mining) and imported consumer goods (candy, cookware, cosmetics, toys, and folk remedies)^{1,3}. Although 10µg/dL remains the official CDC lead level of concern, the CDC Advisory Committee on Childhood Lead Poisoning Prevention is in agreement with researchers demonstrating an inverse association between blood lead levels <10µg/dL and measures of cognitive function³. Blood lead is associated not only with diminished cognition and academic achievement in childhood, but also with a variety of other adverse outcomes throughout the lifespan. Some have proposed that lead poisoning be considered a progressive chronic disease, and not solely an acute reversible intoxication⁶. Other than Southern Nevada Health District, remaining health jurisdictions in the state of Nevada do not participate in either the Childhood Lead Poisoning Prevention Program (CLPPP) or the Adult Blood Lead Epidemiology Surveillance program (ABLES); thus the prevalence of lead poisoning in Nevada is not accurately known. Although reporting of blood lead levels is not required, LabCorp, a major provider of laboratory services in Washoe County, reports blood lead data to the Washoe County Health District (WCHD) through the Nevada State Division of Health. WCHD has had access to this electronic laboratory reporting since 2005.

METHODS

The objective of this project was to estimate lead exposure among children and adults in Washoe County using retrospective laboratory-based data from 2005-2007. The data were not a population-based sample and did not have normal distribution; therefore one should be extremely cautious in drawing conclusions. There were 635 adult (≥ 18 years) reports and 737 for children in the three year time period. Known occupational health facilities accounted for 79% of the adult lead tests and 71% of the adult reports came from males. It seems probable that males were more represented in occupations that involve exposure to lead, such as mining and manufacturing. Of 737 children's reports, 52% came from males and 48% from females. Fifty-six percent (56%) of the children tested were between 12-35 months (the ages at which screening is recommended by the CDC). The analyses of this project focused on two primary measurements: mean blood lead level (BLL) and proportion of elevated blood lead level (EBLL). In this article only proportion of EBLL is addressed. There were two thresholds of EBLL:

For adults:

- ◆ ≥ 25µg/dL - ABLES goal for all employed adults is BLL <25µg/dL⁷
- ◆ ≥ 40µg/dL - Maximum BLL allowed for lead-exposed employees⁸

For children:

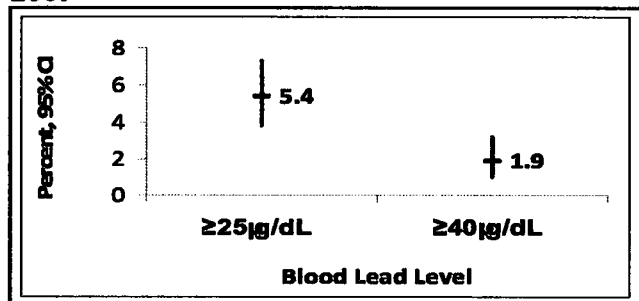
- ◆ ≥ 5µg/dL - Association with adverse cognitive effects³
- ◆ ≥ 10µg/dL - CDC lead level of concern⁵

RESULTS & DISCUSSION

Adults: More than 5% of adults had a BLL ≥ 25µg/dL, but less than two percent had BLL ≥ 40µg/dL (Figure 1). With just a small percentage with a BLL ≥ 40µg/dL it appeared that lead exposed workers in Washoe County were largely meeting mandated OSHA requirements. However, Washoe County workers may not have met the ABLES goal, since in this project more than 1 in 20 of those tested had a blood lead at or above 25µg/dL. With access only to laboratory based data, we cannot

determine if these individuals had elevated blood lead either because they did not comply with lead reduction strategies in the workplace; or if the current standards did not protect them; or if some had been exposed to lead outside of their occupational environment.

Figure 1. Proportion (%) of Adults with BLL $\geq 25\mu\text{g/dL}$ and $\geq 40\mu\text{g/dL}$, Washoe County 2005-2007



Proportion of EBLL by gender was compared (Table 1). Among adults, significant results ($p < 0.05$) were noted between males and females. There was no information on the source and extent of lead exposure, but possibly even among those subject to blood lead testing for occupational exposure, males are exposed more than females.

