

Washoe County District Board of Health Meeting Notice and Agenda

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, October 26, 2017
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

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.

4. Approval of Agenda – (For possible action)
October 26, 2017

5. *Recognitions

- A. Years of Service

- i. Holly McGee, 25 years, hired 10/19/1992 - CCHS

- B. New Hires

- i. Catrina Peters, 10/2/2017, Director of Programs and Projects – ODHO
- ii. Susana Contreras, 10/2/2017, Office Assistant II – CCHS
- iii. Sophie Banspach, CDC Associate, started two-year assignment with WCHD 10/2/17 - CCHS

6. Consent Items – (For possible action)

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

- A. Approval of Draft Minutes – (For possible action)
September 28, 2017

- B. Budget Amendments/Interlocal Agreements – **(For possible action)**
- i. Retroactive Approval of Notice of Grant Award #2018030301 from the Nevada Governor’s Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount of \$30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.
Staff Representative: Patsy Buxton
- C. Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure. – **(For possible action)**
Staff Representative: Nancy Kerns Cummins
- D. Recommendation for the Board to Uphold Unappealed Notice of Violation Citation No. 5655 Issued to Lennar Reno LLC, Case No. 1197, with a \$1,520.00 Negotiated Fine and requirement to apply a dust palliative to the disturbed area within 30 days of the signed Memorandum of Understanding. - **(For possible action)**
- i. Case No. 1197, NOV No. 5655 – Lennar Reno LLC
Staff Representative: Charlene Albee
- E. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2018 – **(For possible action)**
Staff Representative: Anna Heenan
- 7. *Presentation and update on Community Health Alliance**
Presented by: Chuck Duarte
- 8. *Washoe County Food Policy Council updates and accomplishments**
Staff Representatives: Lea Tauchen and Kelli Goatley-Seals
- 9. Regional Emergency Medical Services Authority**
Presented by: JW Hodge
- A. Review and Acceptance of the REMSA Operations Report for September 2017 – **(For possible action)**
 - *B. Update of REMSA’s Public Relations during September 2017
- 10. *Regional Emergency Medical Services Advisory Board October Meeting Summary**
Presented by: Christina Conti
- 11. Review, Discussion, and Possible Direction to Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County - (For possible action)**
Staff Representative: Kevin Dick
- 12. Presentation and Acceptance of PHAB Progress Report and Timeline - (For possible action)**
Staff Representative: Catrina Peters
- 13. *Presentation: Accela Regional Licensing & Permitting Project – Health District Status Update**
Staff Representative: Charlene Albee and James English
- 14. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 18. - (For possible action)**
Staff Representative: Laurie Griffey

15. Review and Approval of the District Health Officer’s Annual Performance Evaluation Results and Possible Approval of a 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017. - (For possible action)

Presented by: Chair Kitty Jung

16. *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

Divisional Update – Patagonia Health; Orvis School of Nursing Accreditation; Data & Metrics; Program Reports

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Child Care, Food, Land Development, Schools, Vector-Borne Disease and Waste Management

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 – Water System Regulation and Plan Reviews, EHS Division Director, Strategic Planning Update, Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

17. Review, Discussion, and Possible Direction to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017. - (For possible action)

Staff Representative: Kevin Dick

18. *Board Comment

Limited to announcements or issues for future agendas.

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.

20. Adjournment – (For possible action)

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

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

Public Comment. During the “Public Comment” items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a “Request to Speak” form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five

minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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.

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
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

Washoe County District Board of Health Meeting Minutes

Members

Kitty Jung, Chair
Dr. John Novak, Vice Chair
Oscar Delgado
Dr. George Hess
Kristopher Dahir
Michael D. Brown
Tom Young

Thursday, September 28, 2017
1:00 p.m.

Washoe County Administration Complex
Commission Chambers, Building A
1001 East Ninth Street
Reno, NV

1. *Roll Call and Determination of Quorum

Vice Chair Novak called the meeting to order at 1:01 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Vice Chair

Oscar Delgado
Kristopher Dahir
Michael Brown
Tom Young
Dr. George Hess

Members absent:

Kitty Jung, Chair

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Dr. Randall Todd
Laurie Griffey

2. *Pledge of Allegiance

Dr. Hess led the pledge to the flag.

3. *Public Comment

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

4. Approval of Agenda

September 28, 2017

Mr. Brown moved to approve the agenda for the September 28, 2017, District Board of Health regular meeting. Mr. Delgado seconded the motion which was approved six in favor and none against.

5. Recognitions

A. Promotions

- i. Angela Penny from Public Health Nurse to Public Health Nurse Supervisor, 9/5/2017 – CCHS

Mr. Dick congratulated Ms. Penny on her promotion to Public Health Nurse Supervisor and stated that she is the newest supervisor in CCHS.

Mr. Kutz informed that Ms. Penny has worked in Public Health since 1993. He explained that her career began with the Washoe County Health District, and had then moved to Alaska to practice Public Health for a short time. Upon her return to the Reno area, she was re-hired by the Health District where she had most recently been a Public Health Nurse, Disease Intervention Specialist, in CCHS' Sexual Health Program. Mr. Kutz expressed that they were very happy to have Ms. Penny as part of their management team.

- ii. Stephanie Chen from Intermittent Hourly to Permanent Health Educator I, 8/28/2017 – CCHS

Mr. Dick informed that Ms. Chen was not able to be present due to her participation at the Nevada Public Health Association Conference. He stated that Ms. Chen has been working in the Chronic Disease Program and will continue to work there as a permanent employee.

B. Years of Service

- i. Judy Medved-Gonzalez, Public Health Nurse II, 20 years, hired 6/23/1997- CCHS
Ms. Medved-Gonzalez was not in attendance.

C. Terminations

- i. Sara Behl, Director of Programs and Projects, 15 years – ODHO

Ms. Behl was not able to be in attendance, but Mr. Dick wished to congratulate her on her new position working under contract at the State of Nevada. He reminded those present that she had been the Director of Programs and Projects at the Health District, leading the Strategic Plan, Community Health Improvement Plan and Accreditation efforts. Mr. Dick congratulated Ms. Behl for her fantastic work in the fifteen years she had been with the Health District.

Mr. Dick was pleased to report that the Director of Programs and Projects position has been filled, and the new employee's first day will be October 2, 2017.

Vice Chair Novak clarified that the motion for the approval of the Agenda, Item 4, was made by Chief Brown, and Mr. Delgado seconded the motion.

6. Consent Items

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

A. Approval of Draft Minutes
August 24, 2017

Mr. Dahir informed of an error at the beginning of the August 24, 2017 Minutes that should be corrected, in that it was written that Chair Jung had called the meeting to order. Chair Jung had been absent, and Vice Chair Novak had called that District Board of Health Meeting to order.

B. Budget Amendments/Interlocal Agreements

i. Accept Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, retroactive to April 1, 2017 through June 30, 2018 reducing the amount of the original award by \$15,618.00 to a new total of \$356,232.00 in support of the Community and Clinical Health Services Division Immunization Program Internal Orders #11319 and #10029 and authorize the District Health Officer to execute the Subgrant Amendment.

Staff Representative: Nancy Kerns Cummins

ii. Retroactive approval of Assistant Amendment #A-00905417-1 from the U.S. Environmental Protection Agency (EPA) for funding in the amount of \$684,564 for the period 10/1/16 through 9/30/17 for the Air Quality Management, EPA Air Pollution Control Program, IO 10019.

Staff Representative: Patsy Buxton

iii. Retroactive Approval of Assistance Amendments PM-00T56401-4 and PM-00T56401-5 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/17 through 3/31/18 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021.

Staff Representative: Patsy Buxton

iv. Retroactive Approval of Notice of Grant Award #1U18FD006275-01 from the U.S. Food and Drug Administration for the period 9/1/17 through 6/30/18 in the total amount of \$70,000 for the Advancing Conformance with the Voluntary National Retail Food Regulatory Program Standards program within Environmental Health Services, IO 11088.

Staff Representative: Patsy Buxton

v. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health effective October 1, 2017 through September 30, 2018 in the total amount of \$1,062,147 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Women, Infants and Children (WIC) Program IO# 10031 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns Cummins

C. Approve donation of various obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to The Atmospheric Sciences Program at the University of Nevada, Reno.

Staff Representative: Patsy Buxton

D. Approval of Memorandum of Understanding (MOU) between the Washoe County Health District and the United States Department of Agriculture, Forest Service, Region-4,

Humboldt-Toiyabe National Forest and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chair to execute.

Staff Representative: Patsy Buxton

E. Approval of the Workforce Development Plan

Staff Representative: Kevin Dick

F. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2018

Staff Representative: Anna Heenan

Mr. Dahir moved to accept the Consent Agenda as presented. Mr. Young seconded the motion which was approved six in favor and none against.

7. *Presentation: Truckee Meadows Regional Planning Agency 2017 Regional Plan Update

Presented by: Lauren Knox

Ms. Knox informed that her presentation's purpose is to clarify who Truckee Meadows Regional Planning Agency (TMRPA) is and what they do, and give an overview of the 2017 Regional Plan Update. She presented a video on these topics. Ms. Knox informed that TMRPA was designed to foster coordination around the use of land and regional issues of concern, such as air quality, water and infrastructure; and while the whole of Washoe County is included in the Plan, the emphasis is on the more heavily populated areas. TMRPA develops and maintains the Comprehensive Regional Plan which spans twenty years and coordinates growth across the region.

Ms. Knox expressed that the purpose of planning regionally addresses the needs of citizens who impact multiple regions in an area. TMRPA has a variety of regional partners in the community, including the Washoe County Health District. She informed that their data and analysis have been used by various groups including the Economic Development Authority of Western Nevada and the Western Regional Water Commission.

Ms. Knox stated that TMRPA's accomplishments since 2012 have included the completion of 40 collaborative projects while leveraging over \$1M from regional partners and maximizing the investment of government dollars.

She announced that they have recently launched the Public Participation Phase of the 2017 Regional Plan Update, and that this presentation is the required five-year update. The last major update to the Plan was in 2007, and the community has undergone major changes in land use, demographics and economy during that decade. Ms. Knox informed that this Plan is in response to these changes and those that are being forecast.

Ms. Knox detailed ways to become engaged with this process, such as by taking the survey that can be accessed on their website, plantruckeemeadows.org (<http://tmrpa.org/regionalplanupdate2017/>). On that site, citizens can also subscribe to obtain the newsletter. She thanked staff for posting this information on the Health District website and social media; assisting TMRPA's efforts to engage as many people as possible.

Ms. Knox thanked the Board for the opportunity to present at the meeting, and offered to answer any questions.

Because it is a twenty-year Plan and forecasts for population growth are substantial, Mr. Dahir question if the Plan took into account the expanded infrastructure this type of growth would require. He noted that he had not seen any information on that aspect of regional planning in their presentations or on the TMRPA website.

Ms. Knox stated that their Consensus Forecast, which is a population projection for the region, is required to be used in expanding infrastructure or any other type of project. She informed that they have infrastructure policies that guide growth through requirements in the

Master Plan of the local jurisdictions.

Mr. Dahir asked if there was a tool in place to discern what type of infrastructure would be required in the future, and Ms. Knox replied that there was not as of yet, but they are working to provide that type of information.

Dr. Hess inquired if this website would eventually have information on the population and infrastructure needs of the community into the future.

Ms. Knox indicated that information would become available within this update and would be posted on their website.

Mr. Dick encouraged the Board to take the survey, not only to provide their input, but to experience the interactive survey tool that TMRPA utilized for this purpose.

8. Regional Emergency Medical Services Authority

Presented by JW Hodge and Kevin Romero

A. Review and Acceptance of the REMSA Operations Report for August 2017

Mr. Hodge stated that he was available to answer any questions.

Mr. Dahir wished to welcome Mr. Hodge into his new role as Chief Operating Officer with REMSA.

Mr. Brown moved to approve the Review and Acceptance of the REMSA Operations Report for August 2017. Mr. Dahir seconded the motion which was approved six in favor and none against.

***B. Update of REMSA's Public Relations during August 2017**

Mr. Romero informed that from July 30th – August 2nd they had collaborated with the Truckee Meadows Fire Protection District to provide two medical aid stations, two response units and an on-site manager at the PGA Barracuda Championship.

On August 7th – 13th, additional medical staff was added to provide Emergency Medical Services (EMS) coverage at eight venue sites for the Hot August Nights Event.

On August 25th - September 5th, REMSA supplemented the Gerlach Fire Department with an ALS Ambulance for ten days during the Burning Man Event. Mr. Romero stated that REMSA had worked with Washoe County Emergency Manager, Aaron Kenneston, and Richard Walsh at Gerlach Fire Department to increase their service capacity.

He stated that REMSA had worked with the City of Sparks Fire Department and the Sparks Nugget to provide EMS at the Rib Cook Off, and provided a medical clinic in conjunction with Saint Mary's Regional Medical Center at the National Championship Air Races. This effort included multiple medical response units, two ambulances dedicated to crash and fire rescue with the Reno Fire Department, and positioned Care Flight at the event, as well.

Mr. Romero informed that they were beginning operations for the Street Vibrations Event, which includes additional staffing for REMSA and law enforcement.

He stated that all of the efforts mentioned are to minimize any impact on normal 911 operations.

Mr. Romero informed that REMSA Tactical Paramedics also work with the White House Advance Team, Secret Service and local law enforcement during the President's visits to region.

He stated that REMSA had participated in two hospital exercises in the past month, and lastly, that the Wingfield and Spanish Springs unit will now have 24-hour coverage beginning October 15th. This station had previously been staffed sixteen hours per day.

Mr. Dahir requested explanation of the Penalty Fund, noted at the end of the report. Mr.

Hodge explained that this account is funded by penalties charged to REMSA for arriving at a call later than the parameters of the agreement, and these monies are used to fund community projects or other projects as approved by the District Health Officer. Any expenditure from this fund is reported to the Board in the REMSA Operations Report.

9. Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and Possible Direction to Staff to conduct the evaluation.

Presented by: Laurie Griffey

Ms. Griffey explained that the evaluation of the District Health Officer is an annual process, and the survey questions are the same as were used last year for both the District Health Officer and the County Manager. Ms. Griffey explained that Board approval is required to proceed with the evaluation. The 360 Evaluation is sent to the list of persons contained in the packet, the results are tabulated and a report on the outcome will be presented at the October District Board of Health Meeting.

Dr. Novak requested the deadline date for completion of the survey. Ms. Griffey replied the deadline would be October 17th.

Dr. Hess moved to approve the Discussion of Process and Presentation of Evaluation Forms for the District Health Officer's Annual Review and directed Staff to conduct the evaluation. Mr. Brown seconded the motion, which was approved six in favor and none against.

10. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Divisional Update, Program Reports

Ms. Albee stated that she had nothing to add to her report and would be happy to answer any questions.

Vice Chair Novak inquired if Ms. Albee would like to comment on the meeting she attended.

Ms. Albee stated that she had been in Seattle, attending the National Association of Clean Air Agencies (NACAA) meeting, and informed that the group is comprised of Air Quality Directors from State and local governments across the country, representing forty states and 116 local governments. She expressed that it was a very productive meeting, with topics including national and regional updates and current events. Ms. Albee chaired a panel on wildfire smoke, and had been intrigued by the level of interest that Midwestern states had shown on wildfire smoke due to the impact this season's large fires had on their regions. They are not normally impacted, and were looking for direction from the western states.

Ms. Albee spoke of the opportunity to meet a new Administration Representative for NACAA, a liaison to the Congressional Office. In their meeting, the group was able to inform the Representative of their region's needs for him to support in Washington D.C. She reported that they also had a very productive meeting with their EPA Staff Member who is the head of the Office of Air Quality Planning and Standards.

Regarding the agenda item for donation of air monitoring equipment, Ms. Albee informed that South Florida's local Air Quality Division expressed interest in some of the available items. NACAA will create a list of equipment on their website to match needs with availability.

After her year's tenure as a Local Board of Directors Member for NACAA, Ms. Albee disclosed that she has been elected to the Executive Board of Directors as

Treasurer for a one-year term. Election to this position begins the succession to vice president and president.

Vice Chair Novak congratulated Ms. Albee on her election. He inquired if FEMA has portable equipment for Air Monitoring following a natural disaster. Ms. Albee replied that it is EPA who has that equipment, and that each regional office has mobile equipment for deployment. She informed that deployment has become more responsive with lessons learned from 9/11.

Mr. Dahir inquired if there has been any change in status in Washoe County's Ozone Designation. Ms. Albee informed that Washoe County is expected to be designated as attainment with the Exceptional Events Demonstration. She explained that each regional office will be taking action on a state-by-state basis to measure attainment, and that Washoe County will be reviewed by Region 9. A letter will be sent to each state by the EPA indicating which regions have met the criteria for attainment. Ms. Albee opined that it is expected Nevada's letter will show all areas to be in attainment, with the possible exception of some areas of Clark County. There will be no final action until the Clark County issue is resolved. Ms. Albee informed that Washoe County's margin of attainment is narrow and there is much work to be done. In relation to this topic, at the NACAA meeting, she met with South Coast Air Quality and several other agencies in California regarding initiatives to reduce emissions from diesel transport trucks and locomotives. Ms. Albee hoped to have an update for the Board on these initiatives at the October meeting.

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

Program Report – Fetal Infant Mortality Review Program; Divisional Update – New Public Health Nurse Supervisor; Data & Metrics; Program Reports

Mr. Kutz informed that he had nothing to add to his report, but was available to answer questions.

Mr. Delgado requested clarification on the report statistics that showed the greatest number of infant deaths occurred in the 89502 area. The statistics show an increase from 19% in 2016 to 32% in 2017. He inquired what is being done to address this issue and requested Mr. Dick to speak to the Truckee Meadows Healthy Community initiative to positively impact the 89502 area. Mr. Kutz replied that data showed the lack of early prenatal care in the area, and that CCHS has been collaborating with the local Fetal Infant Mortality Review (FIMR) group to start the "Go Before You Show" campaign that encourages early prenatal care. Mr. Kutz informed that he would need to obtain more data from the FIMR team to answer questions specific to the 89502 increase in infant deaths. He indicated that he could report his findings at the October District Board of Health Meeting.

Mr. Dick informed that the Truckee Meadows Healthy Communities has focused a number of resources around Family Health Festivals held primarily in the 89502 area with the most recent being held outside of that zip code. He stated that one focus of these events is assistance to enroll citizens in Medicaid and the Silver State Exchange Insurance programs, facilitating the ability to obtain medical care. Mr. Dick informed that there hasn't been a targeted initiative for pregnant mothers in their first trimester, but opined that the "Go Before You Show" campaign provides the opportunity to distribute those materials at future Family Health Festivals.

Mr. Delgado expressed concern over the increase in infant mortality, and that he is very interested in the results Mr. Kutz will provide. He stressed that there has historically been a broad spectrum of health concerns in the 89502 area, and requested assurance that

Washoe County Health District and Truckee Meadows Healthy Communities would maintain the health of the citizens as their primary focus.

Mr. Kutz informed that he and the Community and Clinical Health Services staff are members of the statewide Safe Sleep Workgroup, whose focus is to promote safe sleep activities for infants. He stated that there have been statewide radio and television spots and collaboration with REMSA and the Washoe County Human Services Agency to educate parents on safe sleeping practices for infants, which is alone, on their backs, in a sleeper with no blankets or bumper pads, and in the parent's room. Mr. Kutz informed that all information is available in both English and Spanish.

Mr. Dick informed that the Pack and Play cribs and information on the Cribs for Kids campaign were available at recent Family Health Festivals. He also noted that, while the increase in the 89502 area was alarming, the percentage can vary widely year-to-year for each area due to it being calculated on the 78 total cases in the community.

Mr. Delgado reiterated the importance of assuring citizens the best service possible through the chosen initiatives of the Washoe County Health District and Truckee Meadows Healthy Communities.

Mr. Dahir requested the definition of a Fetal Anomaly, as contained in the report. Mr. Kutz informed that it is an organ or systemic defect, such as with the heart or lungs. Mr. Dahir noted that there was an increase in the instance of these anomalies, and Mr. Kutz stated that it can be the result of congenital defect, exposure to substances and various other causes. Mr. Kutz informed the Board that this report is based on data from the second full year of the Fetal Infant Mortality Review Program, therefore, the amount of historical data is limited with which to calculate trends. He stated that the Washoe County Health District is the first in the state of Nevada to have a FIMR Program, and that they partner with other participating jurisdictions to share information. Mr. Dahir opined that it may be beneficial to categorize the data for anomalies related to drug use and those that are not. Mr. Kutz replied that he would investigate how the anomalies are reported to discern if this could be done, but opined that data collected on the mothers could be a source.

C. Environmental Health Services, Kevin Dick, Acting Director

EHS Division and Program Updates – Food, Land Development, Schools, Vector-Borne Disease and Waste Management

Mr. Dick stated the Food Program is continuing to provide education to the public and food establishments, as well as provide tools for them to identify service animals versus therapy and emotional support animals.

Mr. Dick informed that the last helicopter application of larvicide was on September 20th and 21st. He noted that the cooler temperatures will decrease mosquito activity.

Regarding Waste Management, Mr. Dick wished to inform the Board that the new Washoe County Franchise Agreement with Waste Management (WM) allows WM to terminate services for customers who are delinquent in their payment for services. Letters were sent by Waste Management on 9/28/17 to inform residential customers whose bills are delinquent that their services will be terminated. Mr. Dick explained that Washoe County Health District regulations require disposal of residential garbage within seven days, but the regulations do not require residents have garbage service. Facilities that are permitted by Washoe County District Board of Health Regulations Governing Solid Waste Management are required to have garbage service. However, the Health District regulations do not require garbage service from WM Franchise and therefore it is not within the Health District's jurisdiction to enforce the County's WM Franchise

Agreement.

Mr. Delgado inquired if this information affected the entire county, knowing that the cities of Sparks and Reno have separate agreements. Mr. Dick thanked him for his question, and informed that this information affected the unincorporated area of Washoe County only.

Vice Chairman Novak inquired who would enforce residential garbage disposal if it goes beyond the seven day limit. Mr. Dick informed that, per the Washoe County Health District regulation, Environmental Health Services would respond to complaints, require the refuse to be removed and have the authority to cite the resident if appropriate.

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

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

Dr. Todd indicated that there were updates to his written report, beginning with West Nile Virus. The number of human cases in the report was twelve, but has increased to twenty-one officially reported cases thus far this year. Dr. Todd stated he was also thankful for the cooler weather and its reduction of mosquito activity. He informed that this is the highest number of cases ever reported in Washoe County, with the previous record of seventeen cases in 2006.

Dr. Todd informed that the number of reported cases of coccidioidomycosis (Valley Fever) was twelve in his report, but had increased to seventeen. He stated that this, also, is a record in Washoe County, with the previous record of nine cases in 2015. A number of the current cases appear to have no exposure outside of Washoe County. Dr. Todd explained that the area for this fungi seems to be expanding from those shown on maps produced in the 1940's and 50's, referring to a new habitat in Washington State. He reported that the results from field testing in this region with Environmental Health and the Centers for Disease Control have not been received.

Dr. Todd informed of plans for a number of Points of Dispensing (PODS) for influenza vaccine this Fall. Most of the PODS will be provided by partners of the Health District, and EPHP will assist in providing services. He stated that there will be a public POD at the County complex at approximately 2:00 p.m. on October 4th with approximately 400 participants expected.

Vice Chair Novak inquired how the public will be notified of the POD held at the County complex. Dr. Todd replied that advertising is limited due to a limited supply of vaccine, and the targeted groups are participants of the Rural Area Medical Event and other select groups.

Vice Chair Novak inquired if there had been advertisement of this POD in the 89502 zip code, due to the number of persons there who might not otherwise be able to obtain this vaccination.

Mr. Delgado interjected that it will be interesting to obtain Mr. Kutz' report to learn how the Spanish speaking community is informed of these types of events.

Dr. Todd expressed again that the reason for limiting the outreach to notify the entire community of this POD is due to limited supply of the vaccine.

Vice Chair Novak inquired if the CDC was in the process of producing a new map for coccidioidomycosis. Dr. Todd informed that the map had been revised slightly upon identification of that fungus in the state of Washington, and may also be altered if it is found in the Washoe County area, as well. He stated that CDC indicated that they are not able to do this type of mapping now, although it had been done in the 1940's and 50's. Vice Chair Novak inquired if this is a reportable disease with the CDC, and Dr. Todd

confirmed that it was in Nevada and some other Western states, but that it might not be reportable in Eastern states.

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

District Health Officer Report – Water System Regulation and Plan Reviews, Regional Business License and Permits Program, Public Health Accreditation, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Board Member Engagement, Other Events and Activities, and Health District Media Contacts

Mr. Dick informed that he continues to work with TMWA, the NDEP and local jurisdictions to streamline the water project submittal and approval process. He stated that attachments to his report had been presented in a meeting with the Associated General Contractors (AGC) on September 20th. This information covers issues that have been resolved to streamline the review process.

In collaboration with TMWA and NDEP, one such improvement is the decision to add a generic statement on plans and have easement information provided through the construction completion letter to help alleviate delays in the early stages of review.

Another improvement is to review for conformance with NAC standards and not TMWA design standards.

Mr. Dick informed that guidance has been provided to help contractors understand the types of projects that require a water project submittal, due to a misconception in the community that all projects required water project submittals. Working with TMWA, the minority of projects that do require submittals were identified, which provided opportunities for dispelling misconceptions about delays in the process. Mr. Dick spoke of the plan to meet with Don Tatro of BANN and the design engineering community to relate this information to them.

Mr. Dick stated that another factor emphasized in the meeting with the AGC Group were the NAC guidelines that contractors must comply with in the plans they are submitting.

Another issue discovered is that developers often do not engage TMWA in the early phases of a project to discern whether there is sufficient water for the project, or if TMWA would need to provide water rights for a project to proceed. TMWA also needs to identify capacity requirements in the system which affects the project design. The contractor then needs to develop a design for TMWA to review, and if approved, the plan is sent to the Health District for review. Mr. Dick informed that this process can take quite a bit of time, and if steps are not followed correctly, delays will result. He explained that the flow charts shared at the AGC meeting show the plan review process as it is now and the ideal submittal flow if TMWA is engaged at the beginning of a project.

Mr. Dick stated that the discussion with NDEP has been around the specific requirements in NAC for the separation distances, and whether there could be potential to provide some additional flexibility and accommodation in the requirements without jeopardizing public health protection.

He informed that the other discussion the group is having is in regards to larger water systems such as TMWA; whether it would be more efficient to have a different oversight approach than that of the Health District reviewing each of the water project plans. NDEP has indicated they are willing to explore that possibility, and discussions with NDEP, the Health District and TMWA will continue along those lines. Mr. Dick informed that the development community would also be engaged if opportunities exist for sensible changes to NAC regarding the approach to development. With regulations

dating back to 1997 and all of the advances made since that time, it seems to be justifiable to examine the regulations for potential revision.

Mr. Dick informed that he has been questioned as to why the Health District is involved in the water project plan review process if TMWA is also reviewing the plans.

Mr. Dick stated that his responsibilities are to protect public health and comply with the law as defined by the NAC. So while the Health District is required to be involved per NAC, Mr. Dick stressed that there are concerted efforts to make the process as seamless as possible under the existing regulations.

Mr. Dahir inquired if Mr. Dick perceived TMWA to accept the concept that incomplete plan designs are coming to the Health District, thereby causing delays. Mr. Dick informed that one positive aspect of these efforts is that it has resulted in better communication between TMWA and the Health District, and improvement has already been noted in plans coming to the Health District. Also noted are TMWA's efforts to determine the cause of issues as they arise to possibly improve their processes as well.

Mr. Dick stressed that one of the consequences that exists with an exploding development environment is that there are a limited number of resources within both the regulatory agencies and engineering design community. The volume of new projects has overwhelmed engineering firms, which may affect their ability to move work forward.

Mr. Dahir inquired about the previously discussed concurrent plan review between the Health District and TMWA. Mr. Dick replied that, in a meeting on 9/27/17, it was agreed to initiate concurrent review as a pilot program. Mr. Dick opined that a revised version of this pilot may be needed to realize maximum efficiency.

Mr. Dahir inquired that, in light of the requirements of this situation, does the Health District have the proper planning group and enough staff to provide service required in the plan review process. Mr. Dick opined that the level of staffing is sufficient at this time, but it is being monitored.

Mr. Dick stated that a better workflow design in Accela would greatly improve production, explaining that the Health District must interface with the three local jurisdictions in the water plan review process. He informed that the Health District obtained a quote from an Accela Professional Services firm for development of a sub-process to improve interface workflow, and to have that sub-process installed at each agency to maximize productivity and improve reporting.

Mr. Young inquired if Las Vegas has a similar submittal process to Washoe County. Mr. Dick noted that this subject has been a component of the discussion with NDEP, in that Southern Nevada Health District does not review water plans but Washoe County Health District does. He informed that the NAC requires the Health District to review these projects, and the question has become then, why isn't SNHD reviewing these project plans also? Mr. Dick opined this regional difference in processes may be beneficial in the objective for NAC regulations to be reviewed. Mr. Young expressed his appreciation for the effort invested and improvements thus far, and opined that the workflow process would become much more streamlined as a result. Mr. Dick expressed that this effort is definitely collaborative, and that all parties are working together to provide the best water distribution system that is protective of public health while maintaining compliance with existing regulations.

Mr. Dick reported on a Community Health Needs Assessment (CHNA) meeting on September 8th with eighty community partners in attendance, with the purpose of defining Priorities for the Community Health Improvement Plan. Mr. Dick expressed his excitement at how well the event was received and by the amazing job of Health District

staff member, Ms. Kerwin, who organized and provided the presentation for status on the CHNA. Each attendee had five votes for the areas they felt were of the greatest benefit to the community within the twelve health topics listed and their focus areas for initiatives whose results are measurable. He informed that Social Determinates rose to the top with Housing as the subtopic area that garnered the most votes. In order, Mental Health, Access to Health and Substance Use were the next highest ranked. Ms. Kerwin also reported on the results of the communitywide survey at that meeting, and that the survey results would be included also in the CHNA. Mr. Dick informed that an algorithm was developed to calculate the priorities from data that is still being collected, and that the results change weekly. He stated that the CHNA should be complete by mid-December of this year.

Mr. Dick informed that the Remote Area Medical (RAM) Event, which is a free medical, dental and vision clinic provided by volunteers using equipment and methodology provided by RAM, would begin at 6:00 a.m. on 9/29/2017. The equipment truck was being unloaded at the Boys and Girls Club and the location was to be ready for service by 5:00 p.m. He explained that transportation to the Event would be staged at the Washoe County Complex to the Boys and Girls Club, and that the gates of the County Complex would open at midnight to the public. Those present will be assigned a number in order to obtain services, with the number of persons served based on the number of medical volunteers. Mr. Dick explained that RTC is providing shuttle service from the Complex, due to constrained parking at the Boys and Girls Club.

Mr. Dick informed that there will be a small-scale Family Health Festival at the Health District from 9:00 a.m. to 1:00 p.m. on 9/29/2017, in conjunction with the RAM Event. There will be a Media Tent in operation from 5:00-9:00 a.m., and the Public Health Communications Program Manager, Mr. Ulibarri, requested Mr. Dick to invite any of the Board Members who would want to participate. He informed that Mr. Slonim would be present, in representation of Truckee Meadows Healthy Communities, with whom the Health District has partnered in the organization of this RAM Event. Mr. Dahir informed he'd volunteered for a twelve-hour shift at RAM on that day.

Mr. Dahir wished to thank staff for their work in the Community Health Needs Assessment, stating he thought it important for the Board to know that the Health District is leading the community in these conversations and doing a fine job of it. He stated that it was enlightening to watch the broad spectrum of participants coming together on common ground to determine the areas of focus for the betterment of the community. Mr. Dahir expressed thanks to Ms. Kerwin for her fantastic work, and that the event was very successful and insightful.

Vice Chair Novak agreed that it is very important for staff to hear how much they are appreciated for their work and level of commitment. He opined that a letter of thanks from the Board to staff for another year of their hard work was in order.

Mr. Delgado stated he looked forward to the final outcome of the Community Health Needs Assessment, and was excited for the jurisdictions to have that data as a tool to better plan for land use and development with the focus on community health.

11. *Board Comment

Vice Chair Novak requested an update on Accela program and on Accreditation.

Mr. Dahir noted that the November 16, 2017, District Board of Health Meeting date is in conflict with the in North Carolina National League of Cities, and could prove difficult to have quorum for the DBOH Meeting.

Vice Chair Novak noted that there is also the upcoming November 2nd Strategic Plan

Workshop, and that is important to have a majority of Board Members in attendance. He requested Ms. Rogers to email the Board to confirm quorum for both dates.

12. *Public Comment

Ms. Cathy Brandhorst expressed concern for some of our community's children.

Vice Chair Novak closed the public comment period.

13. Adjournment

Vice Chair Novak adjourned the meeting at 2:22 p.m.

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

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

Public Comment. During the "Public Comment" items, anyone may speak pertaining to any matter either on or off the agenda, to include items to be heard on consent. For the remainder of the agenda, public comment will only be heard during items that are not marked with an asterisk (*). Any public comment for hearing items will be heard before action is taken on the item and must be about the specific item being considered by the Board. In order to speak during any public comment, each speaker must fill out a "Request to Speak" form and/or submit comments for the record to the Recording Secretary. Public comment and presentations for individual agenda items are limited as follows: fifteen minutes each for staff and applicant presentations, five minutes for a speaker representing a group, and three minutes for individual speakers unless extended by questions from the Board or by action of the Chair.

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.

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
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

How to Get Copies of Agenda and Support Materials. Supporting materials are available to the public at the Washoe County Health District located at 1001 E. 9th Street, in Reno, Nevada. Ms. Laura Rogers, 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. Rogers is located at the Washoe County Health District and may be reached by telephone at (775) 328-2415 or by email at lrogers@washoecounty.us. Supporting materials are also available at the Washoe County Health District Website www.washoecounty.us/health pursuant to the requirements of NRS 241.020.

DD_AH	___
DHO	___ KD ___
DA	___
Risk	___

Staff Report
Board Meeting Date: October 26, 2017

TO: District Board of Health

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

SUBJECT: **Retroactive Approval of Notice of Grant Award #2018030301 from the Nevada Governor’s Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount of \$30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.**

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.

The Epidemiology and Public Health Preparedness division received a Grant Award from the Nevada Governor’s Council on Developmental Disabilities on October 3, 2017 in the amount of \$30,000 for the period 10/1/17 through 9/30/18 in support of the Public Safety and Emergency Responder Awareness Training project. A copy of the Notice of Grant Award is attached.

District Board of Health strategic priority: **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

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

PREVIOUS ACTION

There has been no previous action taken by the Board this fiscal year.

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: NGCDD – Public Safety & Emergency Responder Awareness Training

Scope of the Project:

This Award provides funding to develop training materials to be utilized by public safety and emergency responders to increase awareness of essential resources and skills needed to work with individuals with an intellectual/developmental disability during an emergency response when there is no imminent threat to the citizen.

Benefit to Washoe County Residents: The program identified this topic as a gap in responder training. The tools and knowledge will be useful for responders and the community as a whole.

On-Going Program Support: These funds will be used for one-time program expenditures.

Award Amount: Total award amount is \$30,000
Grant Period: October 1, 2017 – September 30, 2018
Funding Source: United States Department of Health and Human Services,
Developmental Disabilities Basic Support and Advocacy Grants
Pass Through Entity: Nevada Governor’s Council on Developmental Disabilities
CFDA Number: 93.630
Grant ID Number: 2018030301
Match Amount and Type: No match required

Sub-Awards and Contracts: No Sub-Awards are anticipated.

FISCAL IMPACT

The Board of County Commissioners will be requested to approve the following:

As this award was not anticipated in the FY18 budget, a budget amendment in the amount of \$27,000 is necessary to bring the Award into alignment with the direct program budget. No amendment is necessary for indirect revenue.

Should the BCC approve these budget amendments, the FY18 budget will need to be amended as follows:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-11450 -431100	Federal Revenue	\$ 27,000.00
	Total Revenue	\$ 27,000.00
2002-IO-11450 -710100	Professional Services	\$ 27,000.00
	Total Expenditures	\$ 27,000.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve the Notice of Grant Award #2018030301 from the Nevada Governor’s Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount of \$30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to retroactively approve the Notice of Grant Award #2018030301 from the Nevada Governor’s Council on Developmental Disabilities (NGCDD) for the period 10/1/17 through 9/30/18 in the total amount

Subject: NGCDD – Public Safety & Emergency Responder Awareness Training Award

Date: October 26, 2017

Page 3 of 3

of \$30,000 for the Public Safety & Emergency Responder Awareness Training project within Epidemiology and Public Health Preparedness, IO 11450; and if approved, authorize the District Health Officer to execute the Award.”

Nevada Department of Health and Human Services
NEVADA GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

GRANT #: 2018030301

Funding: B/A 3154 CAT 10 93630Dx

Funding: _____

Funding: _____

NOTICE OF GRANT AWARD

TYPE OF ACTION: NEW X REVISION _____

PROJECT NAME: Public Safety & Emergency Responder Awareness Training	PROJECT ADDRESS: P.O. Box 11130 Reno, NV 89520
--	---

GRANTEE NAME: Washoe County Health District	GRANTEE ADDRESS: P.O. Box 11130 Reno, NV 89520
---	---

PROJECT PERIOD: 10/1/2017	THROUGH: 9/30/2018
----------------------------------	---------------------------

APPROVED AUTHORITY FOR CATEGORIES IN GRANT APPLICATION
 (Grant Authority Only)

1. PERSONNEL	_____	Any requests for reimbursement received later than 30 days after month in which expense is incurred may not be deemed reimburseable.
2. TRAVEL	_____	Grantee's Initials: <u>X</u> _____
3. OPERATING	_____	
4. OTHER	30,000	All literature/documents created utilizing DD funds will display the NGCDD logo and Nevada Governor's Council on Developmental Disabilities on the front cover/page.
	_____	Grantee's initials: <u>X</u> _____
5. TOTAL COST	30,000	

SOURCE OF FUNDS:

I have received a copy of the NGCDD Grants Procedural Manual and will comply with grant procedures, grant requirements and grant monitoring as outlined.
 Grantee's Initials: X _____


FED/STATE SHARE	30,000	
OTHER MATCH	_____	
NON-FED/STATE SHARE	_____	
GRAND TOTAL	30,000	

In accepting these grant funds it is understood that:

1. Expenditures must comply with appropriate State and/or Federal regulation.
2. This award is subject to the availability of appropriate funds.
3. Grantee provides the Nevada Governor's Council on Developmental Disability with an independent financial and compliance audit in accordance with appropriate State and Federal requirements.
4. **Grantee must comply with all conditions and Assurances as established in the Nevada Governor's Council on Developmental Disabilities Grant Procedures Manual.**

AUTHORIZED GRANTEE OFFICIAL: Title	Signature	Date
Sherry Manning, Executive Director Nevada Governor's Council on Developmental Disabilities		9-21-17

NGCDD Report Checklist

Date Due	Task	
1/10	First quarter report	
4/10	Second quarter report	
7/10	Third quarter report	
10/10	Fourth quarter report	
10/10	End of year summary report	
10/10	*Personal story/impact statement	
10/10	Satisfaction surveys	

* A personal story/impact statement describes in detail how people with I/DD's lives are better because of work on this project (e.g., became better advocates for themselves and others, became more connected to the community, etc.) *or* describes how policy or legislative changes that came about as a result of work on this project lead to (or will lead to) a positive impact on the lives of people with I/DD *and/or* prevent a potential negative impact.

