

## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING NOTICE AND AGENDA

### Members

Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, May 28, 2015  
1:00 p.m.

Washoe County Administration Complex  
Health District South Conference Room  
1001 East Ninth Street  
Reno, NV

---

### PUBLIC HEARING ITEMS SCHEDULED ON THIS AGENDA

(Complete item descriptions on second page.)

- **Proposed Approval and Adoption of Revisions to the Health Department Food Regulations**

**Items for Possible Action.** All items numbered or lettered below are hereby designated for possible action as if the words “for possible action” were written next to each item (NRS 241.020). An item listed with asterisk (\*) next to it is an item for which no action will be taken.

1:00 p.m.

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

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

4. **Approval of Agenda**  
May 28, 2015
5. **Approval of Draft Minutes**  
April 23, 2015
6. **Recognitions**

#### A. Years of Service

1. Lilia Sandoval Huffman, 20 years, hired 5/15/1995 - CCHS

2. Patsy Buxton, 15 years, hired 5/15/2000 – AHS
3. Cindy Hawks, 15 years, hired 5/1/2000 – EPHP
4. Laurie Griffey, 10 years, hired 5/9/2005 - AHS

**B. Achievements**

1. Phil Ulibarri, ODHO – Certified Communicator in Public Health
2. Linnie Shore and Sara Dinga - Nevada Silver Syringe Award for Innovation in Immunization
3. Lisa Lottritz - 2015 Community Health Nurse of Achievement Award

**7. Consent Items**

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

**A. Air Quality Management Cases**

Staff Representative: Charlene Albee

1. Recommendation to uphold citations not appealed to the Air Pollution Control Hearing Board
  - a. Grand Sierra Resort & Casino – Case No. 1173, Citation No. 5442

**B. Budget Amendments/Interlocal Agreements**

1. Approval of Grant Agreement #A-00905415-0 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/14 through 9/30/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019  
Staff Representative: Erin Dixon
2. Approval of Grant Agreement PM-00T56401-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$111,884 (\$59,050 available for drawdown) for the period 4/1/15 through 3/31/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021  
Staff Representative: Erin Dixon
3. Ratification of Interlocal Agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize Chairman to execute the Interlocal Agreement  
Staff Representative: Patsy Buxton

**C. Acceptance of Washoe County, Nevada, Air Quality Trends Report (2005-2014)**

Staff Representative: Charlene Albee

**8. Public Hearing**

- A. Presentation, discussion and possible adoption of revisions to the Regulations of the

Washoe County District Board of Health Governing Food Establishments with possible modifications to include, but not limited to, training provisions for Certified Food Protection Managers and possible direction to staff  
Staff Representative: Dave McNinch

**9. Regional Emergency Medical Services Authority**

Presented by Jim Gubbels

A. Review and Acceptance of the REMSA Operations Reports for April, 2015

\*B. Update of REMSA's Community Activities during April, 2015

**10. Presentations on the utilization of System Status Management in an EMS system and REMSA's staffing model for the months June – September 2015**

Staff Representative: Christina Conti

**11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service**

Staff Representative: Brittany Dayton

**12 Acknowledge receipt of the Health District Fund Financial Review for April Fiscal Year 2015**

Staff Representative: Anna Heenan

**13. Presentation, Discussion and Possible Acceptance of the May 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District**

Staff Representative: Kevin Dick

**\*14. Staff Reports and Program Updates**

**A. Air Quality Management, Charlene Albee, Director**

Program Update, Divisional Update, Program Reports

**B. Community and Clinical Health Services, Steve Kutz, Director**

Program Report – Teen Pregnancy Prevention Month, Divisional Update, Program Reports

**C. Environmental Health Services, Bob Sack, Director**

EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, EHS Inspections / Permits / Plan Review

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

Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

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

District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Style Guide, Policy and Procedure Update, Other Events and Activities and Health District Media Contacts

**\*15. Board Comment**

Limited to announcements or issues for future agendas.

**16. Emergency Items**

## **\*17. Public Comment**

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

## **18. Adjournment**

---

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

**Special Accommodations.** The District Board of Health Meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

**Public Comment.** Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

**Response to Public Comment.** The Board of Health can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Board of Health. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Board of Health will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Board of Health may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

**Posting of Agenda; Location of Website.** In accordance with NRS 241.020, this agenda has been posted at: <https://notice.nv.gov>, (i) Washoe County Administration Building (1001 E. 9th Street); (ii) State of Nevada Division of Public and Behavioral Health, Carson City, NV; (iii) Reno City Hall, 1 E. 1<sup>st</sup> St, Reno, NV; (iv) Sparks City Hall, 1675 Prater Way, Sparks, NV; (v) Washoe County Health District website [www.washoecounty.us/health](http://www.washoecounty.us/health); and (vi) State of Nevada Website: <https://notice.nv.gov>. Agendas and staff reports are posted four days prior to the meeting.

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



## WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES

Members  
Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Neoma Jardon  
Dr. George Hess  
David Silverman  
Dr. John Novak  
Michael D. Brown

Thursday, April 23, 2015  
1:00 p.m.

Washoe County Administration Complex  
Health District South Conference Room  
1001 East Ninth Street  
Reno, NV

---

### 1. Determination of Quorum

Chair Jung confirmed a quorum was present.

Members present: Kitty Jung, Chair  
Julia Ratti, Vice Chair  
Dr. George Hess  
Neoma Jardon

Members absent: David Silverman  
Dr. John Novak  
Mike Brown

Staff present: Kevin Dick, District Health Officer, ODHO  
Leslie Admirand, Deputy District Attorney  
Anna Heenan, Administrative Health Services Officer, AHS  
Steve Kutz, Division Director, CCHS  
Bob Sack, Division Director, EHS  
Dave McNinch, Supervisor, EHS  
Jim Shaffer, Program Coordinator, EHS  
Christina Conti, EMS Program Manager, EPHP  
Erin Dixon, Fiscal Compliance Officer, AHS  
Dawn Spinola, Administrative Secretary/Recording Secretary, ODHO

---

### 2. \*Pledge of Allegiance

A member of the REMSA staff present in the audience led the pledge to the flag.

---

### 3. \*Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

As there was no one wishing to speak, **Chair Jung closed the public comment period.**

---

4. Approval of Agenda  
April 23, 2015

**Councilmember Jardon moved to approve the agenda for the April 23, 2015, District Board of Health meeting. Dr. Hess seconded the motion which was approved four in favor and none against.**

Chair Jung suggested Item 12 be heard prior to Item 9 due to the large number of attendees interested in Item 12. Deputy District Attorney (DDA) Admirand stated another motion was not necessary and the Board members agreed to the change.

---

5. Approval of Draft Minutes  
March 26, 2015

**Vice Chair Ratti moved to approve the minutes of the March 26, 2015 District Board of Health regular meeting as written. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

---

6. Recognitions

A. Promotions

1. Sara Dinga – from Public Health Emergency Response Coordinator to Director of Programs and Projects 3/31/15

Mr. Dick introduced Ms. Dinga and explained she would be leading the development of the Community Health Improvement Plan and guiding the Quality Improvement process, as well as other projects.

2. Jessica Cabrales – from OAI to OSS, CCHS 4/1/15

Mr. Kutz reviewed Ms. Cabrales background with CCHS and congratulated her.

---

7. Proclamations

1. Bike Week

Julie Hunter invited team members Nicole Alberti, Yann Ling-Barnes, Genine Wright and M.J. Cloud to join her in accepting the proclamation.

2. Women's Health Week

Accepted by Kelli Goatley-Seals

3. Air Quality Awareness Week

Accepted by Charlene Albee. Ms. Albee noted OurCleanAir.com contained updates and

suggestions for what individuals could do to help improve air quality.

#### 4. Emergency Medical Services Week

Accepted by the group of Emergency Medical Services (EMS) staff who were in attendance at the meeting.

**Dr. Hess moved to adopt the proclamations as presented. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

---

#### 8. Consent Items

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

##### A. Air Quality Management Cases

Staff Representative: Charlene Albee

1. Recommendation to uphold citations not appealed to the Air Pollution Control Hearing Board.

a. Aspen Development Corporation – Case No. 1172, Citation No. 5367

2. Recommendation of cases appealed to the Air Pollution Control Hearing Board.

a. Deny the Appeal of A Plus Restoration (John Langon) – Case No. 1171, Citation No. 5297 – Uphold the Citation

##### B. Budget Amendments/Interlocal Agreements

1. Ratification of Intrastate 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, 2017 in the total amount of \$250,000 (\$125,000 per fiscal year) in support of the Safe Drinking Water Act (SDWA) Grant Program; and if approved, authorize the Chairman to execute.

Staff Representative: Erin Dixon

**Councilmember Jardon moved to approve the Consent Agenda as presented. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

---

#### 9. Public Hearings

1. Proposed approval and adoption of revisions to the Health Department Fee Schedule, specific to the addition of new fees for Air Quality Management and Environmental Health Services, collection beginning July 1, 2015.

Staff Representative: Erin Dixon

Ms. Dixon presented the staff report. She explained that since providing the initial report to the Board on April 23, 2015, she had presented the information to the Development Services Forum. There were no questions either at the meeting or afterwards.

Ms. Dixon noted the cost-benefit analysis requested by the Board regarding fees with lower financial impact had been conducted, and staff had concluded that every dollar that a permit holder does not pay must come from Washoe County in the form of a transfer.

Mr. Sack noted he had reviewed a letter received from and had had conversations with the Washoe County School District (WCSD). He explained statute requires the inspections of the schools be done once a semester and that Washoe County Health District (WCHD) conduct them. Statute also dictates that the District Board of Health (DBOH) may charge a fee for that service.

Chair Jung opened the public hearing.

Chris Cobb, Chief Facilities Management Officer for WCSD, began his comments with a complement to the WCHD staff, who had been very willing to conduct discussions with them about the fees. He stated he understood cost recovery and permits and the fact that both agencies were operating under tight budgets. The cost of the inspections was close to \$15,000 per year.

**Chair Jung moved to adopt the revision of the fee schedule, specific to the addition of new fees for Air Quality Management and Environmental Health Services, collection beginning July 1, 2015. Vice Chair Ratti seconded the motion.**

Vice Chair Ratti noted she was sympathetic to the financial plight of both the WCSD and the WCHD. She suggested if staff from the two agencies agreed that some level of the inspections was unnecessary, that WCHD take action during the next Legislative session to reduce the cost.

Councilmember Jardon echoed Vice Chair Ratti's comments regarding sympathy for both agencies and asked if all of the inspections were necessary at the level and frequency that they were being conducted. Mr. Sack explained the inspections were being done at the level required by statute. He noted they have been conducted for some time and the fee has never been charged. The new fees did not include a charge for reinspections.

Chair Jung suggested a review of best practices of other Districts across the country. She also noted that age of facility impacted difficulty of inspections.

Mr. Sack complemented WCSD facilities staff on their work and noted the age of some of the facilities may be a subject of discussions with the Legislature regarding the possibility of requiring fewer inspections in the future.

Mr. Dick noted the fee discussion had opened up a conversation about the need for a way to streamline the interface between WCHD and the WCSD facilities staff regarding their Capital Improvements Projects and scheduled maintenance to create efficiencies and cost savings.

**The motion was approved four in favor and none against.**

Chair Jung closed the public hearing.

- 
12. Review, discussion and acknowledgment of Business Impact Statements regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments for May 28, 2015 at 1:00 pm.  
Staff Representative: Dave McNinch

Mr. McNinch reviewed the content of a Power Point presentation (attached to minutes) outlining the process that had been followed to update the food regulations and their

anticipated benefits. He explained the public had been offered numerous opportunities to provide input and the proposed regulations had been brought to the Food Protection Hearing Advisory Board for review and comment.

Chair Jung introduced the members of the audience that had submitted attendance cards. The first was Adalberto Rosas, who was neutral and did not wish to make a statement.

The next was Chad Humason, an area supervisor for McDonalds and a franchisee. He noted one of the backbones of the organization was food safety and every manager is accountable. 30 of his managers are ServSafe food safety certified, and 10 are Washoe County certified. He expressed concern that a Washoe County certification was required of ServSafe certified managers, as it appeared to provide no benefit and the costs were notable.

Tracy Lerud opined education was an integral component of food safety training, and if the standards were lowered, there would be fewer competent people monitoring food safety.

Fausta Apanbire declined the opportunity to comment.

Alan Cook had indicated he was in opposition but did not wish to make a statement.

Dr. Hess expressed concern that it was not clear what the audience members were in opposition to and Chair Jung confirmed it was food safety certification.

Pete Allen with Environmental Services LLC explained he had been teaching food service management for 25 years. He stated his appreciation of the work done on the code but indicated opposition to the food service manager portion. He requested that aspect of the regulation be separated out on the May 28, 2015 public hearing agenda so that people had time to offer testimony.

Cindy Ulch with the Nevada Division of Public Health explained she was there to represent the State and was in full support of the regulation change to include the training module. It mimics the State's model, which aids in consistency between jurisdictions.

Rich Pelton, owner of three McDonald's and representing the owner of the Taco Bells of Washoe County indicated he was in favor of the regulations. He echoed the importance of serving safe food. Prior to becoming a restaurant owner he was a corporate trainer and certified ServSafe food safety instructor. In Washoe County he was not qualified to be a trainer, nor would he be certified until he attended a Washoe County-approved course. It has been necessary for him to pay to send his managers to training, which added no value to his business. New managers that are ServSafe certified are not accredited in the County and must receive training. He opined the class requirement should be adjusted and catered to the need of the student.

Roberta Hudson expressed her concern that small business not be pushed out due to excessive costs. She indicated her business is mobile and therefore inspected and charged each time she sets up.

Ana Peskin, Field Supervisor for WCSD, stated she also had taught ServSafe for several years and agreed that the fee and time expended for additional certification in Washoe County was unnecessary. She noted ServSafe is built on national standards and opined it should be transferrable from state to state or within a state. The training required by Washoe County pulled important staff away from necessary functions and cost the school district.

Mr. Rosas stated he was in agreement with eliminating redundancies and modernizing the code. He expressed concern with enforcement and stated ServSafe was going to initiate

Quick Response (QR) codes. He agreed the training should be adjusted to the needs of the student.

Anna Marie Vierra echoed the concern that small local vendors could be priced out of business if too many regulations and fees were imposed. She opined mass and mechanized food production posed the greatest threat to public food safety.

Chair Jung closed public comment.

DDA Admirand pointed out the agenda item was for review, discussion and acknowledgement of the business impact statement, and they had heard discussion and comments about what the business impact is, but there had yet to be review of the statement. She requested the Board to review the statement or requested staff give a brief summary for the record.

Mr. McNinch noted that, during the workshops and meetings, there had been no specific concerns expressed related to the business impacts. Staff had incorporated some items that would have impacts, such as Hazard Analysis Critical Control Point (HACCP) and operational plans. The elimination of the food safety certification would reduce District revenue by approximately \$18,000 annually. Some vending and outdoor food establishments that have not been permitted in the past will be, generating an estimate of \$3,000 in increased revenue.

DDA Admirand indicated the discussion was sufficient to satisfy the meeting item.

Dr. Hess stated he was comfortable with most of the changes but had strong reservations about the educational component or lack thereof. He noted the training program had begun approximately 20 years ago in response to a foodborne illness outbreak. The program had resulted in fewer outbreaks and higher inspection scores. He pointed out that the FDA 2013 guidelines, which the new regs mirror to some degree, indicated flexibility on training requirements.

DDA Admirand stated the conversation was leading to a discussion which would be more appropriate at the public hearing. She explained the agenda item was written broadly enough to discuss matters relating to the business impact statement, but any action taken by the Board would need to be an acknowledgement of that.

Dr. Hess noted two types of businesses that were being impacted. One was the corporations, who were in favor of the changes, and the other was the businesses that provided training, who were against. He expressed concern with the fact a ServSafe test could be taken, and potentially passed, without any training. He distributed copies of a proposed amendment to the training requirement section of the code.

Councilmember Jardon suggested there may be conflicting information regarding the business impacts as staff had suggested that no impacts were known but attendees had testified that there were. She suggested the impacts be further vetted out at the meeting on May 28. DDA Admirand and Chair Jung concurred.

Chair Jung reiterated the item was for discussion, review and acknowledgement of the business impact statement and any discussion should be reserved for the May 28 meeting.

Councilmember Ratti noted the process required a fiscal impact hearing in advance of changing the regulations. She asked if the proposed regulations imposed further fiscal impacts on the food service operators. Mr. McNinch explained the regulations did not preclude people from taking training classes as they saw fit. If the applicants are able to

demonstrate knowledge by passage of an exam, that satisfied the requirement. Councilmember Ratti opined that inferred the costs may in fact be reduced and nothing indicated they could potentially increase.

Councilmember Ratti noted a new business expense could be because of the HACCP plan and asked if the costs would be for additional staffing or fees associated with compliance. Mr. McNinch explained the fee would primarily apply to a new facility. If existing facilities did not have the resources to compile their own HACCP plan, the District might assist. A HACCP plan review fee for new facilities is currently under discussion but has not been implemented. The requirement may not apply to some smaller operators.

Councilmember Ratti pointed out the fiscal impact to the food trainers may not have been considered. Mr. McNinch acknowledged that was correct and reiterated no one had expressed concern over the fiscal aspects to their businesses. What staff had heard was primarily regarding food safety and food protection manager's issues.

Councilmember Ratti brought up the anticipated \$18,000 revenue shortfall and asked which fees would no longer be charged. Mr. McNinch explained it would primarily be in the form of certificates and certification cards.

Dr. Hess asked if changes to the regulations could be proposed during the public hearing and DDA Admirand stated they could.

Vice Chair Ratti opined the concepts had been introduced to the Board several months ago when they directed staff to present the proposed regulations to the public for input. She noted that when the fees had been changed previously, it had been done as a reaction to a fiscal crisis and had not been handled fairly. For the current proposed changes, the Board wanted to assure that the public had ample opportunity to provide input. She commended the staff for making that happen. She felt a good process had been followed but not yet culminated.

Vice Chair Ratti opined people had been adequately put on notice that there could be a fiscal impact for their businesses, so that a month from now the Board could discuss and vote on the regulations themselves.

**Vice Chair Ratti moved to acknowledge the Business Impact Statement regarding Proposed Amendments to the Regulations of the Washoe County District Board of Health; and other matters properly related thereto; and set a public hearing for possible adoption of Proposed Amendments for May 28, 2015 at 1:00 p.m. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

---

10. Regional Emergency Medical Services Authority  
Presented by Jim Gubbels

1. Review and Acceptance of the REMSA Operations Reports for March, 2015

Mr. Gubbels reported for the month of March Priority One compliance in Zone A was 91 percent. For Priority One Zones B, C and D, it was 99 percent. Year-to-date average for July through February for Priority One Zone A was 93 percent. For Priority One Zones B, C and D, it was 98 percent.



Average Priority One response time in minutes was 5:18 for Reno, 6:17 for Sparks and 10:10 for Washoe County. Average Priority Two response time in minutes was 5:56 for Reno, 6:52 for Sparks and 10:40 for Washoe County.

Year-to-date average for July through February for Priority One response was 5:19 for Reno, 5:59 for Sparks and 10:28 for Washoe County. Year-to-date average for July through February for Priority Two was 6:03 for Reno, 6:47 for Sparks and 10:04 for Washoe County.

Average bill for March was \$1,072, bringing the year-to-date total to \$1,071.

There were 12 time edits and two upgrades, all listed in the report.

**Councilmember Jardon moved to accept the report as presented. Vice Chair Ratti seconded the motion which was approved four in favor and none against.**

\*2. Update of REMSA's Community Activities during March, 2015.

Mr. Gubbels noted a previous Board request for information about REMSA's staffing plan and how they handle system status management. He stated they would work towards having that information and providing a presentation at the next meeting.

Mr. Gubbels pointed out several articles that had been provided for the Board member's review. He announced that the Nurse Help Line had undergone an accreditation review by the International Academy of Emergency Dispatch and REMSA had been approved as an Emergency Communication Nurse System (ECNS) Center of Excellence. That makes REMSA the first ECNS-accredited center in the world.

---

11. Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service

Staff Representative: Brittany Dayton

Vice Chair Ratti opined the report was an excellent response to the questions raised by the Board. She reiterated the process had been heavily stakeholder-intensive, and they had arrived at a new method of overseeing the EMS processes in the county. Because of the new method, the agencies were learning about the differences between prior and current processes as issues arose.

Vice Chair Ratti stated she did not feel well-positioned to respond the report without having time to check in with the Sparks City Manager and Fire Chief about whether the right questions were being asked to comply based on the conversations that had occurred during the process. She requested the item be delayed for a month so that she could collect feedback from staff who had provided input initially, so that they did not feel as though they had not had the opportunity to do so through the process. She suggested the extra time would allow the other agencies to conduct the same activity.

Vice Chair Ratti clarified her actions were not an attempt to reopen the conversation about what should or should not be included in the franchise.

**Vice Chair Ratti moved to continue the item to the May meeting. Dr. Hess seconded the motion which was approved four in favor and none against.**

13. Approve Interlocal Agreement between the Washoe County Health District, also known as the Rabies Control Authority, and Washoe County Regional Animal Services to outline the responsibilities between the parties, for the control of rabies in Washoe County  
Staff Representative: Jim Shaffer

Mr. Shaffer presented the staff report, noting the Board of County Commissioners (BCC) had supported it. The agreement had been in place for some time and was being formalized through the written agreement.

Chair Jung noted the agreement allowed Animal Services to more easily share information with the Health District.

**Dr. Hess moved to approve the Interlocal Agreement between the Washoe County Health District, also known as the Rabies Control Authority, and Washoe County Regional Animal Services to outline the responsibilities between the parties, for the control of rabies in Washoe County. Councilmember Jardon seconded the motion which was approved four in favor and none against.**

- 
14. Acknowledge receipt of the Health District Fund Financial Review for March Fiscal Year 2015 and 2016 Budget Update. Provide possible direction to staff regarding FY16 Budget.  
Staff Representative: Anna Heenan

Ms. Heenan reviewed the highlights of the report.

**Councilmember Jardon moved to acknowledge receipt of the report. Chair Jung seconded the motion which was approved four in favor and none against.**

- 
15. Presentation, Discussion and Possible Acceptance of the April 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District  
Staff Representative: Kevin Dick

Mr. Dick introduced the report and supporting information. He noted two deadlines had occurred at the Legislative session since the last Board meeting. April 10 was the last day for bills to come out of committee and April 21 was the last day for bills to pass out of the House. Exempted bills are not subject to the deadlines.

[Councilmember Jardon left the meeting at 3:07 p.m.]

Mr. Dick noted two exempted bills that affected the Air Quality program and the smog check program were AB146 and AB326. Significant changes to AB146 included exempting all vehicles manufactured prior to 1996 from smog check requirements. That would translate to approximately 54,000 of the most polluting vehicles on the road that would not be required to obtain smog checks. Modeling suggested the potential of a greater than five percent increase in the ozone level. The county is currently very close to being non-attainment and the Environmental Protection Agency will be announcing stricter standards this year. Non-attainment has tremendous impact on economic development and at-risk citizens. Mr. Dick explained the District was opposed and was working with Clark County and several business associations in Washoe County who were also opposed.

Mr. Dick explained AB326 was an attempt to rectify a problem created by Classic Vehicle plates. Drivers of older cars obtain the plates so that they can avoid smog checks. The bill initially enforced odometer checks to be sure the vehicles with the Classic Vehicle plates are not driven more than 5,000 miles annually and that the owners have alternate transportation. Amendments changed this bill so that it simply provides a blanket exemption to vehicles manufactured prior to 1996. Additionally, AB326 rolls back the depreciation schedule, which will cost the state \$62 million. Mr. Dick noted the bills had not yet passed through the Assembly.

[Councilmember Jardon returned to the meeting at 3:10 p.m.]

Dr. Hess requested clarification the District's position on AB326 had changed from support to oppose and Mr. Dick confirmed that was correct.

**Vice Chair Ratti moved to accept the April 2015 Nevada legislative session report. Councilmember Jardon seconded the motion, which was approved four in favor and none against.**

Mr. Dick suggested the District's positions when testifying may be strengthened if the Board made a specific motion in opposition to both AB146 and AB326.

**Dr. Hess moved to oppose both AB146 and AB326.**

DDA Admirand indicated the item was not styled for the action. Mr. Dick noted the language was crafted specifically from the BCC language wherein they make motions on specific bills. Councilmember Jardon stated Reno did the same at City Council meetings.

Chair Jung suggested the language be reviewed for the next meeting. DDA Admirand opined it was acceptable for the Board to direct staff to oppose.

**Dr. Hess stated he so modified his motion. Councilmember Jardon seconded the motion.**

Vice Chair Ratti clarified the Board was directing staff to indicate that the Health District opposed the bills. She noted that during Legislative issues there was no action, as the Legislature actually takes the action. Chair Jung suggested DDA Admirand confer with DDA Paul Liparelli regarding the item language, as he approves BCC agendas.

Chair Jung stated the motion on the table was for the Board to direct staff to speak on the Board's behalf that the District and its overseers are opposed to the two bills.

**The motion passed four in favor and none against.**

---

\*16. Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director  
Program Update, Divisional Update, Program Reports

Ms. Albee reported that Accela had acknowledged that the Health District was the only agency to date that has been able to compile all documents necessary for analysis and configuration.

Dr. Hess requested information regarding different Asbestos regulations. Chair Jung indicated that request would be more appropriate under Item 17.

B. Community and Clinical Health Services, Steve Kutz, Director

Program Report – National STD Awareness Month, Divisional Update, Program Reports

Mr. Kutz presented a commercial from an anti-smoking campaign, and noted that during National STD Awareness Month in February, the Sexual Health program had provided an update on the significant STD increase in the county and that staff had increased the number of patients seen.

Mr. Kutz introduced Jennifer Howell, who presented an update on outreach activities in the STD/HIV/Sexual Health program. She shared a story of successful community collaboration.

Dr. Hess asked if the increase was in the total number of cases or the rate per 100,000. Mr. Kutz stated it was number of cases, although the current report discusses rates per 100,000. Mr. Kutz also noted two cases of congenital syphilis.

- C. Environmental Health Services, Bob Sack, Director  
EHS Division Update, Program Updates - Food, IBD, Land Development, Safe Drinking Water, UST/LUST, Vector-Borne Disease, Waste Management, EHS Inspections / Permits / Plan Review

Mr. Sack stated he had nothing to add but was available to answer questions.

- D. Epidemiology and Public Health Preparedness, Dr. Randall Todd, Director  
Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Ms. Conti, representing EPHP for Dr. Todd, stated he sent his regrets for not being able to attend and that she was available for questions.

- E. Office of the District Health Officer, Kevin Dick, District Health Officer  
District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Program Cost Analysis, Other Events & Activities and Health District Media Contacts

Mr. Dick stated Sara Dinga was progressing forward with the Community Health Improvement Plan (CHIP) and it was hoped to be completed by the end of the calendar year. They were compiling a Steering Committee to provide feedback and recommendations for the priorities and approach for the plan. Members thus far included representatives from Washoe County government, Cities of Reno and Sparks, the school district, Renown, the Regional Transportation Commission, Truckee Meadows Tomorrow, Community Health Alliance, Nevada Business Group on Health, a local church and the University of Nevada Reno Community Health Sciences Department.

Mr. Dick noted a previous staff report had spelled out three phases for the program cost analysis. Additional programs would be added to the first phase as some staff members work in multiple programs within their division, and it makes the most sense to conduct the analysis of those programs concurrently.

---

\*17. Board Comment

Limited to announcements or issues for future agendas.

Dr. Hess reiterated his request for clarification of different types of Asbestos enforcement.

Vice Chair Ratti requested and received clarification from DDA Admirand that the correct procedure for that request would have been to pull the item from the Consent agenda for discussion.

Chair Jung stated she would like to know how many times, and for how long, ambulances are out of service in the area. She clarified she would like more extensive information than just a report that an ambulance was at a hospital bringing or taking a patient. She wanted to understand how a call could go out and no ambulances were available for service.

Chair Jung requested a flowchart of dispatch of 911 calls.

Chair Jung stated she had heard of a problem with South Washoe Valley Public Safety Answering Points (911 system) in that the calls are sent to Carson City, which delays services. She asked for a test to confirm and asked for staff assistance in tracking down the problem.

---

18. Emergency Items

None.

---

\*19. Public Comment

Any person is invited to speak on any item on or off the agenda during this period. Action may not be taken on any matter raised during this public comment period until the matter is specifically listed on an agenda as an action item. Limited to three (3) minutes per person.

As there was no one wishing to speak, **Chair Jung closed the public comment period.**

---

20. Adjournment

**At 3:21 p.m., Councilmember Jardon moved to adjourn. Chair Jung seconded the motion which was approved four in favor and none against.**

---

Respectfully submitted,



---

Kevin Dick, District Health Officer  
Secretary to the District Board of Health



---

Dawn Spinola, Administrative Secretary  
Recording Secretary

Approved by Board in session on \_\_\_\_\_, 2015.

**STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**DATE:** May 4, 2015

**TO:** District Board of Health

**FROM:** Charlene Albee, Director, Air Quality Management Division  
(775) 784-7211, calbee@washoecounty.us

**SUBJECT:** **Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Grand Sierra Resort and Casino, Case No. 1173, Unappealed Citation No. 5442 with a \$2,000 negotiated fine**

---

**SUMMARY**

Air Quality Management Division Staff recommends Citation No. 5442 be upheld and a fine of **\$2,000** be levied against Grand Sierra Resort and Casino for operating a Fulton Boiler located beneath the new Lex Nightclub without an Authority to Construct/Permit to Operate. Failure to obtain an Authority to Construct/Permit to Operate constitutes a **major violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 (Source Permitting and Operation). This is a negotiated settlement.

**District Health Goal supported by this item:** Achieve targeted improvements in health outcomes and health equity.

**BACKGROUND**

On April 2, 2015, during an annual air quality evaluation of the fuel burning equipment and internal combustion units at the Grand Sierra Resort and Casino, Air Quality Specialist Joshua Restori identified an unpermitted Fulton Boiler (M/N VMP 60 @ 2.392 mmBTU/hr) located beneath the new Lex Nightclub. The boiler installation occurred less than a year ago and an Authority to Construct/Operate application was not submitted to the Washoe County Air Quality Management (AQMD) to modify the fuel burning Permit to Operate F00616A prior to the installation. Specialist Restori immediately contacted Mr. Mike Gilbert, Director of Property Operations and Mr. Tony Cruz, Central Plant Manager to explain the requirement for an Authority to Construct prior to the installation of any new equipment on the site. Specialist Restori also explained he would be issuing Notice of Violation No. 5442 to the Grand Sierra Resort and Casino for violating the Washoe County District Board of Health Regulations Governing Air Quality Management, specifically Section 030.000 for operating without a Permit to Operate. Mr. Gilbert acknowledged the Notice of Violation and was directed to submit an Authority to Construct/Operate application to the AQMD no later than April 9, 2015.

On April 20, 2015, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Restori and Mr. Gilbert and Mr. Cruz. Specialist Cerfoglio explained to Mr. Gilbert and Mr. Cruz the responsibility of the Grand Sierra Resort and Casino to obtain an Authority to Construct/Permit to Operate any new equipment at the facility. Mr. Gilbert and Mr. Cruz both stated they now understood their responsibility to obtain a proper permit to operate any new equipment at the facility. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5442 be upheld with a fine of \$2,000.00. Mr. Gilbert and Mr. Cruz both agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

### **FISCAL IMPACT**

There are no fiscal impacts resulting from the Board upholding the issuance of the Notice of Violation Citation and associated fine. All fine money collected is forwarded to the Washoe County School District to be used for environmentally focused projects for the benefit of the students.

### **RECOMMENDATION**

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5442 issued to Grand Sierra Resort and Casino with a \$2,000.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5442.
2. The Board may determine to uphold Citation No. 5442 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow representatives of the Grand Sierra Resort and Casino to be properly noticed.

### **POSSIBLE MOTION**

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

“Move to approve the Consent Agenda as presented.”





WASHOE COUNTY HEALTH DISTRICT  
 AIR QUALITY MANAGEMENT DIVISION  
 1001 EAST NINTH ST. • SUITE B171 • RENO NV 89512  
 (775) 784-7200



**NOTICE OF VIOLATION**

NOV 5442

DATE ISSUED: 4/2/15

ISSUED TO: Grand Sierra Resort & Casino PHONE #: 775.789.2000

MAILING ADDRESS: 2500 East Second Street CITY/ST: Reno, NV ZIP: 89595

NAME/OPERATOR: Mike Gilbert PHONE #: 775.789.2171

PERMIT NO. F006169 COMPLAINT NO. CMP15-0055

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 4/2/15 (DATE) AT 11:30 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |  |
|--|--|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input checked="" type="checkbox"/> MAJOR VIOLATION OF SECTION:            |
| <input type="checkbox"/> 040.030 DUST CONTROL        | <input checked="" type="checkbox"/> 030.000 OPERATING W/O PERMIT           |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE       | <input checked="" type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING       | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP                           |
| <input type="checkbox"/> OTHER _____                 | <input type="checkbox"/> OTHER _____                                       |

VIOLATION DESCRIPTION: Installation of 2.070 mm BTU/hr Fulton Boiler (M/N JMP60) prior to submitting an Authority to Construct Application.

LOCATION OF VIOLATION: Lex Nightclub

POINT OF OBSERVATION: Basement of Lex Nightclub

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

Emissions Observed: None  
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

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

Signature \_\_\_\_\_

**CITATION:** You are hereby notified that effective on 4/2/15 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 5 hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: [Signature] Date: 4/2/15

Issued by: Joshua E. Restori Title: AQST

PETITION FOR APPEAL FORM PROVIDED

**WASHOE COUNTY  
HEALTH DISTRICT**

ENHANCING QUALITY OF LIFE

**MEMORANDUM OF UNDERSTANDING**

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

Date: April 20, 2015

Company Name: Grand Sierra Resort + Casino

Address: 2500 East Second Street

Notice of Violation # 5442 Case # 1173

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.000 Installing a boiler and operating the boiler without a proper permit.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 2,000<sup>00</sup>. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on May 28, 2015

The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.

[Signature]

Signature of Company Representative

Mitchell Freeman

Print Name

Supervisor

Title

[Signature]  
Witness

[Signature]

Signature of District Representative

DENNIS A. CERFOGLIO

Print Name

Sr. Air Quality Spec.

Title

[Signature]  
Witness



**Washoe County Air Quality Management  
Permitting & Enforcement Branch  
Recommended Fine Calculation Worksheet**

Company Name Grand Sierra Resort and Casino  
 Contact Name Mike Gilbert

Case 1173 NOV 5442 Complaint CMP15-0055

Violation of Section 030.000 Operating without a permit

I. **Base Penalty as specified in the Penalty Table** = \$ 2000

II. **Severity of Violation**

A. **Public Health Impact**

1. **Degree of Violation**

(The degree of which the person/company has deviated from the regulatory requirements)

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1

Comment: Operating a piece of equipment over 2.0 mmBTU/hr without a permit

2. **Toxicity of Release**

Criteria Pollutant – 1x  
 Hazardous Air Pollutant – 2x Adjustment Factor 1

Comment: \_\_\_\_\_

3. **Environmental/Public Health Risk (Proximity to sensitive environment or group)**

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1

Comment: \_\_\_\_\_

Total Adjustment Factors (1 x 2 x 3) = 1

B. **Adjusted Base Penalty**

Base Penalty \$ 2000 x Adjustment Factor 1 = \$ 2000

C. **Multiple Days or Units in Violation**

Adjusted Penalty \$ 2000 x Number of Days or Units 1 = \$ 2000

Comment: \_\_\_\_\_

D. **Economic Benefit**

Avoided Costs \$ 80 + Delayed Costs \$ 0 = \$ 80

Comment: Failure to submit an Authority to Construct Application for the new boiler

**Penalty Subtotal**

Adjusted Base Penalty \$ 2000 + Economic Benefit \$ 80 = \$ 2080



**Washoe County Air Quality Management  
Permitting & Enforcement Branch  
Recommended Fine Calculation Worksheet**

**III. Penalty Adjustment Consideration**

<b>A. Degree of Cooperation</b> (0 – 25%)	-	<u>0%</u>
<b>B. Mitigating Factors</b> (0 – 25%)	-	<u>0%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
<b>Comment</b> <u>Negotiated Settlement</u>		
<b>C. Compliance History</b>		
No Previous Violations (0 – 10%)	-	<u>5%</u>
<b>Comment</b> _____		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
<b>Comment:</b> _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
<b>Comment:</b> _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
<b>Comment:</b> _____		
<b>Total Penalty Adjustment Factors</b> – sum of A, B, & C		<u>-5%</u>

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:								
\$ <u>2080</u>	x	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>-5%</u></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 65%; text-align: right;"><u>-104</u></td> </tr> <tr> <td style="text-align: center;">Total Adjustment Factors (From Section III)</td> <td></td> <td style="text-align: right;">Total Adjustment Value</td> </tr> </table>	<u>-5%</u>	=	<u>-104</u>	Total Adjustment Factors (From Section III)		Total Adjustment Value
<u>-5%</u>	=	<u>-104</u>						
Total Adjustment Factors (From Section III)		Total Adjustment Value						
Penalty Subtotal (From Section II)								
Additional Credit for Environmental Investment/Training - \$ _____								
<b>Comment:</b> <u>citation for section 030.107 (a) fine assessed</u>								
Adjusted Penalty:								
\$ <u>2080</u>	+/-	\$ <u>-104</u> = \$ <u>2000</u>						
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)      Recommended/Negotiated Fine						

J.C. [Signature]  
Air Quality Specialist

Dennis A. [Signature]  
Senior AQ Specialist/Supervisor

4/20/15  
Date

4-20-2015  
Date

**STAFF REPORT**  
**BOARD MEETING DATE: May 21, 2015**

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** **Approval of Grant Agreement #A-00905415-0 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/14 through 9/30/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.**

---

**SUMMARY**

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

The Air Quality Management Division has a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, IO 10019. A copy of the Grant Assistance Amendment is attached.

**District Board of Health strategic priority:** Promote financial accountability and stability

Approval of this Grant Amendment supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**PREVIOUS ACTION**

The Washoe County District Board of Health retroactively approved the District Health Officer's acceptance of the Grant Agreement for the period 10/1/13 through 9/30/14 on June 26, 2014.

**BACKGROUND**

The Grant Agreement was received on May 5, 2015. The Grant Agreement is being presented for District Board of Health approval per the EPA procedure that does not require signature.

The base grant award provides funding for a portion of Air Quality Management project expenses. Additional funding comes from grants, fees, state dedicated funds, and general fund transfer.

Subject:  
Date:  
Page 2 of 2

**FISCAL IMPACT**

Should the Board approve the Grant Agreement #A-00905415-0, no FY15 or FY16 budget amendments are necessary.

**RECOMMENDATION**

Staff recommends that the District Board of Health approve Grant Agreement #A-00905415-0 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/14 through 9/30/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

**POSSIBLE MOTION**

Move to approve Grant Agreement #A-00905415-0 from the U.S. Environmental Protection Agency (EPA) for total funding in the amount of \$686,693 for the period 10/1/14 through 9/30/15 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Grant Agreement</b>	<b>GRANT NUMBER (FAIN): 00905415</b> <b>MODIFICATION NUMBER: 0</b> <b>PROGRAM CODE: A</b>	<b>DATE OF AWARD</b> 04/28/2015
		<b>TYPE OF ACTION</b> New	<b>MAILING DATE</b> 05/05/2015
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
<b>RECIPIENT TYPE:</b> County		<b>Send Payment Request to:</b> Las Vegas Finance Center email: lvfc-grants@epa.gov or Fax (702) 798-2423	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 <b>EIN: 88-6000138</b>		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Erin Dixon P.O. Box 11130 Reno, NV 89520 <b>E-Mail:</b> EDixon@washoecounty.us <b>Phone:</b> 775-328-2419		<b>EPA PROJECT OFFICER</b> Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 <b>E-Mail:</b> ford.roy@epa.gov <b>Phone:</b> 415-972-3997	<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Office, MTS-7 <b>E-Mail:</b> Chan.Renee@epa.gov <b>Phone:</b> 415-972-3675
<b>PROJECT TITLE AND DESCRIPTION</b> FY-2015 Air Pollution Control Program  This assistance agreement provides full federal funding in the amount of \$686,693. The purpose of this program is to provide continuing support for activities which include strategic planning and evaluation, compliance assistance, developing state implementation plans, monitoring air and emissions, rulemaking, operating permits and all other program related activities. This program will protect and improve the air quality in the Washoe County and reduce the risks to human health and the environment.			
<b>BUDGET PERIOD</b> 10/01/2014 - 09/30/2015	<b>PROJECT PERIOD</b> 10/01/2014 - 09/30/2015	<b>TOTAL BUDGET PERIOD COST</b> \$2,210,418.00	<b>TOTAL PROJECT PERIOD COST</b> \$2,210,418.00
<b>NOTICE OF AWARD</b>  Based on your Application dated 07/29/2014 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$686,693. EPA agrees to cost-share 32.00% of all approved budget period costs incurred, up to and not exceeding total federal funding of \$686,693. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
<b>Digital signature applied by EPA Award Official</b> Sara L. Russell - Grants Management Officer			<b>DATE</b> 04/28/2015



## EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 686,693	\$ 686,693
EPA In-Kind Amount	\$	\$	\$ 0
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$ 1,523,725	\$ 1,523,725
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 2,210,418	\$ 2,210,418

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.001 - Air Pollution Control Program Support	Clean Air Act: Sec. 105	2 CFR 200 2 CFR 1500 40 CFR 33 and 40 CFR 35 Subpart A

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1509M5S020	15	E1	09M4	102A04	4112			686,693
									686,693

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$1,238,148
2. Fringe Benefits	\$580,263
3. Travel	\$39,951
4. Equipment	\$0
5. Supplies	\$1,750
6. Contractual	\$1,288
7. Construction	\$0
8. Other	\$45,188
9. Total Direct Charges	\$1,906,588
10. Indirect Costs: % Base Indirect Cost Rate Proposal	\$303,830
11. Total (Share: Recipient <u>68.00</u> % Federal <u>32.00</u> %.)	\$2,210,418
12. Total Approved Assistance Amount	\$686,693
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$686,693
15. Total EPA Amount Awarded To Date	\$686,693

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Total approved budget includes \$271,850 in	\$
2. estimated non-federal non-recurrent costs.	\$
3.	\$
4.	\$
5.	\$
6. Cost-share requirement: 40% and MOE	\$
7.	\$
8.	\$
9.	\$
10.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

## **Administrative Conditions**

The recipient agrees to comply with the current EPA general terms and conditions available at: [http://www.epa.gov/ogd/tc/general\\_tc\\_applicable\\_aa\\_recipients\\_dec\\_26\\_2014.pdf](http://www.epa.gov/ogd/tc/general_tc_applicable_aa_recipients_dec_26_2014.pdf). These terms and conditions are in addition to the assurances and certifications made as part of the award and the terms, conditions or restrictions cited below. The EPA repository for the general terms and conditions by year can be found at: <http://www.epa.gov/ogd/tc.htm>.

### **A. Annual Federal Financial Report (FFR) - SF 425**

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the U.S. EPA Las Vegas Finance Center (LVFC). The FFR will be submitted electronically to [lvfc-grants@epa.gov](mailto:lvfc-grants@epa.gov) no later than December 31 of the same calendar year. The form with instructions can be found on LVFC's website at <http://www2.epa.gov/financial/forms>.

The recipient shall identify non-federal, non-recurrent expenditures in Block 12 (Remarks) of the FFR or include the information as an attachment to the FFR on a separate page. The recipient also agrees to include a statement certifying that supplanting did not occur.

### **B. Procurement**

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.323 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

### **C. Six Good Faith Efforts 40 CFR Part 33, Subpart C**

Pursuant to 40 CFR Section 33.301, the recipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-recipients, loan recipients, and prime contractors also comply.

Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

### **D. Utilization of Disadvantaged Business Enterprises**

#### **General Compliance, 40 CFR Part 33**

The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR Part 33.

#### **Fair Share Objectives, 40 CFR Part 33, Subpart D**

A recipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR Section 33.411 some recipients may be exempt from the fair share objective requirements as described in 40 CFR Part 33, Subpart D. Recipients should work with their DBE coordinator if they think their organization may qualify for an exemption.

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000 or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (NV DCNR), as follows:

	MBE	WBE
Construction	03%	01%
Equipment	02%	01%
Services	01%	01%
Supplies	01%	01%

The recipient accepts the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as NV DCNR.

#### **Negotiating Fair Share Objectives/Goals, Section 33.404**

The recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator, Joe Ochab at [Ochab.Joe@epa.gov](mailto:Ochab.Joe@epa.gov), within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

#### **Contract Administration Provisions, 40 CFR Section 33.302**

The recipient agrees to comply with the contract administration provisions of 40 CFR Section 33.302.

#### **Bidders List, 40 CFR Section 33.501(b) and (c)**

Recipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Recipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

#### **E. MBE/WBE Reporting**

##### **General Compliance, 40 CFR, Part 33, Subpart E – Non-Reporting Condition**

MBE/WBE reports are required annually. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the "Other" category, that exceed the threshold amount of \$150,000, including amendments and/or modifications.

Based on EPA's review of the planned budget, this award does not meet the conditions above and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the "Other" category exceeds \$150,000, annual reports will be required and you are required to notify your EPA grant specialist for additional instructions.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33, Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33, Subpart D.

**F. Indirect Costs**

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

The recipient agrees to comply with the audit requirements prescribed in 2 CFR Part 200, Subpart F, Audits of States, Local Governments, and Non-Profit Organizations.

**G. Cost-Share Requirement and Maintenance of Effort**

The required minimum recipient cost share for this assistance agreement is 40% of total project costs, or Maintenance of Effort (MOE) level of \$1,523,065 (final MOE for FY-2014), whichever is greater. EPA agrees to pay up to 60% of total eligible project costs, not to exceed the Total Approved Assistance Amount, provided that the recipient's MOE level is maintained. The assistance agreement may reflect a percentage shown under the "Notice of Award" section which is based on estimated costs requested in the recipient's application.

**Programmatic Conditions**

- a). This grant includes environmental monitoring, therefore QA documentation is required. The Washoe County Health District Departments Air Program Quality Management Plan (QMP) was approved on October 2, 2014. Washoe County's Quality Assurance Project Plan for ambient air and PM2.5 monitoring was approved on February 12, 2013. These plans should cover all monitoring activities during the grant period.
- b). The recipient shall submit mid-year and end-of-year progress reports to the EPA Project Officer. The mid-year report is due no later than 30 calendar days after the end of the 2nd Federal fiscal quarter (April 30) and the 4th Federal fiscal quarter (October 31). These reports should include brief information on each of the following areas: 1) a comparison of actual accomplishments to the outputs/outcomes established in the assistance agreement workplan for the period; 2) the reasons for slippage if established outputs/outcomes were not met; and 3) additional pertinent information, including, when appropriate, analysis and formation of cost overruns or high unit costs.
- c). Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

**STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**TO:** District Board of Health

**FROM:** Erin Dixon, Fiscal Compliance Officer, Washoe County Health District  
775-328-2419, [edixon@washoecounty.us](mailto:edixon@washoecounty.us)

**SUBJECT:** **Approval of Grant Agreement PM-00T56401-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$111,884 (\$59,050 available for drawdown) for the period 4/1/15 through 3/31/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.**

---

**SUMMARY**

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

The Air Quality Management Division receives a Grant Agreement from the EPA, which provides for grant funding for the on-going Air Pollution Control Program, PM 2.5 Program, IO 10021. A copy of Grant Number PM-00T56401-0 is attached.

**District Board of Health strategic priority:** Promote financial accountability and stability

BCC Strategic Objective supported by this item: Sustainability, including financial sustainability, sustaining our services and infrastructure, and sustainability of our natural resources.

Approval of this Grant Agreement also supports the Health District Air Quality Program Mission to implement clean air solutions that protect the quality of life for the citizens of Reno, Sparks and Washoe County.

**PREVIOUS ACTION**

The previous EPA PM 2.5 grant award that ended March 31, 2015 was approved by the DBOH on May 22, 2014.

**BACKGROUND**

The Grant Agreement was received on May 15, 2015. The Grant Agreement is being presented for District Board of Health approval per the EPA procedure that does not require signature.

The PM 2.5 award provides funding for salaries and benefits, operating supplies, and a mandatory contractual. EPA provides full federal funding in the amount of \$111,884, which includes \$52,834 of EPA in-kind support. Washoe County Health District is authorized to expend the remaining \$59,050.

Subject:  
Date:  
Page 2 of 2

### **FISCAL IMPACT**

Should the Board approve the Grant Agreement; FY15 and FY16 budget amendments will be required. It was anticipated that this award would be level with previous available drawdown at \$38,200. Adjustments for the additional \$20,850 will need to be completed.


### **RECOMMENDATION**

Staff recommends that the District Board of Health approve Grant Agreement PM-00T56401-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$111,884 (\$59,050 available for drawdown) for the period 4/1/15 through 3/31/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

### **POSSIBLE MOTION**

Move to approve Grant Agreement PM-00T56401-0 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$111,884 (\$59,050 available for drawdown) for the period 4/1/15 through 3/31/16 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.



	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b>  <b>Grant Agreement</b>	<b>GRANT NUMBER (FAIN):</b> 00T56401 <b>MODIFICATION NUMBER:</b> 0 <b>PROGRAM CODE:</b> PM	<b>DATE OF AWARD</b> 04/30/2015
		<b>TYPE OF ACTION</b> New	<b>MAILING DATE</b> 05/07/2015
		<b>PAYMENT METHOD:</b> Advance	<b>ACH#</b> 90104
<b>RECIPIENT TYPE:</b> County		<b>Send Payment Request to:</b> Las Vegas Finance Center email: <a href="mailto:lvfc-grants@epa.gov">lvfc-grants@epa.gov</a> or Fax (702) 798-2423	
<b>RECIPIENT:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520 <b>EIN:</b> 88-6000138		<b>PAYEE:</b> Washoe Cnty Dist Hlth Dept P.O. Box 11130 Reno, NV 89520	
<b>PROJECT MANAGER</b> Charlene Albee P.O. Box 11130 Reno, NV 89520 <b>E-Mail:</b> calbee@washoecounty.us <b>Phone:</b> 775-784-7211		<b>EPA PROJECT OFFICER</b> Roy Ford 75 Hawthorne Street, AIR-8 San Francisco, CA 94105 <b>E-Mail:</b> <a href="mailto:ford.roy@epa.gov">ford.roy@epa.gov</a> <b>Phone:</b> 415-972-3997	<b>EPA GRANT SPECIALIST</b> Renee Chan Grants Management Office, MTS-7 <b>E-Mail:</b> <a href="mailto:Chan.Renee@epa.gov">Chan.Renee@epa.gov</a> <b>Phone:</b> 415-972-3675
<b>PROJECT TITLE AND DESCRIPTION</b> PM 2.5 Monitoring Network  This assistance agreement provides full federal funding in the amount of \$111,884 (which includes \$52,834 for in-kind costs for PM2.5 EPA contractual support). The purpose of this grant is to provide current year funding to the Washoe County Department of Health (WCDHD) to monitor fine particulate matter with the diameter equal to or smaller than 2.5 micrometers (PM 2.5) in order to determine compliance with the PM 2.5 National Ambient Air Quality Standards and determine deductions in air emissions.  Pre-Award costs are approved back to 04/01/2015.			
<b>BUDGET PERIOD</b> 04/01/2015 - 03/31/2016	<b>PROJECT PERIOD</b> 04/01/2015 - 03/31/2016	<b>TOTAL BUDGET PERIOD COST</b> \$111,884.00	<b>TOTAL PROJECT PERIOD COST</b> \$111,884.00
<b>NOTICE OF AWARD</b>  Based on your Application dated 03/11/2015 including all modifications and amendments, the United States acting by and through the US Environmental Protection Agency (EPA) hereby awards \$59,050. EPA agrees to cost-share <u>100.00%</u> of all approved budget period costs incurred, up to and not exceeding total federal funding of \$111,884. Recipient's signature is not required on this agreement. The recipient demonstrates its commitment to carry out this award by either: 1) drawing down funds within 21 days after the EPA award or amendment mailing date; or 2) not filing a notice of disagreement with the award terms and conditions within 21 days after the EPA award or amendment mailing date. If the recipient disagrees with the terms and conditions specified in this award, the authorized representative of the recipient must furnish a notice of disagreement to the EPA Award Official within 21 days after the EPA award or amendment mailing date. In case of disagreement, and until the disagreement is resolved, the recipient should not draw down on the funds provided by this award/amendment, and any costs incurred by the recipient are at its own risk. This agreement is subject to applicable EPA regulatory and statutory provisions, all terms and conditions of this agreement and any attachments.			
<b>ISSUING OFFICE (GRANTS MANAGEMENT OFFICE)</b>		<b>AWARD APPROVAL OFFICE</b>	
<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Grants Management Office, MTS-7 75 Hawthorne Street San Francisco, CA 94105		<b>ORGANIZATION / ADDRESS</b> U.S. EPA, Region 9 Air Division, AIR-1 75 Hawthorne Street San Francisco, CA 94105	
<b>THE UNITED STATES OF AMERICA BY THE U.S. ENVIRONMENTAL PROTECTION AGENCY</b>			
Digital signature applied by EPA Award Official for Sara L. Russell - Grants Management Officer  Cheryl Filart - Award Official delegate			<b>DATE</b> 04/30/2015

## EPA Funding Information

FUNDS	FORMER AWARD	THIS ACTION	AMENDED TOTAL
EPA Amount This Action	\$	\$ 59,050	\$ 59,050
EPA In-Kind Amount	\$	\$ 52,834	\$ 52,834
Unexpended Prior Year Balance	\$	\$	\$ 0
Other Federal Funds	\$	\$	\$ 0
Recipient Contribution	\$	\$	\$ 0
State Contribution	\$	\$	\$ 0
Local Contribution	\$	\$	\$ 0
Other Contribution	\$	\$	\$ 0
Allowable Project Cost	\$ 0	\$ 111,884	\$ 111,884

Assistance Program (CFDA)	Statutory Authority	Regulatory Authority
66.034	Clean Air Act: Sec. 103	2 CFR 200 2 CFR 1500 and 40 CFR 33

Fiscal									
Site Name	Req No	FY	Approp. Code	Budget Organization	PRC	Object Class	Site/Project	Cost Organization	Obligation / Deobligation
-	1509M5S011	15	E1	09M4	102A04XPM	4112			59,050
									59,050

Budget Summary Page

Table A - Object Class Category (Non-construction)	Total Approved Allowable Budget Period Cost
1. Personnel	\$31,836
2. Fringe Benefits	\$14,573
3. Travel	\$0
4. Equipment	\$0
5. Supplies	\$1,100
6. Contractual	\$61,334
7. Construction	\$0
8. Other	\$0
9. Total Direct Charges	\$108,843
10. Indirect Costs: % Base Indirect Cost Rate Proposal	\$3,041
11. Total (Share: Recipient 0.00 % Federal 100.00 %.)	\$111,884
12. Total Approved Assistance Amount	\$59,050
13. Program Income	\$0
14. Total EPA Amount Awarded This Action	\$111,884
15. Total EPA Amount Awarded To Date	\$111,884

Table B - Program Element Classification (Non-construction)	Total Approved Allowable Budget Period Cost
1. Table A, Line 6 Contractual includes	\$
2. in-kind contractor support through	\$
3. an EPA-HQ national contract.	\$
4.	\$
5. Table A, Line 10 Indirect is based on an	\$
6. Indirect Cost Rate Proposal	\$
7. (lower ICR rate used than negotiated).	\$
8.	\$
9. Table A, Line 12, reflects total available	\$
10. drawdown amount.	\$
11. Total (Share: Recip % Fed %)	\$
12. Total Approved Assistance Amount	\$

## **Administrative Conditions**

The recipient agrees to comply with the current EPA general terms and conditions available at: [http://www.epa.gov/ogd/tc/general\\_tc\\_applicable\\_aa\\_recipients\\_dec\\_26\\_2014.pdf](http://www.epa.gov/ogd/tc/general_tc_applicable_aa_recipients_dec_26_2014.pdf). These terms and conditions are in addition to the assurances and certifications made as part of the award and the terms, conditions or restrictions cited below. The EPA repository for the general terms and conditions by year can be found at: <http://www.epa.gov/ogd/tc.htm>.

### **A. Annual Federal Financial Report (FFR) - SF 425**

For awards with cumulative project and budget periods greater than 12 months, the recipient will submit an annual FFR (SF 425) covering the period from "project/budget period start date" to September 30 of each calendar year to the U.S. EPA Las Vegas Finance Center (LVFC). The FFR will be submitted electronically to [lvfc-grants@epa.gov](mailto:lvfc-grants@epa.gov) no later than December 31 of the same calendar year. The form with instructions can be found on LVFC's website at <http://www2.epa.gov/financial/forms>.

### **B. Procurement**

The recipient will ensure all procurement transactions will be conducted in a manner providing full and open competition consistent with 2 CFR Part 200.319. In accordance 2 CFR Part 200.323 the grantee and subgrantee(s) must perform a cost or price analysis in connection with applicable procurement actions, including contract modifications.

### **C. Six Good Faith Efforts 40 CFR Part 33, Subpart C**

Pursuant to 40 CFR Section 33.301, the recipient agrees to make the following good faith efforts whenever procuring construction, equipment, services and supplies under an EPA financial assistance agreement, and to require that sub-recipients, loan recipients, and prime contractors also comply. Records documenting compliance with the six good faith efforts shall be retained:

- (a) Ensure DBEs are made aware of contracting opportunities to the fullest extent practicable through outreach and recruitment activities. For Indian Tribal, State and Local and Government recipients, this will include placing DBEs on solicitation lists and soliciting them whenever they are potential sources.
- (b) Make information on forthcoming opportunities available to DBEs and arrange time frames for contracts and establish delivery schedules, where the requirements permit, in a way that encourages and facilitates participation by DBEs in the competitive process. This includes, whenever possible, posting solicitations for bids or proposals for a minimum of 30 calendar days before the bid or proposal closing date.
- (c) Consider in the contracting process whether firms competing for large contracts could subcontract with DBEs. For Indian Tribal, State and local Government recipients, this will include dividing total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by DBEs in the competitive process.
- (d) Encourage contracting with a consortium of DBEs when a contract is too large for one of these firms to handle individually.
- (e) Use the services and assistance of the SBA and the Minority Business Development Agency of the Department of Commerce.
- (f) If the prime contractor awards subcontracts, require the prime contractor to take the steps in paragraphs (a) through (e) of this section.