Table 1. Proportion (%) of Adults with EBLL by Gender, Washoe County 2005-2007

| Group | N | $\geq 25 \mu\text{g/dL}$ | | $\geq 40 \mu\text{g/dL}$ | |
|--------|-----|--------------------------|---------|--------------------------|---------|
| | | Percent | Percent | Percent | Percent |
| All | 635 | 5.4 | | 1.9 | |
| Male | 451 | 7.3** | | 2.7* | |
| Female | 175 | 0.6 | | 0 | |

* Statistically significant difference by gender at $p < 0.05$; ** $P < 0.01$

Children: Four percent (4%) of all children tested had BLL $\geq 5\mu\text{g/dL}$ and 1.5% had BLL $\geq 10\mu\text{g/dL}$ (Figure 2). Among children, females consistently had a larger percentage of elevated blood lead than males, but comparisons were only statistically significant for 6-10 year olds (Table 2). This suggests that possibly female children were exposed to lead in ways that male children were not.

Proportion of EBLL among Washoe County Zip Codes varied. Zip Codes 89433 and 89502 had the highest proportion of EBLL $\geq 5\mu\text{g/dL}$ at 8.9% (4/45) and 7.5% (12/159) respectively. Table 3 illustrates some of the differences among the two Zip Codes and Washoe County in terms of income, education, housing, and percentage of immigrants.

Figure 2. Proportion (%) of Children with BLL $\geq 5\mu\text{g/dL}$ and $\geq 10\mu\text{g/dL}$, Washoe County 2005-2007

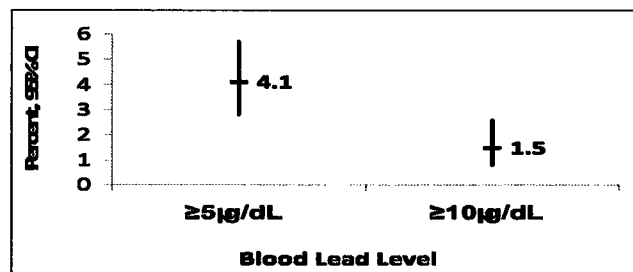


Table 2. Proportion (%) of Children with EBLL by Gender and Age Group, Washoe County 2005-2007

| Group | N | $\geq 5 \mu\text{g/dL}$ | | $\geq 10 \mu\text{g/dL}$ | |
|------------|--------|-------------------------|---------|--------------------------|---------|
| | | Percent | Percent | Percent | Percent |
| All | 737 | 4.1 | | 1.5 | |
| Gender | Male | 380 | 2.9 | 0.8 | |
| | Female | 355 | 5.4 | 2.3 | |
| 1-5 years | Male | 267 | 4.1 | 1.1 | |
| | Female | 248 | 5.2 | 2 | |
| 6-10 years | Male | 62 | 0 | 0 | |
| | Female | 44 | 11.4* | 6.8 | |

* Statistically significant difference by gender at $p = 0.01$

Table 3. Selected Characteristics of Washoe County and Zip Codes 89433 and 89502

| Characteristic | Washoe | 89433 | 89502 |
|-----------------------------|--------|-------|-------|
| Median Family Income (\$) | 54283 | 44266 | 40034 |
| Per capita Income (\$) | 24277 | 15395 | 17702 |
| % Below Poverty | 10 | 10 | 15.4 |
| % Owner-occupied Housing | 59.3 | 81 | 37.3 |
| High School Graduate | 83.9 | 75.5 | 72.3 |
| Foreign Born | 14.1 | 12.8 | 26.9 |
| % Housing Built Before 1980 | 52.1 | 36.1 | 68.1 |
| Type of Housing | | | |
| 1 unit | 58.6 | 38.9 | 37.8 |
| Multi-unit | 32.5 | 6.9 | 53.6 |
| Mobile Home | 8.6 | 54.2 | 8.1 |
| Boat, RV, van etc | 0.3 | 0 | 0.5 |

Source: US Census, 2000

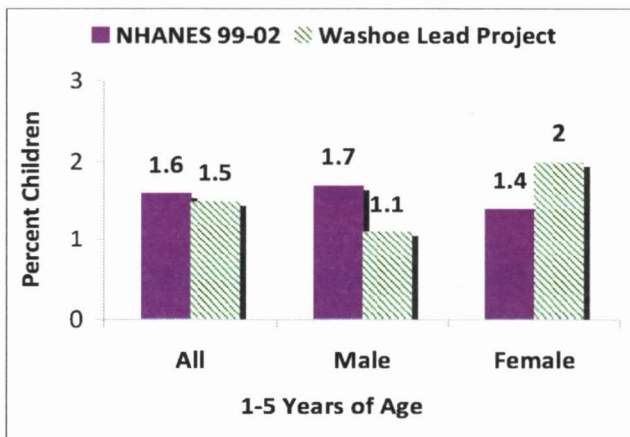
Percentage of children with elevated blood lead was also calculated for all facilities with at least 30 tests (Table 4). Two-thirds of the facilities had more than 5% with elevated blood lead. It was noteworthy that the community clinic, (located within Zip Code 89433) had the largest percentage of elevated BLL; among its patients, there may be a large number of children who live in 89433.