By signing this form the grantee acknowledges that all reports listed above must be turned in to the NGCDD Projects Manager by the date indicated (unless prior authorization has been granted) or reimbursement will be held until received. This includes any follow up reports/information documented in the grantee's application.

Date:

Grantee Name:

Grantee Signature:

Project Manager Signature:



GRANTEE/PROJECT REPORTING FORM

Agency/Organization: Washoe County Health District
Project Director: Christina Conti

Quarter #:
Reporting Dates:

NGCDD GOAL 3, OBJ.3. Develop and/or strengthen a minimum of one system that improves quality of services and access to quality services and supports for individuals with I/DD in their local communities by working with agencies to bring awareness and training to public safety and emergency responder throughout the State of Nevada.

NGCDD Expected Outcome(s) of this project:

- A higher level of care and service will be provided to individuals with I/DD by Public Safety Entities through the development of a program that provides awareness and training to Emergency Personnel across the State.
- Individuals with I/DD in Nevada will experience a decrease in traumatic impact during an emergency situation, while maximizing a higher level of care and service.

NARRATIVE

Objective 1: Develop training materials for first responders that provide information on effective approaches to working with citizens with I/DD when there is no imminent danger (neighborhood evacuations, shelter operations, etc.)

Activity 1A) Develop a 10 minute video on how to interact with individuals w/I/DD during non-emergency events.	
WHAT	IMPACT OF ACTIVITY
Describe the steps taken, who you collaborated with, progress made, how many people were reached, what processes were created, what information was made available, barriers encountered, resolutions to barriers recommended and/or implemented.	Was the intended knowledge and/or skills acquired? Any unexpected benefits? What change has it made in their lives or someone else's?
	How do you know the intended knowledge or skills were acquired and/or applied? Describe your methods of data collection (pre/post-tests, consumer satisfaction surveys, sign in sheets, successes stories)
Activity 1B) Develop a 30 minute interactive training module with Continuing Education Units (CEU) on how to interact w/individuals w/I/DD and the resources available to them (could be integrated into annual training requirements for EMS personnel/healthcare providers to broaden their training curriculum).	

WHAT	IMPACT OF ACTIVITY	HOW DO YOU KNOW?
Describe the steps taken, who you collaborated with, progress made, how many people were reached, what processes were created, what information was made available, barriers encountered, resolutions to barriers recommended and/or implemented.	Was the intended knowledge and/or skills acquired? Any unexpected benefits? What change has it made in their lives or someone else's?	How do you know the intended knowledge or skills were acquired and/or applied? Describe your methods of data collection (pre/post-tests, consumer satisfaction surveys, sign in sheets, successes stories)

Objective 2: Monitor effectiveness of trainings

Activity 2A) Analyze effectiveness of trainings, providing edits if needed before the end of the grant year.		
WHAT	IMPACT OF ACTIVITY	HOW DO YOU KNOW?
Describe the steps taken, who you collaborated with, progress made, how many people were reached, what processes were created, what information was made available, barriers encountered, resolutions to barriers recommended and/or implemented.	Was the intended knowledge and/or skills acquired? Any unexpected benefits? What change has it made in their lives or someone else's?	How do you know the intended knowledge or skills were acquired and/or applied? Describe your methods of data collection (pre/post-tests, consumer satisfaction surveys, sign in sheets, successes stories)

Additional Narratives		
COLLABORATIONS	CULTURAL DIVERSITY	TARGETED DISPARITY
Who were the agencies, businesses, groups, people you collaborated with on the above activities?	Who were the culturally diverse groups you reached out to, collaborated with or partnered with on the above activities?	Describe the steps taken, progress made, barriers encountered, resolutions to barriers recommended or implemented for the underserved/targeted disparity sub-populations within the disability community identified in your grant application.

PERFORMANCE MEASURES:

- **Report numbers for the current quarter only.** Do not duplicate activities/numbers reported in previous quarters, even if efforts continued this quarter. Continuing efforts can be reported in the narrative above.
- Provide numbers for **any** Performance Measures that apply to your project, being sure to include descriptions where asked.
- For reporting purposes, Self-Advocates are people with I/DD

Individual and Family Advocacy Performance Measures

Consumer Satisfaction Survey Data

Number of surveys distributed to people with I/DD	
Number of surveys distributed to family members of people with I/DD	
Number of surveys distributed to all (includes professionals, people with I/DD, family members and other)	
Number of surveys returned in all (includes professionals, people with I/DD, family members and other)	
Number of surveys returned by people with I/DD	
Number of surveys returned by family members of people with I/DD	

Individual and Family Advocacy - OUTPUT MEASURES

IFA 1.1	Number of people with I/DD who participated in project activities designed to increase their knowledge of how to take part in decisions that affect their lives, the lives of others, and/or systems. You can get this number from the surveys received, attendance rosters, sign in sheets, registration forms or other documents that provide the number of people that attended.
IFA 1.2	Number of family members of people with I/DD who participated in project activities designed to increase their knowledge of how to take part in decisions that affect the family, the lives of others, and/or systems. You can get this number from the surveys received, attendance rosters, sign in sheets, registration forms or other documents that provide the number of people that attended.

Individual and Family Advocacy - OUTCOME MEASURES

IFA 2.1	After participation in Council supported activities, the number of people with I/DD who report increasing their advocacy as a result of Council work. This is IFA 2.1/2.2 on the NGCDD Satisfaction Surveys. Count the number of people w/I/DD that gave a thumbs up to IFA 2.1/2.2
---------	---

IFA 2.2	After participation in Council supported activities, the number of family members of people with I/DD who report increasing their advocacy as a result of Council work. This is IFA 2.1/2.2 on the NGCDD Satisfaction Surveys. Count the number of family members that gave a thumbs up to IFA 2.1/2.2	
IFA 2.3	The number of people with I/DD AND family members who are better able to say what they want/say what services and supports they want/say what is important to them. This is IFA 2.3 on the NGCDD Satisfaction Surveys. (Count number of people with I/DD AND families only . Professionals will be counted in another Performance Measure)	
IFA 2.4	The number of people with I/DD and family members who are participating now in advocacy activities. This is IFA 2.4 on the NGCDD Satisfaction Surveys. (Count number of people with I/DD AND families only . Professionals will be counted in another Performance Measure)	
IFA 2.5	The number of people with I/DD and family members who are on cross-disability coalitions, policy boards, advisory boards or other leadership position This is IFA 2.5 on the NGCDD Satisfaction Surveys. (Count number of people with I/DD AND families only . Professionals will be counted in another Performance Measure)	

Over-All Consumer Satisfaction

IFA 3.1	The number of people with I/DD_satisfied with this project activity. This is IFA 3.1/3.2 on the NGCDD Satisfaction Surveys.	
IFA 3.2	The number of family members of people with I/DD_satisfied with this project activity. This is IFA 3.1/3.2 on the NGCDD Satisfaction Surveys.	

Systems Change Performance Measures

SC Sub-output measures

SC 1.1	The number of policy and/or procedures created or changed. Changes could include items created	
Describe:		
SC 1.2	The number of statute and/or regulations created or changed. Changes could include items created, data could include items drafted.	
Describe:		
SC 1.3.1	The number of promising practices created.	
Describe:		
SC 1.3.2	The number of promising practices supported through Council activities.	

Describe:	
SC1.3.3	The number of best practices created.
Describe:	
SC1.3.4	The number of best practices supported through Council activities.
Describe:	
SC1.4	The number of people trained or educated through Council systemic change initiatives. This number reflects "others trained/educated" as in service providers, policymakers, etc. Do not include people with I/DD or family members of people with I/DD.
Describe:	
SC1.5	The number of Council supported systems change activities with organizations actively involved. Activities would be those planned and/or funded by the Council.
Describe:	

SC2: Sub-outcome measures

SC2.1.1	The number of policy, procedure, statute, or regulation changes improved as a result of systems change. Data could include statewide changes and local or organizational level changes. Improvement could be a result of the creation of, or a change to, a policy, procedure, statute, or regulation. Ou
Describe:	
SC2.1.2	The number of policy, procedure, statute, or regulations changes implemented.
Describe:	
SC2.1.3	The number of promising and/or best practices improved as a result of system change activities.
Describe:	
SC2.1.4	The number of promising and/or best practices that were implemented.
Describe:	
Any other performance measures/numbers not reported above that you would like the Council to know about?	

Describe:

Additional Questions:

- 1) Were any products or deliverables created as a result of grant funds or efforts?
- 2) If you are using the above products and or deliverables in your Performance Measure Data, what is your identified method of tracking the impact of the product/deliverables and the results?

Definitions:

Best Practice: A technique or methodology that, through experience and research, has proven to reliably lead to a desired result.

Changed: The act of making or becoming different.

Created: To cause to come into being.

Implemented: To put into effect, put into action, put into practice, carry out, enact.

Improved: To make or become better, to raise to a more desirable condition, or quality.

Policy: A statement of how an organization or entity intends to conduct its services, actions, or business. Policies provide a set of guiding principles to help with decision making.

Procedure: A description of how each policy will be put into action. Procedures often outline who will do what; what steps will be taken, and which forms to use.

Policy and/or procedure change: A policy and/or procedure change reflects a course of action that has the potential to create or improve policies and/or procedures regarding services and supports that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Promising Practice: a practice with an innovative approach that improves upon existing practice and positively impacts the area of practice. The practice should demonstrate a high degree of success and the possibility of replication in other agencies or settings, but has not been tested.

Regulation: A rule or administrative code issued by governmental agencies at all levels, municipal, county, state, and federal. Regulations are not laws, but have the force of law since they are adopted under authority granted by statutes.

Statute: A law or other enactment made by a legislature and expressed in a formal document.

Statute and/or regulation change: A law and/or rule or administrative code that has the potential to improve laws, rules, or administrative codes regarding services, supports, and other assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life.

Trained, or educated: Training is an organized activity designed to give information and/or instructions to improve performance or help attain knowledge or skill; educated means to give information about something. This number would not include general public education (web-site hits, newspaper, social media, etc.)

Revised 9/30/16

NGCDD Consumer Satisfaction Survey

Grantee: WCHD

Goal/Objective: 3.3

Check the boxes below that describe you. (Check <u>all</u> that apply)			
	I am a self-advocate/person with an intellectual/developmental disability		I am White
	I am a family member of a self-advocate		I am Native Hawaiian or other Pacific Islander
	I am a professional or other		I am Asian
	I live in a rural area of Nevada		I am Native American/American Indian
	I am a male		I am Hispanic/Latino
	I am female		I am two or more races
	I am Black or African American		I don't know my race/I choose not to tell you what my race is.

Answer the following questions by checking Yes (thumbs up) or No (thumbs down).




Because of this project/activity.....

		Yes	No
IFA 2.1/2.2	I have increased my advocacy skills and abilities	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.3	I am better able to say what I want to say / say what is important to me	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.4	I am now participating in advocacy activities	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.5	I am serving on a cross-disability coalition, policy board, advisory board or other leadership position that makes decisions for others.	<input type="checkbox"/>	<input type="checkbox"/>
IFA 3.1/3.2	I am satisfied with this project activity	<input type="checkbox"/>	<input type="checkbox"/>

What skills did you gain from this activity or what impact has it made in your life?

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

TO: District Board of Health

FROM: Steve Kutz, RN, MPH, Director, Community and Clinical Health Services
775-328-6159; skutz@washoecounty.us

Nancy Kerns Cummins, Fiscal Compliance Officer
775-328-2419; nkcummins@washoecounty.us

SUBJECT: Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure.

SUMMARY

The Washoe County District Board of Health must approve changes to the adopted fee schedule.

Community and Clinical Health Services (CCHS) is requesting approval to modify the fee schedule to add Vasectomy Procedure.

Health District Strategic Priorities supported by this item:

Healthy Lives: Improve the health of our community by empowering individuals to live healthier lives.

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

PREVIOUS ACTION

On August 24, 2017, the Board approved modifying the laboratory fee schedule to add ThinPrep Pap test, associated Pathologist review and HPV high risk testing.

On January 26, 2017, the Board approved modifying the fee schedule to change the immunization administration fee to \$21.34.

On August 25, 2016, the Board approved modifying the fee structure for prescription and non-prescription drugs, specifically codes J8499 and A9150.

On March 24, 2016, the Board approved modifying the fee schedule to add Gentamycin, Bexsero MenB and Admin of Depo.

On October 22, 2015, the Board approved revisions to the fee schedule for the CCHS Division and authorized yearly increases using the Consumer Price Index for the Western Region.

Subject: Modify the CCHS Fee Schedule

Date: October 26, 2017

Page 2 of 2

BACKGROUND

The Family Planning Program is requesting approval to add vasectomy procedure to their fee schedule. Earlier this year, the Board approved an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North, to provide vasectomy procedures to clients referred by the Clinic.

FISCAL IMPACT

Should the Board approve the proposed revision to the Health District Fee Schedule for Vasectomy Procedure for \$539.19, the actual fiscal impact cannot be determined as the application the schedule of discounts and client's ability to pay varies. It is CCHS' policy to maximize collections from clients and third party payers.

RECOMMENDATION

Approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to approve the modification of the Community and Clinical Health Services pharmaceutical fee schedule to add Vasectomy Procedure."

DD	CA	___
DHO	___	KD ___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: October 26, 2017

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 Unappealed Notice of Violation Citation No. 5655 Issued to Lennar Reno LLC, Case No. 1197, with a \$1,520.00 Negotiated Fine and requirement to apply a dust palliative to the disturbed area within 30 days of the signed Memorandum of Understanding.

SUMMARY

Washoe County Air Quality Management Division (AQMD) Staff recommends Citation No. 5655 be **upheld** and a fine of **\$1,520.00** be levied against Lennar Reno LLC for failure to comply with the provisions of Dust Control Permit No. APCP17-0001 Condition 1, water truck requirement resulting in fugitive dust emissions, and Condition 11, maintain daily dust control operations log book. In addition, AQMD Staff recommends Lennar Reno LLC be required to apply a dust palliative to the disturbed area associated with Dust Control Permit No. APCP17-0001 within 30 days of the signed Memorandum of Understanding. Failure to comply with the specified provisions of an approved Dust Control Permit are **minor violations** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 Dust Control, C.1 Standards and E.2 Compliance and Records.

District Health Strategic Objective supported by this item: Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

No previous actions in past 12 months considered per Section 020.040 Civil Fines & Penalties.

BACKGROUND

On September 18, 2017, Air Quality Specialist II (AQS) Suzanne Dugger performed a routine dust control permit inspection at Lennar Reno LLC's Pioneer Meadows Village 10 project located at the intersection of Wingfield Hills Drive and Rolling Meadows Drive in Sparks. During the inspection, AQS Dugger observed uncontrolled fugitive dust emissions originating from the project and did not observe the presence of dust mitigation equipment (water truck) as required by Dust Control Permit No. APCP17-0001.

AQS Dugger attempted to make contact with Mr. David Brikic, the onsite representative for Lennar Reno LLC, to discuss the fugitive dust issue but was required to leave a voice message. AQS Dugger then made contact with Mr. Robert Haze, representative with Spanish Springs Construction, to indicate a fugitive dust issue at the project and determine the location of the water truck and the

location of the dust control logs. Mr. Haze stated that he was not at the site and there were no trucks available to dispatch to the location but he would locate the dust logs and have them delivered to the site.

AQS Dugger then contacted Mr. Timothy Scheideman, Director of Land Development for Lennar Reno LLC, to inform him of the fugitive dust originating from the project and request water trucks be dispatched to the project immediately. AQS Dugger explained Dust Control Permit No. APCP17-0001 requires two water trucks be present to adequately control fugitive dust at the Pioneer Meadows Village 10 project 24 hours a day, 7 days a week. The first water truck arrived at the project approximately 30 minutes after AQS Dugger's initial observation of fugitive dust and the second water truck arrived at the project approximately 15 minutes after the first truck. Prior to the arrival of the first water truck, AQS Dugger recorded more than five minutes of fugitive dust originating from the site in a video format. During the phone conversation with Mr. Scheideman, AQS Dugger stated due to the fugitive dust emissions observed in the absence of dust mitigation equipment at the project and the lack of daily dust control logs, Notice of Violation Citation No. 5655 would be issued to Lennar Reno LLC.

On September 25, 2017, Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement attended by AQS Dugger and Mr. Scheideman. Sr. AQS Restori explained to Mr. Scheideman that Lennar Reno LLC has a responsibility to control fugitive dust from the Pioneer Meadows Village 10 project 24 hours a day, 7 days a week and is required to comply with all conditions of Dust Control Permit No. APCP17-0001. Additionally, Sr. AQS Restori explained that the Washoe County Air Quality Management Division issued a strong wind/dust control advisory on September 14, 2017 requesting dust control permit holders inspect their sites for soil stability to prevent fugitive dust issues from occurring. Mr. Scheideman acknowledged receiving the advisory and took responsibility for the lack of attention to dust control at the project and agreed to comply with the conditions on the dust control permit. After consideration of all the facts in the case, Sr. AQS Restori recommended upholding Notice of Violation Citation No. 5655 with a fine of \$1,520.00 and the requirement to apply a dust palliative to the disturbed area associated with Dust Control Permit No. APCP17-0001 within 30 days of the signed Memorandum of Understanding. Mr. Scheideman agreed to the terms of the settlement agreement, but had to consult with the legal department at Lennar Reno LLC prior to signing the Memorandum of Understanding agreeing to the fine amount and additional requirement.

On October 2, 2017, Sr. AQS Restori and AQS Dugger met with Mr. Scheideman and all parties signed the Memorandum of Understanding agreeing to settle Notice of Violation Citation No. 5655 in the amount of \$1,520.00 with the additional requirement of applying a dust palliative to the disturbed area associated with Dust Control Permit No. APCP17-0001 within 30 days of the signed Memorandum of Understanding.

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 District Board of Health **uphold** Notice of Violation Citation No. 5655, Case No. 1197, and levy a fine in the amount of **\$1,520.00** as a negotiated settlement for a **minor violation**.

ALTERNATIVE

An alternative to upholding the Staff recommendation as presented would include:

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5655.

Or

2. The Board may determine to uphold Citation No. 5655 and levy any fine in the range of \$0 to \$2,400.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation or the alternatives, a possible motion would be:

1. "Move to grant the uphold Citation No. 5655, Case No. 1197, as recommended by Staff."

Or

2. "Move to uphold Citation No. 5655, Case No. 1197, and levy a fine in the amount of (*range of \$0 to \$2,400*), with the matter being continued to the next meeting to allow for Lennar Reno LLC to be properly noticed."



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



5655

NOTICE OF VIOLATION

NOV DATE ISSUED: 9-18-2017

ISSUED TO: LENNAR RENO LLC PHONE #: 745-0049

MAILING ADDRESS: 10345 PROFESSIONAL CIR. CITY/ST: RENO ZIP: 89521

NAME/OPERATOR: TIM SCHEIDEMAN SUITE #100 PHONE #: 745-0049

COMPLAINT NO. NLMP17-00745/WV10-AGM17-0012 PERMIT # APCP 17-0001

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9-18-2017 (DATE) AT 11:45 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 checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input checked="" type="checkbox"/> 040.030 <u>DUST CONTROL</u> | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 <u>ODOR/NUISANCE</u> | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 <u>DIESEL IDLING</u> | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: 040.030 SEC. C.1 - CAUSING FUGITIVE DUST EMISSIONS AND 040.030 SEC. E, 2 - FAILURE TO MAINTAIN OR PROVIDE DUST CONTROL DAILY LOGS UPON REQUEST.

LOCATION OF VIOLATION: PIONEER VILLAGE 10

POINT OF OBSERVATION: WINGFIELD HILLS DRIVE & ROLLING MEADOWS

Weather: PTLY CLOUDY Wind Direction From: N E S W

Emissions Observed: 5 MINUTES OF VIDEO
 (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 9-18-2017 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATELY 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: 9-25-2017

Issued by: [Signature] Title: ADSTI

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: October 2, 2017

Company Name: Lennar Reno LLC

Address: 10345 Professional Circle Ste. 100 Reno, Nevada 89521

Notice of Violation # 5655 Case # 1197

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Section C.1 and E.2 for failure to comply with the provisions of an approved Dust Control Permit (water trucks) resulting in fugitive dust emissions and failure to maintain daily records demonstrating compliance (dust control logs).

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1520.00 and see * below. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 19, 2017

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.

*Per this Memorandum of Understanding (MOU) Lennar Reno LLC agrees to establish a long-term stable surface to the disturbed soil at the Pioneer Meadows Village 10 (APCP17-0001) project within 30 days of this signed MOU.

Tim Scheideman

Signature of Company Representative

Timothy Scheideman

Print Name

Dir. of LAND DEV.

Title

Witness

Joshua Restori

Signature of District Representative

Joshua Restori

Print Name

Sr. Air Quality Specialist

Title

Shannon Suggs

Witness



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

Company Name Lennar Reno LLC
Contact Name Tim Scheideman

Case 1197 NOV 5655 WVIO-AQM 17-0014

I. Violation of Section 040.030 Sec. C.1 (Fugitive Dust Emissions/Water Truck Requirement)

I. **Recommended/Negotiated Fine** = \$ 1430

II. Violation of Section 040.030 Sec. E.2 (Recordkeeping - Dust Control Logs)

II. **Recommended/Negotiated Fine** = \$ 90

III. Violation of Section 0

III. **Recommended/Negotiated Fine** = \$ 0

IV. Violation of Section 0

IV. **Recommended/Negotiated Fine** = \$ 0

V. Violation of Section 0

V. **Recommended/Negotiated Fine** = \$ 0

Total Recommended/Negotiated Fine = \$ 1520


Air Quality Specialist

10-2-2017
Date


Senior AQ Specialist/Supervisor

10/2/2017
Date

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

Company Name Lennar Reno LLC
 Contact Name Tim Scheideman

Case 1197 NOV 5655 WVIO-AQM 17-0014

Violation of Section 040.030 Sec. C.1 (Fugitive Dust Emissions/Water Truck Requirement)

I. Base Penalty as specified in the Penalty Table = \$ 250.00

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** 0.5

Comment: Violation of 040.030 Sec. C.1 constitutes a minor violation per 020.040.C

2. Toxicity of Release

Criteria Pollutant – 1x

Hazardous Air Pollutant – 2x **Adjustment Factor** 1.0

Comment: Particulate matter (PM10) is considered a criteria pollutant per the Clean Air Act

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

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

Comment: Project is adjacent to residential area and public recreational parks

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 250 x Adjustment Factor 0.75 = \$ 187.5

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 187.5 x Number of Days or Units 1 = \$ 187.5

Comment: One day of observation

D. Economic Benefit

Avoided Costs \$ \$1,500.00 + Delayed Costs \$ 0 = \$ 1500

Comment: 2 water trucks to operate at \$750 per day. Trucks arrived due to AQMD request.

Penalty Subtotal

Adjusted Base Penalty \$ 187.5 + Economic Benefit \$ 1500 = \$ 1687.5

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>15%</u>
B. Mitigating Factors (0 – 25%)	-	<u>25%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Lennar is willing to negotiate a settlement.</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>0%</u>
Comment <u>Previous violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: <u>None</u>		
Similar Violation within past 3 year (10 - 25%)	+	<u>25%</u>
Comment: <u>Fugitive dust citation in 10/2014.</u>		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-15%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:								
\$ <u>1687.5</u>	x	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;"><u>-15%</u></td> <td style="width: 5%; text-align: center;">=</td> <td style="width: 65%; text-align: right;"><u>-253.125</u></td> </tr> <tr> <td style="text-align: center;">Total Adjustment Factors</td> <td></td> <td style="text-align: right;">Total Adjustment Value</td> </tr> </table>	<u>-15%</u>	=	<u>-253.125</u>	Total Adjustment Factors		Total Adjustment Value
<u>-15%</u>	=	<u>-253.125</u>						
Total Adjustment Factors		Total Adjustment Value						
Penalty Subtotal (From Section II)								

Additional Credit for Environmental Investment/Training	-	<u>\$ 0</u>
Comment: _____		
Adjusted Penalty:		

\$ <u>1687.5</u>	+/-	\$ <u>-253.125</u>	=	\$ <u>1430</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine


Air Quality Specialist


Senior AQ Specialist/Supervisor

10-2-2017
Date

10/2/2017
Date

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

Company Name Lennar Reno LLC
 Contact Name Tim Scheideman

Case 1197 NOV 5655 WVIO-AQM 17-0014

Violation of Section 040.030 Sec. E.2 (Recordkeeping - Dust Control Logs)

I. Base Penalty as specified in the Penalty Table = \$ 250

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 0.5

Comment: Violation of 040.030 Sec. C.1 constitutes a minor violation per 020.040.C

2. Toxicity of Release

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

Comment: Particulate matter (PM10) is considered a criteria pollutant per the Clean Air Act

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

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

Comment: Project is adjacent to residential area and public recreational parks

Total Adjustment Factors (1 x 2 x 3) = 0.75

B. Adjusted Base Penalty

Base Penalty \$ 250 x Adjustment Factor 0.75 = \$ 187.5

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 187.5 x Number of Days or Units 1 = \$ 187.5

Comment: One day of observation

D. Economic Benefit

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

Comment: Records were being maintained but were not made available when requested

Penalty Subtotal

Adjusted Base Penalty \$ 187.5 + Economic Benefit \$ 0 = \$ 187.5

**Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 15%

B. Mitigating Factors (0 – 25%) - 25%

1. Negotiated Settlement
2. Ability to Pay
3. Other (explain)

Comment: Lennar is willing to negotiate settlement

C. Compliance History

No Previous Violations (0 – 10%) - 10%

Comment: Previous Violations

Similar Violation in Past 12 months (25 - 50%) + 0%

Comment: None

Similar Violation within past 3 year (10 - 25%) + 0%

Comment: None

Previous Unrelated Violation (5 – 25%) + 0%

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -50%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

\$ <u>187.5</u>	x	<u>-50%</u>	=	<u>-93.75</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>187.5</u>	+/-	\$ <u>-93.75</u>	=	\$ <u>90</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Suzanne Sawyer
Air Quality Specialist

10-2-2017
Date

JC [Signature]
Senior AQ Specialist/Supervisor

10/2/2017
Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 5,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	10,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2500	10000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2500	5000
	All other Major Violations (per day or event)	5000	10000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

DD	NA	___
DHO	AD	___
DA	NA	___
Risk	NA	___

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
 328-2417, aheenan@washoecounty.us
SUBJECT: Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2018

SUMMARY

The first quarter of the fiscal year 2018 (FY18) ended with a cash balance of \$4,175,846. Total revenues were \$5,322,570 which was 23.5% of budget and an increase of \$682,183 over FY17; \$534,835 of that is due to the contingency transfer approved by the Board of County Commissioners for the additional mosquito abatement required due to the floods earlier in the year. The expenditures totaled \$5,606,038 or 24.0% of budget and up \$451,788 or 8.8% compared to FY17 mainly due to the increased costs for chemicals required for additional mosquito abatement treatments.

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

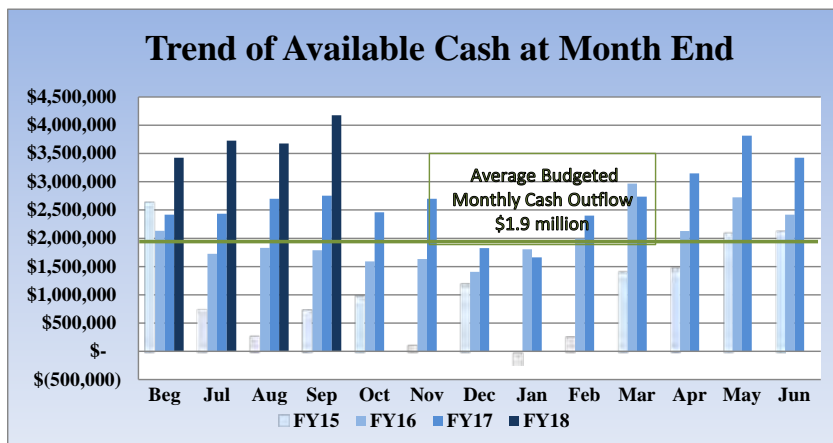
PREVIOUS ACTION

Fiscal Year 2018 Budget was adopted May 23, 2017.

BACKGROUND

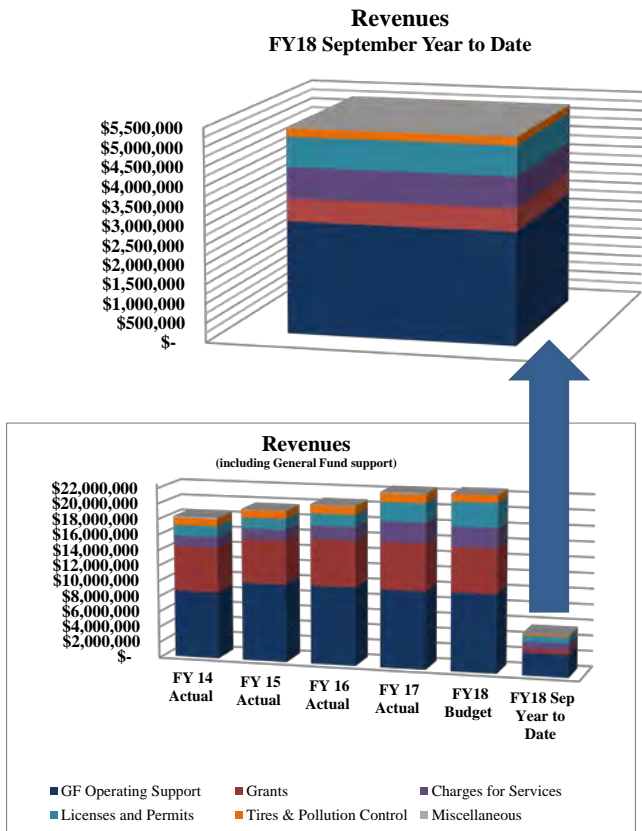
Review of Cash

The available cash at the end of September, FY18, was \$4,175,846 which was 214.2% of the average budgeted monthly cash outflow of \$1,949,497 for the fiscal year and up 51.7% or \$1,423,466 compared to the same time in FY17. The encumbrances and other liability portion of the cash balance totals \$1.5 million; the portion of cash restricted as to use is approximately \$1.2 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$1.5 million.



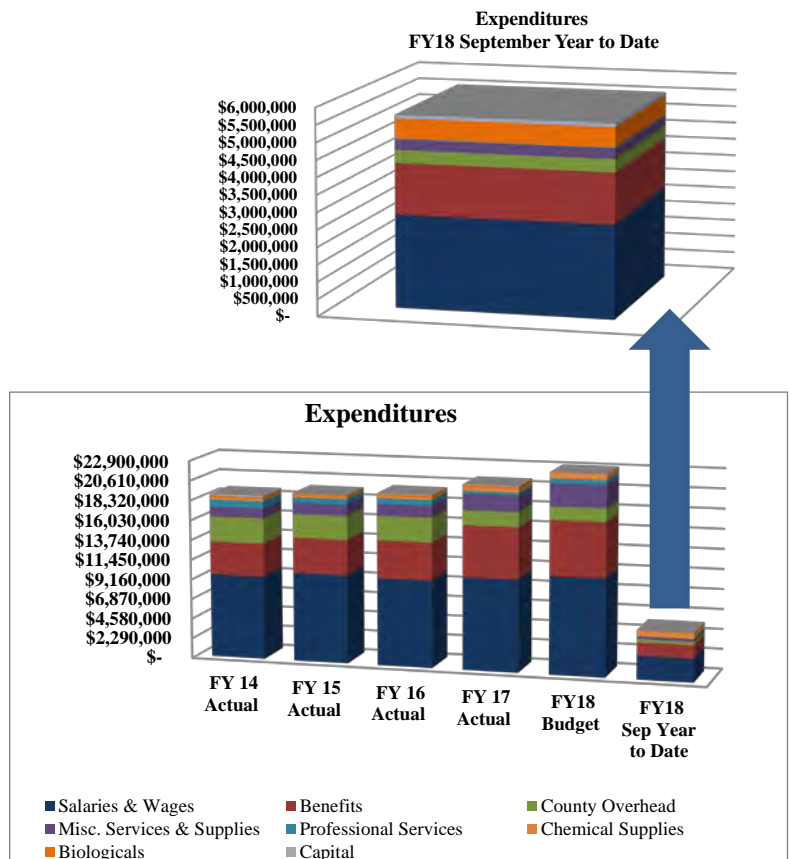
Note: January FY15 negative cash is due to no County General Fund support being transferred to the Health Fund leading to a negative cash situation.

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



Total year to date **revenues** of \$5,322,570 were up \$682,183 compared to September FY17; of that increase \$534,835 was due to the County General Fund transfer for the additional mosquito abatement required this fiscal year. The revenue categories that were up over last fiscal year are as follows: licenses and permits of \$783,749 were up \$205,157 or 35.5% mainly due to fee increases effective July 1, 2017 and an increase in the work load associated with the fees; charges for services of \$808,659 were up \$242,325 or 42.8%; and, the County General Fund transfer of \$2,914,049 was up \$464,835 or 19.0% due to the contingency transfer for mosquito abatement. The revenue categories that were down compared to FY17 includes: federal and state grant reimbursements of \$594,074 down \$162,598 or 21.5%; tire and pollution control revenues of \$218,553 down \$64,405 or 22.8%; and, miscellaneous revenues of \$3,487 were down \$3,130.

The total year to date **expenditures** of \$5,606,038 increased by \$451,788 or 8.8% compared to the same time frame in FY17 mainly due to the \$355,524 additional chemical supplies purchased for Mosquito abatement; the balance of the \$534,835 contingency transfer has been spent but is pending payment in October. Salaries and benefits expenditures for the fiscal year were \$4,218,458 up \$96,038 or 2.3% over the prior year. The total services and supplies of \$1,379,122 were up \$347,292 due to the increase in chemical costs. The major expenditures included in the services and supplies are: the professional services which totaled \$20,943 and were down \$3,871 or 15.6% over the prior year; chemical supplies of \$587,017 were up 679.4% or \$511,703 over last year; the biologicals of \$82,882 were down \$381 or 0.5%; and, County overhead charges of \$380,155 were down 10.6% or \$45,044. There has been \$8,458 in capital expenditures this fiscal year.



Review of Revenues and Expenditures by Division

ODHO has received grant funding of \$1,554 for workforce development initiatives and spent \$213,383 up \$50,802 over FY17 mainly due to the cost associated with the Community Health Needs Assessment and the hiring of Public Service Interns. **AHS** has spent \$280,209 down \$4,231 compared to FY17. **AQM** revenues were \$550,356 which was down \$85,965 compared to FY17 due to a lag in federal grant reimbursements and spent \$655,797 down \$72,238 over last fiscal year due to costs for advertisement campaigns and support for the Reno-Tahoe Clean Cities Coalition in FY17 not spent in FY18. **CCHS** revenue was \$549,835 which was up \$131,067 over FY17 mainly due to Medicaid and Insurance reimbursements and spent \$1,817,909 or \$86,244 more than FY17 due to an increase in salaries and benefits costs for FY18. **EHS** revenue was \$1,008,219 up \$228,048 over FY17 mainly due to increased permitting revenue and spent \$2,042,468 which was an increase of \$423,703 over last year due to the increased chemical cost for the Vector program. **EPHP** revenue was \$298,555 down \$57,357 over last year mainly due to loss of grant funding for the Public Health Preparedness program and expenditures were \$596,270 down \$32,491 over FY17.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2013/2014 through September Year to Date Fiscal Year 2017/2018 (FY18)									
	Actual Fiscal Year			Fiscal Year 2016/2017		Fiscal Year 2017/2018			
	2013/2014	2014/2015	2015/2016	Actual Year End (unaudited)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY18 Increase over FY17
Revenues (all sources of funds)									
ODHO	-	-	15,000	51,228	-	6,639	1,554	23.4%	-
AHS	87,930	151	-	-	-	-	-	-	-
AQM	2,491,036	2,427,471	2,520,452	2,979,720	636,322	3,195,239	550,356	17.2%	-13.5%
CCHS	3,388,099	3,520,945	3,506,968	3,872,898	418,769	3,749,596	549,835	14.7%	31.3%
EHS	1,890,192	2,008,299	2,209,259	3,436,951	780,171	3,789,441	1,008,219	26.6%	29.2%
EPHP	1,805,986	1,555,508	2,141,334	2,027,242	355,912	1,818,890	298,555	16.4%	-16.1%
GF support	8,603,891	10,000,192	10,076,856	10,002,381	2,449,214	10,051,691	2,914,049	29.0%	19.0%
Total Revenues	\$18,267,134	\$19,512,566	20,469,870	\$22,370,420	\$ 4,640,387	\$22,611,496	\$ 5,322,570	23.5%	14.7%
Expenditures (all uses of funds)									
ODHO	-	481,886	594,672	904,268	162,581	1,079,245	213,383	19.8%	31.2%
AHS	1,336,740	1,096,568	996,021	1,119,366	284,441	1,156,241	280,209	24.2%	-1.5%
AQM	2,524,702	2,587,196	2,670,636	2,856,957	728,036	3,437,526	655,797	19.1%	-9.9%
CCHS	6,949,068	6,967,501	6,880,583	7,294,144	1,731,666	7,641,655	1,817,909	23.8%	5.0%
EHS	5,737,872	5,954,567	5,939,960	6,366,220	1,618,766	7,515,458	2,042,468	27.2%	26.2%
EPHP	2,374,417	2,312,142	2,688,659	2,616,411	628,761	2,563,833	596,270	23.3%	-5.2%
Total Expenditures	\$18,922,800	\$19,399,859	19,770,532	\$21,157,367	\$ 5,154,249	\$23,393,959	\$ 5,606,038	24.0%	8.8%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	-	(481,886)	(579,672)	(853,040)	(162,581)	(1,072,606)	(211,828)		
AHS	(1,248,810)	(1,096,417)	(996,021)	(1,119,366)	(284,441)	(1,156,241)	(280,209)		
AQM	(33,666)	(159,725)	(150,184)	122,763	(91,714)	(242,287)	(105,441)		
CCHS	(3,560,969)	(3,446,556)	(3,373,615)	(3,421,246)	(1,312,897)	(3,892,059)	(1,268,074)		
EHS	(3,847,680)	(3,946,268)	(3,730,701)	(2,929,270)	(838,595)	(3,726,017)	(1,034,249)		
EPHP	(568,431)	(756,634)	(547,325)	(589,168)	(272,849)	(744,943)	(297,715)		
GF Operating	8,603,891	10,000,192	10,076,856	10,002,381	2,449,214	10,051,691	2,914,049		
Surplus (deficit)	\$ (655,666)	\$ 112,707	699,338	\$ 1,213,053	\$ (513,862)	\$ (782,463)	\$ (283,467)		
Fund Balance (FB)	\$ 2,155,799	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897		\$ 3,398,434			
FB as a % of Expenditures	11%	12%	15%	20%		15%			

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 Fund Financial Review for September, Fiscal Year 2018.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2018.