### **D. Utilization of Disadvantaged Business Enterprises**

#### **General Compliance, 40 CFR Part 33**

The recipient agrees to comply with the requirements of EPA's Disadvantaged Business Enterprise (DBE) Program for procurement activities under assistance agreements, contained in 40 CFR Part 33.

#### **Fair Share Objectives, 40 CFR Part 33, Subpart D**

A recipient must negotiate with the appropriate EPA award official, or his/her designee, fair share objectives for MBE and WBE participation in procurement under the financial assistance agreements.

In accordance with 40 CFR Section 33.411 some recipients may be exempt from the fair share objective

requirements as described in 40 CFR Part 33, Subpart D. Recipients should work with their DBE coordinator if they think their organization may qualify for an exemption.

The dollar amount of this assistance agreement, or the total dollar amount of all of the recipient's financial assistance agreements in the current federal fiscal year from EPA is \$250,000 or more. The recipient accepts the applicable MBE/WBE fair share objectives/goals negotiated with EPA by the Nevada Department of Conservation and Natural Resources (NV DCNR), as follows:

	MBE	WBE
Construction	03%	01%
Equipment	02%	01%
Services	01%	01%
Supplies	01%	01%

The recipient accepts the fair share objectives/goals stated above and attests to the fact that it is purchasing the same or similar construction, supplies, services and equipment, in the same or similar relevant geographic buying market as NV DCNR.

#### **Negotiating Fair Share Objectives/Goals, Section 33.404**

The recipient has the option to negotiate its own MBE/WBE fair share objectives/goals. If the recipient wishes to negotiate its own MBE/WBE fair share objectives/goals, the recipient agrees to submit proposed MBE/WBE objectives/goals based on an availability analysis, or disparity study, of qualified MBEs and WBEs in their relevant geographic buying market for construction, services, supplies and equipment.

The submission of proposed fair share goals with the supporting analysis or disparity study means that the recipient is **not** accepting the fair share objectives/goals of another recipient. The recipient agrees to submit proposed fair share objectives/goals, together with the supporting availability analysis or disparity study, to the Regional MBE/WBE Coordinator, Joe Ochab at [Ochab.Joe@epa.gov](mailto:Ochab.Joe@epa.gov), within 120 days of its acceptance of the financial assistance award. EPA will respond to the proposed fair share objective/goals within 30 days of receiving the submission. If proposed fair share objective/goals are not received within the 120 day time frame, the recipient may not expend its EPA funds for procurements until the proposed fair share objective/goals are submitted.

#### **Contract Administration Provisions, 40 CFR Section 33.302**

The recipient agrees to comply with the contract administration provisions of 40 CFR Section 33.302.

#### **Bidders List, 40 CFR Section 33.501(b) and (c)**

Recipients of a Continuing Environmental Program Grant or other annual reporting grant, agree to create and maintain a bidders list. Recipients of an EPA financial assistance agreement to capitalize a revolving loan fund also agree to require entities receiving identified loans to create and maintain a bidders list if the recipient of the loan is subject to, or chooses to follow, competitive bidding requirements. Please see 40 CFR Section 33.501 (b) and (c) for specific requirements and exemptions.

#### **E. MBE/WBE Reporting**

##### **General Compliance, 40 CFR, Part 33, Subpart E – Non-Reporting Condition**

MBE/WBE reports are required annually. Reporting is required for assistance agreements where there are funds budgeted for procuring construction, equipment, services and supplies, including funds budgeted for direct procurement by the recipient or procurement under subawards or loans in the "Other" category, that exceed the threshold amount of \$150,000, including amendments and/or modifications.

Based on EPA's review of the planned budget, this award does not meet the conditions above and is not subject to Disadvantaged Business Enterprise (DBE) Program reporting requirements. However, if during the performance of the award the total of all funds expended for direct procurement by the recipient and procurement under subawards or loans in the "Other" category exceeds \$150,000, annual reports will be required and you are required to notify your EPA grant specialist for additional instructions.

The recipient also agrees to request prior approval from EPA for procurements that may activate DBE Program reporting requirements.

This provision represents an approved deviation from the MBE/WBE reporting requirements as described in 40 CFR Part 33, Section 33.502; however, the other requirements outlined in 40 CFR Part 33 remain in effect, including the Good Faith Effort requirements as described in 40 CFR Part 33, Subpart C, and Fair Share Objectives negotiation as described in 40 CFR Part 33, Subpart D.

**F. Indirect Costs**

Recipients are entitled to reimbursement of indirect costs, subject to any statutory or regulatory administrative cost limitations, if they have a current rate agreement or have submitted an indirect cost rate proposal to their cognizant federal agency for review and approval. Recipients are responsible for maintaining an approved indirect cost rate throughout the life of the award. Recipients may draw down grant funds once a rate has been approved, but only for indirect costs incurred during the period specified in the rate agreement. Recipients are not entitled to indirect costs for any period in which the rate has expired.

Recipients with differences between provisional and final rates are not entitled to more than the award amount. Recipients may request EPA approval to rebudget funds from direct cost categories to the indirect cost category (to grants which have not expired or been closed out) to cover increased indirect costs.

The recipient agrees to comply with the audit requirements prescribed in 2 CFR Part 200, Subpart F, Audits of States, Local Governments, and Non-Profit Organizations.

**Programmatic Conditions**

a). This grant includes environmental monitoring, therefore QA documentation is required. The Washoe County Health District Departments Air Program Quality Management Plan (QMP) was approved on October 2, 2014. Washoe County's Quality Assurance Project Plan for ambient air and PM2.5 monitoring was approved on February 12, 2013. These plans should cover all monitoring activities during the grant period.

b). The recipient agrees to inform EPA as soon as problems, delays or adverse conditions become known which will materially impair the ability to meet the outputs/outcomes specified in the assistance agreement work plan. Since this grant is solely for the purpose of monitoring, quarterly reporting is required in the form of data entered into EPA's national Air Quality System (AQS) database.

c). Consistent with local, state, and federal grant procurement rules, recipient shall, when feasible, purchase environmentally preferable products/services and hold conferences/meetings using environmentally preferable measures. Environmentally preferable products/services and environmentally preferable measures include those that have a lesser or reduced effect on the environment when compared with competing products, services, or measures that serve the same purpose. This comparison may consider raw material acquisition, production, manufacturing, packaging, distribution, reuse, operation, maintenance, or disposal of the product or service. In addition, environmentally preferable measures for conferences/meetings apply to large gatherings of ten or more persons.

-- END OF AGREEMENT --

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

**STAFF REPORT  
BOARD MEETING DATE: May 28, 2015**

**DATE:** May 15, 2015

**TO:** District Board of Health

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

**SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute.**

---

**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements and amendments to the adopted budget. The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$50,000 per contractor; over \$50,000 up to \$100,000 would require the approval of the Chair or the Board designee.

**District Board of Health strategic priority:** Protect population from health problems and health hazards.

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

**PREVIOUS ACTION**

The Board approved the previous Interlocal Agreement that expires June 30, 2015 on October 27, 2011.

**BACKGROUND**

This Agreement supports the Washoe County Health District's Public Health Preparedness program objective to provide redundant communication with the public in Washoe County through expansion of AM radio broadcast during exercises and/or public health events and/or emergencies. The Health District has partnered with the North Lake Tahoe Fire Protection District to store and activate in emergency operation the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment.

North Lake Tahoe Fire Protection District agrees to ensure a secure and protected location for the radio equipment; provide access to a 120v power source when necessary should the internal solar

Subject:  
Date:  
Page 2 of 2

panel/battery source be dysfunctional; ensure/provide 24/7 right-of-way to Health District staff, including clearance for a tow vehicle to hitch and relocate the radio equipment; provide rudimentary maintenance of the solar panels to include snow, ice, or debris removal that may inhibit the operability of the solar units to recharge the system's batteries; activate emergency operation of the radio equipment when notified by the Health District; and ensure that any operation of the Highway Advisory Radio is done in compliance with all applicable requirements of the Federal Communications Commission including but not limited to message content, transmission location and station identification.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Agreement. This Interlocal Agreement will also require Washoe Board of County Commissioner's approval.

### **FISCAL IMPACT**

Should the Board approve this Interlocal Agreement there will be no additional impact to the adopted FY 16 budget.

### **RECOMMENDATION**

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute.

### **POSSIBLE MOTION**

Move to ratify the Interlocal Agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District to provide storage and emergency operation activation of the VoiceStar CMS-T300 Series Portable Changeable Message Sign and Highway Advisory Radio equipment for the period upon ratification through June 30, 2016 unless extended by the mutual agreement of the Parties; with automatic renewal for two successive one-year periods for a total of three years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year; and if approved, authorize the Chairman to execute.



## INTERLOCAL AGREEMENT

This Interlocal Agreement contains the terms of agreement between the Washoe County Health District and the North Lake Tahoe Fire Protection District, hereinafter referred to as the District and North Lake Tahoe respectively, and entered into pursuant to Chapter 277 of the Nevada Revised Statutes.

Whereas, the District has the equipment, staff, and program infrastructure for public health preparedness in order to provide timely, accurate, and credible public health information throughout Washoe County during declared emergencies or other events affecting public health and safety; and,

Whereas, North Lake Tahoe's goal is to assist the District in providing such information during times of need; and,

Whereas, the District is authorized to provide for Reno, Sparks and Washoe County organization, mobilization, coordination and direction of medical and health services, both public and private, during a declared health emergency. Such authority is granted by the Nevada Revised Statutes: Chapter 439 - Public Health and Safety.

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

### **The District agrees to:**

1. Deliver to a specified location determined by North Lake Tahoe one (1) VoiceStar - T100 Series Portable Highway Advisory Radio; and,
2. Provide training to specified North Lake Tahoe personnel on the usage and maintenance of the aforementioned VoiceStar - T100 Series Portable Highway Advisory Radio.

### **North Lake Tahoe agrees to:**

1. Ensure a secure and protected location for the VoiceStar - T100 Series Portable Highway Advisory Radio; and,
2. Ensure/provide 24/7 right-of-way to District staff, including clearance for a tow vehicle to hitch and relocate the VoiceStar - T100 Series Portable Highway Advisory Radio; and,
3. Provide rudimentary maintenance of the VoiceStar - T100 Series Portable Highway Advisory Radio solar panels to include snow, ice, or debris removal that may inhibit the operability of the solar units to recharge the system's batteries; and,
4. Activate emergency operation of the VoiceStar - T100 Series Portable Highway Advisory Radio when notified by the District.
5. Ensure that any operation of the Highway Advisory Radio is done in compliance with all applicable requirements of the Federal Communications Commission including but not limited to message content, transmission location, and station identification.

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 354.626.

### **The parties mutually agree to:**

Indemnify, hold harmless, and defend each other, their officers, agents and employees, from and against any demands, claims, liabilities, and damages of any kind or nature arising out of the negligent acts, errors and omissions of the parties in the performance of these services.

This Interlocal Agreement may be modified at any time by written agreement signed by both parties.

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2016, unless extended by the mutual agreement of the parties. The Interlocal Agreement will automatically be renewed for two successive one-year periods for the total of three years on the same terms unless either party gives

the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Interlocal Agreement as provided below.

Either party may terminate this Interlocal Agreement by giving the other party written notice of the intent to terminate. The notice must specify a date upon which the termination will be effective, which date may not be less than 30 calendar days from the date of mailing or hand delivery of the notice.

All notices required under this Agreement shall be in writing and mailed, postage prepaid, addressed to the designated representative of the respective parties:

COUNTY: Chief Michael Brown  
North Lake Tahoe Fire Protection District  
866 Oriole Way  
Incline Village, NV 89541

DISTRICT: Kevin Dick  
District Health Officer  
Washoe County Health District  
P.O. Box 11130  
Reno, Nevada 89520

This Interlocal Agreement shall be entered into in Washoe County, State of Nevada, and shall be construed and interpreted according to the laws of the State of Nevada.

Neither party may assign or subcontract any rights or obligations under this Interlocal Agreement without prior written consent of the other party.

This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral.

**DISTRICT BOARD OF HEALTH**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Kitty Jung, Chair

**NORTH LAKE TAHOE FIRE PROTECTION DISTRICT**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Chief Michael Brown

**WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Marsha Berkbigler, Chair

**STAFF REPORT**  
**BOARD MEETING DATE:** May 28, 2015

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Acceptance of the “Washoe County, Nevada Air Quality Trends (2005-2014)” Report

---

**SUMMARY**

The Air Quality Management Division (AQMD) operates and maintains an ambient air monitoring program to determine compliance with health-based National Ambient Air Quality Standards. This annual report summarizes the previous year’s ambient air monitoring data and provides a long-term trend for each pollutant.

**Health District strategic objective supported by this item:** Achieve targeted improvements in health outcomes and health equity.

**PREVIOUS ACTION**

May 22, 2014	The DBOH accepted the “Washoe County, Nevada Air Quality Trends (2004-2013)” Report
May 23, 2013	AQMD presented the “Washoe County, Nevada Air Quality Trends (2003-2012)” Report to the DBOH
May 24, 2012	The DBOH accepted the “Washoe County, Nevada Air Quality Trends (2002-2011)” Report
May 26, 2011	AQMD presented the “Washoe County, Nevada Air Quality Trends (2001-2010)” Report to the DBOH
June 24, 2010	The DBOH accepted and adopted the “Washoe County, Nevada Air Quality Trends (2000-2009)” Report

**BACKGROUND**

The Environmental Protection Agency (EPA) establishes health-based National Ambient Air Quality Standards (NAAQS) for six criteria air pollutants including Particulate Matter, Ozone, Carbon Monoxide, Nitrogen Dioxide, Sulfur Dioxide, and Lead. Each year, the AQMD prepares this report, which summarizes the previous year’s monitoring data. Although there are no statutory requirements to publish an annual report of ambient air monitoring data, EPA strongly encourages air quality management agencies to do so. This report summarizes 2014 and the ten-year trend for each pollutant. It is also available at the AQMD website (OurCleanAir.com).



**FISCAL IMPACT**

There is no additional fiscal impact to the FY15 budget should the Board accept the “Washoe County, Nevada Air Quality Trends (2005-2014)” report.

**RECOMMENDATION**

Staff recommends that the District Board of Health (DBOH) accept the “Washoe County, Nevada Air Quality Trends (2005-2014)” report.

**POSSIBLE MOTION**

Should the DBOH accept the trends report, a possible motion could be “Move to accept the “Washoe County, Nevada Air Quality Trends (2005-2014)” report”.

# Washoe County, Nevada Air Quality Trends (2005-2014)



May 28, 2015

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

(775) 784-7200  
OurCleanAir.com

## Table of Contents

Introduction.....	1
Pollutants.....	2
Particulate Matter (PM <sub>10</sub> , PM <sub>2.5</sub> and PM <sub>coarse</sub> ) .....	2
Ozone (O <sub>3</sub> ) .....	2
Carbon Monoxide (CO) .....	3
Nitrogen Dioxide (NO <sub>y</sub> and NO <sub>2</sub> ).....	4
Sulfur Dioxide (SO <sub>2</sub> ).....	5
Lead (Pb).....	5
National Ambient Air Quality Standards.....	7
Ambient Air Monitoring Network .....	8
Monitoring Stations in Operation .....	10
Reno3 (RNO) - AQS ID #32-031-0016 (SLAMS/NCore/STN) .....	10
South Reno (SRN) - AQS ID #32-031-0020 (SLAMS) .....	10
Galletti (GAL) - AQS ID #32-031-0022 (SLAMS) .....	11
Toll (TOL) - AQS ID # 32-031-0025 (SLAMS) .....	11
Plumb-Kit (PLM) - AQS ID # 32-031-0030 (SLAMS).....	12
Sparks (SPK) - AQS ID #32-031-1005 (SLAMS) .....	12
Incline (INC) - AQS ID #32-031-2002 (SLAMS).....	13
Lemmon Valley (LEM) - AQS ID #32-031-2009 (SLAMS) .....	13
Monitoring Stations No Longer in Operation .....	13
Sun Valley (SUN) - AQS ID #32-031-2006 (SLAMS).....	13
A Review of 2014 .....	14
Current Design Values and Attainment Status .....	20
Ten-Year Air Quality Trend .....	21
PM <sub>10</sub> (24-hour) First Highs.....	22
PM <sub>2.5</sub> (24-hour) Design Values.....	23
PM <sub>2.5</sub> (Annual) Design Values.....	24
O <sub>3</sub> (8-hour) Design Values.....	25
CO (8-hour) Design Values .....	26
CO (1-hour) Design Values .....	27
NO <sub>2</sub> (1-hour) Design Values.....	28
NO <sub>2</sub> (Annual) Design Values.....	29
SO <sub>2</sub> (1-hour) Design Values .....	30
Tables .....	ii
Figures.....	ii
Appendices.....	ii
Glossary .....	iii

## Tables

1. National Ambient Air Quality Standards (as of December 31, 2014).....	7
2. 2014 NAAQS Exceedances Summary.....	15
3. Design Values and Attainment Status (as of December 31, 2014).....	20

## Figures

1. Washoe County, Nevada.....	1
2. Washoe County Ambient Air Monitoring Sites (2005-2014) .....	9
3. Reno3 Monitoring Site.....	10
4. South Reno Monitoring Site .....	10
5. Galletti Monitoring Site .....	11
6. Toll Monitoring Site .....	11
7. Plumb-Kit Monitoring Site .....	12
8. Sparks Monitoring Site .....	12
9. Incline Monitoring Site.....	13
10. Lemmon Valley Monitoring Site .....	13
11. May 22 Haboob.....	14
12. Smoke Impact from King Fire .....	14
13. Monthly AQI Summary for All Pollutants (2014).....	16
14. Monthly AQI Summary of PM <sub>10</sub> (2014).....	17
15. Monthly AQI Summary of PM <sub>2.5</sub> (2014).....	17
16. Monthly AQI Summary of O <sub>3</sub> (2014).....	18
17. Monthly AQI Summary of CO (2014).....	18
18. Monthly AQI Summary of NO <sub>2</sub> (2014).....	19
19. Monthly AQI Summary of SO <sub>2</sub> (2014).....	19
20. AQI Trend (2005-2014).....	21
21. PM <sub>10</sub> (24-hour) First Highs.....	22
22. PM <sub>2.5</sub> (24-hour) Design Values.....	23
23. PM <sub>2.5</sub> (Annual) Design Values.....	24
24. O <sub>3</sub> (8-hour) Design Values.....	25
25. CO (8-hour) Design Values .....	26
26. CO (1-hour) Design Values .....	27
27. NO <sub>2</sub> (1-hour) Design Values.....	28
28. NO <sub>2</sub> (Annual) Design Values.....	29
29. SO <sub>2</sub> (1-hour) Design Values .....	30

## Appendices

A. Detailed Summary of Ambient Air Monitoring Data
--



## Glossary

AQI	Air Quality Index
AQMD	Washoe County Health District - Air Quality Management Division
AQS	Air Quality System
BAM	Beta Attenuation Monitor
CARB	California Air Resources Board
CFR	Code of Federal Regulations
CH <sub>3</sub> COO <sub>2</sub> NO <sub>2</sub>	Peroxyacetyl nitrate, or PAN
CO	Carbon Monoxide
EPA	U.S. Environmental Protection Agency
FEM	Federal Equivalent Method
FRM	Federal Reference Method
GAL	Galletti
HA 87	Hydrographic Area 87
HNO <sub>2</sub>	Nitrous Acid
HNO <sub>3</sub>	Nitric Acid
INC	Incline
LEM	Lemmon Valley
µg/m <sup>3</sup>	Micrograms per cubic meter
mg/m <sup>3</sup>	Milligrams per cubic meter
NAAQS	National Ambient Air Quality Standards
NCore	National Core Multi-Pollutant Monitoring Station
N <sub>2</sub> O <sub>5</sub>	Nitrogen Pentoxide
NO	Nitric Acid
NO <sub>2</sub>	Nitrogen Dioxide
NO <sub>3</sub>	Nitrate
NO <sub>x</sub>	Oxides of Nitrogen
NO <sub>y</sub>	Reactive Oxides of Nitrogen
O <sub>3</sub>	Ozone
PLM	Plumb-Kit
PM	Particulate Matter
PM <sub>2.5</sub>	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM <sub>10</sub>	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
PM <sub>coarse</sub>	PM <sub>10</sub> minus PM <sub>2.5</sub>
ppb	Parts per billion
ppm	Parts per million
RNO	Reno
RTIA	Reno-Tahoe International Airport
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO <sub>2</sub>	Sulfur Dioxide
SO <sub>3</sub>	Sulfur Trioxide
SO <sub>x</sub>	Oxides of Sulfur
SPK	Sparks
SPM	Special Purpose Monitoring
SRN	South Reno
STN	Speciation Trends Network

SUN  
TOL  
USG  
VOC

Sun Valley  
Toll  
Unhealthy for Sensitive Groups  
Volatile Organic Compounds

## Introduction

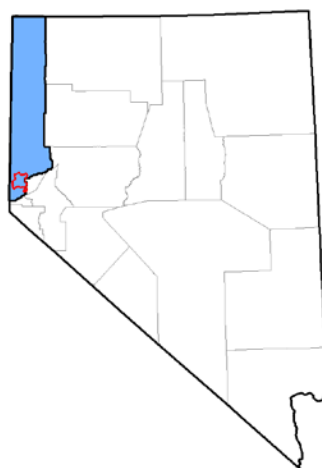
Washoe County is located in the northwest portion of Nevada. It is bounded by California, Oregon, and the Nevada counties of Humboldt, Pershing, Storey, Churchill, Lyon, and Carson City (Figure 1). The Truckee Meadows is approximately 200 square miles in size and situated in the southern portion of Washoe County. It is geographically identified as Hydrographic Area 87 (HA 87) as defined by the State of Nevada Division of Water Resources. Most of Washoe County's urban population lives in the Truckee Meadows. Anthropogenic activities, such as automobile use and residential wood combustion, are also concentrated here.

The U.S. Environmental Protection Agency (EPA) has set health and welfare based National Ambient Air Quality Standards (NAAQS) for the following pollutants: particulate matter less than or equal to 10 microns in aerodynamic diameter ( $PM_{10}$ ), particulate matter less than or equal to 2.5 microns in aerodynamic diameter ( $PM_{2.5}$ ), ozone ( $O_3$ ), carbon monoxide (CO), nitrogen dioxide ( $NO_2$ ), sulfur dioxide ( $SO_2$ ), and lead (Pb).

The mission of the Washoe County Health District - Air Quality Management Division (AQMD) Monitoring Program is "To monitor and assure the scientific accuracy of the ambient air quality data collected for the determination of compliance with the National Ambient Air Quality Standards (NAAQS) as defined by the EPA". The AQMD has established a monitoring network throughout the Health District to collect ambient air data. The network is reviewed annually to ensure it reflects the actual air quality of the county and that it is measuring for the pollutants of highest concern.

This document summarizes the ambient air data collected between 2005 and 2014 from the AQMD's monitoring network. This data was submitted to the EPA's Air Quality System (AQS), and are available for public review on EPA's AirData website. Long-term monitoring data can reveal trends in ambient air pollution and the subsequent need for control strategies.

Figure 1  
Washoe County, Nevada



## Pollutants

The following describes the six criteria pollutants, their primary sources, and associated health effects.

### **Particulate Matter (PM<sub>10</sub>, PM<sub>2.5</sub> and PM<sub>coarse</sub>)**

Particulate matter, also known as particle pollution or PM, is a complex mixture of extremely small particles and liquid droplets. Particle pollution is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

The size of particles is directly linked to their potential for causing health problems. Of concern are particles that are 10 micrometers in diameter or smaller because those are the particles that generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can affect the heart and lungs and cause serious health effects. EPA groups particle pollution into two categories:

- “Inhalable coarse particles” (PM<sub>10</sub> and PM<sub>coarse</sub>), such as those found near roadways and dusty industries, are between 2.5 and 10 micrometers in diameter.
- “Fine particles” (PM<sub>2.5</sub>), such as those found in smoke and haze, are 2.5 micrometers in diameter and smaller. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries, and automobiles react in the air.

Particle pollution, especially fine particles, contains microscopic solids or liquid droplets that are so small that they can get deep into the lungs and cause serious health problems. Numerous scientific studies have linked particle pollution exposure to a variety of problems, including: increased respiratory symptoms, such as irritation of the airways, coughing, or difficulty breathing, for example; decreased lung function; aggravated asthma; development of chronic bronchitis; irregular heartbeat; nonfatal heart attacks; and premature death in people with heart or lung disease.

People with heart or lung diseases, children and older adults are the most likely to be affected by particle pollution exposure. However, even healthy people may experience temporary symptoms from exposure to elevated levels of particle pollution.

### **Ozone (O<sub>3</sub>)**

Ozone is a gas composed of three oxygen atoms. It is not usually emitted directly into the air, but, at ground-level, it is created by a chemical reaction between oxides of nitrogen (NO<sub>x</sub>) and volatile organic compounds (VOC) in the presence of sunlight. Ozone has the same chemical structure whether it occurs miles above the earth or at ground-level and can be “good” or “bad”, depending on its location in the atmosphere. “Good” ozone occurs naturally in the stratosphere approximately 10 to 30 miles above the earth and forms a layer that protects life on earth from the sun’s harmful rays.

In the lower atmosphere, ground-level ozone is considered “bad”. Breathing ground-level ozone can trigger a variety of health problems including chest pain, coughing, throat irritation, and congestion. It can worsen bronchitis, emphysema, and asthma. Ground-level ozone can also reduce lung function and inflame the linings of the lungs. Repeated exposure may permanently scar lung tissue. People with lung disease, children, older adults, and physically active people may be affected when ozone levels are unhealthy. Numerous scientific studies have linked ground-level ozone exposure to a variety of problems including: airway irritation, coughing, and pain when taking a deep breath; wheezing and breathing difficulties during exercise or outdoor activities; inflammation, which is much like a sunburn on the skin; aggravation of asthma and increased susceptibility to respiratory illnesses like pneumonia and bronchitis; and permanent lung damage with repeated exposures.

Motor vehicle exhaust and industrial emissions, gasoline vapors, and chemical solvents as well as natural sources emit NO<sub>x</sub> and VOC that help form ozone. Ground-level ozone is the primary constituent of smog. Sunlight and hot weather cause ground-level ozone to form in harmful concentrations. As a result, it is known as a summertime air pollutant. Many urban areas tend to have high levels of “bad” ozone, but even rural areas are also subject to increased ozone levels because wind carries ozone and pollutants that form it hundreds of miles away from their original sources.

### **Carbon Monoxide (CO)**

Carbon monoxide is a colorless, odorless gas that is formed when carbon in fuel is not burned completely. It is a component of motor vehicle exhaust, which contributes about 56% of all CO emissions nationwide. Other non-road engines and vehicles (such as construction equipment and boats) contribute about 22% of CO emissions nationwide. Higher concentrations generally occur in areas with heavy traffic congestion. In 2011, 70% of CO emissions within Washoe County came from the exhaust of mobile sources.<sup>1</sup> Other sources include industrial processes (i.e., metals processing and chemical manufacturing), residential wood burning, and natural sources such as forest fires. The highest ambient levels of CO typically occur during the colder months of the year when temperature inversions are more frequent. The air pollution becomes trapped near the ground beneath a layer of warm air.

Carbon monoxide can cause harmful health effects by reducing oxygen delivery to the body’s organs (i.e., heart and brain) and tissues. The health threat from lower levels of CO is most serious for those who suffer from heart disease, like angina, clogged arteries, or congestive heart failure. For a person with heart disease, a single exposure to low levels of CO may cause chest pain and a reduced ability to exercise. Repeated exposures may contribute to other cardiovascular effects. Even healthy people can be affected by high levels of CO. Exposure to high levels can result in vision problems, reduced ability to work or learn, reduced manual dexterity, and difficulty performing complex tasks. At extremely high levels, CO is poisonous and can cause death.

---

<sup>1</sup> Washoe County Health District Air Quality Management Division, 2011 Periodic Emissions Inventory, 1-6 – Introduction, November 2012. <http://www.washoecounty.us/repository/files/4/WCHD-AQMD-2011-Emissions-Inventory-Nov-2012-Final.pdf>

## **Nitrogen Dioxide (NO<sub>y</sub> and NO<sub>2</sub>)**

NO<sub>y</sub> (total reactive nitrogen) is defined as the sum of NO<sub>x</sub> plus the compounds produced from the oxidation of NO<sub>x</sub> that include nitric acid. NO<sub>y</sub> component species include NO (nitric oxide), NO<sub>2</sub> (nitrogen dioxide), NO<sub>3</sub> (nitrate), HNO<sub>3</sub> (nitric acid), N<sub>2</sub>O<sub>5</sub> (nitrogen pentoxide), CH<sub>3</sub>COO<sub>2</sub>NO<sub>2</sub> (Peroxyacetyl nitrate, or PAN), and particulate nitrate.

Nitrogen dioxide is one of a group of highly reactive gasses known as “oxides of nitrogen”, or “nitrogen oxides (NO<sub>x</sub>)”. Other nitrogen oxides include nitrous acid (HNO<sub>2</sub>) and nitric acid (HNO<sub>3</sub>). While EPA’s NAAQS covers this entire group of NO<sub>x</sub>, NO<sub>2</sub> is the component of greatest interest and the indicator for the larger group of NO<sub>x</sub>. NO<sub>2</sub> forms quickly from emissions from cars, trucks and buses, power plants, and off-road equipment. In addition to contributing to the formation of ground-level ozone and fine particle pollution, NO<sub>2</sub> is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term NO<sub>2</sub> exposures, ranging from 30 minutes to 24 hours, with adverse respiratory effects including airway inflammation in healthy people and increased respiratory symptoms in people with asthma. Also, studies show a connection between breathing elevated short-term NO<sub>2</sub> concentrations, and increased visits to emergency rooms and hospital admissions for respiratory issues, especially asthma.

NO<sub>2</sub> concentrations in vehicles and near roadways are appreciably higher than those measured at monitors in the current network. In fact, in-vehicle concentrations can be 2 to 3 times higher than measured at nearby area-wide monitors. Near-roadway (within about 50 meters) concentrations of NO<sub>2</sub> have been measured to be approximately 30 to 100% higher than concentrations away from roadways.

Individuals who spend time on or near major roadways can experience short-term NO<sub>2</sub> exposures considerably higher than measured by the current network. Approximately 16% of US housing units (approximately 48 million people) are located within 300 feet of a major highway, railroad, or airport. NO<sub>2</sub> exposure concentrations near roadways are of particular concern for susceptible individuals, including people with asthma, children, and the elderly.

NO<sub>x</sub> react with ammonia, moisture, and other compounds to form small particles. These small particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. Ozone is formed when NO<sub>x</sub> and VOC react in the presence of heat and sunlight. Children, the elderly, people with lung diseases such as asthma, and people who work or exercise outdoors are at risk for adverse effects from ozone. These include reduction in lung function and increased respiratory symptoms as well as respiratory-related emergency room visits, hospital admissions, and possibly premature deaths.

Emissions that lead to the formation of NO<sub>2</sub> generally also lead to the formation of other NO<sub>x</sub>. Emissions control measures leading to reductions in NO<sub>2</sub> can generally be expected to reduce population exposures to all gaseous NO<sub>x</sub>. This may have the important co-benefit of reducing the formation of ozone and fine particles, both of which pose significant public health threats.

## **Sulfur Dioxide (SO<sub>2</sub>)**

Sulfur dioxide is one of a group of highly reactive gasses known as “oxides of sulfur”. The largest sources of SO<sub>2</sub> emissions are from fossil fuel combustion at power plants (66%) and other industrial facilities (29%). Smaller sources of SO<sub>2</sub> emissions include industrial processes such as extracting metal from ore, and the burning of high sulfur-containing fuels by locomotives, large ships, and non-road equipment. SO<sub>2</sub> is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term exposures to SO<sub>2</sub>, ranging from 5 minutes to 24 hours, with an array of adverse respiratory effects including bronchoconstriction and increased asthma symptoms. These effects are particularly important for asthmatics at elevated ventilation rates (i.e., while exercising or playing.). Studies also show a connection between short-term exposure and increased visits to emergency rooms and hospital admissions for respiratory illnesses, particularly in at-risk populations including children, the elderly, and asthmatics.

EPA’s SO<sub>2</sub> NAAQS is designed to protect against exposure to the entire group of sulfur oxides (SO<sub>x</sub>). SO<sub>2</sub> is the component of greatest concern and is used as the indicator for the larger group of SO<sub>x</sub>. Other gaseous sulfur oxides (i.e., sulfur trioxide (SO<sub>3</sub>)) are found in the atmosphere at concentrations much lower than SO<sub>2</sub>.

Emissions leading to high concentrations of SO<sub>2</sub> generally also lead to the formation of other SO<sub>x</sub>. Control measures that reduce SO<sub>2</sub> can generally be expected to reduce people’s exposures to all gaseous SO<sub>x</sub>. This may have the important co-benefit of reducing the formation of fine sulfate particles, which pose significant public health threats.

SO<sub>x</sub> can react with other compounds in the atmosphere to form small particles. These particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. EPA’s PM NAAQS are designed to provide protection against these health effects.

## **Lead (Pb)**

Lead is a metal found naturally in the environment as well as in manufactured products. The major sources of lead emissions have historically been motor vehicles (such as cars and trucks) and industrial sources. As a result of EPA’s efforts to remove lead from gasoline, ambient lead levels decreased 94% between 1980 and 1999. Today, elevated levels of Pb in air are usually found near lead smelters, waste incinerators, utilities, lead-acid battery manufacturers, and can be found in emissions of non-road mobile sources such as piston-propelled aircraft.

In addition to exposure to lead in air, other major exposure pathways include ingestion of lead in drinking water and lead-contaminated food as well as incidental ingestion of lead-contaminated soil and dust. Lead-based paint remains a major exposure pathway in older homes.

Once taken into the body, lead distributes throughout the body in the blood and is accumulated in the bones. Depending on the level of exposure, lead can adversely affect the nervous system, kidney function, immune system, reproductive and developmental systems and the cardiovascular system. Lead exposure also affects the oxygen carrying capacity of the blood. The effects most commonly encountered in current populations are neurological effects in children and cardiovascular effects (i.e., high blood pressure and heart disease) in adults. Infants and young children are especially sensitive to even low levels of lead, which may contribute to behavioral problems, learning deficits, and lowered IQ.



## National Ambient Air Quality Standards

The Clean Air Act requires the EPA to establish NAAQS for pollutants considered harmful to public health and the environment. Two types of NAAQS have been established; primary and secondary standards. Primary standards set limits to protect public health, especially that of sensitive populations such as asthmatics, children, and seniors. Secondary standards set limits to protect public welfare, including protections against decreased visibility, damage to animals, crops, and buildings.

The EPA has set NAAQS for seven principal pollutants, which are called “criteria” pollutants. They are listed in Title 40 of the Code of Federal Regulations (CFR) Part 50 and summarized in Table 1 below. The units of measure for the standards are parts per million (ppm) or billion (ppb), milligrams per cubic meter of air ( $\text{mg}/\text{m}^3$ ), or micrograms per cubic meter of air ( $\mu\text{g}/\text{m}^3$ ).

Table 1  
National Ambient Air Quality Standards (as of December 31, 2014)

Pollutant	Primary Standard		Secondary Standard		Form
	Averaging Time	Concentration	Averaging Time	Concentration	
PM <sub>10</sub>	24-hour	150 $\mu\text{g}/\text{m}^3$	Same as primary		Not to be exceeded more than once per year on average over 3 years
PM <sub>2.5</sub>	24-hour	35 $\mu\text{g}/\text{m}^3$	Same as primary		98 <sup>th</sup> percentile, averaged over 3 years
	Annual	12.0 $\mu\text{g}/\text{m}^3$	Annual	15.0 $\mu\text{g}/\text{m}^3$	Annual mean, averaged over 3 years
O <sub>3</sub>	8-hour	0.075 ppm	Same as primary		Annual fourth-highest daily maximum 8-hr concentration, averaged over 3 years
CO	1-hour	35 ppm	None		Not to be exceeded more than once per year
	8-hour	9 ppm	None		
NO <sub>2</sub>	1-hour	100 ppb	None		98 <sup>th</sup> percentile, averaged over 3 years
	Annual	53 ppb	Same as primary		Annual Mean
SO <sub>2</sub>	1-hour	75 ppb	3-hour	0.5 ppm	1°: 99 <sup>th</sup> percentile of 1-hr daily max. conc., averaged over 3 years
					2°: not to be exceeded more than once per year
Pb	Rolling 3-month average	0.15 $\mu\text{g}/\text{m}^3$	Same as primary		Not to be exceeded

## Ambient Air Monitoring Network

The AQMD began monitoring ambient air quality in Washoe County in the 1970's, and the monitoring network has grown and evolved since this time. This trends report provides a summary of data collected from ambient air monitoring sites in Washoe County that the AQMD operated and maintained between 2005 and 2014 to measure PM<sub>10</sub>, PM<sub>2.5</sub>, PM<sub>coarse</sub>, O<sub>3</sub>, CO, SO<sub>2</sub> and NO<sub>2</sub>.

Each monitoring site is classified into one of two major categories - SLAMS (State or Local Air Monitoring Station) and SPM (Special Purpose Monitoring). SLAMS consist of a network of monitoring stations, the size and distribution of which is largely determined by the monitoring requirements for NAAQS comparison. SLAMS in the AQMD's network can be further classified as NCore (National Core monitoring network) or STN (Speciation Trends Network).

The AQMD's monitoring stations are sited in accordance with 40 CFR 58 and utilize equipment designated as reference or equivalent methods.<sup>2</sup> In addition, the network is reviewed annually<sup>3</sup> to ensure it meets the monitoring objectives defined in 40 CFR 58, Appendix D. Ambient air monitoring data are collected, quality assured,<sup>4</sup> and recorded in AQS. Appendix A of this document provides a detailed summary of the ambient air monitoring data for 2014. All data summarized in Appendix A has been provided by reports retrieved from AQS. The data provided by AQS reports are complete to the best of our knowledge and ability. Figure 2 displays the ambient air monitoring sites operated between 2005 and 2014. For specific details regarding the ambient air monitoring network, refer to the AQMD's "2014 Ambient Air Monitoring Network Plan" and "2010 Ambient Air Monitoring Network Assessment".

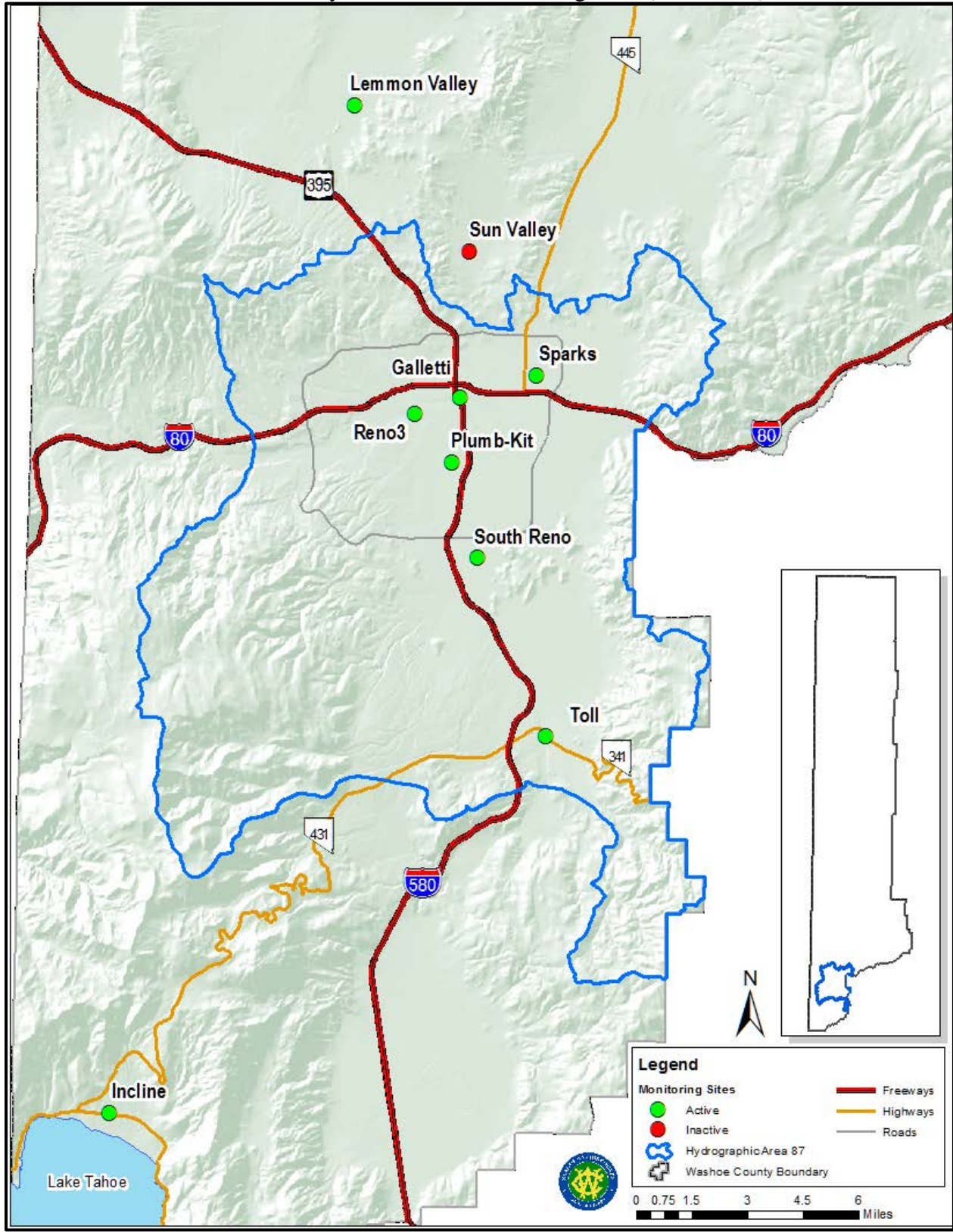
---

<sup>2</sup> 40 CFR 53.

<sup>3</sup> 40 CFR 58.10.

<sup>4</sup> 40 CFR 58.

Figure 2  
 Washoe County Ambient Air Monitoring Sites (2005-2014)



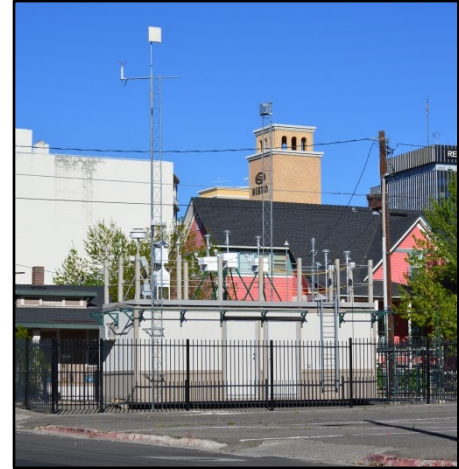
## **Monitoring Stations in Operation**

### **Reno3 (RNO)**

AQS ID 32-031-0016 (SLAMS/NCore/STN)

Located at 301 A State Street in downtown Reno, this site began operation in January 2002 to replace the Reno site. Both a residential neighborhood and a commercial growth area surround this site. As of January 1, 2011, Reno3 became an NCore site. The pollutants measured are PM<sub>10</sub>, PM<sub>2.5</sub>, PM<sub>coarse</sub>, O<sub>3</sub>, Trace CO, Trace SO<sub>2</sub>, NO<sub>x</sub>, and Trace NO<sub>y</sub>. Meteorological parameters including ambient temperature, relative humidity, wind speed, and wind direction are also measured. This site is also part of EPA's national Speciation Trends Network (STN). The monitoring objectives follow those set forth by EPA for an NCore site.

Figure 3  
Reno3 Monitoring Site



### **South Reno (SRN)**

AQS ID 32-031-0020 (SLAMS)

Located on the NV Energy property at 4110 Delucchi Lane in Reno, this site is in a transitional environment between open fields and office buildings. This site's monitoring objective is population-oriented for PM<sub>10</sub>, O<sub>3</sub>, and CO. A Network Modification Request to discontinue CO monitoring was approved by EPA in September 2014 and monitoring ended in October 2014.

Figure 4  
South Reno Monitoring Site





**Galletti (GAL)**  
AQS ID 32-031-0022 (SLAMS)

Located at 305 Galletti Way in Reno, this site is southeast of the Interstate 80 - Interstate 580/U.S. Highway 395 interchange in a commercial/industrial area. The Galletti site, which monitors  $PM_{10}$ ,  $PM_{2.5}$ ,  $PM_{\text{coarse}}$  and CO, is heavily impacted by on-road vehicle emissions from interstate highways and the nearby Nevada Department of Transportation Sand/Salt yard. The monitoring objective is to determine highest concentrations of PM and is population-oriented for CO. A Network Modification Request to discontinue monitoring for all pollutants and site closure was approved by EPA in April 2015. Monitoring for all pollutants ended in November 2014.

Figure 5  
Galletti Monitoring Site



**Toll (TOL)**  
AQS ID 32-031-0025 (SLAMS)

The Toll Road site is located at 684A State Route 341 (Geiger Grade), one-half mile east of U.S. Highway 395. The site is near the edge of a residential neighborhood and adjacent to an area that may become commercially developed. It is a background site for  $PM_{10}$  and CO. This site also monitors typical concentrations of  $O_3$ . A nearby school bus depot is not believed to have impacted the site.

Figure 6  
Toll Monitoring Site



**Plumb-Kit (PLM)**

AQS ID 32-031-0030 (SLAMS)

Located at 891 East Plumb Lane in Reno, this site is on the northeast corner of Plumb Lane and Kietzke Lane. This site is surrounded by both residential and commercial properties as well as a school. The only pollutant measured at this site is PM<sub>10</sub>. The monitoring objective is population-oriented for PM<sub>10</sub>.

Figure 7  
Plumb-Kit Monitoring Site



**Sparks (SPK)**

AQS ID 32-031-1005 (SLAMS)

Located on US Postal Service property at 750 Fourth Street in Sparks, this site is surrounded by commercial property, a residential neighborhood, and is adjacent to a school. In 2007, the Sparks site was moved approximately 55 meters north of its previous location, due to tree growth affecting siting criteria. The site has a population-oriented monitoring objective for PM<sub>10</sub> and O<sub>3</sub> and measures the highest concentrations of CO in Washoe County. In 2012, this site began monitoring PM<sub>2.5</sub>.

Figure 8  
Sparks Monitoring Site



**Incline (INC)**  
AQS ID 32-031-2002 (SLAMS)

Located at 855 Alder Drive in Incline Village, this site is outside HA 87. It is located in a residential/commercial neighborhood, where the monitoring objective is population-oriented for O<sub>3</sub>. The AQMD had monitored PM<sub>10</sub> (1993-2002) and CO (1993-2002) at this site. It was temporarily closed from December 2005 to May 2008 for building remodeling. By multi-agency cooperative agreement, the California Air Resources Board (CARB) monitored PM<sub>2.5</sub> (1999-2002) and NO<sub>2</sub> (1999-2002). Since May 2008, this site only monitors for O<sub>3</sub>.

Figure 9  
Incline Monitoring Site



**Lemmon Valley (LEM)**  
AQS ID 32-031-2009 (SLAMS)

Located at the Boys and Girls Club at 325 Patrician Drive in Reno, this site is outside HA 87. It is in a transitional area among residences, parks, and open fields. The pollutants monitored are O<sub>3</sub> and CO. The monitoring objective is population-oriented.

Figure 10  
Lemmon Valley Monitoring Site



**Monitoring Stations No Longer In Operation**

**Sun Valley (SUN)**  
AQS ID 32-031-2006 (SLAMS)

This PM<sub>10</sub> site at 5399 Sun Valley Drive was located in a residential area outside HA 87. PM<sub>10</sub> monitoring continued until the site was shut down in March 2005.

## A Review of 2014

January was dry and mild with persistent temperature inversions producing areas of fog and haze in valleys on many days of the month. Air quality was impacted throughout the month with mandatory and voluntary wood burning restrictions around the Truckee Meadows. AQMD issued one burn ban day, and the highest  $PM_{2.5}$  concentration was  $33.5 \mu\text{g}/\text{m}^3$  on January 1.

February to May continued the record dry and high temperature trend, which resulted in an early wildfire season. The Hunter Falls Fire started May 17 in the Southwest hills of Reno. The one exceedance of ozone occurred on the same day (0.076 ppm, 8-hour average). Smoke impacts were short-lived and minimal. The dry period ended with a series of thunderstorms. On the evening of May 22, a haboob generated from a thunderstorm outflow off of the Carson Sink near Fallon, NV impacted the Truckee Meadows. The highest one-hour  $PM_{10}$  concentration during this event was  $964 \mu\text{g}/\text{m}^3$ .

June and July saw record high temperatures, but the region experienced increased moisture in July. Ozone concentrations did not exceed the NAAQS during this time. The highest 8-hour ozone average for this period (0.074 ppm) was recorded on July 27.

Figure 11  
May 22 Haboob



Photo of haboob approaching Reno/Sparks by Scott McGuire, National Weather Service Reno on May 22. (Source: Reno Gazette Journal)

Figure 12  
Smoke Impact from King Fire



Aqua satellite image of the King Fire on September 17. (Source: NASA Earth Observatory)

Wildfires in Northwest Nevada, Northern California, and Eastern Oregon impacted the region from the end of July through the beginning of September.

The King Fire began on September 13, and smoke began to impact the Reno/Sparks area on September 14. Six  $PM_{2.5}$  exceedances (September 15, 16, 18, 22-24) and one  $PM_{10}$  exceedance (September 18) were monitored from smoke generated by this fire. Highest 24-hour averages of  $PM_{2.5}$  and  $PM_{10}$  concentrations for the year were  $100.9 \mu\text{g}/\text{m}^3$  and  $159 \mu\text{g}/\text{m}^3$ , respectively on September 18. The King Fire grew to 97,717 acres and was fully contained on October 31.

The Burn Code season began in November with only one voluntary no burn day during a calm and cold period at the end of the month. December was active and resulted in only two mandatory no burn days. Highest 24-hour  $PM_{2.5}$  concentration of  $33.0 \mu\text{g}/\text{m}^3$  occurred on December 9 during the first Red burn code of the season.



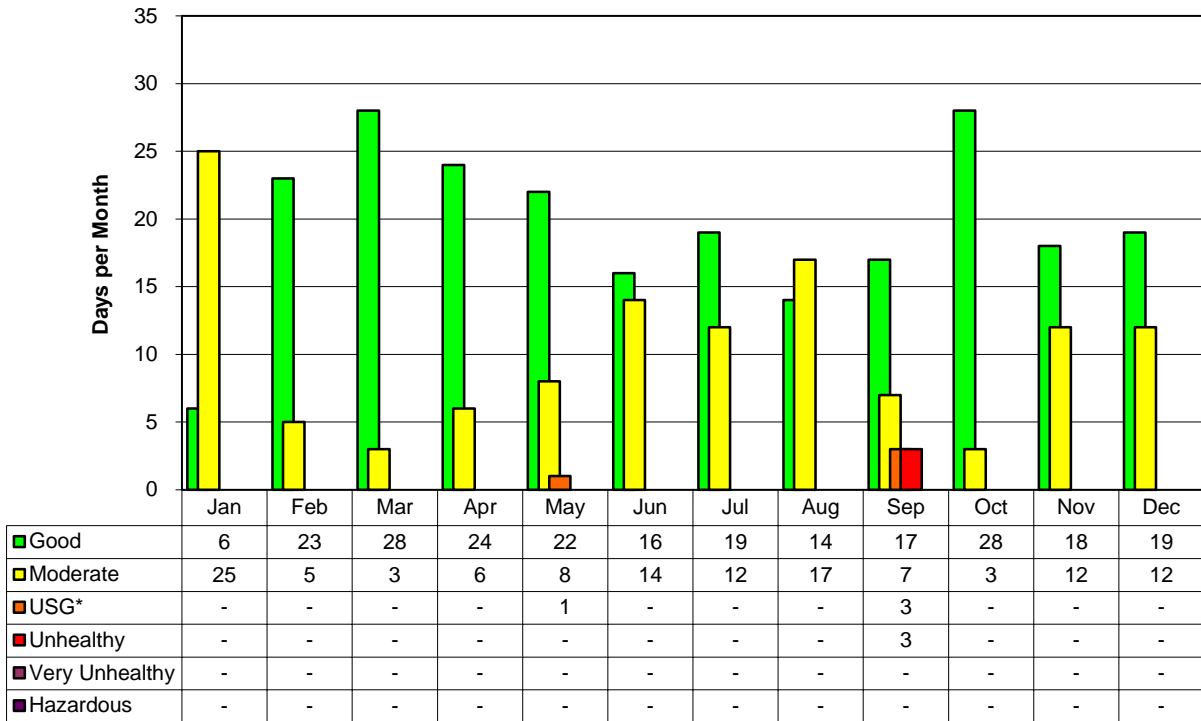
Table 2 summarizes NAAQS exceedances in 2014 by pollutant, averaging period, and dates.

Table 2  
2014 NAAQS Exceedances Summary

Pollutant	Averaging Period	Exceedance Dates
PM <sub>10</sub>	24-hour	Sep 18
PM <sub>2.5</sub>	24-hour	Sep 15, 16, 18, 22-24
O <sub>3</sub>	8-hour	May 17
CO	1-hour	None
	8-hour	None
NO <sub>2</sub>	1-hour	None
SO <sub>2</sub>	1-hour	None
	3-hour	None
Pb	Rolling 3-month	Not required to monitor based on population size and lack of significant Pb sources.

Figure 13 summarizes the 2014 air quality by month and Air Quality Index (AQI) categories. The AQI is an index for reporting daily air quality that has been established by EPA. It informs the public how clean or polluted the air is, and what associated health effects might be a concern. The AQI is reported to the public via EnviroFlash, social media (Facebook and Twitter), website (OurCleanAir.com) and the AQMD's air quality hotline ((775) 785-4110). The email, social media, and hotline are updated daily, and more often during air pollution episodes. The website is updated with the AQI and burn code during November, December, January and February. PM, CO, NO<sub>2</sub>, and SO<sub>2</sub> concentrations are typically higher in the winter months while higher O<sub>3</sub> concentrations are more typical during the summer months.

Figure 13  
 Monthly AQI Summary for All Pollutants (2014)



\* Unhealthy for Sensitive Groups

The next six figures are pollutant-specific and summarize Washoe County’s air quality for the previous year by pollutant, month, and AQI categories.