Table 4. Proportion (%) of Children with EBLL by Types of Ordering Facilities, Washoe County 2005-2007

| Facility | Total N | ≥ 5 µg/dL | ≥ 10 µg/dL |
|------------------|---------|-----------|------------|
| | | Percent | Percent |
| Specialist | 75 | 0 | 0 |
| Medical Center A | 102 | 5.9 | 0 |
| Hospital | 37 | 0 | 0 |
| Medical Center B | 133 | 5.3 | 1.5 |
| Community Clinic | 59 | 8.5 | 6.8 |
| Pediatric Group | 118 | 5.1 | 0 |

Fortunately the number of children with a BLL above 10µg/dL (the CDC level of concern) is low, which was similar with national findings (Figure 3.), but the percentage of children with a BLL ≥ 5µg/dL was 4% overall and higher in some groups. The association between mildly elevated blood lead levels and adverse cognitive affects points to the necessity of considering even a BLL ≥ 5µg/dL as serious issue. Please note that in the Figure 3, NHANES data are representative of the population, while samples from the current project came from visits to healthcare providers. Data are presented for information only. The true population percentage in Washoe County may be lower.

Figure 3. Proportion (%) of BLL≥10µg/dL among 1-5 Years Children, Washoe County & NHANES



(National data source: NHANES-National Health and Nutrition Examination Survey)⁹

RECOMMENDATIONS

- ◆ Provide anticipatory guidance to parents of all young children regarding sources of lead and ways to prevent lead exposure^{3,5}.
- ◆ Perform exposure risk assessment on all children and consider universal screening for blood lead on children considered to be high-risk:
 - Residence in a particular geographic area

- Report of lead exposure, residence in older housing
- Medicaid eligibility (Medicaid requires screening at ages 1 and 2).

- ◆ Support efforts to reduce lead hazards in homes and in consumer products^{3,5}.
- ◆ Support actions to reduce the blood lead level of all employed adults to < 25µg/dL, through exposure risk assessment, evaluation of work practices, and medical follow-up as indicated.

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ACKNOWLEDGEMENTS

We would like to thank Virginia Williamson, Master of Public Health (MPH) degree candidate at the School of Community Sciences, University of Nevada, Reno, and her graduate committee members including Drs. Lei Chen, Dana Loomis, Stanley Omaye, and Mihalis Panagiotidis for their effort, expertise, suggestions, and constructive criticism in the completion of this research project as well as in the preparation of this article.



EPI - NEWS

Page 1 of 2

PHYSICIAN ALERT:

- ◆ Update #1
- ◆ Case Definitions
- ◆ Duration of Viral Shedding
- ◆ Testing

April 28, 2009
Vol. 29, No. 3
 Telephone (775) 328-2447
 Fax (775) 328-3764
epicenter@washoecounty.us

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT • P.O. BOX 11130 • RENO, NEVADA • 89520-0027 • (775) 328-2447

This alert contains information on investigations in progress and/or diagnoses that may not yet be confirmed.
 The Physician Alert is intended primarily for the use of local health care providers, should be considered privileged, and should NOT be distributed further.

**Please Note: This is a rapidly evolving situation;
 therefore, this guidance may change quickly.**

Update #1: Swine Influenza A (H1N1) Infection in Humans

The human swine flu outbreak continues to grow in the United States and internationally. Today, CDC reports additional cases of confirmed swine influenza and a number of hospitalizations of swine flu patients. Internationally, the situation is more serious too, with additional countries reporting confirmed cases of swine flu. In response to the intensifying outbreak, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 4 (see the WHO website at <http://www.who.int/en/>). A Phase 4 alert is characterized by confirmed person-to-person spread of a new influenza virus able to cause "community-level" outbreaks." The increase in the pandemic alert phase

indicates that the likelihood of a pandemic has increased.