Attachment:
Health District Fund financial system summary report

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
422503 Environmental Permits	79,990	20,677	59,313	26	56,527	15,896	40,631	28
422504 Pool Permits	245,334	38,720	206,615	16	169,246	18,766	150,481	11
422505 RV Permits	25,783	8,434	17,349	33	18,590	4,701	13,889	25
422507 Food Service Permits	1,263,372	291,627	971,745	23	805,632	189,079	616,553	23
422508 Wat Well Const Perm	146,747	37,785	108,962	26	78,840	30,191	48,649	38
422509 Water Company Permits	29,941	28,121	1,820	94	21,850	6,651	15,199	30
422510 Air Pollution Permits	766,406	180,247	586,159	24	608,864	164,419	444,445	27
422511 ISDS Permits	234,031	77,382	156,649	33	165,195	64,081	101,114	39
422513 Special Event Permits	208,827	77,561	131,266	37	168,108	60,385	107,724	36
422514 Initial Applic Fee	104,711	23,195	81,516	22	55,800	24,425	31,376	44
* Licenses and Permits	3,105,142	783,749	2,321,393	25	2,148,652	578,592	1,570,060	27
431100 Federal Grants	5,084,047	536,388	4,547,659	11	5,651,096	697,411	4,953,685	12
431105 Federal Grants - Indirect	472,592	45,759	426,833	10	461,750	50,284	411,465	11
432100 State Grants	212,259	10,648	201,611	5	211,364	7,917	203,447	4
432105 State Grants-Indirect	17,396	1,279	16,117	7	16,597	1,060	15,537	6
432310 Tire Fee NRS 444A.090	450,000	128,906	321,094	29	475,000	196,301	278,699	41
432311 Pol Ctrl 445B.830	587,828	89,647	498,181	15	550,000	86,657	463,343	16
* Intergovernmental	6,824,121	812,626	6,011,495	12	7,365,806	1,039,630	6,326,176	14
460162 Services to Other Agencies	19,000	19,000	19,000	100	39,417	39,417	39,417	100
460500 Other Immunizations	20,000	19,280	720	96	42,150	5,422	36,728	13
460501 Medicaid Clinical Services	85,500	56,345	29,155	66	59,935	11,768	48,167	20
460503 Childhood Immunizations	200	6	195	3	13,024	93	12,931	1
460507 Medicaid Admin Claiming						115	115	100
460508 Tuberculosis	6,580	2,783	3,797	42	7,000	801	6,199	11
460509 Water Quality	500		500	100	500	710	210	142
460510 IT Overlay	48,435	15,129	33,307	31	39,025	10,283	28,742	26
460511 Birth and Death Certificates	515,000	126,980	388,020	25	490,000	140,143	349,857	29
460512 Duplication Service Fees	75,753	39,117	36,636	52	60,908	17,527	43,381	29
460513 Other Health Service Charges						1,176	1,176	100
460514 Food Service Certification								
460515 Medicare Reimbursement	66,000	65,311	689	99	16,394	17,193	799	105
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza Immunization								
460518 STD Fees	25,000	10,896	14,104	44	17,200	8,621	8,579	50
460519 Outpatient Services	500		500	100	1,200	1,200	1,200	100
460520 Eng Serv Health	168,844	75,320	93,524	45	120,960	32,321	88,639	27
460521 Plan Review - Pools & Spas	1,179	1,694	515	144	8,470	3,518	4,952	42
460523 Plan Review - Food Services	81,584	17,033	64,551	21	56,150	6,930	49,220	12
460524 Family Planning	40,000	17,018	22,982	43	35,000	16,320	18,680	47
460525 Plan Review - Vector	99,179	30,057	69,122	30	82,842	24,535	58,307	30
460526 Plan Review-Air Quality	122,695	19,013	103,682	15	79,589	19,129	60,460	24
460527 NOE-AQM	238,433	71,177	167,256	30	176,103	53,188	122,915	30
460528 NESHAP-AQM	225,847	31,332	194,515	14	153,862	49,765	104,097	32

Period: 1 thru 3 2018
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actuals	Balance	Act%
460529 Assessments-AQM	106,866-	30,888-	75,978-	29	81,614-	21,796-	59,818-	27
460530 Inspector Registr-AQ	6,750-		6,750-		4,608-	1,047-	3,561-	23
460531 Dust Plan-Air Quality	334,771-	97,488-	237,283-	29	257,784-	106,623-	151,161-	41
460532 Plan Rvw Hotel/Motel		2,826-	2,826		2,530-		2,530-	
460533 Quick Start						251-	251	
460534 Child Care Inspection	21,169-	8,382-	12,787-	40	14,904-	5,932-	8,972-	40
460535 Pub Accomod Inspectn	46,666-	12,094-	34,572-	26	33,060-	11,357-	21,703-	34
460570 Education Revenue								
460723 Other Fees	197,528-	58,490-	139,038-	30	97,142-	97,142-	97,142-	
* Charges for Services	2,553,979-	808,657-	1,745,322-	32	1,991,371-	566,334-	1,425,037-	28
481150 Interest-Non Pooled								
484000 Donations,Contributions					4,000-		4,000-	
484050 Donations Federal Pgm Income	16,050-	3,134-	12,916-	20	24,201-	4,917-	19,284-	20
484197 Non-Gov. Grants-Indirect	14,428-		14,428-		11,367-		11,367-	
485100 Reimbursements	46,084-	150-	45,934-	0	42,576-		42,576-	
485300 Other Misc Govt Rev		203-	203		35,000-	1,700-	33,300-	5
* Miscellaneous	76,562-	3,487-	73,075-	5	117,144-	6,617-	110,527-	6
** Revenue	12,559,804-	2,408,519-	10,151,286-	19	11,622,973-	2,191,173-	9,431,800-	19
701110 Base Salaries	10,242,685	2,482,086	7,760,599	24	9,864,879	2,409,016	7,455,862	24
701120 Part Time	230,388	68,377	162,012	30	314,723	63,059	251,664	20
701130 Pooled Positions	349,605	140,823	208,782	40	475,463	105,871	369,593	22
701140 Holiday Work	4,319	1,443	2,875	33	4,319	1,006	3,313	23
701150 xcContractual Wages								
701199 Bud Labor Cost Savings-Wages	164,408	1,135	163,273	1	165,730	932	164,798	1
701200 Incentive Longevity	68,566	18,254	50,312	27	80,479	23,689	56,790	29
701300 Overtime	300	146	154	49	287	44	242	15
701403 Shift Differential	38,000	7,415	30,585	20	38,000	7,902	30,098	21
701406 Standby Pay	5,000	510	4,490	10	5,000	1,390	3,610	28
701408 Call Back	62,329		62,329		84,557		84,557	
701412 Salary Adjustment	84,041	2,030	82,011	2	84,423	29,926	54,497	35
701413 Vac Payoff/Sick Pay-Term								
701414 Vacation Denied-Payoff								
701417 Comp Time		2,757	2,757-		0	4,002	4,002-	*6544
701419 Comp Time - Transfer						4	4-	
701500 Merit Awards								
* Salaries and Wages	11,249,641	2,724,975	8,524,666	24	11,117,860	2,646,842	8,471,017	24
705110 Group Insurance	1,634,991	386,174	1,248,816	24	1,755,795	421,859	1,333,936	24
705115 Employer HSA Contributions	66,000	846	65,154	1	529		529	
705190 OPEB Contribution	1,305,189	326,297	978,892	25	1,181,460	295,365	886,095	25
705199 Lab Cost Sav-Benef								
705210 Retirement	2,978,526	716,839	2,261,687	24	2,907,355	694,935	2,212,420	24
705215 Retirement Calculation								
705230 Medicare April 1986	146,547	37,524	109,023	26	143,403	36,964	106,439	26

Period: 1 thru 3 2018
 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	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
705240 Insur Budgeted Incr	48,610		48,610					
705320 Workmens Comp	97,239	24,853	72,386	26	93,193	25,543	67,650	27
705330 Unemply Comp	10,224	949	9,276	9	13,751	912	12,840	7
705360 Benefit Adjustment	26,216		26,216		21,529		21,529	
* Employee Benefits	6,313,542	1,493,482	4,820,060	24	6,117,014	1,475,577	4,641,437	24
710100 Professional Services	408,205	8,214	399,991	2	655,630	15,067	640,563	2
710101 Lab Testing Services								
710105 Medical Services	9,971	1,086	8,885	11	9,971	520	9,451	5
710108 MD Consultants	58,936	950	57,986	2	61,210	7,974	53,236	13
710110 Contracted/Temp Services	53,610	10,693	42,917	20	39,600	1,254	38,346	3
710119 Subrecipient Payments								
710155 Lobbying Services								
710200 Service Contract	63,129	25,860	37,268	41	91,731	29,510	62,221	32
710201 Laundry Services		379	379					
710205 Repairs and Maintenance	9,545	5,086	4,459	53	14,843	6,172	8,671	42
710210 Software Maintenance	3,000		3,000		12,319		12,319	
710300 Operating Supplies	121,258	18,319	102,939	15	178,449	42,957	135,492	24
710302 Small Tools & Allow	1,435	17	1,418	1	1,435	1,008	427	70
710308 Animal Supplies	1,600	755	845	47	1,600	863	737	54
710312 Special Dept Expense		480	480					
710319 Chemical Supplies	767,535	587,017	180,518	76	438,225	75,314	362,911	17
710325 Signs and Markers								
710334 Copy Machine Expense	26,357	4,725	21,631	18	35,875	4,922	30,953	14
710335 Copy Machine-Copy Charges	4,794	1,281	3,513	27	2,001	557	1,444	28
710350 Office Supplies	37,516	8,551	28,965	23	42,667	6,822	35,845	16
710355 Books and Subscriptions	4,953	1,231	3,722	25	15,690	1,370	14,320	9
710360 Postage	20,255	1,708	18,547	8	21,774	4,527	17,247	21
710361 Express and Courier	100	7	94	7	370	7	363	2
710391 Fuel & Lube	125		125		125		125	
710400 Payments to Other Agencies	111,850	4,249	107,601	4	31,500	4,157	27,343	13
710412 Do Not Use								
710500 Other Expense	19,274	1,637	17,637	8	105,780	2,254	103,526	2
710502 Printing	15,669	936	14,733	6	26,573	2,428	24,145	9
710503 Licenses & Permits	8,845	964	7,881	11	9,245	1,085	8,160	12
710504 Registration		400	400					
710505 Rental Equipment								
710506 Dept Insurance Deductible		150	150		1,800	1,800	284	100
710507 Network and Data Lines	7,550	1,520	6,030	20	9,662	2,374	7,288	25
710508 Telephone Land Lines	36,373	8,565	27,808	24	36,606	8,842	27,764	24
710509 Seminars and Meetings	40,623	5,156	35,468	13	47,577	8,290	39,287	17
710512 Auto Expense	8,432	1,532	6,901	18	13,109	1,666	11,443	13
710514 Regulatory Assessments	20,000	4,962	15,038	25	20,000	3,418	16,582	17
710519 Cellular Phone	14,641	2,063	12,578	14	14,833	2,277	12,556	15

Period: 1 thru 3 2018
 Accounts: GO-P-L P&L Accounts
 Business Area: *

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

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710529 Dues	32,654	1,712	30,942	5	8,362	28,331	19,969-	339
710535 Credit Card Fees	51,157	15,315	35,842	30	52,157	5,739	46,418	11
710546 Advertising	173,907	11,850	162,057	7	149,712	42,978	106,734	29
710551 Cash Discounts Lost		6				9		
710563 Recruitment		771	771-					
710571 Safety Expense	55,000	9,951	45,049	18	55,000		55,000	
710577 Uniforms & Special Clothing	5,200	1,857	3,343	36	5,657	1,303	4,354	23
710585 Undesignated Budget	794,954		794,954		450,000		450,000	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 LT Lease-Office Space	76,607	19,152	57,455	25	76,607	19,152	57,455	25
710620 LT Lease-Equipment								
710703 Biologicals	274,631	82,882	191,749	30	302,681	83,263	219,418	28
710714 Referral Services	6,780		6,780		6,780		6,780	
710721 Outpatient	111,667	9,884	101,783	9	108,555	7,457	101,098	7
710872 Food Purchases	2,744	199	2,545	7	2,994	213	2,781	7
711008 Combined Utilities	90,800	22,700	68,100	25	90,800	22,700	68,100	25
711010 Utilities								
711100 ESD Asset Management	40,091	10,584	29,507	26	47,382	11,925	35,457	25
711113 Equip Srv Replace	55,159	11,131	44,027	20	44,876	10,264	34,612	23
711114 Equip Srv O & M	64,486	21,091	43,395	33	66,315	19,614	46,701	30
711115 Equip Srv Motor Pool	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	27,852	9,234	18,618	33	34,167	8,442	25,725	25
711119 Prop & Liab Billings	82,007	20,502	61,505	25	82,007	19,677	62,330	24
711210 Travel	153,890	21,207	132,683	14	183,341	15,160	168,181	8
711213 Travel-Non Cnty Pers		1,944	1,944-			2,148	2,148-	
711300 Cash Over Short						0	0-	
711399 ProCard in Process								
711400 Overhead - General Fund	1,520,621	380,155	1,140,466	25	1,700,797	425,199	1,275,598	25
711504 Equipment nonCapital	76,270	18,379	57,891	24	75,392	6,116	69,276	8
711508 Computers nonCapital	20,000		20,000					
711509 Comp Sftw nonCap	2,631	123	2,508	5		6,344	6,344-	
* Services and Supplies	5,605,504	1,379,119	4,226,385	25	5,494,596	973,749	4,520,847	18
781004 Equipment Capital	100,000		100,000		40,472		40,472	
781007 Vehicles Capital								
781009 Computer Software Capital	25,000	8,458	16,542	34	25,000		25,000	
** Capital Outlay	125,000	8,458	116,542	7	65,472		65,472	
** Expenses	23,293,687	5,606,034	17,687,653	24	22,794,942	5,096,168	17,698,774	22
* 621001 Transfer From General	10,051,691-	2,914,049-	7,137,642-	29	10,002,381-	2,449,214-	7,553,167-	24
* Transfers In	10,051,691-	2,914,049-	7,137,642-	29	10,002,381-	2,449,214-	7,553,167-	24
812230 To Reg Permits-230	100,271		100,271		58,081	58,081		100
814430 To Reg Permits Capit								
* Transfers Out	100,271		100,271		58,081	58,081		100

Period: 1 thru 3 2018
 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	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
** Other Financing Src/Use	9,951,420-	2,914,049-	7,037,371-	29	9,944,300-	2,391,133-	7,553,167-	24
*** Total	782,463	283,467	498,996	36	1,227,669	513,862	713,807	42

DD	SK	_____
DHO	_____	_____
DDA	_____	_____
Risk	_____	_____

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

TO: District Board of Health
FROM: Kelli Goatley-Seals, Health Educator Coordinator
328-6160, kseals@washoecounty.us
SUBJECT: Washoe County Food Policy Council updates and accomplishments

BACKGROUND

In October 2011, the Washoe County District Board of Health established the Washoe County Food Policy Council (Council) as a volunteer public/private partnership to assemble representation from all sectors of the Food System for networking, collaboration, and promotion of access to healthy foods.

The Council is charged with implementing the goals of the Washoe County Food Plan (Access to Healthy Food in Washoe County: A Framework for Food System Design), and to work toward reducing barriers so that all residents have access to healthy food.

Since being established the Council has provided periodic updates to the Washoe County District Board of Health on the Council's activities and accomplishments. Council leadership also periodically meets with the District Health Officer to provide updates and information.

The Council operates as a volunteer board with no staff or operating budget. The Council meets at the Washoe County complex, and a staff person from the Washoe County Health District's Chronic Disease Prevention Program provides minimal administrative assistance.

RECENT ACTIVITIES AND ACCOMPLISHMENTS OF THE COUNCIL

Food policy items included in the 2017 Qualified Allocation Plan (QAP)

Council members proposed language for the Nevada Housing Division's QAP to include food and garden items in the application for low income housing credits. Language related to community food growing areas was approved and included in the 2017 QAP.

Monitoring and involvement in community meetings and planning activities

The Council has been actively engaged in the ReImagine Reno master plan activities, providing input and language related to food access.

Policy and advocacy initiatives related to the 2017 Legislative session

The Council identified key policy issues, tracked and followed bill, and provided written testimony at the Legislature. Legislative topics of interest to the Council included urban agriculture, school gardens, food services for seniors, water, and legislation impacting cooperative extensions.

Involvement in community food security and food system assessment efforts

The Council prepared and presented Food Day Proclamation at the Board of County Commission, City of Reno and City of Sparks. Members contributed to a recent local food system assessment.



Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

REMSA

FRANCHISE COMPLIANCE REPORT

SEPTEMBER 2017



**REMSA Accounts Receivable Summary
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September					
October					
November					
December					
January					
February					
March					
April					
May					
Totals	8087	\$9,199,515	\$1,137.57		

Allowed ground average bill: \$1,161.23
 Monthly average collection rate: 36%



Fiscal 2017-2018

Compliance			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%

Year to Date: July 2017 through September 2017

Priority 1 Zone A	Priority 1 Zones B,C,D
92%	94%

Year to Date: July 2017 through September 2017

Average Response Times by Entity				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-16	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-16	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-16	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06

Year to Date: July 2017 through September 2017

Priority	Reno	Sparks	Washoe County
P-1	4:58	5:48	7:57
P2	5:10	6:10	8:28



REMSA OCU INCIDENT DETIAL REPORT
Period: 09/01/17 thru 09/30/17

Corrections Requested					
Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time Correct
Zone A	9/1/2017 18:48	9/1/2017 18:58	3S76	0:03:35	0:10:20
Zone A	9/1/2017 18:48	9/1/2017 18:58	1B07	0:11:07	0:10:20
Zone A	9/2/2017 16:35	9/2/2017 16:35	1E26	-00:00:03	0:00:14
Zone A	9/2/2017 22:35	9/2/2017 22:35	1C12	-00:00:21	0:00:12
Zone A	9/3/2017 13:23	9/3/2017 13:24	1C43	-00:00:34	0:00:29
Zone A	9/4/2017 2:31	9/4/2017 2:35	1C16	0:18:47	0:04:03
Zone A	9/5/2017 12:06	9/5/2017 12:07	1C30	-00:00:06	0:00:23
Zone A	9/9/2017 22:57	9/9/2017 22:58	1C08	-00:00:13	0:00:37
Zone A	9/12/2017 22:19	9/12/2017 22:19	1C16	0:00:35	0:00:35
Zone A	9/14/2017 16:51	9/14/2017 16:52	1C34	-00:00:28	0:00:19
Zone A	9/15/2017 8:22	9/15/2017 8:22	1C01	-00:00:09	0:00:07
Zone A	9/15/2017 14:40	9/15/2017 14:40	1C26	-00:00:55	0:00:16
Zone A	9/19/2017 0:04	9/19/2017 0:07	1X10	0:15:05	0:03:19
Zone A	9/23/2017 7:51	9/23/2017 7:55	1C22	0:04:45	0:04:04
Zone A	9/25/2017 10:32	9/25/2017 10:32	1C36	-00:00:12	0:00:33
Zone A	9/27/2017 19:22	9/27/2017 19:23	1C19	-00:08:55	0:00:44
Zone A	9/29/2017 7:06	9/29/2017 7:10	1C12	0:04:35	0:03:47
Zone A	9/29/2017 10:52	9/29/2017 10:55	1C12	0:03:43	0:03:27
Zone A	9/29/2017 10:52	9/29/2017 10:55	3S75	0:04:46	0:03:27
Zone A	9/29/2017 13:42	9/29/2017 13:47	1C12	0:05:57	0:05:05
Zone A	9/30/2017 17:28	9/30/2017 17:32	1C36	-00:35:09	0:04:44



Upgrade Requested						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
None						

Exemptions Requested			
Incident Date	Zone	Exemption Reason	Approval
None			



GROUND AMBULANCE OPERATIONS REPORT SEPTEMBER 2017

1. Overall Statics

- a) Total number of system responses: 6,620
- b) Total number of responses in which no transports resulted: 2,502
- c) Total number of System Transports (including transports to out of county): 4,118

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4%
- b) Medical: 50.6
- c) Obstetrics (OB): 0.5%
- d) Psychiatric/Behavioral: 7.8%
- e) Transfers: 8.9%
- f) Trauma – MVA: 7.4%
- g) Trauma – Non MVA: 20.0%
- h) Unknown: 3.5%

3. Medical Director's Report

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

Total number of ALS Calls: 2,974

Total number of above calls receiving QA Reviews: 305

Percentage of charts reviewed from the above transports: 10.3%



REMSA Education
 Monthly Course and Student Report
 Month: September 2017

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	4	29	3	27	1	2
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	1	0	1	0	0	0
ACLS R	16	80	6	46	10	34
ACLS S	0	0	0	0		
AEMT	1	24	1	24		
-	-	-	-	-		
B-CON	2	11	2	11		
BLS	57	304	13	57	44	247
BLS I	1	14	1	14	0	0
BLS R	38	181	14	70	24	111
BLS S	9	18	0	0	9	18
CE	25	136	25	136	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	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	0	0	0	0	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	5	49	2	12	3	37
HS CPR	82	327	5	22	47	305
HS CPR FA	44	349	8	87	36	262
HS CPR FA S	1	1	0	0	1	1
HS CPR PFA	4	34	1	10	3	24
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	10	55	1	1	9	54
HS FA S	0	0	0	0	0	0
HS PFA	0	0	0	0	0	0
ITLS	0	0	0	0	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	1	5	1	5	0	0
ITLS S	0	0	0	0	0	0
PALS	2	16	2	16	0	0
PALS I	0	0	0	0	0	0
PALS R	11	35	2	16	9	19
PALS S	3	3	0	0	3	3
PEARS	0	0	0	0	0	0
PM	1	26	1	26		
PMR	0	0	0	0		
HS Spanish RCP y DEA	0	0	0	0	0	0
Classes wCPR	235					
CPR Students	1227					



COMMUNITY OUTREACH September 2017

Point of Impact

9/5/17	Safe Kids Washoe County Board of Directors Meeting	
9/12/17	Safe Kids Washoe County Coalition Meeting	
9/19-23/17	National Child Passenger Safety Technician Training Program Course; 6 students passed	2 staff; 1 volunteer Technician Assistant, 6 students
9/23/17	National Seat Check Saturday Child Car Seat Checkpoint in conjunction with Child Passenger Safety Week, hosted by Babies R Us; 36 cars and 50 seats inspected	17 volunteers; 4 staff
9/30/17	Child Car Seat Checkpoint in conjunction with Old Navy Children's Safety Day at the Legends in Sparks; 21 cars and 34 seats inspected	6 volunteers; 3 staff
9/2017	Five office installation appointments; 6 cars and 7 seats inspected.	

Cribs for Kids/Community

9/8/17	Cribs for Kids visited Shurz, NV along with other State of Nevada employees to discuss injury prevention programs. Meet at Walker River Paiute Tribe Clinic and discussed the C4K program and scheduled training in Oct 2017.	
9/12/17	Attended Sake Kids Washoe County Coalition Meeting.	
9/14/17	C4K Train-the Training had 6 participate attend the class at REMSA	
9/14/17	Attended Statewide Impact of Safe Sleep Meeting	
9/16/17	C4K was a vendor for the 4 th Annual Baby Fair and Diaper Derby. Shared Safe Sleep information. The booth had approximately 500 attendees pass by. Also, Tanner Hood a Senior from Demonte Ranch High School help volunteer at the event.	
9/19/17	C4K Train-the Training had 8 participate attend the class at the Owyhee Reservation Clinic. New partnership established	
9/28/17	REMSA was granted award letter in the amount of \$20,000 for 2017/2018 from the Nevada Office of Traffic Safety for "Rethink Your Step," which will focus on Pedestrian Safety.	
9/30/17	C4K held a booth at the Old Navy Children's Safety Day at Legends in Sparks. Approximately 50 people stop by the booth.	

REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (877) 583-3100
service@EMSSurveyTeam.
www.EMSSurveyTeam.com

EMS System Report

September 1, 2017 to September 30, 2017

Your Score

95.33

Number of Your Patients in this Report

150

Number of Patients in this Report

4,969

Number of Transport Services in All

142





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **09/01/2017** and **09/30/2017**.

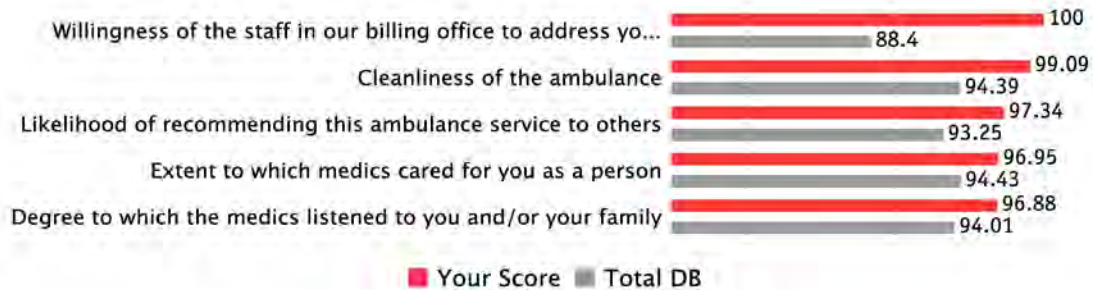
The overall mean score for the standard questions was **95.33**; this is a difference of **2.73** points from the overall EMS database score of **92.60**.

The current score of **95.33** is a change of **0.76** points from last period's score of **94.57**. This was the **36th** highest overall score for all companies in the database.

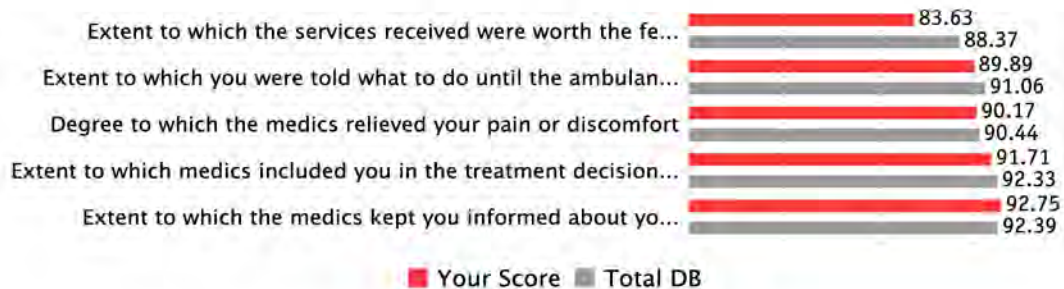
You are ranked **5th** for comparably sized companies in the system.

87.49% of responses to standard questions had a rating of Very Good, the highest rating. **98.60%** of all responses were positive.

5 Highest Scores



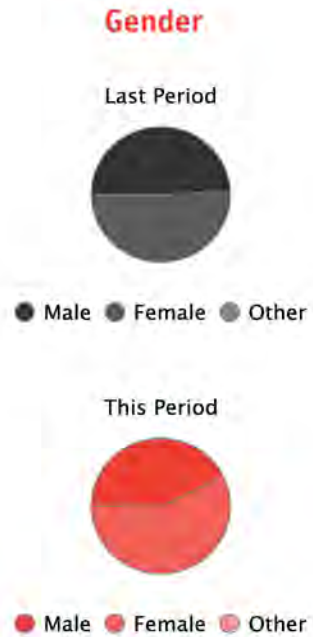
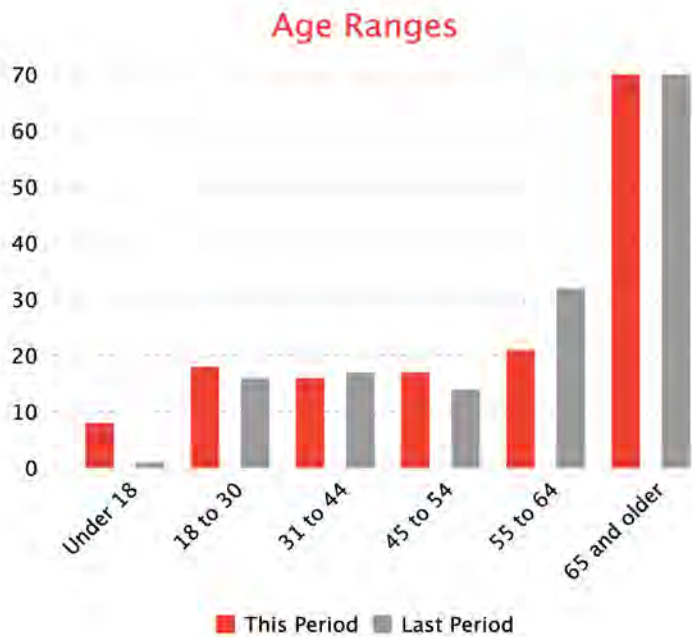
5 Lowest Scores





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

	Last				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	1	0	1	0	8	4	4	0
18 to 30	16	9	7	0	18	6	12	0
31 to 44	17	10	7	0	16	7	9	0
45 to 54	14	10	4	0	17	7	10	0
55 to 64	32	18	14	0	21	13	8	0
65 and older	70	27	43	0	70	27	43	0
Total	150	74	76	0	150	64	86	0





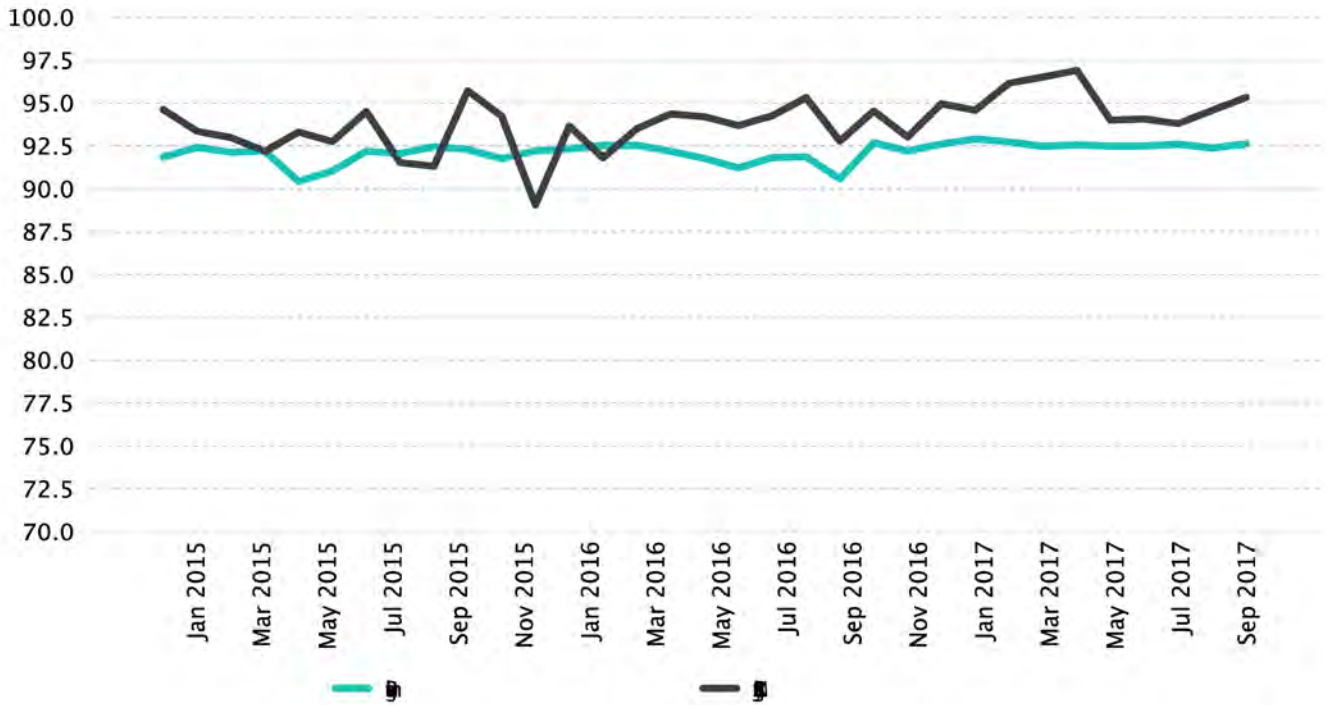
Monthly Breakdown

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.

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017
Helpfulness of the person you called for ambulance	91.47	95.41	92.36	93.48	97.50	96.25	94.32	95.45	96.59	91.69	95.21	95.21	93.13
Extent to which you were told what to do until the	88.57	93.37	86.76	91.88	97.92	95.14	89.53	94.26	94.77	92.10	91.48	96.02	89.89
Extent to which the ambulance arrived in a timely	94.44	93.75	92.14	95.79	95.01	96.28	94.12	95.39	92.40	93.40	92.01	95.01	95.44
Cleanliness of the ambulance	92.86	95.83	93.80	97.79	96.18	97.37	96.12	98.13	95.17	97.11	96.04	96.57	99.09
Skill of the person driving the ambulance	94.12	93.90	93.93	96.34	95.88	97.14	97.24	96.23	96.01	95.42	95.49	96.40	96.44
Care shown by the medics who arrived with the	93.46	95.63	94.73	96.23	96.23	96.83	97.55	98.08	94.47	94.74	95.12	93.90	96.19
Degree to which the medics took your problem	92.74	94.68	93.45	94.37	95.62	97.16	97.45	98.19	93.99	95.88	94.73	94.70	95.90
Degree to which the medics listened to you and/or	93.41	94.28	93.76	94.51	95.64	96.43	97.48	97.78	94.31	93.63	93.77	94.52	96.88
Extent to which the medics kept you informed about	92.81	93.96	94.53	94.76	92.67	95.83	96.92	95.45	91.96	92.92	91.76	92.33	92.75
Extent to which medics included you in the treatment	91.45	93.76	92.52	94.44	88.94	94.29	96.52	95.36	93.77	92.86	92.01	93.16	91.71
Degree to which the medics relieved your pain or	88.30	92.22	89.57	93.16	89.18	92.86	92.60	94.74	87.89	87.94	87.43	92.54	90.17
Medics' concern for your privacy	93.75	95.52	93.70	94.53	94.41	97.23	97.39	97.44	94.31	95.39	97.16	96.00	96.73
Extent to which medics cared for you as a person	94.64	96.22	92.94	95.65	94.92	98.11	97.83	98.18	94.29	95.74	95.40	95.20	96.95
Professionalism of the staff in our ambulance service	95.00	88.89	75.00	90.10	89.76	100.0	100.0	92.86	90.00	95.00	81.25	93.18	96.43
Willingness of the staff in our billing office to address	95.00	84.38	75.00	90.10	88.35	100.0	100.0	96.43	90.00	87.50	84.50	87.50	100.0
How well did our staff work together to care for you	93.80	95.37	94.06	96.08	96.28	96.51	98.20	98.54	94.99	96.22	96.25	95.72	96.68
Extent to which the services received were worth the	66.80	89.95	86.08	86.39	82.19	87.20	94.91	92.29	90.72	78.61	87.92	88.24	83.63
Overall rating of the care provided by our Emergency	92.70	95.93	95.18	95.27	96.58	96.66	97.45	98.20	95.52	94.78	94.94	94.54	95.94
Likelihood of recommending this ambulance service	95.19	95.84	93.28	96.24	96.97	97.38	97.40	97.60	95.79	94.93	93.55	96.46	97.34
Your Master Score	92.78	94.54	93.02	94.96	94.58	96.16	96.52	96.91	94.00	94.07	93.80	94.57	95.33
Your Total Responses	126	138	150	165	150	150	150	150	150	150	144	150	150



Monthly tracking of Overall Survey Score





GROUND AMBULANCE SEPTEMBER CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned to
1	08/08/2017	"getting out of house was done exceptionally well"			
2	08/08/2017	"very caring and treated her well"			
3	08/08/2017	"they cared how she felt and tried to tell her how to breathe and they could tell that every time they moved it hurt and they apologized for it. could tell they cared. A guy was in there wiping up the floor and keeping the ambulance clean. She says thank you"			
4	08/09/2017	"they were very considerate of me and my granddaughter and my personal vehicle that needed to be parked and locked up"			
5	08/08/2017	"their personality and professionalism and the way they treated me as a person."			
6	08/09/2017	"got me off the floor and on the gurney"			
7	08/09/2017	"everything was done well: very personable you guys were perfect"			
8	08/09/2017	"the fact that they did everything that was expected for them to do"			

9	08/10/2017	"they arrived timely and to be the best of her recollection very attentive and recognized the severity of the situation"	"as a tourist they were not aware of 2 different hospitals so husband ended up at different one: better communication about location of patient"		
10	08/10/2017	"everything, they took very good care of her, they let me get dressed, they tried to calm her down and gave her a teddy bear"			
11	08/10/2017	"my blood pressure was extremely low and they got the IV started without any problems and it stayed and they kept me very aware of what was going on"			
12	08/10/2017	"they couldn't start an IV but they took care of me well, all are very good"			
13	08/10/2017	"they arrived in a timely fashion, they monitored him the entire time and acted logically and intelligently"			
14	08/10/2017		"no, they gave me the information to sign up for their service."		
15	08/10/2017	"The team was astounding! They did a great job."			
16	08/10/2017	"they were wonderful"			
17	08/10/2017			"4 always room for improvement"	

18	08/10/2017	.		"A serious complaint about the driver, he smashed all of our decorative rocks and flowers out front. We are not happy."	Assigned 10.3.17 ticket #4676 Refer to Follow Up Report at bottom of report.
19	08/11/2017		"Ambulance had a bunch of stuff on the gurney. I was unable to lay down and had to sit in the seat. I have swamenoma on my butt and I was in so much pain. I should have been able to lay down."		Assigned 10.3.17 ticket #4677
20	08/11/2017	"Drove pretty quick and they put the blood pressure thing and the heart monitor stuff on me. They got me there as quickly as they could"	"I hope I don't have to wait so long at the ER"	"All the times I've called they've been great"	
21	08/12/2017		"Not really you have to deal with it case to case. Keep it up!"		
22	08/11/2017	"They actually cared for me and helped me"			
23	08/12/2017			"Shelby and CHristine were very compassionate!!! THANK YOU!"	