Figure 14  
Monthly AQI Summary of PM<sub>10</sub> (2014)

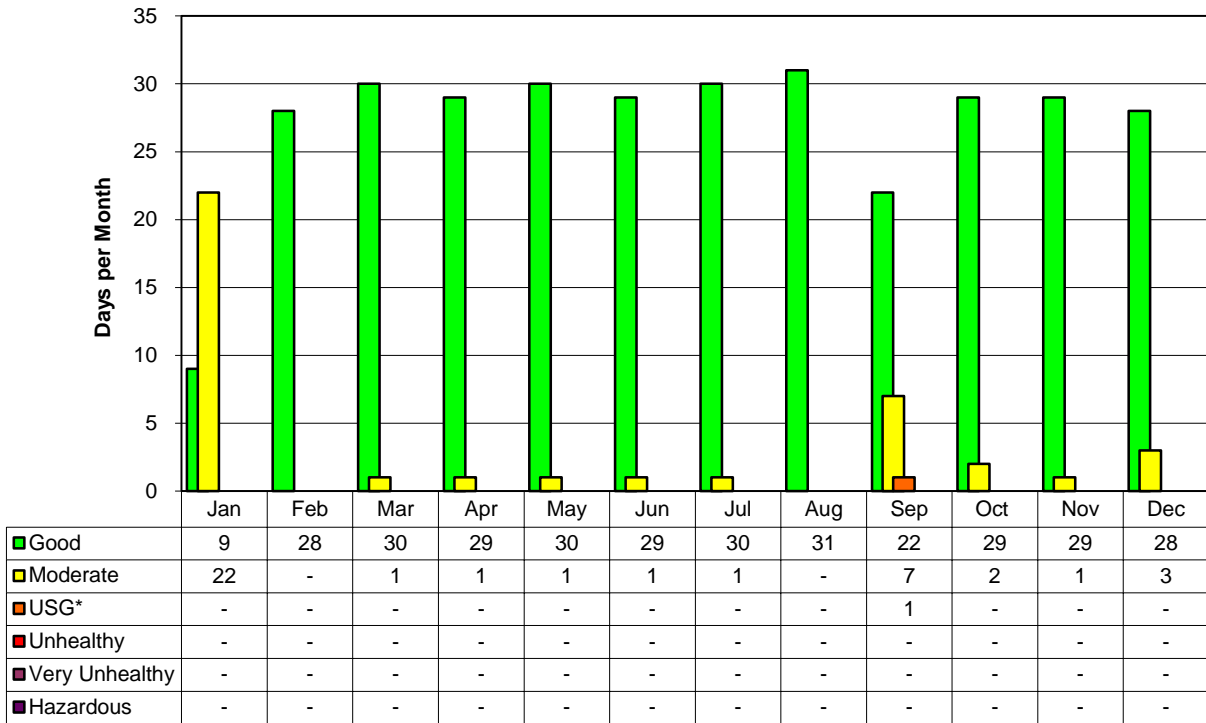
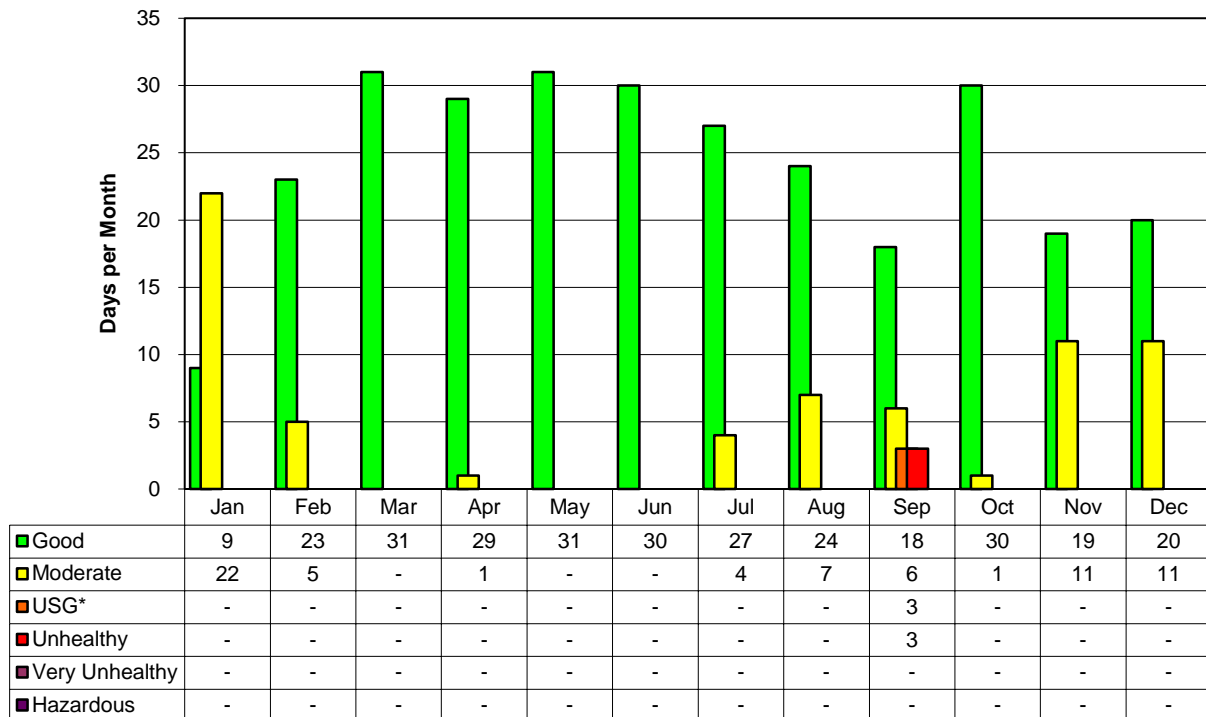


Figure 15  
Monthly AQI Summary of PM<sub>2.5</sub> (2014)



\* Unhealthy for Sensitive Groups

Figure 16  
Monthly AQI Summary of O<sub>3</sub> (2014)

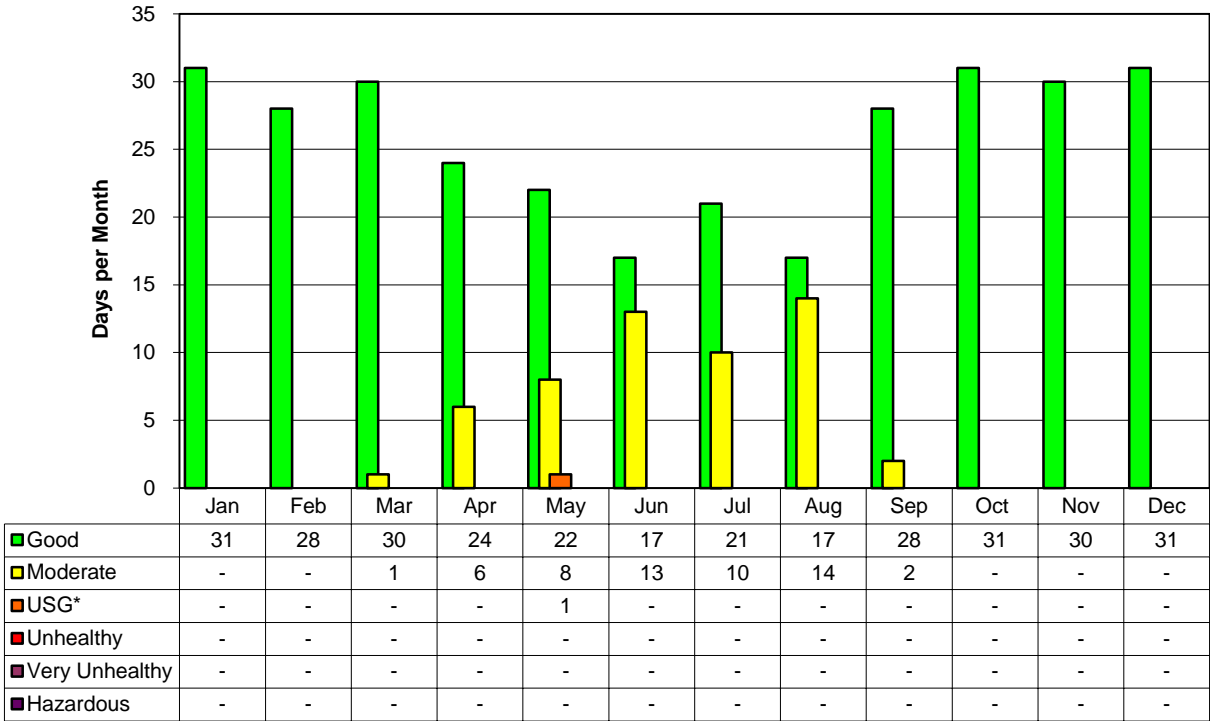
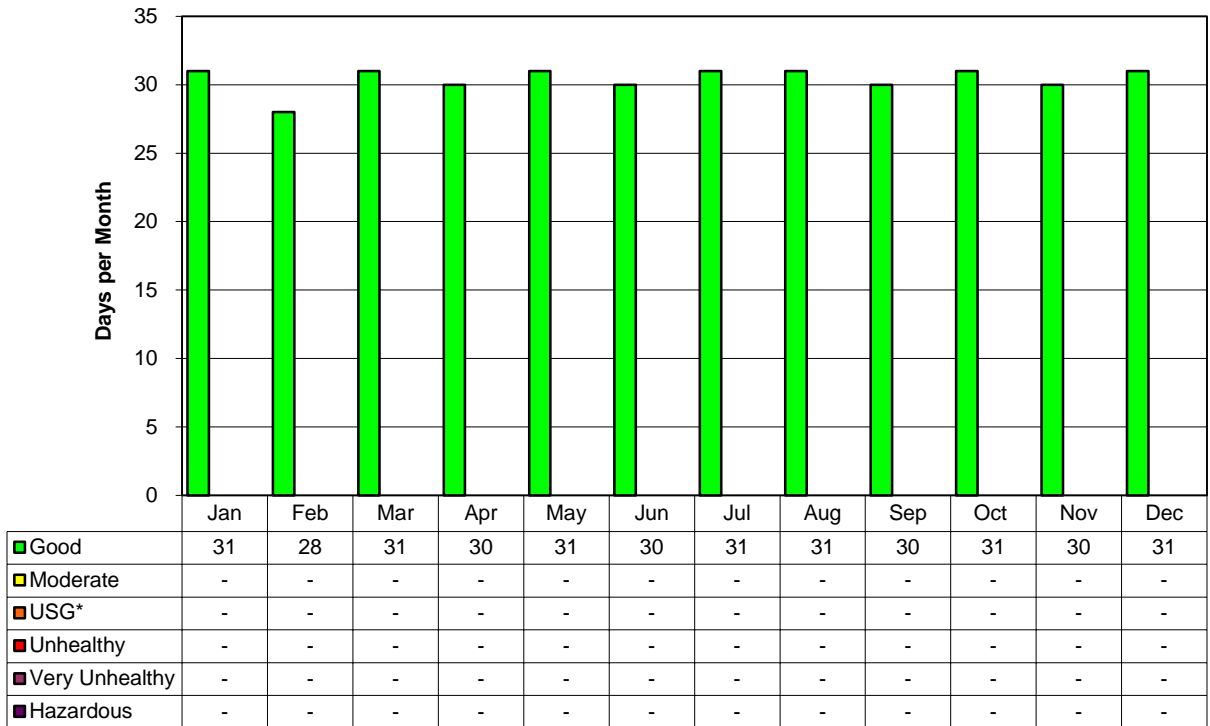
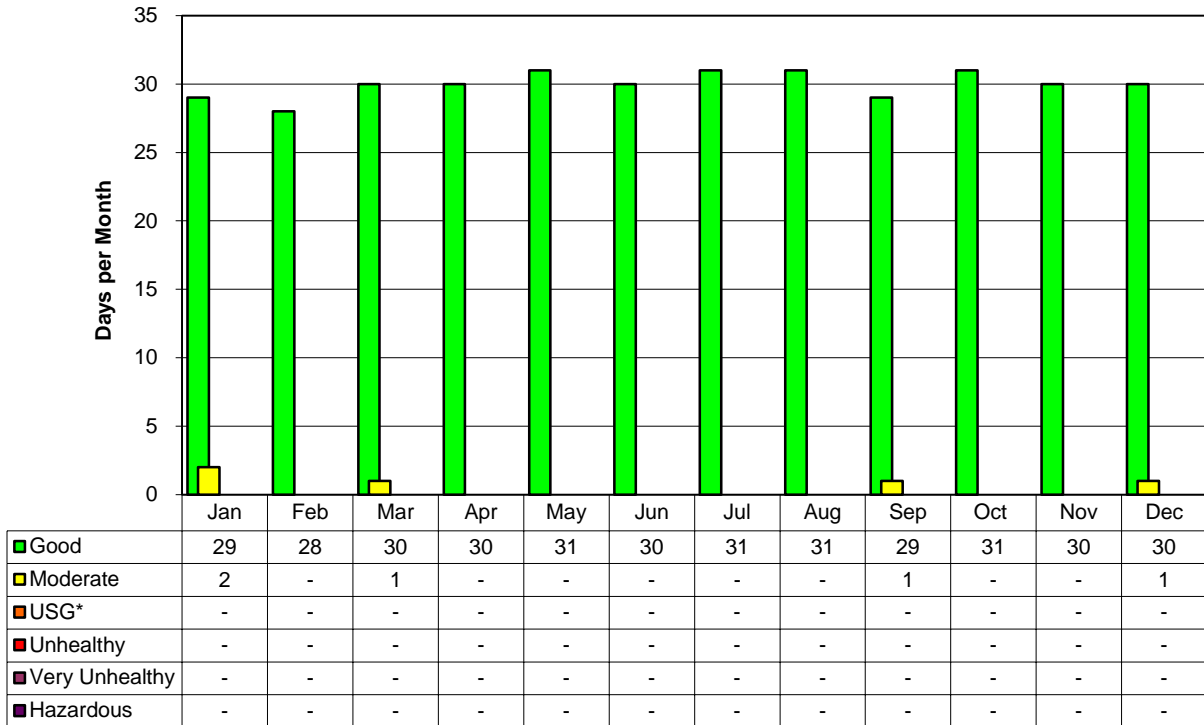


Figure 17  
Monthly AQI Summary of CO (2014)



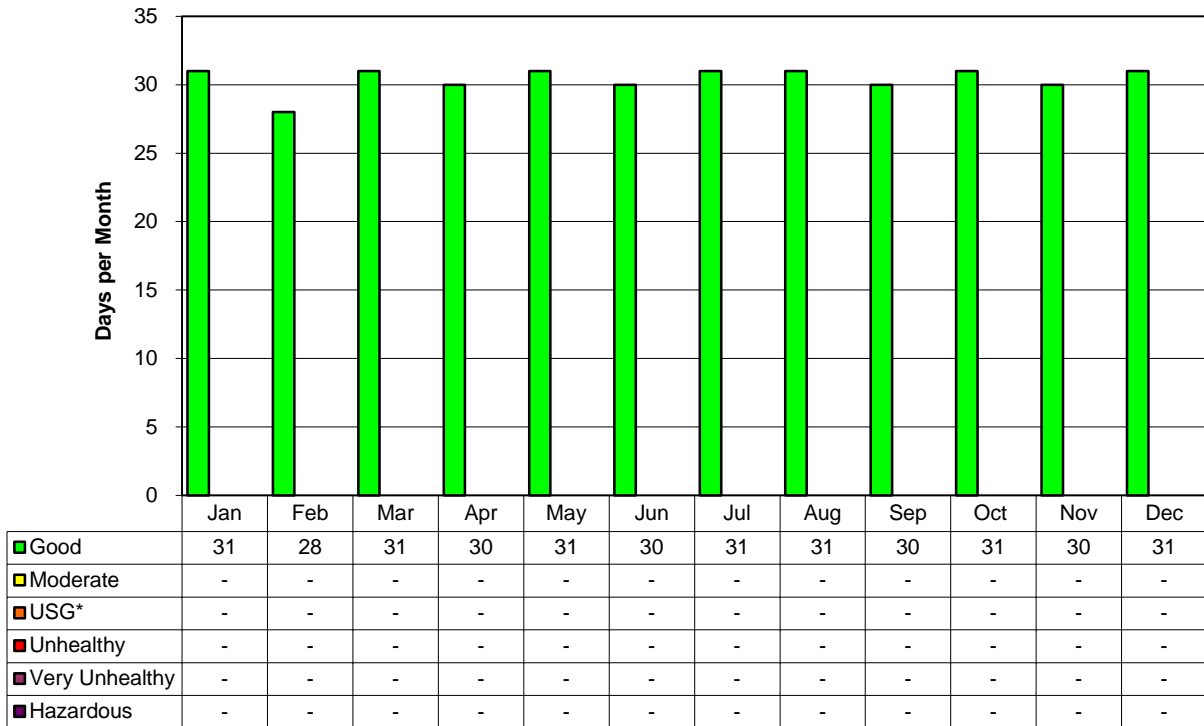
\* Unhealthy for Sensitive Groups

Figure 18  
Monthly AQI Summary of NO<sub>2</sub> (2014)



\* Unhealthy for Sensitive Groups

Figure 19  
Monthly AQI Summary of SO<sub>2</sub> (2014)



\* Unhealthy for Sensitive Groups

## Current Design Values and Attainment Status

Table 3 summarizes Washoe County’s current design values, the statistic used to compare the network against the NAAQS to determine designation, and designations for each NAAQS. The designations are also codified in 40 CFR 81.329.

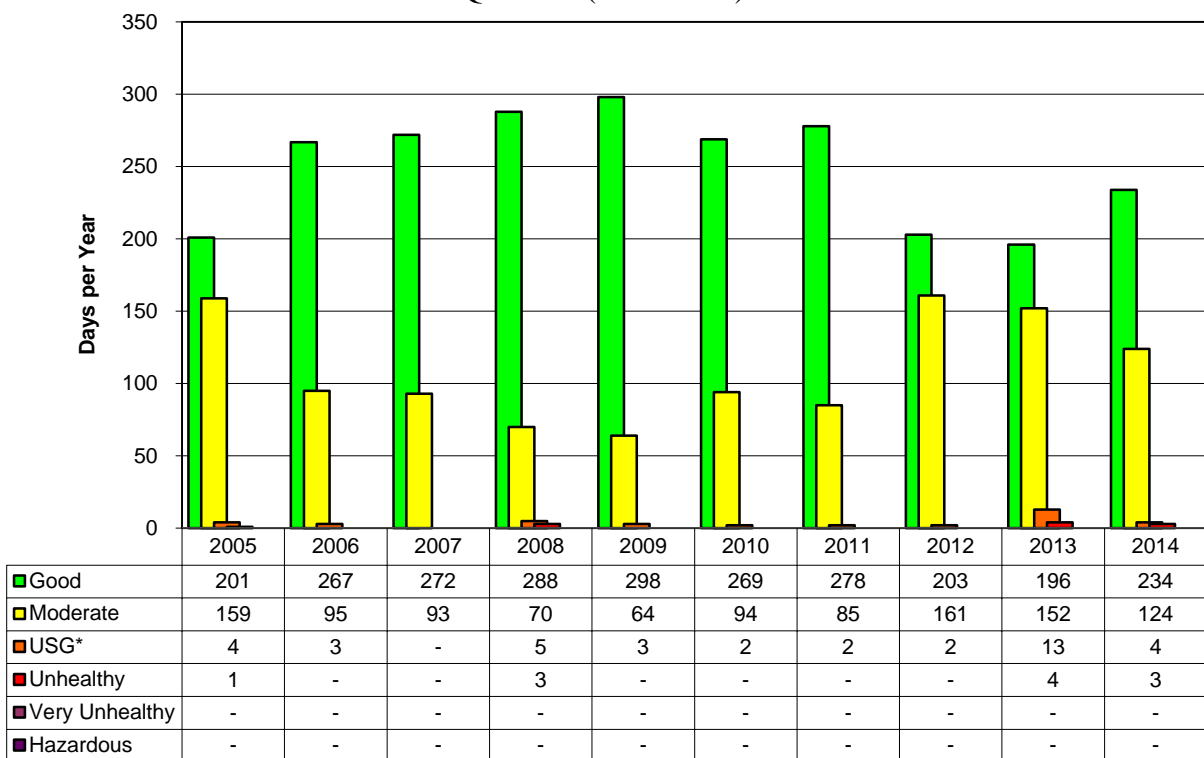
Table 3  
Design Values and Attainment Status (as of December 31, 2014)

Pollutant	NAAQS		Design Value	Designation (Geographic Area)
	Averaging Time	Level		
PM <sub>10</sub>	24-hour	150 µg/m <sup>3</sup>	0.0 (Expected Exceedances)	“Serious” Non-Attainment (HA 87)
				Unclassifiable (Remainder of County)
PM <sub>2.5</sub>	24-hour	35 µg/m <sup>3</sup>	32 µg/m <sup>3</sup>	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
	Annual	12.0 µg/m <sup>3</sup>	10.0 µg/m <sup>3</sup>	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
O <sub>3</sub>	8-hour	0.075 ppm	0.070 ppm	Unclassifiable / Attainment (Entire County)
CO	1-hour	35 ppm	3.4 ppm	Attainment (HA 87)
				Unclassifiable/ Attainment (Remainder of County)
	8-hour	9 ppm	2.7 ppm	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
NO <sub>2</sub>	1-hour	100 ppb	54 ppb	Unclassifiable / Attainment (Entire County)
	Annual Mean	53 ppb	14 ppb	Attainment (Entire County)
SO <sub>2</sub>	1-hour	75 ppb	6 ppb	Under Review (Entire County) Promulgated in 2010.
Pb	Rolling 3-month average	0.15 µg/m <sup>3</sup>	N/A	Unclassifiable / Attainment (Entire County)

## Ten-Year Air Quality Trend

Figure 18 summarizes the ten-year trend in AQI between 2005 and 2014. NAAQS revisions in 2006, 2008, and 2012 resulted in changes to AQI category ranges and the number of days per year within those ranges.

Figure 20  
AQI Trend (2005-2014)



\* Unhealthy for Sensitive Groups

### Notes

2006: 1-hour O<sub>3</sub> NAAQS rescinded.

24-hour PM<sub>2.5</sub> NAAQS strengthened from 65 to 35 µg/m<sup>3</sup>.

2008: 8-hour O<sub>3</sub> NAAQS strengthened from 0.08 to 0.075 ppm.

2012: Annual PM<sub>2.5</sub> NAAQS strengthened from 15.0 to 12.0 µg/m<sup>3</sup>.

The next subsection provides one-page summaries of the ten-year trend for each pollutant monitored. The summaries also provide information about the latest year including exceedances, maximum concentrations, and design values.

PM<sub>10</sub> (24-hour) First Highs

NAAQS Level: 150 µg/m<sup>3</sup>

Current Designation: “Serious” Non-Attainment (HA 87); Unclassifiable (Remainder of County)

2014 Exceedances: 1

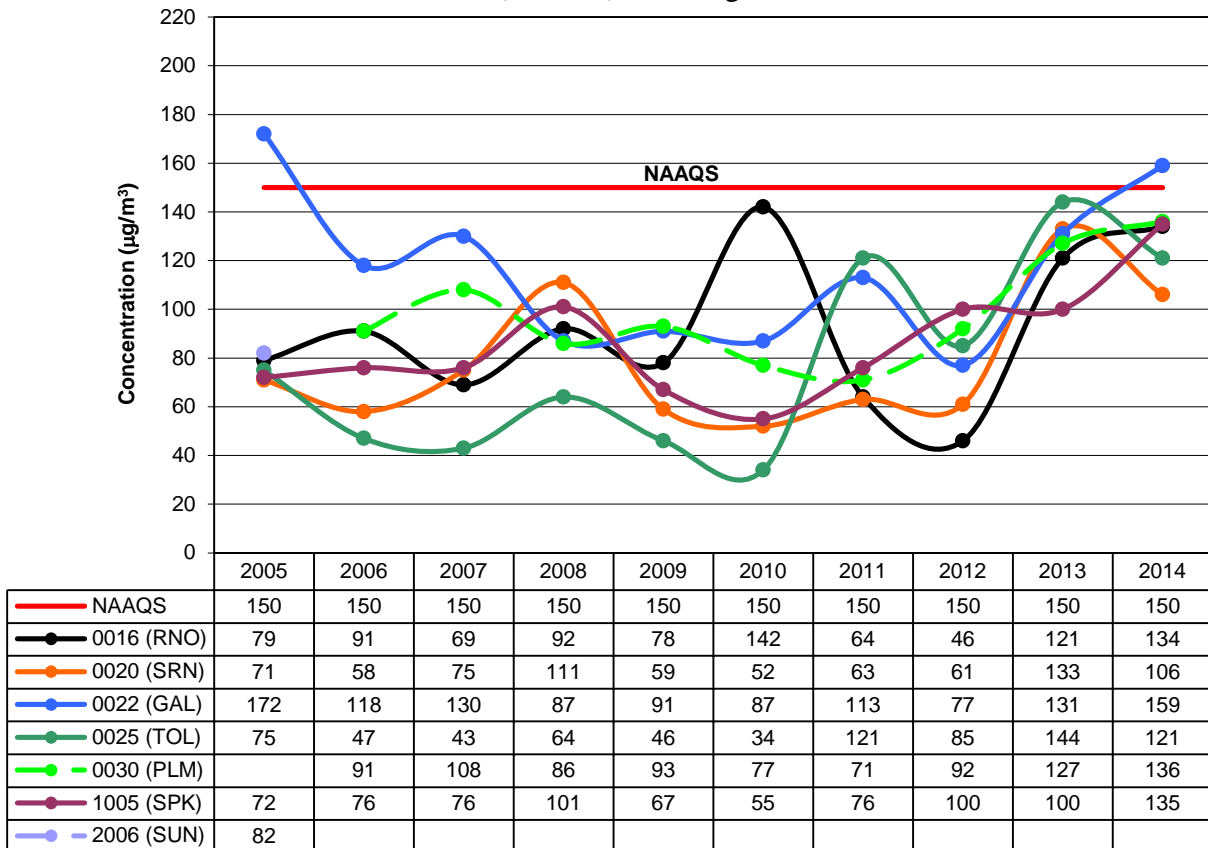
2014 Expected Exceedances: 0.0

2014 First High: 159 µg/m<sup>3</sup> (Sep 18 - GAL)

2014 Design Value: 0.0 expected exceedances

Notes: In 2006, EPA revoked the annual NAAQS of 50 µg/m<sup>3</sup>. On April 19, 2011, EPA published a final rule (76 FR 21807) finding that the: 1) Truckee Meadows failed to attain the NAAQS by the applicable date; and 2) the Truckee Meadows is currently attaining the NAAQS based on recent monitoring data (2007-2009). The rule does not change the “Serious” non-attainment designation. In November 2014, a revision to the PM<sub>10</sub> State Implementation Plan (SIP) was submitted to EPA Region IX requesting redesignation of HA 87 to Attainment/Maintenance of the 24-hour NAAQS. The exceedance in 2014 was during the King Fire. AQMD is preparing an exceptional events request to EPA to be completed in 2015 including those data. Due to incomplete data capture for the 4<sup>th</sup> Quarter due to site closure, there is not a valid design value for PM<sub>10</sub> at GAL in 2014.

Figure 21  
PM<sub>10</sub> (24-hour) First Highs





PM<sub>2.5</sub> (24-hour) Design Values

NAAQS Level: 35 µg/m<sup>3</sup>

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2014 Exceedances: 6

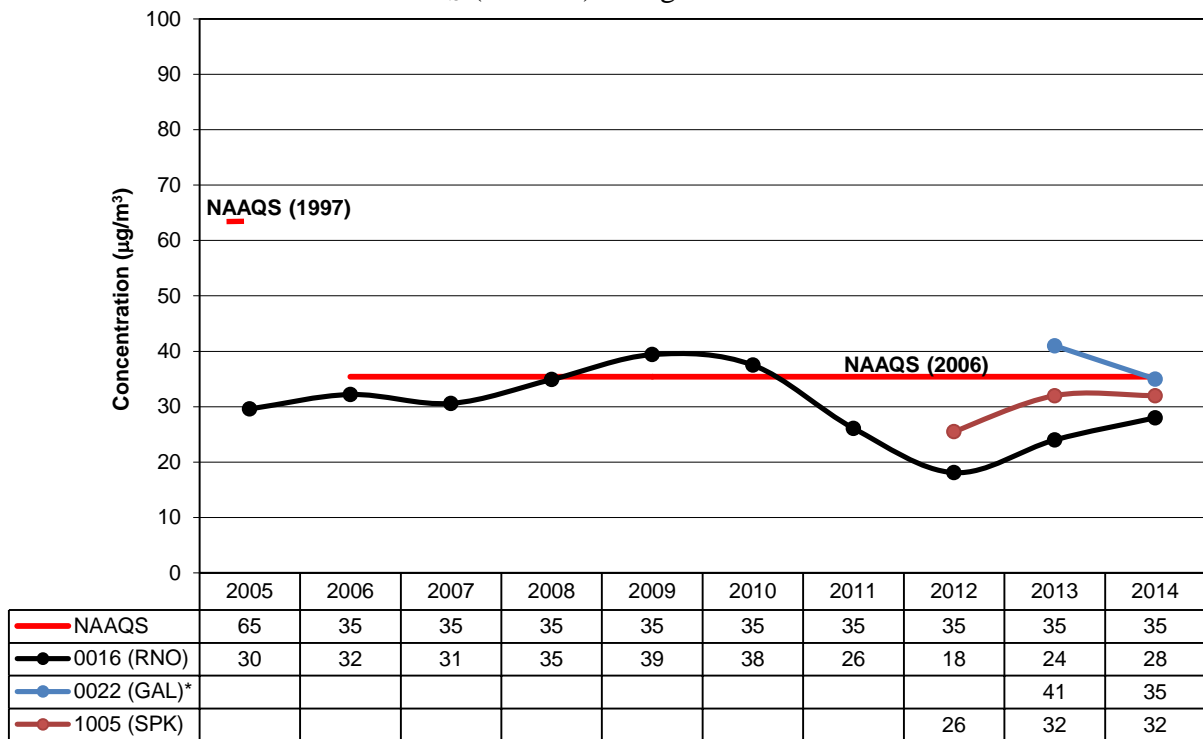
2014 First High: 100.9 µg/m<sup>3</sup> (Sep 18 - RNO)

2014 98<sup>th</sup> Percentile: 33.0 µg/m<sup>3</sup> (Dec 9 - SPK)

2014 Design Value: 32 µg/m<sup>3</sup> (SPK)

Notes: PM<sub>2.5</sub> was monitored at three sites (RNO, SPK, GAL) during this period. SPK site began monitoring in January 2012, while GAL site started monitoring in January 2013. In 2006, EPA strengthened the 24-hour NAAQS from 65 to 35 µg/m<sup>3</sup> (71 FR 61144). Ambient air monitoring data from June/July 2008 were influenced by wildfires in northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 28, 2015, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request. Ambient air monitoring data from August/September 2013 were also influenced by wildfires in northern and central California. AQMD submitted an exceptional events request to EPA Region IX August 2014. Data was also influenced by the King Fire in California in 2014. AQMD is preparing an exceptional events request to EPA to be completed in 2015.

Figure 22  
PM<sub>2.5</sub> (24-hour) Design Values



\* PM<sub>2.5</sub> monitoring at GAL began on January 1, 2013. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

## PM<sub>2.5</sub> (Annual) Design Values

NAAQS Level: 12.0 µg/m<sup>3</sup>

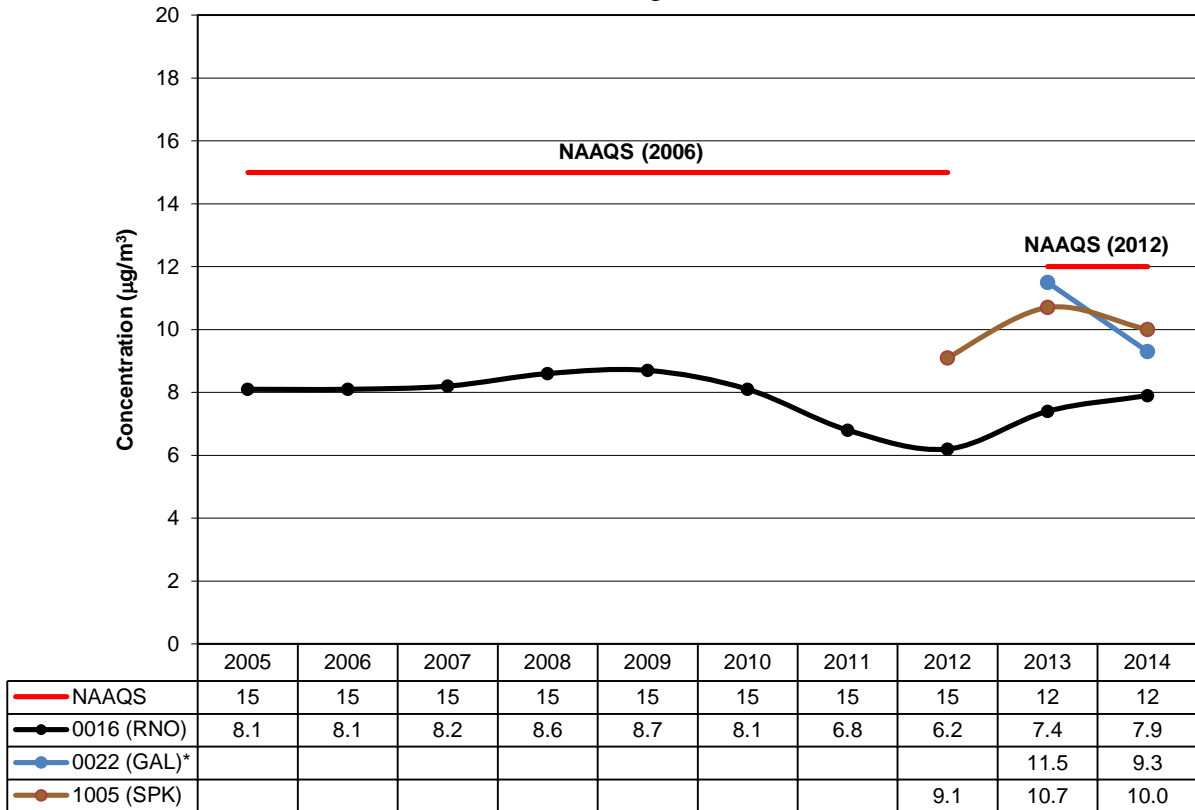
Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2014 Annual Weighted Mean: 8.7 µg/m<sup>3</sup>

2014 Design Value: 10.0 µg/m<sup>3</sup>

Notes: PM<sub>2.5</sub> was monitored at three sites (RNO, SPK, and GAL) during this period. In 2006, EPA reviewed and retained the annual NAAQS of 15.0 µg/m<sup>3</sup> (71 FR 61144). In 2012, EPA strengthened the annual NAAQS from 15.0 to 12.0 µg/m<sup>3</sup>. Ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 28, 2015, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request. Ambient air monitoring data from August/September 2013 were also influenced by wildfires in northern and central California. AQMD submitted an exceptional events request to EPA Region IX August 2014. Data was also influenced by the King Fire in California in 2014. AQMD is preparing an exceptional events request to EPA to be completed in 2015.

Figure 23  
PM<sub>2.5</sub> (Annual) Design Values



\* PM<sub>2.5</sub> monitoring at GAL began on January 1, 2013. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

## O<sub>3</sub> (8-hour) Design Values

NAAQS Level: 0.075 ppm

Current Designation: Unclassifiable/Attainment (Entire County)

2014 Exceedances: 1

2014 First High: 0.076 ppm (May 17 - RNO)

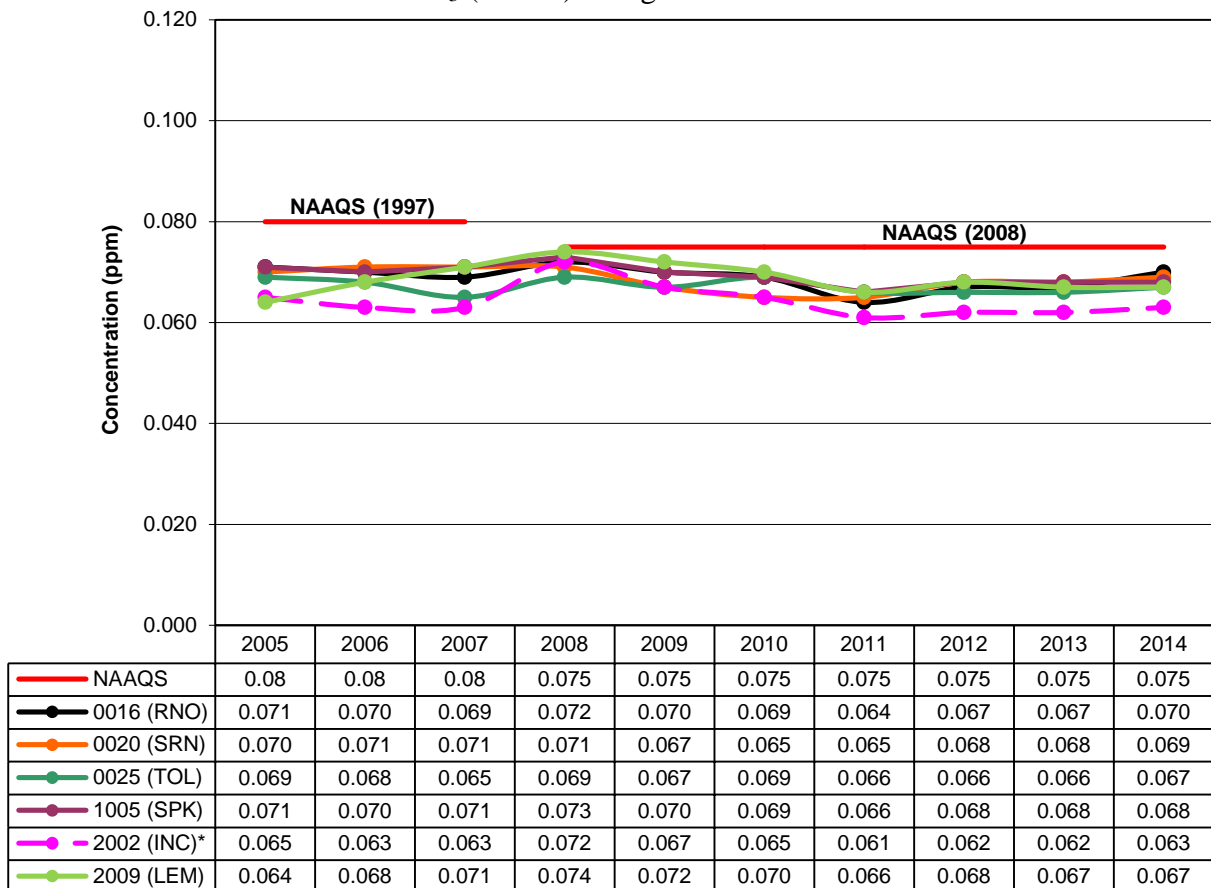
2014 Fourth High: 0.071 ppm (Jun 28 - RNO)

2014 Design Value: 0.070 ppm

Notes: The NAAQS was strengthened in 2008 from 0.08 to 0.075 ppm (73 FR 16436). Ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California.

An exceptional events request was submitted to EPA Region IX in October 2009. As of May 28, 2015, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request.

Figure 24  
O<sub>3</sub> (8-hour) Design Values



\* Monitor was offline from Dec 2005 through May 2008 due to remodeling of the INC facility. Design Values for 2006-2010 include less than three years of complete data, and those years cannot be compared to the NAAQS.

## CO (8-hour) Design Values

NAAQS Level: 9 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2014 Exceedances: 0

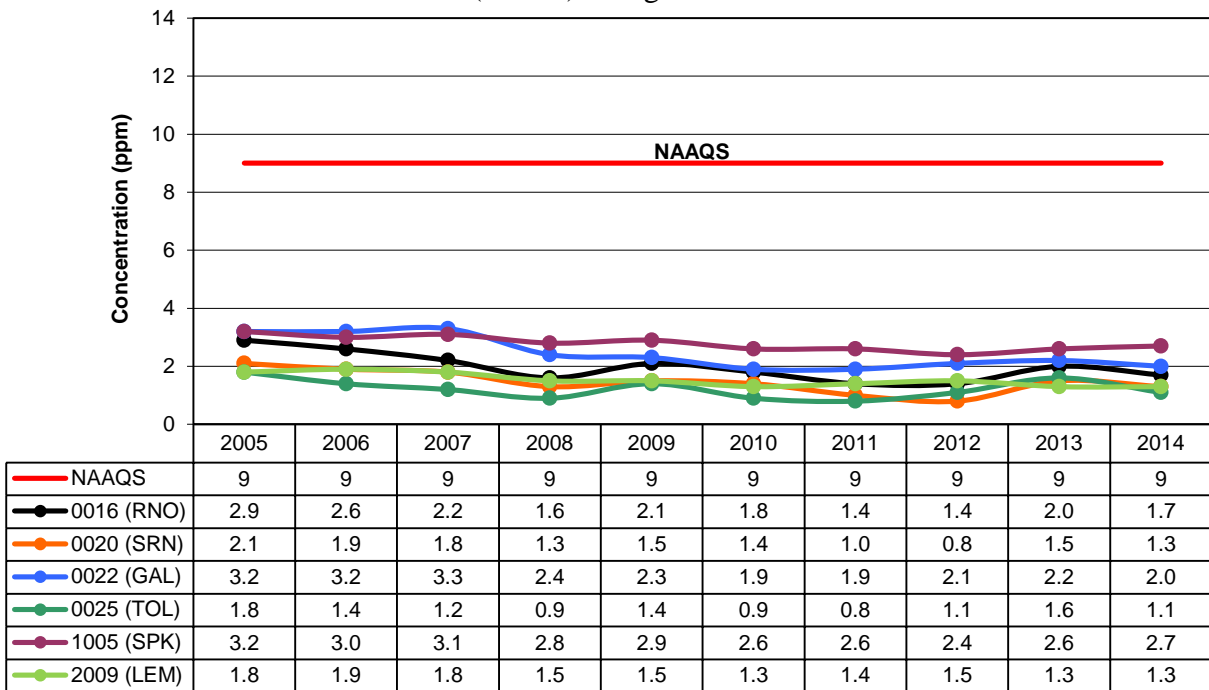
2014 First High: 2.7 ppm (Jan 4 - SPK)

2014 Second High: 2.5 ppm (Jan 3 - SPK)

2014 Design Value: 2.7 ppm

Notes: The last measured exceedance of the 8-hour NAAQS occurred in December 1991.

Figure 25  
CO (8-hour) Design Values



## CO (1-hour) Design Values

NAAQS Level: 35 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2014 Exceedances: 0

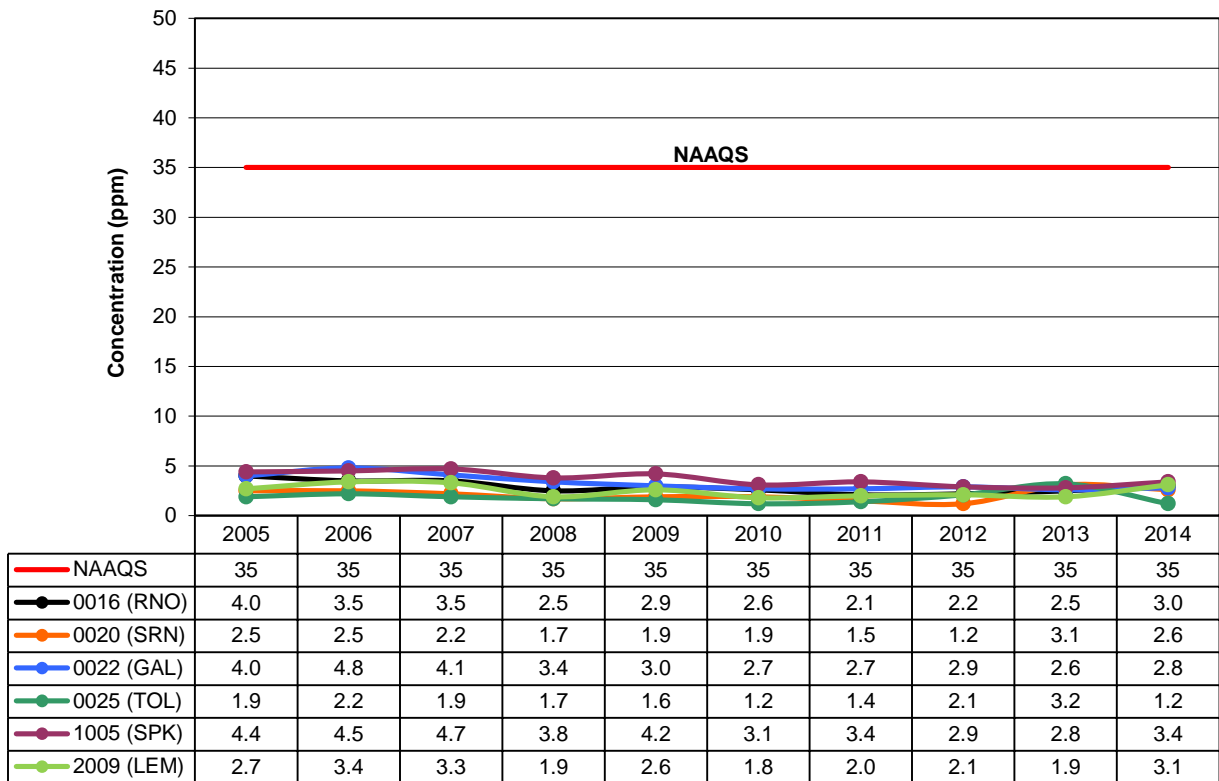
2014 First High: 3.4 ppm (Jan 3 - SPK)

2014 Second High: 3.2 ppm (Jan 3 - SPK)

2014 Design Value: 3.4 ppm

Notes: The AQMD has never measured an exceedance of the 1-hour NAAQS.

Figure 26  
CO (1-hour) Design Values



## NO<sub>2</sub> (1-hour) Design Values

NAAQS Level: 100 ppb (Promulgated in 2010)

Current Designation: Unclassifiable/Attainment (Entire County)

2014 Exceedances: 0

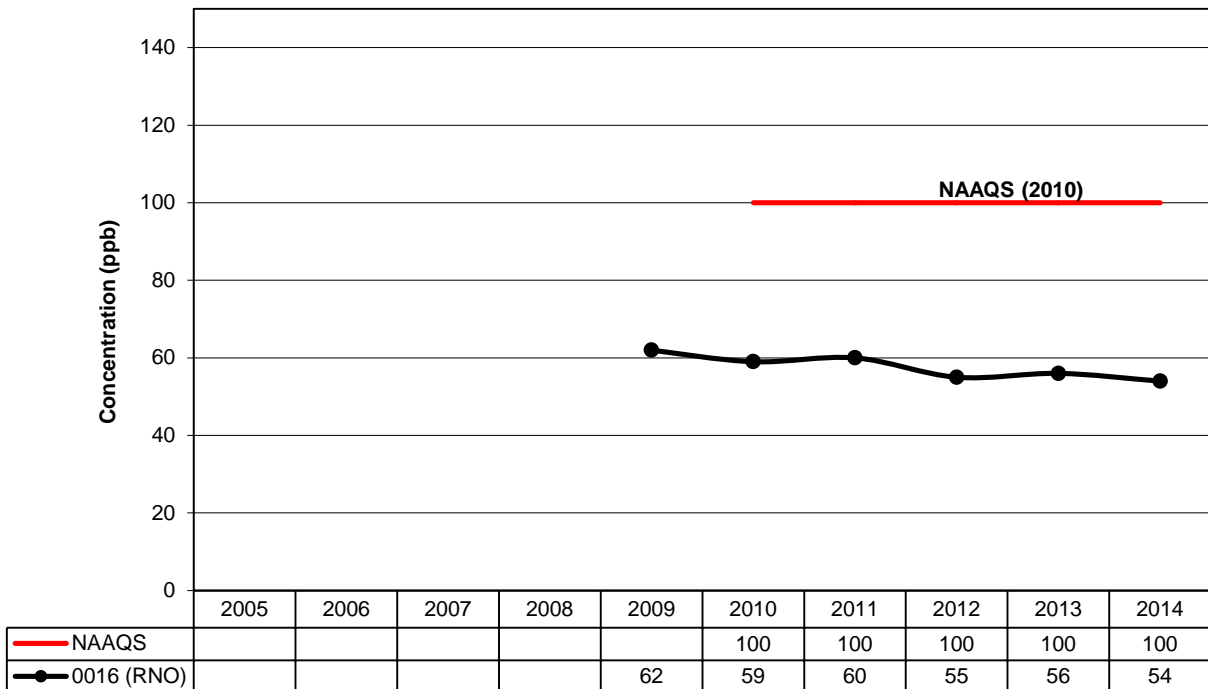
2014 First High: 60.4 ppb (Sep 24 - RNO)

2014 98<sup>th</sup> Percentile: 52.4 ppb (Dec 9 - RNO)

2014 Design Value: 54 ppb

Notes: NO<sub>2</sub> was monitored at one site (RNO) during this period. In 2010, EPA established a new 1-hour NAAQS of 100 ppb (75 FR 6474).

Figure 27  
NO<sub>2</sub> (1-hour) Design Values



## NO<sub>2</sub> (Annual) Design Values

NAAQS Level: 53 ppb

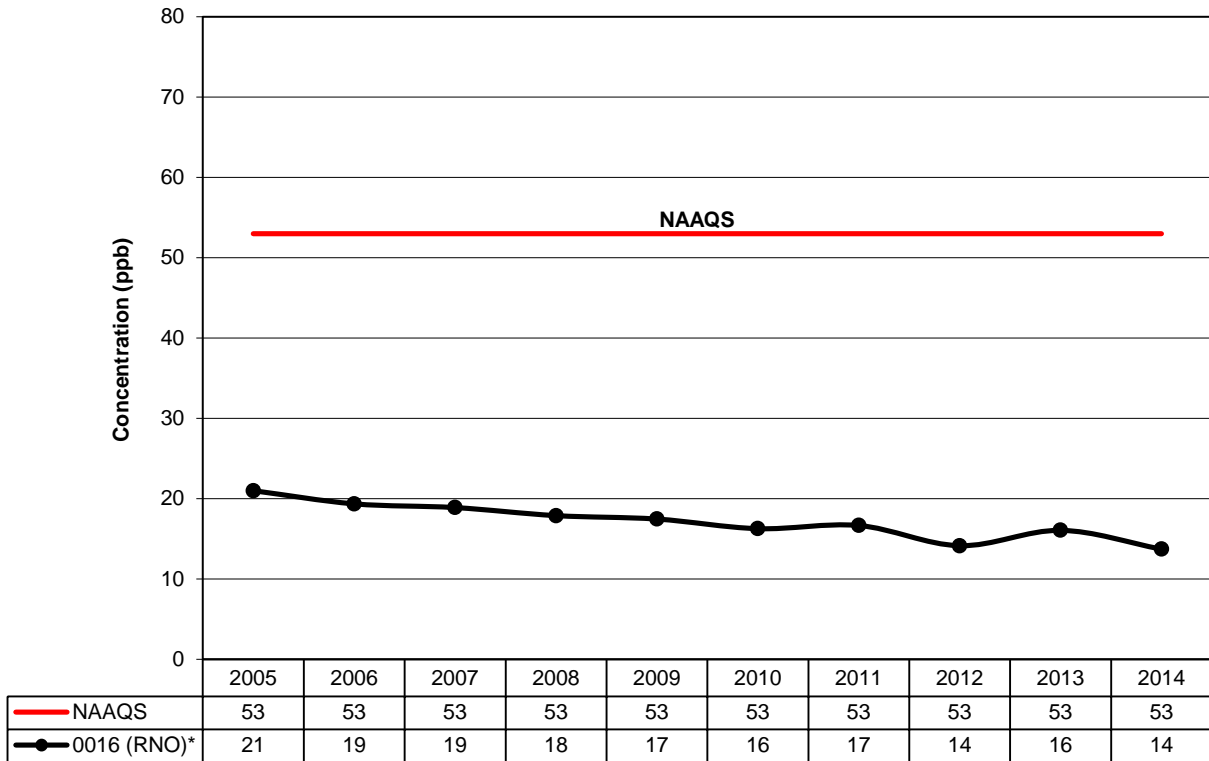
Current Designation: Attainment

2014 Annual Mean: 14 ppb

2014 Design Value: 14 ppb

Notes: NO<sub>2</sub> was monitored at one site (RNO) during this period. In 2010, EPA reviewed and retained the annual NAAQS of 53 ppb (75 FR 6474).

Figure 28  
NO<sub>2</sub> (Annual) Design Values



\* Some data for 2013 and 2014 contained negative values and were submitted as zeroes until AQS can accept negative values.

## SO<sub>2</sub> (1-hour) Design Values

NAAQS Level (1-hour): 75 ppb

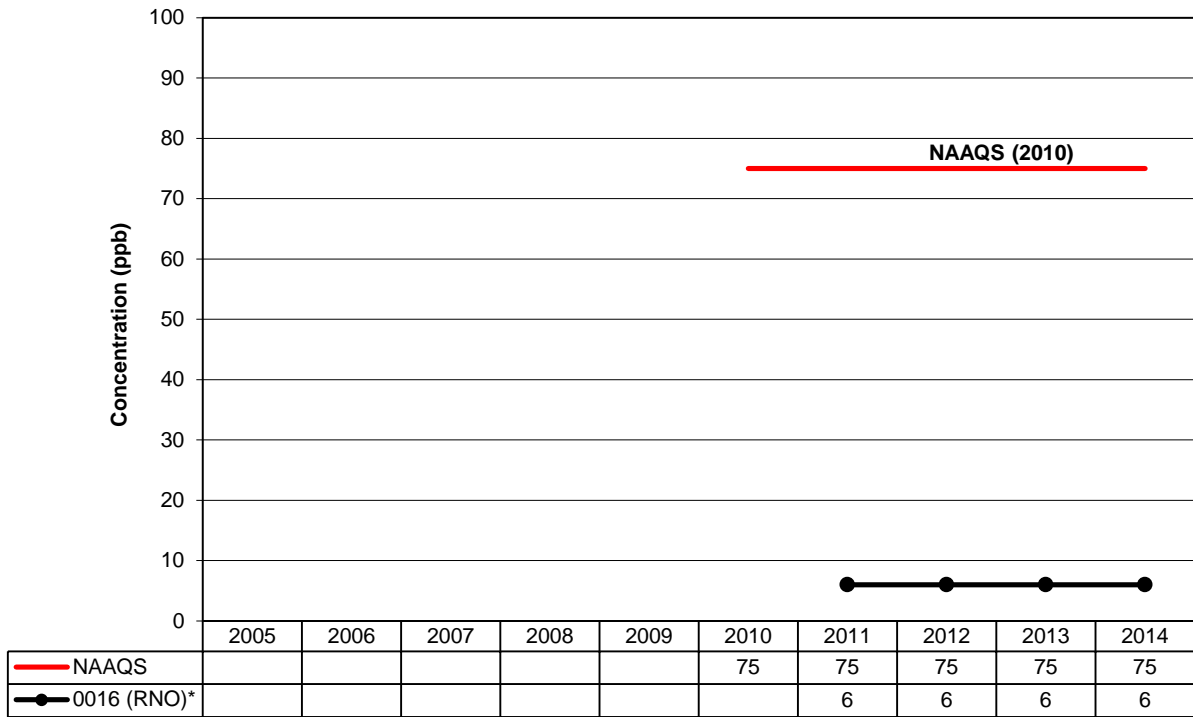
Current Designations: Under review

2014 First High: 6.9 ppb (Jan 23 - RNO)

2014 Design Value: 6 ppb

Notes: In 2010, EPA established a new 1-hour NAAQS of 75 ppb (75 FR 35520). In that same rule, EPA revoked the 24-hour and annual NAAQS. SO<sub>2</sub> monitoring began at the RNO site on January 1, 2011. On May 3, 2011, the Nevada Division of Environmental Protection submitted an initial recommendation of “Unclassifiable” for all hydrographic areas in the State of Nevada for the 1-hour SO<sub>2</sub> NAAQS to EPA Region IX.

Figure 29  
SO<sub>2</sub> (1-hour) Design Values



\* SO<sub>2</sub> monitoring at RNO began on January 1, 2011. Design Values for 2011-2012 include less than three years of complete data, and those years cannot be compared to the NAAQS.



## **Appendix A**

### **Detailed Summary of Ambient Air Monitoring Data**

Exceedances highlighted in **Yellow**

Violations highlighted in **Red**

## NAAQS Exceedances (2012 - 2014)

Pollutant	Averaging Period	Exceedance Dates		
		2012	2013	2014
PM <sub>10</sub>	24 hour	None	None	Sep 18
PM <sub>2.5</sub>	24 hour	None	Aug 22-24, 26-29, Nov 23, Dec 10, 12, 13, 15-18, 22, 31	Sep 15, 16, 18, 22-24
O <sub>3</sub>	8 hour	Jun 18 Jul 4	None	May 17
CO	1 hour	None	None	None
	8 hour	None	None	None
NO <sub>2</sub>	1 hour	None	None	None
SO <sub>2</sub>	1 hour	None	None	None
Pb	Rolling 3-month	N/A - Pb was not monitored		

## Ambient Monitoring Data Summary by Pollutant

### 2014 Carbon Monoxide (ppm) – 8-Hour Averages\*

\*NAAQS 9 ppm: Not to be exceeded more than once per year

Rank	Galletti (0022)		Lemmon Valley (2009)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	2.0	01/04	1.2	01/03	1.7	12/09	1.3	09/18	2.7	01/04	1.1	09/22
2	1.9	01/01	1.1	01/01	1.6	12/10	1.2	01/06	2.4	01/03	0.9	09/23
3	1.8	01/03	1.1	01/02	1.6	01/03	1.1	01/07	2.4	11/25	0.9	09/24
4	1.8	01/18	1.1	01/17	1.6	01/04	1.0	09/22	2.4	11/26	0.9	12/10

### 2014 Carbon Monoxide (ppm) – 1-Hour Averages\*

\*NAAQS 35 ppm: Not to be exceeded more than once per year

Rank	Galletti (0022)		Lemmon Valley (2009)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	2.8	10/15	3.1	09/18	3.0	09/18	2.6	09/18	3.4	01/03	1.2	12/10
2	2.8	01/27	1.9	09/18	2.2	12/08	1.8	09/18	3.2	01/03	1.1	12/10
3	2.5	09/18	1.6	01/02	2.1	01/27	1.7	09/18	3.0	11/25	1.1	12/10
4	2.3	01/22	1.6	01/21	2.0	12/09	1.6	09/18	2.9	01/27	1.0	12/10

## 2014 Ozone (ppm) – 8-Hour Averages

Rank	Incline (2002)		Lemmon Valley (2009)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	0.071	05/17	0.073	05/17	0.076	05/17	0.073	05/17	0.074	07/27	0.075	05/17
2	0.065	05/31	0.072	07/26	0.074	07/27	0.070	07/26	0.073	05/17	0.069	07/16
3	0.064	06/28	0.069	06/28	0.073	07/26	0.069	07/16	0.071	07/26	0.068	05/31
4	0.063	04/20	0.067	06/03	0.071	06/28	0.068	05/31	0.069	06/28	0.067	05/30
5	0.062	05/28	0.066	06/09	0.070	05/31	0.068	07/27	0.067	05/31	0.067	06/28
6	0.062	06/03	0.066	09/23	0.069	04/20	0.067	05/30	0.066	04/20	0.066	06/03
7	0.062	06/09	0.065	05/02	0.069	06/09	0.067	06/03	0.065	06/03	0.066	06/09
8	0.061	04/19	0.065	05/03	0.068	06/03	0.067	06/28	0.065	06/09	0.066	07/26
9	0.061	04/21	0.065	05/31	0.068	08/09	0.067	08/09	0.064	08/09	0.065	05/02
10	0.061	06/02	0.065	08/09	0.067	08/28	0.067	08/28	0.064	08/28	0.065	05/03

## Ozone (ppm) – 8-Hour Design Value\*

\*NAAQS 0.075 ppm: Annual fourth-highest daily maximum 8-hr concentration, averaged over 3 years

4 <sup>th</sup> High	Incline (2002)		Lemmon Valley (2009)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
2012	0.065	06/19	0.071	05/02	0.072	06/18	0.072	07/13	0.071	06/18	0.067	05/05
2013	0.063	08/22	0.065	07/17	0.069	08/22	0.067	08/23	0.066	07/17	0.068	07/21
2014	0.063	04/20	0.067	06/03	0.071	06/28	0.068	05/31	0.069	06/28	0.067	05/30
Design Value	0.063		0.067		0.070		0.069		0.068		0.067	

## 2014 PM<sub>2.5</sub> (µg/m<sup>3</sup>) – 24-Hour Averages

Rank	Galletti (0022)		Reno3 (0016)		Sparks (1005)	
	Value (%ile)*	Date	Value (%ile)*	Date	Value (%ile)*	Date
1	100.2	09/18	100.9	09/18	98.0	09/18
2	87.4	09/23	93.0	09/23	83.5	09/23
3	57.6	09/22	62.0	09/22	54.5	09/22
4	47.0	09/24	39.7	09/16	45.7	09/24
5	46.4	09/16	37.8	09/15	41.3	09/16
6	39.7	09/15	36.9	09/24	37.3	09/15
7	28.5 (98)	09/17	32.8	09/17	33.8	01/03
8	25.0	01/03	29.2 (98)	08/05	33.0 (98)	12/09
9	23.7	01/01	28.7	12/09	32.8	01/01
10	21.7	01/27	27.4	09/19	29.4	12/08

## 2014 PM<sub>2.5</sub> (µg/m<sup>3</sup>) – 24-Hour Average Percentiles and Design Values\*

\*NAAQS 35 µg/m<sup>3</sup>: 98th percentile, averaged over 3 years

98 <sup>th</sup> Percentile	Galletti (0022)	Reno3 (0016)	Sparks (1005)
2012	N/A	15.7	25.5
2013	41.1**	38.8	38.2
2014	28.5**	29.2	33.0
24-Hour Design Value	35**	28	32

\*\* PM<sub>2.5</sub> monitoring at GAL began on January 1, 2013. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

## 2014 PM<sub>2.5</sub> (µg/m<sup>3</sup>) – Annual Mean and Annual Design Values\*

\*NAAQS 12.0 µg/m<sup>3</sup>: Annual mean, averaged over 3 years

Annual Mean	Galletti (0022)	Reno3 (0016)	Sparks (1005)
2012	N/A	5.9	9.1
2013	11.5**	9.8	12.3
2014	7.2**	7.6	8.7
Annual Design Value	9.3**	7.9	10.0

\*\* PM<sub>2.5</sub> monitoring at GAL began on January 1, 2013. Because less than three years of data are available, GAL cannot be used for comparison against the NAAQS.