Human Cases of Swine Flu Infection, United States, As of April 28, 2009 11:00 AM ET

| State | # of lab-confirmed cases |
|--------------------|--------------------------|
| California | 10 |
| Kansas | 2 |
| New York City | 45 |
| Ohio | 1 |
| Texas | 6 |
| Total Count | 64 |

Case Definitions for Infection with Swine Influenza A (H1N1) Virus

| Confirmed | Probable | Suspected |
|--|---|---|
| <p>A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at CDC by one or more of the following tests:</p> <ol style="list-style-type: none"> 1. real-time RT-PCR 2. viral culture | <p>A probable case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness who is:</p> <ul style="list-style-type: none"> • positive for influenza A, but negative for H1 and H3 by influenza RT-PCR, OR • positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets criteria for a suspected case | <p>A suspected case of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness with onset</p> <ul style="list-style-type: none"> • within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, OR • within 7 days of travel to a community either within the United States or internationally where there are one or more confirmed swine influenza A(H1N1) cases, OR • resides in a community where there are one or more confirmed swine influenza cases |

Duration of Viral Shedding

The duration of shedding with swine influenza A (H1N1) virus is unknown. Therefore, until data are available, the estimated duration of viral shedding is based upon seasonal influenza virus infection. Infected persons are assumed to be shedding virus and potentially infectious from the day prior to illness onset until resolution of

fever. Infected persons should be assumed to be contagious up to 7 days from illness onset. Some persons who are infected might potentially shed virus and be contagious for longer periods (e.g., young infants, immunosuppressed, and immunocompromised persons).

Testing for Swine Influenza A (H1N1) Virus

All suspected cases of swine influenza A (H1N1) should have upper respiratory specimens collected to test for swine influenza A (H1N1) virus. Testing information is included on the following page.

Preferred Respiratory Specimens:

The following should be collected as soon as possible after illness onset: nasopharyngeal swab/aspirate or nasal wash/aspirate. If these specimens cannot be collected, a combined nasal swab with an oropharyngeal swab is acceptable. For patients who are intubated, an endotracheal aspirate should also be collected. Specimens should be placed into sterile viral transport media (VTM) and immediately placed on ice or cold packs or at 4°C (refrigerator) for transport to the laboratory. Recommended infection control guidance is available for persons collecting clinical specimens (at

http://www.cdc.gov/swineflu/guidelines_infection_control.htm) and for laboratory personnel (at http://www.cdc.gov/swineflu/guidelines_labworkers.htm).

Swabs

Ideally, swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended.

Specimens collected with swabs made of calcium alginate are not acceptable. The swab specimen collection vials should contain 3ml of viral transport medium (for example, the BD Universal Viral Transport System, see

<http://www.bd.com/ds/productCenter/220240.asp>).

Storing Clinical Specimens

All respiratory specimens should be kept at 4°C until they can be placed at -70°C. If a -70°C freezer is not available, specimens should be kept at 4°C, preferably no longer than 1 week.

Recommended Tests

Real-time RT-PCR for influenza A, B, H1, H3 at the Nevada State Public Health Laboratory is recommended. Currently, swine influenza A (H1N1) virus will test positive for influenza A and negative for H1 and H3 by real-time RT-PCR. If reactivity of real-time RT-PCR for influenza A is strong it is more suggestive of a novel influenza A virus. Confirmation of

swine influenza A (H1N1) virus is performed at CDC currently, but may be available in state public health laboratories soon.

Other Influenza Tests

Rapid Influenza Antigen Test

Some commercially available rapid tests can distinguish between influenza A and B viruses. A patient with a positive rapid test for influenza A may meet criteria for a probable case (see page 1). These tests have unknown sensitivity and specificity to detect human infection with swine influenza A (H1N1) virus in clinical specimens, and have suboptimal sensitivity to detect seasonal influenza viruses.

Therefore, a negative rapid test could be a false negative and should not be assumed a final diagnostic test for swine influenza infection.