24	08/11/2017	"don't pay much attention to me but each other. REMSA has always been favorite ambulance CO. Some medic acknowledges me."	"Take me serious, You do as much as you can do."	"I am epileptic and medics seem to be uncompassionate at times bc they see me all the time bc of my condition. I feel they get frustrated that they see me all the time and also feel like they just want it over. I have had this condition since I was 15, I'm 28 now. I use you a lot."	Assigned to G.Jones 10.3.17 ticket #4678 Refer to Follow Up Report at bottom of report.
25	08/11/2017		"when I am in my seizer half me half someone else. When questions are asked of me I have a hard class on wed and class on Thursday"		
26	08/13/2017	"very courteous and cared about how I felt."			
27	08/13/2017	"seemed very fluid and driver medic warned and communicated as when he was turning and going over speed bumps so everyone on board was on the same page."	"woman medic seem to have a chip on her shoulder and a smug attitude."		
28	08/13/2017	"they didn't listen to me about my veins as I have difficult veins and the medic stuck me twice."	"Know the directions as to where you are going and avoid speed bumps."		
29	08/13/2017		"I was asked a lot of questions, I think the medics need to focus more on the medical problem and asking more about my medical history than other"		

			conversations. Medical takes priority."		
30	08/13/2017		"Team is top notch. Thank you!"	"Medic were professional and kind. They made my father comfortable and when they weren't able to medic turned to daughter. Medics made every effort to help my father. Medics were very welcomed into my home."	
31	08/13/2017		"keep line open until medics arrive. make sure someone is there to communicate and the phusc;ap person. and had no communication and hung up"	"From the time I called 911 until the medics dispatch put me on hold before medics showed up they asked four times for my address was in seizer made sure to tell him on side and not to be near on hold time"	Assigned Ticket # 4679. Refer to Follow Up Report at bottom of report.
32	08/13/2017	"They care for me and are there for me."	"Nothing I can think of."	"They are always so good to me."	
33	08/13/2017		"Nothing. They were very kind to him"		
34	08/13/2017	"got here quickly, made solid recommendations"	"Could be more sensitive to little kids."		
35	08/14/2017	"Didn't take what I had to say lightly. Very informational. They listened."		"Tried to make me as comfortable as possible, but couldn't really do anything"	
36	08/14/2017	"Came down and took me to the hospital"		"Don't know what the fees were. I don't know if you have a choice of ambulance"	

37	02/06/00	"They were very fast, caring and my questions were welcomed."		"Took off shirt"	
38	02/07/00	"the two medics who recused me provided a comfortable environment and made it peaceful."	"For the situation I was in it made for a great experience out of a very bad experience."		
39	02/08/00	"they seemed to be very knowledgeable they were quick to answer they took me serious. They were very helpful. it was nice that"			
40	02/09/00	"they made be so comfortable. They made me feel like I was apart of the teamwork, like I mattered. Thank you."	"Keep up the good listening skills! Thank you so much for LISTENING! They were seriously involved with me. Good ppl."		
41	08/15/2017	"good treatment all the way around."	"more contact on how i am feeling and have a lot of medical things"		
42	08/16/2017	"did everything perfect"			
43	08/16/2017	"they are a great group of people: they literally made sure I got into the hospital even after shift change so they can get the best nurses and doctors they can get: can't say enough good things about those two medics: they think about what they are doing very considerate"			
44	08/16/2017	"everything was done: never been in an ambulance before"			
45	08/16/2017	"got me to the			

		hospital alive"			
46	08/17/2017	"getting to hospital safely: person in back was awesome-"	"driver wasn't personable was more rude if he didn't have to deal with the driver would have been perfect. he had any comments"		Assigned 10.3.17 Ticket #4680 Refer to Follow Up Report at bottom of report.
47	08/17/2017	"they were very attentive and proactive and comforting and fast and passionate and empathetic"			
48	08/17/2017	"they did their business put the IV in: comforted me"			
49	08/18/2017	"quick speed was real good"			
50	08/18/2017	"Everything pretty much. They were friendly, great guys"	"Arrive a little earlier"		
51	08/19/2017	"they are award winning team, so seamless, never has an issue with parent riding along: can always find a vein in her where half the ER cannot"			
52	08/19/2017	"No sirens very good service."			
53	08/20/2017	"They showed up on time and quickly."			
54	08/20/2017	"Nothing. They were excellent"			
55	08/20/2017	"Everything"			
56	08/20/2017	"they were timely and they showed concern and polite"	"they didn't want to take me to the hospital and go to private doctor"		
57	08/21/2017	"the communication between the two medics and the fluidity of how moved in and out and got everything taken care of and the			

		fact that they kept the lights off for me"			
58	08/21/2017	"keep sending the same people they were great"			
59	08/21/2017	"worked to see what additional medicine they could give for pain since he took medicine at home"			
60	08/21/2017		"lower your prices"		
61	08/21/2017		"have better A/C please for the heat"		
62	08/21/2017	"very caring, one who put in the IV was awesome"			
63	08/21/2017	"they did great i was totally happy"			
64	08/21/2017	"they took care of me especially with being in a wheelchair"			
65	08/21/2017	"they came for an embarrassing issue and did not make me feel embarrassed or weird: they were very nice and concerned about what was wrong: they were very consistent and empathetic and understanding: relieved a lot of anxiety"		"the medic that did IV was absolutely fantastic"	
66	09/01/2017	"they really cared for me"			
67	09/04/2017	"they were thoughtful and attentive"			

RESULTS AFTER FOLLOW UP

18	I met with the complainant at his home and he showed me a broken sprinkler that he said we ran over with the gurney. I asked about the decorative rock damage and he did not know of any, and a visual inspection showed no obvious damage. Parts for the sprinkler repair were obtained and I will do the repair and update afterward. I showed the chart to the crew who have no recollection of this call, which occurred in December of 2016. When I spoke to the complainant's wife initially, she stated there was no damage to the rock or flowers, as is reported on the complaint, just the				
----	--	--	--	--	--

	sprinkler. I repaired the sprinkler and took a second look for other signs of damage to rocks or flowers and could not see any.
24	I called and spoke to the complainant, about her concerns. She states she has used REMSA numerous times and feels the crews in general do not take her medical condition seriously. She stated she always gets appropriate treatment. I shared the pt's. concerns with the Paramedic Supervisor, who did not remember interacting in the manner the patient described. He nonetheless stated he would continue to strive for excellence in all dealings with patients. The patient thanked me for my time and was encouraged to re-contact REMSA with further concerns.
31	I have reviewed the call. Dispatcher in the beginning of the call does ask for the address and then asked for it again to verify it per policy and protocol. Phone number was asked the same way. After receiving the complaint of active seizure, dispatcher did repeat the address again to the caller to confirm. I am not sure why since the call was correctly GEO located in CAD. Tamara followed protocol without any deviations. She gave all Post Dispatch Instructions, used the breathing diagnostic tool when directed to by protocol and gave unstable, stay on the line instructions. Caller was advised several times that if anything changed to let her know. There were no gaps during the call. Caller was told @ 13:22:52 that dispatcher needed to place her on hold to answer another 911. Unit marked arrival @ 13:24:28. At that time, (13:24:28) dispatcher was still on the other 911 processing call until 13:27:01.
46	Chart attached from 8/17/17. I spoke to the pt on 10/12/17 1650, he was very nice. PT told me he was "really drunk that night, 4 times the legal limit" when he woke up the next day he remembered the driver being rude and making comments as he drove but he could not remember the comments. I thanked him for talking with me and I would be filling a report on this. I will have crew complete an occurrence report ASAP. 10/13, I spoke to crew and counseled him regarding pts concerns and reminded him of Star Care and REMSA's customer service standards. No further action.



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

- ▼ KOLO ran a story on heat illnesses during the Best in the West Nugget Rib Cook-Off event timeframe.

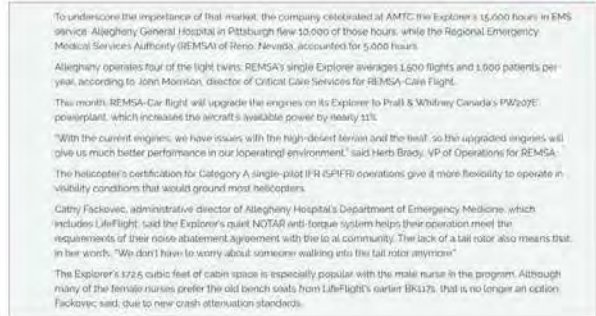
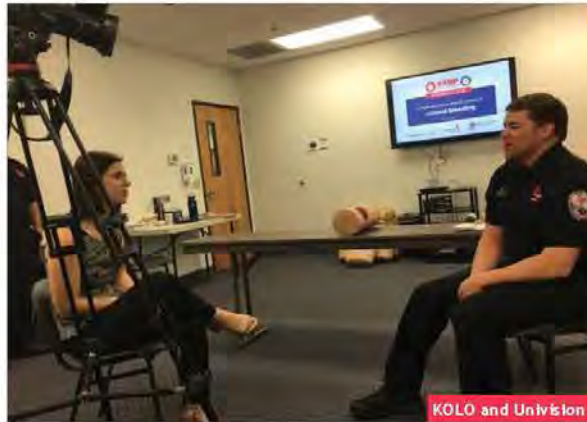


- ▼ Rotor & Wing ran a retrospective on Flashback to November 2001: EMS Review after 9/11. REMSA was mentioned.



Rotor & Wing

- ▼ Both KOLO and Univision reported on the new Bleeding Control classes and the importance of B-con education.





September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

▶ Brenda Staffan's and JW Hodge's COO release posted on Nevada Business and in NNBW.

REMSA Announces New Chief Operating Officers

September 14, 2017 By Chrisle Yabu — Comments



RENO, Nev. – REMSA, the Regional Emergency Medical Services Authority, announced the promotion of JW Hodge to Chief Operating Officer of Healthcare Services and Brenda Staffan to Chief Operating Officer of Integrated Services this week.



"We consistently strive to strengthen our organization through leaders committed to providing innovative care to our patients, supporting our workforce and addressing our region's healthcare needs," said Dean Dow, President, and CEO, REMSA. "Brenda and JW have demonstrated leadership and a commitment to excellence at REMSA."

Nevada Business

PEOPLE

VERONICA BERBER
Veronica Berber, an attorney, replaced the Hon. Judge William C. Gage, who served as the Board's Chair from 2012 to 2017. She is a former partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. She is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association. She is currently a partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. She is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association.

JACQUELYNNE
Jacqueline is the former Executive Director of the Nevada State Bar and a past president of the Nevada State Trial Judges Association. She is currently a partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. She is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association.

MARK A. KRASNER
Mark A. Krassner is a former partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is currently a partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association.

STEPHEN ALPERT
Stephen Alpert is a former partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is currently a partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association.

MATT SAMSON
Matt Samson is a former partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is currently a partner at the law firm of Gage, Kohnen, and Associates in Reno, Nevada. He is also a past president of the Nevada State Bar and a past president of the Nevada State Trial Judges Association.

NNBW



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

▶ The story from the Las Vegas Review Journal’s nurse health line, with REMSA referenced as a northern Nevada example, ran on the AP in several regional news outlets.



▶ KTVN did a story on National Opioid Awareness Week and REMSA’s local role in education and treatment.





September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

▼ Brenda Staffan's Pinnacle Award designation was posted on Nevada Business.

REMSA COO Honored With Leadership Award at Pinnacle EMS Forum

September 26, 2017 By Chrisie Yabu – Comments

[f](#) [t](#) [G+](#) [p](#)

RENO, Nev. – Brenda Staffan, chief operating officer of REMSA (the Regional Emergency Medical Services Authority), was recognized with the prestigious Leadership Award at the 12th annual Pinnacle EMS Leadership Forum, a national conference for senior emergency medical services (EMS) professionals representing all models of delivery service. This award is given to those who show exemplary work in helping to advance EMS as a profession.



Nevada Business

▼ The new REMSA website was posted on Nevada Business and NNBW.



northern nevada
Business Weekly Serving Northern Nevada

NEWS EVENTS BOOK OF LISTS BUSINESS LEADS MARKETPLACE

News Briefs People Real Estate About Us Special Sections E-Edition

2017 DRI Nevada Medal - Sept. 25

Regional Emergency Medical Services Authority (REMSA)

September 28, 2017

The Regional Emergency Medical Services Authority (REMSA) launched a new redesigned website at <http://www.remahealth.com>.

The website consolidates sections into one, including: Communications, Education, Community Health Programs, Career Opportunities, Special Events, and Board of Directors and Leadership.


Northern Nevada Business Weekly

REMSA Launches New Website

September 22, 2017 By Chrisie Yabu – Comments

[f](#) [t](#) [G+](#) [p](#)

RENO, Nev. – The Regional Emergency Medical Services Authority (REMSA) recently launched a comprehensive and educational website representing REMSA's leadership as an integrated healthcare provider. REMSA showcases its forward-thinking approach to the community and Emergency Medical Services (EMS) industry with a new, dynamic design and useful content.



"Our website provides people with a centralized and easy-to-navigate location to find information about REMSA," said JW Hodge, chief operating officer, REMSA. "Visitors will learn more about our com..."

NNBW



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

Point of Impact

POI September Car Seat Check Points were posted in calendars for KOLO Cares, Reno News & Review, This is Reno, Nevada Business and on Reno Mom's Blog's Facebook. The Legal Examiner profiled REMSA's POI program on its website.

REMSA Free Car Seat Check Point

Event Dates and Times

9/23/2017

Babies R Us, 4889 Kietzke Lane, Reno

As a leader in Emergency Medical Services, the Regional Emergency Medical Services Authority (REMSA) is offering a free car seat inspection during National Child Passenger Safety Week.

Motor vehicle-related injuries are a leading cause of death for children 1 to 13 years old. Many deaths and injuries can be prevented by proper use of car seats, boosters and seat belts. Getting safety information and car seat instructions to parents and caregivers is crucial to saving young lives. National Child Passenger Safety Week is September 17-23, 2017 and National Check Point Saturday is September 23, 2017.

On this day, drivers with children who ride in car seats or booster seats are encouraged to visit a child safety seat inspection station to have a certified technician inspect their car seat for proper installation and proper use.

These are FREE car seat installations and inspection check points offered by REMSA's Point of Impact community outreach program.

Visit <http://www.remsa-cf.com/> or call (775) 858-5437

KOLO

Reno Moms Blog shared Regional Emergency Medical Services Authority - REMSA's event. 26 mins · 📍

National Child Passenger Safety Week is September 17-23, 2017 and National Check Point Saturday is September 23, 2017.

REMSA is celebrating by holding a free Community Checkpoint at Babies R Us in Reno to make sure those car seats and booster seats are installed properly and safe for the kids!



SEP Point of Impact: Community Free Car ... Reno Mom's Blog

THE LEGAL EXAMINER

09 29 2017 [Headlines](#) [New Trucking Mandate: Improving Safety or Opening Trap for Hackers?](#)

Reno, Nevada
Home • Nevada • Reno

Incorrectly Installed Car Seats Run the Risk of Injury or Death

Posted by Steven J. Klearman
September 27, 2017 2:10 PM
0 comments

Attorney • (800) 880-5297 [Tweet](#) [Recommend](#) [G+](#) [in](#) [Share](#)

Did you know that at least one study shows 3 out of 4 car seats are installed incorrectly? In Northern Nevada, local EMS workers want to help ensure that all young children traveling in vehicles do so safely—that's why the organization known as REMSA (Regional Emergency Medical Services Authority) is expanding their monthly car seat safety program in September. [Known as](#) [om/automobile-accidents/exiting-a-stranded-vehicle-on-the-highway-could-be-a-fatal-mistake](#) **Monthly Examiner**



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

MEDIA COVERAGE

REMSA Free Car Seat Check Point
Saturday, September 23, 2017
10:00 am - 12:00 pm

Babies R Us
4869 Kietzke Lane
Reno, NV
Directions

Price: Free - Free

The Regional Emergency Medical Services Authority (REMSA) offers a free car seat inspection during National Child Passenger Safety Week. Motor vehicle-related injuries are a leading cause of death for children 1 to 13 years old. Many deaths and injuries can be prevented by proper use of car seats, boosters and seat belts. Getting safety information and car seat instructions to parents and caregivers is crucial to saving young lives. National Child Passenger Safety Week is Sept. 17-23, 2017 and National Check Point Saturday is Sept. 23, 2017.

On this day, drivers with children who ride in car seats or booster seats are encouraged to visit a child safety seat inspection station to have a certified technician inspect their car seat for proper installation and proper use free of charge.

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the checkpoint, partners should bring their child(ren) and car seat(s) and schedule about 30 - 45 minutes, longer for more than one seat. Staff and volunteers will check for obvious defects and determine whether the car seat appears on a national recall list. In addition, they will check the installation, correct any problems and provide education on the proper use and installation of the car seat.

RNBR

REMSA Invites Community to Free Car Seat Check Point During Child Passenger Safety Week

September 15, 2017 By Cherie Yabu - Comments

(Reno, Nev.) - As a leader in Emergency Medical Services, the Regional Emergency Medical Services Authority (REMSA) is offering a free car seat inspection during National Child Passenger Safety Week.

Motor vehicle-related injuries are a leading cause of death for children 1 to 13 years old. Many deaths and injuries

REMSA

Nevada Business

As a leader in Emergency Medical Services, the Regional Emergency Medical Services Authority (REMSA) is offering a free car seat inspection during National Child Passenger Safety Week.

Motor vehicle-related injuries are a leading cause of death for children 1 to 13 years old. Many deaths and injuries can be prevented by proper use of car seats, boosters and seat belts. Getting safety information and car seat instructions to parents and caregivers is crucial to saving young lives. National Child Passenger Safety Week is September 17-23, 2017 and National Check Point Saturday is September 23, 2017.

On this day, drivers with children who ride in car seats or booster seats are encouraged to visit a child safety seat inspection station to have a certified technician inspect their car seat for proper installation and proper use free of charge.

Details for REMSA's Check Point are as follows:

When: Saturday, September 23 at 10 a.m. during Check Point Saturday
Where: Babies R Us, 4869 Kietzke Lane, Reno
Cost: Free

REMSA will also be hosting a free car seat check point and inspection on Saturday, September 30, at Old Navy, The Outlets at Sparks at 10 a.m.

These are FREE car seat installations and inspection check points offered by REMSA's Point of Impact community outreach program.

This is Reno



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

SOCIAL MEDIA HIGHLIGHTS

Fire evacuation update

Regional Emergency Medical Services Authority - REMSA
Published by Alexia Bratislous (7) · September 18 at 2:48pm

Evacuations are recommended right now for part of West Reno. Residents south and southeast of Woodchuck Circle were asked to evacuate. Read more on the RGJ and please avoid that area as emergency crews are responding. <http://www.rgj.com/.../least-2-fires-spark-west-re.../67891600/>



Evacuations ordered as fires bear down on homes west of Reno
The Woodchuck and Cone fires sparked Monday afternoon.
RGJ.COM

1,628 People Reached

36 Reactions, Comments & Shares

6 Like	5 On Post	1 On Shares
10 Wow	2 On Post	8 On Shares
8 Sad	2 On Post	6 On Shares
4 Comments	0 On Post	4 On Shares
8 Shares	2 On Post	6 On Shares

REMSA at Wolf Pack game

Regional Emergency Medical Services Authority - REMSA
is at Mackay Stadium.
Published by Adam Hinz (7) · September 9 at 6:59pm · Reno

Ensuring the NEVADA Wolf Pack and their fans remain healthy and safe this season! REMSA's special event teams have you covered! #GoPack!



1,531 People Reached

76 Reactions, Comments & Shares

70 Like	44 On Post	26 On Shares
4 Love	3 On Post	1 On Shares
1 Comments	0 On Post	1 On Shares
1 Shares	1 On Post	0 On Shares



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

SOCIAL MEDIA HIGHLIGHTS

Care Flight Saint Mary's

Regional Emergency Medical Services Authority - REMSA added 2 new photos.
Published by Louis Mendiola (P) · September 16 at 11:39am · 🌐

The Regional Emergency Medical Services Authority - REMSA, Care Flight and Saint Mary's Health Network have once again joined forces to keep the fans and pilots at the Reno Air Races safe and healthy. The joint effort provides an onsite clinic as well as air and ground EMS support.

1,262 People Reached

43 Reactions, Comments & Shares

38 Like	16 On Post	22 On Shares
2 Love	1 On Post	1 On Shares
0 Comments	0 On Post	0 On Shares
3 Shares	1 On Post	2 On Shares

Open Job Posting

Regional Emergency Medical Services Authority - REMSA
Published by Turner Park (P) · September 30 at 8:15am · 🌐

We currently have two open administrative positions, a Mechanic and Vehicle Supply Technician! Become a part of the infrastructure that supports all of our life-saving activities by managing a team or helping with the administrative functions: <http://bit.ly/2YHPqEw>

1,196 People Reached

27 Likes, Comments & Shares

18 Likes	12 On Post	6 On Shares
0 Comments	0 On Post	0 On Shares
9 Shares	1 On Post	8 On Shares



September 2017 Public Relations + Social Media Highlights Report

Board of Directors

STRATEGIC INITIATIVES



- ▶ After many weeks of hard work, the new REMSA website was launched.
- ▶ Meetings with elected officials continue in preparation of a REMSA rate increase request.



REMSA 2017-18 PENALTY FUND RECONCILIATION AS OF AUGUST 31, 2017

2017-18 Penalty Fund dollars accrued by month

<u>Month</u>	<u>Amount</u>
July 2017	\$6,510.60
August 2017	6,275.80
September 2017	
October 2017	
November 2017	
December 2017	
January 2018	
February 2018	
March 2018	
April 2018	
May 2018	
June 2018	
Total accrued as of 8/31/2017	<u>\$12,786.40</u>

2017-18 Penalty Fund dollars encumbered by month

<u>Program</u>	<u>Amount</u>	<u>Description</u>	<u>Submitted</u>
Total encumbered as of 8/31/2017	<u>\$0.00</u>		
Penalty Fund Balance at 8/31/2017	<u>\$12,786.40</u>		



Regional Emergency Medical Services Authority

A non-profit community service using no tax dollars

REMSA INQUIRIES

SEPTEMBER 2017

No Inquiries for September 2017

450 Edison Way • Reno, NV 89502-4117 • 775.858.5700 • fax 775.858.5726

DD	<u>RT</u>
DHO	<u>KD</u>
DA	_____
Risk	_____

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

TO: District Board of Health
FROM: Christina Conti, Preparedness & EMS Program Manager
775-326-6042, cconti@washoecounty.us
Subject: Regional Emergency Medical Services Advisory Board October Meeting Summary

Due to a quorum issue in July, the quarterly Regional EMS Advisory Board (Board) was held on October 5, 2017. Below is a summary of items discussed.

Prehospital Medical Advisory Committee (PMAC) Update: The Board heard a brief update by Dr. Michaelson regarding the September PMAC meeting.

Updates to the EMSAB: The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the submittal and acceptance of the EMS grant from the Governor’s Council on Developmental Disabilities. Also within the program update was information on the revision process for the Multi-Casualty Incident Plan, the committee formed for the low acuity priority 3 calls for service and the dispatch subcommittee meeting held on September 13, 2017.

Computer Aided Dispatch (CAD)

CAD-to-CAD (C2C) Interface Update:

The City of Reno Department of Information Technology (DoIT) has established a testing server which Tiburon is configuring now with their middleware and software for the C2C. DoIT, along with the City Attorney's office is reviewing an MOU/Business Associate Agreement with REMSA to ensure an understanding in regards to operation of the C2C programming. The region is still on schedule to begin testing by November, provided that REMSA is able to upgrade their CAD system by then as well.

EMS Oversight FY17 Annual Data Report: The Board heard a presentation and approved for distribution the annual Washoe County Data Report. This report includes information on achievements from partner agencies. This report is attached for the District Board of Health.

REMSA Franchise Map Review: The Board received information on the map methodology utilized for review of the franchise map. The EMS Oversight Program did not recommend any changes to the map. The staff report with methodology is attached for the District Board of Health.

Regional Protocol Project: The Board heard an update on the strategic planning objective to create a set of regional protocols. The Task Force, formed out of the Pre-hospital Medical Advisory Committee (PMAC), finalized the draft protocols and regional Medical Directors received the document and provided input and changes. These protocols will be utilized by 8 EMS agencies within Washoe County. Several agencies will begin utilizing the protocols in January.

Five-Year Strategic Plan: The Board was provided an update on projects that are ongoing with the strategic plan. Additionally, the Board approved new completion dates for three objectives:

- ❖ Implement appropriate protocols to determine service level through the EMD process to low acuity Priority 3 calls by December 31, 2018.
- ❖ Develop a regional set of protocols for the delivery of prehospital patient care by April 1, 2018.
- ❖ Analyze and report franchise map reviews annually including recommended modifications to the EMS Advisory Board, beginning October 6, 2017.

2017

Washoe County EMS Oversight Program Annual Report FY17



This Page Intentionally Left Blank

Washoe County EMS Oversight Program

Christina Conti, MPPA

Preparedness and EMS Program Manager

Brittany Dayton, MPA

EMS Program Coordinator

Heather Kerwin, MPH, CPH

EMS Program Statistician

Jackie Lawson

Preparedness and EMS Program Administrative Support

Dawn Spinola

Preparedness and EMS Program Administrative Support

Acknowledgements

The Washoe County EMS Oversight Program would like to thank the following for contributing to the FY17 Annual Report:

- ❖ Washoe County GIS Technological Services/Regional Services for creating the maps contained within this document.
- ❖ Regional partner agencies for providing their highlights and accomplishments.



Pyramid Lake
Fire Rescue
EMS



When to call 9-1-1

- ✓ Life threatening medical emergencies such as heart attack, stroke, or cardiac arrest.
- ✓ Crimes in progress.
- ✓ A serious crime that just occurred.
- ✓ Suspicious activity occurring.
- ✓ Any fire - if you know the location!

When NOT to call 9-1-1

- ☒ Medical emergencies that do NOT require emergency department care.
- ☒ For information or directions.
- ☒ Earthquakes or power outages.
- ☒ Crimes when you have NO suspect information.
- ☒ Crimes that occurred hours or days before.
- ☒ Noise disturbances or parties.
- ☒ Lost or injured pets.
- ☒ Complaints against neighbors or businesses.

Table of Contents

About the Washoe County EMS Oversight Program	pg 2
How Washoe County's 9-1-1 and EMS systems are designed	pg 4
Washoe County EMS Partner Agencies	pg 6
Regional EMS Performance Analyses	pg 10
Jurisdictional Performance Analyses	pg 11
EMS Oversight Program Accomplishments FY17	pg 14
Partner Agency EMS Highlights & Accomplishments FY17	pg 17
Goals for Next Fiscal Year	pg 23

The Emergency Medical Services (EMS) Oversight Program Annual Report contains a summary of the Washoe County regional EMS system from July 1, 2016 through June 30, 2017 (FY17). Within the report there are seven sections highlighting the EMS system within Washoe County, to include EMS response agencies and their jurisdictional boundaries, regional performance data, as well as regional EMS accomplishments and goals for FY18.



About the Washoe County EMS Oversight Program

An assessment of the Washoe County EMS system was conducted in 2012 by a public safety consulting firm, TriData; this study resulted in 36 recommendations to the region for the improvement of EMS services, including the establishment of a Regional EMS Oversight Program (Program). On August 26, 2014 an Interlocal Agreement (ILA) for Emergency Medical Services Oversight was fully executed between the City of Reno (RENO), City of Sparks (SPARKS), Washoe County Board of Commissioners (WASHOE), Washoe County Health District, and Truckee Meadows Board of Fire Commissioners (FIRE). The ILA created the Program, the purpose of which is to provide oversight of all emergency medical services provided by Reno, Sparks, Washoe, Fire, and Regional Emergency Medical Services Authority (REMSA).

The Program is staffed with the equivalent of 3 full-time employees; a full-time Program Manager, a full-time Program Coordinator, a part-time Program Statistician, and a part-time Office Support Specialist. Additionally, the establishment of the ILA and the Program created specific duties and expectations of the signatories. A summary of the eight duties of the Program, and seven duties of the signatory partners, as designated per the ILA, are provided below.

The Program is tasked with the following:

1. Monitoring the response and performance of each agency providing EMS in the region
2. Coordinate and integrate medical direction
3. Recommending regional standards and protocols
4. Measure performance, system characteristics, data and outcomes for EMS to result in recommendations
5. Collaboration with partners on analyses of EMS response data and formulation of recommendations for modifications or changes of the regional Emergency Medical Response Map
6. Identification on sub-regions to be analyzed and evaluated for recommendations regarding EMS response
7. Provide an annual report on the state of EMS to contain measured performance of each agency and compliance with performances measures established by the Program for each agency
8. Create and maintain a five-year strategic plan to ensure continued improvement in EMS to include standardized equipment, procedures, technology training and capital investments

The signatory partners are tasked with the following:

1. Provide information, records and data on EMS dispatch and response for review, study and evaluation by the EMS Program
2. Participate in working groups for coordination, review, evaluation and continued improvement of EMS
3. Participate in the establishment and utilization of computer-aided-dispatch (CAD)-to-CAD interface¹
4. Work cooperatively with the EMS Program to provide input on the five-year strategic plan and ensure two-way communication and coordination of EMS system as future technologies, equipment, systems and protocols evolve
5. Participate in the EMS Advisory board
6. Strive to implement recommendations of the EMS Program or submit recommendations to their respective governing bodies for consideration and possible action
7. Submitting recommendations regarding the EMS system to the EMS Program for implementation or consideration and possible action by the District Board of Health

The ILA also created an Emergency Medical Services Advisory Board (EMSAB), comprised of the following members:

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment²)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment²)

The EMSAB was established to provide a concurrent review of topics within the EMS system. The purpose of the EMSAB is to review reports, evaluations and recommendations of the Program, discuss issues related to regional emergency medical services and make recommendations to respective jurisdictional boards and councils.

¹ CAD-to-CAD is a two-way interface with allows for call-related information to be transferred between all agencies involved with an incident to have access to live updates and incident status information.

² DBOH is the Washoe County District Board of Health; the governing board which oversees health-related issues within Washoe County.

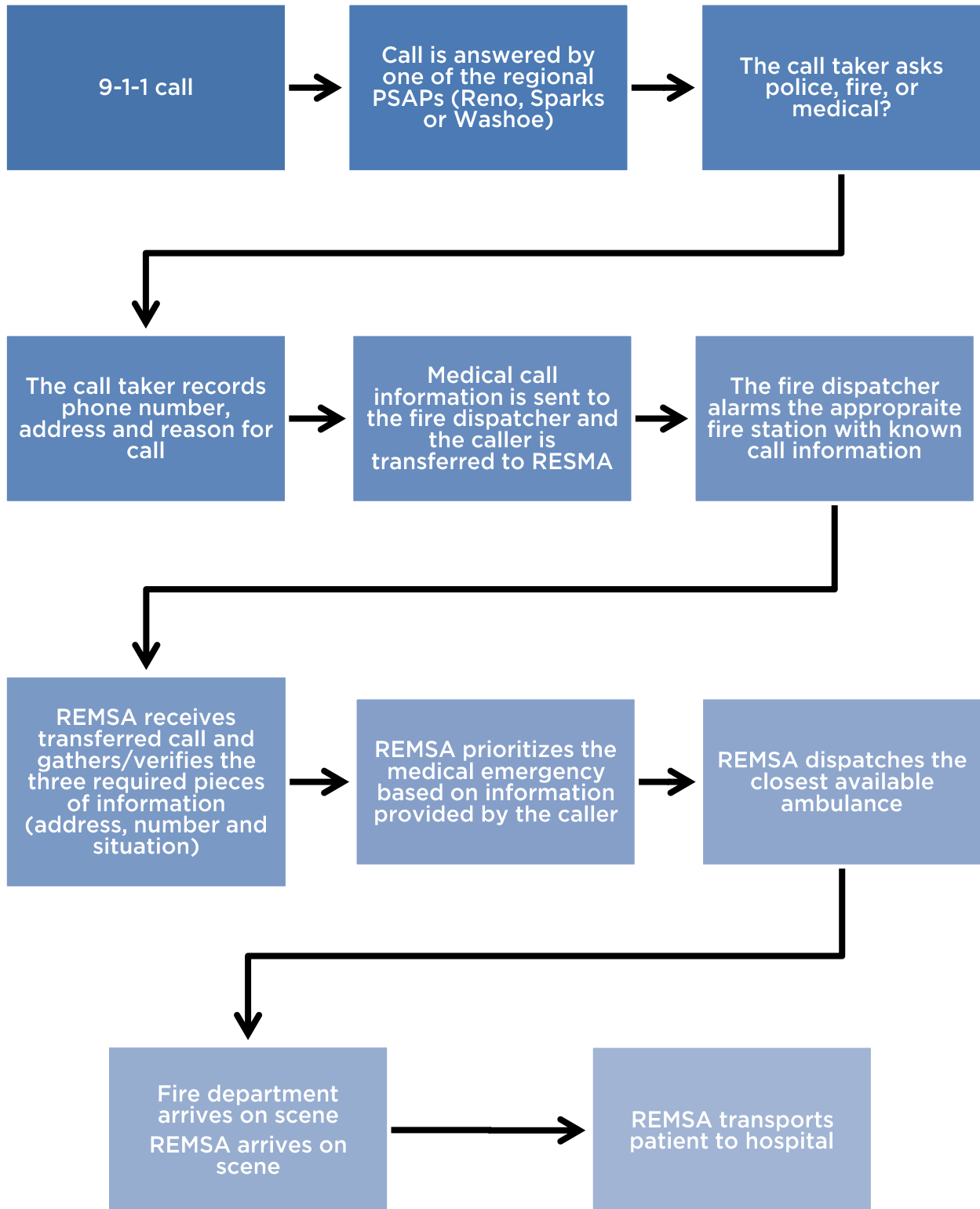
Washoe County's 9-1-1 and EMS System

Washoe County has a two-tiered response system to emergency medical calls. A 9-1-1 call is received at a Public Safety Answering Point (PSAP), to determine if a caller is requesting police, medical or fire response. If medical is requested or needed, the caller is transferred to REMSA for Emergency Medical Dispatch (EMD).

The two-tiered system is designed so that a fire agency is dispatched first to a medical EMS incident in their jurisdiction, since fire stations are located within neighborhoods throughout the region. While fire is being dispatched, the caller is questioned by REMSA to determine the call priority and dispatch their closest ambulance. The performance of the EMS System within Washoe County is dependent on all parties working together.

Figure 1 illustrates how a 9-1-1 call is transferred through the EMS system. Starting from the initial call coming into the PSAP, to the call taker questioning, dispatch of fire, transferring the 9-1-1 call to REMSA, REMSA dispatching an ambulance, EMS (Fire and REMSA) responders arriving on scene, and REMSA transporting the patient to a hospital.

Figure 1: 9-1-1 Call Routing in Washoe County



Washoe County EMS Partner Agencies

The EMS system within Washoe County is comprised of multiple partner agencies. These agencies work together daily to ensure the needs of the community are met. These EMS partner agencies include:

- City of Reno³
- City of Reno Fire Department
- City of Reno Public Safety Dispatch
- City of Sparks³
- City of Sparks Fire Department
- City of Sparks Public Safety Answering Point
- Gerlach Volunteer Fire Department
- North Lake Tahoe Fire Protection District
- Pyramid Lake Fire and Rescue
- Reno-Tahoe Airport Authority Fire Department
- REMSA
- Truckee Meadows Fire Protection District³
- Washoe County³
- Washoe County Health District³
- Washoe County Sheriff's Office

Jurisdictional Response and Station Maps

Emergency Medical Services in Washoe County are provided by the following career fire agencies: Reno Fire Department, Sparks Fire Department, Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, Reno Tahoe Airport Authority Fire Department, and Pyramid Lake Fire and Rescue. The City of Reno and City of Sparks Fire Departments' jurisdictions encompass the city limits of their respective cities (Figure 2), while Truckee Meadows Fire Protection District's jurisdiction encompasses the more rural areas of unincorporated Washoe County north to the Rural Fire Boundary (Figure 3). The southwest corner of Washoe County falls under the jurisdiction of North Lake Tahoe Fire Protection District (NLTFPD). NLTFPD provides fire and ambulance coverage and transport for the residents of Incline Village, Crystal Bay and surrounding communities. Pyramid Lake Fire and Rescue's jurisdiction includes the Pyramid Lake Tribal Land reservation boundaries.

Washoe County citizens also are served by the following volunteer fire agencies: EMS coverage north of the Rural Fire Boundary is covered by Gerlach Volunteer Ambulance and Fire Department, their jurisdiction includes the towns of Gerlach,

³ Signatory of the ILA.

Empire, and surrounding rural region. The Red Rock Volunteer Fire Department serves a rural area north of Reno supplemented by Truckee Meadows Fire Protection District.

The private ambulance company, REMSA, is responsible for the transport of patients within their designated Franchise response area. REMSA's response area extends from the southern border of Washoe County, north to the border of the Pyramid Lake Paiute tribal lands, east to Wadsworth and west to the border of California (Figure 3).