## 2014 PM<sub>10</sub> (µg/m<sup>3</sup>) – 24-Hour Averages

\*Not to be exceeded more than once per year on average over 3 years

Rank	Galletti (0022)		Plumb-Kit (0030)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
1	159	09/18	136	09/18	134	09/18	106	09/23	135	09/18	121	11/28
2	135	09/23	125	09/23	126	09/23	102	09/18	115	09/23	95	09/23
3	106	01/03	89	01/03	79	09/22	89	09/22	81	01/03	92	09/22
4	105	01/06	87	09/22	67	01/03	70	01/06	79	09/16	83	10/14
5	104	09/24	76	09/16	63	09/16	67	01/08	79	09/22	58	10/25
6	103	01/07	70	09/15	59	09/15	67	01/22	72	09/15	57	09/25
7	99	01/27	68	01/02	59	09/24	66	01/13	71	09/24	55	12/11
8	98	09/22	68	01/06	58	01/06	56	01/03	71	10/14	54	09/16
9	92	09/17	67	01/01	58	09/17	54	09/16	69	01/06	54	09/21
10	90	09/16	67	09/24	58	12/09	53	01/07	67	09/17	52	09/18

## PM<sub>10</sub> (µg/m<sup>3</sup>) – Three Year 24-Hour Highs

High	Galletti (0022)		Plumb-Kit (0030)		Reno3 (0016)		So. Reno (0020)		Sparks (1005)		Toll (0025)	
	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date	Value	Date
2012	77	01/04	92	01/19	46	01/10	61	01/19	100	01/19	85	11/08
2013	131	08/23	127	08/23	121	08/23	133	08/23	100	08/23	144	08/23
2014	159	09/18	136	09/18	134	09/18	106	09/23	135	09/18	121	11/28

### 2014 NO<sub>2</sub> (ppb) – 1-Hour Averages

Rank	Reno3 (0016)	
	Value (%ile)	Date
1	60.4	09/24
2	58.1	01/07
3	57.2	01/07
4	57.1	01/03
5	54.8	03/25
6	54.6	12/10
7	53.4	09/24
8	53.2	11/26
9	53.0	10/14
10	53.0	11/26
11	52.4 (98)	12/09

### 2014 NO<sub>2</sub> (ppb) – 1-Hour Percentiles and Design Value

\*NO<sub>2</sub> NAAQS 100 ppb: 98th percentile, averaged over 3 years

98 <sup>th</sup> Percentile	Reno3 (0016)
	Value
2012	53
2013	56
2014	52
Design Value	54

### 2014 NO<sub>2</sub> (ppb) – Annual Mean\*

\*NAAQS 53 ppb: Annual Mean

	Reno3 (0016)
Annual Mean	14

## 2014 SO<sub>2</sub> (ppb) – 1-Hour Averages

Rank	Reno3 (0016)	
	Value (%ile)	Date
1	6.9	01/23
2	6.3	01/22
3	6.1	12/10
4	6.0 (99)	01/27
5	5.0	12/09
6	4.9	01/07
7	4.9	01/20
8	4.8	01/03
9	4.8	01/10
10	4.7	01/14

## 2014 SO<sub>2</sub> (ppb) – 1-Hour Percentiles and Design Values\*

\*NAAQS 75 ppb: 99<sup>th</sup> percentile of 1-hour daily maximum concentrations, averaged over 3 years

99 <sup>th</sup> Percentile	Reno3 (0016)
	Value
2012	6
2013	6
2014	6
Design Value	6



**STAFF REPORT**

**BOARD MEETING DATE:** May 28, 2015

**TO:** District Board of Health

**FROM:** David McNinch, Environmental Health Specialist Supervisor  
775-328-2645, [dmcninch@washoecounty.us](mailto:dmcninch@washoecounty.us)

**SUBJECT:** **Presentation, discussion and possible adoption of revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments with possible modifications to include, but not limited to, training provisions for Certified Food Protection Managers and possible direction to staff**

**SUMMARY**

The Washoe County District Board of Health must approve amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments. Per NRS 237 Business Impact Statements “must be considered by the governing body at its regular meeting next preceding any regular meeting held to adopt” the Proposed Amendments. At the April 23, 2015 District Board of Health meeting, the Board considered and accepted the Business Impact Statement as required and designated the next regular meeting of the Board, May 28, 2015, as the public hearing to consider adoption of the proposed amendments.

**District Health Strategic Objective supported by this item:** Strengthen District-wide infrastructure to improve public health

**PREVIOUS ACTION**

The Business Impact Statement associated with the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments was considered and accepted by the District Board of Health at the regular District Board of Health meeting on April 23, 2015. The Board also approved the next regular meeting of the Board, May 28, 2015, as the public hearing to consider adoption of the proposed amendments.

**BACKGROUND**

While specific sections and/or provisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments have been approved over the years, a comprehensive review and revision to the body of the regulation has not occurred for approximately 30 years.

In 2004, Environmental Health Services enrolled in the FDA's Voluntary National Retail Food Regulatory Program Standards. The Program Standards is a quality improvement program that provides a foundation upon which regulatory agencies can build through a continuous improvement process. It also allows for program evaluation and measures program effectiveness. The Program Standards consist of nine standards intended to enhance the quality of services we provide to the public and promote active managerial control of risk factors most commonly associated with foodborne disease in food establishments. Adoption of a standardized regulatory foundation (Standard 1) based on the FDA Model Food Code as presented in the proposed regulations is a critical building block necessary for meeting and implementing other aspects of the Program Standards. It also provides the framework for risk based inspections focused on the top five foodborne disease risk factors.

The Model Food Code represents FDA's best advice for a uniform system of regulation to ensure that food at retail is safe and properly protected and presented. It also promotes uniform implementation of national food regulatory policy. According to FDA, industry conformance with acceptable procedures and practices is far more likely where regulatory officials "speak with one voice" about what is required to protect public health, why it is important, and which alternatives for compliance may be accepted. Adoption of the proposed revisions will not only align us with other jurisdictions, including jurisdictions here in Nevada, it positions us to be more responsive to future changes in food safety policy.

The following is a list of workshops/meetings EHS staff participated in and/or conducted in an effort to provide an overview of proposed revisions, answer questions and receive input from interested persons. A summary detailing the workshops, meetings, issues raised, and our response to the issues raised is attached for review:

- Internal EHS workshops (Jan. 29 and Feb. 4, 2015)
- Met with members of the DB0H
- Met with legal counsel from the DA's Office
- Certified Food Protection Instructor workshop (Feb. 12, 2015)
- Food Protection Hearing and Advisory Board (March 5, 2015)
- Public workshops (March 11 and 12, 2015)

Notices were mailed to 6,299 affected permit holders, businesses, as well other identified stakeholders, giving notice of the proposed regulatory revisions and offering multiple methods of providing input. The mailing list is available. A combined workshop and public hearing notice was published in the Reno Gazette-Journal on March 19, 20, and 23, 2015. The proposed regulations were posted on the Health District website.

- Nevada Restaurant Association Question and Answer (March 26, 2015)
- Nevada Restaurant Association "Mix and Mingle" (March 27, 2015)

In addition, input was solicited from representatives of the State Health Division as well as Carson City Health.

Links to the final version of the proposed revisions can be found at:

<http://www.washoecounty.us/health/programs-and-services/food-protection-program/utd-food-regs.php>

**FISCAL IMPACT**

Should the Board approve the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments, it is anticipated that the Environmental Health Services Division will have a decrease in revenue of \$18,000.00 (currently included in FY 16 proposed budget). Environmental Health Services Division will also realize a small savings in supplies/materials (approx. \$500.00) as well as a small increase in revenue (approximately \$3,000) due to a modest increase in permitted facilities. The reduction in supplies/materials and the increased revenue projection are not included in the FY16 proposed budget.

**RECOMMENDATION**

Staff recommends the Washoe County District Board of Health review, discuss and adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health; and other matters properly related thereto.

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation a possible motion would be "Move to adopt the Proposed Amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments."

## Summary of Workshops/meetings for Proposed Amendments to Food Regulations

The following summarizes comments received from stakeholders and interested parties regarding proposed amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments. The comments were obtained during various workshops and meetings intended to garner input. With the exception of the workshop provided specifically for Certified Food Protection Instructors, opportunity for comment on the entire proposed regulation was provided at each workshop and meeting.

### Briefing with Board of Health Member

January 28, 2015

- **Miscellaneous**

**Issue** - At the request of one of the Board of Health members, division staff provided a brief overview of the proposed regulations. Two primary issues were discussed – food protection manager certification and no bare-hand contact with ready-to-eat foods.

**Resolution** – Explanation and justification was provided on the two issues. Public outreach specific to no bare-hand contact with ready-to-eat foods (e.g. industry-focused slide show developed, handouts) is being developed.

### Instructor Workshop

February 12, 2015 10a.m. (lasted approximately 2.5 hours)

Date noticed – (e-mail notification January 23, 2015; proposed revisions to CFPM section e-mailed to Instructors February 3, 2015)

Number attending – 16

Digital audio available

- **Philosophical**

**Issue** – Some represented they completely disagree with proposed amendments based on the efforts it took to put the program in place, that it has been around for 25 years and that it is a model program that other jurisdictions emulate. Others were initially opposed, but were accepting of the proposed amendments when they realized the requirement to have a CFPM was still in place including the passage of a recognized examination. Some represented the amendments were progressive and/or forward-looking since they recognized national efforts to standardize the acceptance of certifications across the country (some of these were voiced during the meeting, some subsequent to the meeting verbally and via e-mail).

**Resolution** – With respect to the “philosophical” concerns expressed during the meeting, staff attempted to clarify and provide the rationale for the proposed revisions so interested parties could make informed decisions.

- **Process**

**Issue** - Some expressed concerns with the process we have used to reach out for input on the proposed regulations. Some felt blind-sided and questioned why we did not use a task force approach similar to the one used to develop the program. There were also concerns that we had forwarded draft language to the DA's office for review and that this indicated the proposal was already going through the final approval process (i.e. it was a "done-deal").

**Resolution** – The the proposed regulations are based upon the FDA model food code which was developed in conjunction with the Conference for Food Protection which is, in effect, a national task force on food protection. A local task force was not utilized because a significant objective of developing the food establishment proposed regulations was to come to closer conformance with national food protection practices, and those of the State of Nevada and Clark County, rather than designing a distinct and separate approach for Washoe County. The proposed regulations are based on the cumulative result of the efforts and recommendations of many contributing individuals, agencies, and organizations with years of experience using earlier model code editions. The Instructor Workshop was intended to obtain direct input from certified instructors in Washoe County in an effort to identify issues/concerns that adopting the national standard might have at the local level. Attendees were also informed that the DA's office is conducting a legal review and that the authority for deliberating and approving the proposed food regulations rests with the District and State Boards of Health – tentative dates for the public hearings were provided.

- **Proposed deletion of 16-hour training requirement**

**Issue** – Some represented that classroom training is a critical component of a food protection manager certification program while others expressed general support for incorporating the national standard which would allow them to standardize their corporate training across jurisdictions. There were also concerns that removal of the training component would result in more foodborne disease that would not be realized until years down the road. Some considered our proposal to be a lowering of standards, but did not provide a list of specific issues and/or proposed resolutions. It was also suggested that a list of instructors be maintained as a resource on our website and to mandate training for poor performing food establishments.

**Resolution** – We have never represented that training is not an important component of food safety and our proposed regulations do not prohibit anyone from training. The certification of food protection managers is a component of demonstrating knowledge outlined in the FDA Model Food Code – competency is measured by passing a recognized examination rather than by measuring the amount of training someone has received. Certification organizations responsible for developing recognized examinations generally believe individuals will acquire some level of training prior to taking their examinations (see attached for information on CFP, certification organizations and accreditation of food protection manager certification programs). We simply do not agree that removal of the training requirements would result in a lowering of standards and result in increased foodborne disease in our community. Both CDC and FDA studies have shown that the presence of a food protection certified manager has a positive correlation with the control of some of the foodborne illness risk factors in certain facility types. The CDC and FDA both caution that the use of the term "correlation" is important in reporting out the data from their studies because there are too many other variables that could be

contributing to better control of foodborne illness risk factors – statistically, one cannot definitively assert a cause and effect relationship. With respect to including information on our website relative to instructors and other resources, staff committed to consider the suggestion. Finally, staff did consider as a function of regulation development, the concept of mandating training for poor performing food establishments, but determined that current and proposed enforcement provisions are sufficient to ensure the protection of public health. Mandating CFPM training of any food protection manager of a poor performing food establishment does not ensure that critical violations are corrected.

Note: Several e-mails were submitted prior and subsequent to the Instructor Workshop. Some instructors expressed that they did not fully understand our proposed language as a result of those e-mails (i.e. the e-mails created confusion) and that the workshop provided clarification. With respect to sentiments expressed in the e-mails, we do not agree that our proposed food safety regulations, including proposed revisions to the CFPM section, are “shortsighted” or a “step backward”. We also do not agree that our proposed revisions are a “dummying-down” or “gutting” of the program. Finally, we do not agree that we are jeopardizing our relationship with industry. In fact, by incorporating what industry has worked to put in place as a national standard, we will be improving the support for food safety in our community which in turn enhances the Health District’s ability to be good stewards for public health.

Food Protection Hearing and Advisory Board

March 5, 2015 1p.m. (lasted approximately 2.5 hours)

Date noticed (Board members informed February 2, 2015; agenda posted February 26, 2015)

Number attending – 3

Digital audio available

- **Definitions**

**Issue** - Place all definitions used only in one section in those respective sections.

**Resolution** – Subsequent to the Food Protection Hearing and Advisory Board meeting, staff met with legal counsel who was providing input to the proposed regulations as well. Legal counsel strongly recommended that we retain the current formatting of our definitions to be consistent with the formatting used in other regulations enforced by Environmental Health Services. As such, we did not incorporate the changes to our definition section suggested by the Food Protection Hearing and Advisory Board.

- **Private homes**

**Issue** – Include verbiage indicating that regulations from other jurisdictions may apply as well.

**Resolution** – The concept that other jurisdictions have requirements that may apply as well is already included in Subsection B of the section mentioned – no changes were necessary.

- **Temporary Foods**

**Issue** - Term “children” is used in section restricting certain people from being in a temporary food area; define “children” or reword to address subjectivity of term.

**Resolution** – Used language similar to that used in other sections of the regulations (unauthorized persons).

- **Mobile units/portable units for service of food**

**Issue** - Comments on how to manage permitting administratively (especially as it pertains to portable banquet bars).

**Resolution** – Pending

Note: The Food Protection Hearing and Advisory Board asked questions regarding numerous issues, but provided suggested changes to only those noted above. They also approved a motion to support the proposed regulations provided that the recommended revisions noted above were incorporated in to the proposed regulations. As noted, legal counsel strongly recommended that we not incorporate the FPHAB's recommendation regarding formatting of the definitions, however, all other recommendations have been incorporated.

Public Workshop #1

March 11, 2015 5:30 p.m. (lasted approximately 2.5 hours)

Date noticed – (post cards sent out week of February 9, 2015; meeting date and support material posted on website by February 18, 2015)

Number attending – 16

Digital audio available

- **Temporary food events and mobile units**

**Issue** – One attendee questioned the need for mobile units attending temporary food events to obtain temporary food permits if they already had an annual permit to operate for the mobile unit.

**Resolution** – The process for annually permitting mobile or portable units for service of food does not consider the specific aspects encountered when operating at a temporary food event. If the operator of a mobile or portable unit for service of food wants to operate at a temporary event, they must either return to their servicing area daily as their annual permit requires or be permitted and evaluated operationally as any other temporary food event operation. Consequently, no modifications to the proposed regulation were made as a result of the comments.

- **14-day restriction for temporary food permits**

**Issue** – One attendee questioned the method for counting the 14 days a temporary food permit is valid and the process for allowing “make-up” days in the event a permit holder misses one or more of the 14 days specified in their permit.

**Resolution** – Statutory language limits participation at any temporary food event to 14 days per event per calendar year. A temporary food permit holder may transfer “missed days” to another day at the same event provided they do not exceed the 14 day statutory limitation. However, because temporary food permits are approved based on a review of their application specific to one particular event, a temporary food permit holder is not allowed to transfer

“missed days” at one event to another event – this would require submittal of a separate application that would include a review of their proposed activities for that particular event.

- **Refilling returnable containers**

**Issue** – Concerns were expressed that the process for refilling large, personal beverage container such as a “growler” could cause cross-contamination.

**Resolution** – Proposed regulations state that personal take-out beverage containers may be refilled by employees or consumers if refilling is an approved contamination-free process. As with any possible cross-contamination issue, this would be verified during routine inspections.

- **No bare-hand contact with ready-to-eat foods**

**Issue** – Concerns were expressed that operators may not understand the “no bare-hand contact with ready-to-eat foods” requirement. There were also questions related to how the Health District would provide support/guidance material related to this requirement.

**Resolution** – Staff provided justification for the requirement and explained the options for compliance which are not limited to use of gloves. Materials and guidance will be developed to assist operators in understanding and complying with the requirement.

Note: There were numerous questions regarding other provisions of the proposed regulations and, except as noted above, there were no specific suggested changes (attendees seemed generally accepting of the explanations provided by staff). There was a lengthy discussion on the proposed amendments related to the certification of food protection managers – as noted, no specific changes or concerns were mentioned, but some expressed support for the proposal to eliminate the training component.

## Public Workshop #2

March 12, 2015 9:30a.m. (lasted approximately 3 hours)

Date noticed (post cards sent out week of February 9, 2015; meeting date and support material posted to website by February 18, 2015)

Number attending – 19

Digital audio available

- **Process**

**Issue** – One certified food protection instructor expressed concerns that the regulations were not posted for review.

**Resolution** – An e-mail including the proposed revisions to the food protection manager certification section was provided to all certified food protection instructors on February 3, 2015. The regulations were posted for review: A copy of all proposed revisions to the food regulations was posted to the health district website on February 19, 2015 and have been on-line ever since. No one else in attendance expressed this concern - in fact, most stated that they had no problem finding them and provided input to the concerned instructor on where they were posted.

**Issue** – There was one suggestion to reduce training for food protection manager certification to 8-hours rather than 16-hours.



**Resolution** – During the development of the proposed regulations, specifically the CFPM regulations, several options to improve the program were considered including leaving the CFPM regulations as is, reducing training requirement to 8-hours, requiring food handlers rather than managers, adopting a nationally recognized and accepted process for certification of food protection managers, and/or adding language to address specific programmatic and administrative issues. In the end, it was decided to propose a nationally recognized and accepted process for certification of food protection managers. It utilizes a certification process developed by a third party accrediting agency (ANSI or American National Standards Institute) conforming to the Standards for Accreditation of Food Protection Manager Certification Programs developed by the Conference for Food Protection and accepted by the FDA. This decision was made for the following reasons:

- A number of entities including the Conference for Food Protection, the National Restaurant Association, and FDA all recommend and encourage food regulatory authorities and others evaluating credential for food protection manager to recognize the CFP/ANSI means of accrediting certification programs.
- FDA has also stated their position is that the individual seeking certification should have various options/opportunities to attain the knowledge necessary to successfully pass an examination from an accredited food protection manager certification program.
- It is recognized that an assessment tool (e.g. food safety examination) is the common component in certification programs. The ANSI certification programs are developed according to sound psychometric standards; these examinations provide the appropriate amount of rigor to ensure that a candidate received the necessary training to demonstrate the knowledge level required of Food Protection Managers. These certified programs are valid, reliable and legally defensible.
- Food protection manager certification is a function of demonstrating knowledge as detailed in our proposed regulations – it is not a method of qualitatively or quantitatively demonstrating education.
- Staff has no basis for determining a specific number of hours of training/education required for an individual to gain an appropriate level of knowledge. People learn through a variety of different methods and time-frames which, should be determined by the individual needs and the business owner/operator.
- Washoe County specific training requirements have been identified as a barrier to recognizing and providing training to individuals within the scope of the existing program. It is difficult to establish and maintain an “equivalency standard” to assess content, scope and effectiveness of diverse training methods. Effective training can incorporate a variety of instructional techniques, approaches and delivery systems.
- Our proposal is consistent with what has already been approved in the other three health jurisdictions in Nevada and throughout the country and is the best option to address a myriad of administrative and procedural issues associated with the current program.

**Issue** – Many of the same instructors who expressed concern during the Instructor Workshop on February 12, 2015, expressed the same concerns and/or sentiments during this workshop, especially as it related to training. There were also attendees who expressed support for the proposed revisions to the CFPM section.

**Resolution** – Considering that no specific suggestions have been provided to prompt modifications to proposed revisions to the CFPM section, we provided the same basic response to the same basic concerns that we did during the Instructor Workshop.

**Issue** – By dropping the requirement for instructors to submit rosters for those who attended their training, concerns were expressed regarding how adoption of the proposed CFPM revisions would affect our ability to prevent certificate fraud.

**Resolution** – Staff explained that we are considerate of potential certificate fraud under the current regulations. The submittal of rosters does not preclude certificate fraud, but rather documents the number of hours an individual attended training through certified instructors. Similar to our current practices, we will continue to request documentation that the individual listed on a posted certificate is employed at that facility.

Note: As with the first public workshop, there were numerous questions regarding other provisions of the proposed regulations and, except as noted above, there were no specific suggested changes (attendees seemed generally accepting of the explanations provided by staff).

Subsequent to the workshop, several attendees commented to numerous staff that they felt the meeting had focused too much on food protection manager certification. While all attendees were allowed to voice their concern regardless of the issue, we did have to recess from the CFPM conversation so others could bring up their issues and ask questions. However, we noted that we could return to the CFPM issues at the end of the meeting if anyone wanted to do so. Those that stayed had the opportunity to return to the CFPM issue at the end of the meeting - no one expressed interest in continuing the CFPM conversation at that time. Staff informed everyone attending the meeting that there were other processes for sharing their concerns and/or providing input including submission of written comment and testifying to the Board during public hearing.

Nevada Restaurant Association (Question and answer)

March 26, 2015 2:00pm (lasted approximately 2 hours)

Date noticed – Sponsored by NRA (invitations sent out by NRA to members)

### **Summary**

The question and answer session sponsored and facilitated by the Nevada Restaurant Association (NRA) was attended by a total of nine (9) people – three representatives from WCHD, three food establishment owners, one representative from State Health, one Certified Food Protection Instructor and the NRA facilitator. General highlights of the meeting include:

- There were several questions provided in writing by the Certified Food Protection Instructor. Staff responded to each of the questions, however, the instructor was not satisfied with our responses. A copy of the written questions has been provided as part of this packet.
- One of the food establishment owners did question proposed language relating to the process for quarantining food items. Staff provided a response which seemed to address the owners concerns. This same owner expressed support for the proposed revisions and specifically mentioned his support for the revisions to the CFPM section.
- The CFPI expressed that he represented all 14 instructors present at the Instructor Workshop held February 12, 2015 and that they were against the proposed CFPM regulations.

**NOTE: While there were several instructors that shared this sentiment, there were several that remained silent during the instructor workshop and at least three others that either expressed their support for the proposed revisions during the meeting, or notified us afterwards that they were in support of the proposed revisions. We have provided a copy of the attendees of the Instructor Workshop with contact information.**

- The CFPI expressed that he was in favor of the regulations, except for the proposed revisions to the CFPM section.
- The State Health representative expressed support for the proposed regulations.

Nevada Restaurant Association (Mix and mingle)

March 27, 2015 5:00pm (lasted approx. 2 hours)

Date noticed – Sponsored by NRA (invitations sent out by NRA to members)

Number attending - 15

No specific presentation was provided, but attendees did mention they were aware of the proposed changes. One commented that they are not a big fan of regulation, but understood the need. This attendee as well as three others did ask several questions and generally thought the proposed regulations were good. No bare-hand contact with ready-to-eat foods was the issue most of interest. They also asked if there would be a grace period when the regulations are ultimately approved – staff informed them that we are not currently proposing a grace period and provided the following reasons – 1) many facilities have already incorporated as best management practices, the concepts associated with some of the more significant issues of concern (e.g. no bare-hand contact with ready-to-eat foods and HACCP/operational plans), 2) staff has been educating operators on the proposed amendments for several months – in general, operators have the awareness we would expect for them to be ready for implementation, and 3) while it is ultimately the responsibility of the owner/operator, we intend to play an active role in the development of food safety systems in the food establishments we regulate and recognize implementation will take time. There was one attendee associated with the culinary arts program at Carson High School who expressed strong support to our proposed revisions to the CFPM regulations as she has students who have passed recognized examinations (i.e. they are ServSafe certified) and have taken many hours of classroom instruction including some that qualifies for college

credit. She expressed frustration that their credentials and course work are recognized in most jurisdictions around the country without having to go through any additional processes, but that they are not able to be certified in Washoe County unless they go through a reciprocity review that requires submittal of specific information, expense and recertification through two process rather than just one.

District Board of Health Consideration of Business Impact Statement

April 23, 2015 1:00pm

Date noticed – post cards sent out week of February 9, 2015; meeting date and support material posted to website by February 18, 2015; public hearing notice advertised in RGJ March 19, 20 and 23, 2015; meeting agenda posted April 16, 2015.

District Board of Health Public Hearing

May 28, 2015 1:00pm

Date noticed – post cards sent out week of February 9, 2015; meeting date and support material posted to website by February 18, 2015; public hearing notice advertised in RGJ March 19, 20, and 23, 2015

## BUSINESS IMPACT STATEMENT

The following business impact statement was prepared pursuant to NRS 237.090 to address the proposed impact of Regulations of the Washoe County District Board of Health Governing Food Establishments (Regulations)

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

Informational postcards were sent to all current permit holders, Certified Food Protection Managers, and Certified Food Protection Manager Instructors that could be impacted by the Regulations. Announcements of the proposed Regulations were posted in the Reno Gazette Journal three times. The proposed Regulations were posted on the Health District website and two public workshops were held to solicit feedback. Individual meetings were held with the Certified Food Protection Manager Instructors, the Food Protection and Advisory Board, the Nevada Restaurant Association, and Individual Operators.

Significant public comment was received on the following sections:

- Requirement for food protection manager certification
  - Opposition due to the elimination of the training requirement primarily by the Washoe County approved instructors
  - Support due to the elimination of additional burden specific to Washoe County regulations primarily by the operators
- Preventing contamination from hands (requirement for no bare hand contact with ready to eat food)
  - Questions by some operators on how the change may effect operational procedures
  - Support by some operators because this has become standard practice for many national chains
- Mobile unit and portable unit for service of food, operation at special events
  - Question by one operator on the requirement to obtain a temporary food permit for mobile foods vendors when they aren't able to return to their depot every evening during a large event
  - Support by temporary food permit holders to treat mobile food vendors equally
- Portable units for service of food, food handling and preparation restrictions - portable banquet bars
  - Some operators questioned if they would be required to permit every portable banquet bar in their facility

Other chapters/topics were discussed and after clarification no negative comments were received.

No specific negative financial comments were expressed during the workshops on any section of the Regulations.

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

Adverse effects:

Food Protection Manager Certification: Current approved food protection manager instructors may have a negative financial impact by the elimination of the requirement that all food protection managers in Washoe County attend 16 hours of training.

Food: Operators may see an increase in operational expenses dependent upon how they choose to implement the no bare hand contact portion of the regulations. Three options have been provided for operators.

HACCP and Operational Plans: Businesses that will be required to have HACCP and Operational Plans may see an increase in initial resources, mainly staff time, dedicated to the development and implementation of those plans. It is anticipated that the implementation of those plans will be converted into long term savings for those businesses.

Mobile Units, Portable Units for Service of Food, and Servicing Areas:

- Mobile Units operating similarly to Temporary Food Vendors will be required to obtain a temporary food permit and will be charged the existing temporary food permit fee

- Portable banquet bars will be required to be registered and inspected, but not individually permitted

Beneficial effects:

Food Protection Manager Certification: Food protection managers and Operators already trained in other jurisdictions will be able to work in Washoe County without obtaining duplicative training. Operators will be able to train employees in the same manner that is currently conducted in other jurisdictions. According to one operator this change will save the business \$3,000.

Direct effects:

The passage of these regulations is sure to have direct effects, however, at this time, those effects cannot be quantified.

Indirect effects:

The passage of these regulations is sure to have indirect effects, however, at this time, those effects cannot be quantified.

3. The following constitutes a description of the methods the local government 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 business could pay a lower fee or fine).

Washoe County Health District has not updated the Food Regulations for approximately 30 years. The updating of these regulations brings Washoe County into closer alignment with the Food and Drug Administration (FDA), Southern Nevada Health District, and the State of Nevada. Alternatives were considered, especially in regards to the feedback received on the Certified Food Protection Managers training; however, it was determined that proposed adaptations would still maintain an unnecessary burden on food handlers and operators without an impact on public health outcomes.

4. The governing body estimates the annual cost to the local government for enforcement of the proposed rule is: Once the Regulations are fully implemented there is no increase in anticipated annual cost as the work is already being conducted. There will be an increase in staff time spent working with food handlers and operators transitioning to the new Regulations.
5. (If applicable, provide the following:) The proposed rule provides for a new fee or increases an existing fee and the total annual amount expected to be collected is: No new fees as part of the Regulations.
6. The money generated by the new fee or increase in existing fee will be used by the local government to: No new fees as part of the Regulations.
7. (If applicable, provide the following:) The proposed rule includes provisions that duplicate or are more stringent than federal, state or local standards regulating the same activity. The following explains when such duplicative or more stringent provisions are necessary:

The proposed changes are not duplicative of existing federal, state and local standards. In regards to the Food Protection Manager Certification requirement the Regulations are more stringent than state standards, but less stringent than existing Washoe County Food Regulations. The Regulations bring Washoe County more in alignment with the State of Nevada, Clark County, and the U.S. Food and Drug Administration.

To the best of my knowledge or belief, the information contained in this statement is prepared properly and is accurate.

  
Kevin Dick, District Health Officer

4/10/15  
Date



## AGENDA

Certified Food Protection Instructor Meeting  
Washoe County Health District  
Building B Conference Room B  
February 12, 2015  
10:00 a.m. – 12:00 p.m.

1. Call to Order – Dave McNinch
2. Overview of Regulation Adoption Process
  - Internal Review (including DA/DBoH)
  - Public Workshops (March 2015)
  - Public Hearings (April/May 2015)
  - State Board of Health (June 2015)
  - County Clerk
3. Overview of CFPM Program
4. Overview of Conference for Food Protection
  - American National Standards Institute (ANSI)
  - Standards for Accreditation of FPMC Programs
5. Development of Proposed CFPM Regulations
6. Next Steps
7. Discussion/Questions

## Talking Points, February 12<sup>th</sup> Meeting

1. We see that there is a public workshops scheduled in March. Would it not have been appropriate to hold a workshop with us as instructors, prior to what amounted to a blindsiding with the current draft proposal?
2. What is the purpose of the March workshops?
3. Given that the current program has been in effect, with great success, for 25 years, what was the thinking behind effectively gutting it? Are you seeking the lowest common denominator?
4. Do you feel that it would have been the right thing to do, to give us as instructors a heads-up prior to dumping the current draft on us?
5. How does the proposed dismantling of the existing program benefit the food service industry, the general public and us as instructors?
6. Is this a "work load" or budgetary issue for the health department? Is that, in fact, the driving force behind this change?
7. If so, we had multiple meetings last year, indicating to you where you could save time and money by:
  - a. Eliminating the redundant card and certificate system
  - b. Eliminating or significantly reducing audits for proven, competent instructors (e.g., after the first two years)

Why were these steps not initiated as a tweek to the program, rather than eliminating it altogether? And, if this had been done, what exactly would have been left for your staff to do that would have presented a significant burden on the department?

8. Do you see proper food service manager education as a benefit to the community?
9. If so, which instruction format, 8- or 16- hours, do you think prepares a food service manager to pass the necessary food safety information down to his/her staff, and to prevent foodborne illness?
10. What do you offer as a substitute? Do you believe that the old system of relying on 1 or 2 routine inspections suffices in the absent of a superior food service manager education program?
11. Which do you feel stays with a manager better, an annual inspection, or a well-taught manager certification class?
12. Why is it that we as instructors, in the field teaching to health department objectives, are constantly being placed in the role of adversaries, rather than allies? Why, instead (as has been noted by the District Board of Health), are we not seen as partners in the promotion of food safety, with a resultant benefit to the community?









Michael Chaump  
David De Mars  
Sergio Guzman  
Vern Martin  
Jerry Montoya  
J.P. Pinocchio  
Christopher Romm

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Kevin Dick  
District Health Officer

Leslie Admirand  
Deputy District Attorney

1001 East Ninth Street, Reno, Nevada 89512  
P.O. Box 11130, Reno, Nevada 89520  
Telephone 775.328-2434 • Fax 775.328.6176  
[www.washoecounty.us/health](http://www.washoecounty.us/health)

## *MEETING NOTICE AND AGENDA*

### **FOOD PROTECTION HEARING AND ADVISORY BOARD**

Date and Time of Meeting: Thursday, March 5, 2015, 1:00 p.m.

Place of Meeting: Washoe County Health District  
1001 East Ninth Street, Building B  
South Auditorium  
Reno, Nevada 89512

All items numbered or lettered below are hereby designated for possible action as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (\*) next to it is an item for which no action will be taken.

**Mr. Vern Martin will act as Chair for the initial meeting items.**

- \*1. **Call to Order**
- \*2. **Determination of Quorum**
- \*3. **Public Comment**  
Limited to three (3) minutes per person. No action may be taken.
4. **Election of Food Protection Hearing and Advisory Board Chair and Vice Chair**
5. **Approval of Agenda**  
March 5, 2015 Meeting

**Elected Chair will assume gavel and lead remaining meeting items, unless noted otherwise.**

- \*6. **Overview of Regulation Approval Process**  
Presenter: Environmental Health Services Staff
7. **Presentation, Discussion, and Possible Recommendations for Changes to the Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments**  
Presenter: Environmental Health Services Staff
- \*8. **Board Comment**  
Limited to announcements or issues for future agendas.
- \*9. **Public Comment**  
Limited to three (3) minutes per person. No action may be taken.
10. **Adjournment**

---

Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9<sup>th</sup> Street, in Reno, Nevada. Ms. Paula Valentin, Administrative Assistant to Environmental Health Services is the person designated to respond to requests for supporting materials. Ms. Valentin is located at the Washoe County Health District and may be reached by telephone at (775) 328-2696 or by email at [pvalentin@washoecounty.us](mailto:pvalentin@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

---

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

---

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

---

The Food Protection Hearing and Advisory Board meetings are accessible to the disabled. Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Administrative Health Services in writing at the Washoe County Health District, PO Box 1130, Reno, NV 89520-0027, or by calling 775.328.2416, 24 hours prior to the meeting.

---

**Time Limits:** Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

---

**Response to Public Comments:** The Food Protection Hearing and Advisory Board can deliberate or take action only if a matter has been listed on an agenda properly posted prior to the meeting. During the public comment period, speakers may address matters listed or not listed on the published agenda. The *Open Meeting Law* does not expressly prohibit responses to public comments by the Food Protection Hearing and Advisory Board. However, responses from the Board members to unlisted public comment topics could become deliberation on a matter without notice to the public. On the advice of legal counsel and to ensure the public has notice of all matters the Food Protection Hearing and Advisory Board will consider, Board members may choose not to respond to public comments, except to correct factual inaccuracies, ask for Health District Staff action or to ask that a matter be listed on a future agenda. The Food Protection Hearing and Advisory Board may do this either during the public comment item or during the following item: "Board Comments – Limited to Announcement or Issues for future Agendas."

---

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health)  
State of Nevada Website: <https://notice.nv.gov>

---

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

## STAFF REPORT FOOD PROTECTION HEARING AND ADVISORY BOARD MEETING DATE: March 5, 2015

**TO:** Food Protection Hearing and Advisory Board Members

**FROM:** Dave McNinch, Manager  
775-328-2645, dmcninch@washoecounty.us

**SUBJECT:** **Presentation, Discussion, and Possible Recommendations for Changes to the Proposed Revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments.**

---

### SUMMARY

The purpose of this agenda item is to offer the Food Protection Hearing and Advisory Board the opportunity to publicly review, and if necessary, provide recommendations for changes to the proposed revisions to the regulations of the Washoe County District Board of Health governing food establishments.

### PREVIOUS ACTION

No action has been taken by this Board on this agenda item.

### BACKGROUND

A comprehensive revision of the Washoe County Health District food regulations have not been conducted since the early 1980s.

The proposed revisions are based on the 2005 FDA Model Food Code and will be heard by the Board. They will also be presented to the public for comment and submitted to the DBOH for possible approval.

### FISCAL IMPACT

There will be no additional fiscal impact to the budget should the Board accept the presentation and provide recommendations.

### RECOMMENDATION

Staff recommends the Board accept the presentation, and, if the Board chooses, recommend changes to the proposed regulations as discussed during the meeting.

### POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept the presentation, (and, if the Board chooses, recommend changes to the proposed regulations as discussed during the meeting)."



## McNinch, Dave

---

**From:** McNinch, Dave  
**Sent:** Monday, February 02, 2015 4:15 PM  
**To:** Michael Chaump; sguzman@atlantiscasino.com; dave\_demars@deanfoods.com; jp@pinocchiosbarandgrill.com; vern@martinreno.com; cromm@bonanzacasino.com  
**Cc:** English, Amber E.; Macaluso, Tony; Sack, Bob  
**Subject:** Food Protection Hearing and Advisory Board Meeting March 5, 2015  
**Attachments:** Food Regs Feb 2015.doc

Food Protection Hearing and Advisory Board Members,

Hopefully you are all aware of the Food Protection Hearing and Advisory Board meeting scheduled for March 5, 2015. The intent of the meeting will be to "workshop" with you the long awaited proposed revisions to our food establishment regulations as well as provide an update on the process for seeking approval. An agenda for the meeting will be provided within the next couple of weeks; however, in preparation for the meeting, we wanted to provide each of you a copy of the proposed regulations for your review. Attached is a draft form of the proposed regulations. As you begin the review process, please keep in mind that this document is in a rough draft form and there is still a significant amount of formatting and edits that need to be made prior to finalizing the document and posting for public review. The final draft will be posted on our website by February 18, 2015, but we wanted to provide you ample time to review the document prior to our meeting.

Please let me know if you have any questions or concerns.

Thanks,

David McNinch  
EHS Supervisor  
Washoe County Health District  
(775)328-2645

**Notice of Workshops and Public Hearing for amendments to the Regulations of the Washoe County District Board of Health Governing Food Establishments**

Washoe County Health District would like to invite you to attend a workshop to learn about the proposed amendments to our regulations. The purpose of the workshops is to provide businesses and individuals affected by these regulation amendments additional information and opportunity for input. Feedback collected at these workshops will be used to develop recommendations for the District Board of Health, who will then be notified of the proposed changes and hold a Public Hearing where they will have the opportunity to take action on the proposed regulations. The public will have an additional opportunity to speak at these meetings.

The workshops will be held:        Wednesday, March 11, 2015 (5:30pm – 7:30pm)  
    Thursday, March 12, 2015 (9:30am – 11:30am)

The notice of proposed change:    Thursday, April 23<sup>rd</sup> at 1:00 pm

The Public Hearing will be held:    Thursday, May 28<sup>th</sup> at 1:00 pm

All meetings, with the exception of the March 12, 2015 meeting, will be held in the South Auditorium of the Washoe County Health District at 1001 E. Ninth Street, Bldg. B, in Reno, Nevada. The March 12, 2015 meeting will be held in the Central Conference Room of the Washoe County Complex at 1001 E. Ninth Street, Building C, in Reno, Nevada. If you have any questions please contact Amber English at (775) 328-2629.

The proposed regulation changes are available at [www.WashoeCounty.us/Health](http://www.WashoeCounty.us/Health)



NBA TODAY

STANDINGS

EASTERN CONFERENCE

Table with columns W, L, Pct, GB for Eastern Conference teams: Cleveland, Chicago, Milwaukee, Charlotte, Indiana, Detroit, Philadelphia.

WESTERN CONFERENCE

Table with columns W, L, Pct, GB for Western Conference teams: Memphis, Portland, San Antonio, Oklahoma City, New Orleans, Denver, L.A. Lakers.

RESULTS AND SCHEDULE

Saturday: Brooklyn 123, Indiana 111; Detroit 107, Chicago 91; Memphis 117, Portland 102; Golden State 106, Utah 91. Today: All times Pacific.

SUNDAY'S GAMES

HOME team in caps.

Cavaliers 108, BUCKS 90: LeBron James scored 28 points and sparked a key second-half run with an emphatic dunk.

THUNDER 93, Heat 75: Russell Westbrook had 12 points, 10 rebounds and 17 assists for his 10th triple-double of the season.

Spurs 109, HAWKS 85: Tiago Splitter scored a season-high 23 points and Kawhi Leonard added 20 points for San Antonio.

CLIPPERS 107, Pelicans 106: Blake Griffin scored 23 points, Chris Paul had 23 points and 11 assists, and Los Angeles put a crimp in New Orleans' playoff hopes.

RAPTORS 106, Kicks 89: DeMar DeRozan scored 28 points, Tyler Hansbrough added a season-high 18 and Toronto won for the third time in four games.

KINGS 109, Wizards 86: Rudy Gay scored 26 points and Sacramento led most of the way for their second straight victory.

Pistons 105, CELTICS 97: QT Garrison Drummond scored 18 points and grabbed 22 rebounds, and Kevon Looney and Jeff Green.

Nuggets 119, MAGIC 100: Denver bounced back after three losses in a row. Danilo Gallinari scored 40 points and 7 rebounds.

Hornets 109, TIMBERWOLVES 98: Mo Williams scored 24 points; Michael Kidd-Gilchrist and Al Jefferson each added 18 and Charlotte snapped their three-game skid.

SUNS 98, Mavericks 92: Archie Goodwin sank the go-ahead 3-pointer and Markieff Morris added a crucial jumper in the final 30 seconds.

LAKERS 101, 76ers 87: Jeremy Lin scored a season-high 29 points for Los Angeles in the first meeting of the season between two of the NBA's worst teams.

SCOREBOARD

Table listing scores for various basketball games, including Cavaliers 108, Bucks 90, Thunder 93, Heat 75, Spurs 109, Hawks 85, etc.

LEGALS NOTICE TO CREDITORS AND OTHERS CONCERNED Pursuant to NRS 408.237, notice is hereby given that Contract No. 3232 between Fisher Sand & Gravel Co., and the State of Nevada...

ANNUAL STATEMENTS OF THE PIONEER SPECIALTY INSURANCE COMPANY For the Year Ending 2014 Location of Principal Office Address: 5350 WEST 78TH STREET, EDINA, MN 55439-3101

NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH The Washoe County District Board of Health (WCOBHD) does hereby declare 1:00 p.m. April 23, 2015, and May 28, 2015, at the Washoe County Health District (WCHD), Conf. Room B, 1001 E. Ninth St., Reno, NV as the time, date and place to consider revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments.

NOTICE TO CREDITORS IN THE MATTER OF THE TRUST ESTATE OF GEMMA GREENE WALDRON NOTICE is hereby given that the undersigned is the duly appointed and qualified trustee of the WALDRON LIVING TRUST.

REQUEST FOR SUB-QUOTES FROM CERTIFIED DBE SUBCONTRACTORS, SUPPLIERS & HAULERS -FOR- Elm Regional Airport - ALP Project #3-12-0005-048

INVITATION TO BID Project Name: Capital Building Camera Upgrade Project Address: 101 North Carson Street, Carson City, Nevada SPWD Project No: 15-021

LEGALS APN: 008-434-45 T.S. No: 00044334-NV NOTICE OF TRUSTEE'S SALE... IMPORTANT NOTICE TO PROPERTY OWNER: YOU ARE IN DEFAULT UNDER A DEED OF TRUST DATED 9/20/2002.

LEGALS ANNUAL STATEMENTS OF THE WESTERN HOME INSURANCE COMPANY For the Year Ending 2014 Location of Principal Office Address: 5350 WEST 78TH STREET, EDINA, MN 55439-3101

LEGALS NOTICE OF PUBLIC HEARING WASHOE COUNTY DISTRICT BOARD OF HEALTH The Washoe County District Board of Health (WCOBHD) does hereby declare 1:00 p.m. April 23, 2015, and May 28, 2015, at the Washoe County Health District (WCHD), Conf. Room B, 1001 E. Ninth St., Reno, NV as the time, date and place to consider revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments.

LEGALS REQUEST FOR SUB-QUOTES FROM CERTIFIED DBE SUBCONTRACTORS, SUPPLIERS & HAULERS -FOR- Elm Regional Airport - ALP Project #3-12-0005-048

LEGALS INVITATION TO BID Project Name: Capital Building Camera Upgrade Project Address: 101 North Carson Street, Carson City, Nevada SPWD Project No: 15-021

LEGALS INVITATION TO BID Project Name: Capital Building Camera Upgrade Project Address: 101 North Carson Street, Carson City, Nevada SPWD Project No: 15-021

LEGALS INVITATION TO BID Project Name: Capital Building Camera Upgrade Project Address: 101 North Carson Street, Carson City, Nevada SPWD Project No: 15-021

# Classifieds




FIND IT.  
SELL IT.

Find It. Sell It. visit [www.rgj.com/classifieds](http://www.rgj.com/classifieds) or call 348-7355 | 866-944-7355

All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. Reno Gazette-Journal/RGJ Media reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. Reno Gazette-Journal/RGJ Media shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

refuse, reject, classify or cancel any ad at any time.

<p><b>Personal Services</b></p> <p><b>TUTORING</b></p> <p>Will clean your house in NW Reno. Honest, experienced \$50 &amp; up state licensed call 334-520-6255</p> <p><b>MISC. PERSONAL SERVICE</b></p> <p>Mobile Tax &amp; Legal Service. GREGORY GLODOWSKI, ESQ. 775-825-7642</p> <p><b>Pets</b></p> <p><b>DOGS</b></p> <p>French Bulldog Puppies AKC full registry, born 1/12/15, two males, brindle \$1,800, cream \$2,000, first shots and wormed. 775-720-7888</p>	<p><b>DOGS</b></p>  <p><b>HUSKY/WOLF Puppies</b> Beautiful coats, Gentle. Toy/bk or brn/white, shot, Born on 12/21/14 start @ \$500. 221-3771</p> <p>Miniature Schnauzers: Tails Shots &amp; dew claws done. Beautiful Puppies. \$450 775-848-9660</p>	<p><b>RESCUED PETS</b></p> <p>Gracie Needs a Home. Apocot Poodle mix, Part Cocker Spaniel! Weighs 23 lbs, 10 yrs old, in excellent health. Gracie loves going everywhere and rides very well in the car. She is also a great hiking companion and has a lot of stamina for long walks. She is housetrained and likes to be near her family as much as possible. She does fine with people of all ages, cats, and some mellow dogs. Call or e-mail Sam at 775-338-6631, wyliec7@aol.com. WARF.</p> <p><b>Personals</b></p> <p><b>PHONE TALK</b></p> <p><b>MEET SINGLES 18+</b> Browse Voice Ads FREE! Straight 775-323-7575 Curious 775-334-6666 Use Free Code 3225</p> <p><b>Stuff</b></p> <p><b>A/RT &amp; ANTIQUES</b></p> <p>Railroad Items Wanted Lampers, locks, keys, china</p>	<p><b>APARTMENTS, UNFURNISHED</b></p> <p><b>SPARKS</b></p> <p><b>LIKE NEW!</b> 6 bd, 3 ba, lush back yard w/ deck, sunroom, large kitchen &amp; living room, close to town, a/c, gas heat. \$1675/mo 775-824-9175 ext 102</p> <p><b>Wheels</b></p> <p><b>COLLECTOR/SPECIAL INTEREST</b></p> <p><b>GENERAL EMPLOYMENT</b></p>	<p><b>HOMES UNFURN. DOUBLE DIAMOND</b></p> <p>3 bd, 3 ba, 2 car garage Dbl Diamond, a/c, sm pet \$1750. Action 323-0404</p> <p><b>HOMES UNFURN. SPARKS</b></p> <p>3 bd, 1 ba house, Sparks! Frnd yd, tile/ups, sm pet. \$1000. Action 323-0404</p> <p><b>NEW HOMES FOR LEASE</b> Frontier@Pioneer Meadows 1210-2182 St. 2-4 bd 6618 Good Mountain Dr., Sparks, NV 89436. 775-800-8035 <a href="http://www.LEASEFRONTIERA.COM">www.LEASEFRONTIERA.COM</a></p> <p><b>Wanted: Porsche 356, 911 or 917, 1960-1973 356 Coup Cab, Speedster 1964-1973 911, 912 Any Condition 775-832-5185</b></p> <p><b>GENERAL EMPLOYMENT</b></p>	<p><b>MOTORCYCLES</b></p> <p>2013 Harley Sportster, windshield, bags 20 k miles asking \$7,500 photos upon request 775-848-5997</p> <p><b>SPORT UTILITY VEHICLES</b></p> <p>1993 Jeep Gr Chev Lar v-8 141k \$3100, call 3550770</p> <p><b>NOTICE:</b></p> <p>All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept. All ads are subject to approval before publication. Reno Gazette-Journal/RGJ Media reserves the right to edit, refuse, reject, classify or cancel any ad at any time. Errors must be reported in the first day of publication. Reno Gazette-Journal/RGJ Media shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.</p> <p><b>GENERAL EMPLOYMENT</b></p>	<p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>NOTICE OF PUBLIC HEARING</b> <b>WASHOE COUNTY DISTRICT BOARD OF HEALTH</b></p> <p>The Washoe County District Board of Health (WCOBH) does hereby declare 1:00 pm, April 23, 2015, and May 28, 2015, at the Washoe County Health District (WCHD), Conf. Room B, 1001 E Ninth St, Reno, NV as the time, date and place to consider revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments.</p> <p>Interested persons who may be effected or wish to comment on any action being considered on the above data should appear at the public hearing to submit oral testimony or may address comments, data, views or arguments in written form to the WCOBH, PO Box 11130, Reno, NV 89520. Copies of the proposed revisions are available at: <a href="http://www.WashoeCounty.us/Health">www.WashoeCounty.us/Health</a> and WCHD, Environmental Health Services Division, 1001 E Ninth St, Reno, NV for inspection by any person.</p> <p>If you would like additional information, please contact Amber English 328-2629.</p> <p>Kitty Jung, Chairwoman Washoe County District Board of Health</p> <p>No. 52882 Mar. 19, 20, 23, 2015</p> <p><b>NOTICE TO PROPOSERS</b> <b>REQUEST FOR PROPOSALS# 2929-15</b></p> <p>Notice is hereby given that The Washoe County Purchasing Office is currently accepting sealed bids for medical services on behalf of the Washoe County</p>	<p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>LEGALS</b></p> <p><b>APPLICATION TO APPROPRIATE WATER NO. 84837</b> <b>NOTICE IS HEREBY GIVEN</b>, that on the 12th day of February 2015 Home Camp Cabin, LLC (A Nevada Limited Liability Company), of Cedarville, California made application to the State Engineer of Nevada for permission to appropriate .056 c.f.s., 32.0 a.f.s. of the public waters of the State of Nevada. Diversion is to be made from Boulder Spring at a point located within the NE1/4 NW1/4 of Section 33, T40N, R20E, MDB&amp;M, or at a point from which the N1/4 corner of said Section 33 bears N 45 degrees 43 minutes 26 seconds E, a distance of 2,477.27 feet (approx. 73 miles SW of Denio). Water will be used for stockwater and domestic purposes from April 1st to September 15th of each year. Jason King P.E. State Engineer</p> <p>No. 51319 Feb. 27, Mar. 6, 13, 20, 2015</p> <p><b>IN THE SECOND JUDICIAL DISTRICT COURT</b> <b>STATE OF NEVADA</b> <b>IN AND FOR THE COUNTY OF WASHOE COUNTY</b></p> <p>Case No. CV14 002017 Dept. No. 3</p> <p><b>AUTOVEST, L.L.C.,</b> Plaintiff, vs. VANESSA FRANK individually, and DOES I through X, inclusive, Defendant</p> <p><b>SUMMONS</b> <b>TO THE DEFENDANT: YOU HAVE BEEN SUED, THE</b></p>
--	---	---	--	--	---	---	--



# Classifieds PET FINDER

Find It. Sell It. visit [www.rgj.com/classifieds](http://www.rgj.com/classifieds) or call 348-7355 | 866-944-7355

All classified ads are subject to the applicable rate card, copies of which are available from our Advertising Dept./All ads are subject to approval before publication. Reno Gazette-Journal/RGJ Media reserves the right to edit. Errors must be reported in the first day of publication. Reno Gazette-Journal/RGJ Media shall not be liable for any loss or expense that results from an error in or omission of an advertisement. No refunds for early cancellation of order.

refuse, reject, classify or cancel any ad at any time.

**Personal Services**

**TUTORING**

Will clean your house in NW Reno. Honest, experienced \$50 & up state licensed call 334-520-6255

**MISC. PERSONAL SERVICE**

Mobile Tax & Legal Service. GREGORY GLOWOWSKI, ESQ. 775-825-7642

**Pets**

**DOGS**

**MEET SINGLES 18+**

Browse Voice Ads FREE! Straight 775-323-7575 Curious 775-334-6666 Use Fese Code 3225

**Stuff**

**ART & ANTIQUES**

Railroad Items Wanted Lanterns, locks, keys, china, paper, etc. - also porcelain signs 916-663-2463

**GUNS/FIREARMS**

**RESCUED PETS**

Gracie Needs a Home. Apricot Poodle mix, Part Cocker Spaniel? Weighs 23 lbs, 10 yrs old. In excellent health. Gracie loves going everywhere and rides very well in the car. She is also a great hiking companion and has a lot of stamina for long walks. She is housetrained and likes to be near her family as much as possible. She does fine with people of all ages, cats, and some mellow dogs. Call or e-mail Sam at 775-338-6631, wylife7@aol.com. WARF.

**Rentals**

**apartments.com**

**APARTMENTS, FURNISHED**

1 Rooms, furn \$40-85 wk Res Mgr. 348-1431, 329-4097 or Action 323-0404

**APARTMENTS, UNFURNISHED**

2 BD, NW, near bus & shopping, no pets. \$650. Call 825-5311, 721-5311

**LEGALS RATES**

• RGJ classified - \$1 per line, per day (\$41 minimum line charge per day)

• RGJ.com - \$10\*

• Affidavit/notary charge - \$10\*

• Annual Statement: \$40 (1col.x2.25" & incl. 2 days @ \$20 per day/per ad)

**348-7355**  
\*Restrictions apply. Call for details.

**LEGALS**

**NOTICE OF REDEMPTION OF TITO TICKETS AND EARNED POINT REDEMPTION**

People holding unexpired slot machine TITO pay tickets and earned point redemptions from Bourbon Square Casino- Sparks, formerly operating at 1040 Victorian Ave, Sparks, Nevada, may redeem for cash, these bearer instruments and earned points at Guest Services of Bourbon Square by using the north entrance. Redemption of the slot machine TITO pay tickets and earned point will be accepted and are subject to applicable expiration date. Redemptions will be available from 8 am to 4 pm, Monday through Friday through April 5, 2015.

No. 49707 Feb. 6-Apr. 5, 2015

**LEGALS**

**NOTICE TO AUGMENT THE BUDGET OF THE CITY OF RENO GENERAL FUND AND STREET FUND AND THE RENO REDEVELOPMENT AGENCY #1 GENERAL FUND AND DEBT SERVICE FUND FOR THE 2015 FISCAL YEAR**

NOTICE IS hereby given in accordance with NRS 354.596005 to the public in general, to the local media and to the senior, handicapped and minority citizens that the City Council will vote on a resolution to augment the City of Reno's General Fund and Street Fund as well as the Reno Redevelopment Agency #1 General Fund and Street Fund for the 2015 Fiscal Year. The Council will vote on this resolution at their regular meeting on Wednesday, March 25, 2015, beginning at 12:00 P.M., in the City of Reno Council Chambers, Reno, Nevada. Written and oral comments are invited and can be presented at the Council meeting or filed with the City Clerk.