Immunofluorescence (DFA or IFA)

These tests can distinguish between influenza A and B viruses. A patient with a positive for influenza A by immunofluorescence may meet criteria for a probable case (see page 1). Immunofluorescence depends upon the quality of a clinical specimen, operator skills, and has unknown sensitivity and specificity to detect human infection with swine influenza A (H1N1) virus in clinical specimens. *Therefore, a negative immunofluorescence could be a false negative and should not be assumed a final diagnostic test for swine influenza infection.*

Viral Culture

Isolation of swine influenza A (H1N1) virus is diagnostic of infection, but may not yield timely results for clinical management. *A negative viral culture does not exclude infection with swine influenza A (H1N1) virus.*

Additional Information

Interim guidance on treatment, and chemoprophylaxis for swine influenza is available at

<http://www.cdc.gov/flu/swine/recommendations.htm>.

For additional information about swine flu, please see <http://www.cdc.gov/swineflu/whatsnew.htm> or contact the Washoe County Health District Communicable Disease Program at 775-328-2447.



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PHYSICIAN ALERT:

- ◆ Update #2
- ◆ Case Definitions
- ◆ Other Important Definitions
- ◆ Testing

April 29, 2009
 Vol. 29, No. 4
 Telephone (775) 328-2447
 Fax (775) 328-3764
epicenter@washoecounty.us

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT • P.O. BOX 11130 • RENO, NEVADA • 89520-0027 • (775) 328-2447

This alert contains information on investigations in progress and/or diagnoses that may not yet be confirmed.
 The Physician Alert is intended primarily for the use of local health care providers, should be considered privileged, and should NOT be distributed further.

**Please Note: This is a rapidly evolving situation;
 therefore, this guidance may change quickly.**

Update #2: Swine-origin Influenza A (H1N1) Virus Infection (S-OIV) in Humans

The outbreak of disease in people caused by a new influenza virus of swine origin continues to grow in the United States and internationally. Today, CDC reports additional confirmed human infections, hospitalizations and the nation's first fatality from this outbreak.

The Washoe County Health District received confirmation from CDC of the first laboratory-confirmed case in Nevada this morning. The case is a Washoe County resident, is less than 18 years of age, was not hospitalized and is currently recovering. The case had not traveled outside of the area in the two weeks prior to symptom onset.

The more recent illnesses and the reported death in Texas suggest that a pattern of more severe illness associated with this virus may be emerging in the U.S. Most people will not have immunity to this new virus and, as it continues to spread, more cases, more hospitalizations and more deaths are expected in the coming days and weeks.

As this situation is evolving rapidly, clinicians should refer to the CDC website at: <http://www.cdc.gov/swineflu/whatsnew.htm> for the most current information.

Human Cases of Swine Flu Infection, United States, As of April 29, 2009 11:00 AM ET

| State | # of lab-confirmed cases | Deaths |
|---------------------|--------------------------|----------|
| Arizona | 1 | |
| California | 14 | |
| Indiana | 1 | |
| Kansas | 2 | |
| Massachusetts | 2 | |
| Michigan | 2 | |
| Nevada | 1 | |
| New York | 51 | |
| Ohio | 1 | |
| Texas | 16 | 1 |
| Total Counts | 91 | 1 |

Case Definitions for Infection with Swine-origin Influenza A (H1N1) Virus (S-OIV)

| Confirmed | Probable | Suspected |
|--|---|--|
| <p>A confirmed case of S-OIV infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed S-OIV infection at CDC by one or more of the following tests:</p> <ol style="list-style-type: none"> 1. real-time RT-PCR 2. viral culture | <p>A probable case of S-OIV infection is defined as a person with an acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 (unsubtypable) by influenza RT-PCR.</p> | <p>A suspected case of S-OIV infection is defined as a person with acute febrile respiratory illness with onset</p> <ul style="list-style-type: none"> • within 7 days of close contact with a person who is a confirmed case of S-OIV infection, or • within 7 days of travel to community either within the United States or internationally where there are one or more confirmed cases of S-OIV infection, or • resides in a community where there are one or more confirmed cases of S-OIV infection. |

Other Important Definitions

Infectious period for a confirmed case of S-OIV virus infection is defined as 1 day prior to the case's illness onset to 7 days after onset.

Close contact is defined as: within about 6 feet of an ill person who is a confirmed or suspected case of S-OIV virus infection during the case's infectious period.

Acute respiratory illness is defined as recent onset of at least two of the following: rhinorrhea or nasal

congestion, sore throat, cough (with or without fever or feverishness)

High-risk groups: A person who is at high-risk for complications of S-OIV virus infection is defined as the same for seasonal influenza (included in the MMWR for Prevention and Control of Influenza available on-line at: <http://www.cdc.gov/mmwr/PDF/rr/rr5707.pdf>).