Figure 2: Jurisdictional Boundaries and Fire Station Locations for Reno Fire Department, Sparks Fire Department and Truckee Meadows Fire Protection District

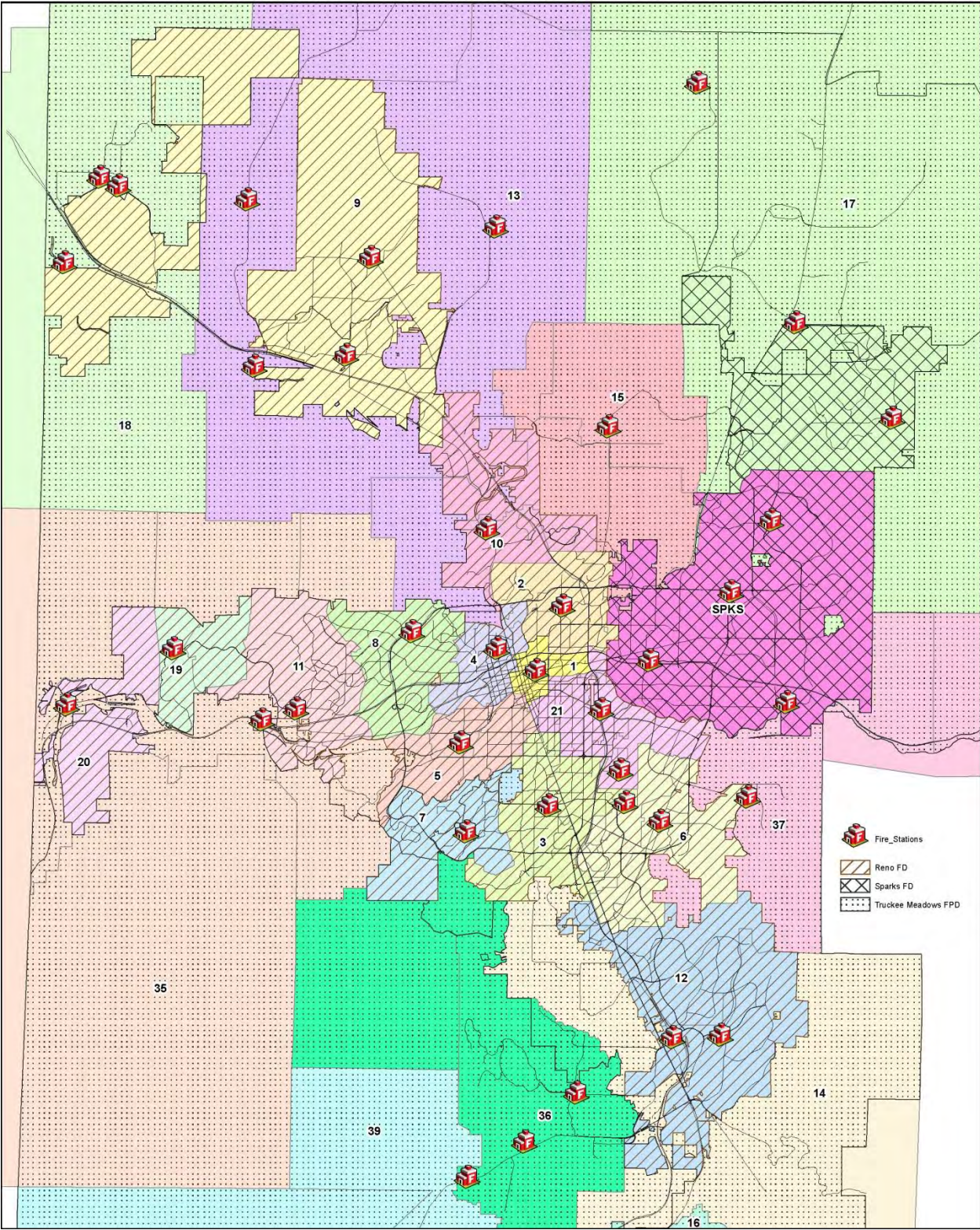
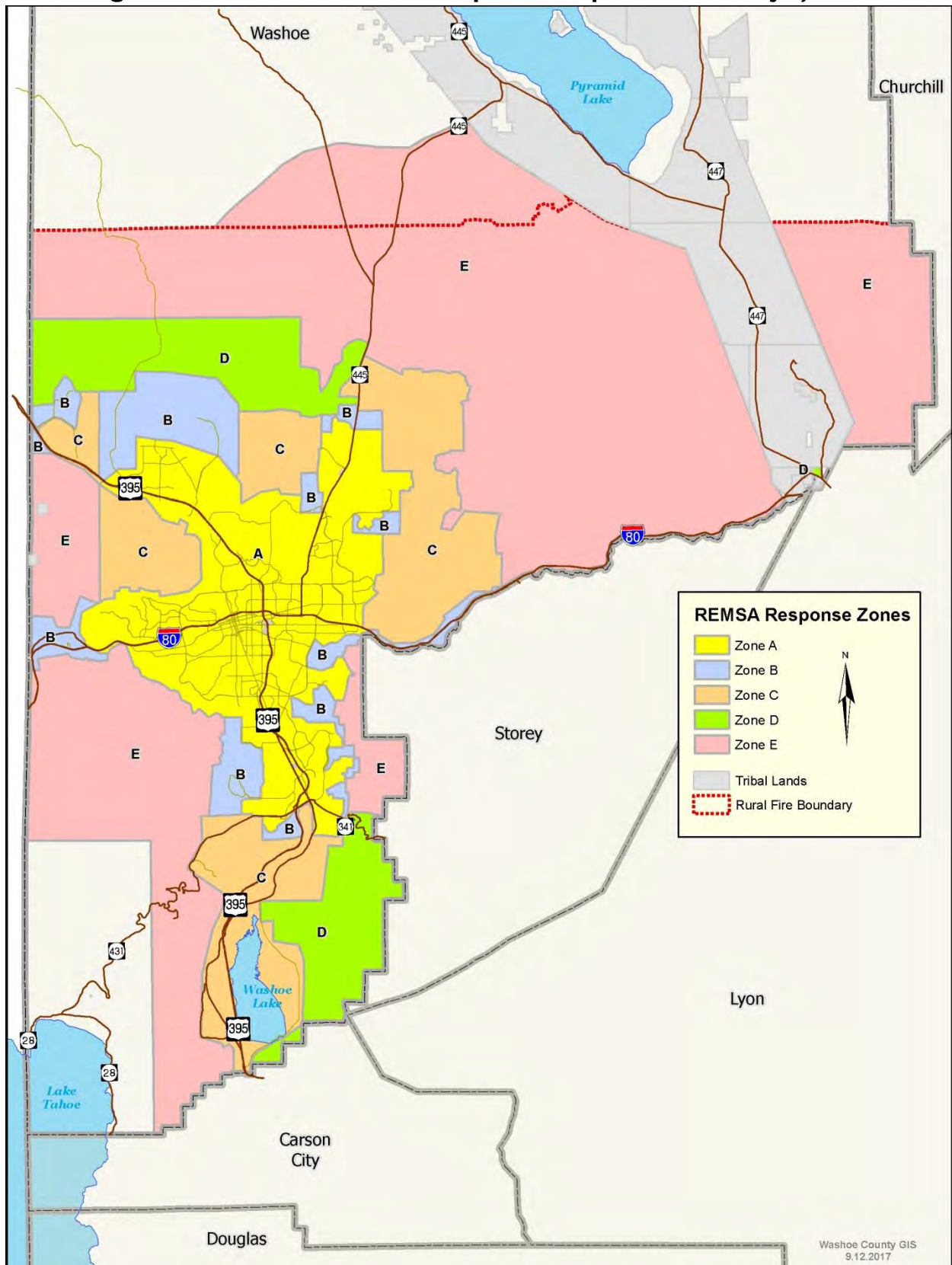


Figure 3: REMSA Franchise Response Map Effective July 1, 2016



Regional EMS Performance Analyses

EMS related calls are reported by three fire agencies in Washoe County: City of Sparks, City of Reno, and the Truckee Meadows Fire Protection District (unincorporated Washoe County), all of which are signatories of the Interlocal Agreement, as well as REMSA. The reported EMS related fire calls are matched to REMSA calls for service to allow for an evaluation of system performance on EMS incident response, from the initial 9-1-1 call through each agency arriving on scene. The purpose of matching fire call data with REMSA call data is to better understand how the EMS system is functioning in our region and determine if implemented protocols are impacting response times and patient outcomes. Additionally it allows the region to review if there are opportunities for improvement.

The analyses presented in this section are representative of the EMS calls for service during July 1, 2016-June 30, 2017. The number used in each analysis is dependent on the time stamp validity for variables used in each table.

Table 1 - Total number and percent of Fire calls matched to REMSA calls by REMSA priority.

REMSA Priority	#	%
1	24,136	47.0%
2	18,942	36.9%
3	7,943	15.5%
9	351	0.7%
Total	51,372	100.0%

Table 2 - Travel time for fire (time from when fire agency goes en route to fire agency arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

Fire Travel Time: En Route to Arrival		
Median	Mean	90 th Percentile
04:07	04:56	07:42
Used N = 39,675		

Table 3 - Travel time for REMSA (time from when REMSA goes en route to arrival on scene) median, mean (average), and 90th percentile. Only REMSA priority 1 and 2 calls were used for this analysis.

REMSA Travel Time: En Route to Arrival		
Median	Mean	90 th Percentile
05:26	06:20	10:13
Used N = 41,261		

Table 4 - Median time a patient is waiting from the initial call to the first arriving unit on scene by REMSA priority.

REMSA Priority	Patient's Perspective
1	06:08
2	06:37
3	07:39
9	08:13
All	06:30
<i>Used N = 49,806</i>	

Jurisdictional Performance

The Washoe County EMS Five-Year Strategic Plan includes Objective 2.4 “Define a measurement for EMS Tier 1 response agencies, to support recommendations for system improvements, by March 31, 2017.” Sparks Fire Department and Truckee Meadows Fire Protection District have adopted Tier 1 standards to measure performance. Those performance metrics are presented within this section.

Sparks Fire Department

A responding fire captain designates 911 calls as a Priority 1, high acuity, or a Priority 3, low acuity. The following analyses only include those Sparks Fire Department calls that were designated a Priority 1 per the responding captain.

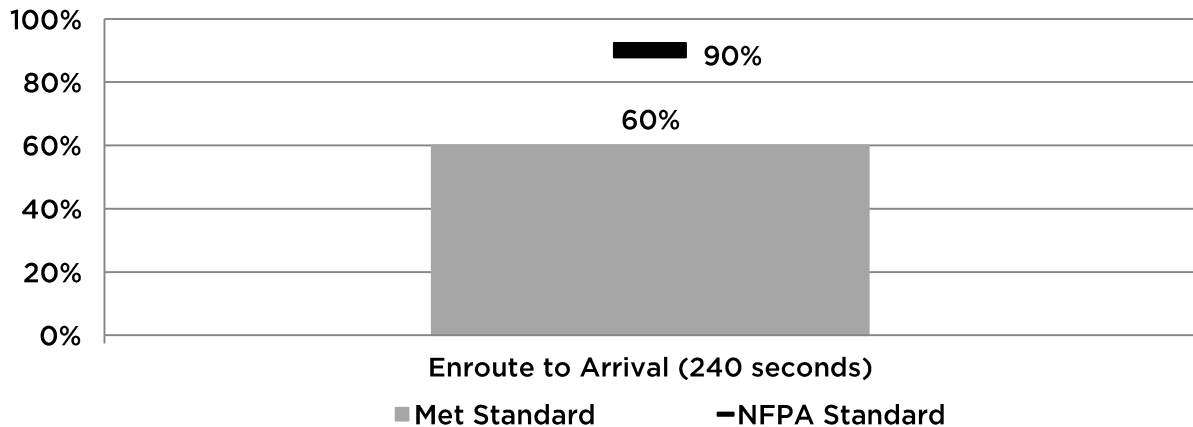
The National Fire Protection Association (NFPA) creates and maintains private copyrighted standards and codes for usage and adoption by local governments.

Per NFPA 1710 4.1.2.1 A fire department shall establish the following “240 second or less travel time for the arrival of a unit with automatic external defibrillator (AED) or higher level capacity at an emergency medical incident.”

Table 5 - SFD travel time performance per NFPA Standards. Travel time is the time the responding unit leaves the station, or is en route to the incident, to the time of arrival on scene. Only SFD Priority 1 calls were used for this analysis.

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire en route to arrival	240 seconds or less (4:00 minutes)	90%	5,875	3,538	60%	3:38	3:58

Performance Relative to NFPA Standards, FY17



Truckee Meadows Fire Protection District

A Regional Standards of Cover study was conducted by Emergency Services Consulting International (ESCI) for the Washoe County area. Study recommendations were presented in April 2011 during a joint meeting of Reno City Council, Washoe County Board of County Commissioners, Sierra Fire Protection District, and the Truckee Meadows Fire Protection District Board of Fire Commissioners. The language outlining the response standards adopted by TMFPD is provided below.

Regional Standards of Cover Response Time Recommendations

Turnout Time: Fire Dispatch → Fire En route

For 85 percent of all priority responses, the Region fire agencies will be en route to the incident in 90 seconds or less, regardless of incident risk type.

Travel Time: PSAP Created → Fire Arrival on Scene

First-Due Service Tier One

Urban: The first unit response capable of initiating effective incident mitigation should arrive within 8 minutes, 85 percent of the time from receipt of the call.

Suburban: The first unit response capable of initiating effective incident mitigation should arrive within 10 minutes, 85 percent of the time from receipt of the call.

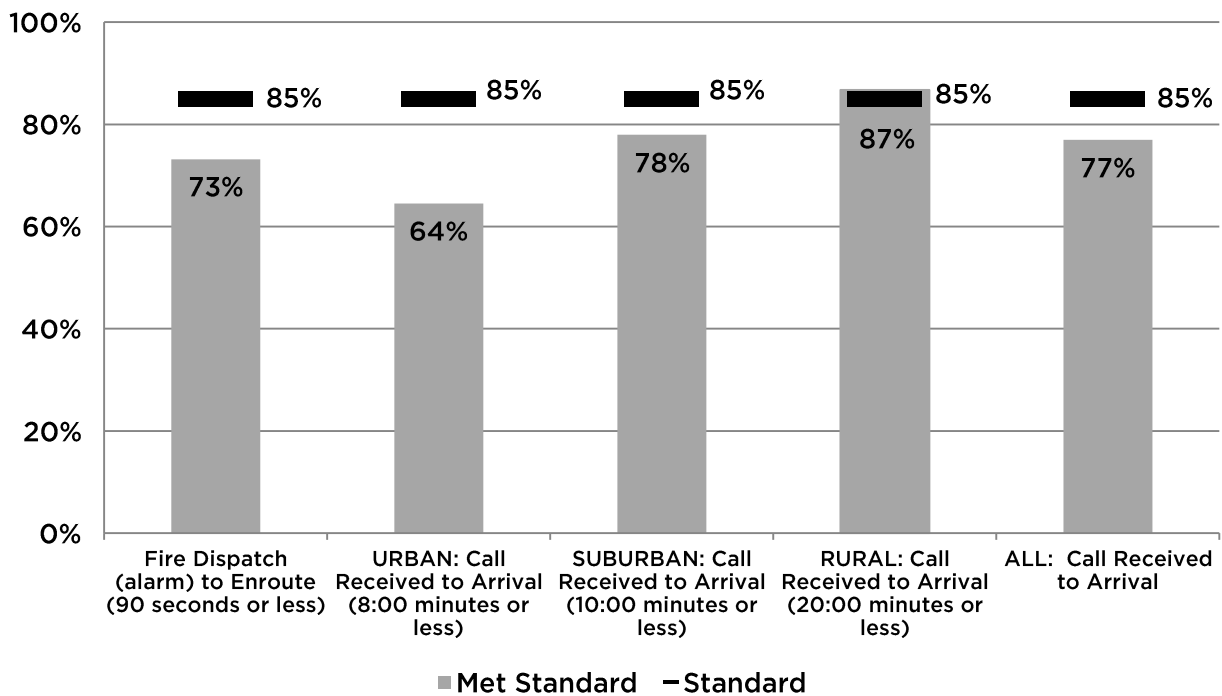
Rural: The first unit response capable of initiating effective incident mitigation should arrive within 20 minutes, 85 percent of the time from receipt of the call.

Frontier: The first unit response capable of initiating effective incident mitigation should arrive as soon as practical based on the best effort of response forces.

Table 6 - TMFPD performance per Regional Standards of Cover Tier One. Only REMSA priority 1 and 2 calls were used for this analysis.

Measurement	Standard	Expected	Calls Used	Met Standard		Median Time	Average Time
		%	#	#	%		
Fire Dispatch (alarm) to En route	90 seconds or less	85%	5,416	3,966	73%	1:05	1:18
Response Time Call Received to Arrival							
URBAN	8:00 minutes or less	85%	762	489	64%	6:52	7:43
SUBURBAN	10:00 minutes or less	85%	4,088	3,190	78%	7:29	9:06
RURAL	20:00 minutes or less	85%	615	538	87%	11:20	12:53
All calls	~	85%	5,465	4,217	77%	7:43	9:23

TMFPD Performance Relative to Standards of Cover Standards Tier One, REMSA Priority 1 & 2 Calls, FY17



EMS Oversight Program Accomplishments FY17

Regional Five-Year Strategic Plan

Within the ILA there are eight duties outlined for the EMS Oversight Program. One of the items explicitly tasked the EMS Oversight Program to “Maintain a Five-Year Strategic Plan to ensure the continuous improvement of Emergency Medical Services in the area of standardized equipment, procedures, technology training, and capital investments to ensure that proper future operations continue to perform including Dispatching Systems, Automated Vehicle Locations Systems, Records Management Systems, Statistical Analysis, Regional Medical Supply and Equipment, and other matters related to strategic and ongoing Emergency Medical Services and approved by RENO, SPARKS, WASHOE and FIRE.”

Beginning in August 2015, the EMS Program Manager worked with regional partners to develop a five-year regional strategic plan. The stakeholders participating in the development of the plan included representatives from each jurisdiction and REMSA from dispatch and operations, as well as a regional communications representative. Over the course of 11 months, the workgroup identified the components that would be included in the strategic plan. The final document of the strategic plan, accepted by the EMS Advisory Board and District Board of Health in October 2016, shows the efforts of the region in creating a path forward to improve the EMS system within Washoe County and outlines goals and objectives to be completed over the course of the next five years.

Regional Response Heat Map

Beginning in October 2016, the EMS Program Statistician conducted meetings with representatives of partner jurisdictions to provide insight on areas to be measured and how best to provide those data. The meetings resulted in the development of an online regional response heat map. The heat map utilizes the EMS response time from the patient’s perspective, measured as the difference between the initial 911 call to the first arriving agency on scene. The map currently contains data from July 1, 2015 through June 30, 2017, and will be updated quarterly. The online regional response heat map serves to inform regional performance regardless of which agency arrived first. The regional heat map can be accessed at https://www.washoecounty.us/health/programs-and-services/emergency-medical-services-oversight-program/ems_response.php

Regional Protocols

The Washoe County EMS 5-Year Strategic Plan Goal #5 is to design an enhanced EMS response system through effective regional protocols and quality assurance. An element of Goal 5 is the development of regional protocols (objective 5.1). EMS Program staff began this project by selecting a contractor, EMS Consultant Group, to review the current EMS protocols utilized by each jurisdiction, identify variances and provide recommendations for evidence-based best practices. The contractors developed 129-page analysis which was presented to the Pre-hospital Medical Advisory Committee (PMAC) in December 2016. Afterward, the PMAC moved to establish a task force with two personnel from each agency to begin developing regional protocols. The task force formed in February 2017 and met regularly to discuss and develop protocols that could be implemented region wide. The project will continue into the first quarter of the next fiscal year.

PSA for 911 Education

Nationwide, there is growing concern related to the misuse of the 911 system. Locally, excessive non-emergent calls have placed a strain on PSAP personnel and first responders and could impact callers who have life-threatening emergencies. The region held a press conference May 23, 2017, during which leadership from dispatch, law enforcement, fire, EMS and local hospitals provided insight on the impact of the misuse of 911. The goal of the press conference was to educate the community on when and when not to call 911. Three regional partners, Sparks Police Department, Sparks Fire Department, and the Carson City Sheriff's Office developed Public Service Announcements that address the implications of the over utilization and inappropriate use of the 911 system. The public service announcements can be accessed here https://www.washoecounty.us/health/programs-and-services/emergency-medical-services-oversight-program/911_Education.php

Mutual Aid Evacuation Annex (MAEA) Evacuation Training Video

The feedback from full-scale hospital evacuation exercise included the need for a short just-in-time training video on the MAEA to serve as a quick process reminder for hospital staff. The VA Sierra Nevada Healthcare System donated their hospital and personnel to film a short training video. The video will be provided to regional hospitals to use for internal trainings.

Full-Scale Exercise of a Hospital Evacuation

In an effort to ensure the Washoe County Health District's Mutual Aid Evacuation Annex (MAEA) is an effective plan, the EMS Program conducted a full-scale evacuation exercise on October 19, 2016. The exercise scenario involved a complete evacuation of Tahoe Pacific Hospital - South Meadows due to a power outage and malfunction of the back-up generator system. The exercise included more than 80 staff and volunteers from 13 regional agencies and community partners.

MCIP Trainings for Regional Leadership

The EMS Program offers training on the Multi-Casualty Incident Plan (MCIP) to the leadership of agencies which would be involved in an MCI response, including EMS, fire, law enforcement and hospitals. The training is designed to provide a high-level overview of the plan and offer leadership personnel an understanding of the duties fulfilled by field-level staff during an MCI response, the communication elements necessary to work with other agencies and a summary of the Incident Command System (ICS).

Inclusion of Additional Facilities in the MAEA

An additional improvement to the MAEA was the inclusion of skilled nursing, memory care and long term care facilities in the plan. Historically, the MAEA had only included acute care facilities in Washoe County. Over the past year, the EMS and Public Health Preparedness (PHP) Program have worked to introduce the plan to additional facilities throughout the county and have on-boarded five skilled nursing/long term care facilities to the plan.

Partner Agency EMS Highlights & Accomplishments FY17

Partner agencies provided their EMS related highlights for FY17, which include accomplishments such as awards and national recognition, increased capacity in terms of scope of work, increased staffing levels, newly hired personnel, updates to protocol and equipment upgrades. These are instrumental in assuring the best level of care is provided to the citizens and visitors of Washoe County.

City of Reno Fire Department Highlights for FY17

The Reno Fire Department has seen a steady increase in call volume and is trending to respond to over 41,000 calls over the current calendar year. Over 70% of those calls are EMS related.

During FY17 RFD conducted a recruit academy which resulted in the hiring of 14 new EMTs, AEMTs, and Paramedics. During this same time period, the department added three full time ALS units in effect doubling our paramedic response capabilities.

New EMS Captain and Training Agenda: The EMS Division assigned Paramedic Nathan Goins as its new EMS Captain. The Department completed two EMS Division level trainings during this period emphasizing treatment of pediatric emergencies and handling documentation of patients refusing medical care. Additionally, the department reinstated its quarterly station to station training. The initial class provided hands on retraining to all crews in advanced airway management and CPAP and mechanical ventilation. The purchase of a new “premature-infant” manikin was used for umbilical cannulation and airway training.

American Heart Association Training Site: RFD has aligned with AMRG’s (American Medical Response Group) AHA Training Center, as an approved AHA Training Site. We conducted BLS/ACLS/PALS instructor courses for eight of our paramedics with the intention of holding future classes internally and for the public. Additionally, RFD is on schedule to replace all of its ZOLL M series AED’s with the newer more capable ZOLL Pro series model.

Vaccination “POD” Training: The majority of our advanced level medical personnel were trained and/or re-trained in vaccination administration in conjunction with the City of Reno’s and Washoe County’s emergency POD (Point of Distribution) training.

QA/QI: Improved upon the department’s Quality Assurance/ Quality Improvement (QA/QI) using ZOLL Analytics to filter EMS calls for review.

MCI Drill Exercise: Participated in the regional “Broken Propeller” Mass Casualty Incident drill assuming the roles of; Incident Command, fire suppression, scene safety, patient triage, Triage Unit Leader, patient movement and patient treatment.

Policies & Procedures: RFD has revised its EMS Policies and Procedures with regards to medical documentation and refusal of care, Fire Line Medic resources, Working Fire Rehabilitation. Smoke Inhalation treatment protocol was updated with the implantation of Cyano-Kits (cyanide antidote) on all of the Paramedic response units.

Community Participation: RFD EMS Division is actively involved in the Regional Protocol Committee, the Committee on Omega and low acuity calls, Inter-local Hospital Coordinating Council, Physicians Medical Advisory Committee, Nevada EMS Advisory Commission, Nevada Fire Chiefs EMS Committee, and Northern Nevada EMS Chiefs Consortium.

City of Sparks Fire Department Highlights for FY17

- Completed analysis and received City Council Approval to implement Paramedic Services
- Developed and implemented new EMS Protocols for ILS and ALS Services
- Procured 3 Zoll X-Series Monitors with ETCO₂, 12-lead EKG, Pacing, Defibrillation and Cardioversion Capabilities
- Received AFG Grant to procure four additional Zoll X-series Monitors
- Provided 40 hour in-service and validated 15 of SFD's current Paramedics
- Initiated Paramedic Level Services at Station 4 & Station 5 on April 3, 2017
- Hired five Firefighter/Paramedics
- Participated in Regional Protocol Process
- Implemented RMA and AMA procedures
- Participated in joint EMS Training with REMSA
- Began process to upgrade Patient Care Reporting program
- Worked with SPD on Hostile (Active Assailant) MCI response
- Deployed MEDL and Line EMT/PMs on numerous wild land fire assignments throughout the West

Truckee Meadows Fire Protection District Highlights for FY17

Expanded Chest Compression Device utilization: All 11 TMFPD stations are now equipped with mechanical chest compression devices which work as a force-multiplier during the treatment of cardiac arrest patients. These devices also allow the safe performance of chest compressions during ambulance transport, as well as enhance the overall crew efficiency and lower rescuer fatigue.

Division Chief positions filled: The TMFPD has increased its Administrative Staff with the additions of Joe Kammann as Division Chief of EMS and Matt Loughran as Division Chief of Training.

Acquired new cardiac monitors: The District has purchased and implemented new Zoll X-series cardiac monitors on all Type 1 engines and ambulances. These new devices are lighter, more efficient, and increase the physiological parameters that can be monitored during patient care.

79 Certified Paramedics now on staff: In a continual process of providing the most trained employees possible to the citizens of the Truckee Meadows Fire Protection District, the current count of State of Nevada certified Paramedics has increased to 79 personnel in various ranks throughout the District. The ability to have paramedics serving in multiple positions in a station has greatly increased the training and mentorship capabilities within the TMFPD.

Hazardous Material Toxicology Paramedic Program: The TMFPD is proud to be the first Fire Department in the area to design and implement an Advanced Life Support HAZMAT Paramedic program. This unique program will allow trained TMFPD Paramedic Hazardous Materials Technicians to treat responders and civilians that become exposed to chemical hazards in the prehospital environment.

New Patient Care Reporting system: As an upgrade to the current reporting system, the TMFPD has purchased licensing, equipment, and had a server built to allow conversion to the Zoll EPCR charting program. This new system will ensure consistent agency reporting of information, as well as allow a seamless integration of the Zoll monitors, PCR, and QA/QI program.

Expanded Mutual Aid Agreement with REMSA: REMSA and the TMFPD have been able to modify their existing Mutual Aid Agreement to allow for a more streamlined process for the purchase and response of TMFPD ambulances. The additional ambulances will be available to respond during disasters, MCIs, or as needed to assist with ALS response capabilities during times that our partner agencies become overwhelmed. The new agreement also allows the TMFPD to staff special events within our jurisdiction and provide them with Advanced Life Support services. TMFPD and REMSA have already been able to successfully join forces and staff the 2017 Barracuda Championship as a result of this new agreement.

QA/QI Process Goals: The Quality Assurance / Quality Improvement process implemented at the TMFPD has resulted in a 100 percent chart review system. The QA/QI Committee has been responsible for several improvements to patient care throughout the department. One example was the rate of successful advanced airway placements. By suggesting the addition of training intubation manikins at each station, a comprehensive airway training program, and with the availability of both Grandview laryngoscope blades and Mcgrath video laryngoscopes at every station, TMFPD has seen a very high prehospital intubation success rate.

Purchase of new ambulances: The District has purchased 2 additional ambulances to be used for mutual aid response within the TMFPD. This brings the total to 3 ambulances within the TMFPD fleet. The additional ambulances will be available to be placed in service the first quarter of FY18.

REMSA & Care Flight Highlights for FY17

REMSA ALS Bike Team: REMSA implemented an ALS bike team to provide the community early access to ALS intervention in densely populated areas. Specially trained Paramedics and A-EMTs can now maneuver through congested areas during busy weekends or special events in downtown Reno or Sparks.

Care Flight Plumas County Ground Operations: As of July 1, 2017, Care Flight Ground Operations successfully completed its first year of integrated EMS operations in partnership with Plumas District Hospital in Quincy, CA. In addition to getting Quincy designated as the first rural HEARTSafe community in California, we created an efficient and reliable rural EMS system that has greatly improved EMS and healthcare delivery in that area of Plumas County.

Care Flight Critical Care / Fixed Wing: Over the past year, Care Flight has started a Critical Care Ground Transport service in January and in March 2017, Care Flight added a fixed wing operations based out of Reno Tahoe International Airport, staffed twenty-four hours a day seven days a week.

CAMTS: July 2017, the Commission on Accreditation of Medical Transport Services (CAMTS) reaccredited Care Flight for a full three-year accreditation. This full accreditation includes all three platforms, Helicopter, CCT, and Fixed Wing. Care Flight has maintained continuous CAMTS accreditation for 15 years.

24 Hour Post Implementation: In order to provide faster, more consistent coverage to the outlying areas of Reno/Sparks/Washoe County, REMSA established the first three fixed stations.

- **Mt Rose and Wedge:** This is a 16-hour post that covers Mt. Rose Hwy, Arrowcreek, Damonte Ranch, Toll Road, Pleasant Valley, and Washoe Valley.
- **Eagle Canyon and Pyramid Hwy:** This is a 16-hour post that covers the North Pyramid Hwy area. This includes Spanish Springs and Wingfield Springs.
- **Red Rock and 395:** This is a 24-hour post that covers Stead, Red Rock, and Cold Springs.

We have seen a noticeable decrease in our response times to these areas of the County. Future plans include the possible expansion of the 16 hour stations to 24-hour coverage within the next year.

Tri-Annual International Airport Disaster Drill: On April 27th 2017 REMSA participated in a full scale Mass Casualty Incident (MCI) exercise held at the Reno Tahoe International Airport (RTAA). The RTAA is required to conduct a “full scale “exercise every three years. This exercise usually includes a MCI and includes area first responders from Police, Fire and EMS.

This year’s scenario involved an Improvised Explosive Device (IED) that went off in the cargo hold of an international passenger jet as the passengers were deplaning. REMSA participated in dozens of preliminary meetings to assist with exercise design, realistic play and first responder integration. REMSA initially responded to the incident with four ALS units and five EMS Supervisors. We integrated with Airport Fire and the Reno Fire Department as Medical Branch providing Triage, Treatment and Transport for the patients. Our Communications Center coordinated the transports and provided communication with all area hospitals. A total of 99 patients were contacted on scene with 89 patients transported in 92 minutes. REMSA also provided an evaluator to the EMS component of the exercise.

30 / 35 Years Celebration: REMSA celebrated 30 years of providing EMS service to the region. Beginning on 1986 with a small staff and only a few ambulances, REMSA has grown to over 500 employees, a fleet of 44 ambulances, and a fully integrated health system that continues to strive for real regional partnerships that enhance the delivery of medical care to patients across our region.

TEMS National Tactical Medic Competition: May 2017, REMSA Tactical Paramedics participated in the 2nd Annual *National Tactical Medic Competition* in Charlotte, North Carolina. The competition was created to allow tactical medical providers from around the country, the opportunity to collaborate and compete in a community of peers. Candidates were evaluated on physical fitness, critical decision making in multiple casualty incidents, and clinical proficiency. REMSA Tactical Paramedics placed 4th overall.

American Heart Association-Mission Life Line Gold Plus Award: REMSA was awarded the American Heart Association's Mission-Lifeline Gold Plus award for implementing quality improvement measures for the treatment of patients who experience heart attacks. The Gold Plus award is given for achieving 75 percent or higher adherence for 24 months on all Mission: Lifeline EMS quality measures. REMSA is the only private EMS agency in the state to achieve the Gold Plus recognition.

Gerlach Volunteer Fire & EMS Department Highlights for FY17

The small department greatly increased activity in FY17, thanks to continued assistance from Truckee Meadows Fire Protection District (TMFPD) and the State of Nevada. The emphasis this year for the station was training volunteers. Seven volunteers received their Ambulance Driver's License from the State of Nevada, four graduated from the EMR program, and six passed the State-sponsored skills test for EMT (five are currently awaiting testing dates from Pearson). It has emerged stronger and more sustainable as a Combination Fire Department, with two full-time employees, several Intermittent Employees, and a strong Volunteer base. Additional volunteers are being recruited, and regular service calls are being conducted by the two ambulances stationed at the Gerlach Department. The coverage area remains almost 5,000 square miles and the department responded to 102 calls this year, with call spikes during the annual Burning Man festival.

Pyramid Lake Fire Rescue EMS Highlights for FY17

The Pyramid Lake Fire Rescue EMS (PLFREMS) agency responds to calls for service in a 742.2 square mile area. They have two career firefighter/EMT's, two firefighter AEMTS's, and twenty volunteers which also include four AEMT's, two EMT's and seven EMRs. During calendar year 2016 the volunteers responded to over 708 calls for service. PLFREMS successfully established Memorandum of Understanding with

both REMSA and Gerlach Volunteer Fire Department. The MOUs work to ensure appropriate resources are being dispatched to incidents rather than always dispatch two agencies. A great accomplishment for PLFREMS is the development of the EMT Training program within the High School setting. PLFREMS is only the second government agency within Nevada to have this program, which will begin during the 2017-2018 school year.

EMS Oversight Program Goals for FY18

The EMS Oversight Program is aiming work with regional partners to achieve the following goals within the next fiscal year.

1. Re-establish the Emergency Department Consortium
2. Develop protocols for low acuity/priority 3 calls
3. Establishment of a CAD-to-CAD interface
4. Implementation of regional protocols
5. Expansion of Multi-Casualty Incident Plan to include emergency planning for large scale, multiple incident location emergency response.
6. Work on improving continuity of care through regional processes relating to information flow.

STAFF REPORT

ADVISORY BOARD MEETING DATE: October 5, 2017

TO: EMS Advisory Board Members

FROM: Christina Conti, EMS Oversight Program Manager
775-326-6042, cconti@washoecounty.us

SUBJECT: **Presentation, discussion and possible approval of annual REMSA Franchise Map review recommendation.**

SUMMARY

A revised REMSA Franchise Map went into effect July 1, 2016. The purpose of this agenda item is to present for discussion the outcome and recommendations of the annual REMSA Franchise Map review process. The EMS Oversight Program does not recommend any changes be made to the REMSA Franchise Map at this time.

PREVIOUS ACTION

The EMS Advisory Board approved and recommended the draft map response zones within the REMSA ambulance franchise service area be presented to the District Board of Health on January 7, 2016.

The District Board of Health reviewed and approved the draft REMSA response zone map within the Washoe County REMSA ambulance franchise service area on January 28, 2016.

The District Board of Health reviewed and approved the implementation plan of the approved REMSA response zones within the Washoe County REMSA ambulance service area on February 25, 2016.

The EMS Advisory Board approved the REMSA Franchise Map review methodology on April 6, 2017.

BACKGROUND

During the March 2015 EMS Advisory Board meeting a recommendation was made to develop a data-driven REMSA response map. The region formed a map revision workgroup that was comprised of representatives from all partner agencies and Washoe County GIS. Additionally, a company, Inspironix, was contracted to develop recommendations for the map revisions to be reviewed by regional workgroup members.

The map revision workgroup met regularly from May to December 2015 to develop a project charter that would govern the process and then to review a variety of draft versions of a revised REMSA Franchise map. The workgroup focused on population density because that was the primary driver of call volume.

The EMS Advisory Board heard updates on the revision process at each meeting during that time period. During the January 7, 2016 regular meeting, the EMS Advisory Board approved and recommended that the revised map be presented for approval to the District Board of Health (DBOH). The revised REMSA Franchise map was then presented and approved at the January 28, 2016 DBOH meeting. During the meeting, it was stated that the implementation plan would be developed and brought back to the DBOH at a future date. The REMSA Franchise map implementation plan was approved during the February 25, 2016 DBOH meeting with an implementation date of July 1, 2016.

During the development of the Regional EMS 5-Year Strategic Plan, an objective was approved that established the ambulance franchise map review methodology. During the April 6, 2017 EMS Advisory Board meeting the REMSA Franchise Map review methodology was approved. It included methodologies for annual reviews, 5-year reviews and 10-year reviews.

The proposed annual review methodology states that each year (2017-2020 and 2022-2025) the calls which occurred during the fiscal year will be mapped to determine any possible response concerns including, an increase in calls occurring in Zone B, C, D, or E or a lack of calls occurring in portions of Zone A.

The EMS Statistician, EMS Oversight Program Manager and Washoe County GIS collaborated to conduct the annual review of the ambulance franchise map. The beginning step was to create a new “year 1” or baseline data for the map review. The data utilized during the creation of the ambulance franchise map was March 2014-2015, allowing the workgroup to utilize the most up-to-date period of time. However, as it relates to the map review, a fiscal year timeline needs to be utilized.

To create a new baseline year 1, program staff compared the data utilized to develop the map against the fiscal year that most closely aligns with the data used to create the map, Fiscal Year (FY) 2015. FY15 includes nine months of data used to create the initial map. After determining there were minimal differences, all data for FY15 will be utilized as the baseline year 1 for all future map revision processes. Program staff then worked with GIS to compare the subsequent two years of call data against the baseline year 1 data to determine if any “hot spots” appeared that would suggest the map should be revised. Year 1 was FY15, year 2 was FY16 and FY17 is identified as year 3. The rationale for reviewing FY16 was that these calls were occurring during the map revision process. By reviewing year 2 (FY16), program staff could ensure there were no anomalies in call volume and locations of calls while the map was being developed.

After review of the three years of call data, EMS program staff is not recommending any revisions to the ambulance franchise map.

However, during the map revision process, several items were identified and work with regional partners to address those issues has already begun. For example, some “hot spots” were identified within Zone A that should be proposed to receive an alternative response.

Of note, the increase in call volume between FY15 and FY17 was 26.6%. The Washoe County region cannot sustain the continued growth in call volume without changes to the response to calls. The strategic planning item addressing appropriate protocols to determine service levels for low acuity Priority 3 calls is paramount for this item.

FISCAL IMPACT

There is no additional fiscal impact should the Advisory Board approve the presentation, discussion and possible approval of annual REMSA Franchise Map review recommendations.

RECOMMENDATION

Staff recommends the Board approve the presentation, discussion and possible approval of annual REMSA Franchise Map review recommendations.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the presentation, discussion and possible approval of annual REMSA Franchise Map review recommendation.”

DD	<u>KD</u>	___
DHO	___	<u>KD</u>
DA	___	___

STAFF REPORT

BOARD MEETING DATE: October 26, 2017

TO: District Board of Health
FROM: Tony Macaluso, Environmental Health Specialist Supervisor
775-328-2431, tmacaluso@washoecounty.us
SUBJECT: Review, Discussion, and Possible Direction to Staff to Discontinue Collection of Information Regarding Certified Food Protection Managers at Food Establishments in Washoe County

SUMMARY

The Washoe County District Board of Health directed staff to collect information regarding Certified Food Protection Managers (CFPM) at food establishments in Washoe County and to report back to the Board.

District Board of Health Strategic Priority: Healthy Environment: Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

The Washoe County District Board of Health approved amendments to the Food Establishment Regulations on May 28, 2015. One of the changes was to eliminate specific CFPM training requirements. Because of this, the Board requested staff collect information regarding Certified Food Protection Managers at food establishments in Washoe County.

BACKGROUND

Currently the Regulations of the Washoe County District Board of Health Governing Food Establishment requires each food establishment defined as a Risk II or III category to provide a minimum of at least one full time Certified Food Protection Manager. During routine annual inspections, staff verifies that each permitted facility meets the requirements as they pertain to CFPMs. Staff has collected information on CFPMs and on the number of CFPM exams failed by individuals seeking certification as reported by the person in charge of the food establishment. Permit holders with individual staff members who failed the exam required the individual to retake a Servsafe course and exam or they required a different individual employee to take the course and exam. Based on the information collected, the CFPM exam failure rate is about 3%. The information collected indicates that the regulation changes that eliminated specific CFPM training requirements has not had a significant impact on the ability of workers to pass the CFPM exam. No negative public health consequences have been attributed to the change in the training requirements.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health give approval to discontinue collecting information on CFPMs at food establishments in Washoe County.

Subject: Certified Food Protection Managers

Date: October 26, 2017

Page 2 of 2

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "Move to discontinue collecting information on Certified Food Protection Managers at food establishments in Washoe County.

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

DATE: October 12, 2017
TO: District Board of Health
FROM: Catrina Peters, Director of Programs and Projects, ODHO
(775) 328-2401, cpeters@washoecounty.us
THROUGH: Kevin Dick, District Health Officer
SUBJECT: **Presentation and Possible Acceptance of PHAB Progress Report and Timeline**

SUMMARY

Health District staff continues to organize public health accreditation efforts that will move the Washoe County Health District from Step One of Accreditation (Pre-Application) to Step Two of Accreditation (Application Submission).

This Item addresses the following Health District Strategic Priorities:

- SP1 – **Healthy Lives:** Improve the health of our community by empowering individuals to live healthier lives.*
- SP3 – **Local Culture of Health:** Lead a transformation in our community’s awareness, understanding, and appreciation of health resulting in direct action.*
- SP4 – **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.*
- SP6 – **Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.*

PREVIOUS ACTION

The pursuit of accreditation was included in the June 23, 2016 agenda and was approved with all board members present approving the motion.

Dr. Novak requested an update on the status of accreditation at the Sept 28th, 2017 board meeting.

BACKGROUND

Public Health Department Accreditation is the measurement of health department performance against a set of nationally recognized, practice-focused and evidence-based standards. It also includes the continual development, revision, and distribution of public health standards. The goal of the voluntary national public health accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. There are seven steps of the accreditation process: 1) pre-application, 2) application, 3) document selection and submission, 4) site visit, 5) accreditation decision, 6) reports, and 7) reaccreditation.

Progress was slightly delayed due to staff turnover however, the Director of Programs and Projects (DPP) position was filled and the current DPP, Catrina Peters started work on October 2, 2017. Catrina has completed all four orientation training modules and completed the evaluation to have access to the online application submission system “e-PHAB”.