Beverly Beatty-Benadom, Interim City Clerk

**LEGALS**

**NOTICE TO CREDITORS AND OTHERS CONCERNED**

Pursuant to NRS 408.387, notice is hereby given that Contract No. 3292 between Fisher Sand & Gravel Co. and the State of Nevada, for construction of a portion of the Highway System I-580 Freeway from near Winters Ranch to near Mount Rose Highway, Washoe County, was accepted 3/9/2015.

All creditors having claims against this contract must file their claims within thirty (30) days after acceptance of said contract. Information relative to the manner of filing claims may be obtained from the Administrative Services Officer, telephone number (775) 888-7070.

RUDY MALFABON, P.E., DIRECTOR  
Nevada Department of Transportation  
No. 52543 Mar. 16, 17, 18, 19, 20, 23, 24, 25, 26, 27, 2015

**REQUEST FOR SUBCONTRACTOR QUOTES FROM CERTIFIED SMALL BUSINESS AND DBE SUBCONTRACTORS, SUPPLIERS & HAULERS FOR THE FOLLOWING PROJECT:**

NDOT 3585  
On I-580/US 395 Carson City Freeway from South Carson Street to Fairview Drive, Package 2B-3 Project Number NHP-395-1(027)

Bid Date: Thursday, April 2, 2015 at 1:30 p.m. PST

Q&D Construction, Inc.  
1050 S. 21st Street  
Sparks, NV 89431  
NV Contractors License No. 8197 A & B  
Contact: Kevin Hamilton  
Phone: (775) 786-2677  
Fax: (775) 786-5136  
E-Mail: [khamilton@qdcconstruction.com](mailto:khamilton@qdcconstruction.com)

Quotes are requested for, but not limited to, the following specialties:

**LEGALS**

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

The Washoe County District Board of Health (WDCBH) does hereby declare 1:00 pm, April 23, 2015, and May 28, 2015, at the Washoe County Health District (WCHD), Conf. Room B, 1001 E Ninth St, Reno, NV as the time, date and place to consider revisions to the Regulations of the Washoe County District Board of Health Governing Food Establishments.

Interested persons who may be effected 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 WDCBH, PO Box 11130, Reno, NV 89520. Copies of the proposed revisions are available at [www.WashoeCounty.us/Health](http://www.WashoeCounty.us/Health) and WCHD, Environmental Health Services Division, 1001 E Ninth St, Reno, NV for inspection by any person.

If you would like additional information, please contact Amber English 328-2629.

Kitty Jung, Chairwoman  
Washoe County District Board of Health

No. 52882 Mar. 19, 20, 23, 2015

**LEGALS**

**NOTICE OF TRUSTEE'S SALE**

NDCS File No. : 13-31609-BA-NV Title Order No. : 61302450 APN No. : 001-233-01 YOU ARE IN DEFAULT UNDER A DEED OF TRUST, DATED 01/22/2010 UNLESS YOU TAKE ACTION TO PROTECT YOUR PROPERTY; IT MAY BE SOLD AT A PUBLIC SALE. IF YOU NEED AN EXPLANATION OF THE NATURE OF THE PROCEEDING AGAINST YOU, YOU SHOULD CONTACT A LAWYER. Notice is hereby given that National Default Servicing Corporation as trustee (or successor trustee) of sub-

**Washoe County Food Regulation Public Workshop**  
Washoe County Health District, 1001. E 9<sup>th</sup> Street, Reno  
March 11, 2015

Name	Company	Phone
Edyl Zarah y Peck	Bluebird Vending	775-374-0497
Mr + Mrs. T. GEORGE	The Rolling Bagel	775-219-7939
Bill Johnson	Famous Dave's	775-722-6059
Fausta Apamsire	Mwinthigh Enterprises LLC	775-657-9082 / 253-205-8620
Tom Macalder	WCHD	—
John [unclear]	Sands Reserach	
TERRY YOUNG	Sands Reserach	775-220-3229
ERIN DIXON	WCHD	
Stacey Rahr	Mel's	
Francine Burge	City of Sparks/Events	353-7856
Hannah Jarvis		775-228-6220
Carly Gurinskas	Nom Eat LLC	775-762-2565
Ian McIntosh	Nom Eat LLC	775-272-8815





**Food Regulation Public Workshop**  
**Washoe County Health District, 1001 E 9<sup>th</sup> Street, Reno**  
**March 12, 2015**

Name	Company	Phone
John SANDOZ	FA travel centers	959-0550
Tom BENTON	Scolaris	331-7700
Tracy Lerud	Scolaris	331-7700
Greg Zingari	Rocky Mtn. Choc.	742-6888
Jennifer Guerra	WONI	324-2249
CHRIS TESDALE	SHERLEYS FARMERS MKTS	796-5024
Alan COOK		(775) 240-9423
Megan Gilman	Mantam / Ireni Montessori	(775) 848-9358
Ana Pesti	WCSR	353-5239
Scott Scholtz	WCSD	353-5930
Judith Saum	WCHD - EHS	813-1136
Erin Dixon	WCHD	
Kelley Loggins	PS&CO	848-2348
Debona Aragon	SN&CO	775 527-2942
Lea Tauchen	Retail Assoc	775-882-1700
Kathleen Erickson	PT & CO	323-6366
John Roberts	Sierra Summit Fed	322-0171
Mike Supple	WCSD	353-5238
Beto Rosas	BST	379-3433







**Bullet Points for March 26<sup>th</sup> NVRA meeting with Washoe County Health Department, re Food Service Manager Certification**

---

- **What is the Public Health benefit of the proposed changes?**
- **Why, if the current system is working well, are you proposing to not only change it, but to eliminate it altogether?**
- **Why was your stance on food service manager education different than one year ago?**
- **What, if anything, do you propose for the reduction of food-borne illness in Washoe County, once the education component is eliminated?**
- **Do you feel that your once/year inspections fill that void?**
- **How do you plan to control the intrusion of incompetent and unscrupulous instructors into Washoe County?**
- **How do you intend to track certifications, and to weed out fraudulent certificates?**
- **How do you see the role of qualified instructors in achieving your food-borne illness prevention objectives?**

**Conference for Food Protection**  
**Standards for Accreditation of Food Protection Manager**  
**Certification Programs**

**Frequently Asked Questions**

**Q. What was the primary purpose for the Conference for Food Protection's (CFP) development of the *Standards for Accreditation of Food Protection Manager Certification Programs* (Standards)?**

R. The Standards are intended for all legal entities that provide certification for Food Protection Managers. All certifying organizations attesting to the competency of Food Protection Managers, including regulatory authorities that administer and/or provide certification programs, have a responsibility to the individuals desiring certification, to the employers of those individuals and to the public. The Standards establish criteria that ensures that certification providers maintain policies and procedures that meet the specific credentialing needs of Food Protection Managers while ensuring a valid, reliable and legally defensible evaluation of certification programs.

**Q. Why did the Conference for Food Protection determine there was a need to develop these Standards?**

R. One of the major issues that the CFP has dealt with in recent years is a trend among jurisdictions at all levels of government to impose mandatory requirements for education and certification for food protection managers. The certification component of this issue raises particular concerns due to the diversity of certification organizations that vary in the mission of their sponsors, as well as their structure, revenue sources, and certification policies. A fair evaluation of these diverse and complex programs has been a challenge for regulators.

At the same time, the providers of Food Protection Manager Certification Programs are faced with an array of regulatory program requirements. They are being held to different standards of performance and accountability depending on the jurisdiction in which they operate.

Most certification programs share a common desire to have the food protection manager certificate they issue universally recognized and accepted by others – especially by the increasing number of regulatory authorities that require Food Protection Manager Certification. If there is not a uniform set of national standards to assess these certification programs, an unfair resource burden is placed on institutional foodservice, restaurant, and retail food operations. Lack of a national standard for universal acceptance of certified Food Protection

Food Protection, indicates that the certification organization has been evaluated by a third party accrediting organization and found to meet all of the CFP established standards.

**Q. How can I obtain a copy of the CFP *Standards for Accreditation of Food Protection Manager Certification Programs*?**

R. The Standards can be obtain from the CFP web site [www.foodprotect.org](http://www.foodprotect.org)

**Q. What does it mean to say someone is a Certified Food Protection Manager?**

R. A Certified Food Protection Manager is an individual who has demonstrated by means of passing a food safety certification examination from an accredited certifying organization that he/she has the knowledge, skills and abilities required to protect the public from foodborne illness. Duties of such persons could include but are not necessarily limited to:

- responsibility for identifying hazards in the day-to-day operation of a food establishment that provides food for human consumption;
- development or implementation of specific policies, procedures or standards aimed at preventing foodborne illness;
- coordination of training, supervision or direction of food preparation activities, and responsibility for taking corrective action as needed to protect the health of the consumer; and
- responsibility for completion of in-house self-inspection of daily operations on a periodic basis to see that policies and procedures concerning food safety are being followed.

**Q. What is the difference between certification and accreditation?**

R. The terms “certification” and “accreditation” are not interchangeable. They denote separate and distinct processes.

Certification is the process that a certification organization administers to verify that an individual has complied with the requirements of their certification program. The certification organization issues a certificate to the individual indicating they have met all the program requirements and passed the food safety certification examination. The certification process is focused on the individual seeking to demonstrate that he/she had the knowledge, skills and abilities to protect the public from foodborne illness.

Accreditation means that a third party (independent) accrediting organization has reviewed a Food Protection Manager certification program and verified that it

**Q. What Food Protection Manager Certification Programs are currently accredited?**

R. ANSI maintains a current listing of accredited Food Protection Manager Certification Programs on their web site [www.ansi.org](http://www.ansi.org)

**Q. One of the outcomes the Conference hopes to achieve by establishing the Standards and implementing an accreditation process through ANSI is an equitable, uniform approach that enhances consumer protection. Attaining universal acceptance of certificates obtained through an ANSI accredited certification organization will require State and local jurisdictions with mandatory Food Protection Manager Certification Programs to recognize this process. Why should a regulatory agency, with an existing mandatory Food Protection Manager Certification Program or that is considering one, adopt the CFP Standards and recognize the ANSI accreditation process?**

R. The CFP Standards provide regulatory authorities with a valid, reliable, and legally defensible criterion for evaluating certification programs. A credible, non-biased process is pivotal to all food safety stakeholders involved in certification and ultimately to consumer protection. Regulatory authority universal acceptance of Food Protection Managers in accordance with the CFP Standards benefits all stakeholders.

Regulatory jurisdictions benefit by:

- saving on human and financial resources required to administer the certification program;
- minimizing their legal liability that may result from not having the required expertise on staff to develop and administer the program (such as an individual with a solid foundation in the psychometric development of written examinations);
- having assurance from a third party accreditor that all certification programs meet CFP Standards;
- allowing the regulatory agency to devote limited resources to their retail food protection program rather than the credentialing of Food Protection Managers.

Industry benefits because there is:

- mechanisms in place for reciprocal acceptance of certification across jurisdictional lines;
- enhanced value for their credential;
- quality assurance conducted on the certification programs that are offered;
- consistent meaning for certification within the profession; and
- enhanced confidence that the certification process is valid, reliable, and legally defensible

- recognition that effective training incorporates a variety of instructional techniques, approaches and delivery systems;
  - emergence of new delivery technologies, such as distance learning and computer based training (CBT), increasing the accessibility and availability of training;
  - difficulty in developing an “equivalency standard” to assess content, scope, and effectiveness of diverse training methods; and
- recognition that an assessment tool (food safety examination) is the common component in certification programs. Developed according to sound psychometric standards, these examinations provide the appropriate amount of rigor to ensure that a candidate received the necessary training to demonstrate the knowledge level required of Food Protection Managers.
- As such, the ANSI-CFP accreditation program focuses on the entire certification organization’s program. Certification organizations have a responsibility to ensure that the certification process is fair to all candidates and protects their inherent rights. The organizations certification policies and procedures must meet the specific credentialing needs of Food Protection Managers and use defensible processes in their test development and administration.

May 19, 2015

Washoe County District Board of Health

Re: Public input regarding Proposed Revisions to the Health Department Food Regulations

Dear District Board of Health Members:

Attached please find materials that Pete Allen requested be distributed to the District Board of Health. I reviewed these materials and would note:

- 1) The Health District supports food safety training as a method of preventing foodborne disease through education. Nothing in our proposed regulations would prevent training, such as that highlighted in the Sheriff's press release, from being provided. We believe that eliminating the requirement for Health District mandated prescriptive training only through Health District certified instructors will result in additional opportunities for food safety training to be provided in our community. That view has been reinforced by public comments provided to DBOH. The article on FDA training was for educating food safety officials on their regulatory responsibilities and policies associated with a separate FDA initiative that does not address certification of food protection managers.
- 2) The Health District is not proposing a "minimum standard" or "lowest common denominator" approach. We are moving to a best practices approach for our food safety regulations that recognizes the work that has been done by the Conference for Food Protection in conjunction with FDA to develop a model food code. The proposed regulations represent a huge improvement and move food safety forward in our community by bringing decades-old regulations up to current science and practice. The proposed regulations will bring us to close conformance with Clark County and the State's food safety regulations, and the Nevada Division of Public and Behavioral Health (NDPBH) has expressed their support for our proposed regulations.
- 3) Knowledge is important for food safety, not the length of time that someone sits in a classroom setting. The proposed food safety regulations utilize an approach recognized by the FDA model food code to demonstrate this knowledge through passing an exam accredited by the American National Standards Institute (ANSI) serving as a third party accreditor for the Conference for Food Protection Standards for the Food Protection Manager Certification Program (standards available at: <https://www.ansica.org/wwwversion2/outside/documents/cfpstandard.pdf>). The ServeSafe exam and certification mentioned in the Sheriff's press release is one of the exams for certification.

Subject: Public input regarding Proposed Revisions to the Health Department Food Regulations

Date: May 19, 2015

Page 2 of 2

These exams are only administered in conformance with the ANSI Standards that include requirements for the test development, proctoring, administration, and responsibilities of professionals and organizations involved in certification.

- 4) We did consult with the restaurant industry and food safety instructors and we exceeded statutory requirements for outreach and engagement. We provided an advance draft release of the proposed regulations for food safety instructors and scheduled a special pre-public release meeting with them. We held two workshops on the proposed regulations, and we attended a mixer and a question and answer workshop hosted by the Nevada Restaurant Association to discuss the proposed regulations. All input received was considered and an explanation of the evaluation by staff was provided in the April 2015 Board packet. The stakeholder group mentioned by Mr. Allen was from 2002 and is no longer in existence.

Sincerely,



Kevin Dick  
District Health Officer



## Bullet Points for DBH

- Restaurant Industry and Instructors never consulted – Robbin Rose formed a Food Safety Task Force, to include both groups...why were they not consulted this time?
- Input from Instructors completely ignored
- A determination by Mr McNinch to press forward with his agenda regardless of necessary community health and safety considerations
- The CDC has recognized that food safety training is a food-borne illness outbreak preventative measure
- Conference for Food Protection standards = MINIMUM STANDARDS; so constant reference to them translates into a watering down of the current Washoe County requirements.
- What is the reason behind the cuts, that translate to the LOWEST COMMON DENOMINATOR?
- Instructors do the overwhelming majority of the work to support this program – Why then is the health department, once again, placing them in the role of adversaries...instead of the allies that we are?
- “Risk-based” inspections – take more time than regular inspections; and staff is stretching to get the **routine** inspections done. The CFPM program complements staff inspections, making them more effective.
- This proposal eliminates **ANY** requirement for minimum food service manager training. It essentially equates the ability to pass a standardized test with quality education.
- Washoe County is going in the opposite direction from FDA thinking and funding (see attachment from Food Safety News
- Do we need a repeat of the well-publicized Circus Circus and Reno Hilton outbreaks to illustrate the need for proper training?
- **Recommendations:**
  - Sit in on a class, to get an idea of what we as instructors are doing for the community
  - Leave the program as it exists until a valid reason can be given for downsizing it
  - Request a collaboration between the health department and instructors to streamline the requirements, while maintaining the general content and hourly requirements
  - Admonish the health department to treat those of us who are educating the food service industry, and keeping the community safe, as allies, and not as adversaries

# **Food Safety News**

## **Breaking news for everyone's consumption**



## **FDA Boosts Food Safety Training**

By [Gretchen Goetz](#) | October 6, 2011

The Food and Drug Administration is putting its money where its mandate is in order to improve food safety training across the country.

The agency recently awarded a \$6.5 million grant to the International Food Protection Training Institute (IFPTI) – located in Battle Creek, Michigan – to boost the Institute’s efforts to standardize food safety protocol across the country and make training more accessible to a greater number of professionals.

Enhancing food safety training is one of the changes required of FDA by the Food Safety Modernization Act, signed into law this January.

Over the next 5 years, FDA will give IFPTI \$1.3 million per year to build a stronger infrastructure for training programs.

While this will help the Institute improve its own training courses – offered in Battle Creek, Macon, Georgia and Helena, Montana – it will also help IFPTI continue its work developing a standard training protocol for all programs around the country, including government and industry courses.

Smoothing out inconsistencies between training curricula is essential, says Gerald Wojtala, Executive Director of IFPTI. Standardized instruction means standardized practice, he explains.

“If a state inspector is doing an inspection in one state and a federal investigator’s doing an inspection in a different state and a local sanitarian is doing a different inspection in still a different state, we will know what level they’re performing at, and in that way we’ll have some assurance of the safety of food.”

This way, he says, the general public will have a way of gauging whether or not their food is being properly protected.

Improving the quality and consistency of food safety training is more important now than ever, he says.

In the current tight economy, “A lot of those professions are hurting in terms of a loss of positions,” says Wojtala, “so that makes training all the more important because as they downsize, more people are taking on more responsibility.”

This means that someone who at one time was only in charge of water sanitation might now be performing food inspections as well, and will need to be prepared for this position.

“There’s a lot of folks that get into this profession who obviously have science degrees or backgrounds, but you don’t go to college and take a course in being a dairy inspector or shellfish inspector,” he explains.

Another component of IFTPI’s work is tailoring food safety education to fit the variety of different jobs that affect the safety of the food supply – including food inspectors, veterinarians, quality managers at processing companies, and over 40 other professions.

The organization is currently examining the different food safety-related tasks required for each job in order to recommend food safety curricula for training someone in each of these positions.

While it is important to have a consistent base knowledge of food safety across the board, says Wojtala, people also need specific expertise depending on their food safety responsibilities.

Another way IFPTI – designed courses vary is in the way they are taught. Parts of a course may be taken individually online, and parts involve in-person exercises.

But in order to get any of these courses out to the people who need them, the country needs more people who can give this training, says Wajtola. That’s why IFTPI will also be using its federal grant to augment its trainer certification program.

“If we’re going to train all these people, we really have to bump up the number of instructors out there,” says Joan Bowman, IFTPI’s Vice President of External Affairs.

And IFPTI won’t be going it alone.

“FDA has make a commitment to training, and so there are a number of other universities and associations that are going to be partnering with us and fleshing out this training network,” says Wajtola.

To date, IFPTI has trained more than 1,800 professionals through its food safety courses. With its expanded resources, it hopes to increase the number of people it reaches, as well as to boost the availability of training around the country by equipping other companies and organizations with the ability to train their employees and members.

Pete:

The reference in Mr. Cook's e-mail to my remarks regarding manager certification is grossly inaccurate.. FDA's first risk factor study, as well as CDC's studies indicate a positive correlation between the presence of a certified food protection manager and the control of some foodborne illness risk factors in selected facility types. I cautioned readers of our studies that since there are so many variables that influence control of risk factors within any establishment, our study results should not be interpreted to mean that the presence of the certified manager was the reason there was better control of risk factors. There could be other mitigating factors such as better employee training, availability of necessary equipment, implementation of food safety management systems, etc. Hence FDA positions our study results as a "correlation" rather than "cause and effect".

Beginning with the 2013, FDA incorporated a requirement for at least one employee that has supervisory and management responsibility to pass a test that is part of an accredited program. The incorporation of this provision was largely based on the positive correlation noted in both FDA and CDC studies between the presence of a certified food protection manager and control of foodborne illness risk factors.

### **Section 2-102.12 Certified Food Protection Manager**

*(A) At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food protection manager who has shown proficiency of required information through passing a test that is part of an accredited program.*

I did provide representative from Washoe County with input as to how the FDA defines an accredited program within the FDA Food Code.

### **Accredited Program**

*(1) "Accredited program" means a food protection manager certification program that has been evaluated and listed by an accrediting agency as conforming to national standards for organizations that certify individuals.*

*(2) "Accredited program" refers to the certification process and is a designation based upon an independent evaluation of factors such as the sponsor's mission; organizational structure; staff resources; revenue sources; policies; public information regarding program scope, eligibility requirements, re-certification, discipline and grievance procedures; and test development and administration.*

*(3) "Accredited program" does not refer to training function or education programs.*

My discussion with representative from Washoe County primary focused on what FDA's position would be on instructor and training requirements. Since training (Sub-paragraph 3) is not an element of an accredited program within the context of the FDA Food Code, there are no requirements for training programs capture in Food Code provisions. FDA's position is that the individual seeking certification should have various options / opportunities to attain the knowledge necessary to successfully pass an examination from an accredited food protection manager certification program.

Accredited food protection manager certification program examinations are developed using sound psychometric methods. The examinations used for this certification process must be valid, reliable, and legally defensible. In general, it would be very difficult for an individual to successfully pass one of these examinations without some type of training prior to sitting for the examination. In its studies, FDA did

not attempt to measure the impact of managers who received food safety training or the type of training they received, on the control of the risk factors. The positive correlation noted in my previous paragraph is based on a person in charge having successfully passed an **examination from an accredited food protection certification program.**

I did indicate to representatives from Washoe County that I was not aware of any studies that had been conducted to evaluate the impact and effectiveness of training programs on the control of foodborne illness risk factors. This may have been where some confusion arose.

Please refrain from associating the quote contained in Mr. Cook's e-mail to me because it is simply not accurate.

Thanks, John

John A. Marcello  
FDA Pacific Region Retail Food Specialist  
(480) 829-7396 ext. 2035

**From:** Pete Allen [<mailto:envserv@sbcglobal.net>]  
**Sent:** Thursday, February 05, 2015 12:27 PM  
**To:** Marcello, John  
**Cc:** 'Alan Cook'  
**Subject:** Washoe County Food Service Manager education program

John

A couple of days ago, all food service manager instructors got a draft of a proposed revision to the Washoe County Food Regulations, eliminating the requirement for food service manager certification, and replacing it with an approved exam. Below is a reply that I got when I asked about what the intent was. Not knowing what your remarks might have been, it is hard to comment; however, I cannot imagine your saying anything that would lead to such a moronic decision. Can you help me out here? Although I am probably close to ceasing all food service manager certification with respect to Environmental Services, I certainly hate to see Robbin Rose' program trashed in one fell swoop. It would be not only a big step backward for food safety in Washoe County, but a dereliction of the departments trust to the general public, as well as the food service industry. As always, I look forward to your comments.

Thanks,  
Pete

For Immediate Release

[<< Press Release list](#)

[Print](#)

PR #: 1400032

Date Issued: Apr 17, 2014 - 9:16am

---

## **Ten Washoe County Detention Facility Inmates complete food safety training**

CONTACT: Tami Cummings  
Community Relations  
911 Parr Blvd Reno, NV 89512  
Office (775) 785-6205

---

Ten Washoe County Detention Facility inmates just completed a nationally recognized food service safety course aimed at providing them with skills that will help them find employment after they are released.

**The 10 inmates will be awarded National Restaurant Association ServSafe® certificates during a ceremony at 10:00 a.m. on Friday, April 18, 2014. A former offender who now works in the restaurant industry will be the keynote speaker. Any media who would like to attend the ceremony are asked to meet in the main lobby of the Sheriff's Office at 911 Parr Boulevard at 9:30 a.m.**

The inmates earned these certificates by successfully completing an intense two day 16-hour food safety training program as part of a re-entry program sponsored by the Sheriff's Office. The program provides inmates with skills to aid them in life after release, thereby reducing the potential for further criminal activity once they are back in the community.

“When we provide inmates with the skills they need to find steady employment after they are released, we help to reduce crime, decrease recidivism and save on the overall costs of law enforcement and detention facility operations,” Washoe County Sheriff's Office Detention Programs Coordinator Brooke Howard said.

ServSafe® is the industry's premiere food safety education and training program recognized and accepted by more federal, state and local health jurisdictions than any other food safety training program. The program covers topics such as microorganisms that cause foodborne illness breakouts, cross-contamination and allergens, proper food safety and storage, and cleaning and sanitizing.

Classes are taught by Pete Allen, a ServSafe® certified instructor. Upon completion of course instruction, proctored exams are administered. A minimum score of 75 percent is required to receive certification. Inmates who pass the test receive ServSafe® certificates, which are good for up to five years. Accredited by the American National Standards Institute Conference for Food Protection ServSafe® training and certification is accepted in all states.

Prior to enrollment in the ServSafe® training program, potential candidates were required to go through a screening process which included a review of the programs rules and expectations as well as the candidate's education level, employment history, criminal history, individual goals and self-motivation.

All costs related to the training are paid by the inmates through the Inmate Commissary Fund.

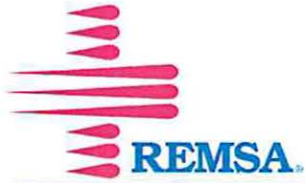
This is the first time the ServSafe® program has been offered at the Washoe County Detention Facility. Because of the success of this initial effort, the Sheriff's Office will start offering the program four times per year. Students often continue their education while in custody, by participating in one of the many self-help, life skills, job skills and/or General Education Development programs offered at the Detention Facility.

“The Washoe County Detention Facility has continued to expand its Programs Unit to give inmates opportunities for effective rehabilitative experience while incarcerated,” Howard said. “We understand in order to reduce the likelihood of continued criminal behavior we must educate offenders and provide them with the proper skills to become productive members of our society.”

Employers who hire these former offenders are not only eligible to receive federal tax credits but also have the benefit of getting qualified workers who are grateful for the second chance.

The Sheriff's Office Alternatives to Incarceration Unit provides programs that help inspire inmates to pursue and achieve attainable goals that contribute to the betterment of themselves, and the community. Inmate participation in these programs has led to a reduction in recidivism, a reduction in the amount of money spent by tax payers to house inmates, and a reduction in the cycle of criminal behavior for the next generation. For more information, contact Detention Programs Coordinator Brooke Howard at (775) 785-4244.

The Washoe County Sheriff's Office celebrated 150 years of proud service and community partnership in 2011. Sheriff Chuck Allen is the 26th person elected to serve as the Sheriff of Washoe County. His office continues to be the only full service public safety agency operating within northern Nevada and is responsible for operating the consolidated detention facility, regional crime lab, Northern Nevada Regional Intelligence Center, Internet Crimes against Children Task Force, court security, service of civil process and traditional street patrols.



---

*Regional Emergency Medical Services Authority*

# **REMSA**

## **OPERATIONS REPORTS**

**FOR**

**APRIL 2015**



Fiscal 2015

Month	Priority 1 System-Wide Avg. Response	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.	5 mins. 58 secs.	92%	96%
Sept.	5 mins. 35 secs.	92%	97%
Oct.	5 mins. 54 secs.	92%	98%
Nov.	5 mins. 59 secs.	93%	100%
Dec.	6 mins. 5 secs.	93%	97%
Jan. 2015	5 mins. 53 secs.	93%	99%
Feb.	6 mins. 6 secs.	92%	98%
Mar.	6 mins. 11 secs.	91%	99%
Apr.	6 mins. 9 secs.	91%	97%
May			
June 2015			

Year to Date: July 2014 through April 2015

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	98%

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
July 2014	P-1	5:07	5:59	8:34
	P-2	6:33	6:55	9:53
Aug. 2014	P-1	6:06	6:11	9:07
	P-2	6:54	6:51	10:03
Sept. 2014	P-1	5:23	6:01	10:29
	P-2	5:54	7:02	10:19
Oct. 2014	P-1	5:20	5:56	9:23
	P-2	5:46	6:57	9:22
Nov. 2014	P-1	5:17	5:56	8:40
	P-2	5:54	6:21	9:00
Dec. 2014	P-1	5:20	6:07	9:16
	P-2	5:49	6:43	9:15
Jan. 2015	P-1	5:13	5:55	9:42
	P-2	5:27	6:42	9:53
Feb. 2015	P-1	5:28	6:06	9:36
	P-2	6:04	6:50	9:59
Mar. 2015	P-1	5:19	6:17	10:10
	P-2	5:56	6:52	10:40
Apr. 2015	P-1	5:30	6:19	9:30
	P-2	6:02	7:16	9:51
May 2015	P-1			
	P-2			
June 2015	P-1			
	P-2			

Year to Date: July 2014 through April 2015

Priority	Reno	Sparks	Washoe County
P-1	5:19	6:04	9:30
P-2	6:01	6:50	9:55

## REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.	3965	\$4,234,791	\$1,068	\$1,069
Sept.	3674	\$3,942,547	\$1,073	\$1,070
Oct.	3806	\$4,059,917	\$1,067	\$1,069
Nov.	3535	\$3,791,791	\$1,073	\$1,070
Dec.	3843	\$4,119,979	\$1,072	\$1,070
Jan. 2015	3870	\$4,142,489	\$1,070	\$1,070
Feb.	3372	\$3,614,031	\$1,072	\$1,070
Mar.	3872	\$4,151,828	\$1,072	\$1,071
Apr.	3710	\$4,006,356	\$1,080	\$1,072
May			\$0	\$1,072
June 2015			\$0	\$1,072
<b>Totals</b>	<b>37414</b>	<b>\$40,092,219</b>	<b>\$1,072</b>	
Allowed ground avg bill - \$1,076.00				



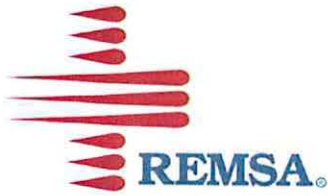
## REMSA OCU Incident Detail Report

Period: 04/01/2015 thru 04/30/2015

12. 1 Monthly Reports (b) CAD Edits & Call Priority Reclassification

Response Area	Zone	Clock Start	Clock Stop	Stop Clock Unit	Threshold	Response Time	Overage
A-08-IC Reno	Zone A	04/01/2015 17:02:33	04/01/2015 17:09:17	301	00:08:59	00:06:44	-00:02:15
A-08-IC Reno	Zone A	04/01/2015 18:03:12	04/01/2015 18:09:53	318	00:08:59	00:06:41	-00:02:18
A-08-IC Reno	Zone A	04/17/2015 18:35:41	04/17/2015 18:35:41	307	00:12:59	00:00:00	-00:12:59
A-08-IC Reno	Zone A	04/19/2015 16:33:01	04/19/2015 16:33:01	406	00:08:59	00:00:00	-00:08:59
A-08-IC Reno	Zone A	04/20/2015 07:06:00	04/20/2015 07:17:04	334	00:19:59	00:11:04	-00:08:55
A-08-IC Reno	Zone A	04/23/2015 01:39:37	04/23/2015 01:46:20	416	00:08:59	00:06:43	-00:02:16
A-08-IC Washoe Co N-NW	Zone A	04/29/2015 10:26:12	04/29/2015 10:32:30	325	00:08:59	00:06:18	-00:02:41
A-08-IC Reno	Zone A	04/29/2015 10:27:51	04/29/2015 10:36:11	334	00:19:59	00:08:20	-00:11:39
A-08-IC Reno	Zone A	04/29/2015 11:29:29	04/29/2015 11:34:10	338	00:08:59	00:04:41	-00:04:18

Exemptions					
Incident Number	City	Zone	Incident Date	Exemption Reason	Priority
094115-15	Lemmon Valley	A	04/04/2015	Incorrect Address	1
115149-15	Sparks	A	04/25/2015	Call Back Upgrade	1
117238-15	Reno	A	04/27/2015	Reno Fire Dept. Upgrade	1



## GROUND AMBULANCE OPERATIONS REPORT

April 2015

### 1. OVERALL STATISTICS:

Total Number Of System Responses	5408
Total Number Of Responses In Which No Transport Resulted	1644
Total Number Of System Transports	3764

### 2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	50%
OB	0%
Psychiatric/Behavioral	7%
Transfers	13%
Trauma – MVA	7%
Trauma – Non MVA	17%
Unknown/Other	4%
Total Number of System Responses	100%

### 3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3097

Total number of above calls receiving QA reviews: 608

Percentage of charts reviewed from the above ALS transports: 19%

**EDUCATION AND TRAINING REPORT**





REMSA Education  
 Monthly Course and Student Report  
 Month: April 2015

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	6	33	3	30	3	3
ACLS EP	1	7	0	0	1	7
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	13	85	5	38	8	47
ACLS S	5	7	1	1	4	6
AEMT	1	25	1	25		
AEMT T	0	0	0	0		
BLS	60	441	9	123	51	318
BLS I	0	0	0	0	0	0
BLS R	47	248	20	129	27	119
BLS S	40	67	13	16	27	51
CE	0	0	0	0	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	3	70	3	70		
EMT T	0	0	0	0		
FF CPR	4	40	0	0	4	36
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	20	1	9	1	11
HS CPR	34	228	5	37	29	191
HS CPR FA	58	301	3	16	55	285
HS CPR FA S	1	5	0	0	1	5
HS CPR PFA	6	25	1	3	5	22
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	17	124	0	0	17	124
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	1	7	1	7	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
PALS	5	32	1	15	3	17
PALS I	0	0	0	0	0	0
PALS R	10	45	2	15	8	30
PALS S	5	6	2	2	3	4
PEARS	0	0	0	0	0	0
PM	2	26	2	26		
PM T	0	0	0	0		

Discipline	Total Classes	Total Students Legend	REMSA Classes	REMSA Students	Site Classes	Site Students Classes w/ CPR
ACLS		Advanced Cardiac Life Support				
ACLS EP		Advanced Cardiac Life Support for Experience Providers				250
ACLS P		Advanced Cardiac Life Support Prep				
ACLS R		Advanced Cardiac Life Support Recert				
ACLS S		Advanced Cardiac Life Support Skills				CPR Students
ACLS I		Advanced Cardiac Life Support Instructor				
AEMT		Advanced Emergency Medical Technician				1355
AEMT T		Advanced Emergency Medical Technician Transition				
BLS		Basic Life Support				
BLS I		Basic Life Support Instructor				REMSA CPR Classes
BLS R		Basic Life Support Recert				
BLS S		Basic Life Support Skills				51
CE		Continuing Education:				
EMAPCT		Emergency Medical Patients Assessment, Care, & Transport				
EMPACT I		Emergency Medical Patients Assessment, Care, & Transport Instructor				REMSA CPR Students
EMR		Emergency Medical Responder				
EMR R		Emergency Medical Responder Recert				324
EMS I		Emergency Medical Services Instructor				
EMT		Emergency Medical Technician				
EMT T		Emergency Medical Technician Transition				
FF CPR		Family and Friends CPR				
FF CPR FA		Family and Friends CPR and First Aid				
FF FA		Family and Friends First Aid				
HS BBP		Heartsaver Bloodborne Pathogens				
HS CPR		Heartsaver CPR and AED				
HS CPR FA		Heartsaver CPR, AED, and First Aid				
HS CPR FA S		Heartsaver CPR, AED, and First Aid Skills				
HS CPR PFA		Heartsaver Pediatric CPR, AED, and First Aid				
HS CPR S		Heartsaver CPR and AED Skills				
HS FA		Heartsaver First Aid				
HS FA S		Heartsaver First Aid Skills				
HS PFA		Heartsaver Pediatric First Aid				
HS PFA S		Heartsaver Pediatric First Aid Skills				
ITLS		International Trauma Life Support				
ITLS A		International Trauma Life Support Access				
ITLS I		International Trauma Life Support Instructor				
ITLS P		International Trauma Life Support - Pediatric				
ITLS R		International Trauma Life Support Recert				
ITLS S		International Trauma Life Support Skills				
PALS		Pediatric Advanced Life Support				
PALS I		Pediatric Advanced Life Support Instructor				
PALS R		Pediatric Advanced Life Support Recert				
PALS S		Pediatric Advanced Life Support Skills				
PEARS		Pediatric Emergency Assessment, Recognition, and Stabilization				
PM		Paramedic				
PM T		Paramedic Transition				

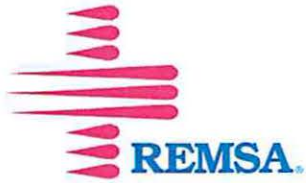
**COMMUNITY RELATIONS:****Community Outreach:****Point of Impact**

Date	Description	Attending
4/18/2015	Child Safety Seat Checkpoint, Raley's on Robb Drive, Reno; 22 cars and 29 seats inspected.	15 volunteers; 4 staff
4/18/2015	Annual Volunteer Meeting and Appreciation Luncheon in observance of National Volunteer Week	1 staff
4/27/2015	Child Passenger Safety Rural Outreach Project meeting	1 staff, 5 volunteers

**Safe Kids Washoe County**

Date	Description	Attending
4/2/2015	Immunize Nevada Monthly Meeting	2 staff
4/6/2015	Presentation to UNR Medical School students	1 staff, 1 volunteer, 66 students
4/7/2015	Safe Kids Board of Directors meeting	1 staff, 7 volunteers
4/10/2015	Presentation to Kiwanis Club of Reno Sunrisers	1 staff
4/14/2015	Safe Kids Monthly Coalition Meeting, Sparks	1 staff, 12 volunteers
4/14/2015-4/17/2015	Cribs for Kids National Conference in Pittsburgh, PA.	2 staff
4/21/2015	Esther Bennett Elementary School Safety Committee Meeting	1 staff, 4 volunteers
4/22/2015	Cribs for Kids train the trainer in Silver Springs, Lyon County Nevada.	1 staff 6 attendees





---

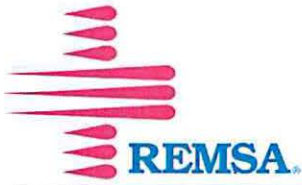
*Regional Emergency Medical Services Authority*

**INQUIRIES  
FOR  
APRIL 2015**

**INQUIRIES**

**April 2015**

There were no inquiries in the month of April.



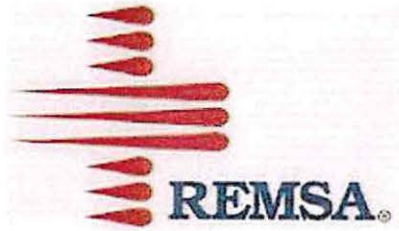
---

*Regional Emergency Medical Services Authority*

**CUSTOMER SERVICE  
FOR  
APRIL 2015**

REMSA

Reno, NV  
Client 7299



*Assess Your Vitals*

1515 Center Street  
Lansing, Mi 48096  
1 (877) 583-3100  
service@EMSSurveyTeam.com  
www.EMSSurveyTeam.com

# EMS System Report

April 1, 2015 to April 30, 2015

Your Score

**92.19**

## Portal Update

We are excited to announce the portal is in the final stages of testing as we complete the validation of the historical data. We will begin a gradual rollout of customer access to the portal in the month of May. When everything is ready, you will receive an email invitation to register for the portal. Thank you for your patience during this transition.

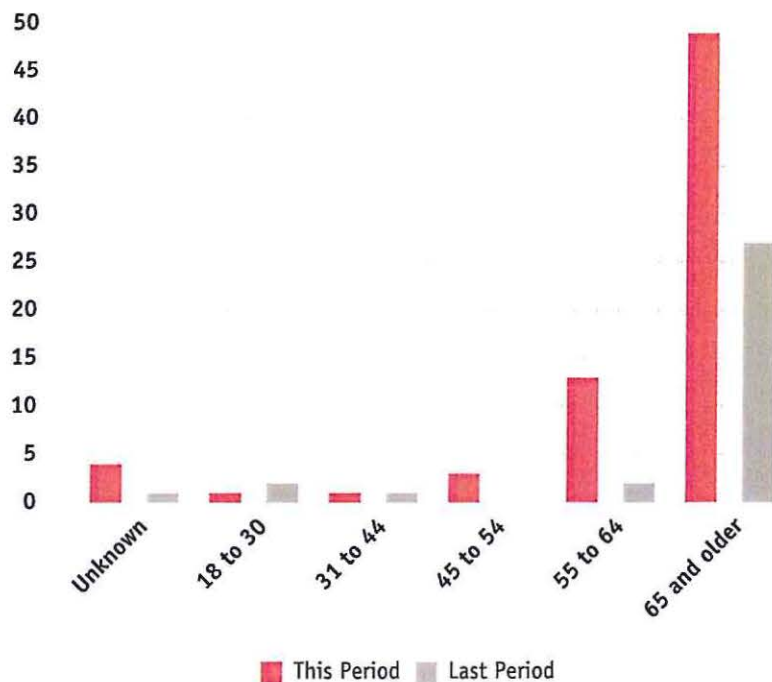




**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Unknown	1	1	0	0	4	2	2	0
18 to 30	2	1	1	0	1	0	1	0
31 to 44	1	1	0	0	1	1	0	0
45 to 54		0	0	0	3	3	0	0
55 to 64	2	1	1	0	13	2	11	0
65 and older	27	12	15	0	49	31	18	0
<b>Total</b>	<b>33</b>	<b>16</b>	<b>17</b>	<b>0</b>	<b>71</b>	<b>39</b>	<b>32</b>	<b>0</b>

**Age Ranges**



**Gender**







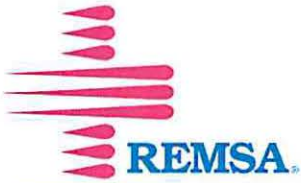
## Monthly Breakdown

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

	Mar 2015	Apr 2015
Helpfulness of the person you called for ambulance service	94.83	93.24
Concern shown by the person you called for ambulance service	94.83	94.40
Extent to which you were told what to do until the ambulance	96.00	92.54
Extent to which the ambulance arrived in a timely manner	95.00	94.46
Cleanliness of the ambulance	94.17	95.18
Comfort of the ride	91.67	91.96
Skill of the person driving the ambulance	95.00	94.20
Care shown by the medics who arrived with the ambulance	92.86	92.34
Degree to which the medics took your problem seriously	94.83	91.16
Degree to which the medics listened to you and/or your family	94.64	90.74
Skill of the medics	93.52	93.85
Extent to which the medics kept you informed about your	93.27	91.25
Extent to which medics included you in the treatment decisions	91.67	90.57
Degree to which the medics relieved your pain or discomfort	92.71	88.70
Medics' concern for your privacy	90.38	91.12
Extent to which medics cared for you as a person	93.75	90.98
Professionalism of the staff in our ambulance service billing	88.24	90.91
Willingness of the staff in our billing office to address your	85.94	91.18
How well did our staff work together to care for you	92.24	92.08
Extent to which our staff eased your entry into the medical	93.10	91.83
Appropriateness of Emergency Medical Transportation treatment	92.86	92.98
Extent to which the services received were worth the fees	85.00	90.78
Overall rating of the care provided by our Emergency Medical	93.97	91.38
Likelihood of recommending this ambulance service to others	94.83	93.42
Your Master Score	92.99	92.19
Your Total Responses	33	71

## Ground Ambulance Customer Comments April,2015

What could we do better to serve you the next time?	If you had any problems with our Emergency Medical Transp...	Description / Comments
"Put correct billing address on bill! EMS staff don't ever bother to ask. If you didn't get paid, you should know why"	"We have continually address in past! 775-331-1266"	"Got her there"
"I have a huge bill now for nothing! But I know they were just doing their job."		
	"We have been with you for years, and this is the only time we had a little problem. Thank you"	
		"Extremely competent, very calm & helpful"
"Return the list of medications, that I gave them to the hospital or me. I did not have the list for the hospital"		
		Someone else called 911 for me
		Wonderful people!!
You are doing a great job		
Never take ANY call light-hearted. Things are not always what they appear to be.	I have already done so but if you have any questions.	
		Thanks to a great operator at a very scary time
Wonderful service	No problem	
"Nothing more---very pleasant people, very professional"		
	None	
		After so many times patience is important
They were great!		
		Do not remember high blood sugar
	"Thank you very much!"	"Hospital called for service"
		"I did not call"
		"A very good experience"
"My family love you much"		
"Nothing, everything was perfect"		"All of the staff were excellent, efficient & caring"
All of you are very professional. Thank you for your service		
Should not have took me across the bumpy lawn. Sidewalk was available. Showed no concern at all		
You are excellent		"Excellent, caring, professional"
You already did	No problems	I did not call someone else did. Very good
I pray there will no next time---if so we will be more than happy to see your company help us		
Can't think of anything		Even though I am a nurse the issue of life threatening cardiac problems reduced my ability
		"I was the pt, but store clerk said very helpful"
Unfortunately my husband R. Glen Hornby passed away at home 3/21/15.	thank all of your people all your care & tenderness. Sorry for my writing I'm having problem writing & thinking	"Too long, but they were helpful (always)"
"Help, don't belittle patients"		Very nice dispatcher
"Nothing"		
"Nothing you gusy did a great job"		"I was out of it"
		"Service was friendly and courteous"
"Just thankful you're there!"		
		"Friend called for me"
		"Always helpful"
"Our service was great"		"Husband--talked to dispatch"
"Not a thing/maybe hold fire till need both show at same time"		"The dispatchers have always been very helpful."
"Nothing!"	"None"	"Did not call them they were waiting for me."
"Nothing"		
"Care more about patient's comfort"		



---

*Regional Emergency Medical Services Authority*

**REMSA  
PUBLIC RELATIONS REPORT  
FOR  
APRIL 2015**



**PUBLIC RELATIONS**

**April 2015**

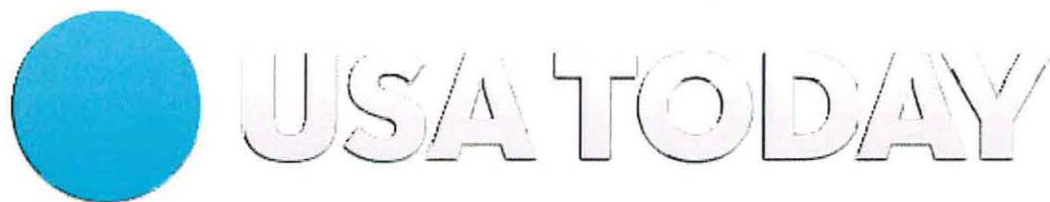
<b>ACTIVITY</b>	<b>RESULTS</b>
Attended weekly PR meeting to assist in on-going public relations efforts.	NA
Continued working on marketing and strategy for Community Health Programs.	NA

The International Academies  
of Emergency Dispatch  
officially recognizes Regional  
Emergency Medical  
Services Authority (REMSA)  
for three years  
as the World's first Accredited  
Center of Excellence in



the Emergency Communication  
Nurse System on  
this 15<sup>th</sup> day of April, 2015 for  
demonstrating compliance  
to the highest level of  
standards as set forth  
in the Academy's Twenty  
Points of Accreditation.

THE WORLD'S FIRST  
CENTER OF EXCELLENCE  
*Accredited*



## **Paramedics work to keep patients out of the E.R.**

Anna Gorman, Kaiser Health News *6:02 a.m. EDT May 10, 2015*

Link to News Video: <http://bcove.me/il7e373a>



# Paramedics work to keep patients out of the E.R.

Anna Gorman, Kaiser Health News 6:02 a.m. EDT May 10, 2015



(Photo: Heidi de Marco, Kaiser Health News)

SPARKS, Nev. -- Paramedic Ryan Ramsdell pulled up to a single-story house not far from Reno's towering hotels and casinos in a nondescript Ford Explorer.

No ambulance, no flashing lights. He wasn't there to rush 68-year-old Earl Mayes to the emergency room. His job was to keep Mayes *out* of the ER.

Mayes, who has congestive heart failure and chronic lung disease, greeted Ramsdell and told him that his heart was fluttering more than usual.

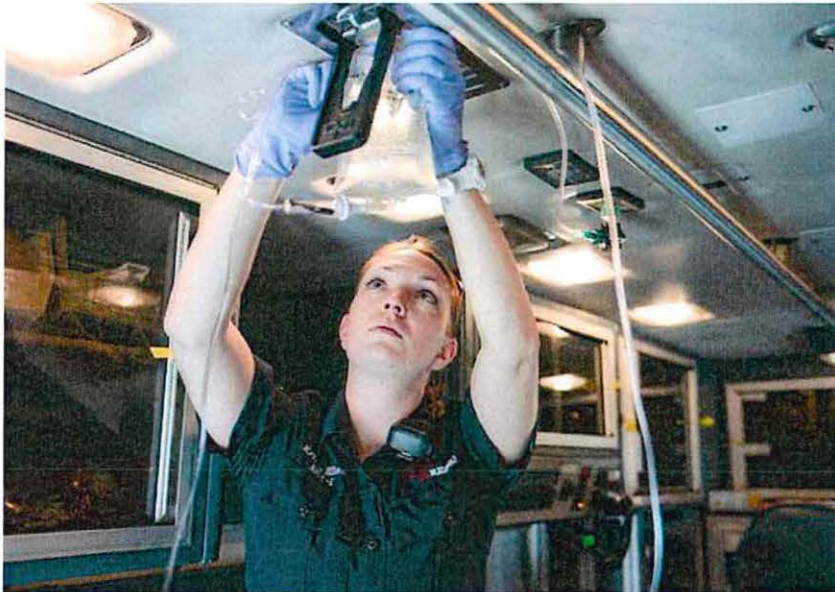
"Let's take a look at it," the paramedic responded, carrying a big red bag with medical supplies. "We'll put you on the monitor."

Since Mayes was released from the hospital a few weeks earlier, paramedics had visited him several times to monitor his heart and lungs and make sure he was following his doctor's orders.

"With these guys coming by and checking me all the time, it makes it so much better," Mayes said. "When they leave, you know where you stand."

Ramsdell is part of an ambitious plan in Reno to overhaul the 911 system to improve patient care and cut costs. By using specially trained paramedics, health officials hope to help reduce avoidable trips to the emergency room and fill gaps in health care. They also hope to connect 911 callers—particularly repeat ER users – to the regular health care system.

Around the country, the role of paramedics is changing. In various states, they're receiving extra training to provide more primary and preventive care and to take certain patients to urgent care or mental health clinics rather than more-costly emergency rooms. Ramsdell and others in his program, for instance, spent 150 hours in the classroom and with clinicians learning how to provide ongoing care for patients.



Emergency medical technician Kristie Hilton sets up an IV drip for a patient on Thursday, March 26, 2015. (Photo: Heidi de Marco, Kaiser Health News)

The changes are driven by the 2010 health law, which aimed to cut spending, expand patient access and improve quality of care. The federal government is funding the Nevada project and others in Arizona, Connecticut, Washington state and elsewhere.

These projects face some challenges. The [American Nurses Association](#) and other professional organizations have raised concerns about whether paramedics are receiving enough extra instruction to provide direct care. Some programs need government waivers or legislation to exempt them from restrictions on what paramedics can do. In addition, insurers and the government typically only pay for ambulances and paramedics if people are transported to the hospital.

Perhaps the greatest obstacle, however, is changing the habits of those who call 911 in non-emergencies.

"We have a fire truck and an ambulance going to a toothache," said Jim Gubbels, CEO of the Regional Emergency Medical Services Authority, which is spearheading Reno's project. We are trying to redirect those folks."

Using a \$9.8 million federal grant, Gubbels' agency launched three different projects. In addition to providing paramedic home visits and offering 911 callers options besides the ER, the agency started a nurse-run health line to give people with health questions another number to call in non-emergency situations.

An early evaluation by the [University of Nevada, Reno](#), which was based on insurance claims and hospital data, shows that the projects saved \$5.5 million in 2013 and 2014. They helped avoid 3,483 emergency department visits, 674 ambulance transports and 59 hospital re-admissions, according to the preliminary data. The federal government plans to do its own evaluation.

One of the most successful ventures has been the nurse health line, said Dr. Trudy Larson, director of the university's School of Community Health Sciences. About 2,000 calls a month have come from patients concerned about such problems as stomach pain, flu symptoms or falls.

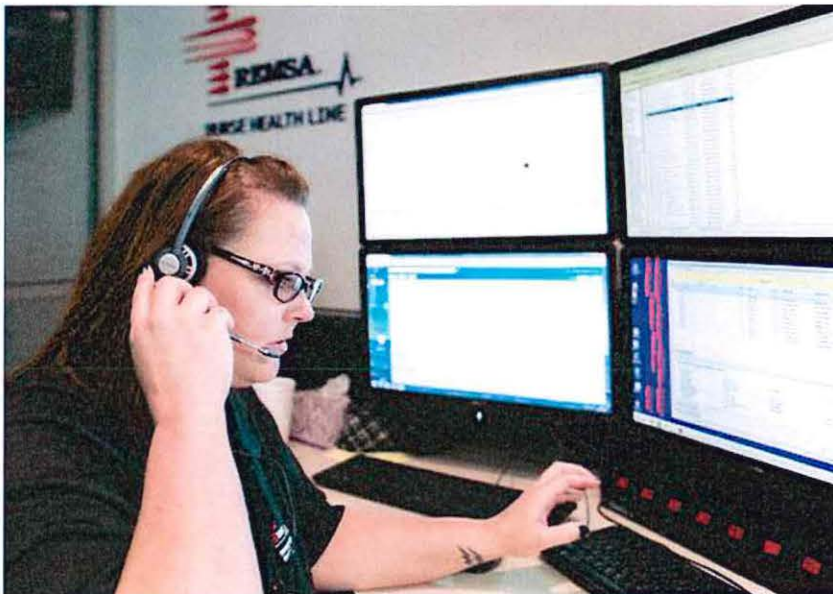
"There was a real need for a readily available, easy-to-access source of health information," Larson said. "It was really clear that 911 was not the solution."

Sometimes, however, the best option becomes clear only after someone has called 911.

Recently, a man fell in in a casino and hit his head. Upon arrival, paramedic Jordan Carter quickly realized that the man was drunk. He determined that there weren't any immediate medical problems or underlying health issues.

Carter asked if the man wanted to go to a detox facility rather than the emergency room. He agreed. "They'll give you a place to sober up safely," Carter told the patient.

The paramedics and EMTs follow strict medical protocols on when to offer choices besides ERs to patients. For example, if their heart rate or blood pressure is too high, that requires a trip to the hospital. If patients are eligible for another option but want to go to the hospital, paramedics will follow their wishes. But Carter said he tries to help such patients – and those who need to go to the ER – avoid future calls.



The Nurse Health Line, located in the 9-1-1 medical communications center, features a nonemergency phone number broadly marketed to the public. To date, the program has fielded more than 16,000 calls. (Photo: Heidi de Marco, Kaiser Health News)



On a recent day, Carter took back 56-year-old Tommie Jones, who had already been to the emergency room several times in two months. She'd called because her blood sugar was high and she'd left her insulin at home. On the way, Carter urged her to pack a small diabetes kit with her wherever she went.

Carter said the patients don't always know how to manage their illnesses, so they wait until they are really sick and then end up in the hospital. "Then the cycle happens again," he said.

Ramsdell is trying to break that cycle for Earl Mayes. Mayes lives alone with a miniature pinscher named Chip. A magnet on the refrigerator reads, "How is your heart health level today?"

Mayes, a retired truck mechanic, had a pacemaker put in eight years ago. He was healthy until last year, when his lungs filled with fluid.

"I was breathing like a locomotive," he said. "I never knew you could drown from the inside out."

The paramedics started visiting Mayes after his release from the hospital last year. Mayes told them he didn't need their help, then ended up back in a hospital bed. After his latest release, Mayes said he followed all of the paramedics' instructions. He took walks. He stopped eating salty foods. He wrote down his weight daily.

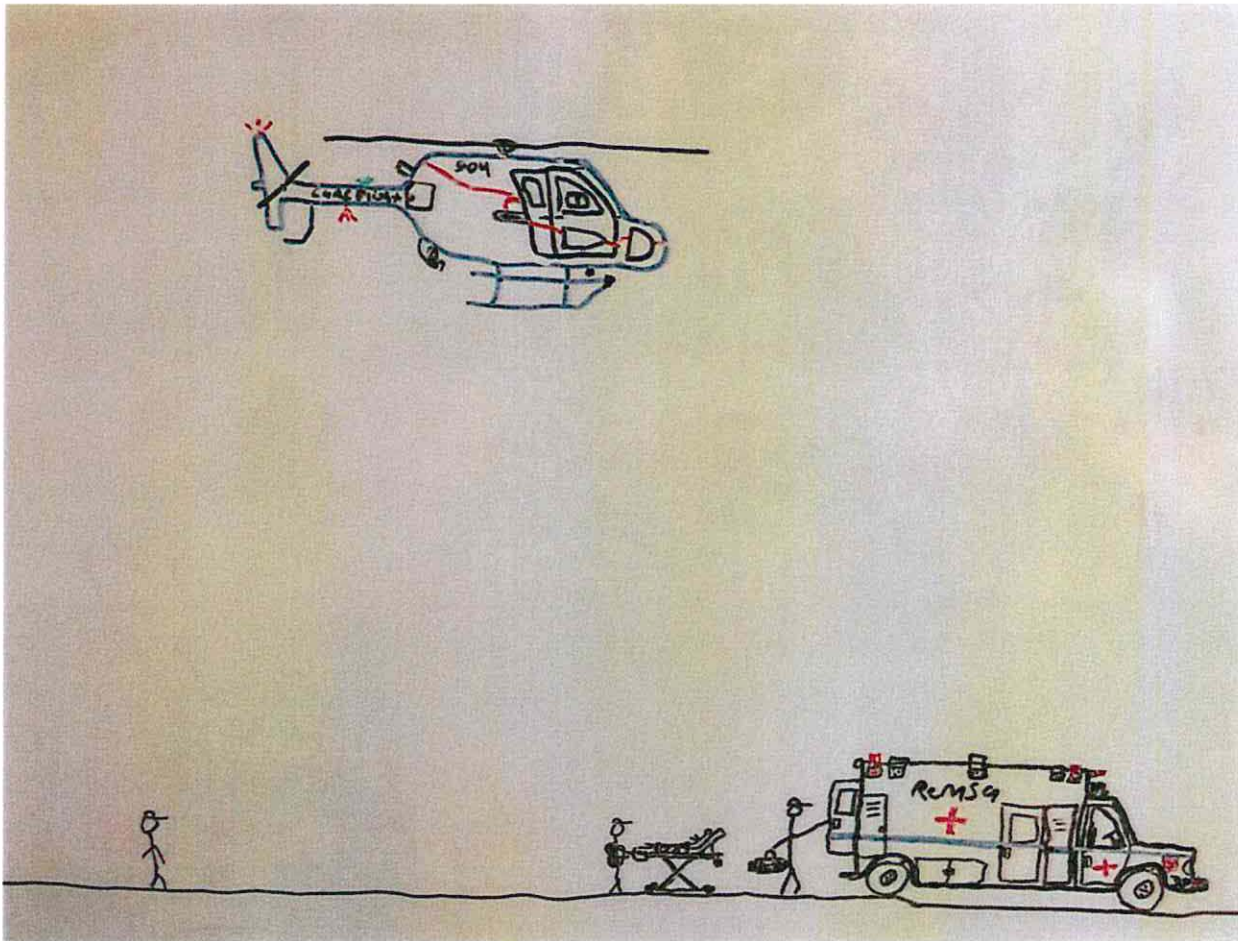
"If I get in trouble, I just have to pick up the phone and I get a straight answer," Mayes said.