Testing for Swine-origin Influenza A (H1N1) Virus (S-OIV)

Since there has been one laboratory-confirmed case of S-OIV in Washoe County, all persons with acute febrile respiratory illness are considered suspected cases at this time. All suspected cases of S-OIV should have upper respiratory specimens collected to test for S-OIV.

Preferred Respiratory Specimens:

The following should be collected as soon as possible after illness onset nasopharyngeal swab/aspirate or nasal wash/aspirate. If these specimens cannot be collected, a combined nasal swab with an oropharyngeal swab is acceptable. For patients who are intubated, an endotracheal aspirate should also be collected. Specimens should be placed into sterile viral transport media (VTM) and immediately placed on ice or cold packs or at 4°C (refrigerator) for transport to the laboratory. Recommended infection control guidance is available for persons collecting clinical specimens and for laboratory personnel (at <http://www.cdc.gov/swineflu/whatsnew.htm>).

Swabs

Ideally, swab specimens should be collected using swabs with a synthetic tip (e.g., polyester or Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. *Specimens collected with swabs made of calcium alginate are not acceptable.* The swab specimen collection vials should contain 3ml of viral transport medium (for example, the BD Universal Viral Transport System, see <http://www.bd.com/ds/productCenter/220240.asp>).

Storing Clinical Specimens

All respiratory specimens should be kept at 4°C until they can be placed at -70°C. If a -70°C freezer is not available, specimens should be kept at 4°C, preferably no longer than 1 week.

Recommended Tests

Real-time RT-PCR for influenza at the Nevada State Public Health Laboratory is recommended. Currently, S-OIV virus will test positive for influenza A and negative for H1 and H3 by real-time RT-PCR. Confirmation of S-OIV is performed at CDC currently, but may be available in state public health laboratories soon.

Other Influenza Tests

Rapid Influenza Antigen Test

Some commercially available rapid tests can distinguish between influenza A and B viruses. These tests have unknown sensitivity and specificity to detect human infection with S-OIV in clinical specimens, and have suboptimal sensitivity to detect seasonal influenza viruses. *Therefore, a negative rapid test could be a false negative and should not be assumed a final diagnostic test for swine influenza infection.*

Immunofluorescence (DFA or IFA)

These tests can distinguish between influenza A and B viruses. Immunofluorescence depends upon the quality of a clinical specimen, operator skills, and has unknown sensitivity and specificity to detect human infection with S-OIV in clinical specimens. *Therefore, a negative immunofluorescence could be a false negative and should not be assumed a final diagnostic test for swine influenza infection.*

Viral Culture

Viral isolation on clinical specimens from patients who are suspected cases of swine influenza A (H1N1) virus infection should only be performed in a BSL2 laboratory with BSL3 practices (enhanced BSL2 conditions).

Additional Information

For additional information about swine flu, please see <http://www.cdc.gov/swineflu/whatsnew.htm> or contact the Washoe County Health District Communicable Disease Program at 775-328-2447.

Treatment/Chemoprophylaxis for Swine-origin Influenza A (H1N1) Virus (S-OIV)

We understand the availability of antivirals in the community may be limited at this time. We are working with the Nevada State Health Division to access stockpiled assets and will be meeting with local hospital officials on Thursday, April 30th to identify the most expedient method to distribute these assets.

Recommendations for use of antivirals may change as data on antiviral effectiveness, clinical spectrum of illness, adverse events from antiviral use, and antiviral susceptibility data become available. **Antiviral treatment should be considered for confirmed, probable or suspected cases of S-OIV infection. Treatment of hospitalized patients and patients at higher risk for influenza complications should be prioritized.**

Antiviral treatment with zanamivir or oseltamivir should be initiated as soon as possible after the onset of

symptoms. Evidence for benefits from treatment in studies of seasonal influenza is strongest when treatment is started within 48 hours of illness onset. **However, some studies of treatment of seasonal influenza have indicated benefit, including reductions in mortality or duration of hospitalization even for patients whose treatment was started more than 48 hours after illness onset.** Recommended duration of treatment is five days. Recommendations for use of antivirals may change as data on antiviral susceptibilities and effectiveness become available. Specific information on treatment, chemoprophylaxis, and dosing is available on the CDC website at: <http://www.cdc.gov/swineflu/recommendations.htm>.