Once the application is submitted and approved, WCDH will be sent an invoice for the fee. After the invoice is paid the in-person training is scheduled for the Accreditation Coordinator. Training is offered quarterly and the next training offered that could feasibly be attended is February 13th-14th, 2018.

Once the in-person training is attended, all documents must be submitted within a year. The WCHD has set a due date of October 1, 2018 to have all required documents submitted. The PHAB committee met on October 9th, 2017 to review progress to date and discuss the revised timeline. The revised condensed timeline is attached with main project completion dates listed below.

Online Orientation: Completed October 5th, 2017

Register for ePHAB: Completed October 5th, 2017

Submit Statement of Intent: Completed October 12th, 2017

Submit Application: To be completed by October 20th, 2017

PHAB Fees Due: Early December 2017 (within 30 days of Application Approval)

Accreditation Coordinator In-Person Training: February 13-14th, 2018

Access Provided to Online Document Submission System: February 28th, 2018

Document Uploads Completed: By October 1st, 2018

FISCAL IMPACT

The initial PHAB accreditation review fee is \$21,450 with an annual accreditation service fee of \$8,400. A significant amount of staff time will be dedicated to PHAB between October 2017 and February 2019 as staff complete the first six steps of the PHAB as noted directly above.

RECOMMENDATION

Staff recommends the District Board of Health accept the PHAB Progress Report and Timeline.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to accept the PHAB Progress Report and Timeline”.

Washoe County Health District

Public Health Accreditation Update

Catrina Peters, MS, RD
Director of Programs and Projects
Office of the District Health Officer

Previous Steps

- **Pursuit of Public Health Accreditation approved by WCHD Board on June 23, 2016**
- **Required documents to apply for accreditation were developed and approved by the board**
 - **WCHD Strategic Plan**
 - **Community Health Needs Assessment**
 - **Community Health Improvement Plan**

Previous Steps

- **WCHD Accreditation Team was formed**
 - All team members completed Accreditation training
 - Team members were assigned sections of documentation to gather
 - Staff turnover resulted in a delay in online registration and application submission

Current Status

- **Accreditation Coordinator hired October 2, 2017**
 - **Catrina Peters, Director of Programs and Projects**
- **Accreditation Coordinator has completed all required online training**
- **Online registration has been submitted**
- **Accreditation team met on 10/9/17 to restart document gathering**

Revised Timeline

- 1. Submit Application:** To be completed by October 20th, 2017
- 2. PHAB Fees Due:** Early December 2017 (within 30 days of Application Approval)
- 3. Accreditation Coordinator In-Person Training:** February 13-14th, 2018
- 4. Access Provided to Online Document Submission System:** February 28th, 2018
- 5. Document Uploads Completed:** By October 1st, 2018

Revised Timeline

1. Once all documents are submitted, reviewed and approved a site visit will be scheduled
2. After the site visit is complete a site visit report is compiled by the site visit team
 - Report is submitted to the Accreditation Committee
3. The Accreditation Committee will render a decision:
 - A. Accredited
 - B. Not Accredited with option to submit an Action Plan to address shortcomings

Questions?

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

DD	CA	___
DHO	___	___
DA	___	___

STAFF REPORT
BOARD MEETING DATE: October 26, 2017

TO: District Board of Health

FROM: Charlee Albee, Director, Air Quality Management Division
(775) 784-7211, calbee@washoecounty.us
James English, Supervisor, Environmental Health Services Division
(775) 328-2610, jenglish@washoecounty.us

SUBJECT: Accela Regional Licensing & Permitting Project – Health District Status Update

SUMMARY

This report provides an update on the status of the Health District’s participation in the Accela Regional Licensing & Permitting Project. As a regional partner, the Health District continues to work with Washoe County and the Cities of Reno and Sparks to implement Accela, the regional software solution.

Health District Strategic Priority supported by this item: Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

On June 26, 2014, the Washoe County District Board of Health approved the Interlocal Cooperative Agreement Establishing the Regional Business License and Permits Program among the City of Reno, the City of Sparks, and Washoe County concerning the governance and implementation of a Regional License and Permit Program, effective from execution signing date through June 30, 2020, and authorized automatic renewals beginning July 1, 2020 unless otherwise terminated as per the Agreement.

October 31, 2016 was the Accela System go-live date for all licenses and permits issued by Reno, Sparks, Washoe County, and the Health District.

BACKGROUND

The development and implementation of the Accela Regional Licensing & Permitting software (Accela) has been a challenge for everyone as would be expected with any new computer system. It is easy to focus on all of the challenges that remain but a retrospective view of the accomplishments provides an idea of just how far the project has come.

Following go-live, November and December 2016 were wrought with frustration and technical difficulties. It would be an understatement to classify the learning curve as steep. Everyone from front-line staff through the agency technical services staff were identifying issues, trying to find solutions, all while still working on development of portions of the system. Operating in a cloud-based system for the first time also presented a number of functionality issues. By January 2017, workgroups were established and positive results were becoming apparent. This is best illustrated by the following table identifying the number of new permits issued January 1st through and October 1st:

Permit/Record Type	Quantity
AQM Permits	
Asbestos Assessments & Abatements	1,063
Pollution Control Permits (Dust, Smoke)	152
Wood Stove Notice of Exemption & Certificates	6,640
New Stationary Sources	48
EHS Permits	
Food Events (Promoter, Sampling & Vendor	926
Food Permits (Cottage, Exempt, Farm-Fork, General)	510
Food Born Disease (Internal Referral & General)	145
Institution (Child Care Facility, Other & Schools)	3
Invasive Body Decorations (General & Temporary)	77
Mobile Home & RV Park	2
Public Accommodations	9
Public Bathing	50
Underground Storage Tanks	16
Waste (Garbage Exempt, Generator, Liquid Waste, RV Dump Station, Waste Management)	40
Wells	120

It should be noted, these are all new records that have been created and must be managed in addition to thousands of records that were brought over from the legacy system through a conversion process, including permits subject to annual renewal.

The successful creation of new records through day-to-day operations does not imply the system does not continue to present challenges. There are currently twenty-six (26) issues identified by Health District staff that have been referred to Washoe County Tech Services for resolution. Workgroups continue to be established based on programs being impacted by issues in order to optimize the effects of resolutions. Examples of these issues include:

- Accela Citizen Access (ACA) is clumsy and difficult to set up user accounts
- Health customers are unable to print a receipt
- Tracking parcel history resulting from mergers or sub-division of parcels
- Consistent plan review workflow process, including fee assessment and collection by agencies
- Mobile Office functionality for field inspections
- Accurate calculation of fees during the permit renewal process
- Internal Controls for audit purposes

Other challenges are presenting themselves as updates and new versions of software are being deployed. In addition to Accela recently releasing version 9.2, ACI Universal Payments, the on-line payment processor, issued an update identified as Transact 2017.3. The ACI update included a notice that due to a recent security upgrade, customers processing payments through Internet Explorer (IE) will need to upgrade to IE11 or greater with Compatibility Mode turned off. This resulted in the Regional Administrators having to come up with a solution to provide information and directions to customers utilizing ACA.

As the Accela Project approaches its one-year anniversary, the status is best described as a continuing effort by staff to fulfill the strategic goal of strengthening our workforce and increasing operational capacity to support a growing population. The challenges of implementation have been magnified by record permit volumes, well above those experienced prior to the recent economic downturn. Staff at all levels has proven to be resilient and committed to working together to improve the functionality of the product while continuing to provide the best customer service possible.

DD	AH	___
DHO	___	KD ___
DA	___	___
Risk	___	___

Staff Report
Board Meeting Date: October 26, 2017

TO: District Board of Health
FROM: Laurie Griffey, Administrative Assistant I / HR Representative
775-328-2403, lgriffey@washoecounty.us
SUBJECT: Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 18.

SUMMARY

The Washoe County Health District Employee Policy Manual provides additional guidance to staff and ensures administrative compliance with operational policies and procedures, established by the District Board of Health and County Commissioners, governing employees.

District Health Strategic Objective supported by this item:

Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The District Board of Health last reviewed and accepted the Washoe County Health District's Employee Policy Manual on November 19, 2015 for FY16.

The District Board of Health last reviewed and accepted the Washoe County Health District's Employee Policy Manual in its entirety on January 24, 2013.

BACKGROUND

A comprehensive review of the manual was initiated; some policies were updated and several new policies have been added. The revised manual represents an intensive review of Human Resource and Fiscal policies and procedures and provides employees with guidance on these issues.

The revised manual has been discussed and reviewed by the following individuals:

- Washoe County District Health Officer
- Washoe County Health District Administrative Health Services Officer
- Washoe County Health District Division Directors
- The Deputy District Attorney assigned to the Washoe County Health District.

The Washoe County Health District Employee Policy Manual provides more in-depth information to employees on existing County and Health District policies and procedures in a central location for easy access and reference.

A comprehensive administrative review of the policy manual will be conducted on a bi-annual basis. The policy manual will be kept current with the inclusion of new or revised policies as soon as they are accepted by the District Board of Health.

Upon approval by the District Board of Health, an electronic version of the manual will be placed on the Health District's employee intranet site and an electronic copy will be sent to each employee with an acknowledgement form for the employee to sign. The acknowledgement form indicates the employee has read, understands and agrees to abide by the Washoe County Health District Employee Policy Manual and the policies referenced therein. Acknowledgement forms are maintained in the employee's personnel file.

FISCAL IMPACT

Should the Board approve the Washoe County Health District Employee Policy manual, there will be no fiscal impact to the adopted Fiscal Year 18 budget.

RECOMMENDATION

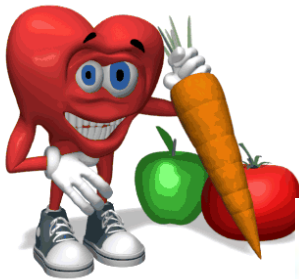
Staff recommends the District Board of Health review, approve and adopt the proposed Washoe County Health District Employee Policy Manual updates for Fiscal Year 18.

POSSIBLE MOTION

Move to approve and adopt the Washoe County Health District Employee Policy manual updates for Fiscal Year 18.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE



WASHOE COUNTY HEALTH DISTRICT EMPLOYEE POLICY MANUAL

2017 DRAFT

Fiscal Year 2018 Version

Fiscal Year 2016 Version was
Accepted by the District Board of Health
November 19, 2015

**Washoe County Health District Employee Policy
Manual Record of Policy Manual Changes
All Update/Changes are in GREEN**

Item #	Status	Change	Date Submitted
A.	Updated	Accident and Injury Reporting	6/19/17
B.	Updated	Cash Handling	7/6/17
C.	Updated	Cell Phone Policy	6/1/17
D.	NEW	Code of Conduct	6/30/17
E.	NEW	Confidential Information	6/1/17
F.	Updated	Contact – External Agencies/Departments	6/19/17
G.	NEW	Culturally and Linguistically Appropriate Services (CLAS)	7/6/17
H.	NEW	Employee Training	6/1/17
I.	NEW	HIPAA Privacy Policy	6/2/17
J.	NEW	HIPAA Security	6/2/17
K.	Updated	Incompatible Activities	7/6/17
L.	Updated	Licensure/Certification/Registration Renewal Process - Updated	8/23/17
M.	Updated	Media Policy	8/4/17
N.	Updated	Personal Appearance	8/1/17
O.	Updated	Personal Electric or Electronic Use (PEEU)	8/1/17
P.	Updated	Recording of Time – Application for Leave/Overtime	5/15/17
Q.	NEW	Records Retention	6/1/17
R.	Updated	Refund Policy	6/17/17
S.	NEW	Security	8/2/17
T.	Updated	Signatures – Correspondence	8/22/17
U.	Updated	Use of County Vehicles	6/1/17
V.	NEW	Added Item #'s to all Policies for easier accessibility and reference	8/3/17
W.	Updated	Changed Personnel Representative and HR Personnel Representative to “HR Representative” throughout the document.	8/3/17

TABLE OF CONTENTS

1	Introduction and Legal Notice	Page 6
2	Accident and Injury Reporting – Updated	Page 7
3	Alternative Work Schedule	Page 9
4	Animals in Health Building	Page 10
5	Authority: Health Officer to Approve Divisional and Programmatic Protocols and Policies	Page 11
6	Authority: Health Officer to Review and Approve New and Continuing Grant Applications After Conducting a Pre- Application Assessment	Page 12
7	Cash Handling - Updated	Page 13
8	Cell Phone Policy - Updated	Page 14
9	Code of Conduct - NEW	Page 15
10	Code of Ethical Standards	Page 17
11	Confidential Information - NEW	Page 19
12	Contact - External Agencies/Department – Updated	Page 20
13	Culturally and Linguistically Appropriate Services (CLAS) - NEW	Page 21
14	Customer Conduct, Rights & Suspension	Page 23
15	Employee Trainings - NEW	Page 24
16	Health District Services to Staff and Their Families	Page 26
17	HIPAA Privacy Policy - NEW	Page 27
18	HIPAA Security - NEW	Page 29
19	Incompatible Activities - Updated	Page 30
20	Jury Duty	Page 33
21	Leave Without Pay	Page 34
22	Licensure/Certification/Registration Renewal Process - Updated	Page 35
23	Long Distance Telephone Calls	Page 36
24	Media Policy - Updated	Page 37
25	Meeting Policy – Smoke Free	Page 43
26	Personal Appearance – Updated	Page 44
27	Personal Electric or Electronic Use – Updated	Page 46
28	Personnel Records Updates	Page 47
29	Photocopying	Page 48
30	Recording of Time – Application for Leave/Overtime - Update	Page 49

31	Recording of Time – Timecards	Page 50
32	Records Retention - NEW	Page 51
33	Refund Policy - Updated	Page 52
34	Security - NEW	Page 54
35	Signatures - Contracts	Page 55
36	Signature – Correspondence – Updated	Page 56
37	Termination of Services	Page 57
38	Use of County Vehicles - Updated	Page 58

Appendix:

Forms, Reference Documents Lists and Links

A. HR Related Documents

Page 60

- Washoe County Code, Chapter 5 – Administration and Personnel
- Health District Infection and Bloodborne Pathogen Exposure Control Manual
- Labor Relations/Employee Association Contracts
- Washoe County Internet and Intranet Acceptable Use Policy
- Washoe County Human Resources – Policy, Procedures, and Forms

B. Financial

Page 60

- Washoe County Code, Chapter 15 – County Finances, Purchasing
- Washoe County Accounts Payable Procedure Manual
- Washoe County Internal Controls Procedures Manual
- Washoe County Grants Management Policy Manual
- [Washoe County Pro Card User Guide](#)
- [Washoe County Purchasing Manual](#)

C. Plans

Page 61

- Health District Emergency Management Plan
- Washoe County Complex Evacuation Policy and Procedures
- Washoe County Health District Evacuation Procedure
- Washoe County Health District Active Shooter Procedure
- Washoe County Health District Emergency Action Plan

D. Forms and Policies

Page 61

- Customer Conduct Policy (WCHD)
- Customer/Client Rights (Discrimination and Harassment) (WCHD)
- Customer Suspension Policy (WCHD)
- [Media Policy D-4 – Press Release \(WCHD\)](#)
- [Media Policy D-5 – Media Advisory \(WCHD\)](#)
- [Media Policy D-6 – Consent and Release](#)

1 - INTRODUCTION AND LEGAL NOTICE

Introduction

The Washoe County Health District Employee Policy Manual is intended to provide general information about departmental policies.

Legal Notice

The policies and statements contained herein may include information taken from other original source documents such as the Washoe County Code and the Agreements, which exist between Washoe County and the recognized Employee Associations. This manual does not alter the provisions of the Code or the Agreements in any way, nor does it affect the relationships defined therein. Therefore, these and other pertinent source documents should be consulted for complete and up-to-date versions of the policies and statements set forth in this Policy Manual.

This document supersedes all prior Health District Employee Policy Manuals. This Policy Manual is subject to change at any time. Employees will be notified of new policies and policy updates upon acceptance. A current copy of the Policy Manual also can be located on the Washoe County Health District website.

Washoe County Policies are discussed with employees attending Washoe County New Employee Orientation through Washoe County Human Resources. Washoe County Health District employees are required to read multiple policies when hired and the link to the Washoe County Human Resources - Policy, Procedure, and Forms website is included in Appendix B of this manual.

Updated 4/13/15

2 -ACCIDENT AND INJURY REPORTING - Updated

DESCRIPTION:

I. Personal Injury:

If any occupationally related injury or illness results in:

- Absence from work
 - Necessity for transfer to another job or termination of employment
 - Loss of consciousness
 - Restriction of work or movement
 - Medical treatment of any kind, including first aid
1. The employee shall report the incident to the Supervisor and complete the C-1 “Notice of Injury or Occupational Disease” form immediately; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww/health/files/hr/Notice-of-Injury-or-Occupational-Disease-\(C-1\).pdf](http://eww/health/files/hr/Notice-of-Injury-or-Occupational-Disease-(C-1).pdf))
 2. The employee and Supervisor will sign and date the form;
 3. The Supervisor shall complete the “Supervisor’s Report of Injury form”; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww/health/files/hr/Supervisors-Report-of-Injury-\(C-2\).pdf](http://eww/health/files/hr/Supervisors-Report-of-Injury-(C-2).pdf) and forward both forms to the Division Director for review and signature;
 4. The Division Director will be responsible for ensuring both forms are forwarded to the Washoe County Health District’s HR Representative within 24 hours of the injury/illness;
 5. The Washoe County Health District’s HR Representative completes the C-3 “Employer’s Report of Industrial Injury” forms, and notifies the District Health Officer (DHO), acting District Health Officer or Administrative Health Services Officer (AHSO). The DHO or AHSO will initial the form to show they have been made aware of the situation. The HR Representative will forward all three forms to Risk Management within three (3) calendar days of injury.

In the event of death, regardless of the time between injury and death, or the length of the illness, the Supervisor shall be responsible for the completion of all required paperwork in steps 1 – 3.

II. Liability and Property Loss:

If one or more of the following occurs:

- Personal injury to a non-employee
- Damage to property of others (non-vehicle)
- Damage to County property (non-vehicle)
- Incidents which may result in liability to the Department

ACCIDENT AND INJURY REPORTING (Continued)

1. The employee shall report the incident to the Supervisor; and within one (1) business day of the incident, complete and submit the Saf-7 “Washoe County Liability and Property Loss Report” form; (located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww.health/files/hr/Washoe-County-Liability-Property-Loss-Report-Form-\(Saf%207\).pdf](http://eww.health/files/hr/Washoe-County-Liability-Property-Loss-Report-Form-(Saf%207).pdf) and submit it to the Division Director, through their Supervisor;
2. The Division Director shall submit the form to the Washoe County Health District’s (WCHD) HR Representative within two (2) business days of the incident.
3. The Health District HR Representative will have the form reviewed and initialed by the District Health Officer or Administrative Health Services Officer and will send the form and/or advise Risk Management within 3 days of the incident.

III. **Vehicle Accident:**

An Employee driving any vehicle (County, rental, or personal), who is involved in an accident during the course of assigned duties shall:

1. Immediately notify the appropriate law enforcement agency for investigation at the scene, regardless of the extent of damage; if local law enforcement will not respond and a County vehicle is involved, advise dispatch a County vehicle was involved and request they dispatch a Deputy Sheriff to the scene to do a report. (Risk Mgmt. needs this report);
2. After notifying law enforcement contact your immediate Supervisor and give a preliminary verbal report; if Supervisor is unavailable, call the Washoe County Health District (328-2410) and give a preliminary verbal report to the WCHD HR Representative;
3. Within one (1) business day, the employee must complete the Saf-5 “Washoe County Vehicle Accident Report” form and submit it to the WCHD’s HR Representative, through his/her Supervisor and Division Director; (form located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms [http://eww.health/files/hr/WC-Vehicle-Accident-Report-Form-\(Saf-5\).pdf](http://eww.health/files/hr/WC-Vehicle-Accident-Report-Form-(Saf-5).pdf)
4. Accidents involving non-County vehicles when law enforcement does not respond: Employee should obtain, complete and file the Nevada Department of Motor Vehicles “Driver’s Report of Traffic Accident SR-I: form and submit a copy to the WCHD HR Representative (NV DMV SR-1 form located at <http://www.dmvnv.com/pdf/forms/sr1.pdf>
5. Do not sign any form(s) or materials presented by the insurance carrier(s) of the opposing party. All such materials are to be forwarded to the District Health Officer, who will advise Risk Management.

Updated 6/19/17

3 - ALTERNATIVE WORK SCHEDULES

DESCRIPTION:

Washoe County Health District evaluates each request for an Alternative / Compressed Work Schedule individually. Alternative Schedules are to enhance public service and are granted at the sole discretion of the employer (must be approved by District Health Officer) and are not an employee entitlement. Alternative/Compressed work schedules can be discontinued at any time by management.

I. Purpose

Washoe County is dedicated to excellence in public service. The purpose of this policy is to provide flexibility in work schedules to meet the business needs of Washoe County. Each department should determine if the Alternative Work Schedule Program would be effective in meeting their business needs. **Participation in Washoe County's Alternative Work Schedule Program is at the sole discretion of the employer and not an employee entitlement.** It should be understood that not every job is adaptable to an alternative work schedule. This policy provides an effective business tool to enhance public service and employee performance. This policy also provides new opportunities for efficiency, potential expanded hours for customer service and a possible recruiting tool to attract new talent.

Nothing in this policy superseded NRS, Washoe County Code, Labor Agreements and FLSA regulations.

II. Eligibility

Every department may, upon approval of their department head, provide alternative work schedules to employees. Each participating department shall determine which alternative work schedules, if any, are available for employees. Such determinations shall be made based upon the business needs, staffing and coverage requirements, etc.

Individual employees may be permitted, with the consent of their supervisor and the approval of appropriate management, to work alternative schedules. Approval of alternative work schedules for individual employees will be based upon consideration of the employee's job performance, office operating requirements, employee's attendance and timeliness, and any disciplinary issues. Certain positions may not be eligible for an alternative work schedule due to program needs or the job duties assigned to the position. Every employee working an alternative work schedule shall do so in accordance with a written agreement, approved by the department head, the immediate supervisor and the employee. Probationary employees may be eligible for alternative work schedules, in special circumstances, with the approval of the department head.

III. Policy & Form

The Washoe County Alternative Work Schedule Policy is located on the County website;

<http://www.washoecounty.us/humanresources/Policies/policiesfullisting.php>

All Health District employees are to use the Washoe County Alternative Work Schedule form and attach a memo explaining the benefits and impacts the alternative schedule will have on the program.

4 - ANIMALS IN HEALTH BUILDING

DESCRIPTION:

The Health District does not allow animals in our facility; it does allow Service Animals, and service animal trainees in accordance with “Americans with Disabilities Act,” Title III.

Pets should be left at home.

According to AB157 effective October 1, 2015 - The definition of a “Service Animal” will include a dog or miniature horse, which is individually trained to do work or perform tasks for the person with a disability. Service animals are allowed to accompany people with disabilities in all areas where members of the public are allowed to go.

ADA information https://www.ada.gov/service_animals_2010.htm

**Staff may ask two questions to determine if it is a service animal – see below:
According to NRS 651.075**

2. A place of public accommodation may:
 - (a) Ask a person accompanied by an animal:
 - (1) If the animal is a service animal or service animal in training; and
 - (2) What tasks the animal is trained to perform or is being trained to perform.

What kind of animal is that? The answer should be “service”.

OR: is your dog a service animal required because of a disability? Answer should be yes.
YOU MUST NOT ASK WHAT THE DISABILITY IS.

Service animals in training are also welcome.

What service/task/work has it been trained to provide?

Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. **The work or task a dog has been trained to provide must be directly related to the person’s disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA.** Petting a cat or dog reduces blood pressure, however having high blood pressure is not a disability, and the animal hasn’t been trained to lower blood pressure, it’s a byproduct of petting a dog or cat. Same for anxiety disorders, ADHD, etc.

Added 6/2/15

5 - AUTHORITY: HEALTH OFFICER TO APPROVE DIVISIONAL AND PROGRAMMATIC PROTOCOLS AND POLICIES

DESCRIPTION:

- I. The District Health Officer shall conduct an administrative review of the Divisional Policy and Protocol manuals on an annual or bi-annual basis as required. Upon completion of the review the District Health Officer will sign both the review and the approval cover documents, which will contain other appropriate approval signatures, including Consulting Medical Directors as required. The District Health Officer will provide a summary of all Protocol and Policy Manuals reviewed to the District Board of Health to allow the Board to review any specific policies or protocol, and to ask questions.
Authorized by the District Board of Health at their April 26, 2012 meeting.

Added – 5/14/12

6 - AUTHORITY: HEALTH OFFICER TO REVIEW AND APPROVE NEW AND CONTINUING GRANT APPLICATIONS AFTER CONDUCTING A PRE-APPLICATION ASSESSMENT

DESCRIPTION:

Pre-Application Assessment

A pre-application assessment evaluates the following factors and should be done in consultation with the Administrative Health Services Officer and District Health Officer (DHO).

Pre-Application Assessment shall be done in advance of the submission of the Grant Application for new and continuing grants.

Financial Factors:

- Total anticipated project cost (including: reimbursable and non-reimbursable costs and costs associated with sub-granting)
- Match requirements and sources
- Program income considerations
- Staffing requirements (including salary and benefits increases for multi-year grants)
- Plan for sustaining/terminating the program in the event of loss of grant funding or end of the grant term

Programmatic Factors:

- Alignment with the Washoe County Health District mission and County strategic priorities
- Community and service delivery benefits
- Provision or expansion of services to address critical needs as determined by DHO
- Department's capacity to administer the requirements of the grant

Application Request to Submission Form

All Washoe County Health District grant applications must be approved by the Administrative Health Services Officer and District Health Officer or the District Board of Health prior to application. Board approval for applications is only necessary when required by the granting agency. The District Health Officer's and Administrative Health Services Officer's approval are appropriate for all other grant applications.

On-going grants that have been approved by the District Board of Health during the budget process are exempt from the "Request to Submit" (form prescribed by the Grants Administrator) procedure, unless there are material changes to the award. In the event of changes, those not reviewed during the budget process, shall be submitted to the Administrative Health Services Officer. The Administrative Health Services Officer will consider the changes to the award and determine if the changes are material and require a Request to Submit for approval by the District Health Officer.

New grant applications will require the "Request to Submit" form be completed and sent through the appropriate approval process. No funding can be obligated or spent until the DBOH approves the grant, retroactively if necessary.

Added 5/14/12

7 -CASH HANDLING - Updated

DESCRIPTION:

All employees who handle cash or participate in fiscal transactions shall annually read the Washoe County Ordinances on cash handling and the Washoe County Internal Controls Procedures Manual. Upon completion of the review of the above documents, employees will sign an acknowledgement form which shall be sent to Administrative Health Services for retention.

PROCESS FOR HANDLING INCOMING COUNTY FUNDS:

- **Each division shall prepare and maintain a fully documented procedure manual concerning all aspects of its cash handling policies and procedures. The manual should be maintained in an up-to-date manner and readily available to all personnel.**
- All funds must be accounted for and kept in a secure location.
- All funds taken in by an employee/division must be processed for deposit and turned into Administrative Health Services (AHS) in a timely manner (within 1 business day, **notify AHS if an exception is required**).
- Administrative Health Services will do a combined deposit of all funds on the following business day.
- A Daily Cash Receipt **or Accela Cashier Summary** form must be completed by each employee/division for all funds accepted by that employee into that division in the form of cash, check, **money orders**, credit card, or coins. The Daily Cash Receipt **or Accela Cashier Summary** form must be signed by the person counting the funds and completing the form.
- All funds must be double counted (**by a different person**) within the division in which they were accepted prior to being sent to Administrative Health Services for deposit.
 - The person doing the double count must reconcile the cash register receipt or computer printouts with the Daily Cash Receipt **or Accela Cashier Summary** form and the actual funds or credit slips to ensure accuracy.
 - The person doing the double count is required to run a calculator tape of all entries on the Daily Cash Receipt (DCR) **or Accela Cashier Summary** form and attach the calculator tape to the DCR form. Then run a calculator tape of the cash, coins, checks and/or credit receipts to ensure all items are recorded accurately on the DCR form. This calculator tape is to be attached to the Cash, checks and/or Credit Card receipts. The totals on the calculator tapes should match the total on the top of the DCR form as well as the Cash Register receipt or computer printout.
 - Once all items have been double counted (funds counted, calculator tapes run and all totals verified) the person who did the double count signs the second line on the Daily Cash Receipt **or Accela Cashier Summary** form documenting they have verified the accuracy of the funds and documents.
- All employees are to follow the County's overall process for Cash Handling **and the division's process for cash handling as outlined in the division's procedure manual for cash handling.**

Updated 7/6/17

8 - CELL PHONE POLICY - Updated

DESCRIPTION:

All employees who are issued a County/Health District cell phone must read and sign the WCHD Cell Phone Policy located on the Health District website; (located on tlc/health under Forms & Info, Policies, Procedures and Protocols) or obtain a copy from the Health District HR Representative.

Cell phones are to be used for County/Health District business only. They are not to be used for personal use except in an emergency situation as outlined in section #2 of the Cell Phone Policy.

Individually signed cell phone policy acknowledgement forms are to be submitted to the Health District HR Representative and placed in the employees personnel file.

PERSONAL USE OF CELL PHONES AND OTHER MOBILE DEVICES:

Caution should be used when using cell phones, iPads and other mobile devices with cameras during work time so as to protect the private information of the Health District (e.g. medical records information, addresses, and personal phone numbers), fellow employees and customers.

So as to guarantee the protection of customer's private information, cell phones, iPads or other mobile devices with cameras are not permitted at customer service desks while customers are being assisted.

Employees are encouraged to use common sense when making or receiving personal cell phone calls at work. For example, employees should speak quietly and reserve personal or intimate details for non-work hours.

Personal cell phone usage at work must never include language that is obscene, discriminatory, offensive, prejudicial or defamatory in any way (such as jokes, slurs and/or inappropriate remarks regarding a person's race, ethnicity, sex, sexual orientation, religion, color, age or disability).

Employees should turn off ringers or change ringers to "mute" or "vibrate" during training, conferences and the like; when meeting with clients or serving customers; and if an employee shares a workspace with others.

Updated 6/1/17

9 - CODE OF CONDUCT - NEW

DESCRIPTION: Washoe County Code of Conduct

Given that the Washoe County Health District employees are required to adhere to the policies set by Washoe County the following Code of Conduct is required to be followed by Health District Employees.

This Code of Conduct sets forth Washoe County's expectations of its employees in their interactions with the public and each other and reflects the core values set out in Washoe County's Value Statement:

We Value Community, Quality Public Service, Teamwork, People, Communication, Integrity, Professionalism and Progressive Thought.

This Value Statement and the following Code of Conduct recognize the Washoe County's most valuable asset is its employees and reflects Washoe County's commitment to recognizing that everyone deserves to be treated with dignity and respect. Employees, while on duty, are expected to conduct themselves at all times in a manner consistent with this Code of Conduct, and a failure to do so may lead to discipline up to and including discharge. Off duty conduct that, at a significant level, negatively affects County operations or brings discredit to the organization may be cause for disciplinary action up to and including discharge.

CODE OF CONDUCT

Honesty

- A commitment to honesty requires a good faith intention to be accurate, sincere and straightforward, to seek out the truth, and to avoid misrepresentation.
- Honesty is the cornerstone upon which public trust is built. For the public to have faith in its public employees, employees shall always be honest in their dealings with the public and each other.

Respect

- Employees shall acknowledge the fundamental dignity and worth of others and their opinions.
- Respect reflects a commitment to attempt to resolve conflicts at the lowest level in a respectful and straightforward manner.
- Respect creates an environment in which ideas can be exchanged, concerns can be appropriately voiced, problems can be solved, and employees' contributions to the organization are recognized, and requires employees at all levels to interact in a professional and dignified manner.

Duty to Serve the Public

- Washoe County employees shall commit themselves to high professional, ethical, and moral standards in their dealings with the public and their fellow employees.

CODE OF CONDUCT (Continued)

- Duty to public service embraces the unique responsibility to respond in emergencies, to work as a team and with a spirit of cooperation within the organization and our community.
- Duty to public service requires that Washoe County employees be accountable to each other, the County organization, and the public for their conduct at work and for their off duty conduct which negatively affects Washoe County.

Tolerance

- Employees shall accept and value differences and refrain from negative judgement based solely on those differences.
- Washoe County, as an organization and a community, is strengthened by a diversity of experiences, backgrounds, preferences, perspectives, and talents.
- Employees' ability to embrace diversity promotes and enhances our progress.

Fairness

- Employees shall endeavor to listen, understand, and perform their duties without prejudice or favoritism.

Courtesy

- Employees shall be courteous, polite and considerate in dealing with each other and the public.

Compliance with other adopted Policies

- Employees shall comply with all other applicable adopted policies: such as Workplace Violence, Discrimination policies, etc.

Added 6/30/2017

10 - CODE OF ETHICAL STANDARDS

DESCRIPTION: NRS 281A.400

Wording updated to NRS 2013 version

A code of ethical standards is hereby established to govern the conduct of public officers and employees:

1. A public officer or employee shall not seek or accept any gift, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly influence a reasonable person in the public officer's or employee's position to depart from the faithful and impartial discharge of the public officer's or employee's public duties.
2. A public officer or employee shall not use the public officer's or employee's position in government to secure or grant unwarranted privileges, preferences, exemptions or advantages for the public officer or employee, any business entity in which he has a significant pecuniary interest, or any person to whom the public officer or employee has a commitment in a private capacity to the interests of that person. As used in this subsection, "unwarranted" means without justification or adequate reason.
3. A public officer or employee shall not participate as an agent of government in the negotiation or execution of a contract between the government and any business entity in which the public officer or employee has a significant pecuniary interest.
4. A public officer or employee shall not accept any salary, retainer, augmentation, expense allowance or other compensation from any private source for the performance of the public officer's or employee's duties as a public officer or employee.
5. If a public officer or employee acquires, through the public officer's or employee's public duties or relationships, any information which by law or practice is not at the time available to people generally, the public officer or employee shall not use the information to further a significant pecuniary interests of the public officer or employee or any other person or business entity.
6. A public officer or employee shall not suppress any governmental report or other official document because it might tend to affect unfavorably a significant pecuniary interest of the public officer or employee.
7. Except for State Legislators who are subject to the restrictions set forth in subsection 8, a public officer or employee shall not use governmental time, property, equipment or other facility to benefit a significant personal or pecuniary interest of the public officer or employee. This subsection does not prohibit:
 - (a) A limited use of governmental property, equipment or other facility for personal purposes if:

CODE OF ETHICAL STANDARDS (Continued)

- (1) The public officer or employee who is responsible for, and has authority to authorize the use of such property, equipment, or other facility, has established a policy allowing the use or that the use is necessary as a result of emergency circumstances;
 - (2) The use does not interfere with the performance of the public officer's or employee's public duties;
 - (3) The cost or value related to the use is nominal; and
 - (4) The use does not create the appearance of impropriety;
 - (b) The use of mailing lists, computer data, or other information lawfully obtained from a governmental agency which is available to members of the general public for nongovernmental purposes; or
 - (c) The use of telephones or other means of communication if there is not a special charge for that use. If a governmental agency incurs a cost as a result of a use that is authorized pursuant to this subsection, or would ordinarily charge a member of the general public for the use, the public officer or employee shall promptly reimburse the cost or pay the charge to the governmental agency.
8. A State Legislator shall not:
- (a) Use governmental time, property, equipment, or other facility for a nongovernmental purpose or for the private benefit of the State Legislator or any other person. This paragraph does not prohibit:
 - (1) A limited use of state property and resources for personal purposes if:
 - (I) The use does not interfere with the performance of the State Legislator's public duties;
 - (II) The cost or value related to the use is nominal; and
 - (III) The use does not create the appearance of impropriety;
 - (2) The use of mailing lists, computer data, or other information lawfully obtained from a governmental agency, which is available to members of the general public, for nongovernmental purposes; or
 - (3) The use of telephones or other means of communication if there is not a special charge for that use.
 - (b) Require or authorize a legislative employee, while on duty, to perform personal services or assist in a private activity, except:
 - (1) In unusual and infrequent situations where the employee's service is reasonably necessary to permit the State Legislator or legislative employee to perform that person's official duties; or
 - (2) Where such service has otherwise been established as legislative policy.
9. A public officer or employee shall not attempt to benefit a significant personal or pecuniary interest of the public officer or employee through the influence of a subordinate.
10. A public officer or employee shall not seek other employment or contracts through the use of the public officer's or employee's official position.

Updated 4/9/15

11 - CONFIDENTIAL INFORMATION - NEW

DESCRIPTION:

All Washoe County Health District Staff are to keep confidential all information pertaining to persons receiving services at the Washoe County Health District. No one is to remove any files from the Health District premises or to disclose any information to unauthorized persons including, without limitation, friends, family, acquaintance or the news media.

All Health District employees sign an Oath of Confidentiality upon hire indicating they understand that unauthorized disclosure of client or any confidential information may result in disciplinary action and /or personal civil liability for damages.

When the employee signs the acknowledgment form for the review of the Washoe County Health District Employee Policy Manual they are affirming they have read and will abide by the Washoe County Health District Confidentiality Policy.

New 6/1/17

12 - CONTACT-EXTERNAL AGENCIES/DEPARTMENTS - Updated

DESCRIPTION:

Any employee acting as a representative of the Washoe County Health District shall notify the Supervisor and Division Director prior to any work related contact of officials outside the Washoe County Health District. Such officials shall include:

Board of Health Members	County Manager
City Manager	Assistant County Manager
State Health Division Administrator	Elected Officials
Federal Health Officials	State Health Officer

The Division Director shall advise the District Health Officer of the reason(s) for the contact, and the District Health Officer shall determine who shall make the contact.

If an employee is contacted directly by one of the above officials, that contact shall be reported as soon as possible to the Supervisor and Division Director, who shall notify the District Health Officer.

Administrative Health Services is the Washoe County Health District liaison to Washoe County for the services noted below.

Other than contacting Human Resources regarding direct employee disciplinary actions, all other contact with Washoe County Departments shall be coordinated through Administrative Health Services. Such departments shall include (but are not limited to):

- Comptroller
- Human Resources – other than contacting Human Resources regarding direct employee disciplinary actions; all other contact shall be coordinated through Administrative Health Services.
- Manager’s Office – other than contacting Community Relations which is done through the Office of the District Health Officer/Public Health Communications; all other contact shall be coordinated through Administrative Health Services.
- Community Services Department – **other than Equipment Services (fleet) or facilities management for emergency issues (non-emergency issues are coordinated through Administrative Health Services).**
- Purchasing – **other than independent contractor agreement for which Divisions work directly with Purchasing.**
- Risk Management
- Technology Services/WINnet – **other than the Information Technology Advisory Committee (ITAC) for which the Director of CCHS is assigned.**

Office of the District Health Officer is the Washoe County Health District liaison to Washoe County for all Community Relations.

Routine, work-related contact by employees with other local government department heads, may take place without obtaining advance authorization.

Updated 6/19/17

13 - CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) - NEW

DESCRIPTION:

The Washoe County Health District (WCHD) is committed to developing and maintaining public health services and materials that are culturally competent, consumer-guided, and community-based. Cultural competence is an essential requirement for our organization to provide effective services to our diverse populations. The purpose of this policy is to provide guidance to employees on adopting and practicing culturally competent services.