As for Ramsdell and his coworkers, they've had to adjust to their new role. But it was a shift Ramsdell said he was glad to make. "People heal better and heal faster if we are able to treat them at home."

[agorman@kff.org](mailto:agorman@kff.org) (mailto:agorman@kff.org)

*Kaiser Health News* (<http://www.kaiserhealthnews.org/>) is an editorially independent program of the *Kaiser Family Foundation* (<http://www.kff.org/>).

Read or Share this story: <http://usat.ly/1bHCMZd>



Sally Pappas  
Friend of Care Flight

A young man today named Christian Morse approached me (Sally Pappas ) in the ER lobby and asked if I knew anybody from REMSA...

He wanted to show them this picture he drew on his white board - Pretty cool pic.

The crews there were super busy so I told him I'd send this to you... his dad works in Nursing Ops.

Forwarded from Care Flight FaceBook page April 28, 2015 @ 21:27

*A service of REMSA – Regional Emergency Medical Services Authority*

Care Flight Critical Care Transport A Non Profit 501 ( c ) ( 3 ) \* Temple Fletcher Director  
450 Edison Way \* Reno, NV 89502-4117 \* For more information call: 775 858.5700  
"when you need us most..."

# Kids on Big Rigs





Thank U! So Fun L.T.M.P.  
THANK YOU SO MUCH  
4 EVERYTHING

♥ U!  
E.N.H.

thanks!  
Jennan -  
Ana thank you  
thank a  
Daniel.g

Kathy

Thank you  
for making  
KBR an  
huge  
success  
Asha  
D.

THANK YOU!  
Ashley

Come back!!

Samuel

Colo

Deanne  
Alex

Alex

Jolene

Samantha  
Barr

Thank you  
so much  
~ Kimberly



Thank you  
for you  
what you gave  
did - Kathy

Thanks!  
Kayla

Thank you  
for everything  
- Asha

Brianna

April 16, 2015

Jim Gubbels  
President  
Remsa

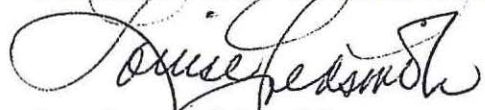
Dear Mr. Gubbels,

It has been two weeks from tomorrow that I was taken to St. Mary's by three wonderful gentlemen who helped to scare away my fears. Then last Friday, I was returned home by Remsa with a team of two that were terrific.

I do remember on the first trip there were three young men. My memory is not too much to talk about for sure, I just did not get all three names. The boys that brought me home were Mike and Aaron.

This note to commend these teams is of great importance to me. I am 86 years old. Having both these teams where their upbringing, manners, care and concern was so obvious is thrilling for me. Pretty hard to find in this day and age.

Please be sure to send kudos to the boys. They deserve it.



Louise Goldsmith  
4600 Mira Loma Drive 1B  
Reno, NV 89502  
775-848-8315

Jenny Carp  
440 Yellowstone Drive  
South San Francisco, CA 94080  
(650) 952-9620  
Email jcarp4@astound.net

May 1, 2015

REMSA  
450 Edison Way  
Reno, Nevada 89502

Gentlemen:

I experienced a considerable drop in blood pressure while at the Peppermill on Tuesday, April 28<sup>th</sup>, 9:30PM. Peppermill's Security called your company because of their concern of my condition. I could not sit or stand up because of extreme dizziness. The crew of REMSA was wonderful, excellent, kind and considerate. The head paramedic was Allison Brown, she was also assisted by another woman whose name I do not have and a young man in training.

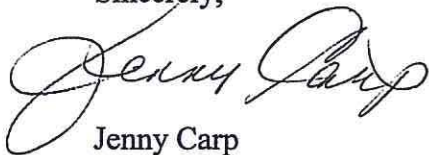
They went right to work on me to get me stabilized and bring my blood pressure up. The one woman found a vein to give me fluids. She had a difficult time locating a vein which is the norm for me, however, once she located an area she inserted the needle only once and got the fluids going. Just an incredible team and I am very grateful for all the help and am pleased to say I am fine and back to normal.

Your company should be proud of these wonderful people who service the community. They are the unsung heroes doing their job and never expecting anything in return. A true example of the gift of giving.

I wanted to give them a donation for dinner but of course they wouldn't accept anything. Enclosed is a donation to your company to be used towards one of the many wonderful community programs you donate. My small thank you to this wonderful team.

Thank you, from a very grateful customer.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Carp". The signature is written in dark ink and is positioned above the printed name.

Jenny Carp



**STAFF REPORT**  
**BOARD MEETING DATE:** May 28, 2015

**TO:** District Board of Health  
**FROM:** Christina Conti, EMS Program Manager  
775-326-6042, [cconti@washocounty.us](mailto:cconti@washocounty.us)  
**SUBJECT:** **Presentations on the utilization of System Status Management in an EMS system and REMSA's staffing model for the months June – September 2015**

---

**SUMMARY**

The purpose of this agenda item is to allow Steve Tafoya, EMS Program Manager for the Nevada Division of Public and Behavioral Health, to present information regarding System Status Management (SSM) and Jim Gubbels, President/CEO of REMSA to present on REMSA's staffing model for the next four months (June – September 2015) to the District Board of Health (DBOH).

SSM is a method of deploying ambulances based on the hour-of-the-day and day-of-the-week analysis in order to match supply with expected demand. The process attempts to provide faster responses by locating ambulances at "posts" nearer the next predicted calls.

REMSA conducts an analysis of system needs based on past performance and determines suitable staffing levels based on the analysis. Jim Gubbels will present REMSA's staffing model for the June – September 2015.

The presentations are meant to be informational for the Board and offer an opportunity to have an open dialogue about SSM and REMSA staffing.

**PREVIOUS ACTION**

No action has been taken by this Board on this agenda item.

**BACKGROUND**

Steve Tafoya and Jim Gubbels were asked to present because of the recent discussions regarding the number of ambulances that are available to respond within the EMS system at any given time.

During the March EMS Advisory Board, community members expressed a need to better understand REMSA's staffing model to appropriately plan within their jurisdictions. Subsequently, during the March DBOH meeting, Chair Jung requested to see how many ambulances were on the streets each day, or each quarter. Additionally, during the April DBOH meeting Chair Jung stated that she would like to know how many times, and for how long, ambulances are out of service in the Franchise area.

**FISCAL IMPACT**

There is no fiscal impact to the Board on this agenda item.

**RECOMMENDATION**

Staff recommends the Board accept the presentations regarding System Status Management in an EMS system and REMSA's staffing model for the months June-September 2015.

**POSSIBLE MOTION**

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

“Move to accept the presentations regarding the utilization of System Status Management in an EMS system and REMSA's staffing model for the months June-September 2015.”

**STAFF REPORT**

**BOARD MEETING DATE:** May 28, 2015

**TO:** District Board of Health

**FROM:** Brittany Dayton, EMS Coordinator  
775-326-6043, [bdayton@washoecounty.us](mailto:bdayton@washoecounty.us)

**SUBJECT:** Presentation, discussion and possible approval of the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service.

**SUMMARY**

EMS Program staff presented the FY 13/14 REMSA Franchise Compliance Report to the District Board of Health (DBOH) on January 22, 2015. During this presentation, there was considerable discussion concerning auditable and non-auditable items within the Franchise language. Due to the approval of the Amended and Restated Franchise, the previous checklist was updated and a draft of a compliance checklist is being brought forward for discussion and possible approval. The attachments to this staff report include:

- The Amended and Restated Franchise Agreement for Ambulance Service (approved by the DBOH in May 2014).
- A draft compliance checklist that EMS Program staff recommends using to determine REMSA's Franchise compliance for future compliance reports.

**District Health Strategic Objective supported by this item:** Strengthen WCHD as an innovative, high- performing organization.

**PREVIOUS ACTION**

On an annual basis the DBOH is given a staff presentation and recommendation for possible action on the REMSA Franchise Compliance Report for the previous fiscal year. On January 22, 2015, the DBOH approved the FY 13/14 REMSA Compliance Report, which found REMSA in compliance with the 26 auditable items of the 2005 REMSA Franchise.

After the approval of the FY 13/14 REMSA Compliance Report, members of the Board requested that EMS staff present the process that will be used to determine Franchise compliance for future reports.

EMS staff prepared a presentation for the April 23, 2015 DBOH meeting, however it was requested that staff review the compliance checklist with the regional stakeholders prior to presenting to the DBOH.

## **BACKGROUND**

The compliance checklist was developed and internally vetted by the members of the EMS Program. Subsequently, EMS Program staff met with REMSA to review and discuss the checklist to ensure requests were viable. After the April DOBH meeting, staff also met with additional regional stakeholders for further input and discussion. The attached compliance checklist is the final draft for the DBOH to review.

The compliance checklist, which is organized by Franchise article, includes all documentation required for REMSA to be compliant with the Franchise for the given fiscal year. The checklist also denotes the responsible party (either REMSA or the WCHD) for submitting documentation and a section for EMS staff to note the date the requirement was met.

Within the compliance checklist, there are a limited number of items EMS staff is unable to audit as they are not part of compliance, but legal language needed for the Franchise. Additionally, there are Franchise articles which cannot be audited until a certain time period, or only if certain actions are taken during the compliance review period. These items will be reviewed annually to determine whether they are applicable for the particular fiscal year.

## **FISCAL IMPACT**

There is no additional fiscal impact to the FY15 budget should the Board approve the REMSA Franchise Compliance Checklist.

## **RECOMMENDATION**

The Washoe County Health District EMS Program staff recommends that the DBOH approve the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service.

## **POSSIBLE MOTION**

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

“Move to approve the Regional Emergency Medical Services Authority (REMSA) Compliance Checklist, which will be used to determine REMSA's Franchise compliance with the Amended and Restated Franchise Agreement for Ambulance Service.”



**REMSA Franchise Compliance Checklist**

Franchise Article	Title	Compliance Documentation	Responsible Party	Date Received
1	Definitions	<b>1.1 Definitions</b> - Definitions are stated in the franchise, but are not part of compliance determination		
2	Granting of Exclusive Franchise	<b>2.1 Exclusive Market Rights</b> a) <input type="checkbox"/> The franchise agreement signed by DBOH and REMSA in May 2014, which gives REMSA the exclusive market rights within the franchise service area ( <i>copy on file</i> )  b) <input type="checkbox"/> All disaster agreements and/or mutual aid agreements ( <i>copy on file</i> )	WCHD	
		<b>2.2 Franchise Service Area</b> a) <input type="checkbox"/> Map of the REMSA franchise area ( <i>copy on file</i> )	WCHD/REMSA	
		<b>2.3 Level of Care</b> a) <input type="checkbox"/> A copy of state certification for ALS services  b) <input type="checkbox"/> Documentation that demonstrates the staffing model for 9-1-1 units and interfaculty transfer units	REMSA	
		<b>2.4 Term</b> - The franchise term is stated in the franchise, but is not part of compliance determination until 2024	REMSA	
		<b>2.5 Periodic Review</b> - Requirement of periodic review is stated in the franchise, but is not part of compliance determination until 2024		
		<b>2.6 Oversight Fee</b> a) <input type="checkbox"/> Copies of quarterly invoices and checks paid to the EMS Oversight Program	WCHD	
		<b>2.7 Supply Exchange and Reimbursement</b> a) <input type="checkbox"/> The current supply exchange/reimbursement agreement  b) <input type="checkbox"/> Documentation that all regional fire agencies were given the agreement - either a signed agreement or evidence the agreement was distributed  c) <input type="checkbox"/> Confirmation that jurisdictions were reimbursed	REMSA  REMSA  WCHD	

2	Granting of Exclusive Franchise (continued)	<b>2.8 No Obligation for Subsidy</b> a) <input type="checkbox"/> A statement from the external auditor that REMSA does not receive any funding/monetary subsidy from the Cities of Reno and Sparks and Washoe County b) <input type="checkbox"/> 501© 3 articles of incorporation ( <i>copy on file</i> ) c) <input type="checkbox"/> Discloser of grant funding for franchise ground ambulance services, if any	REMSA  WCHD/ REMSA  REMSA	
3	Governing Body	<b>3.1 Board of Directors</b> a) <input type="checkbox"/> List of Board members b) <input type="checkbox"/> Legal confirmation that all contractual relationships involving a member of the REMSA Board have been approved by a majority of the disinterested members  <b>3.2 Board Member Separation</b> a) <input type="checkbox"/> A signed statement by each Board member that declares any contracts/conflicts of interest, and states the Board member is not an employee of REMSA or the contractor  <b>3.3 Meetings</b> a) <input type="checkbox"/> List of six Board meetings held during the fiscal year b) <input type="checkbox"/> Statement from the DHO that REMSA held six Board meetings with a quorum of its members	REMSA  REMSA  REMSA  REMSA  WCHD	
4	Ambulance Service Contract, Competitive Bidding and Market Survey	<b>4.1 Market Survey and Competitive Bidding</b> - A market survey or competitive bid is stated in the franchise, but is not part of compliance determination until 2021		
5	Communications	<b>5.1 Radio</b> a) <input type="checkbox"/> 800 MHz Authorization MOUs, or documentation showing attempt to sign an agreement  b) <input type="checkbox"/> Summary of all actions/meetings conducted to move towards compatible communications with 911 systems, or a strategic plan  <b>5.2 Dispatch</b> a) <input type="checkbox"/> Documentation of regular checks/drills conducted on the backup system	WCHD/ REMSA  REMSA  REMSA	

5	<b>Communications</b> <i>(continued)</i>	b) <input type="checkbox"/> Documentation of one operational drill on the backup system, including dates and names of the individuals who participated  c) <input type="checkbox"/> A brief summary of the drill and an AAR-IP  d) <input type="checkbox"/> Summary of all actions/meetings conducted to move toward the establishment of the CAD to CAD and AVL interfaces, or a strategic plan  <b>5.3 Change of Priority</b> a) <input type="checkbox"/> Number of calls that were upgraded and downgraded and why this action occurred ( <i>included in monthly Operations Report</i> )	REMSA  REMSA  REMSA  WCHD/ REMSA	
6	<b>Data and Records Management</b>	<b>6.1 Data and Records</b> a) <input type="checkbox"/> Summary of all actions/meetings conducted to move toward the establishment of the CAD to CAD interface, or strategic plan  b) <input type="checkbox"/> List of investigations requests made by the DHO, or designee during the fiscal year  c) <input type="checkbox"/> Response time compliance report/study zone reports ( <i>submitted monthly by REMSA</i> )	From 5.2d  WCHD  WCHD/ REMSA	
7	<b>Response Compliance and Penalties</b>	<b>7.1 Response Zones</b> a) <input type="checkbox"/> REMSA Franchise map (Zones A – E)  b) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review  c) <input type="checkbox"/> Zone A report - 90% of all P1 calls have a response time of 8:59 or less  d) <input type="checkbox"/> Zones B, C and D report - 90% of all P1 calls have a collective response time of 15:59, 20:59 and 30:59  e) <input type="checkbox"/> Zone E report – total number of calls  <b>7.2 Response Determinants</b> a) <input type="checkbox"/> Meeting date(s) of the EMD determinants review by the REMSA MD and fire agency MDs  b) <input type="checkbox"/> A summary of all pertinent outcomes/decisions - including updates/change to determinants, if any  <b>7.3 Zone Map</b> a) <input type="checkbox"/> Date(s) of meeting(s) of the annual map review  b) <input type="checkbox"/> List of changes to the map, if applicable	WCHD  WCHD  WCHD  WCHD  WCHD  REMSA  REMSA  WCHD  WCHD	

7	<p><b>Response Compliance and Penalties</b> (continued)</p>	<p>c) <input type="checkbox"/> List of locations of the REMSA franchise map</p> <p><b>7.4 Response Time Reporting</b></p> <p>a) <input type="checkbox"/> Monthly call/response data with address and zone information (collected monthly from the OCU)</p> <p>b) <input type="checkbox"/> Total number of responses in the fiscal year (collected from the OCU)</p> <p>c) <input type="checkbox"/> EMS staff monthly review documentation</p> <p><b>7.5 Penalties</b></p> <p>a) <input type="checkbox"/> Penalty fund dollars verification letter from REMSA and all penalty fund reconciliation documents for FY 14/15</p> <p>b) <input type="checkbox"/> CPI calculation</p> <p>c) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month</p> <p>d) <input type="checkbox"/> Priority 1 penalty fund analysis for FY 13/14 (submitted by independent accounting firm)</p> <p>e) <input type="checkbox"/> Agreed-upon procedures related to Priority 1 Penalty Fund (submitted by independent accounting firm)</p> <p><b>7.6 Exemptions</b></p> <p>a) <input type="checkbox"/> Monthly exemption reports approved by REMSA (submitted monthly by REMSA)</p> <p>b) <input type="checkbox"/> Description of REMSA’s internal exemption approval process</p> <p>c) <input type="checkbox"/> Any exemption disputes between REMSA and its contractor reviewed by the DHO, if any</p> <p>d) <input type="checkbox"/> Letter detailing approved exemptions by the DHO</p> <p>e) <input type="checkbox"/> Exemption request(s) and any approvals to the DHO, or designee, during the fiscal year, if applicable</p> <p><b>7.7 Penalty Fund</b></p> <p>a) <input type="checkbox"/> Letter from REMSA confirming penalty funds are recorded monthly in a separate restricted account</p>	<p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>REMSA</p> <p>WCHD</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD/ REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>WCHD</p> <p>WCHD</p> <p>REMSA</p>	
---	---	---	---	--

7	<p align="center"><b>Response Compliance and Penalties</b> <i>(continued)</i></p>	<p>b) <input type="checkbox"/> Documentation of all penalties – all calls that incurred penalties and number of minutes per month</p> <p>c) <input type="checkbox"/> Documentation of penalty fund usage to include dates received, services rendered, purpose, recipients, etc. <i>(included in the monthly Operations Report, as appropriate)</i></p> <p>d) <input type="checkbox"/> Documentation from the external auditor that the penalty fund is in a separate restricted account</p> <p><b>7.8 Health Officer Approval</b></p> <p>a) <input type="checkbox"/> Letter to the DHO requesting use of penalty fund dollars</p> <p>b) <input type="checkbox"/> Letter of approval from the DHO</p>	<p>From 7.5c</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p>	
8	<p align="center"><b>Patient Billing</b></p>	<p><b>8.1 Average Patient Bill</b></p> <p>a) <input type="checkbox"/> CPI calculation</p> <p>b) <input type="checkbox"/> Letter(s) from REMSA on schedule of rates, changes and fees as they occur throughout the fiscal year</p> <p>c) <input type="checkbox"/> Summary of the average bill calculations that are reported monthly to DBOH</p> <p><b>8.2 Increase Beyond CPI</b></p> <p>- Only applicable if REMSA requests an increase beyond the annual CPI adjustment</p> <p><b>8.3 Overage in Bill Amount</b></p> <p>- Only applicable if REMSA exceeds the maximum average patient bill</p> <p><b>8.4 Third Party Reimbursement</b></p> <p>a) <input type="checkbox"/> Summary of billing policies/procedures related to billing third parties and mitigating out of pocket expenses</p> <p><b>8.5 Prepaid Subscription Program</b></p> <p>a) <input type="checkbox"/> Silver Saver brochure</p> <p>b) <input type="checkbox"/> Number of enrolled members as of 6/30/15</p> <p><b>8.6 Billing</b></p> <p>a) <input type="checkbox"/> REMSA organizational chart showing placement of billing department</p>	<p>From 7.5b</p> <p>REMSA</p> <p>WCHD</p> <p style="background-color: #cccccc;"> </p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>REMSA</p>	<p style="background-color: #cccccc;"> </p> <p style="background-color: #cccccc;"> </p>

8	Patient Billing <i>(continued)</i>	<p><b>8.7 Accounting Practices</b></p> <p>a) <input type="checkbox"/> Documentation that the independent auditor adheres to GAAP and GAAS</p> <p><b>8.8 Audit</b></p> <p>a) <input type="checkbox"/> FY 14/15 financial audit from independent auditor</p> <p>b) <input type="checkbox"/> Form 990 from FY 13/14</p> <p>c) <input type="checkbox"/> Agreed-upon procedures on the average bill <i>(submitted by an independent auditing firm)</i></p>	WCHD	
9	Personnel and Equipment	<p><b>9.1 Dispatch Personnel Training</b></p> <p>a) <input type="checkbox"/> List of dispatch personnel that includes EMD certification, EMT/Paramedic certification number and expiration date</p> <p><b>9.2 Dispatch Accreditation</b></p> <p>a) <input type="checkbox"/> A copy of the certification of the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence (ACE)</p> <p>b) <input type="checkbox"/> List of Accredited Center of Excellence (ACE) standards/requirements</p> <p><b>9.3 Personnel Licensing and Certification</b></p> <p>a) <input type="checkbox"/> Lists of attendants, EMTs, Paramedics, RNs and EMD certified personnel that includes certification number and expiration date</p> <p>b) <input type="checkbox"/> Letter from State EMS confirming adherence to Chapter 450B</p> <p><b>9.4 ICS Training</b></p> <p>a) <input type="checkbox"/> List of individuals who completed MCIP training</p> <p>b) <input type="checkbox"/> List of individuals trained in ICS 100 <i>(certificates of completion on file at REMSA)</i></p> <p>c) <input type="checkbox"/> List of individuals trained in ICS 200 <i>(certificates of completion on file at REMSA)</i></p> <p>d) <input type="checkbox"/> List of individuals trained in ICS 300 <i>(certificates of completion on file at REMSA)</i></p> <p>e) <input type="checkbox"/> List of individuals trained in ICS 400 <i>(certificates of completion on file at REMSA)</i></p> <p>f) <input type="checkbox"/> List of individuals trained in ICS 700 <i>(certificates of completion on file at REMSA)</i></p>	REMSA	REMSA

9	Personnel and Equipment <i>(continued)</i>	g) <input type="checkbox"/> List of field operational management personnel (both part-time and full-time)	REMSA	
		h) <input type="checkbox"/> List of REMSA REOC representatives	REMSA	
		<b>9.5 Ambulance Markings</b>		
		a) <input type="checkbox"/> Dates of quarterly EMS program “spot checks”	WCHD	
		<b>9.6 Ambulance Permits and Equipment</b>		
		a) <input type="checkbox"/> List of all REMSA vehicles	REMSA	
		b) <input type="checkbox"/> List of all capital equipment: monitors, power cots, stair chairs, etc.	REMSA	
		c) <input type="checkbox"/> Letter from State EMS office confirming adherence to Chapter 450B (NAC/NRS)	WCHD	
		<b>9.7 Field Supervisor Staffing</b>		
		a) <input type="checkbox"/> Example of a week’s supervisor shift schedule	REMSA	
b) <input type="checkbox"/> Supervisor job description	REMSA			
<b>9.8 Medical Director</b>				
a) <input type="checkbox"/> Medical Director’s CV (from State EMS)	WCHD			
b) <input type="checkbox"/> Documentation that MD meets NAC 450B. 505 state requirements (coordination with State EMS)	WCHD			
10	Quality Assurance	<b>10.1 Personnel</b>		
		a) <input type="checkbox"/> Written identification of the individual(s) responsible for the internal coordination of medical quality assurance issues	REMSA	
		<b>10.2 Review</b>		
a) <input type="checkbox"/> Quality assurance reviews of ambulance runs for at least 5% of the previous month’s ALS calls <i>(included in the monthly Operations Report)</i>	WCHD/ REMSA			
b) <input type="checkbox"/> Summary of the quality assurance review activities conducted throughout the fiscal year	REMSA			



11	Community Relations and Public Education	<p><b>11.1 CPR Courses</b>  a) <input type="checkbox"/> List of all CPR public courses offered during the fiscal year – separated into REMSA employee conducted training and REMSA affiliated trainings (included in the monthly Operations Report)</p> <p><b>11.2 Community Health Education</b>  a) <input type="checkbox"/> Multimedia campaign(s) about a current need within the community (included in the monthly Operations Report)</p> <p><b>11.3 Clinical Skills</b>  a) <input type="checkbox"/> List of clinical skill experience(s) offered for specific prehospital care personnel through participating hospitals and the number of attendees, if necessary</p> <p><b>11.4 Fire EMS Training</b>  a) <input type="checkbox"/> List of training dates provided for regional EMS first responders (at least 4 per year)  b) <input type="checkbox"/> Recommendations from the EMS Advisory Board and presentation to the District  c) <input type="checkbox"/> Minutes of the EMSAB/DBOH demonstrating discussion/recommendations</p>	<p>WCHD/ REMSA</p> <p>WCHD/ REMSA</p> <p>REMSA</p> <p>REMSA</p> <p>WCHD</p> <p>WCHD</p>	
12	Reporting	<p><b>12.1 Monthly Reports</b>  a) <input type="checkbox"/> Monthly Operations Reports presented to the DBOH</p> <p><b>12.2 Annual Reports</b>  a) <input type="checkbox"/> All documentation for the FY 14/15 Compliance Report should be submitted to the WCHD no later than December 31, 2015  b) <input type="checkbox"/> Documentation from the WCHD of compliance monitoring</p>	<p>WCHD/ REMSA</p> <p>WCHD/ REMSA</p> <p>WCHD</p>	
13	Failure to Comply/ Remedies	<p><b>13.1 Failure to Comply with Agreement</b>  - Failure to comply is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise</p> <p><b>13.2 Notice of Noncompliance</b>  - Notice of noncompliance is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise</p>		

13	Failure to Comply/ Remedies (continued)	<p><b>13.3 Failure to Correct/Rescission of Agreement</b></p> <ul style="list-style-type: none"> <li>- Failure to correct/rescission is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise</li> </ul> <p><b>13.4 Alternate to Rescinding Agreement</b></p> <ul style="list-style-type: none"> <li>- Alternate to rescinding is stated in the franchise, but is not part of compliance determination unless REMSA does not comply with the terms of the Franchise</li> </ul>		
14	Dispute Resolution	<p><b>14.1 Agreement to Mediate Disputes</b></p> <ul style="list-style-type: none"> <li>- Agreement to mediate disputes is stated in the franchise, but is not part of compliance determination unless a dispute occurs</li> </ul>		
15	Financial Assurance/Continuity of Operations	<p><b>15.1 Financial Assurance/Continuity of Operations</b></p> <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> Documentation of the performance security in the amount of 3 million dollars - demonstrating that it is a reserve amount in the equity statement of the REMSA financials (included in the financial audit)</li> </ul>	REMSA	
16	Insurance and Indemnification	<p><b>16.1 Insurance</b></p> <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> REMSA's insurance certificates for general liability insurance, automobile liability, workers compensation and employer's liability</li> <li>b) <input type="checkbox"/> Documentation that the WCHD is listed as an additional insured</li> </ul> <p><b>16.2 Indemnification</b></p> <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> Signed franchise agreement</li> </ul> <p><b>16.3 Limitation of Liability</b></p> <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> NRS Chapter 41</li> <li>b) <input type="checkbox"/> Signed franchise agreement</li> </ul>	REMSA	
		<ul style="list-style-type: none"> <li>b) <input type="checkbox"/> Documentation that the WCHD is listed as an additional insured</li> </ul>	REMSA	
		<ul style="list-style-type: none"> <li>a) <input type="checkbox"/> Signed franchise agreement</li> </ul>	WCHD	
		<ul style="list-style-type: none"> <li>a) <input type="checkbox"/> NRS Chapter 41</li> </ul>	WCHD	
		<ul style="list-style-type: none"> <li>b) <input type="checkbox"/> Signed franchise agreement</li> </ul>	WCHD	
		<p><b>17.1 REMSA Contract with Other Entities</b></p> <ul style="list-style-type: none"> <li>a) <input type="checkbox"/> All current contracts, service agreements MAAs and MOUs with other political entities</li> </ul>	REMSA	

<p style="text-align: center;"><b>17</b></p>	<p style="text-align: center;"><b>Miscellaneous</b></p>	<p><b>17.2 Governing Law; Jurisdictions</b></p> <ul style="list-style-type: none"> <li>- Governing law; jurisdictions are stated in the franchise, but are not part of compliance determination</li> </ul> <p><b>17.3 Assignment</b></p> <ul style="list-style-type: none"> <li>- Assignment is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.4 Severability</b></p> <ul style="list-style-type: none"> <li>- Severability is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.5 Entire Agreement/Modification</b></p> <ul style="list-style-type: none"> <li>- Entire agreement/modification is stated in the franchise, but is not part of compliance determination</li> </ul> <p><b>17.6 Benefits</b></p> <ul style="list-style-type: none"> <li>- Benefits are stated in the franchise, but are not part of compliance determination</li> </ul> <p><b>17.7 Notice</b></p> <ul style="list-style-type: none"> <li>- Notice is stated in the franchise, but is not part of compliance determination</li> </ul>		
--	---	---	--	--

DRAFT

**AMENDED AND  
RESTATED FRANCHISE  
AGREEMENT  
FOR  
AMBULANCE SERVICE**

This AMENDED AND RESTATED FRANCHISE AGREEMENT (Agreement) dated as of May 22, 2014, modifies and/or restates the provisions of the Amended And Restated Franchise Agreement: Organizational, Performance and Operational Criteria For the Regional Emergency Medical Services Authority dated January 21, 2005, and is entered into by and between the Washoe County Health District, a Special District created pursuant to Nevada Revised Statutes, Chapter 439 (DISTRICT) and the Regional Emergency Medical Services Authority, a Nevada Non-Profit Corporation (REMSA) to provide for ambulance services within the defined franchise area upon the Effective Date of this Agreement, with reference to the following recitals:

### **RECITALS**

WHEREAS, in August of 1986, Washoe County, the cities of Reno and Sparks amended their Interlocal Agreement creating the Washoe County Health District conferring upon the DISTRICT the authority to exercise the power granted to Washoe County and the cities of Reno and Sparks pursuant to Nevada Revised Statutes to displace or limit competition in the grant of any franchise for ambulance services; and

WHEREAS, in 1986, DISTRICT granted REMSA the right to provide both emergency and non-emergency ambulance service by ground and rotary wing units on an exclusive basis within the Washoe County Health District except for ground unit operation in Gerlach and the North Lake Tahoe Fire Protection District as memorialized in a Resolution Authorizing the Regional Emergency Medical Services Authority to operate Ambulance Services on an Exclusive Basis dated October 22, 1986 and Memorandum of Understanding, Grant of Exclusive Franchise dated May 5, 1987; and

WHEREAS, REMSA has provided continuous emergency and non-emergency ambulance service within the Franchise Service Area pursuant to the Organizational, Performance And Operational Criteria for the Regional Emergency Medical Services Authority, adopted by the DISTRICT on October 22, 1986 and subsequently amended: 9/87, 1/88, 12/89, 2/90, 6/90, 3/91, 3/92, 8/93, 11/93, 7/96, 9/00, 8/03 and 1/05; and

WHEREAS, DISTRICT oversight of REMSA's operation of a Regional Emergency Medical Services System must be conducted comprehensively in order to evaluate and seek continuous improvement in system performance, patient outcomes and compliance with law and regulation thus requiring periodic updates to the Franchise Agreement Organizational, Performance and Operational Criteria (the "Franchise"); and

WHEREAS, DISTRICT and REMSA desire to update the Franchise and have worked cooperatively with Washoe County and the cities of Reno and Sparks;

NOW, THEREFORE, BASED UPON THE FOREGOING RECITALS WHICH ARE INCORPORATED HEREIN, THE PARTIES AGREE AS FOLLOWS:

**ARTICLE 1  
DEFINITIONS**

1.1. Definitions: As used herein, the following terms shall have the following designated meanings:

*ALS* means the Advanced Life Support level as defined in NAC 450B under “Advanced Medical Care”.

*DISTRICT* means the governing body of the Washoe County Health District created pursuant to NRS 439.369, et.seq.

*District Health Officer* means the District Health Officer appointed by the Washoe County DISTRICT pursuant to NRS 439.400.

*Effective Date* shall mean July 1, 2014.

*EMS* shall mean emergency medical services.

*Franchise Service Area* includes all of Washoe County with the exception of the Gerlach volunteer ambulance service area and the North Lake Tahoe Fire Protection District.

*EMT* shall mean emergency medical technician as set forth in NAC 450B.

*Franchise* shall mean the articles contained in this document.

*ILS* means the Intermediate Life Support level as defined in NAC 450B under “Intermediate Medical Care”.

*NRS* means the Nevada Revised Statutes.

*NAC* means the Nevada Administrative Code.

*Paramedic* shall have the meaning ascribed to it in NAC 450B.

**ARTICLE 2  
GRANTING OF EXCLUSIVE FRANCHISE**

2.1. Exclusive Market Rights: REMSA is awarded exclusive market rights (911 and “Routine Transfer”), to contract for and through a contractor to provide both emergency and non-emergency ambulance service by ground on an exclusive basis within the Franchise Service Area, regardless of whether the patient's destination is inside or outside Washoe County subject to the following exceptions:

(a) Long-distance, inter-facility transports which originate outside the Franchise Service Area. Other firms may compete with REMSA on a retail basis for the sale of inter-facility ambulance transports that originate outside of the Franchise Service Area and terminate in the service area;

(b) Disaster Mutual Aid. Ambulances providing assistance during disaster incidents involving the Franchise Service Area may operate within the Franchise Service Area when requested to do so by REMSA;

(c) Mutual Aid. REMSA may employ the use of "mutual aid" as appropriate in fulfillment of its obligations hereunder; and

(d) Federally-Operated Ambulances. Any ambulance owned and operated by an agency of the federal government (such as military) may operate within the Franchise Service Area.

2.2. Franchise Service Area: The service area includes all of Washoe County with the exception of the Gerlach volunteer ambulance service area and the North Lake Tahoe Fire Protection District.

2.3. Level of Care:

(a) ALS Transport: All ambulances rendering emergency 911 services pursuant to this agreement shall be staffed at a minimum with one paramedic and one EMT as defined in NAC Chapter 450B.

(b) ILS Transfer or Transports: Ambulances rendering ILS services for inter-facility transfers or transport shall be at a minimum with one Advanced EMT as defined in NAC Chapter 450B.

All transports or transfers of sick or injured persons whose condition may require medical observation or care at the paramedic scope of practice level, including patients who require transport or transfer on a stretcher, by ground ambulance units must be accomplished at the ALS level. Patients whose condition is stable and require simple observation and/or care within the Advanced Emergency Medical Technician (AEMT) scope of practice level during an inter-facility transfer or non-urgent transport on a stretcher by ground may be accomplished at the ILS Level.

2.4. Term: REMSA shall be entitled to the exclusive right to operate ground ambulance services within the Franchise Service Area for sixteen (16) years from July 1, 2014 until June 30, 2030 (the "Term"). During the initial Term, a review of operations shall be conducted during the tenth year. If operations are determined to meet the performance standards of this agreement, a mutually agreed upon operating extension of six (6) years may be granted for the period starting on July 1, 2030 and terminating on June 30, 2036. If operations are determined by the DISTRICT to meet the performance standards of this agreement, a second mutually agreed upon operating extension of six (6) years may be granted for the period starting on July 1, 2036 and terminating on June 30, 2042.



2.5. Periodic Review: REMSA and the DISTRICT shall evaluate and discuss the terms of this Franchise after year ten (10) (2024) and year sixteen (16) (2030) (if an initial extension is granted) and amend the agreement as may be mutually agreed upon by both parties and after formal action by the DISTRICT.

2.6. Oversight Fee: REMSA shall pay an Oversight Fee of 12.5% of the total costs per year for the DISTRICT's Regional Emergency Medical Services Oversight Program. This fee is to help cover costs associated with oversight of REMSA performance. Payments shall be made upon receipt of an invoice from the DISTRICT.

2.7. Supply Exchange and Reimbursement: REMSA shall develop and offer a supply exchange/reimbursement agreement with the county and city fire service functions.

2.8. No Obligation for Subsidy: 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.

### **ARTICLE 3 GOVERNING BODY**

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

- (a) One (1) representative from Renown Regional Medical Center;
- (b) One (1) representative from Saint Mary's Regional Medical Center;
- (c) One (1) representative from Northern Nevada Medical Center;
- (d) One (1) consumer representative appointed by the above three hospital representatives;
- (e) One (1) representative from the legal profession;
- (f) One (1) representative from the accounting profession; and
- (g) One (1) consumer representative.

The last three (3) representatives set forth above are to be appointed by the DISTRICT.

The DISTRICT Health Officer shall be Ex-Officio.

The composition of the REMSA Board may be modified if mutually agreed upon by the REMSA Board and the DISTRICT.

Any contract, transaction or renewal of such relationship involving a member of the REMSA Board shall be reviewed and approved by a majority of the disinterested members of the REMSA Board to assure that such contract or transaction is bona fide, at arm's length and in the best interests of REMSA.

3.2. Board Member Separation: No employee or board member of the ambulance service contractor contracted by REMSA may serve as a member of the REMSA Board of Directors.

3.3. Meetings: The REMSA Board shall meet at least six times per calendar year to conduct operations and fiscal oversight and to develop, monitor and amend the policies and procedures for REMSA in the provision of ambulance services.

#### **ARTICLE 4 AMBULANCE SERVICE CONTRACTS, COMPETITIVE BIDDING AND MARKET SURVEY**

4.1 Market Survey and Competitive Bidding: During the Terms of the Franchise Agreement, unless REMSA otherwise issues a competitive bid for the provision of its ground ambulance services, REMSA shall undertake market surveys initially in year seven (7) of the agreement and every six (6) years following that to ensure that the services provided by REMSA's contractor(s) optimize the quality and experience of care and achieve economic efficiency. Such market surveys shall be completed during the years 2021 and 2027. Additional market studies shall occur at six (6)-year cycles. REMSA shall follow the following procedures with respect to the market study:

(a) REMSA shall recommend an independent entity approved by the DISTRICT with expertise in emergency medical services and in high performance EMS systems (the "Consultant") to collect and analyze data and prepare a written study report.

(b) REMSA shall recommend for review a number of EMS market areas agreed to by the DISTRICT. The selected market areas shall exhibit market characteristics reasonably similar to those of the Franchise Service Area, or if not similar, different in ways for which adjustments can be made to achieve fairness in cost comparison.

(c) REMSA shall cause the Consultant to use intra-model and extra-model comparisons in the market study to the extent that reliable data can be obtained to estimate the quality of patient care, response time reliability, economic efficiency and other benchmarks of the market study and such data can be reasonably compared to REMSA's data.

(d) If, based on the market study, the REMSA Board and the DISTRICT determine that the market areas selected for comparison are receiving equal or better service at a cost substantially lower than that being offered by REMSA's contractor, taking into account relevant differences in market conditions, a competitive bid shall be conducted. Or, following the completion of a market study, the current contractor may be provided an opportunity to develop and submit for approval by the REMSA Board and the DISTRICT a performance improvement plan addressing any identified corrective actions and opportunities for performance improvement or system enhancements prior to a competitive bid.

(e) If REMSA and the DISTRICT determine that the market study reveals that the performance of REMSA's contractor is reasonably competitive on service and cost, adjusted to account for relevant differences in market characteristic, no competitive bid will be required.

(f) During the term of this Franchise Agreement, if it is deemed necessary by REMSA, or is deemed necessary as a result of a Market Study result as outlined above, REMSA shall undertake a competitive bid process to select its ground ambulance service contractor and may enter into a multi-year agreement with that contractor for the provision of service under this Franchise Agreement. The multi-year contract with REMSA's contractor may be for a period of not more than ten (10) years total and may consist of six-year earned extensions. A waiver of the aforementioned time periods may be considered by the DISTRICT for extraordinary circumstances outside the control of REMSA and its contractor, for example economic conditions and health care reimbursement policy changes.

## **ARTICLE 5 COMMUNICATIONS**

5.1. Radio: REMSA shall establish 800 MHz communications capabilities with the current 911 system requirements and transition in the future to maintain compatible communications with 911 systems as technologies evolve as defined by the DISTRICT.

5.2. Dispatch: REMSA is the community emergency medical dispatch center for the Franchise Service Area. REMSA will be responsible for coordinating all EMS service radio traffic for patient reports to the area hospitals and will record these transactions.

REMSA's dispatch center must also maintain a secondary emergency communication system and must include operational drills on the backup system conducted at least on an annual basis. All dispatch system equipment must be consistently maintained in good working order. REMSA shall provide documentation of compliance to the District annually.

REMSA shall furnish at its own expense a system status management (SSM) based computer aided dispatch (CAD) system. When the Washoe County/Reno PSAP and Sparks PSAP Tiburon CAD systems are installed and upgraded the REMSA CAD system shall at a minimum, be capable of interfacing in real time with the Washoe County/Reno and Sparks CAD systems (henceforth public safety CADS); contributing to a complete electronic record of response times from all dispatch activities.

REMSA shall furnish and maintain at its own expense its share of a two-way interface between the public safety CADs and REMSA's CAD. This interface shall at a minimum provide for the instantaneous and simultaneous transmission of call-related information and unit status updates between the public safety CADs and REMSA's CAD. At a minimum, this interface shall facilitate:

- (a) CAD call creation and forwarding to one or more agencies;
- (b) Real-time resource availability and status changes of all participating agencies;

- (c) The capability of communicating between PSAPs and field units in which mobile data terminals (MDTs) are installed; and
- (d) The ability to view run-time information for all calls.

Automatic Vehicle Location (AVL). REMSA shall furnish and maintain at its own expense its share of a two-way interface between the public safety CADs and REMSA's CAD which provides two-way communication and visualization of AVL information regarding REMSA ambulance locations and EMS vehicles in order to allow for the closest EMS responder to respond within each response agency's jurisdiction.

5.3. Change of Priority: Once a priority has been assigned to a call, REMSA shall not upgrade or downgrade that priority unless the patient information has changed by the calling party, or unless requested by the PSAP or an on-scene first responder.

## **ARTICLE 6 DATA AND RECORDS MANAGEMENT**

6.1. Data and Records: REMSA shall work with the 911 system and utilize the CAD to CAD interface to obtain and utilize combined identifiers which will be used to analyze EMS responses and PSAP data.

REMSA shall provide additional response data and records as requested by the District Health Officer to support the DISTRICT's oversight role and assist in continuously improving the quality of the regional EMS system.

REMSA shall make available electronic patient care records as requested by the District Health Officer.

## **ARTICLE 7 RESPONSE COMPLIANCE AND PENALTIES**

7.1. Response Zones: The franchise area shall be divided into response zones A through E as specified in the map included as a part of this agreement in Attachment A. This map identifies the response zones effective July 1, 2014. The response zone map may change during the period of the agreement due to annual review and as mutually agreed to by REMSA and the District. The response zones will have response time compliance standards for all presumptively defined life threatening calls (Priority 1 Calls) as follows:

Zone A – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) have a response time of eight (8) minutes and 59 seconds or less within the combined Zone A areas.

Zones B, C, and D – REMSA shall insure that 90% of all presumptively defined life threatening calls (Priority 1 Calls) collectively have a response time of; fifteen (15) minutes and 59 seconds or less for the combined Zone B areas, twenty (20) minutes and 59 seconds or less for the combined Zone C areas, and thirty (30) minutes and 59 seconds or less for the combined Zone D areas.

Zone E – These response areas are considered Wilderness/Frontier and REMSA shall respond to calls in these areas, which may require extraordinary measures, as quickly as possible.

For the purpose of calculating the compliance to these standards, all Priority 1 responses within the separately defined response zones (except Zone E) will be counted. REMSA shall be deemed as being in compliance when; 1) REMSA arrives on the scene of a Priority 1 call within the designated time frame for that response zone, or 2) when upon arrival at the dispatched location of a Priority 1 call there is no patient due to a false alarm or good intent call, or 3) when being dispatched to the wrong location of a Priority 1 call due to mis-information from a calling or transferring party. All responses which are cancelled before arrival on scene shall not be counted in the compliance calculations.

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

“*Response time*” means that time period measured from receipt of information by the REMSA dispatch facility on the patient location, the patient condition and a telephone call back number to that point in time when the assigned ALS ambulance unit reports to the dispatch facility that it is on scene, which is when such vehicle arrives at the incident location.

7.2. Response Determinants: The REMSA Medical Director and the Fire Departments’ Medical Director(s) shall jointly review Emergency Medical Dispatch determinants and set priorities for the system on an annual basis.

7.3. Zone Map: REMSA shall provide, and the DISTRICT shall maintain a current response zone map, which is annually reviewed and approved by the DISTRICT. The response zone map will be made publically available through the DISTRICT’s web site.

7.4. Response Time Reporting: REMSA shall submit response time data to the DISTRICT on a monthly basis to assure compliance with the response time standards. The DISTRICT shall conduct monthly reviews of REMSA response time data to assure compliance. Response time data shall include response time zones and address or latitude and longitude coordinates where the vehicle has arrived at the incident location.

7.5. Penalties: For each and every call resulting in a patient transport 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 \$17.83 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, 2015, 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 {West-Size Class B/C All Urban Consumers Medical Care Item (December 1997=100)} (“CPI”) increase when compared to the same data period for the previous year.

7.6. Exemptions: Response time exemptions shall be reported monthly to the District Health Officer. Disputes between REMSA and its ambulance contractor(s) arising over an exemption shall be forwarded to the District Health Officer. The District Health Officer shall review the dispute and make a determination which shall be final and binding upon both parties.

An exemption to response time penalties may be granted by the District Health Officer, or designee, when adherence to response time requirements under extreme weather conditions would jeopardize public safety or the safety of ambulance personnel. Other exemptions and exemption criteria may also be provided to REMSA upon approval of the DISTRICT. Existing exemptions granted by the District Health Officer shall remain in effect unless changed or rescinded by the District Health Officer or the DISTRICT.

7.7. Penalty Fund: These penalties shall be placed in a separate restricted account of REMSA and shall be used to help defray the costs of educational or community programs, or for other purposes subject to prior written approval by the District Health Officer. The penalty fund shall be solvent at the end of REMSA's fiscal year.

7.8. Health Officer Approval: Penalties and the use of the penalty fund are all subject to approval by the District Health Officer.

## **ARTICLE 8 PATIENT BILLING**

8.1. Average Patient Bill: The DISTRICT shall approve the amount of the maximum average patient bill for ground 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 shall be automatically adjusted thereafter for any change in the CPI for the preceding year without further DISTRICT 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 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 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 ambulance transport within the franchise area to exceed the amount of the maximum average patient bill then in effect as approved by the DISTRICT.

8.2. Increase Beyond CPI: If REMSA desires an increase to the average patient bill beyond the annual CPI adjustment, REMSA shall present a financial impact statement and other supporting documentation to justify such an increase. In addition, the DISTRICT may request relevant additional information to determine the necessity of the increase. The DISTRICT must either approve or reject REMSA's requested increase within ninety (90) days after receipt of all requested information. If the DISTRICT does not act within the ninety (90) day period or if the DISTRICT rejects the rate increase request, REMSA, at its discretion, may submit the matter for professional mediation for resolution pursuant to the terms of this Agreement.

8.3. Overage in Bill Amount: In the event the maximum average patient bill exceeds the maximum average patient bill in effect for a particular franchise year, REMSA shall offset such overage against any allowable CPI adjustment for transports in the subsequent franchise year as follows:

(a) The authorized average bill for the current franchise year will be subtracted from the cumulative average bill for the current franchise year. (\$498 actual average bill - \$491 authorized average bill = \$7 adjusted dollar amount).

(b) The adjusted dollar amount will be subtracted from the authorized CPI adjusted average bill for the next franchise year. (\$508 authorized CPI adjusted average bill - \$7 adjusted dollar amount = \$501 adjusted average bill.)

The ensuing franchise year CPI adjustment will be added to the previous year's authorized CPI adjusted average bill.

8.4. Third Party Reimbursement: In setting and adjusting such rates, charges, and fees for ground ambulance transport within the franchise area, REMSA shall utilize its best efforts to maximize third party reimbursement and minimize transported patients' out-of-pocket expense as insurance and governmental reimbursement laws, regulations and procedures change, from time to time.

8.5. Prepaid Subscription Program: Unless otherwise prohibited by law, REMSA shall maintain a voluntary prepaid ambulance subscription membership program within the franchise area of Washoe County to defray the uninsured portion of medically necessary ambulance transport within the franchise area of Washoe County. REMSA shall establish the limit for the number of times this service may be used by an individual in a membership year and shall report the terms of this service to the DISTRICT on a yearly basis.

8.6. Billing: REMSA is responsible for all billing of patients and third party payers for ambulance services provided or REMSA may allow a contractor to do so.

8.7. Accounting Practices: 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").

8.8. Audit: REMSA will provide a copy of the financial audit to the District Health Officer within 180 days of the close of its fiscal year and a copy of the Internal Revenue Service Form 990 to the District Health Officer within fourteen (14) days of its submission to the Internal Revenue Service. 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.



## **ARTICLE 9 PERSONNEL AND EQUIPMENT**

9.1. Dispatch Personnel Training: All personnel within the REMSA dispatch facility shall be trained at the emergency medical technician or paramedic level. All medical dispatch personnel shall maintain certification as Emergency Medical Dispatchers (EMD) from the National Academy of Emergency Medical Dispatchers. New dispatch personnel shall receive training during their first six (6) months of employment. REMSA shall provide documentation of compliance to the DISTRICT annually.

9.2. Dispatch Accreditation: REMSA shall maintain the National Academy of Emergency Medical Dispatchers accreditation of the Accredited Center of Excellence.

9.3. Personnel Licensing and Certification: All Attendants, Emergency Medical Technicians/Paramedics and Emergency Medical Dispatchers involved in providing emergency medical services under this Franchise Agreement shall be properly trained, licensed, and/or certified in accordance with the requirement of the NRS, Chapter 450B.

9.4. ICS Training: REMSA field staff and field management personnel shall be trained in the National Incident Management System/Incident Command System (NIMS/ICS) protocols at the 100, 200 and 700 levels. All field personnel will be trained on the Washoe County Multi Casualty Incident Plan (MCIP), and field management staff will have additional training to the ICS 300 level.

During a declared emergency or emergency training exercises, REMSA shall participate in the operations section of the emergency operations center (EOC) and shall be trained in and utilize the National Incident Management System/Incident Command System (NIMS/ICS) protocols through the ICS 400 level or as may be designated in the future by the Federal Emergency Management Agency (FEMA).

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

9.6. Ambulance Permits and Equipment: All Ambulance units shall be permitted, equipped and operated in accordance with NRS 450B.

9.7. Field Supervisor Staffing: REMSA shall insure that a field supervisor is on each shift. Such supervisor shall facilitate integration of REMSA ambulance units with public safety personnel, may assist REMSA units and personnel on scene and generally function to insure the efficient operation of REMSA ambulance services on each shift, including disaster situations.

9.8. Medical Director: 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 shall submit the medical director(s) curriculum vitae

(CV) to the District Health Officer at the time of appointment.

## **ARTICLE 10 QUALITY ASSURANCE**

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

10.2. Review: Each calendar month REMSA shall conduct quality assurance reviews of ambulance runs from among at least five percent (5%) of the previous month's ALS calls. Those reviews should involve, if possible, the ambulance personnel who participated on those cases 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.

## **ARTICLE 11 COMMUNITY RELATIONS AND PUBLIC EDUCATION**

11.1. CPR Courses: REMSA shall offer cardiopulmonary resuscitation ("CPR") courses at least monthly to the public.

11.2. Community Health Education: At least annually, REMSA shall conduct a multimedia campaign, using radio, television, printed media, social media, online education, or promotional displays to educate the public. The education focus will be based on a current needs assessment in the community to provide citizens with information on medical access, safety and/or health promotion. REMSA shall report on these activities to the DISTRICT. The Health District may assist and participate in such activities.

11.3. Clinical Skills: 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.

11.4. Fire EMS Training: REMSA shall provide quarterly training for regional EMS first responders at cost to be paid by the other EMS responders' jurisdiction, governing board or agency. Training will be determined based on recommendations of the Regional Emergency Medical Services Advisory Board as approved by the DISTRICT. REMSA shall provide documentation of compliance to the DISTRICT annually.

## **ARTICLE 12 REPORTING**

12.1. Monthly Reports: REMSA shall provide the DISTRICT a monthly report on operational activities which shall include:

- (a) Response Time Reporting,
- (b) CAD Edits and Call Priority Reclassifications,
- (c) Comments and Complaints,
- (d) Investigations and Inquiries
- (e) The Average Patient Bill, and
- (f) Education and Training Activities.

The reports shall be in a format agreed upon by the DISTRICT. In addition to REMSA's regional fractile response time compliance reporting requirements, REMSA shall also provide response time information on Priority 1 and on Priority 2 calls within each jurisdictional area (Reno, Sparks, County) separately for informational purposes. This reporting format may use "average response times" to allow for reporting compatibility with the system first responder agencies in each jurisdictional area.

12.2. Annual Reports: REMSA shall report annually to the DISTRICT 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 Health District 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 within ninety (90) days of the beginning of each calendar year. The District Health Officer will periodically report to Reno, Sparks and Washoe County and the DISTRICT on that compliance.

## **ARTICLE 13 FAILURE TO COMPLY/REMEDIES**

13.1. Failure to Comply with Agreement: This exclusive right of REMSA to operate ambulance services within the defined service area shall continue during the term of this agreement unless the DISTRICT takes action to rescind this exclusive operating right for the material and adverse failure of REMSA to comply with this Franchise. Failure to comply with the response time requirement as evaluated annually may result in the loss by REMSA of the authority to operate the ambulance service on an exclusive basis.

13.2. Notice of Noncompliance: Unless a substantial and immediate threat to the public health requires the DISTRICT to assume control and operation of the ambulance equipment as provided for in this franchise designation, the DISTRICT shall notify REMSA in writing of REMSA's failure to comply. Such notice shall allow REMSA to (1) contest the failure or to (2) correct the failure or at DISTRICT's discretion, to provide a written plan to correct the failure. The length

of the response period shall be dependent upon the extent to which public health and safety is endangered, as determined by the DISTRICT.

13.3. Failure to Correct/ Rescission of Agreement: If REMSA fails to correct the failure within the allowed response period, the DISTRICT shall notify REMSA of its intent to rescind this exclusive operating right and the reasons therefore.

13.4. Alternate to Rescinding Agreement: As an alternative to rescinding the exclusive operating right, the DISTRICT may assess REMSA a financial penalty of up to ten thousand dollars (\$10,000) for each documented instance of noncompliance that is deemed material and adverse following findings and a report of the District Health Officer. The report of the District Health Officer must be provided to REMSA. The District Health Officer shall schedule the report as an agenda item of the DISTRICT at a meeting of the DISTRICT held not less than thirty (30) days thereafter. REMSA may appeal the findings of the District Health Officer at the meeting of the DISTRICT by filing a notice of appeal with the District Health Officer not less than fifteen (15) days before the meeting of the Board. Any written documentation regarding the appeal which REMSA desires to submit must be submitted to the District Health Officer not less than seven (7) days before the meeting. At the meeting the Board will review the findings and report of the District Health Officer and REMSA's appeal if any. If the Board concludes the report is accurate, it may impose the penalty set forth above. Any financial penalty assessed shall be remitted to the District Health Department for use in support of the District Health Department EMS program activities.

## **ARTICLE 14 DISPUTE RESOLUTION**

14.1 Agreement to Mediate Disputes: In the event that any dispute arises between the parties in relation to this Agreement, or out of this Agreement, and the dispute is not resolved by negotiation, the parties agree to submit the dispute to mediation. The parties further agree that their participation in mediation is a condition precedent to any party pursuing any other available remedy in relation to the dispute.

Any party to the dispute may give written notice to the other party of his or her desire to commence mediation, and a mediation session must take place within thirty (30) days after the date that such notice is given.

The parties must jointly appoint a mutually acceptable mediator. If the parties are unable to agree upon the appointment of a mediator within seven (7) days after a party has given notice of a desire to mediate the dispute, each party shall appoint an independent person, solely being responsible for that person's costs, and then those two (2) persons shall promptly appoint a jointly selected, qualified mediator, the costs for whom shall be equally shared by the parties. The two persons who appoint the mediator shall have no further role.

The parties further agree to share equally the costs of the mediation, which costs will not include costs incurred by a party for representation by counsel at the mediation.

**ARTICLE 15**  
**FINANCIAL ASSURANCE/CONTINUITY OF OPERATIONS**

15.1. Financial Assurance/Continuity of Operations: REMSA shall furnish and maintain a performance security with the DISTRICT in the amount of three million dollars (\$3,000,000) in the form of a designated reserve amount in the equity statement of the REMSA financials. This performance security may be utilized by the DISTRICT in the event of a substantial and immediate threat to the public health that requires the DISTRICT to assume the control and operation of the ambulance service.

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 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. If REMSA and such successor cannot agree on the terms of purchase, the matter shall be submitted to mediation pursuant to the terms of this Agreement.