POLICY:

- A. WCHD shall adopt the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care from the U.S. Department of Health and Human Services, Office of Minority Health <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>.
- B. These standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint to implement culturally and linguistically appropriate services. Adoption of these standards is intended to help advance better health and health care in the United States.
- C. The CLAS standards as implemented by WCHD are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups, and are intended to serve as general guidelines and not as mandatory requirements.
- D. This policy shall be included in orientation materials for all new staff.

PROCEDURES:

- A. Non-Discrimination in Provision of Services. WCHD will implement nondiscriminatory practices in accordance with federal law in the delivery of direct services. WCHD shall:
 1. Adopt a non-discrimination policy prohibiting discrimination to clients included in, but not limited to the following protected characteristics: race, gender, religion, color, national origin, age, disability, pregnancy, veteran status, genetic status, and sexual orientation. The policy shall state whom to contact in instances of possible discrimination.
 2. Post the policy in an area visible to clients or at the point of service and make it available to clients upon request.
 3. Make available to clients the procedures for requesting reasonable accommodations in the receipt of services. In addition, the procedures should be posted in an area visible to clients or at the point of service.
 4. Make available to clients the procedures for requesting interpretation services, including American Sign Language, in the receipt of services. In addition, the procedures should be posted in an area visible to clients or at the point of service.

These procedures shall be available in languages and formats (e.g. for persons with disabilities) appropriate to the population being served.

CLAS (Continued) - NEW

- B. Requests for Proposals. All Requests for Proposals or Qualifications (RFP/Q) should, as appropriate, include a statement informing respondents that by responding to a RFP, they agree to follow federal law as it relates to non-discriminatory practices and to provide culturally competent services, including:
1. Demonstrating previous experience with providing services to the diverse ethnic, linguistic, sexual or cultural population to be served;
 2. The current ability of the agency's staff, volunteers, and Board to provide the specific services solicited to the diverse ethnic, linguistic, sexual or cultural population to be served; and
 3. The specific outcome measures, qualitative and quantitative, which demonstrate that the program provides culturally and linguistically competent services.
- C. Technical Assistance and Training
1. In order to integrate cultural and linguistic competence into its processes and programs, WCHD shall offer staff training on cultural and linguistic competency, including population-specific and skills-based training activities. This training is included in the WCHD Workforce Development Plan and found at <https://www.train.org/main/welcome>.

DEFINITIONS:

Cultural Competence: A set of attitudes, skills, behaviors, and policies that enable organizations and staff to work effectively in cross cultural situations. It is the ability to function effectively and provide services to customers within the context of their cultural and linguistic needs.

Cultural and Linguistic Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence"~ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

National CLAS Standards (CLAS): A set of standards intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

Added 7/6/17

14 - CUSTOMER CONDUCT, RIGHTS AND SUSPENSION

DESCRIPTION:

A Customer Conduct Policy, Customer/Client Rights Under the Discrimination and Harassment Policy and a Customer Suspension Policy have been created to outline the acceptable conduct of customers and customer's rights along with a process for suspending a customer's privileges.

The policies are available under the forms section of this manual and posted on the Washoe County Health District intranet under <http://eww/health/forms/wcdhd/polproc.php>.

Employees should review and be aware of the policies and follow the "Staff Actions Steps" below.

Staff Action Steps for Customer Conduct Policy Violation

1. Staff should ask the customer to please discontinue their action or behavior that is not in compliance with our Customer Conduct Policy.
2. Should this not work, let the customer know that they are violating the policy, and provide him or her with a copy of the Customer Conduct Policy.
3. If the customer has any questions or concerns, or continues their actions or behaviors, notify a Supervisor.
4. The Supervisor may discuss the situation with the customer, reiterating the policy violation. If necessary, security may be notified.
5. If the customer is unable to comply with the policy, the Supervisor shall let the customer know that his or her Health District privileges may be suspended, as stated in the **WCHD Customer Suspension Policy**.

Staff Action Steps for WCHD Customer/Client Discrimination and Harassment Policy –

For use when customers state they have been discriminated or harassed by Health District staff

1. Immediately notify their Supervisor or Division Director of the customer's complaint.
2. The Supervisor will provide the customer with a copy of the WCHD. Customer/Client Discrimination and Harassment Complaint Form, for the client to complete.
3. The Supervisor shall collect the form from the customer, and make a copy for the client to retain.
4. Provide original complaint form to the District Health Officer for review and investigation.

For more information regarding the above policies, please refer to the WCHD Policy Manual.

Added 10/31/12

15 - EMPLOYEE TRAININGS - NEW

DESCRIPTION:

Mandatory FEMA Trainings:

All Washoe County Health District (WCHD) Employees:

- **IS-100*** and **IS-700*** (or its equivalent) within 90 days of hire
- **IS-200*** (or its equivalent) within 1 year of hire
- **ICS Refresher Course** every 2 years. This requirement can be completed by participating in a brief online refresher course, which can be found at:
http://cphp.sph.unc.edu/training/HEP_ICSINTRO-NV/certificate.php.
- **IS 907** or an Active Shooter Awareness Training equivalent

** IS 100, IS 700, IS 200, and IS 907 are all offered online, and sometimes in a classroom setting. The FEMA Courses can be found at: <https://training.fema.gov/nims/>*

Along with the above listed trainings, staff in certain job classifications will need to take additional FEMA courses as described below.

Staff in the following job classifications must also take **ICS-300**** within 2 years of hire (or notification).

* Administrative Assistant * Air Quality Specialist * Department Computer Applications Specialist * Disease Intervention Specialist * Environmental Engineer * Environmental Health Specialist * Licensed Engineer * Public Health Investigator * Statistician

Staff in the following job classifications must also take **ICS-300**** and **ICS-400**** within 2 years of hire (or notification):

* Air Quality Supervisor * Advanced Practice Registered Nurse * Communications Manager * Epidemiologist * Environmental Health Specialist Supervisor * Fiscal Compliance Officer * Health Educator * Program Coordinator * Public Health Nurse * Public Health Nurse Supervisor * Senior Air Quality Specialist * Senior Environmental Health Specialist * Senior Epidemiologist

Staff in the following job classifications must also take **ICS-300****, and **ICS-400****, and **IS-800.B NRF**, within 2 years of hire (or notification):

* Administrative Health Services Officer * District Health Officer * Division Director * Emergency Medical Services Coordinator * Public Health Preparedness Program Staff

*** ICS 300 and ICS 400 are only offered in a classroom format. For more information about upcoming training opportunities, please contact Phil Ulibarri at: pulibbarri@washoecounty.us*

These training requirements recommended by the Department Emergency Management Council, were adopted by the District Health Officer and Division Directors on February 28, 2011 and updated on January 15, 2014.

EMPLOYEE TRAININGS Continued NEW

<u>County Required Trainings:</u>		
Training / Course	Time Frame	Frequency
Drug Awareness	Upon hire	Every 2 years for employee and yearly for supervisors
Defensive Driving	As soon as possible upon hire (any employee who may drive for any type of County work related business – trainings etc.)	Classroom training - then on-line or classroom refresher course every 2-3 years
County Policy (Preventing Harassment/Discrimination)	At new hire orientation for permanent employees or on-line for Intermittent Hourly or Per Diem	Every 2 years
Workplace Violence	Upon hire	Every 2 years
<u>Health Required Trainings:</u>		
Training / Course	Time Frame	Frequency
HIPAA	Upon hire	Every 2 years
Quality Improvement	Upon hire for permanent employees. Not required for Intermittent Hourly or Per Diem employees	On-line initially then refresher class every 2 years.
Health District Overview	All permanent new hires employed after July 2013	One time only
Washoe County Employee Policy Manual	Upon hire	When updated – approximately every 2 years.
Bloodborne Pathogen - PowerPoint Presentation	All CCHS and specific EHS staff	Yearly – when advised or when policy is updated.
Infection Control Manual and Bloodborne Pathogen manuals	All CCHS and specific EHS staff	When manuals are updated. Advised of update.
<u>Biennial Policy Review</u> – WCHD Emergency Action Plan WC Emergency Action Plan/Policy Code of Conduct Public Records Policy Internet/Intranet Use Policy		Approximately every 2 years starting in 2017

New 6/1/17

16 – HEALTH DISTRICT SERVICES TO STAFF AND THEIR FAMILIES

DESCRIPTION:

Families of staff receive services under the same conditions that apply to the general public. If the service allows for a sliding fee scale, the family member must qualify according to the same criteria that apply to the general public. Staff will not qualify their family member for services at a reduced cost; this must be done by another staff member. This policy also applies to District Board of Health family members.

When a staff member experiences acute symptoms of illness, appropriate care and testing will be provided, according to Department capabilities, and the individual will be referred to a private health care provider.

Work required immunizations or lab testing will continue to be provided to employees at no charge. Required physical examinations will be performed at District expense, through a designated outside contractor.

Approved prior to 2012

17 -HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY POLICY-NEW

DESCRIPTION:

The Washoe County Health District (WCHD) is required by law to **maintain the privacy of protected health information, given this, all WCHD employees are required to:**

- **Complete HIPAA on-line training every two years at <http://www.webnettraining.com>**
- **Not use or share client information unless:**
 - **authorized by the client in writing,**
 - **sharing with other professionals treating the client,**
 - **required for billing of services to health plans or other entities,**
 - **required to improve client care or to contact the client,**
 - **the information will help with public health and safety issues such as: prevent the spread of disease, help with product recalls, report adverse reactions to medications, report suspected abuse, neglect, or domestic violence, or prevent or reduce a serious threat to anyone's health or safety,**
 - **responding to government requests, lawsuits, and legal actions such as court or administrative orders or subpoenas. Due to the complexity of dealing with government requests, lawsuits and legal actions consult the Deputy District Attorney assigned to the Health District before giving out information,**
 - **sharing information for health research so long as the client name is redacted and no other personally identifying information is included,**
 - **it is for worker's compensation claims,**
 - **responding to organ and tissue donation requests from organ procurement organizations,**
 - **in working with a medical examiner or funeral director when an individual dies.**
- **Services provided through contracts will require a business associate agreement with the contractor if they will have access to client protected information.**
- **Client appointment reminders are allowed under the HIPAA Privacy Rule without client authorizations (pursuant to the Office for Civil Rights, 12/19/2002).**
- **Let your supervisor know promptly if a breach occurs that may have decreased the privacy of customer health information.**
- **The following is restricted by all Health District employees in regards to the client protective health information, you cannot: create or manage a directory of clients; create or maintain psychotherapy notes; market services or sell personal information; or, contact patients for fundraising.**

Federal law authorizes the imposition of penalties for privacy violations. Enforcement of these penalties lies with federal authorities but can include employment disciplinary action, up to and including termination, depending on the situation. In the event a monetary penalty is assessed by the federal authorities against an employee of the Health District, the payment will be the sole responsibility of that person.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY POLICY- Continued - NEW

Civil Penalties: Persons, including health plans, providers and clearinghouses, which violate federal privacy standards will be subject to civil liability. Penalties can range from \$100-\$50,000 or more for each violation, up to a maximum of \$1.5 million for identical provisions during a calendar year depending on whether the violation is willful neglect or not.

Federal criminal penalties: Criminal penalties have monetary penalties along with potential jail sentences up to ten years depending on the level of knowledge of the breach of information. Penalties will be higher for actions designed to generate monetary gain.

NEW 6/2/17

18 - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) SECURITY POLICY - NEW

DESCRIPTION:

The HIPAA Security Rule focuses on the safeguarding of Electronic Protected Health Information (ePHI). The primary goal of the Security Rule is to protect the confidentiality, integrity and availability of ePHI.

All employees are required to follow the Washoe County Information Security Policy located at

https://www.washoecounty.us/humanresources/files/hrfiles/TS_%20Security_Policy_8_2005.pdf and complete the HIPAA training every two years from <http://www.webnettraining.com> .

- **Employees are not to use unauthorized personal mobile devices (laptops, smartphones, external drives etc.) to store, access, send or process ePHI or confidential data unless: they are password protected; auto logoff or password protected screen savers are used; and, encryption of stored data by acceptable encryption software approved by a Department System Specialist.**
- Access to ePHI is granted only to individuals authorized.
- Washoe County Health District (WCHD) computer equipment should only be used for authorized purposes in the pursuit of accomplishing your specific duties.
- Disclosure of ePHI via electronic means is strictly forbidden without appropriate authorization.
- Installation of software without prior approval is prohibited.
- Do not use computer equipment to engage in any activity that is in violation of the WCHD policies and procedures or is illegal under local, state, federal, or international law.
- All WCHD computer systems are subject to audit.
- All computers should be manually locked, locked via a screen saver, or logged off when unattended.
- Computer screens with ePHI or confidential data should not be viewable by the public.
- Shut down your computer when you leave for an extended period of time
- You must access WCHD information utilizing your username and password!
- Password sharing is not permitted.
- Maintain your password in a secure and confidential manner.
- **Let your supervisor know promptly if an electronic breach occurs that may have decreased the privacy of client health information.**
- **Upon resignation, termination or transfer of employee all WCHD network and PC access is terminated, all ePHI and computer equipment should be retrieved.**

New 6/2/17

19 - INCOMPATIBLE ACTIVITIES - Updated

DESCRIPTION: Washoe County Code,
Sections 5.334 through 5.339 (January 2009)

5.334 Full-time service required: Each employee shall, during his hours of duty as an employee and subject to such other laws, rules or regulations as pertain thereto, devote his full-time attention and efforts to County employment. A full-time employee may not engage in additional part-time work for the County.
[§1, Ord. No. 729; A Ord. No. 828]

5.335 Incompatible activities: Prohibition. Employees shall not engage in any employment, activity or enterprise which has been determined to be inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed.
[§158, Ord. No. 213]

5.337 Incompatible activities: Specific prohibitions. Employees shall not engage in any employment, activity or enterprise which is inconsistent, incompatible or in conflict with their duties as Washoe County officers and employees, or with the duties, functions or responsibilities of their appointing authorities or departments by which they are employed, including but not limited to:

1. Except for the limited use authorized in section 5.340, the use for private gain or advantage of the County's time, facilities, equipment and supplies.
2. The use for private gain or advantage of a badge, uniform, prestige or influence of their County positions of employment.
3. The receipt or acceptance by employees of any money or other consideration from anyone other than the County for the performance of an act which the employees would be required or *Washoe County Code Supplement 12 January 2009 CHAPTER 5 - ADMINISTRATION AND PERSONNEL Page 5-101* expected to render in the regular course of hours of their County employment or as a part of their duties as employees.
4. The performance of an act in other than their capacity as employees, which act may later be subject, directly or indirectly, to control, inspection, review, audit, or enforcement by such employees or the department by which they are employed.

[§158, Ord. No. 213; A Ord. Nos. 492, 1053]

5.339 Incompatible activities: Designation. Each appointing authority may determine and describe in writing additional specific activities which, for employees under his jurisdiction, will be considered inconsistent, incompatible, or in conflict with their duties as employees, and shall provide a copy to each such employee.
[§159, Ord. No. 213; A Ord. No. 492]

Determination of incompatible activities is made by the District Health Office

INCOMPATIBLE ACTIVITIES (Continued) Updated

Health District employees who take or teach a class, which is not required as part of their job duties and which requires their absence during normally scheduled work hours shall seek advance written approval from their Supervisor, Division Director and the District Health Officer, and are required to cover the absence with annual or personal leave, comp time, or a flex schedule.

Employees, who are taking or teaching a class required by their job, do not need to utilize personal leave or flex schedules, but are required to seek advanced approval from their Supervisor, and Division Director.

Employees who are required to take classes to maintain licensure of any kind are required to offset or use leave unless law, ordinance or contract requires otherwise, but are still required to seek advanced written approval from their supervisor and Division Director and the District Health Officer.

In all cases, management (Supervisor, Division Director and/or District Health Officer) has the sole discretion to approve or deny the request and whether the employee will be required to use leave or flex time based on the needs of the Department, the impacts on the department, employee scheduling, the availability of leave, employee work performance, and any other factors deemed relevant.

The request must be in written or e-mail form. In order to be considered, the request must be within the following guidelines:

- Hours during regular scheduled work hours must be managed to minimize impact to the Health District.
- Hours requested must be offset with either flex schedule work hours during the same work week or employee must use annual or comp time leave.
- If the class is on-going, must reapply for permission each semester.

The supervisor will review the request with the employee, and if approved, forward the request to the Division Director and District Health Officer for final review and approval.

MOONLIGHTING (having a 2nd job):

Any Washoe County Health District employee who wishes to work a second job, outside of their current position at the Health District, must not be engaged in incompatible activities, and the work shall not interfere with the ability of the employee to perform their Health District responsibilities. Health District employees have a responsibility to respond to public health emergencies and work outside of the Health District cannot interfere with the employee's responsibilities during a public health emergency.

Any employee who wishes to work outside of the Washoe County Health District must have prior approval from the District Health Officer before doing so.

INCOMPATIBLE ACTIVITIES (Continued) Update

Employee is to submit a request for permission to work outside of the Health District to the District Health Officer through their Supervisor and Division Director.

The letter or memo should state:

1. Employee's name, position, division (within Health District) and program, along with a list of their primary duties at the Health District.
2. Name of company, job title, list of duties and hours for the position desired outside of the Health District.
3. Dates and hours of proposed 2nd job (if available) Example: Seasonal (weekends Oct – Dec) or Summer May – Aug (lifeguard at water park 6-9p.m).
4. Employee must specify that the 2nd job will not impact their availability or overall ability to perform their duties at the Health District in anyway.

As indicated above – employees shall not engage in any employment activities or enterprise which may be determined to be inconsistent, incompatible or in conflict with their duties as a Washoe County officer or employee.

An employee can also not accept money or other consideration for the performance of an act which the employee would be required or expected to render in the regular course of hours of their County employment or as a part of their duties as a Health District employee.

Updated 7/6/17

20 - JURY DUTY

DESCRIPTION:

NRS 6.190 Jury Duty Item #4 – Each summons to appear for jury duty must be accompanied by a notice to the employer of the person summoned. The notice must inform the employer that the person has been summoned for jury duty and must include a copy of the provisions of subsections 1, 2 and 3. **The person summoned, if the person is employed, shall give the notice to his or her employer at least 3 days before the person is to appear for jury duty.**

County Code 5.269 Leave of Absence Item #4 – A leave of absence with pay must be granted to any employee who is required by law to appear or serve as a witness or juror in a case before a grand Jury or tribunal of the United States Government, the State or Nevada or a political subdivision thereof, or when subpoenaed to give a deposition that is related to his employment. The employee must be paid his regular salary while on leave of absence, but must remit to his department head for deposit in the county general fund, all fees which he receives as a witness, juror or when subpoenaed to give a deposition on job-related matters. The Employee may retain amounts received as reimbursement for mileage and per diem. Court leave must not be charged against the employee's vacation credit.

All Health District employees must notify their supervisor of their receipt of a jury summons and submit a copy of the card/letter or document that indicates what date the employee is to report to jury duty to their supervisor at least 3 days prior to the date they are to report for jury duty.

Added 5/27/15

21 - LEAVE WITHOUT PAY

DESCRIPTION:

Pursuant to Washoe County Code 5.269, the District Health Officer may grant a leave of absence (leave without pay) for 30 working days or less, per employee, per calendar year. Leave without pay taken pursuant to the provisions of the Family and Medical Leave Act (described in Washoe County Code 5.270) is considered separate.

Leave without pay used to create an alternate/adjusted schedule will only be granted in conjunction with an approved alternate schedule request.

Employees must submit an “Application for Leave/Overtime Authorization” form prior to the date of use. The form shall be submitted to the Washoe County Health District’s HR Representative, through their Supervisor and Division Director.

The Washoe County Health District’s HR Representative will confirm the employee’s eligibility, and forward to the District Health Officer for final approval.

Approved prior to 2012

22 - LICENSURE/CERTIFICATION/REGISTRATION RENEWAL PROCESS - Updated

(removed Vector positions - they were re-classed to EHS positions)

DESCRIPTION:

It is a professional responsibility and a legal requirement, for any employee whose position requires an active license, certificate, or registration to maintain a current one on file at all times.

All personnel whose position requires a license, certificate, or registration will provide a copy to their Supervisor on or before the expiration date of the previous one. The Supervisor will forward a copy of the license, certificate, or registration to the WCHD HR Representative for tracking purposes.

If an employee fails to provide a copy of his or her license, certificate, or registration they will be removed from the work schedule and unable to return until they have provided a copy of their current active license, certificate, or registration. Failure to maintain a required license, certificate, or registration may result in disciplinary action up to and including termination.

Example: In accordance with the Washoe County Job Specifications the following positions require a license, certificate or registration:

- District Health Officer (if physician)
- All Nursing positions (RN, LPN, APN, Nursing Supervisor, etc.)
- Community Health Nutritionist
- Environmental Health Specialist (all levels)
- Positions working in the Lab (certification as an Office Lab Assist)
- EPI Center Director (if practicing physician)
- Licensed Engineer (all levels)

REFERENCES

Washoe County Job Specifications
Nevada Nurse Practice Act
WCNA Contract

Updated 8/23/17

23 - LONG DISTANCE TELEPHONE CALLS

DESCRIPTION:

Long distance telephone calls shall be for Washoe County Health District business only. All long distance telephone calls should be made on the employee's assigned telephone line.

Collect calls to the Washoe County Health District are acceptable from employees on travel status.

Approved prior to 2012

24 - MEDIA POLICY – Updated

DESCRIPTION: Media Contact Procedure

Employees of the Washoe County Health District (WCHD) are required to adhere to all Washoe County Codes and Policies, and the WCHD Media Policy which govern traditional and nontraditional media.

The WCHD Media Policy applies to emergency, traditional, non-traditional, paid, non-paid, and earned media encounters for the purpose of public information and education, public relations, marketing, media relations, and the dissemination of public health information to maximize the WCHD ability to successfully manage factors such as the content, consistency, timing, and frequency of messaging.

DEFINITIONS:

Emergency:

Emergency Media refers to any media contact needed as a result of unexpected, serious, public health or agency occurrences or situations urgently requiring prompt action.

Traditional Media (Time-honored media forms)

Traditional Media refers to newspapers, magazines, television, radio, billboards, mass transit bus signs, bus shelters, movie advertising, and direct mail.

Non-traditional Media

Non-traditional Media refers to social media and social media sites including, but not limited to, blogs, mobile applications, Twitter, Facebook, YouTube, Flickr, LinkedIn, MySpace, etc.

Paid Media Advertising (Media placement gained by payment)

Paid Media Advertising is any form of communication that is gained by payment. Paid Media Advertising may include traditional and non-traditional media.

Non-Paid Media

Earned Media (Acquired as a result of previous effort, action, or payment)

Earned Media refers to favorable publicity gained through previous promotional efforts and may include publicity gained through editorial influence.

Public Service Announcements (Without charge)

Public Service Announcements, also known as PSAs, are messages in the public interest disseminated by the media without charge, with the objective of raising awareness and/or changing public attitudes and behavior towards a social issue.

MEDIA POLICY (Continued) - Updated

Proactive Encounters

Proactive communication refers to any communication initiated with the media by the WCHD and may include, but is not limited to:

- News releases (these provide information to media outlets)
- Media advisories (these are often used in conjunction with a news release about an event or activity, such as the flu immunization kick-off event or a press conference, and they serve as an invitation to media representatives to attend)
- Advertising campaigns
- Public service announcements
- Community calendar items
- Announcements/acknowledgements (e.g., of employees, partnerships, etc.)
- Phone calls and/or e-mails to pitch a story
- Website and social media postings
- Press conferences and other events for which media attention is determined to be beneficial

Reactive Encounters

Reactive communication pertains to information provided in response to inquiries or social media postings that can be received from a variety of sources, including:

- Reporters
- Writers, including free-lancers
- News anchors
- Producers
- Editors
- Assignment editors/managers
- News directors
- Still/video photographers
- Websites
- Bloggers

MEDIA POLICY (Continued) - Updated

Reactive responses can be provided through a variety of mechanisms, including:

- News releases - Appendix D-4- Sample News Release.
- Media advisories - Appendix D-5 – Sample Media Advisory.
- Written media statements, position papers, Letters to the Editor, opinion pieces
- Providing comments – in person, over the phone, via email
- Participation in interviews – in person, over the phone, via email
- Participation in panel discussions
- Press conferences, briefings, WCHD-coordinated special events
- Social media comments, including blogs
- Any interactions which can be attributed to WCHD and documented by media representatives via writing, audio/video/still recording or live broadcast.

ADMINISTRATIVE PROCEDURES:

General

A. All communication with the media shall be coordinated as follows:

- **Proactive** communication on behalf of the WCHD **must** be approved by Division management and the WCHD **Communications Manager** prior to its initiation/distribution. Division Directors or Program Supervisors may authorize staff to make routine website and social media content postings without **Communications Manager's** approval, however, WCHD website **configuration or layout and design** of the Home Page must be approved by the **Communication Manager** or the District Health Officer prior to initiation.
- **Reactive** communication messages **must** be approved by the **Communications Manager**, prior to responding, with **any** substantive comment and, before a commitment to respond is made. If the **Communications Manager** is not available, then Division Director or District Health Officer should be contacted for direction.

B. Every effort will be made to respond to media inquiries within a reasonable time frame – usually within 30 – 60 minutes after receipt of inquiry depending upon ability to validate inquiry and prepare the appropriate response and/or spokesperson.

C. Every effort will be made to post or distribute approved press releases, media advisories, blogs, and social media posts through the Washoe County website and appropriate social media channels within a reasonable timeframe, particularly if it is in response to a public health emergency, crisis or agency occurrence, usually within 1 – 2 hours following approval.**

MEDIA POLICY (Continued) – Updated

In non-emergency events every effort will be made by the Communications Manager to respond to a request to approve a communication document within 24 hours.

- D. In the absence of the Communications Manager or designee, the Washoe County Health District Department System Specialists or WCHD staff trained to access the County's website Content Management System (Cascade) may be required to distribute/post such information.
- E. The Communications Manager will help determine if, and/or ensure that:
- The WCHD is the appropriate agency to initiate communication with, or respond to, a media inquiry
 - Key WCHD messages are identified
 - Message development is consistent with similar, previous, and forthcoming WCHD messages and inter-divisional efforts and, if not, changes are appropriately explained
 - WCHD messages are coordinated with or approved by impacted WCHD divisions, other involved agencies, organizations, or departments as needed prior to being provided to the media
 - The most appropriate WCHD subject matter expert serves as the spokesperson for the identified topic or issue, depending upon availability
 - Language interpreters are appropriate, needed and available
 - The WCHD is in compliance with all federal and state patient/client privacy regulations (e.g., HIPAA)
 - The media deadline can be met
 - The spokesperson and media representative both have received appropriate preparation
 - WCHD employees and clients are protected from unwarranted and/or inappropriate contact from the media.
- F. Whenever possible the Communications Manager or designee will distribute press releases, media advisories, blogs, and social media posts through the Washoe County website and appropriate social media channels. In the absence of the Communications Manager and/or in times when emergency media contacts are required to respond to a public health crisis or agency occurrence, Washoe County Health District Department System Specialists or WCHD staff trained to access the County's website Content Management System (Cascade) may be required to distribute/post such information.

MEDIA POLICY (Continued) - Updated

- G. To ensure compliance with federal and state patient/client privacy regulations, any WCHD client/patient participating in an interview, video or still photo shoot must sign a consent form prior to the interview, video or photo shoot taking place. See Appendix D - 6 – Consent and Release Form (available on the WCHD intranet).
- H. The *Associated Press (AP) Stylebook* is the primary reference tool to be used when developing and editing written communication for the media.

II. Media Access

- A. When interacting with WCHD employees for the purpose of interviews, news gathering or news-related photography or videography (excluding events open to the public) media representatives shall be escorted by the **Communications Manager** or a designated staff member who will facilitate the interview, news gathering and/or recording session.
- B. The **Communications Manager** shall attempt to attend all in-person and phone interviews. The **Communications Manager** shall review written responses.

III. Documentation of Media Encounters

A. Proactive

To ensure awareness of media encounters and potentially widespread news coverage, a copy of appropriate proactive media communication may be distributed by the **Communications Manager** to:

- All County employees
- All WCHD employees
- District Board of Health members
- Washoe County, Reno, Sparks, Nevada State government officials
- Other appropriate individuals outside of the WCHD with vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

B. Reactive

Any WCHD representative, who responds to a media inquiry, conducts an interview, writes a story to be published in a newspaper, or writes a blog published on the internet must fill out a Media Contact Form found on the WCHD intranet

<http://tlc.washoecounty.us/health/misc/mediacontact.php>. These media contacts are reported automatically to:

- Interviewee/spokesperson
- District Health Officer
- Administrative Assistant to the District Health Officer

MEDIA POLICY (Continued) - Updated

- WCHD Division Directors
- Administrative Health Services Administrative Assistant I
- Administrative Secretary Supervisors (to inform support staff, who might receive related calls)
- WCHD **Communications Manager and designees**
- District Board of Health Members

Once received, the **Communications Manager** or person completing the form shall forward it separately via email to any WCHD employee referred to in the encounter and other appropriate individuals within and outside of the WCHD (e.g., County Communications Manager, County PIO, and state-level PIOs) who have a vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

IV. Monitoring Media Coverage

- A. Whenever possible, coverage resulting from proactive and reactive media contact should be monitored by the **Communications Manager** for things such as breadth and depth of coverage, positioning of the story, need to modify subsequent messaging, and accuracy.
- B. Whenever appropriate, coverage of the story may be provided for feedback sessions, follow-up-training, and archival purposes, and distributed via hard or electronic copy as needed to:
 - Interviewee/spokesperson
 - District Health Officer
 - WCHD Division Directors
 - District Board of Health Members
 - Health District **Communications Manager or designees**
 - Any Health District employee quoted and/or listed as part of the encounter
 - Other appropriate individuals within and outside of the WCHD (e.g., County Communications Manager and PIO, state-level PIOs) who have a vested interest in the topic and/or with whom subsequent communication needs to be coordinated.

*** In some emergency cases it may be necessary to coordinate release of information after regular business hours and in conjunction with dissemination of information using communication systems of partner agencies, such as the State of Nevada Department of Emergency Management, the Nevada Department of Health and Human Services Division of Public and Behavioral Health, the Washoe County Regional Emergency Operations Center, and the Washoe County School District.*

Updated 8/4/17

25 - MEETING POLICY: SMOKE FREE

DESCRIPTION:

In an effort to reduce the serious health hazards caused by exposure to secondhand smoke, all meetings and conferences hosted or sponsored by the Washoe County Health District shall be held in a 100% smoke-free facility. Exceptions to this Smoke Free policy can only be granted by the District Health Officer (DHO).

Policy approved by District Board of Health 1/24/13.

Updated 4/10/15

26 - PERSONAL APPEARANCE – Updated

DESCRIPTION:

If you are conducting office business, **fieldwork, inspections**, attending or conducting meetings, seminars, or conferences, where you are representing the Washoe County Health District (WCHD) or Washoe County in an official capacity, you are expected to represent the office in a clean, professional manner and dress appropriately for your job function. All staff must wear attire that is consistent with the personal appearance policy as well as required personal protective clothing and equipment and meet customer facility dress standards.

Slacks, Pants, Shorts, and Skorts

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, dressy capris, jeans that do not have holes or are not worn out, nice looking dress synthetic pants, and leggings and any spandex or other form-fitting pants that are covered to mid-thigh by a sweater/blouse/shirt or dress are acceptable. Inappropriate slacks or pants include sweatpants and exercise pants. When forecasted temperatures are over 74 degrees Fahrenheit: shorts or skorts are allowed in office environment except when meeting with external customers or other Government agencies; and, are allowed during inspections or field work; and when appropriate to wear they don't ride halfway up the thigh while sitting or standing. At no time are shorts or skorts allowed during high risk duties, such as inspecting industrial facilities or visiting construction sites.

Skirts, Dresses, and Skirted Suits

Casual dresses and skirts are acceptable so long as they don't ride halfway up the thigh while sitting or standing. Mini-skirts, dresses with less than two inches of material on the shoulder (e.g. some sun dresses), dresses that have unobstructed view of undergarments or cleavage, and beach dresses are inappropriate for the office, fieldwork and inspections.

Shirts, Tops, Blouses, Jackets and Lab Coats

Dress shirts, shell tops or shell blouses, sweaters, polo shirts, turtlenecks, suit jackets, sport jackets, lab coats, and WCHD issued clothing are acceptable for work. Shirts, tops, blouses etc. all need to be of appropriate length to adequately cover the abdominal area.

Inappropriate attire for work includes:

1. any style of shirt with less than two inches of material on the shoulders;
2. midriff tops;
3. shirts that reveal cleavage and undergarments;
4. sheer shirts without undergarments covered;
5. shirts with words, terms, logos (larger than one inch square), pictures, cartoons, or slogans; with the exception of WCHD and public health logos;
6. shirts with any potentially offensive words or designs;
7. tops with a bare back;
8. sweatshirts;
9. t-shirts unless worn under another blouse, shirt, jacket, dress (note that t-shirts are allowed while doing field work that does not require interactions with the public); and,
10. apparel with team/sports logos, the only exception is UNR Wolf Pack clothing can be worn on Fridays or any "show your UNR support" day approved by the Health Officer.

PERSONAL APPEARANCE (Continued) Updated

Shoes and Footwear

Athletic or walking shoes, loafers, clogs, sneakers, boots, flats, dress heels, sandals and leather deck-type shoes are acceptable for work. Flip-flops and slippers are inappropriate for the office. Closed toe and closed heel shoes are required on inspections, field work and other high risk duties.

Jewelry, Tattoos, Perfume, Cologne, Hats and Head Coverings

Jewelry should be in good taste with limited visible body piercing and tattoos. Tattoos that are offensive or culturally insensitive should be covered. Due to allergies perfumes, and cologne, should be worn with restraint or not at all. Hats and head coverings are not allowed unless required for work, religious or cultural purposes, or medical reasons. Hats may be worn outside for sun protection as long as they do not violate other portions of this policy (offensive words, logos etc.).

Management reserves the right to determine appropriateness of clothing. If you question the suitability of an item of clothing, do not wear it until you clear it with your Supervisor. If an employee is determined to be wearing inappropriate clothing, management will take action on a case-by-case basis.

Updated 8/1/17

27 - PERSONAL ELECTRIC OR ELECTRONIC USE (PEEU) – Updated

DESCRIPTION:

Employees are limited on the personal use of County or personal electric or electronic devices during work time. Personal business should be conducted on non-work hours. **Employees may use their personal devices without limitations during their lunch or break times.**

Due to the potential hazards and the increase in power usage; employees are not allowed to utilize space heaters, fans, or other electronic devices not specifically approved or provided by the County.

The use of lap tops, note pads, note books, I-Pad, phones, and other electronic devices (whether personal or County owned), for non-business purposes during business hours shall be in compliance with the Washoe County internet and Intranet Acceptable Use Policy. According to the Washoe County Internet and Intranet Acceptable Use Policy approved by the Board of County Commissioners and amended by ordinance #1343 effective July 22, 2002; and Washoe County Code section 5.340:

<http://www.washoecounty.us/repository/files/13/Internet%20and%20Intranet%20Acceptable%20Use%20Policy%20June%2028%202011.pdf>

Washoe County is not responsible for the loss or damage of any personal property or equipment. Employees who choose to bring personal property or equipment onto the County property or in County vehicles do so at their own risk.

Updated 8/1/17

28 - PERSONNEL RECORDS UPDATES

DESCRIPTION:

Each employee is responsible for reporting any changes of record (e.g., address, telephone number, marital status, insurance beneficiary, military status, etc.) to the Washoe County Health District's HR Representative to keep all personnel records current.

Each employee shall be requested by their division's Administrative Liaison to validate/update contact information on a quarterly basis to maintain the department's emergency contact list.

Approved prior to 2012

29 - PHOTOCOPYING

DESCRIPTION:

The appropriate program or division code will be used when making copies.

Bulk copies should be processed through the Washoe County Reprographics Department, whenever possible.

Copies being made for customers who are waiting should take priority over all other copy jobs.

Use of copy machines, computers and other equipment fall under the **County Code 5.340 Ownership of county computer system; de minimis use of county property, equipment or other county facilities authorized; restrictions and prohibitions.** See full County Code at <http://www.washoecounty.us/clerks/cco/code/Chapter005.pdf>

5.340 Item 2-4

2. The board of county commissioners authorizes the limited use for personal purposes by county officers and employees of county property, equipment or other facility if:

- (a) The use does not interfere with the performance of public duties including duties of both the officer/employee and other county staff, or interfere with the provision of county services;
- (b) The cost or value related to the use is nominal; and
- (c) The use does not create the appearance of impropriety.

This section does not prohibit the use of mailing lists, computer data or other information lawfully obtained from a county agency which is available to members of the general public for nongovernmental purposes. Further, this section does not prohibit the use of telephones and electronic mail (e-mail) if there is not a special charge for that use. If there is a special charge for that use, then the use is not prohibited but the officer or employee must reimburse the cost or pay the charge to the county in accordance with subsection 3 below, unless the use is made necessary because the officer or employee is attending to county business.

3. Except as provided in subsection 2 above, if the county incurs a cost as a result of a use that is authorized hereunder, or if the county would ordinarily charge a member of the general public for the use, the county officer or employee shall reimburse the cost or pay the charge to the county.

4. Except as otherwise provided herein, a county officer or employee shall not use any county time, property, equipment, or other facility to benefit that officer's or employee's private business interests. This prohibition includes, but is not limited to: selling products for private business, solicitation related to private business or personal interests, mass mailings, keeping private business accounts, or similar uses.

Also see Washoe County Internet and Intranet Acceptable Use Policy concerning de minimis use.

http://www.washoecounty.us/humanresources/files/hrfiles/TS_Internet_and_Intranet_Acceptable_Use_Policy_6_28_%202011.pdf

Updated 4/29/15

30 - RECORDING OF TIME – APPLICATION FOR LEAVE/OVERTIME AUTHORIZATION - Updated

DESCRIPTION:

Leave:

When leave is anticipated, an employee must receive authorization in advance using the **leave instrument required within their division**. In case of emergency, verbal approval for the use of leave shall be obtained from the Supervisor. **Vacation leave and personal leave being requested should already be accrued and reflected in the leave balance on the employees leave bank prior to requesting authorization from the supervisor. Employees can find their leave balances on their current pay stub.**

Public Meetings, Committees, or Organizations:

Employees requesting to attend public meetings or participate as members of committees, or organizations during work hours shall submit their written request through the Supervisor and Division Director for approval. The request shall indicate the times, inclusive dates, and reason(s) for the request. The Division Director or designee shall determine whether the request is work related. If the request is not work related, the employee shall **submit their request on the leave instrument required within their division** through the Supervisor and Division Director or District Health Officer for approval.

Employee Association Activities:

Release time for Employee Association Activities shall be granted in accordance with the Agreements between Washoe County and the recognized Employee Associations. An employee requesting time shall complete **the leave instrument required within their division** and shall submit the form through the Supervisor and Division Director to the District Health Officer for approval.

Overtime:

Overtime should be authorized in advance. In all cases where overtime is necessary, it shall be authorized by the responsible Supervisor before being worked, approved or liquidated by the subordinate employee, unless emergency prevents prior approval. The authorization will include the type of compensation to be received by the employee.

Updated 5/15/17

31 - RECORDING OF TIME - TIMECARDS

DESCRIPTION:

Each employee is responsible for the timely submittal of an accurate and complete timecard thru the ESS Portal. Payroll Dept. recommends employees enter their time daily (when payroll system is open) to reduce the amount of missing hours if there is an unexpected absence.