**ARTICLE 16**  
**INSURANCE AND INDEMNIFICATION**

16.1. Insurance: REMSA shall maintain medical professional and commercial general liability insurance of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate. Automobile liability will also be at a combined single limit of one million dollars (\$1,000,000), Workers compensation and employer's liability will be at one million dollars (\$1,000,000). Evidence of insurance coverage will be submitted to the District on an annual basis, and the DISTRICT shall be listed as an additional insured.

16.2. Indemnification: The parties agree to hold harmless, indemnify, and defend the other party, its officers, agents, employees, and volunteers from any loss or liability, financial or otherwise resulting from any claim, demand, suit, action, or cause of action based on bodily injury including death or property damage, including damage to property, caused by the omission, failure to act, or negligence on the part of the party, its employees, agents, representatives, or Subcontractors arising out of the performance of work under this Agreement.

16.3. Limitation of Liability: The DISTRICT will not waive and intends to assert any available remedy and liability limitation set forth in Chapter 41 of the Nevada Revised Statutes and applicable case law.

**ARTICLE 17**  
**MISCELLANEOUS**

17.1. REMSA Contracts with Other Entities: 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.

17.2. Governing Law; Jurisdiction: This Agreement 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 Nevada district courts in Washoe County for the enforcement of this Agreement.

17.3. Assignment: Neither party shall assign, sublet or transfer any interest or service in this Agreement, or which arises out of this Agreement, without the written consent of the other party

17.4. Severability: If any provision of this Agreement or its application is held invalid by a court of competent jurisdiction, the remainder of the Agreement shall not be affected.

17.5. Entire Agreement/Modification: This Agreement is the entire Agreement between the parties. No change, termination or attempted waiver of any of the provisions of this Agreement shall be binding on either party unless executed in writing by each of the parties.

17.6. Benefits: This Agreement is entered into solely for the benefit of the parties hereto. It shall confer no benefits, direct or indirect, on any third persons, including employees of the parties. No person or entity other than the parties themselves may rely upon or enforce any provision of this Agreement. The decision to assert or waive any provision of this Agreement is solely that of each party.

17.7. Notice: All notices and demands required under this Agreement shall be in writing and shall be deemed to have been duly given, made and received when delivered or deposited in the United States mail, registered or certified mail, postage pre-paid, addressed as follows:

Washoe County Health District  
District Health Officer  
P.O. Box 11130  
Reno, NV 89520

REMSA  
Attn:  
450 Edison Way  
Reno, NV 89502

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By:   
Title: Chair, DBOH  
Dated: May 22, 2014

ATTEST:

  
Clerk

REGIONAL EMERGENCY MEDICAL  
SERVICES AUTHORITY

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dated: \_\_\_\_\_



Washoe County Health District  
District Health Officer  
P.O. Box 11130  
Reno, NV 89520

REMSA  
Attn:  
450 Edison Way  
Reno, NV 89502

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year below noted.

WASHOE COUNTY HEALTH DISTRICT

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Dated: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Clerk

REGIONAL EMERGENCY MEDICAL  
SERVICES AUTHORITY

By: James Begre  
Title: Chairman, REMSA Board of Directors  
Dated: May 15, 2014

**STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**TO:** District Board of Health  
**FROM:** Anna Heenan, Administrative Health Services Officer  
 328-2417, [aheenan@washoecounty.us](mailto:aheenan@washoecounty.us)  
**SUBJECT:** Acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2015

**SUMMARY**

The cash balance at April 30, 2015, was \$1.5 million. Total revenues were \$15.4 million, 80.0% of budget and an increase of 16.8% compared to fiscal year 2014 (FY14). With 83.3% of the fiscal year completed the expenditures totaled \$15.9 million, 76.0% of the budget and 3.4% more than FY14. Salaries and benefits are up \$711,300, 6.4%, over FY14. Services and supplies are down \$124,379, 3.0%, over FY14. The overall expenditures are up \$518,432, 3.4%, over April, 2014.

**District Health Strategic Objective supported:** Secure and deploy resources for sustainable impact.

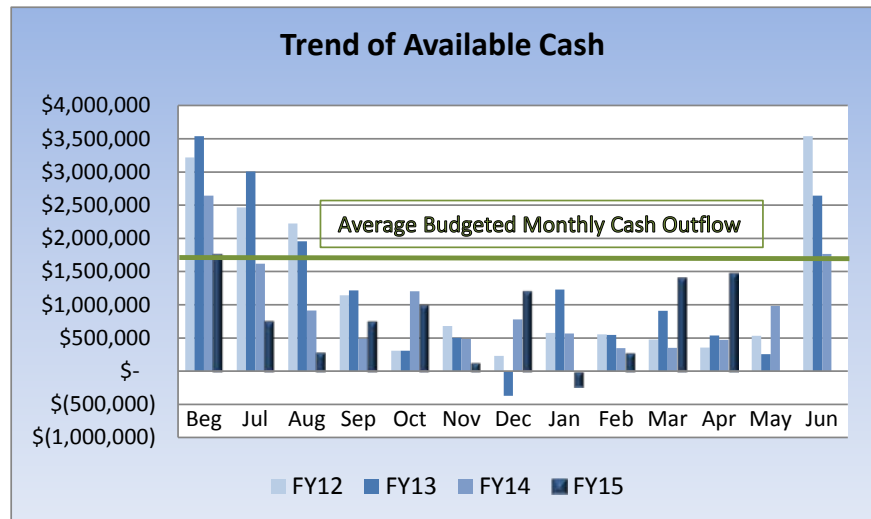
**PREVIOUS ACTION**

Fiscal Year 2015 Budget was adopted May 19, 2014.

**BACKGROUND**

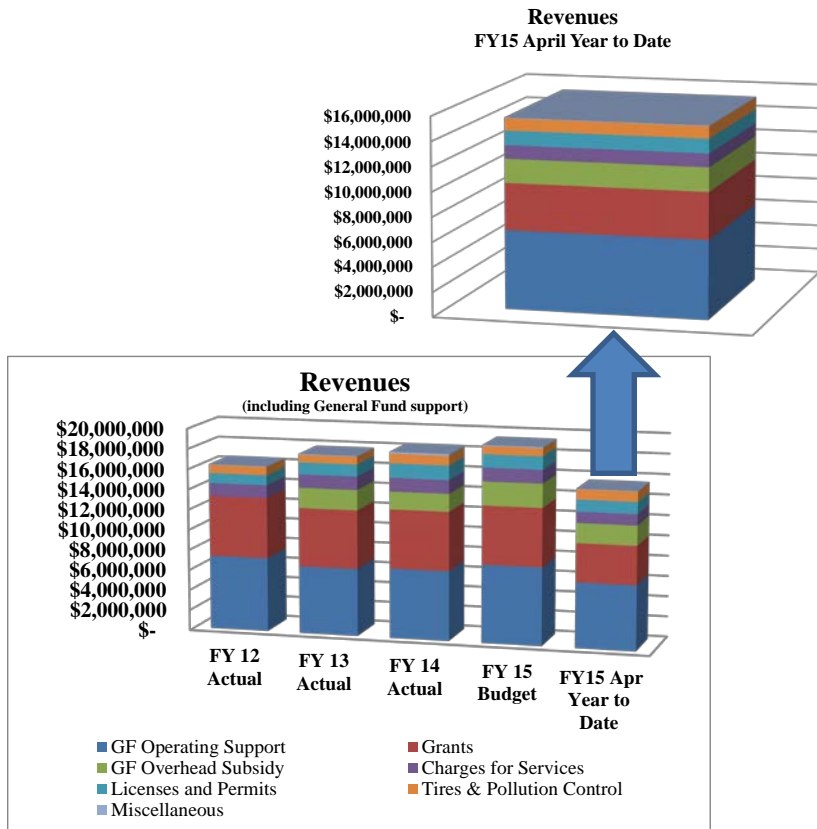
**Review of Cash**

The available cash on April 30, 2015, was \$1,484,832 which was 85.3% of the average budgeted monthly cash outflow of \$1.7 million and up \$1,010,911, 213.3%, compared to FY14. This increase is mainly due to the increase of \$1.9 million, 29.1%, in County General Fund Transfer. The General Fund has transferred \$8.3 million for the year, 83.3% of the total budgeted transfer.



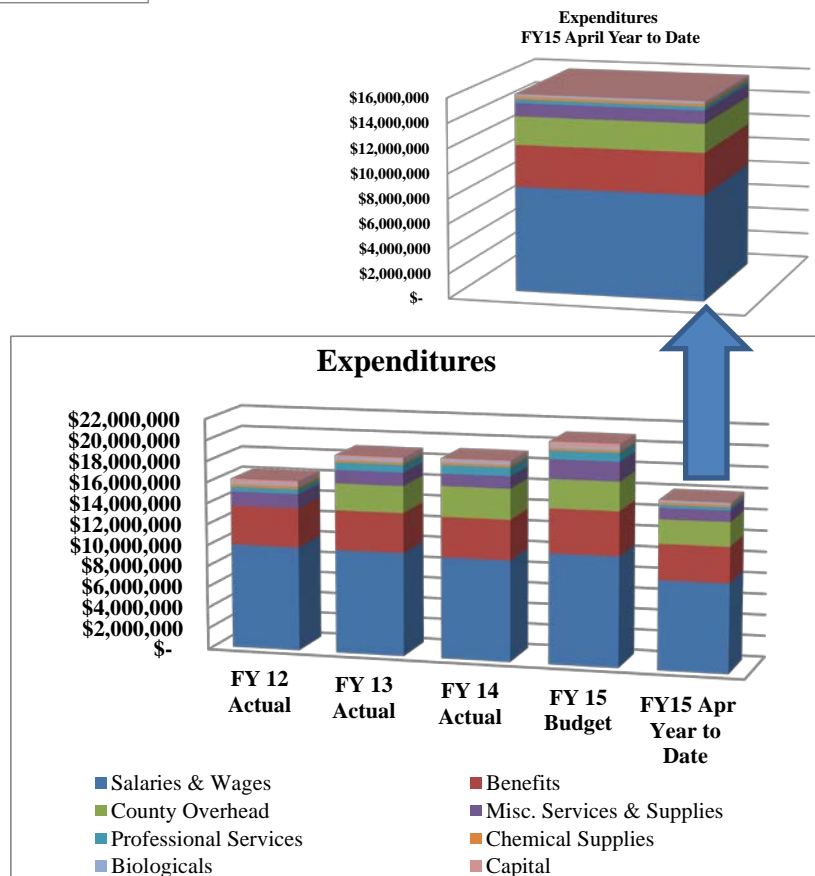
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund. January FY15 no County General Fund support was transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$15,423,497 were up \$2,221,434, 16.8%, from the same time last fiscal year and were 80.0% of budget. The revenue categories that were up over last fiscal year are as follows: licenses and permits by \$27,556, 2.4%; federal and state grants by \$275,768, 7.8%; and the tire fee funding for the solid waste management program were up \$132,327, 42.1%. Miscellaneous revenues are down by \$123,538, 73.8%, due to donations received in FY14 not received in FY15.

The total year to date **expenditures** of \$15,874,470 increased by \$518,432, 3.4%, compared to the same time frame for last fiscal year 2014. Salaries and benefits expenditures for the ten months of FY15 were \$11.8 million, an increase of \$711,300, 6.4%, over the prior year. Services and supplies expenditures of \$4.0 million were down \$124,379, 3.0%, from FY14 mainly due to the County overhead charge being down \$130,811, 5.4%, from FY14. Without the overhead charge the increase from FY14 is \$6,432, 0.4%.



**Review of Revenue and Expenditures by Division**

AQM division revenue is up \$1,704, 0.1%, compared to FY14. EHS is up \$33,975, 2.2%, over FY14 with the majority of that increase due to the tire fee revenue. EPHP is down from FY14 by \$136,573, 10.6%, mainly due to anticipated reduction in the Public Health Preparedness grant funding. County General Fund transferred \$8.3 million of the budgeted transfer leaving a balance of \$1.7 million for the remainder of the fiscal year.

With 83.3% of the fiscal year complete the total expenditures of \$15.9 million were \$518,432 greater than FY14, up 3.4%, and 76% of budget. All divisions are reflecting savings compared to budget except AHS which continues to be high due to the unbudgeted retirement payouts. AQM is considerably low compared to budget, 65.3%, due to unspent capital funding. EHS is low due to unspent funding in the restricted tire fee revenue account. The EPHP is showing savings due to vacant positions. The County General Fund overhead charges for the ten months totaled \$2.3 million, 83.3% of budget and down 5.4% over FY14.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through April Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014/2015			
	2011/2012	2012/2013	Actual Year End	April Year to Date	Adjusted Budget	April Year to Date	Percent of Budget	FY15 Increase over FY14
<b>Revenues (all sources of funds)</b>								
ODHO	-	-	-	-	-	-	-	-
AHS	8	33,453	87,930	<b>87,930</b>	61,113	<b>151</b>	0.2%	-99.8%
AQM	1,966,492	2,068,697	2,491,036	<b>1,806,598</b>	2,116,070	<b>1,808,303</b>	85.5%	0.1%
CCHS	3,706,478	3,322,667	3,388,099	<b>2,010,199</b>	3,528,098	<b>2,539,729</b>	72.0%	26.3%
EHS	1,755,042	1,828,482	1,890,192	<b>1,553,434</b>	1,931,774	<b>1,587,409</b>	82.2%	2.2%
EPHP	1,670,338	1,833,643	1,805,986	<b>1,290,985</b>	1,630,280	<b>1,154,412</b>	70.8%	-10.6%
GF Operating	7,250,850	6,623,891	6,853,891	<b>5,140,418</b>	7,666,420	<b>6,388,683</b>	83.3%	24.3%
GF Overhead Subsidy	-	2,000,000	1,750,000	<b>1,312,500</b>	2,333,772	<b>1,944,810</b>	83.3%	48.2%
<b>Total Revenues</b>	<b>\$ 16,349,208</b>	<b>\$ 17,710,834</b>	<b>\$ 18,267,134</b>	<b>\$ 13,202,064</b>	<b>\$ 19,267,526</b>	<b>\$ 15,423,497</b>	<b>80.0%</b>	<b>16.8%</b>
<b>Expenditures</b>								
ODHO	-	-	-	-	442,477	<b>336,680</b>	76.1%	-
AHS	1,202,330	1,305,407	1,247,924	<b>980,613</b>	1,004,343	<b>880,698</b>	87.7%	-10.2%
AQM	1,955,798	2,297,077	2,170,911	<b>1,735,711</b>	2,752,520	<b>1,797,076</b>	65.3%	3.5%
CCHS	6,086,866	5,757,304	5,779,003	<b>4,638,634</b>	5,982,646	<b>4,860,137</b>	81.2%	4.8%
EHS	4,848,375	4,772,942	4,804,597	<b>3,973,448</b>	5,603,142	<b>4,096,190</b>	73.1%	3.1%
EPHP	2,084,830	2,129,310	2,022,331	<b>1,612,604</b>	2,350,969	<b>1,619,471</b>	68.9%	0.4%
GF Overhead Charge	-	2,553,372	2,898,034	<b>2,415,028</b>	2,741,061	<b>2,284,218</b>	83.3%	-5.4%
<b>Total Expenditures</b>	<b>\$ 16,178,200</b>	<b>\$ 18,815,411</b>	<b>\$ 18,922,800</b>	<b>\$ 15,356,038</b>	<b>\$ 20,877,158</b>	<b>\$ 15,874,470</b>	<b>76.0%</b>	<b>3.4%</b>
<b>Revenues (sources of funds) less Expenditures:</b>								
ODHO	-	-	-	-	(442,477)	<b>(336,680)</b>		
AHS	(1,202,322)	(1,271,953)	(1,159,994)	<b>(892,683)</b>	(943,230)	<b>(880,546)</b>		
AQM	10,694	(228,380)	320,125	<b>70,887</b>	(636,450)	<b>11,227</b>		
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	<b>(2,628,436)</b>	(2,454,548)	<b>(2,320,408)</b>		
EHS	(3,093,333)	(2,944,460)	(2,914,405)	<b>(2,420,014)</b>	(3,671,368)	<b>(2,508,781)</b>		
EPHP	(414,492)	(295,666)	(216,345)	<b>(321,619)</b>	(720,689)	<b>(465,059)</b>		
GF Operating	7,250,850	6,623,891	6,853,891	<b>5,140,418</b>	7,666,420	<b>6,388,683</b>		
GF Overhead Subsidy	-	(553,372)	(1,148,034)	<b>(1,102,528)</b>	(407,289)	<b>(339,407)</b>		
<b>Surplus (deficit)</b>	<b>\$ 171,008</b>	<b>\$ (1,104,577)</b>	<b>\$ (655,666)</b>	<b>\$ (2,153,974)</b>	<b>\$ (1,609,632)</b>	<b>\$ (450,972)</b>		
<b>Fund Balance (FB)</b>	<b>\$ 3,916,042</b>	<b>\$ 2,811,465</b>	<b>\$ 2,155,799</b>		<b>\$ 546,168</b>			
<b>FB as a % of Expenditures</b>	<b>24.2%</b>	<b>14.9%</b>	<b>11.4%</b>		<b>2.6%</b>			

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

**FISCAL IMPACT**

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

**RECOMMENDATION**

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2015.

**POSSIBLE MOTION**

Move to acknowledge receipt of the Health District Fund Financial Review for April, Fiscal Year 2015.

Attachment:  
Health District Fund summary report with line item detail

Period: 1 thru 10 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
422503 Environmental Permits	46,317-	47,731-	1,414	103	63,177-	54,711-	8,466-	87
422504 Pool Permits	97,000-	88,343-	8,657-	91	74,690-	85,428-	10,738	114
422505 RV Permits	11,000-	9,822-	1,178-	89	13,306-	9,679-	3,627-	73
422507 Food Service Permits	420,000-	387,556-	32,444-	92	492,181-	367,563-	124,618-	75
422508 Wat Well Const Perm	30,000-	32,069-	2,069	107	23,567-	22,509-	1,058-	96
422509 Water Company Permits	5,000-	11,613-	6,613	232	3,200-	7,998-	4,798	250
422510 Air Pollution Permits	474,103-	435,512-	38,591-	92	584,012-	425,142-	158,871-	73
422511 ISDS Permits	75,000-	73,259-	1,741-	98	66,522-	75,287-	8,765	113
422513 Special Event Permits	105,000-	55,552-	49,448-	53	99,623-	61,177-	38,446-	61
422514 Initial Applic Fee	31,000-	24,326-	6,674-	78	35,226-	28,734-	6,492-	82
* Licenses and Permits	1,294,420-	1,165,783-	128,637-	90	1,455,504-	1,138,228-	317,277-	78
431100 Federal Grants	5,197,010-	3,384,407-	1,812,603-	65	5,301,515-	3,058,738-	2,242,777-	58
431105 Federal Grants - Indirect	235,667-	179,994-	55,673-	76	243,178-	204,186-	38,993-	84
432100 State Grants	311,068-	229,097-	81,971-	74	741,802-	260,917-	480,885-	35
432105 State Grants-Indirect	16,026-	9,580-	6,446-	60	2,205-	3,469-	1,264	157
432310 Tire Fee NRS 444A.090	468,548-	446,463-	22,085-	95	468,548-	314,136-	154,412-	67
432311 Pol Ctrl 445B.830	318,667-	541,626-	222,958	170	300,000-	552,771-	252,771	184
* Intergovernmental	6,546,987-	4,791,167-	1,755,820-	73	7,057,248-	4,394,217-	2,663,032-	62
460152 Services to Other Agencies								
460500 Other Immunizations	89,000-	34,217-	54,783-	38	89,000-	41,611-	47,389-	47
460501 Medicaid Clinical Services	8,200-	3,683-	4,517-	45	8,200-	1,717-	6,484-	21
460503 Childhood Immunizations	20,000-	11,713-	8,287-	59	20,000-	13,005-	6,995-	65
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	4,393-	293	107	4,100-	3,390-	710-	83
460509 Water Quality								
460510 IT Overlay	35,344-	28,479-	6,865-	81	35,344-	30,226-	5,118-	86
460511 Birth and Death Certificates	480,000-	385,433-	94,567-	80	450,000-	380,188-	69,812-	84
460512 Duplication Service Fees		307-	307			791-	791	
460513 Other Healt Service Charges		553-	553			564-	564	
460514 Food Service Certification	18,000-	15,035-	2,965-	84	19,984-	16,924-	3,060-	85
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-	18,698-	16,948	1,068	1,750-	18,880-	17,130	1,079
460517 Influenza Immunization	7,000-	53-	6,948-	1	7,000-	4,861-	2,139-	69
460518 STD Fees	21,000-	11,504-	9,496-	55	21,000-	14,784-	6,216-	70
460519 Outpatient Services		692-	692					
460520 Eng Serv Health	50,000-	41,175-	8,825-	82	50,707-	45,193-	5,514-	89
460521 Plan Review - Pools & Spas	3,600-	3,944-	344	110	3,816-	4,724-	908	124
460523 Plan Review - Food Services	20,000-	19,185-	815-	96	18,765-	18,231-	534-	97
460524 Family Planning	32,000-	26,920-	5,080-	84	27,000-	28,519-	1,519	106
460525 Plan Review - Vector	42,000-	43,000-	1,000	102	36,021-	50,326-	14,305	140
460526 Plan Review-Air Quality	57,889-	43,525-	14,364-	75	65,272-	24,755-	40,517-	38
460527 NOE-AQM	116,984-	101,166-	15,818-	86	113,934-	98,573-	15,361-	87

Period: 1 thru 10 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
460528 NESHAP-AQM	99,333-	85,223-	14,110-	86	135,389-	63,736-	71,653-	47
460529 Assessments-AQM	51,336-	46,996-	4,340-	92	57,888-	40,623-	17,265-	70
460530 Inspector Registr-AQ	2,162-	855-	1,307-	40	14,655-	2,547-	12,108-	17
460531 Dust Plan-Air Quality	142,403-	136,077-	6,326-	96	187,690-	121,262-	66,428-	65
460532 Plan Rvw Hotel/Motel		3,490-	3,490			480-	480	
460533 Quick Start								
460534 Child Care Inspection	8,514-	7,485-	1,029-	88	10,560-	6,453-	4,107-	61
460535 Pub Accomod Inspectn	19,000-	15,498-	3,502-	82	22,540-	15,599-	6,941-	69
460570 Education Revenue					2,900-	796-	2,104-	27
* Charges for Services	1,329,615-	1,089,300-	240,315-	82	1,403,515-	1,048,757-	354,758-	75
483000 Rental Income		151-	151					
484050 Donations Federal Pgm Income	37,550-	22,854-	14,696-	61	37,550-	30,969-	6,581-	82
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-	82,152-	6,111-	93
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-	5,125-		100
485100 Reimbursements		19,131-	19,131			46,450-	46,450	
485121 Jury Reimbursements		120-	120			80-	80	
485300 Other Misc Govt Rev		1,497-	1,497		62,229-	2,515-	59,714-	4
* Miscellaneous	98,663-	43,753-	54,910-	44	193,167-	167,291-	25,876-	87
** Revenue	9,269,685-	7,090,004-	2,179,681-	76	10,109,435-	6,748,493-	3,360,942-	67
701110 Base Salaries	9,211,289	7,560,550	1,650,739	82	9,191,190	7,014,269	2,176,921	76
701120 Part Time	408,927	291,494	117,432	71	565,940	349,543	216,397	62
701130 Pooled Positions	510,605	306,553	204,051	60	464,481	345,733	118,748	74
701140 Holiday Work	4,319	2,804	1,515	65	2,819	3,145	326-	112
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	81,672	73,428	53	165,426	83,144	82,281	50
701300 Overtime	62,405	53,546	8,859	86	69,920	48,524	21,396	69
701403 Shift Differential		104	104-					
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000	94	906	9
701412 Salary Adjustment	93,535		93,535		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		123,195	123,195-			73,653	73,653-	
701417 Comp Time		11,950	11,950-			9,751	9,751-	
701419 Comp Time - Transfer						6,038	6,038-	
701500 Merit Awards								
* Salaries and Wages	10,447,180	8,431,871	2,015,309	81	10,230,689	7,933,792	2,296,897	78
705110 Group Insurance	1,461,276	1,187,462	273,814	81	1,422,035	1,085,853	336,182	76
705210 Retirement	2,510,295	2,011,792	498,503	80	2,515,667	1,907,084	608,583	76
705215 Retirement Calculation								
705230 Medicare April 1986	134,808	115,207	19,601	85	136,701	107,147	29,555	78
705320 Workmens Comp	68,214	56,489	11,725	83	66,992	55,115	11,877	82
705330 Unemply Comp	15,179	12,649	2,530	83	15,375	15,179	196	99
705360 Benefit Adjustment	19,139		19,139					
* Employee Benefits	4,208,911	3,383,599	825,312	80	4,156,770	3,170,378	986,392	76



Period: 1 thru 10 2015  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710100 Professional Services	687,734	230,175	457,559	33	1,211,770	318,390	893,380	26
710105 Medical Services	9,323	2,658	6,666	29	9,173	6,279	2,894	68
710108 MD Consultants	83,908	33,938	49,971	40	46,950	44,000	2,950	94
710110 Contracted/Temp Services	31,581	30,824	757	98	53,500	42,268	11,232	79
710119 Subrecipient Payments								
710200 Service Contract	120,720	43,906	76,814	36	103,593	48,896	54,697	47
710205 Repairs and Maintenance	5,538	7,554	2,016-	136	11,470	11,215	255	98
710210 Software Maintenance	18,083	22,326	4,243-	123	15,636	22,318	6,682-	143
710300 Operating Supplies	117,992	67,868	50,124	58	134,870	90,781	44,089	67
710302 Small Tools & Allow	22,685	443	22,242	2	10,685	1,157	9,528	11
710308 Animal Supplies	1,600	92	1,508	6	1,600	583	1,017	36
710312 Special Dept Expense		300	300-					
710319 Chemical Supplies	231,900	232,652	752-	100	232,300	232,321	21-	100
710325 Signs and Markers								
710334 Copy Machine Expense	25,785	20,596	5,189	80	28,447	21,680	6,767	76
710350 Office Supplies	59,144	27,659	31,485	47	41,074	28,921	12,153	70
710355 Books and Subscriptions	7,869	2,878	4,991	37	7,594	6,200	1,394	82
710360 Postage	23,200	16,398	6,802	71	24,435	12,595	11,840	52
710361 Express and Courier	560	154	406	28	735	99	636	14
710391 Fuel & Lube	100		100		100	79	21	79
710400 Payments to Other Agencies		21,979	21,979-					
710412 Do Not Use								
710500 Other Expense	26,200	20,060	6,141	77	24,932	27,531	2,599-	110
710502 Printing	22,322	9,806	12,516	44	33,970	10,869	23,101	32
710503 Licenses & Permits	6,331	5,340	991	84	7,887	3,855	4,032	49
710505 Rental Equipment	1,800		1,800		1,900		1,900	
710506 Dept Insurance Deductible		300	300-			334	334-	
710507 Network and Data Lines	11,295	7,806	3,489	69	5,530	8,727	3,197-	158
710508 Telephone Land Lines	42,878	28,871	14,007	67	42,484	29,057	13,427	68
710509 Seminars and Meetings	49,998	29,935	20,063	60	36,065	33,492	2,573	93
710512 Auto Expense	14,491	4,801	9,690	33	19,102	9,162	9,940	48
710514 Regulatory Assessments	11,920	18,638	6,718-	156	11,920	5,960	5,960	50
710519 Cellular Phone	15,714	11,353	4,361	72	15,660	10,894	4,766	70
710524 Utility relocation								
710529 Dues	11,867	5,104	6,763	43	10,756	4,693	6,063	44
710535 Credit Card Fees	12,665	12,621	44	100	11,925	10,499	1,426	88
710546 Advertising	308,250	176,789	131,461	57	47,600	10,628	36,972	22
710551 Cash Discounts Lost		258	258-			98	98-	
710563 Recruitment		613	613-					
710577 Uniforms & Special Clothing	12,350	2,086	10,264	17	25,500	4,570	20,930	18
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115	73,051	36,064	67	109,115	66,010	43,105	60



Period: 1 thru 10 2015 Fund: 202 Health Fund  
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County  
 Business Area: \* Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance		2014 Plan	2014 Actual	Balance	
710620 LT Lease-Equipment								
710703 Biologicals	203,743	160,319	43,424	79	246,791	173,222	73,568	70
710714 Referral Services		1,356	1,356-		6,328	1,808	4,520	29
710721 Outpatient	96,786	61,217	35,569	63	93,093	64,497	28,595	69
710872 Food Purchases	4,889	1,461	3,428	30	10,176	461	9,715	5
711010 Utilities					180		180	
711020 Water/Sewer								
711100 ESD Asset Management	66,526	53,578	12,948	81	47,436	40,870	6,566	86
711113 Equip Srv Replace	27,586	22,515	5,071	82	27,084	22,583	4,501	83
711114 Equip Srv O & M	41,538	36,198	5,340	87	46,869	33,241	13,627	71
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	36,702	11,889	76	55,492	33,749	21,743	61
711119 Prop & Liab Billings	74,502	62,085	12,417	83	74,502	62,085	12,417	83
711210 Travel	221,064	76,842	144,222	35	269,811	71,356	198,455	26
711300 Cash Over Short		20-	20			40	40-	
711399 ProCard in Process		65	65-					
711400 Overhead - General Fund	2,741,061	2,284,218	456,844	83	2,898,034	2,415,028	483,006	83
711504 Equipment nonCapital	106,476	67,106	39,370	63	135,712	114,749	20,964	85
* Services and Supplies	5,833,322	4,033,473	1,799,850	69	6,328,754	4,157,852	2,170,902	66
781004 Equipment Capital	365,096	25,527	339,569	7	332,748	94,016	238,732	28
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	390,096	25,527	364,569	7	432,748	94,016	338,732	22
** Expenses	20,879,509	15,874,470	5,005,039	76	21,148,962	15,356,038	5,792,924	73
485193 Surplus Supplies Sales						653-	653	
* Other Fin. Sources						653-	653	
621001 Transfer From General	10,000,192-	8,333,493-	1,666,699-	83	8,603,891-	6,452,918-	2,150,973-	75
* Transfers In	10,000,192-	8,333,493-	1,666,699-	83	8,603,891-	6,452,918-	2,150,973-	75
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-	8,333,493-	1,666,699-	83	8,603,891-	6,453,571-	2,150,320-	75
*** Total	1,609,632	450,973	1,158,659		2,435,636	2,153,974	281,662	88

**STAFF REPORT**

**BOARD MEETING DATE:** May 28, 2015

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775.328.2416, kdick@washoecounty.us

**SUBJECT:** **Presentation, Discussion and Possible Acceptance of the May 2015 Nevada Legislative Session Report and Discussion and direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District.**

**SUMMARY**

This is a monthly update regarding bill draft requests (BDRs) or bill drafts which may be of interest to the District Board of Health.

**District Health Strategic Objective supported by this item:** Demonstrate the value and contribution of public health, secure and deploy resources for sustainable impact, strengthen WCHD as an innovative, high- performing organization and achieve targeted improvements in health outcomes and health equity.

**PREVIOUS ACTION**

Each biennium, WCHD has monitored Legislative activities and acted on them as directed by the District Board of Health. A staff report for the 2015 legislative session has been provided monthly since the December 18, 2014 meeting. The Washoe County Health District 2015 Legislative Principles were approved on February 26, 2015 to guide decision making during the session.

**BACKGROUND**

Staff will monitor and provide comment as bill drafts are released and/or legislative action occurs during the period between DBOH meetings. DBOH will be briefed on these comments and activities during the monthly 2015 meetings. These monthly briefings can be used for discussion and for any specific direction the DBOH would like to provide for the Health District's legislative activities.

**FISCAL IMPACT**

Should the Board approve staff's recommendation, there will be no fiscal impact to the adopted FY15 budget

**RECOMMENDATION**

Staff recommends the Board accept the May 2015 Nevada Legislative Session Report [*and provide direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District*].

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to accept the May 2015 Nevada legislative session report, [*and provide direction to staff regarding legislation or legislative issues as may be deemed by the Chair or the Board to be of critical significance to Washoe County Health District*]."

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB4	Hickey	Active	Revises provisions relating to the operation of wineries in Nevada.	AQM; EHS	Monitor	No		Neutral	CA - no impact on AQM ability to permit if necessary BS It does apply to our county but there is no negative impact to us as a Public Health Agency.	Governor	Do pass	Enrolled and delivered to Governor	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB4/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB4/EN.pdf</a>
AB19	Nevada League of Cities and Municipalities	Active	Revises provisions governing timing of adoption of tentative budgets by local governments.	AHS; ODHO	Monitor				AH - yes, AHS should keep an eye on this AB but given that they are not changing the time frame for when the Property Tax projections are due to the County, March 25th is the final proforma from the State, I cannot imagine the County ever moving the public hearing into March but you never know. Health always has the budget done long before the County completes the consolidated budget for the County so I think we are in good shape.	Secretary of State	Do pass	Chapter 49	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB19/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB19/EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB49	Attorney General	Active	Revises provisions governing the unlawful dissemination of an intimate image of another person	CCHS	Monitor				JH - attaching documentation supporting amendments, this bill highlights the need for comprehensive sex ed	Judiciary	Amend and do pass as amended	In Senate. Read first time. Referred to Committee on Judiciary. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB49R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB49R1.pdf</a>
AB52	Leg Comm on Child Welfare and Juvenile Justice	Active	Revises provisions relating to child welfare	CCHS; CD						Secretary of State	Do pass	Approved by the Governor. Chapter 104	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB52EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB52EN.pdf</a>
AB60	Comm on Ethics	Active	Revises provisions of the Nevada Ethics in Government Law	ALL					CA - No significant AQM impact. As an EPA delegated agency AQM already addresses conflict of interest issues (ethics).	Enrollment	Do pass	In Assembly. To Enrollment.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB60R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB60R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB65	Secretary of State	Active	Revises provisions relating to notaries public.	EHS	Monitor				CA - Looks like the District impact will be as an employer of a notary: We can't prevent them from performing notary tasks and we can't advertise thier services. The rest is about training, appointments and penalties	Enrollment	Amend and do pass as amended	Senate Amendment No. 718 concurred in. To enrollment.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB65_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB65_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB77	State Dept of Ag	Active	Makes various changes relating to the regulation of agriculture	EHS	Monitor	Yes	19-Feb		BS - We have talked to both the State Health Division and Department of Agriculture. We have been assured that the program will not change when it moves under Dept of Ag. Bob sat through the hearing on the bill but did not testify. We do not have an issue with the move. We continue to be neutral on the bill CA - AB77 is not applicable to air quality. SK no interest.	Ways and Means	Heard	From printer. To engrossment. Engrossed. First reprint. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB77R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB77R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB79	State Dept of Ag	Active	Revises provisions relating to the State Department of Agriculture and the regulation of agriculture	EHS	Monitor	Yes	19-Feb		BS - This is a companion bill to AB 77. Comments for this bill are the same as it.	Secretary of State	Do pass	Approved by the Governor. Chapter 97	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB79/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB79/EN.pdf</a>
AB83	Attorney General	Active	Revises provisions governing the sale of electronic cigarettes and licensure of machinery used to manufacture cigarettes.	CCHS; EPHP; CD	Monitor				KS - AB83 relates to licensing of cigarette rolling machines. While it's not directly applicable to the HD, it may be something that we would support because it would strengthen continuity of regulations impacting access of cigarettes. This would be something that I would recommend we support, but not necessarily take action on.	Revenue and Economic Development	Amend and do pass as amended	In Senate. Read first time. Referred to Committee on Revenue and Economic Development. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB83/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB83/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB90	Emergency Mgt, DPS	Active	Establishes the Nevada Intrastate Mutual Aid System to create a flexible and scalable method of implementing intrastate mutual aid among political subdivisions, special districts and federally recognized tribes within the State for all hazards	ALL	Monitor				CA - EPHP bill – no AQM impact other than staff with ICS training may be requested to respond. SK it could impact the entire Health District, depending upon the emergency.	Secretary of State	Do pass	Approved by the Governor. Chapter 69.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB90/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB90/EN.pdf</a>



## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB93	Frierson	Active	Requires suicide awareness and prevention training for licensed educational personnel and certain other professionals	CCHS; EPHP; CD	Monitor				SK - Still no mention of nursing, so still no interest on CCHS' behalf. I would continue to monitor, should they decide to add nursing in somewhere along the way. BS - No impacts to us. RT This bill does not appear to have any direct impact on EPHP programs	Commerce, Labor and Energy	Amend and do pass as amended	In Senate. Read first time. Referred to Committee on Commerce, Labor and Energy. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Reports/history.cfm?ID=190">http://www.leg.state.nv.us/Session/78th/2015/Reports/history.cfm?ID=190</a>
AB99	Assemblyman Ellison	Active	Makes various changes relating to nonprofit camping programs for children.	EHS	Monitor					Secretary of State	Do pass	Approved by the Governor. Chapter 98.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB99/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB99/EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB107	Legislative Committee on Education	Active	Revises provisions relating to information included in the annual report of accountability prepared by school districts and sponsors of charter schools	CCHS; CD	Monitor				KS - AB107 is something that I think many of our partners in the area of childhood nutrition would support. I don't see us playing an active role in this legislation, but we may want to continue to monitor it. I think it would supply good data related to income and academic success.	Enrollment	Amend and do pass as amended	Senate Amendment No. 736 concurred in. To enrollment.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB107_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB107_EN.pdf</a>
AB146	Assembly Committee on Transportation	Active	Revises provisions governing motor vehicle licensing.	AQM	Track	Yes	24-Feb	Oppose	CA - Extending smog check on new vehicles from 2 to 4 yrs has fiscal impact. Extending renewal smog check to every 2 yrs has potential environmental impact on ozone attainment status. EPA proposed ozone standard 65-70 ppb. Washoe, Carson, Fernley currently 68-69 ppb	Ways and Means	Amend and do pass as amended	From printer. To reengrossment. Reengrossed. First reprint. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB146_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB146_R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB152	Assemblyman Araujo	Active	Establishes provisions to address childhood obesity for children in child care facilities, including nutrition, physical activity, screen time, and breastfeeding.	CCHS; CD	Track			Support		Transmitted to Assembly	Amend and do pass as amended	From printer. To re-engrossment. Re-engrossed. Second reprint. Read third time. Passed, as amended. Title approved, as amended. (Yeas: 21, Nays: None.) To Assembly.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB152_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB152_R2.pdf</a>
AB156	Assemblyman Thompson	Active	Revises provisions governing family resource centers	CCHS; ODHO	Monitor					Enrollment	Amend and do pass as amended	Senate Amendment No. 664 concurred in. To enrollment.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB156_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB156_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB157	Assemblyman Oscarson	Active	Revises provisions governing service animals.	EHS	Monitor	No		Neutral		Secretary of State	Do pass	Approved by the Governor. Chapter 63.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB157_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB157_EN.pdf</a>
AB158	Leg Comm on Health Care	Active	Provides for certain businesses to obtain and use auto-injectable epinephrine in certain circumstances	CCHS; EPHP	Monitor	No		Neutral	CCHS already has an extensive training and skills evaluation /competency program for Epi admin. No impact to Division at this point. 042115 Still not an issue for CCHS – hope this passes as it would be beneficial for many throughout Nevada.	Governor	Do pass and place on Consent Calendar	Enrolled and delivered to Governor.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB158_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB158_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB163	Assemblyman Hansen	Active	Provides for the establishment of Rangeland Fire Protection Associations	EPHP; EMS; ODHO						General File	Amend and do pass as amended	From committee: Amend, and do pass as amended. Placed on Second Reading File. Read second time. Amended. (Amend. No. 761.) To printer.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB163_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB163_R1.pdf</a>
AB169	Assembly Committee on Health and Human Services	Active	Provides for the collection and application of graywater for a single-family residence.	EHS	Monitor	Yes		Support	Mandates that local jurisdictions allow grey water disposal systems on those lots which are allowed to have onsite sewage disposal. We already allow for it in our regulations	Transmitted to Assembly	Amend and do pass as amended	From printer. To re-engrossment. Re-engrossed. Second reprint. Read third time. Passed, as amended. Title approved. (Yeas: 21, Nays: None.) To Assembly.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB169_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB169_R2.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB199	Legislative Commission	Active	Makes various changes to certain advisory committees in the field of health card	AQM; CCHS; EPHP; CD	Monitor	No			KS - The bill abolishes or makes changes to certain advisory committees. As written, the bill does not affect the Health District, but we will monitor to watch for any changes.	General File	Amend and do pass as amended	From committee: Amend, and do pass as amended.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB199.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB199.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB243	Thompson	Active	Provides for targeted HIV outreach and testing	CCHS; EPHP	Monitor	Yes	4-May	Support with Amendment. Proposed amendment not utilized.	JH - Early detection of Human Immunodeficiency Virus (HIV) is critical in supporting the public health tenets of disease prevention and surveillance. Rapid HIV testing provides accurate screening results while reducing barriers to a person determining their HIV status. <u>The Washoe County Health District (WCHD) supports AB 243, with a minor modification to language specific to informing sexual and drug sharing partners of newly diagnosed individuals (Section 1 (f)). Support of revisions to the current statute will help increase the number of qualified people that can provide rapid HIV testing to people that may be difficult to</u>	Governor	Do pass and place on Consent Calendar	Enrolled and delivered to Governor.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB243_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB243_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB285	Assembly woman Woodbury	Active	Revises provisions governing pupils.	EPHP		Yes			SK - CCHS has no interest in this bill	Governor	Do pass	Enrolled and delivered to Governor	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB285_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB285_EN.pdf</a>



## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB305	Senate Comm on Transporta tion	Active	Revises provisions governing community paramedici ne programs.	EPHP; EMS; ODHO	Monitor	No		Neutral	SK - CCHS has no interest in this bill  CC This bill has a potential impact on us if it is now requiring the Health Authority to do an annual report. FYI to Kevin and our system. CC update: we are neutral on this bill but need to monitor it. There are requirements for the Health Authority to include the permitting process and the annual report but there is a population threshold that has the Health Authority for WC as the State. Last item to watch is the requirement that fire agencies apply to be community paramedice providers.	Governor	Do pass and place on Consent Calendar	Enrolled and delivered to Governor.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB305_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB305_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB307	Assembly woman Spiegel	Active	Makes various changes to the provision of care for children with special needs.	CCHS		Yes				Transmitted to Assembly	Amend and do pass as amended	From printer. To re-engrossment. Re-engrossed. Second reprint. Read third time. Passed, as amended. Title approved. (Yeas: 21, Nays: None.) To Assembly.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB307_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB307_R2.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB308	Assembly woman Woodbury	Active	Revises provisions relating to emergency medical services.	EPHP; EMS	Track	Yes		Neutral	CC - The changes to this bill are good with the splitting out of a concert and then other factors applying. However, the opposition to the bill is due to subsection 2 within each of the three sections of the bill. If the subsection was removed, WCHD should support this bill. 042415 AB308R1 - Our position remains neutral, as you testified to on April 6th. The language in the first reprint is the language we had seen proposed. Towns and townships have been removed, the addition of the firefighting agency and emergency plan as well as the change from 0.07 to 0.7.	Governor	Do pass	Enrolled and delivered to Governor.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB308_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB308_EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB326	Assemblyman Carrillo	Active	Revises provisions governing motor vehicle registration .	AQM	Monitor	Yes	26-Mar	Oppose	CA - The Washoe County Health District supports the proposed changes to NRS 482.3816, contained in Section 1 of Assembly Bill 326, which require proof be submitted upon renewal, satisfactory to the Department of Motor Vehicles, to verify the odometer reading of a passenger car with a special license plate. Washoe County Health District is taking a neutral position on all other changes in the bill. It is anticipated that the language included in Section 1 of AB 326 will support our State Implementation Plans for ozone and carbon monoxide while providing a necessary control measure in the effort to attain the more stringent ozone	Ways and Means	Amend and do pass as amended	From printer. To engrossment. Engrossed. First reprint. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB326_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB326_R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB333	Assemblyman Kirner	Active	Provides for the merger of certain fire protection districts in certain counties.	EPHP; EMS; ODHO		Yes				Secretary of State	Do pass	Approved by the Governor. Chapter 38.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB333_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB333_EN.pdf</a>
AB364	Assemblyman Thompson	Active	Revises provisions governing business licensing.	AQM; EHS		Maybe			CA - requires info received through Silver Flume to remain confidential which conflicts with Health regulations supporting the Freedom of Information Act and permitting/inspection procedures.	Concur/ Not Concur	Amend and do pass as amended	In Assembly	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB364_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB364_R2.pdf</a>
AB405	Assemblyman Hambrick	Active	Enacts provisions for the protection of women.	CCHS		No			JH - No recommendation, refer, continues to be mentioned but not agendized by Senate Finance.	Finance	Mentioned not Agendized	In Senate. Read first time. Referred to Committee on Finance. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB405_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB405_R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
AB409	Assembly woman Seaman	Active	Revises provisions governing cosmetology.	EHS						Commerce, Labor and Energy	Amend and do pass as amended	In Senate. Read first time. Referred to Committee on Commerce, Labor and Energy. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB409_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB409_R1.pdf</a>
AB463	Assembly Committee on Health and Human Services	Active	Revises provisions relating to emergency medical services.	EPHP; EMS	Monitor	No		Neutral	CC - Washoe County does not participate in the licensing of EMS personnel or organizations, that is a State function. However, it would be important to monitor to know of any changes that may impact our regional organizations.	Ways and Means	Without recommendation and refer	Read second time. Rereferred to Committee on Ways and Means. Exemption effective. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB463.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/AB/AB463.pdf</a>
SB15	Senate Comm on Health & Human Services	Active	Revises provisions relating to mental health	CCHS; CD	Monitor			Support	SK - We'll monitor and would support. No fiscal impact. Nurses already are mandatory reporters, this appears to expand the scope of what and to whom to report to.	Second reading	Amend and do pass as amended	From committee: Amend, and do pass as amended.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB15_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB15_R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB29	Nevada Association of Counties	Active	Grants authority for a Board of Commissioners to adopt ordinances regulating specific health and safety issues.	ALL	Track	No		Neutral	CA - Grants authority to BCC unless otherwise assigned to another agency. DBOH has authority so this shouldn't have an effect	General File	Amend and do pass as amended	Read second time. Amended. (Amend. No. 740.) To printer.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB29/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB29/R1.pdf</a>
SB33	Clark County	Active	Revises provisions relating to the public records of county hospitals and meetings of the governing bodies of county hospitals.	EPHP; ODHO						General File	Do pass	Read second time	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB33/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB33/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB49	Clark County	Active	Revises provisions governing the regulation of county emergency shelters for children.	EHS; EHP					SK - No impact to CCHS.	Finance	Amend and do pass as amended	From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB49/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB49/R1.pdf</a>



## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB59	Secretary of State	Active	Revises provisions governing the State Business Portal	ALL	Monitor	Yes	4-Feb	Neutral	<p>SK - No interest to CCHS. CA - This bill has the potential to have a significant impact on the District.</p> <p>The Secretary of State's Office was made aware of the Accela Project at the last session so I expect an update will be provided by someone during this session.</p> <p>The other problem is the State portal is not the most efficient at receiving information so IT continues to work on the problems.</p> <p>2/26 - Amendments presented to emphasize Silver Flume is not intended to be mandatory but enabling and recognizes the effort being put into Accela.</p> <p>No further impacts expected once the amended language is adopted.</p>	Second reading	After Passage Discussion	From committee: Amend, and do pass as amended.	<a href="http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB59R1.pdf">http://www.leg.state.nv.us/Session/78th2015/Bills/SB/SB59R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB65	State Dept. of Conservation & Natural Resources	Active	Makes various changes relating to the adjudication of vested water rights, appropriation of public waters, underground water and wells and planning and development of water resources	EHS						Lost	Mentioned no Jurisdiction	From printer. To engrossment. Engrossed. First reprint. Read third time. Lost. (Yeas: 13, Nays: 8.)	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB65/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB65/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB70	Attorney General	Active	Revises provisions governing meetings of public bodies	AQM; EHS; ODHO	Monitor	No			DS - no fiscal impact, as the only alteration of the secretary's tasks involves signing a form and retaining it with the meeting records. However, retrieving records in the case of a complaint could be time consuming if they are not maintained in a concise and easily accessible way. CA - I agree, there should be no significant fiscal impact since the completion of the Attorney General's form would be the only change. We already keep records and provide them upon request. The Committee's that we are members of already have alternate delegates assigned in writing. I don't believe there's	Enrollment	Do pass	In Senate. To enrollment.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB70/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB70/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB79	Department of Taxation	Active	Clarifies provisions governing taxation of tobacco products other than cigarettes to specifically include the consumable part of e-cigarettes and nicotine heated in a vapor device	CCHS; CD	Monitor			Support		Revenue and Economic Development	Heard, no action	Waiver granted effective: April 10, 2015	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB79.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB79.pdf</a>
SB85	Attorney General	Active	Clarifies provisions of the Nevada Insurance Code	CCHS	Monitor				Currently only pertains to insurance fraud. Plan to monitor to ensure no other language added that may pertain specifically to the WCHD.	Governor	Do pass	Approved by the Governor. Chapter 80.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB85.EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB85.EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB86	PUC of NV	Active	Revises provisions governing pipeline and subsurface safety	EHS						Governor	Do pass	Approved by the Governor. Chapter 81.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB86/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB86/EN.pdf</a>
SB89	EPA Division of Conservation & Natural Resources	Active	Clarifies provisions governing expenditure of money from the Fund for Cleaning Up Discharges of Petroleum	EHS	Monitor			Support	BS - no impacts but we support if needed to.	Natural Resources, Agriculture and Mining	Do pass	In Assembly. Read first time. Referred to Committee on Natural Resources, Agriculture, and Mining. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB89.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB89.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB110	Senator Goicoechea	Active	Revises provisions governing the disposal of abandoned recreational vehicles.	EHS						Transportation	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Transportation. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB110/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB110/R1.pdf</a>
SB122	Senator Denis	Active	Revises provisions relating to recycling.	AQM; EHS	Monitor	Maybe	13-Feb	Neutral	EHS - Does not affect us directly but that could change if amended; AQM - may result in an increase in the number of recycling facilities operating in the area affecting permitting & compliance staff resources	Finance	Without recommendation. Recommended to be re-referred.	From committee: Without recommendation and re-refer to the Committee on Finance. Re-referred to Committee on Finance. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB122.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB122.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB142	Senator Gustavson	Active	Revises provisions governing the equipment and training required to operate a motorcycle .	CCHS; CD						Governor	Do pass	Approved by the Governor. Chapter 83.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB142/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB142/EN.pdf</a>
SB144	Manendo	Active	Revises provisions governing traffic laws	CCHS; CD						General File	Heard	From printer. To reengrossment. Reengrossed. Second reprint.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB144/R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB144/R2.pdf</a>
SB151	Senator Atkinson, Assembly woman Kirkpatrick	Active	Makes various changes concerning infrastructure for natural gas	EHS		Yes				Governor	Do pass	Approved by the Governor. Chapter 59.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB151/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB151/EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB172	Senator Farley	Active	Revises provisions relating to medical students.	CCHS; EPHP		Yes				Chief Clerk's Dek	Do pass	Taken from General File. Placed on Chief Clerk's desk.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB172_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB172_R1.pdf</a>
SB185	Kieckhefer	Active	Makes various changes relating to fire and emergency medical services in Washoe County	EPHP; EMS; ODHO						First Reading	Amend and do pass as amended	In Assembly	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB185_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB185_R2.pdf</a>



## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB196	Senate Comm on Health & Human Services	Active	Revises provisions relating to licensing of medical professionals	CCHS	Monitor			Support	SB 196 would require the State to establish and maintain a Stroke Registry. This would help the NDPBH reach a goal in the State Plan for Chronic Disease Prevention related to the creation of a stroke registry. Some medical providers are already providing this data; this bill will expand the entities that are required to do so. Using the American Heart Association Get with the Guidelines program will help minimize the costs of the program.	Governor	Do pass	Approved by the Governor. Chapter 58	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB196/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB196/EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB205	Leg Comm on Education	Active	Revises provisions relating to plans for schools to use in responding to a crisis or emergency.	EPHP	Track	No		Neutral	CC - WCHD works closely with WCSD on emergency plans, specifically recovery plans. It will be important for EPHP to know if there are legislative actions regarding preparedness.	Governor	Do pass	Approved by the Governor. Chapter 44.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB205_EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB205_EN.pdf</a>
SB214	Senate Committee on Finance	Active	Provides for a statewide strategy regarding receipt of federal funds.	ALL		Yes				Finance	Mentioned no Jurisdiction	From printer. To engrossment. Engrossed. First reprint. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB214_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB214_R1.pdf</a>
SB225	Senator Farley	Active	Revises provisions relating to the regulation of certain products.	CCHS; CD	Monitor	Yes				Judiciary	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Judiciary. To committee	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB225_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB225_R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB273	Senator Hardy	Active	Revises provisions relating to medical records.	AHS; CCHS; EHS; EPHP; CD; EMS	Monitor	No			SK - Correct, monitor/track	Commerce and Labor	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Commerce and Labor. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB273/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB273/R1.pdf</a>
SB276	Senator Segerblom	Active	Revises provisions governing medical marijuana dispensaries.	AQM; EHS	Track	No		Neutral	CA - Bill establishes a one time increase in number of approved dispensaries registration certificates issued by State Health	Finance	Amend and do pass as amended	Withdrawn from committee. Re-referred to Committee on Finance. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB276.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB276.pdf</a>
SB281	Senator Hammond	Active	Revises provisions relating to certain businesses.	EHS	Monitor			Neutral	BS - We are interested. We have no problem with the bill, so we should stay neutral on it but we do want to keep an eye on it and find out more about what is motivating this.	Governor	Do pass	Approved by the Governor. Chapter 86.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB281/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB281/EN.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB291	Senate Majority Leader	Active	Revises provisions relating to civil actions.	AHS; AQM; EHS; EPHP; ODHO		No			SK - no interest for CCHS. CA - no AQM impact	Judiciary	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Judiciary. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB291_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB291_R2.pdf</a>
SB292	Senate Majority Leader	Active	Revises provisions relating to medical malpractice.	CCHS; EPHP						Second reading	Amend and do pass as amended	From committee: Amend, and do pass as amended. Placed on Second Reading File.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB292.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB292.pdf</a>
SB300	Senate Majority Leader	Active	Revises provisions relating to comparative negligence.	AQM; CCHS; EHS; EPHP; EMS		Maybe				Judiciary	Heard, no action	Waiver granted effective: April 8, 2015	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB300.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB300.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB305	Senator Segerblom	Active	Authorizes industrial hemp farming in Nevada and makes various other changes relating to hemp	AQM; EHS	Track	No		Neutral	CA - cultivation may be exempt per agricultural exemption, however, processing of industrial hemp will be regulated by AQM	Natural Resources, Agriculture and Mining	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Natural Resources, Agriculture, and Mining. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB305/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB305/R1.pdf</a>
SB314	Senate Majority Leader/Assemblyman Thompson	Active	Revises provisions governing health districts.	ODHO	Monitor	No		Neutral	KD - Changes administration of Health District in Counties of 700,000+. A Southern Nevada issue sponsored by S. Nevada legislators.	General File	Do pass	Read second time.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB314/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB314/R1.pdf</a>
SB327	Senator Farley	Active	Revises certain provisions governing air ambulances.	EPHP; EMS						Second reading	Amend and do pass as amended	From committee: Amend, and do pass as amended.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB327/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB327/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB330	Senator Lipparelli	Active	Revises provisions related to education.	CCHS; CD		Yes				Second reading	Amend and do pass as amended	From committee: Amend, and do pass as amended.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB330_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB330_R2.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB386	Senator Manendo	Active	Revises provisions relating to motor vehicles.	AQM; EHS	Track	No		Neutral	CA - Bill establishes the requirement for a smog station technician to determine if the "check engine" light is on prior to running a test. If the light is on, the test will not pass, this bill requires the technician to inform the driver that the test cannot be completed and there will be no charge. The bill has no significant air quality impact but does provide a sense of customer service by avoiding tests that are sure to fail. Smog check is required by the I/M program and included in the State SIP. 042115 AQM will remain neutral on this bill as amended. If the vehicle is tested and fails, it will be required to get repaired. If they advise the owner that it	Finance	Amend and do pass as amended	Taken from General File. Referred to Committee on Finance. To committee. Exemption effective.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB386/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB386/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB402	Senator Denis	Active	Makes various changes concerning prevention and treatment of obesity.	CCHS; CD		Yes	4-May		KS - Testified on 5/4 (Assembly Health and Human Services Committee) in support of amendment adding language about height and weight collection in schools	General File	Amend and do pass as amended	From printer. To engrossment. Engrossed. First reprint.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB402_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB402_R1.pdf</a>
SB441	Senate Committee on Commerce, Labor and Energy	Active	Revises provisions relating to cottage-food industries.	EHS	Track	Yes	6-Apr	Oppose	bill would allow high hazard home pickling of vegetables and fruit and then allow them to be sold to the general public with no permitting or inspection oversight	General File	Do pass	Read second time.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB441_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB441_R1.pdf</a>



## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB459	Governor	Active	Establishes Opioid Overdose Prevention Policy for Nevada	CCHS	Monitor				See SB309 SK - follow until we know more. JH - (this is super important to syringe service programs and is being backed by NNOT) JH- Attending SB459 joint HHS committee today and signing in as support. Many community partners, First Lady Sandoval, UNR CHS, Judge Nash Holmes will be testifying in support. SB459 was proposed by the Governor. Both bills may end up together.	Governor	Mentioned no Jurisdiction	Approved by the Governor. Chapter 26.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB459/EN.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB459/EN.pdf</a>
SB481	Senate Committee on Government Affairs	Active	Limits the information that a city or county may request from a public utility	AQM; EHS	Track			Neutral	CA - AQM provides for information to be kept confidential so there shouldn't be any conflict in keeping utility company asset & infrastructure information confidential	Government Affairs	Amend and do pass as amended	In Assembly. Read first time. Referred to Committee on Government Affairs. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB481/R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB481/R1.pdf</a>

## 2015 Legislative Tracking Report

No new Bill language or BDRs introduced  
since April 23, 2015 (date of last report)

Bill	Sponsor	Status	Summary	Division	Track/ Monitor / No Int.	Testify	Testify Date	Support/ Oppose	Evaluation	Status/ Location	Last Meeting Action	Most Recent History Action	Link
SB483	Administration, Department of	Active	Increases cigarette tax.	CCHS; CD	Monitor					Taxation	After Passage Discussion	In Assembly. Read first time. Referred to Committee on Taxation. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB483_R1.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB483_R1.pdf</a>
SB503	Governor	Active	Provides for the implementation of a "Breakfast After the Bell" program in certain public schools	CCHS; CD	Monitor					Ways and Means	After Passage Discussion	In Assembly. Read first time. Referred to Committee on Ways and Means. To committee.	<a href="http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB503_R2.pdf">http://www.leg.state.nv.us/Session/78th/2015/Bills/SB/SB503_R2.pdf</a>

**AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**DATE:** May 15, 2015

**TO:** District Board of Health

**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us

**SUBJECT:** Program Update, Divisional Update, Program Reports

---

**1. Program Update**

- a. The American Lung Association issued their 16<sup>th</sup> annual national report card in April with Washoe County receiving mixed reviews. The report card grades the air quality in communities across the country based on an analysis of monitoring data collected over a three year period and assigning a weighted average for days when air pollution reaches higher levels. The 2015 report card includes monitoring data collected between 2011 and 2013. To put the amount of data collected into perspective, there are less than 1,000 of the 3,068 counties in the U.S. that collect data and submit it to the U.S. Environmental Protection Agency. Washoe County AQMD operates eight monitoring stations which measure concentrations of criteria pollutants including particulate matter (PM10 and PM2.5), ozone, oxides of nitrogen, carbon monoxide, and sulfur dioxide.

The 2015 report card, available at [www.stateoftheair.org](http://www.stateoftheair.org), gave Washoe County a “C” for ozone, an “F” for short term particulate pollution, and a “Pass” for annual particulate pollution. The low grade for short term particulate pollution was the result of the strong wintertime temperature inversions experienced during 2013 and wildfire impacts. Since the grades are based on a rolling three year weighted average, we are expecting low grades in this category for the next few years as a result of the impacts from the American and Rim Fires in 2013 and the King Fire in 2014.

The report actually cited six cities with a record number of short-term spikes in particulate pollution including Visalia, CA; greater San Francisco, CA (including San Joaquin County); Fairbanks, AK; Phoenix, AZ; Yakima, WA; and Reno, NV. The increase in particulate pollution is thought to be a result of the continued drought and

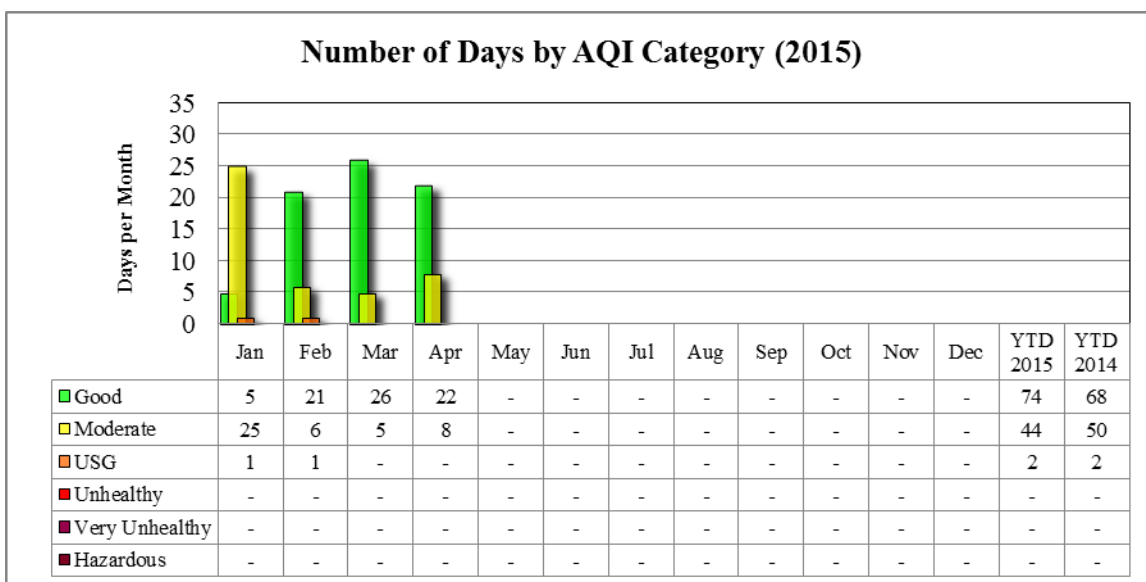
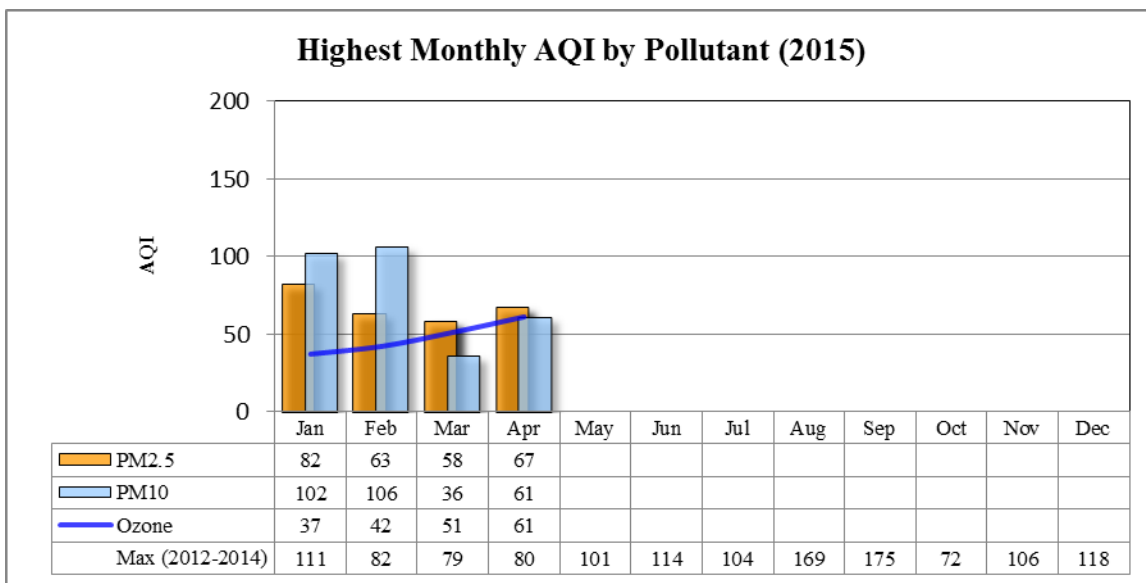
heat resulting in increased dust, grass fires, and wildfires. The report also identifies burning wood as a heat source as contributing to the problem in many smaller cities. This reinforces the importance of local air pollution control programs like our Know the Code burn code program.

The report emphasizes the importance of “meeting air pollution challenges head-on” in order to protect the health of millions of Americans living with asthma and chronic obstructive pulmonary disease. The report identified the following at-risk patient population in Washoe County: 7,761 pediatric asthma; 25,462 adult asthma; 22,560 COPD; and 29,797 cardiovascular disease. These numbers represent the most vulnerable members of our population which we have been delegated the responsibility to protect. As we move forward with the development and implementation of additional control strategies, especially with consideration of the new ozone standard expected later this year, we will continue to focus our efforts to Keep it Clean.

Charlene Albee, Director,  
Air Quality Management Division

## 2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of April. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit [www.OurCleanAir.com](http://www.OurCleanAir.com) for the most recent AQI Summary.

### **3. Program Reports**

#### **a. Monitoring & Planning**

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of April.

Smoke from enormous wildfires in Siberia reached the jet stream and eventually caused hazy conditions in Northern California, Oregon, and Washoe County. The smoke reached the Truckee Meadows on April 18 and persisted for several days. The highest AQI during that period was 67 for fine particulates. Although this is still in the lower end of the moderate range, it was much higher than the 20-30 range that we would normally expect for April.

EPA formally approved AQMD's request to close the Galletti monitoring station and establish a new station at Lazy 5 Park in Spanish Springs. On May 5, the Open Space and Regional Parks Commission supported the new Spanish Springs station. The Commission will recommend to the Board of County Commissioners that AQMD be allowed to establish a new station at Lazy 5 Park. This will be the second Health District - Parks Department air monitoring partnership. AQMD has been operating a monitoring station at Lemon Valley Park since 1987.

The AQMD prepares an annual report summarizing the previous year's air monitoring data. The report also includes a ten-year trend for each pollutant monitored. This year's report is complete and on this month's DBOH agenda for acceptance. It is also available at [OurCleanAir.com](http://OurCleanAir.com).

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting & Enforcement

Type of Permit	2015		2014	
	April	YTD	April	Annual Total
<b>Renewal of Existing Air Permits</b>	125	426	129	1328
<b>New Authorities to Construct</b>	12	52	15	133
<b>Dust Control Permits</b>	16 (351 acres)	43 (561 acres)	12 (162 acres)	114 (1172 acres)
<b>Wood Stove Certificates</b>	36	108	37	322
<b>WS Dealers Affidavit of Sale</b>	8 (6 replacements)	37 (28 replacements)	7 (6 replacements)	105 (80 replacements)
<b>WS Notice of Exemptions</b>	752 (2 stoves removed)	2164 (9 stoves removed)	724 (7 stoves removed)	7143 (63 stoves removed)
<b>Asbestos Assessments</b>	96	405	90	862
<b>Asbestos Demo and Removal (NESHAP)</b>	36	115	12	199

Staff reviewed thirty-eight (38) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Phase I of the Pyramid-McCarran Roadway Expansions Project is now complete. This phase involved the abatement and demolition of 33 residences, of which 31 were abated of all asbestos. As of this date the second phase asbestos surveys have not been provided to AQMD. The dates for Phase II have not yet been set.
- AQMD permitting staff continues to work with the other local agencies for the Accela Automation transition. AQMD staff has completed the review of the Asbestos Permit record type and it will be the first permit type ready to be configured for AQM.
- Inspection staff has performed a walk through for Phase II of the Southeast connector. AQMD staff met with Granite Construction staff to discuss project phasing Granite responsibilities and AQMD concerns and expectations.

Staff conducted seventy-one (71) stationary sources and fifty-three (53) gas station inspections in April 2015. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2015*		2014	
	April	YTD	April	Annual Total
Asbestos	3	10	2	27
Burning	0	1	0	9
Construction Dust	6	15	2	53
Dust Control Permit	0	0	0	20
General Dust	1	11	6	52
Diesel Idling	0	0	2	3
Odor	1	9	0	16
Spray Painting	1	4	2	8
Permit to Operate	1	5	0	31
Woodstove	1	9	0	12
<b>TOTAL</b>	<b>14</b>	<b>64</b>	<b>14</b>	<b>231</b>
NOV's				<b>Annual Total</b>
Warnings	1	11	5	41
Citations	2	4	1	11
<b>TOTAL</b>	<b>3</b>	<b>15</b>	<b>6</b>	<b>52</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.



**COMMUNITY & CLINICAL HEALTH SERVICES DIRECTOR STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**DATE:** May 14, 2015  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
 775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Program Report – Teen Pregnancy Prevention Month, Divisional Update,  
 Program Reports

---

**1. Program Report – May is Teen Pregnancy Prevention Month!**

The National Campaign to Prevent Teen and Unintended Pregnancy indicates that the nation's teen pregnancy rate has declined 51% since 1990 (according to 2010 data). There have been impressive declines in all 50 states and among all racial/ethnic groups. Despite this progress, nearly three in 10 girls get pregnant by age 20. Nevada is currently ranked 35<sup>th</sup> nationally for teen birth rates with 50<sup>th</sup> being the worst. The Nevada teen birth rate is reported at 30.3 per 1,000 population for girls, aged 15-19 years. In Washoe County, that birth rate is better, at 26.9 per 1,000 population for girls aged 15-19 years for 2013 (preliminary data from the State Division of Public and Behavioral Health). Washoe county birth rates have followed the National trend and have declined 38% over the last 10 years.

According to health officials, the majority of teens in Nevada are engaging in safe sex behavior. In 2013, the percent of high school students in Nevada that reported having had sexual intercourse was 43.8%. Of the surveyed sexually active high school students, 84% reported using a method of contraception the last time they had sexual intercourse.

Washoe County Health District is now on social media. Like our “Sexual Health Program – Washoe County Health District” Facebook page or follow us on Twitter at “Sexual Health (@SexualHealthWC)” for information on sexual health and wellness. These pages will target teen pregnancy prevention throughout the month of May.

An interactive online quiz is available for teens that will give them the chance to better predict sexually high risk situations that may arise in the future. This allows teens time to consider options in advance of unexpected circumstances thus encouraging them to be better prepared.

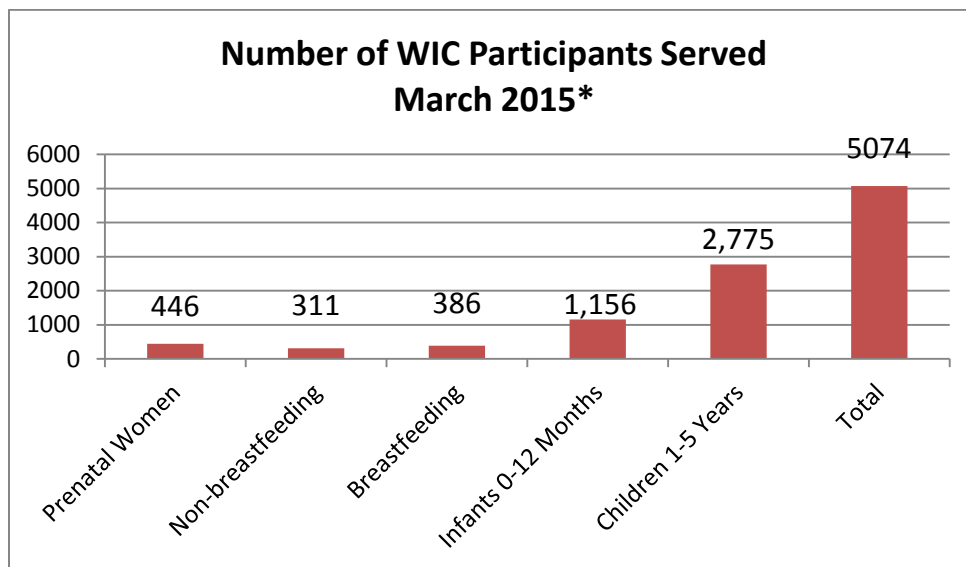
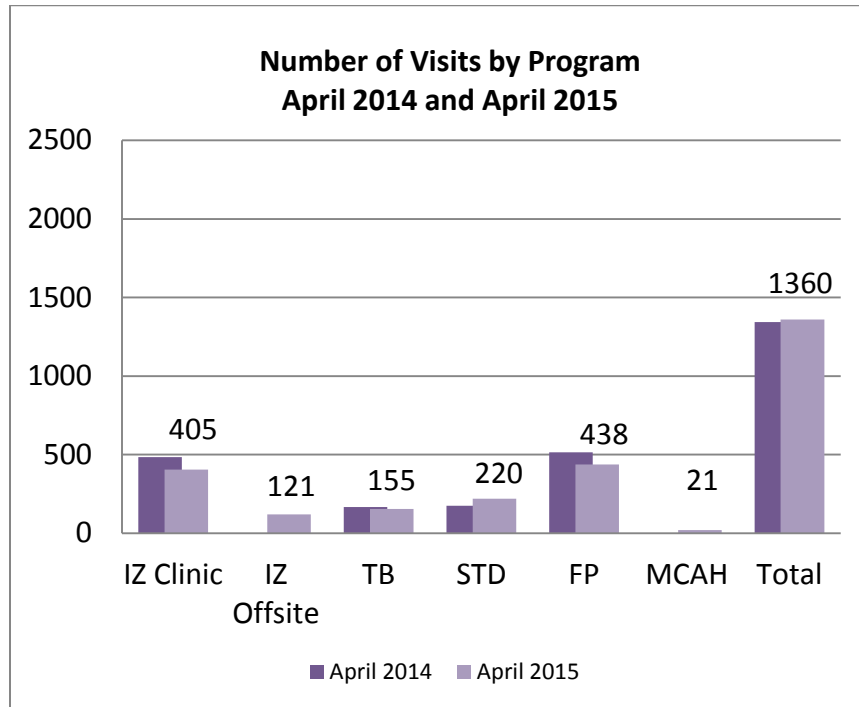
Throughout May, our clinical staff will promote the online quiz to our clients, requiring them to visit our Facebook and Twitter pages for a direct link. Additionally, there will be a bi-weekly drawing for a \$10 Walmart gift card, for those individuals who notify our staff of their quiz completion through social media messaging.

A press release regarding Health District Teen Pregnancy Prevention and Family Planning Services was produced this month (see attached).

## **2. Divisional Update –**

- a. Lisa Lottritz, Public Health Nursing Supervisor, won the award for Community Health Nurse of Achievement at the annual Northern Nevada Nurse of Achievement Awards, on May 8, 2015. Lisa has worked for the Health District for almost 20 years, working in various clinics and programs, and became a program supervisor a little less than two years ago. Lisa currently supervises the Maternal Child Adolescent Health, STD and TB Programs.
- b. Electronic Health Record (EHR) Database – Reference checks on the Patagonia Health EHR database have been completed, and were very impressive. I am currently working with our Administrative Health Services Officer to see if we can purchase the database.
- c. Revenue and Reimbursement – The agreement with Immunize Nevada (IZ NV) has been executed, and the IZ NV staff member will begin working with us improving our coding for cleaner claims, credentialing of our APRN staff, contracting with commercial insurance plans, and working with us to develop policies and procedures for these activities, all which should improve reimbursement and revenue for CCHS.

d. Data/Metrics –



\*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

### 3. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Staff conducted a site visit to the Southern Nevada Health District on April 30, 2015 to review program processes, data collection and reporting flow, and structure of their Sexual Health program. The Sexual Health team continues with efforts to improve clinic flow and the investigation process in order to more effectively meet community needs.

Staff presented STD treatment guidelines at the Division of Public and Behavioral Health's Annual Community Health Nurse Conference on May 7, 2015, which was also an opportunity to network with Public Health Nurses from the rural counties.

- b. **Immunizations** – Lynn Shore and Sara Dinga were awarded the "Innovation in Immunization" Immunize Nevada Silver Syringe Award on April 17, 2015, for their efforts in training local firefighters and EMTs to administer vaccinations in the event of a public health emergency. Approximately 300 first responders have received this training in the past 1-1/2 years.

Clerical staff are continuing their efforts to streamline the registration and check-out processes. This has helped to increase the number of walk-in clients seen by the Immunization Program.

Staff are conducting Spring Tdap School Located Vaccination Clinics (SLVCs) and a Boys and Girls Club clinic in partnership with Immunize Nevada.

- c. **Tuberculosis Prevention and Control Program** – Staff presented to 35 University of Nevada, Reno medical students, the week of April 20, 2015. The students came to the TB clinic in groups of 5-10 for a presentation and tour of the clinic.

Jessica Ponce, the CDC Public Health Associate assigned to the TB clinic, graduated from the program and accepted a Health Education position in San Jose, California. Holly McGee attended TB intensive training at National Jewish in Denver the week of April 13, 2015.

- d. **Family Planning/Teen Health Mall** – Please see item one, above, for this month's report.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff submitted the Fund for a Healthy Nevada grant application within a very short timeline. This grant would allow the program to continue specific tobacco prevention and control efforts for the next two fiscal years.

Staff attended two state-sponsored workshops including a tobacco program grant evaluation workshop and a chronic disease policy, systems and environmental change development course. Staff continue to work on legislative activities related to tobacco and obesity.

Nevada Public Health Association's Northern Nevada Chapter, Washoe County Health District and the University of Nevada, Reno's Graduate Society for Public Health collaborated to implement a free educational event addressing Big Food's role in contributing to overweight and obesity in the United States. Daniel Cook, PhD, immediate Past President of the Nevada Public Health Association and University of Nevada, Reno academic faculty, kicked off the event highlighting food industry marketing practices and policy in his keynote speech. The film "Feeding Frenzy: The Food Industry, Marketing & Creation of a Health Crisis" was shown to the 30 participants. Brief discussion followed by the distribution of raffle prizes to participants concluded the event.

Nineteen childcare centers that completed and implemented wellness policies with nutrition and physical activity components were acknowledged with Certificates of Recognition. Staff are also increasing efforts with out-of-school time providers (before and after school programs) to assist in the implementation of wellness policies.

Staff attended the City of Reno's Crime Free Class on April 22, 2015, and presented information about the Health District's Smoke-Free Living Program to fourteen multi-unit housing owners and managers. The presentation provided information regarding the benefits of smoke-free housing, how to adopt a smoke-free policy, as well as resources to assist properties interested in pursuing changes.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal-Infant Mortality Review (FIMR) program held the first Community Action Team (CAT) meeting on April 20, 2015. The team reviewed the FIMR process and the role of the CAT. The next meeting will be held in September to discuss recommendations from the Case Review Team and potential community actions. The FIMR team is collaborating with the Northern Nevada Maternal Child Health Coalition to update the 211 resource data base.

Jan Houk recently attended the Screening, Brief Intervention, and Referral to Treatment (SBIRT) training. SBIRT is an evidence-based approach to addressing unhealthy alcohol, tobacco and drug use with patients. The plan is to utilize this assessment tool in the Maternal Child Health Clinic.

- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – In April, 2015, twelve hundred seventy-three (1,273) clients visited WIC clinics for free health assessments, nutrition education, professional dietary counseling, breast feeding assistance (including breast pumps), and referrals to other services.

In the second year of the “Choose Your Partner Carefully” collaborative project between WIC and UNLV, researchers surveyed WIC clients at the two largest WIC clinics. The purpose of the study is test specific education effectiveness in reducing the incidence of violence in the home.

As part of the “Loving Support” breastfeeding campaign, WIC began Phase I of a study being done by UNR on the effectiveness of WIC breastfeeding services. Voluntary WIC participants were surveyed on their perceptions of WIC breastfeeding services. This first phase will end June 30, 2015, with the second phase beginning July 1, 2015. Results are expected in 2016, and may help secure funding for additional breastfeeding resources for WIC and contribute to the evaluation component of public health accreditation, should the Health District move forward on this initiative.

May 1, 2015

## PRESS RELEASE

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.

### MEDIA CONTACT

**Phillip Ulibarri, Communications Manager**

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520

Office: 775-328-2414 | Cell: 775-772-1659 | P.Ulibarri@washoecounty.us | washoecounty.us/health



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

## May is Teen Pregnancy Prevention Month

### *Prevention education and services are available for our community's youth*

May is Teen Pregnancy Prevention Month, and local health officials remind residents that Washoe County continues efforts to reduce teen and unintended pregnancy, while promoting women's health. The Washoe County Health District offers a variety of family planning services through their Family Planning Clinic and Teen Health Mall. Services include: physical examinations; counseling, education about sexuality and risks of sexually transmitted diseases; pregnancy testing and referral; and, contraception and contraception counseling. For an appointment or more information, call 775-328-2470 or visit [www.washoecounty.us/teenhealthmall](http://www.washoecounty.us/teenhealthmall).

The most current information available from the National Campaign to Prevent Teen and Unintended Pregnancy indicates that the nation's teen pregnancy rate has declined 42% over the past two decades and the teen birth rate has been cut nearly in half. There have been impressive declines in all 50 states and among all racial/ethnic groups. Despite this progress, nearly 30% of teenage girls get pregnant by age 20.

According to health officials, 43.8% of high school students in Nevada reported having had sexual intercourse. Of those sexually active high school students, 84% reported using a method of contraception the last time they had sexual intercourse. Nonetheless, nearly all teen pregnancies are unplanned.

A major study reports that teenage mothers tend to have more physical and psychological problems, less stable employment, and greater reliance on social assistance including welfare. It also indicated that teenage mothers have higher poverty rates, lower graduation rates, and more marital and relationship instability. Children born to teen mothers are more likely to face challenges as well, such as: low birth weight, poverty, living in single-parent homes, abuse and neglect, trouble with school achievement, and being at risk for becoming teen parents. Visit [www.thenationalcampaign.org](http://www.thenationalcampaign.org) for the complete study.

An interactive on-line quiz is available for teens that will give them the chance to better predict sexually high risk situations that may arise in the future. This allows teens time to consider options in advance of unexpected circumstances thus encouraging them to be better prepared. Visit [www.stayteen.org](http://www.stayteen.org) for more information.

Washoe County Health District is now on social media. Like our "Sexual Health Program – Washoe County Health District" Facebook page or follow us on Twitter at "Sexual Health (@SexualHealthWC)" for information on sexual health and wellness. These pages will target teen pregnancy prevention throughout the month of May.

# # #

**About Washoe County Health District:** The Washoe County District Board of Health, through the Washoe County Health District, has jurisdiction over all public health matters in Washoe County, Nevada. Its mission is to protect and enhance the quality of life for all citizens of Washoe County through health promotion, disease prevention, public health emergency preparedness, and environmental services. The Board of Health is composed of seven members, including two representatives each from Reno, Sparks, and Washoe County, and a physician licensed to practice medicine in Nevada.

**ENVIRONMENTAL HEALTH SERVICES  
DIRECTOR STAFF REPORT  
BOARD MEETING DATE: May 28, 2015**

**DATE:** May 8, 2015  
**TO:** District Board of Health  
**FROM:** Robert O. Sack, Division Director, Environmental Health Services (EHS)  
775-328-2644; [bsack@washoecounty.us](mailto:bsack@washoecounty.us)  
**SUBJECT:** EHS Division Update, Program Updates - Food, IBD, Land Development, Vector-Borne Disease, Waste Management, and EHS Inspections / Permits / Plan Review.

---

**DIVISION UPDATE**

- Opening Pools and Spas for the season is currently a priority for field staff with summer approaching.

**PROGRAM UPDATES**

**Food**

- The EHS student intern from the UNR, School Of Community Sciences completed her projects this month. Projects included the development of a slideshow presentation aimed at explaining the proposed regulatory requirement of no bare hand contact with ready-to-eat foods, development of a step-by-step guidance document and application process for food establishment operators who wish to apply for an exemption from this requirement, and participation in a workgroup for the division wide social media campaign.
- Staff from the Food Protection Program and the Land Development Program attended a two day training hosted by the US Food and Drug Administration (FDA). The training was focused on the 2013 FDA Food Code which is largely similar to the proposed amendments to the food establishment regulations presented at the April 2015 Board meeting. Additionally, three staff members attended an FDA Plan Review Training Course paid for by an FDA Grant which supports the FDA Retail Standards Program.
- Food Protection Program staff gave a presentation to UNR students on the responsibilities of the EHS division including an overview of each program and the associated duties.
  - Special Events - Staff reviewed a business license for CrossReno, a new bicycle racing event coming in September. Other large events that were reviewed and permitted coming in May include Cinco de Mayo and Reno River Festival. An additional 21 business licenses were reviewed for the coming Events season. Earthday was one of the busiest on record with fourteen permits. All food vendors were inspected by Special Events Program Staff and all large food vendors either sold out of food or nearly sold out of food. Program staff is anticipating the busiest events season since the recession. The Special Events Program is also in the process of automating with a bid going out for handheld devices for field inspections and has worked with consultants from TruePoint on integrating program forms into Accela.





### **Invasive Body Decoration (IBD)**

- Staff spent the month of April reviewing applications and licensure for the SilverState Tattoo Convention. This is the second large IBD show to hit Reno in the past 2 months. Additionally, Rockabilly Riot is looking to increase their number of body art vendors at their event in June.

### **Land Development**

- The Program continues to see month after month growth in the construction on-site septic and well work.

### **Vector-Borne Disease**

- The Program's first helicopter application will occur on May 14 with treatment of 450-500 acres in the Truckee Meadows Community. Staff is responding to small bodies of water for treatment as well as calls from our community with the presence of adult mosquitoes. With the mild winter and warm spring it is not surprising the mosquito season has begun since these insects life cycle is dependent on warm temperatures. The Program will begin to monitor mosquitoes that carry West Nile virus by collecting through trapping, adult mosquitoes identifying and submitting to the Animal Diseases laboratory if they are transmitting West Nile virus or other mosquito transmitted diseases. With the recent work shops that staff has attended, *Aedes aegypti* a mosquito that transmits dengue, yellow fever and chikungunya virus has spread to other counties in southern California and detected in the San Joaquin Valley. This mosquito lays eggs in artificial containers in urbanized areas and prefers to be inside. The Program's weekly disease surveillance trapping will detect if new mosquito species enter Washoe County.

- Staff was in Carson City the second week in May for droplet testing of the foggers and continuing education. The droplet testing done annually with the foggers is to ensure the equipment is delivering the misting material in an effective manner. The droplet testing of the equipment brings the Program in compliance with the Nevada Department of Agriculture by ensuring the equipment is calibrated and performing as required by law.



- The Program received confirmation on the first positive bat with rabies in Washoe County. Three individuals who interacted with the bat are going through medical treatment.
- Our public health interns will be through with their final exams and will start full time the week of May 11. Training has begun with the three new interns in surveillance, larval dipping, accessing the GIS program to download data for inspections of bodies of water and more.
- Staff has been busy in the review of civil/building plans, reviewing 10 projects and signing off on two plans this past month.

### **Waste Management**

- The Washoe County Recycling Rate for the 2014 calendar year has been calculated and submitted to the Nevada Division of Environmental Protection as required. The attached report shows the County's municipal solid waste recycling rate dropped from 37% in 2013 to 34% in 2014. The overall recycling rate when adding construction and demolition debris dropped from 44% to 41% for the same period. Of special note is the fact that overall waste generation within the County dropped 12% from 2013 to 2014.

- The Program provided funding and support of Keep Truckee Meadows Beautiful Great Cleanup Day, providing over 30 dumpsters to remove the wastes collected during the event. Attached to this report is a press release regarding the success of the cleanup activities.

**EHS 2015 Inspections/Permits/Plan Review**

	JAN 2015	FEB 2015	MAR 2015	APR 2015	Mo. Avg
Child Care	5	11	5	16	9
Complaints	49	53	77	73	63
Food	404	543	536	394	469
General	63	103	108	109	96
Plan Review (Commercial Food/Pool/Spa)	19	10	13	8	13
Plan Review (Residential Septic/Well)	46	57	45	48	49
Residential Septic/Well Inspections	33	76	86	85	70
Temporary Food/Special Events	26	46	60	72	51
Well Permits	8	12	11	13	11
Waste Management	8	21	32	16	19
<b>TOTAL</b>	<b>661</b>	<b>932</b>	<b>973</b>	<b>834</b>	<b>850</b>

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

# New food regulations proposed in Washoe County

## [New Food Regulations for Washoe](#)

Published: 4/23 12:24 pm

Updated: 4/23 2:17 pm

RENO, Nev. (MyNews4.com & KRNV) -- New food regulations proposed by the Washoe County Health District represent a significant change from the existing regulations adopted over 20 years ago. The proposed regulations will bring the Health District in line with Federal FDA recommendations and are very similar to the State food regulations.

Some of the proposed changes include: a new format and look; no bare hand contact with ready-to-eat foods; changes to Food Manager Certification requirements; and, an overall emphasis on making food establishments responsible for safely handling food. The proposed regulations will be more flexible in accommodating new science, technology, and food handling techniques.

The Washoe County Health District will hold several meetings including workshops and a public hearing to inform the community about proposed amendments to Washoe County's food regulations. The purpose of the workshops is to provide businesses and individuals affected by these regulation changes additional information and opportunity for input.

Public comment and information collected at the workshops will be considered to develop recommendations for the Washoe County District Board of Health. The board will then be provided a formal notice of the proposed changes and hold a Public Hearing where it will have the opportunity for public input and to take action on the proposed rules.

*The meetings to review proposed food regulation changes are scheduled for:*

WORKSHOP - Wednesday, March 11, 2015 (5:30 - 7:30 p.m.)

WORKSHOP - Thursday, March 12, 2015 (9:30 - 11:30 a.m.)

NOTICE OF PROPOSED CHANGE - Thursday, April 23, 2015 (1 p.m.)

PUBLIC HEARING - Thursday, May 28, 2015 (1 p.m.)

All meetings, with the exception of the March 12, 2015 meeting, will be held in the South Auditorium of the Washoe County Health District at 1001 E. Ninth Street, Bldg. B, in Reno, Nevada. The March 12, 2015 meeting will be held in the Central Conference Room of the Washoe County Complex at 1001 E. Ninth Street, Building C, in Reno, Nevada.

Proposed regulation changes to the regulations can be found [HERE](#). For questions or more information, contact Amber English at (775) 328-2629 or email [aeenglish@washoecounty.us](mailto:aeenglish@washoecounty.us).

# 600 Turn Out Saturday to Clean-Up Washoe County

Updated: Sun 10:53 AM, May 03, 2015



[Army](#) Guard Helicopter - Chris Buckley, KOLO 8 News Now

RENO, NV – More than 600 Washoe County residents volunteered to clean up illegal dumpsites and invasive weeds at 18 sites during Keep Truckee Meadow's [Beautiful](#) Great Community Cleanup on Saturday, May 2, 2015.

According to KTMB, volunteers removed 74 tons of trash, 33 tons of invasive weeds and almost 600 tires for a cleanup total of 123 tons. Volunteers also removed [graffiti](#), painted, and wrapped trees.

"We had [perfect weather](#) this year," said Jaime Souza, KTMB program manager. "Our volunteers pulled and dug a record number of invasive weeds – great news in this dry year."

Those weeds will be composted for the first time this year, and next week, during International Compost Awareness Week, KTMB staff will be collecting compost and delivering it to [schools](#) and other area garden projects. This addition to KTMB's Great Community Cleanup is made possible by a Think Green grant through Waste Management and a partnership with RT Donovan.

The Nevada National Guard also removed 18 abandoned [cars](#) from the Hunter and Alum creek areas.

KTMB volunteers are individuals, families and groups from all over the community, including the event sponsor, Intuit, and all the event partners: Truckee River [Fund](#), Barrick Gold Corporation, NV Energy, Orange Tree Productions, REI, Truckee Meadows Water Authority, Waste Management, cities of Reno and Sparks, Sun Valley General Improvement District, Washoe County, Washoe County Health District and the Washoe County Sheriff's Office.

To find out how you can help call 851-5185 or [visit](#) [ktmb.org](http://ktmb.org).

**\*\*WASHOE COUNTY\*\***

**2014 RECYCLING RATE**

34%

REPORTING PERIOD: 1/1/14 - 12/31/14

RECYCLED MSW	# OF TONS
<b>Paper</b>	
Corrugated cardboard	29,079.12
Newspaper	548.44
Office paper	1,117.69
Magazines	972.25
Telephone books	5.06
Mixed paper	11,878.61
<b>Paper Total</b>	<b>43,601.17</b>
<b>Metals</b>	
Aluminum containers	10,167.43
Tin/steel containers	19,625.01
Ferrous scrap metals	47,971.40
Non-ferrous scrap metals	6,413.43
Appliances (white goods)	6,438.00
<b>Metals Total</b>	<b>90,615.27</b>
<b>Plastic</b>	
Plastic (PET)	42.42
Plastic (HDPE)	19.84
Mixed plastic	4,222.53
Plastic film	3,320.09
Polystyrene	15.25
Other (PVC, LDPE, PP)	114.26
<b>Plastic Total</b>	<b>7,734.39</b>
<b>Glass</b>	
Glass whole (wine/beer bottles)	0.00
Clear crushed	0.00
Green crushed	0.00
Amber/Brown crushed	0.00
Commingled crushed	5.00
<b>Glass Total</b>	<b>5.00</b>
<b>Organic Material</b>	
Yard debris	7,097.38
Food waste	12,153.26
BioSolids	39,594.33
Restaurant grease	9,466.81
Rendered animal matter	3,220.33
<b>Organic Material Total</b>	<b>71,532.11</b>
<b>Special Waste</b>	
Commercial used oil	4,406.82
Residential used oil	no longer counted per EPA guidelines
Commercial used batteries	no longer counted per EPA guidelines
Residential used batteries	no longer counted per EPA guidelines
Used tires	2,491.23
Commercial used anti-freeze	376.65
Residential used antifreeze	no longer counted per EPA guidelines
Paint	0.00
Household Hazardous Waste	28.00
<b>Textiles</b>	
Textiles	226.85
Other (specify)	0.00
Other (specify)	0.00
<b>Textiles Total</b>	<b>226.85</b>
<b>Other Recycled MSW</b>	
Toner Cartridges	0.69
Other (computers)	371.50
Other (waste ink)	0.00
Other (specify) Durable Goods	0.00
<b>Other Rec. Materials Total</b>	<b>372.19</b>
<b>TOTAL RECYCLED MSW</b>	<b>221,389.68</b>

\* Including biosolids deviates from EPA guidelines

**WASHOE PAGE #2****2014 RECYCLING RATE W/C&D**

41%

REPORTING PERIOD: 1/1/14 - 12/31/14

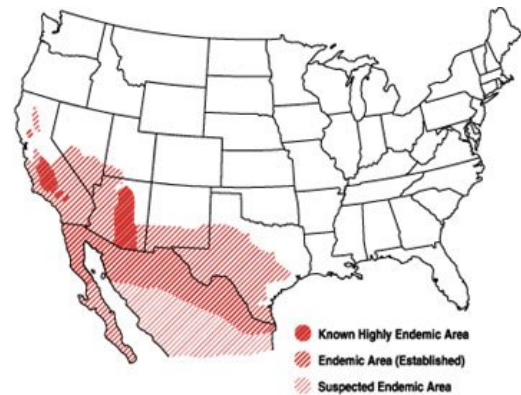
<b>CONSTRUCTION &amp; DEMOLITION DEBRIS (C &amp; D)</b>	<b># OF TONS</b>
Asphalt	110,422.00
Concrete	119,464.35
Carpet	526.00
Carpet padding	501.00
Drywall	0.00
Wood	3,412.00
Plastic buckets	0.12
Other (specify)	0.00
Other (specify)	0.00
Other (specify)	0.00
<b>CONSTRUCTION &amp; DEMOLITION DEBRIS TOTAL</b>	<b>234,325.47</b>
<b>RECYCLED MSW AND C &amp; D GRAND TOTAL</b>	<b>455,715.15</b>
Total MSW disposed of in county:	431,337.59
Total Industrial & Special Waste disposed of in county:	219,964.77
*Total MSW generated in county	653,975.09
**Total Waste generated in county:	1,108,265.33

\* Total MSW generated is the sum of recycled MSW (tabulated above) plus the quantity of MSW disposed of in landfill which was reported as generated in the county.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: May 28, 2015**

**DATE:** May 15, 2015  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, rtodd@washoecounty.us  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
Emergency Medical Services

**Communicable Disease (CD) –  
Coccidioidomycosis** – Two cases of coccidioidomycosis (also known as Valley Fever) have been reported. This disease is caused by a fungus known as *Coccidioides*. As can be seen on the map, the Northern part of Nevada is not generally considered to be an endemic area for this disease and most reported cases in the past have had travel histories that placed them in an endemic area. However, the two recently reported cases had not traveled to an endemic area during the month prior to illness onset.



Most people (60%) who are exposed to the *Coccidioides* fungus never have symptoms. Other people may have flu-like symptoms that usually go away on their own after weeks to months. The symptoms of Valley Fever may appear between 1 and 3 weeks after a person breathes in the fungal spores and include:

- Fatigue (tiredness)
- Cough
- Fever
- Shortness of breath
- Headache
- Night sweats
- Muscle aches or joint pain
- Rash on upper body or legs

**Brucellosis** – One suspected case of Brucellosis has been reported. Brucellosis is also known as Undulant Fever because it may present with rising and falling fevers. Other symptoms include sweats, malaise, weakness, loss of appetite, headache, muscle pain, and back pain. The case patient had a travel history to a country that is known to have an increased risk for the disease.

**Influenza** – For the week ending May 9 (Week 18), eleven of twelve participating sentinel healthcare providers reported a total of 96 patients with influenza-like-illness (ILI) out of a total of 6,365 patients seen. This represents an ILI percentage of 1.5% which is below the regional baseline of 2.7%. During week 17, the percentage of ILI patient visits to US sentinel healthcare providers was 1.4% which is below the national baseline of 2.0%. On a regional level the ILI percentage ranged from 0.7% to 2.2%.

Four death certificates were received for week 17 listing pneumonia (P) or influenza (I) as a factor contributing to the cause of death. The total number of deaths submitted for week 17 was 59. This reflects a P&I ratio of 6.8 which is at the epidemic threshold set by CDC for week 17 at 6.8%. The national P&I for week 17 was below the epidemic threshold at 6.6%. The total P&I deaths registered to date in Washoe County for the 2014-2015 influenza surveillance season is 216. This reflects an overall P&I ratio of 7.6% (216/2,846).

In terms of severity, among laboratory-confirmed cases of influenza there have been 223 hospitalizations, 30 admissions to intensive care and 7 deaths cumulatively this season. By comparison, for the entirety of last year's influenza season there were 101 hospitalizations, 29 admissions to intensive care and 9 deaths.

**Neisseria Meningitidis** – CD staff are currently investigating a case of invasive meningococcal disease that has been laboratory confirmed as Neisseria Meningitidis. Normal protocol would be to identify all close contacts of the case patient and offer them antibiotics to prevent them from getting the disease. Unfortunately, the living circumstances and other factors associated with this case have made it impossible to do this.

**Evaluation of CD Reporting Timeliness** – CD staff members performed a biannual evaluation of timeliness using 2013-2014 data from the National Electronic Disease Surveillance System (NEDSS) base system (NBS). The data completeness and timeliness of actions are much improved from the last evaluation for 2011-2012 NBS data. The Nevada Division of Public and Behavioral Health is planning to follow our method to perform a similar evaluation for statewide data.

**Other community-wide activity** – Senior Epidemiologist, Dr. Lei Chen was invited by the Northern Nevada Medical Center to present an overview of emerging infectious diseases including pertussis, measles, Ebola, outbreaks, and drug-resistant organisms for their clinicians. It was well received by the audience.

**Public Health Preparedness (PHP) –**

**Ebola Grants** – The PHP program received notice that the CDC Epidemiology and Laboratory Capacity (ELC) supplemental funding grant, written by PHP staff will be funded in full. This supplemental funding, prompted by Ebola, provides funding for Hospital Acquired Infection assessments, conducting Ebola assessments for frontline facilities and addressing any gaps identified for each. This funding, in the amount of \$301,448 provides for personnel and the Communicable Disease program's infectious disease consultant costs for a two year period.



**Incident Command System (ICS) Training** – The Health Educator assisted the Public Health Communications Program Manager in conducting ICS 300 on April 21<sup>st</sup> – 23<sup>rd</sup>. This was a three day course which was attended by 15 Washoe County Employees. In addition, attendees included various representatives from emergency medical services, local law enforcement agencies, area hospitals and volunteer groups. A second course, ICS 400, will occur from Tuesday, May 19<sup>th</sup> to Wednesday, May 20<sup>th</sup>.

**Medical Reserve Corp (MRC)** – MRC Volunteers administered blood pressure screening exams during a Senior Health Fair May 5, held at Baldinis. The MRC Coordinator participated in a Disaster Preparedness Fair May 9, held at the Great Western Market Place and distributed health emergency preparedness educational literature.

**Trainings and Exercises** – On May 2 the Public Health Emergency Response Coordinator in collaboration with the EMS Coordinator and REMSA provide triage training to the Nevada Air National Guard, CERF-P (medical unit) to increase their ability to assist Washoe County in the event there was a plane crash at the airport. Approximately 25 CERF-P personal were trained on the Washoe County Mass Causality Incident Plan and triage tags.

On May 15<sup>th</sup>, Public Health Emergency Response Coordinator in collaboration with the EMS Coordinator facilitated a Mutual Aid Evacuation Annex (MAEA) functional drill at Saint Mary's Regional Medical Center. The drill tested the current hospital evacuation process as well as a new system the hospitals are considering developed by Disaster Management Systems (DMS). The outcomes and feedback from the drill will determine appropriate revisions that will be made to the MAEA.

The Public Health Emergency Response Coordinator (PHERC) participated in the Statewide Hospital Acquired Infection Advisory Group as part of the ELC –Ebola Supplemental Grant. As part of the grant, the PHERC and an Epidemiologist will conduct Ebola Preparedness Tool for Ebola Treatment Centers and Assessment Hospitals during the month of May.

**Emergency Medical Services (EMS) -**

EMS Program Staff in collaboration with the Public Health Emergency Response Coordinator planned and participated in a Family Assistance Center Full Scale Exercise in Carson City on April 28, 2015. The purpose of the exercise for Washoe County was to test the regional capability to respond to a mutual aid request from a partner jurisdiction. The EMS Program Coordinator was able to train the Carson City representative on the patient tracking process for Washoe County.

EMS Program Staff held the quarterly meeting with State EMS on April 29, 2015. These meetings are held to continue to build working relationships that will benefit our region.

**REMSA Percentage of Compliant Responses  
 FY 2014 -2015**

<b>Month</b>	<b>Zone A</b>	<b>Zone B</b>	<b>Zone C</b>	<b>Zone D</b>	<b>Zones B, C and D</b>	<b>All Zones</b>
July 2014	93.1%	93.1%	93.7%	100%	93.4%	93.1%
August 2014	91.9%	97.5%	98.0%	100%	97.8%	92.4%
September 2014	91.5%	98.6%	93.0%	100%	96.6%	91.9%
October 2014	92.3%	97.6%	100%	100%	98.4%	92.7%
November 2014	93.2%	100%	100%	100%	100%	93.7%
December 2014	92.5%	94.9%	98.5%	100%	96.6%	92.8%
January 2015	93.1%	100%	95.6%	100%	98.6%	93.4%
February 2015	91.8%	100%	93.9%	100%	97.6%	92.2%
March 2015	91.3%	99.0%	100%	100%	99.9%	92.0%
April 2015	90.8%	98.4%	94.5%	100%	97%	91.3%
<b>YTD</b>	<b>92.2%</b>	<b>97.9%</b>	<b>96.9%</b>	<b>100%</b>	<b>97.6%</b>	<b>92.5%</b>

**REMSA 90<sup>th</sup> Percentile Response**

<b>Month</b>	<b>Zone A 8:59</b>	<b>Zone B 15:59</b>	<b>Zone C 20:59</b>	<b>Zone D 30:59</b>
July 2014	8:30	13:58	18:11	N/A*
August 2014	8:39	13:51	18:12	N/A*
September 2014	8:43	12:22	19:22	N/A*
October 2014	8:27	11:46	16:50	N/A*
November 2014	8:17	12:00	17:22	N/A*
December 2014	8:32	12:22	18:21	N/A*
January 2015	8:23	12:22	19:16	N/A*
February 2015	8:35	13:16	18:23	N/A*
March 2015	8:41	13:41	16:37	N/A*
April 2015	8:48	13:51	18:58	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**DISTRICT HEALTH OFFICER STAFF REPORT**  
**BOARD MEETING DATE: May 28, 2015**

**DATE:** May 18, 2015  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
(775) 328-2416, kdick@washoecounty.us  
**SUBJECT:** District Health Officer Report – Budget, Legislature, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Style Guide, Policy and Procedure Update, Other Events and Activities and Health District Media Contacts

---

Budget

I continue to work with Ms. Heenan to advance the FY 16 budget. Washoe County Board of County Commissioners approved adopted a budget for the Health District on May 18, 2015.

Legislature

The Health District continues to monitor bills for the 2015 Legislative Session and provide comment or testimony as appropriate.

Community Health Improvement Plan

The first Community Health Improvement Plan (CHIP) Steering Committee meeting took place on May 14, 2015. In an effort to orient Steering Committee members to the project, Sara Dinga and I provided the committee information related to the Health District's Fundamental Review process, the Community Health Needs Assessment, and a timeline for development of the CHIP. Furthermore, Steering Committee members discussed their primary roles and responsibilities which include: supporting the Health District's CHIP planning efforts; acting as an Ambassador to the CHIP process; and providing recommendations to guide the CHIP development process. Finally, Steering Committee members discussed next steps to include selection of priority issues at the next meeting to be held on June 11, 2015. CHIP Steering Committee meetings will be held the second Thursday of each month.

Truckee Meadows Healthy Communities

Commissioner Lucey provided funds in the amount of \$13,122 to support the Truckee Meadows Healthy Communities Initiative's Community Hubs project in the 89502 zip code. The 89502 Project supports access to healthcare and social services, access to healthy foods, and community safety for residents of 89502. The Health District worked with the Commissioner and his staff to assist with the funding arrangements.

The Health District assisted the Food Bank with preparation of a C4C Community Pilots Grant funding proposal to the Arnold Foundation through Feeding America to provide funding for community planning activities in conjunction with Truckee Meadows Healthy Communities to address food insecurity, health, housing, and income/poverty within the 89502 zip code. If funded, the first year of the grant award will allow for additional planning within the 89502 zip code in an effort to determine root causes of food insecurity, prioritized health and housing issues, and poverty.

### Quality Improvement

Quality Improvement trainings for all staff will be offered in June, July and August 2015. This is a mandated training covering QI fundamentals in public health. The training will address: QI Introduction and Principles; Problem Solving – Plan, Do, Study, Act; QI Project Selection and Successful Teams; and a review of forms for staff to complete when proposing QI projects.

### Style Guide

A Style Guide is under development to provide staff with instructions on how to properly utilize the Health District and Public Health logos. The draft sections of the Style Guide completed to date include: correct Health District logo usage (display of the logo, protected logo area, maintaining proportions, minimum size, color palette) and logo file format usage (i.e., best to use .jpg format for the web). The next logo sections to be developed will include correct use of the Public Health logo and a standardized PowerPoint template.

Furthermore, a standard e-mail signature has been developed for all staff. DSS staff are in the process of uploading the correct logo for the e-mail signature. Once complete, all staff will be provided instructions on how to change their e-mail signature to the standardized e-mail signature.

### Policy and Procedure Update

I signed off on two policies for CCHS this month. The Laboratory Manual, which was revised and updated this month, covers lab procedures and policies for our clinical programs. The Infection and Bloodborne Pathogen Exposure Control Plan covers prevention and control measures to keep Health District staff safer from infections, and if a staff member does have an exposure, steps necessary to control the exposure. This policy only needed a signature for 2015.

### Other Events and Activities

I met with the Division Directors on May 6 and May 20. We have a meeting scheduled on May 27 for a discussion regarding the direction of the Health District. I meet regularly with the ODHO staff on an individual basis.

I meet with County manager John Slaughter on a monthly basis to discuss Health District status and issues.

Participated in the Nevada Public Health Foundation Board Meeting teleconference, April 29.

Attended the Nevada Chapter of the American Planning Association Brown Bag presentation on Climate Action Planning, April 30.

Participated in the Nevada Health Authorities Conference Call, May 5.

Met to review, discuss and approve the C4C Community Pilots Grant Proposal, May 7.

Subject: District Health Officer Report

Date: May 18, 2015

Page 3 of 3

Provided presentation on the Community Health Needs Assessment at Reno Sparks Leadership, May 8.

Attended Washoe County Department Heads meeting May 13.

Chaired the CHIP Steering Committee Meeting, May 14.

Met with Food Policy Council leadership on May 14.

Participated in the Mayoral Challenge Ride, May 14.

Attended the REMSA Board meeting May 15.

Attended the TMHC Planning Committee, May 15.

Chaired the Health District/BANN Land Development Users group meeting, May 18.

Attended the Charles Schwab Bank Community Reinvestment Plan presentation on, May 20.

Participated in the State Health Needs Assessment Meeting, May 27.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada. The organization is in the process of finalizing documentation to complete a merge with another sustainability-oriented, not-for-profit organization called GreenChips that will continue to deliver the EnergyFit Nevada programs.

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

I approve the Washoe County Health District's Infection and Bloodborne Pathogen Exposure Control Plan.



Kevin Dick,  
District Health Officer

5/20/15

Date

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

I approve the Washoe County Health District's Lab Manual.



---

Kevin Dick,  
District Health Officer

5/20/15  
Date

**Health District Media Contacts: April 11 - May 18, 2015**

<b><u>DATE</u></b>	<b><u>MEDIA</u></b>	<b><u>REPORTER</u></b>	<b><u>STORY</u></b>
5/15/2015	KNEWS 107.3 FM Reno	Katie Coombs	Air Quality, Chronic Disease, Open Streets - Hunter/Seals/Ulibarri
5/14/2015	Washoe County TV	Camera/reporter unk	Mayoral Challenge - Hunter
5/14/2015	KRNV CH4 - NBC Reno	Camera/reporter unk	Mayoral Challenge - Hunter
5/14/2015	KKOH 780 AM Reno	Daniela Sonnino	Mayoral Challenge - Hunter/Ulibarri
5/8/2015	KTVN CH2 - CBS Reno	Landon Miller	Bike Week - Hunter/Dugan
4/29/2015	KTVN CH2 - CBS Reno	Andi Guevara	American Lung Association Report Card - Inouye/Ulibarri
4/24/2015	Reno Gazette Journal	Marcela Corona	Hantavirus - Jeppson
4/24/2015	KOLO CH8 - ABC Reno	Paul Harris	HIV Testing at Prostitution Sting - Howell
4/23/2015	Reno Gazette Journal	Marcela Corona	Hantavirus - Ulibarri
4/20/2015	KOLO CH8 - ABC Reno	Colin Lygren	Siberia Wildfire Smoke - Inouye
4/15/2015	KOLO CH8 - ABC Reno	Joe Harrington	RTC Road Ahead Bike Week - Hunter

**Press Releases/Media  
Advisories/Editorials**

5/6/2015	Press Release	PIO Ulibarri	Extra Mile Award Winner Announced
5/6/2015	Press Release	PIO Ulibarri	2015 Teen Pregnancy Month
5/1/2015	Press Release	PIO Ulibarri	2015 Bike Week Activities



## Fundamental Review Recommendation Status

Legend:

May 28, 2015

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

	<b>1</b>	<b>Place WIC organizationally where it is most closely aligned with similar functions</b>
	a.	WIC moved to CCHS effective 1/21/14
	<b>2</b>	<b>Develop a DBOH orientation manual and program</b>
	a.	Design an orientation program and compile a draft manual
	<b>3</b>	<b>Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints</b>
	a.	Land development user group established
	<b>4</b>	<b>Critically examine clinic appointment scheduling from a patient access perspective</b>
	a.	Staffing IZ five days a week, accept IZ walk ins on a limited basis
	b.	Extended IZ hours established.
	c.	Staffing Vital Statistics five days a week
	d.	Discussion has begun with Interactive Voice Response software companies
	<b>5</b>	<b>Update fee schedules and billing processes for all clinical and environmental services</b>
	a.	Third-party billing service began July 1, 2014
	b.	Identify costs for permits and services that could be included in fee schedules/propose
	c.	Identify costs for regulatory programs that could be included in fee schedules/propose
	d.	Identify community and clinical services for which reimbursement is available/bill

## Fundamental Review Recommendation Status

	<b>6</b>	<b>Explore tiered level of services for Environmental Health programs and inspections</b>
	a.	Consider the desire & support for this type of tiered structure and this item within the larger context
	<b>7</b>	<b>Participate in the business process analysis across all building permitting in the county</b>
	a.	ILA and contract with Accela signed. 16-month implementation proceeding.
	<b>8</b>	<b>Develop infrastructure to support the District Health Officer</b>
	a.	The Office of the District Health Officer was established on July 1, 2014. Staffing in process.
	<b>9</b>	<b>Implement time coding for employees</b>
	a.	Time coding in EHS has been expanded, AQM timecoding is underway. CCHS timestudy occurring.
	<b>10</b>	<b>Perform cost analysis of all programs</b>
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot analysis of Administration completed.
	<b>11</b>	<b>Perform assessment of needed administrative and fiscal staffing to increase efficiencies</b>
	a.	Will be performed in conjunction with program const analysis. See 10a
	<b>12</b>	<b>Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs</b>
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	<b>13</b>	<b>Align programs and services with public demand</b>
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	<b>14</b>	<b>Conduct a CHA in concert with current partner organizations</b>
	a.	Complete.
	<b>15</b>	<b>Develop metrics for organizational success and improved community health</b>
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	<b>16</b>	<b>Continue current collaborative action plan to resolve REMSA oversight issues</b>
	a.	Franchise Agreement approved, Regional EMS Oversight Program and Advisory Board established.
	<b>17</b>	<b>Maintain current levels of local and state financial support</b>
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	<b>18</b>	<b>Conduct a governance assessment utilizing NALBOH criteria</b>
	a.	Completed January 16, 2014. Determine future schedule to repeat.
	<b>19</b>	<b>Undertake an organizational strategic plan to set forth key Health District goals and objectives</b>
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	<b>20</b>	<b>Implement a performance management system</b>
	a.	Use results of program cost analysis, performance metrics and SP to develop & implement performance mgmt. syst

## Fundamental Review Recommendation Status

	<b>21</b>	<b>Consider alternative governance structures</b>
	a.	This is not a recommendation for staff action
	<b>22</b>	<b>Take a greater leadership role to enhance the strong current State/Local collaboration</b>
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role
	<b>23</b>	<b>Develop an organizational culture to support quality by taking visible leadership steps</b>
	a.	Cross-Divisional Q-Team established and Div. QI projects conducted. Additional mgmt. training completed.
	<b>24</b>	<b>Seek Public Health Accreditation Board accreditation</b>
	a.	Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed

Acronyms: IZ - Immunizations  
 ILA - Interlocal Agreement  
 CHA - Community Health Assessment  
 CHIP - Community Health Improvement Plan  
 SP - Strategic Plan  
 QI - Quality Improvement  
 DBOH - District Board of Health  
 NALBOH - National Association of Local Boards of Health