Each Supervisor/Division Director or designee shall review the timecard for accuracy prior to approval; verifying that timecards have been entered for all of their staff and released by internal WCHD payroll deadlines. Inaccurate timecards will be returned to the employee.

The Health District's timecard deadline is 5 p.m. on Thursday of the week prior to payday. All time must be entered, released and approved by the Supervisor prior to 5p.m. Due to holidays payroll deadlines may be adjusted; employees will be notified of earlier payroll deadlines via e-mail.

Supervisor/Division Director or designee is responsible for ensuring all timecards for their staff are entered. If an employee is on leave and their timecard has not been entered, the Supervisor may submit a request to the Health District HR Representative to have the employee's time entered. (Request must include employee's name, dates, hours, breakdown of accounts the hours are to be encoded to etc.).

If a full-time or permanent part-time employee fails to complete their time card, annual Leave will be encoded by the department's HR Representative if the supervisor is unable to provide information on time worked. If Annual Leave is not available in the employee's leave bank, other leave types may be used to fulfill the minimum time requirements for the employee if available. If there is not enough time available Leave Without Pay (LWOP) will be entered.

Seasonal or intermittent hourly employees do not have minimum time requirements established in ESS. If the employee fails to enter their timecard; their Supervisor should follow up with the employee. If no time is entered, no paycheck is issued. Any time that is worked but not entered will need to be entered during the next pay period.

If a Supervisor fails to approve an employee's time card, the department's HR Representative can approve the requisite number of hours to give the employee their budgeted hours for the pay period. Compensatory time earned, overtime, mileage reimbursement, etc. must be approved in SAP by the employee's Supervisor or designated substitute. Approval for these categories of compensation is generally not delegated to the department's HR Representative. If a Supervisor or designated substitute is experiencing SAP approval/program issues, they may request assistance with the approval of the extra compensation after they have verified the validity of the entries and provided written approval to the department's HR Representative.

Updated 4/13/15

32 - RECORDS RETENTION - NEW

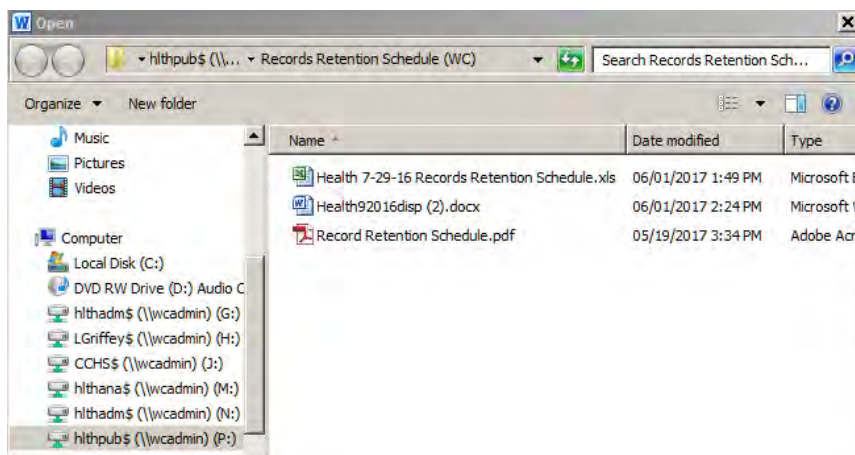
DESCRIPTION:

The Washoe County Health District generally follows the Washoe County, Nevada Records Management Program Records Retention Schedule, unless a specific grant requires documents related to that grant to be maintained for a longer time period. Documentation related to grants is maintained for the period required by the grant or the records retention schedule whichever period is longer.

Medical records are maintained on a different schedule per NRS.

NRS 629.051(7) prohibits a provider of health care from destroying the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. Health care records means any reports, notes, orders, photographs, X rays or other recorded data or information whether maintained in written, electronic or other form which is received or produced by a provider of health care, or any person employed by a provider of health care, and contains information relating to the medical history, examination, diagnosis or treatment of the patient. A longer federal retention requirement would trump those numbers. So, if the document meets the definition of a medical record, 629.051(7) requires that it not be destroyed until the person has attained the age of 23 years and the record has been retained at least 5 year or for any longer period provided by federal law.

The regular retention schedule, Health District condensed version, and the Health (medical) Records Retention Schedule is available on the Health Public Drive.



When sending files for Records Retention, indicate on the box label what type of records are enclosed and the specific records retention time frame for the type of files enclosed, so files are retained for the appropriate period of time.

New 6/1/17

33 - REFUND POLICY – Updated

DESCRIPTION:

**WASHOE COUNTY HEALTH DISTRICT
REFUND POLICY**

PURPOSE:

It is the purpose of this policy to establish a refund policy for the Washoe County Health District (WCHD).

PROCEDURES:

In order to request a refund, a written request must be submitted utilizing the Request for Refund document on WCHD’s website (under “Fees”).

<https://www.washoecounty.us/health/fees/refund-policy.php>

The request must be mailed, faxed, e-mailed, or delivered to the WCHD:

Washoe County Health District
1001 E. 9th Street
Reno, NV 89512

Fax (775) 784-7225 Air Quality Management
Fax (775) 328-6176 Environmental Health Services
Fax (775)328-6121 Vital Statistics (Birth/Death records)
Fax (775) 328-3750 Community & Clinical Health Services
healthweb@washoecounty.us

All refund requests will be subject to a deduction for work actually performed by, or other direct expenses incurred by, WCHD prior to receiving the refund request. The cost of actual work performed will be estimated using the same costs that established the fee.

Requests for refunds will not be honored for any work accomplished prior to the request being received in writing.

Annual permit fees are non-refundable upon the first day of the renewal period (i.e., a May 1st renewal that is paid will not be refunded if requested on or after May 1st).

Late fees are non-refundable.

Requests for refunds will not be honored if requested 180 days or more after date of payment.

REFUND POLICY (Continued) - Updated

DESCRIPTION:

Refunds for amounts less than \$5.00 will not be paid per Washoe County Code 15.435 and NRS 354.220-354.240.

Refunds will be processed per the noted methods:

- Refunds made by check could take up to 3-4 weeks to process
- Refunds will only be issued to the party that originally issued payment.
- No cash refunds will be processed unless an established policy or procedure exists for the operational unit. Refunds for cash payments will be processed immediately and refunded by check.
- Refunds for payments made by check will be refunded by check after the original payment check has cleared.
- Refunds for payments made by credit card will be refunded as a credit back to the original card only. The WCHD does not keep credit card information on file so if a refund is requested the customer needs to provide the credit card number. National Security/FBI allows a refund to a different card only in the circumstance where a card has been closed due to fraudulent activity, or for some other reason was closed, in which case a letter from the credit card holder to document the change in credit card account number for the refund must be included with the refund request.
- Refunds for payments made by debit card will be refunded by check.

Updated 6/17/17

34 – SECURITY – NEW

DESCRIPTION:

ID BADGES:

All paid employees are issued County ID Badges with door (key) access. Employees are to be aware and maintain the security of the Health District at all times:

- Do not grant access to secure areas to non-employees or employees who do not have a valid work related reason to be in that area.
 - Do not allow non-employees to enter a security door ahead or behind you.
 - All customers, delivery personnel or student interns (who are not issued a keyed badge) should be escorted by an authorized Health District or County employee to their destination. Staff should be escorting the individuals back out of the area also.
- If you misplace or lose your County ID Badge – contact the Health District HR Representative **immediately** at 328-2403 or the main Admin number 328-2410 (if it is after hours – leave a message), so the badge can be deactivated and replaced; or so a temporary hold can be placed on the card access while you try to locate it.
- Any problems with ID Badges and security access should be reported to the Health District HR Representative immediately.
- All employees are required to follow the Washoe County Identification Badge Policy, which can be found at:
https://www.washoecounty.us/humanresources/files/hrfiles/ID_Badge_policy_1_16_09.pdf

COUNTY/HEALTH DISTRICT ISSUED EQUIPMENT:

All County or Health District owned equipment (Computers, Lap Tops, iPads, Tablets, etc.) are to be kept secure at all times.

- Any County or Health District equipment that is lost or stolen is to be reported to the Department and Information Technology staff immediately so access to the confidential information can be blocked. This includes personal equipment that contains confidential information related to the Health District, customer/client confidential info, etc.
- All equipment using Air Watch software can be remotely locked by IT.
- Do not keep the encryption code or passwords with the equipment. The encryption/password is our first line of security for equipment, so it should be memorized or kept in a separate location from the equipment.
- County Property Loss form SAF 7 (Liability and Property Loss Form) should be completed for all equipment that is lost or stolen – the form is available on the County website at <http://intranet.washoecounty.us/risk-management-forms>

New 8/2/17

35 - SIGNATURES – CONTRACTS

DESCRIPTION:

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 to \$100,000 would require the approval of the Chair of the Board of Health or their designee. Contracts amounts over \$100,000 must be approved by the District Board of Health. The term of such agreements may not exceed the period for which funds have been appropriated and are available. In the event of an emergency, the Health Officer may execute an interim agreement in excess of \$100,000 to ensure continuation of essential services, provided the agreement is brought before the Board of Health at its next regular meeting for ratification and extension of its term. (Approved by the District Board of Health 6/26/14 #13)

The District Health Officer is not authorized to sign Interlocal or Cooperative Agreements. All Interlocal and Cooperative Agreements must be signed by the Chairman of the District Board of Health.

Employees are **not** authorized to sign contracts of any amount for any purpose on behalf of the Washoe County Health District. Contracts are defined in the Washoe County Health District Contracts Administrative Procedure.

Updated 3/18/15

36 - SIGNATURES – CORRESPONDENCE - Update

DESCRIPTION:

The District Health Officer or his designee shall sign all official Washoe County Health District correspondence to:

- District Board of Health Members
- Washoe County Manager
- Washoe County Assistant County Manager
- City Managers
- State Health Division Administrator
- State Health Officer
- Federal Health Officials
- Elected officials
- Other local government official

Division Directors or their designees may sign routine correspondence to those individuals noted above (except District Board of Health Members) if it does not involve a statement of Washoe County Health District policy, or address personnel or fiscal matters. A copy of such correspondence shall be provided to the District Health Officer.

Approved prior to 2012

37 - TERMINATION OF SERVICES

DESCRIPTION:

Prior to termination of service with Washoe County Health District, an employee should give at least two weeks written notice. Per Washoe County Code 5.295, failure to give at least 2 weeks written notice constitutes cause for denial of future employment with Washoe County. Once written notice is received from an employee, the original shall be sent to the Washoe County Health District's HR Representative.

When an employee terminates service with the Washoe County Health District, the employee shall turn in all District equipment, supplies, keys, and identification cards to their Supervisor, Division Director, or designee

The employee shall report to the Washoe County Health District's HR Representative prior to the last day of employment to complete all required personnel documents. Employees voluntarily leaving employment or retiring must submit a written letter of resignation or sign the Employee Certification of Resignation form in advance.

SAP processing of the termination/transfer will not be completed until the HR Representative has received all required personnel documents and the supervisor has verified all equipment, ID badges, keys and property have been turned in. Failure by an employee to complete all required steps may delay final leave bank payouts.

Updated 4/23/15

38 - USE OF COUNTY VEHICLES - Updated

DESCRIPTION:

County vehicles should always be used when performing inspections of any kind and when performing job related duties where a fine or citation may be issued during normally scheduled working hours.

Private automobiles should only be used when county vehicles are not available and for attendance of meetings, trainings etc., or when an employee is responding to an after hour's incident.

County Vehicles should always be used before the use of private automobiles. County vehicles shall be used for official business only, and shall be driven only by employees.

County vehicles may be used for lunch if an employee is in the field and the lunch location is proximate to where the employee's job duties require them to be, or if there is an official business purpose for the lunch. Passengers are restricted to other employees or individuals on official business. All non-employees must sign a County Waiver of Liability (see [HR Representative](#) or Risk Management for form) before riding in a County vehicle. All waivers must be turned into the Health District [HR Representative](#).

Employees driving County vehicles shall:

- Have a valid driver's license.
- Provide verification of same to the Washoe County Health District's [HR Representative](#).
- Comply with the County's relevant policies and procedures, (e.g., defensive driving policy, use of safety belts, service station, vehicle maintenance, motor pool, and parking of vehicles).
- Comply with all traffic regulations.
- Pay for parking tickets and moving violations.
- Secure the vehicle, valuables, and equipment during routine stops.
- Lock the vehicle at the end of the workday in an area designated by the County.
- Be responsible for keeping vehicles clean.
- Report any and all damage immediately to their supervisor and complete the appropriate accident reports. See process under Accident & Injury Reporting. Pictures should be taken if possible to show extent of the damage, submit pictures with the accident report to Administrative Health Services.
- Report any mechanical issues to Equipment Services in a timely manner.

USE OF COUNTY VEHICLES Cont. Updated

Vehicle Accident:

An Employee driving any vehicle (County, rental, or personal), involved in an accident during the course of assigned duties shall:

- Immediately notify the appropriate law enforcement agency regardless of the extent of damage; if local law enforcement will not respond and a County vehicle is involved, advise dispatch a County vehicle was involved and request they dispatch a Deputy Sheriff to the scene to do a report. (Risk Mgmt. needs this report);
- After notifying law enforcement contact your immediate Supervisor to give a preliminary verbal report; if Supervisor is unavailable, call the Health District main line (328-2410) to give a verbal report to the WCHD HR Representative or person covering that position;
- Within one (1) business day, the employee must complete the Saf-5 “Washoe County Vehicle Accident Report” form and submit it through his/her Supervisor and Division Director to the WCHD HR Representative or the person covering that position; (form located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms <http://intranet.washoecounty.us/risk-management-forms> (click on SAF5 Vehicle Accident Report Form)
- Accidents involving non-County vehicles when law enforcement does not respond: Employee should obtain, complete and file the Nevada Department of Motor Vehicles “Driver’s Report of Traffic Accident SR-1” form and submit a copy to the WCHD HR Representative or the person covering that position (NV DMV SR-1 form located at <http://www.dmvnv.com/pdfforms/sr1.pdf> or on NV DMV Website).
- Do not sign any form(s) or materials presented by the insurance carrier(s) of the opposing party. All such materials are to be forwarded to the District Health Officer, who will advise Risk Management.

Updated 6/1/17

APPENDIX

Appendix A: HR Related Documents

- Washoe County Code, Chapter 5 – Administration and Personnel:
<https://www.washoecounty.us/clerks/cco/code/Chapter005.pdf>
- Health District Infection and Bloodborne Pathogen Exposure Control Plan:
<http://tlc.washoecounty.us/health/files/CCHS/2016-Infection-BBP-Plan.pdf>
- Labor Relation/Employee Association Contracts:
<https://www.washoecounty.us/humanresources/laborrelations.php>
- Washoe County Internet and Intranet Acceptable Use Policy:
<http://www.washoeCounty.us/repository/files/13/Internet%20and%20Intranet%20Acceptable%20Use%20Policy%20June%2028%202011.pdf>
- Washoe County Human Resources - Policy, Procedure, and Forms
<http://www.washoecounty.us/humanresources/Policies/policiesfullisting.php>

Appendix B: Financial

- Washoe County Code, Chapter 15; County Finances, Purchasing:
<https://www.washoecounty.us/clerks/cco/code/Chapter015.pdf>
- Washoe County Accounts Payable Procedure Manual:
[http://intranet.washoecounty.us/comptroller/Accounts%20Payable%20Forms/Accounts%20Payable%20Manual%20\(2\).pdf#search=washoe%20County%20Accounts%20Payable%20Procedure%20manual](http://intranet.washoecounty.us/comptroller/Accounts%20Payable%20Forms/Accounts%20Payable%20Manual%20(2).pdf#search=washoe%20County%20Accounts%20Payable%20Procedure%20manual) (click OK when box appears)
- Washoe County Internal Control Procedures Manual:
<http://intranet.washoecounty.us/comptroller/Accounting/Internal%20Controls%20Document%20Final.pdf#search=Washoe%20County%20Internal%20Control%20Procedure%20Manual> (click OK when box appears)
- Washoe County Grant Management Policy Manual:
<http://wctrain/winnet/User%20Procedures/Financial/Grants/Grants.htm>
- Washoe County Pro Card User Guide:
<http://intranet.washoecounty.us/comptroller/layouts/15/WopiFrame.aspx?source=/comptroller/Purchasing%20Forms/Washoe%20County%20ProCard%20User%20Guide%20-%20March%202017.docx&action=default&DefaultItemOpen=1>
- Washoe County Purchasing Manual :
<http://intranet.washoecounty.us/comptroller/Purchasing%20Forms/PURCHASING%20MANUAL%20UPDATE%20April%202017%20.pdf>

APPENDIX

Appendix C: Plans

- **Health District Emergency Management Plan:**
<http://tlc.washoecounty.us/health/files/WCDHD/Washoe-County-Health-District-Department-Emergency-Management-Plan.pdf>
- **Washoe County Complex Evacuation Policy and Procedures:**
See Emergency Action Plan Policy
<http://intranet.washoecounty.us/comptroller/Pages/Risk-Management--Policies.aspx>
- **Washoe County Health District Evacuation Procedure (2014):**
<http://tlc.washoecounty.us/health/forms/wcdhd/polproc.php>
- **Washoe County Health District Active Shooter (10/22/14):**
<http://tlc.washoecounty.us/health/forms/wcdhd/polproc.php>
- **Washoe County Health District Emergency Action Plan:**
<http://tlc.washoecounty.us/health/files/WCDHD/WCHD-Emergency-Action-Plan-2016.pdf>

Appendix D: Forms & Policies

- **Customer Conduct Policy (Washoe County Health District Policy)**
<http://tlc/health/files/polproc/WCHD-Customer-Conduct-Policy.pdf>
- **Customer/Client Rights (Discrimination and Harassment)**
<http://tlc/health/files/polproc/WCHD-Cust-Client-Discrimination-Harassment.pdf>
- **Customer Suspension Policy (Washoe County Health District Policy)**
<http://tlc/health/files/polproc/WCHD-Cust-Suspension-Policy.pdf>
- **Media Policy D-4 – Press Release (Washoe County Health District)**
(Sample below and located on the Health Public Drive under Media/forms)
- **Media Policy D-5 - Media Advisory (Washoe County Health District)**
(Sample below and Located on the Health Public Drive under Media forms)
- **Media Policy D-6 - Consent and Release**
(Sample below and Located on the Health Public Drive under Media forms)

WASHOE COUNTY HEALTH DISTRICT CUSTOMER CONDUCT POLICY

So that all persons may enjoy the services of the Washoe County Health District, individuals visiting or using Health District services must and are expected to comply with the following:

1. Customers must comply with all federal, state, and local laws, codes, ordinances, and policies (NRS 203.119: Commission of act in public building or area interfering with peaceful conduct of activities.)
2. Customers will not engage in behavior that could compromise the safety of themselves or others.
3. Customers will not engage in any behavior which directly or indirectly violates or restricts the rights of other customers to use the Health District or the ability of Health District personnel to serve the public.
4. Customers shall respect the rights of other customers and Health District staff by refraining from behaving in a manner which reasonably can be expected to disturb others. Instances of such inappropriate behaviors include, but are not limited to, harassing other customers or Health District staff, causing the discomfort of another person by staring or following another person about the building, engaging in noisy or boisterous activities, or entering restricted areas.
5. Customers whose bodily hygiene is offensive so as to interfere with other customers' use of the Health District shall be required to leave the building.
6. Customer shall not lie down, doze, or sleep in any area of the Health District buildings.
7. Customers shall not damage Health District materials, furniture, equipment, or other Health District property.
8. Customers shall not bring a weapon into or possess a weapon in the Health District building. This prohibition does not apply to law enforcement officers carrying service weapons in accordance with their departmental policies.
9. The sale or possession of alcoholic beverages or illegal drugs is prohibited in the Health District building.
10. Soliciting donations of money or anything of value and selling or taking orders for anything of value in the Health District building is prohibited by County Code 80.520.
11. The use of skateboards, bicycles, scooters, and rollerblades is prohibited in the Health District building. Bicycles are to be parked in designated areas outside of the Health District building. Law enforcement officers may be exempt from this rule.
12. Shopping carts, bedrolls and multiple or cumbersome carrying cases are prohibited in the Health District building but may be secured outside.

Washoe County Health District

Customer/Client Rights Under the Discrimination and Harassment Policy

It is the policy of the Washoe County Health District to comply with the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2900d et seq.) and in particular section 601 of such Act which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. Regulations implementing this Act have been issued by the Secretary of Health and Human Services (45 CFR part 80) and the Environmental Protection Agency (40 CFR part 7).

The Washoe County Health District treats all complaints of discrimination or harassment seriously, and all employees and customers are expected to be candid and truthful during the investigation and to make a good faith effort in participating in the resolution of such complaints.

Upon filing a complaint of discrimination or harassment, the District Health Officer will immediately initiate an investigation to gather facts regarding the complaint. To the extent feasible, the Washoe County Health District will protect the confidentiality of discrimination and/or harassment allegations, providing information to only those with a need to know. The Washoe County Health District cannot guarantee complete confidentiality because the Washoe County Health District must conduct an effective investigation. The investigation shall be completed as quickly as practicable in light of the need to conduct an investigation which is accurate and fair to all persons involved.

No action will be taken against a customer for complaining or providing information related to a complaint, whether a violation of this policy is proven or not. Washoe County Health District will not retaliate against a customer for filing a complaint or providing information related to a complaint and will not tolerate nor permit retaliation by management, employees, or coworkers.

Nothing in this policy abrogates a person's rights or remedies, including due process rights to the extent applicable, as provided by contract, county code, state or federal law, or the United States Constitution.

Definitions

For the purposes of this policy, the following definitions will apply.

Discrimination: Any action that has adverse effect on an individual or group of individuals because of their race, color, religion, sex, sexual orientation, national origin, age, or disability as legally defined by federal and/or state law.

Harassment: Includes, but is not limited to making disparaging remarks, gestures, or other actions based upon a legally protected class, designed to defame the character or question the integrity of protected individuals or groups; or such conduct that has the purpose or effect of unreasonably interfering with a customer's/client's services or creating an intimidating, hostile, or offensive office/clinic environment.

Employees: Public officers and individuals employed by Washoe County Health District, except persons rendering services to the County or its township on a fee, retainer, or contract basis.

Customer/Client: Persons seeking and/or obtaining services provided by the Washoe County Health District.

Customer/Client Discrimination and Harassment Complaint Procedure

Every customer/client is entitled to receive services in an environment free from prohibited discrimination or harassment.

Investigation Process

The discrimination or harassment investigation will be conducted by the District Health Officer and proceed as follows:

1. Specific details will be obtained dealing with who, what, where, how often, who else, time, place, history, contemporaneous events, and reports.
2. A chronology of events will be prepared and confirmed with complainant.
3. Other persons may be interviewed.
4. The investigation will be limited to obtaining sufficient information for decision making. Every attempt will be made to complete the investigation within 30 working days.
5. Every attempt will be made to remain objective.
6. Evidence will be collected and evaluated to identify any inconsistencies between the people interviewed about the allegations, circumstances, location, dates, and times, etc. Re-interviewing people may be necessary to clarify previous statements and/or determine what the basis is for inconsistency.
7. A written summary of the investigation, including the evidence used to determine the merit of each allegation, will be prepared. The written summary (record) and all supporting material will be maintained as a confidential record.
8. The District Health Officer may also make recommendations based on findings of the investigation. Any such recommendations made will also be maintained as a confidential record.
9. The District Health Officer will make a final determination based upon facts gathered through the investigation and take appropriate action regarding resolution of the case. The District Health Officer's written resolution of the complaint shall be maintained as a confidential record.
10. If the findings from the investigation disclosed that the Washoe County Health District Customer/Client Discrimination and Harassment Policy have been violated, the District Health Officer shall take appropriate corrective action and advise the complainant.
11. All documentation will be marked confidential and filed in a secure place within the Washoe County Health District Administrative Health Services Division.
12. The District Health Officer will follow up with the complainant to insure that the prohibited behavior has stopped and that he/she is not receiving reprisal actions.

Customers/clients always have the option to file a complaint with the appropriate state or federal agency.

**VIOLATION OF THE WASHOE COUNTY HEALTH DISTRICT
CUSTOMER CONDUCT POLICY
MAY RESULT IN THE SUSPENSION OF HEALTH DISTRICT
PRIVILEGES**

CUSTOMER SUSPENSION POLICY

Suspension of Health District customers is an option used when customers exhibit or engage in behavior that violates the Customer Conduct Policy. This option is used infrequently as most customers respond to requests for compliance and management uses this procedure as a last resort measure. However, there is a small customer segment that exhibits extremely aggressive, discourteous and assaultive behavior. Therefore, it is sometimes necessary to suspend Health District privileges in these situations. Should client services be suspended, the Health District will not “medically abandon” a client. The District Health Officer and applicable Division Director may exercise their judgment and discretion regarding these situations.

- Health District management may exercise his/her judgment and discretion to suspend a customer’s Health District privileges. The length of suspension will depend upon the seriousness and frequency of the infraction(s) and may extend for a period of up to one year.
- Customers have the right to appeal a suspension of services. The appeal must be submitted in writing and must be received by the Washoe County Health District within seven (7) calendar days after the suspension of services has been issued. Requests for appeal, including a rationale for appeal, must be submitted **in writing** to:

Washoe County Health District
Attn: District Health Officer
P.O. Box 11130
1001 E. Ninth Street, Building B
Reno, Nevada 89520-0027

The request for appeal may also be submitted via fax, to (775) 328-3752.

The District Health Officer shall investigate and respond within 30 business days.

APPROVED: January 24, 2013

REVISED: October 26, 2015

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



Health District to conduct second mosquito aerial larviciding

Larviciding will cover 3,000 acres from Stead to Washoe Valley

RENO, NV – The Washoe County Health District Vector-Borne Diseases Program will conduct its second seasonal helicopter larviciding application in the early morning hours of July 12 and 13, 2017. Subsequent applications are planned for some time in the first two weeks of August and September. The larviciding will cover the Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch, and Washoe Valley areas to prevent mosquito hatching over approximately 3,000 acres.

Health officials report the applications will consist of *MetaLarv*, a biological larvicide that only targets mosquito larvae, with no affect to humans, fish, water fowl or other beneficial insects such as bees.

Earlier this month the Washoe County Health District confirmed that a mosquito sample from the South Meadows area tested positive for the presence of West Nile Virus (WNV). This is the first positive test in Washoe County in 2017. While monthly larviciding is expected to reduce the number of mosquitos in the area, health officials remind people that they also should take steps to avoid being bitten by mosquitos.

To avoid mosquito bites:

- Wear proper clothing and repellent if going outdoors when mosquitos are most active - in the early morning and evening;
- Use a repellent containing DEET, picaradin, oil of lemon eucalyptus, or IR3535 according to label instructions. Repellents keep the mosquitos from biting you. DEET can be used safely on infants and children 2 months of age and older. Applications can be put directly on the skin and also on clothing;
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes;
- Clear standing water and any items from around homes that can be potential mosquito breeding-grounds, including pools, planters, children's sandboxes, wagons or toys, pet bowls, and small puddles underneath and around faucets; and,
- Vaccinate your horses for WNV.

If you are experiencing biting mosquitos call the Vector Borne Diseases Program at 785-4599, and staff will investigate the source of these adult mosquitos. The Vector Borne Diseases Program also has mosquito fish available for ponds, troughs and other impoundments containing water which will prevent mosquito larvae from hatching into biting adult mosquitos.

March 27, 2017

MEDIA ADVISORY

Washoe County Health District | Nevada Public Health Institute | Nevada Public Health Association | Nevada Public Health Foundation | Carson City Health and Human Services | Nevada Public Health Training Center | Equal Opportunity Employer

MEDIA CONTACT

Phillip Ulibarri, Communications Manager

1001 East Ninth Street | P.O. Box 1030 | Reno, Nevada 89503

Office: 775-226-0444 | Cell: 775-772-4444 | Phillip.Ulibarri@washoehealth.org | washoehealth.org



Public Health

WHO/WHAT	The Washoe County Health District, Southern Nevada Health District, Nevada Public Health Institute, Nevada Public Health Association, Nevada Public Health Foundation, Carson City Health and Human Services, and Nevada Public Health Training Center will release, examine, and explore data contained in the 2017 Nevada County Health Rankings Report.
WHEN	10:30 am – Noon, Wednesday, March 29, 2017
WHERE	Washoe County Commission Chambers, 1001 E. Ninth Street, Building A, Reno, Nevada, and Southern Nevada Health District Conference Room; Red Rock Trail, 280 South Decatur Boulevard, Las Vegas
DETAILS	<p>Annual Health Rankings are developed by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Simultaneous events are being held nationwide with Nevada's rankings being released at events in Reno and Las Vegas.</p> <p>The Reno/Northern Nevada agenda includes: Introductions & Welcome - Kevin Dick, District Health Officer, Washoe County Health District</p> <p>Summary of 2017 Nevada Rankings and Roadmaps - John Packham, PhD, Office of Statewide Initiatives, University of Nevada School of Medicine</p> <p>Update on Community Health Improvement Efforts in Urban and Rural Regions of Northern Nevada</p> <ul style="list-style-type: none"> oWashoe County Health District oTruckee Meadows Healthy Communities oCarson City Health and Human Services oNevada Division of Public and Behavioral Health oNorthern Rural Boards of Health and Related Activity <p>These meetings are a joint collaboration between the Nevada Public Health Institute, Nevada Public Health Association, Nevada Public Health Foundation and Nevada Public Health Training Center.</p> <p>Public health professionals, healthcare providers and leaders, educators, and representatives from business and industry, government, and the non-profit community representing all sectors of the public health system are invited. This is a free program; however, pre-registration is required.</p> <p>Register at: http://cmetracker.net/UNEV/Login?FormName=RegLoginLive&EventId=3898</p> <p># # #</p>

Consent and Release Form

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction by the Washoe County Health District, or anyone authorized by the Health District, of any and all slides, videotapes or photographs which you have taken of me or my family, for any purpose whatsoever, without further compensation to me. All materials shall constitute Health District property, solely and completely.

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature of Parent or Guardian if Minor: _____

Date: _____

Staff Report
Board Meeting Date: October 26, 2017

TO: District Board of Health

FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us

THROUGH: Kitty Jung, DBOH Chair

SUBJECT: Review and Approval of the District Health Officer's Annual Performance Evaluation Results and Possible Approval of a 1.62% Wage Increase, retroactive to his annual evaluation date of October 24, 2017.

SUMMARY

The Washoe County District Board of Health conducts an annual performance evaluation of the Washoe County District Health Officer prior to, or as near as possible to, the anniversary / evaluation dates of October 24th, as approved by the District Board of Health meeting on April 24, 2014; and approves all wage and salary adjustments for the District Health Officer position. We recommend the approval of the 2017 District Health Officer's Performance Evaluation as presented and approval of a negotiated 1.62 percent (1.62%) wage increase retroactive to his evaluation date of October 24, 2017.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. Regular County employees (up to and including Unclassified Division Directors) receive an annual five percent (5%) merit increase until they reach the top of their pay range. Mr. Dick will reach the top of the District Health Officer pay range with the requested 1.62% increase.

District Health Strategic Objective supported by this item: Strengthen WCHD as an innovative, high- performing organization by ensuring equitable treatment of staff.

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

PREVIOUS ACTION

On September 28, 2017, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2017 Performance Evaluation, as well as the questions to be used and the list of 36 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On December 15, 2016, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation; reviewing the

results of the 360 survey conducted in September/October 2016. The Board accepted the performance evaluation as presented, and approved a two percent (2%) wage increase retroactive to October 24, 2016.

On September 22, 2016, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2016 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On November 19, 2015, the Washoe County District Board of Health confirmed they had reviewed the results of the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation at the October 22, 2015 meeting. The Board approved a five percent (5%) wage increase effective October 24, 2015.

On October 22, 2015, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation; reviewing the results of the 360 survey conducted in September/October 2015. The Board accepted the performance evaluation as presented, and voted to continue the approval of a five percent (5%) merit increase until the November board meeting when the Chair person would be present and could provide input and support for the action.

On September 24, 2015, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2015 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

BACKGROUND

The Washoe County District Board of Health conducts the annual performance evaluation of the Washoe County District Health Officer, prior to, or as near as possible to, the anniversary / evaluation dates of October 24th, as approved by the District Board of Health at their meeting of April 24, 2014. The District Board of Health reviews and discusses the performance evaluation information and the previous year's goals. The District Board of Health either approves and accepts the evaluation results as is, or asks the District Health Officer additional clarifying questions. Upon completion of the evaluation review the District Board of Health votes to accept the performance evaluation as presented, or as adjusted by the board; adjustments are noted in the record. Upon approval and acceptance of the Performance Evaluation, the District Board of Health discusses possible goals for the coming year and possible adjustments to the compensation package of the District Health Officer. The Chair and District Health Officer usually discuss possible compensation adjustments prior to the performance evaluation meeting and the Chair presents the recommendation to the Board. The Board discusses the proposed compensation adjustments and votes to accept the proposed compensation or an adjusted compensation as determined by the Board.

The District Board of Health has the ability to determine salary/compensation for the District Health Officer position. The employment agreement between the District Board of Health and Mr. Kevin Dick, approved at the January, 23, 2014, regularly scheduled meeting; states under

Section 4 Item B – “Employee’s annual salary may be adjusted as follows, by a vote of the Board:

- A) A cost of living adjustment consistent with any cost-of-living adjustment provided to other unclassified management employees of Washoe County; and/or,
- B) The Board may adjust the annual salary of the Employee by increasing the base salary until the maximum of the salary range is reached.”

Upon approval by the District Board of Health, a letter will be drafted to the Washoe County Human Resource Department advising them Mr. Dick’s annual performance evaluation has been conducted in open meeting and will outline any compensation adjustment approved by the board.

A wage (merit) increase compensates employees for the additional knowledge and experience gained over the year. County Code 5.121 provides for merit salary adjustments of 5% to the employee’s base salary based upon satisfactory job performance, up to the top of their positions pay range. Mr. Dick would reach the top of the District Health Officer pay range with an increase of 1.62%.

FISCAL IMPACT

The merit increase of 1.62% will be covered by the Health Fund.

RECOMMENDATION

Recommend to approve the District Health Officer’s Annual Performance Evaluation Results and Approve a 1.62% Wage Increase retroactive to his annual evaluation date of October 24, 2017.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation a possible motion would be: Move to approve the District Health Officer’s Annual Performance Evaluation Results and Approve a 1.62% Wage Increase retroactive to his annual evaluation date of October 24, 2017.



2017 District Health Officer's Annual Performance Evaluation

Mr. Kevin Dick

**Presented by the District Board of Health (DBOH)
Thursday, October 26, 2017**

Summary
2017 District Health Officer Performance Evaluation - Mr. Kevin Dick

Question	1	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health	23.8%	5
			Division Director or Admin	19.0%	4
			Peer from an Outside Agency	52.4%	11

21 people accessed the survey-21 completed it.
 1 person did not answer Question #1

Question	2	LEADERSHIP	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Sets an effective example of	11	10	0	0	21
			Inspires trust and confidence	10	6	4	1	21
			Functions as an effective	10	10	1	0	21
			Values staff, helps staff	8	9	1	3	21
			Develops a talented team and	9	9	1	1	20

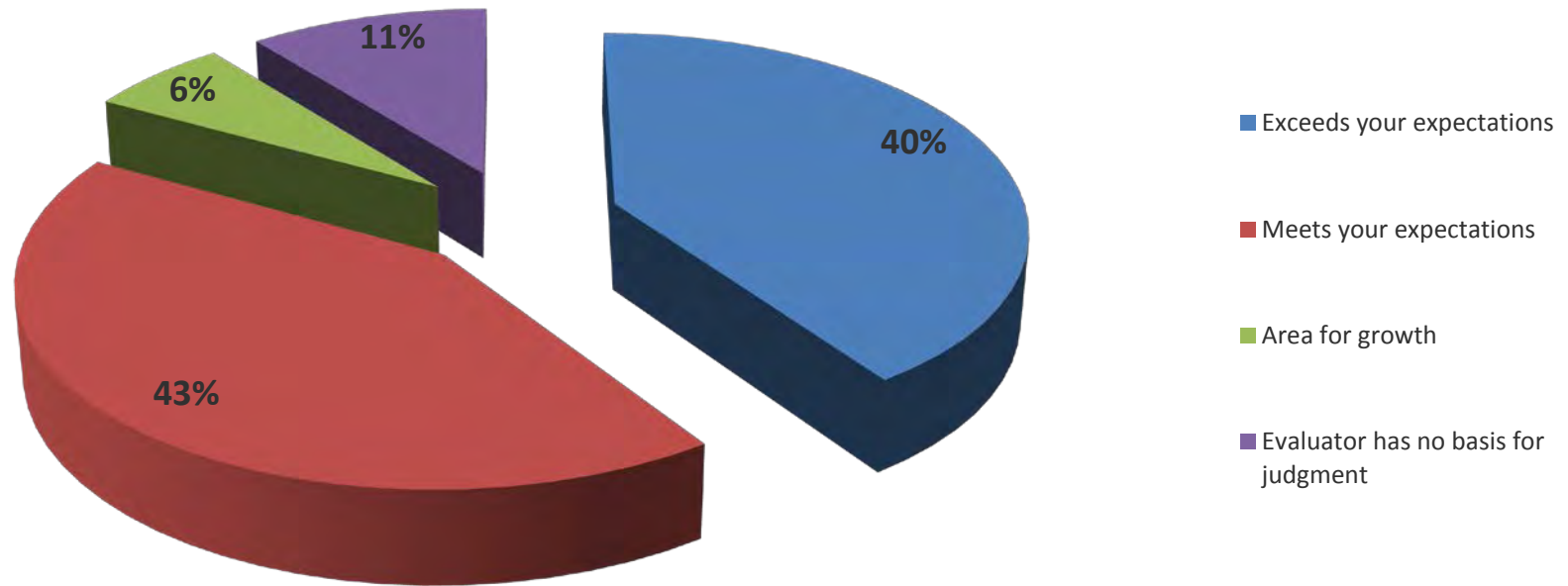
Question	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective	7	10	2	2	21
			Listens attentively and	12	8	1	0	21
			Speaks and writes logically,	12	9	0	0	21
			Delivers logical and well-	11	8	1	1	21
			Encourages and uses	7	11	2	1	21

Question	4	COMMUNITY RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively represent the Health	11	8	1	1	21
			Has a successful working	7	9	0	5	21
			Has a successful working	9	7	4	1	21
			Encourages and considers	9	10	2	0	21
			Strives to maintain citizen	6	11	1	3	21

Question	5	INTERGOVERNMENTAL RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Accessible to leadership of	11	8	2	0	21
			Effectively represents and	11	9	1	0	21
			Effectively communicates and	9	11	1	0	21
			Appropriately considers the	5	11	3	2	21
			Ensures that the Health District	7	12	1	1	21

Question	6	DISTRICT BOARD OF HEALTH RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively implements the	7	8	0	6	21
			Disseminates complete and	7	5	0	9	21
			Responds well to requests,	5	8	3	5	21
			Provides support to the board's	5	9	0	7	21
			Facilitates the board's decision	6	7	1	7	21

Kevin Dick's 2017 Overall Performance Evaluation Results

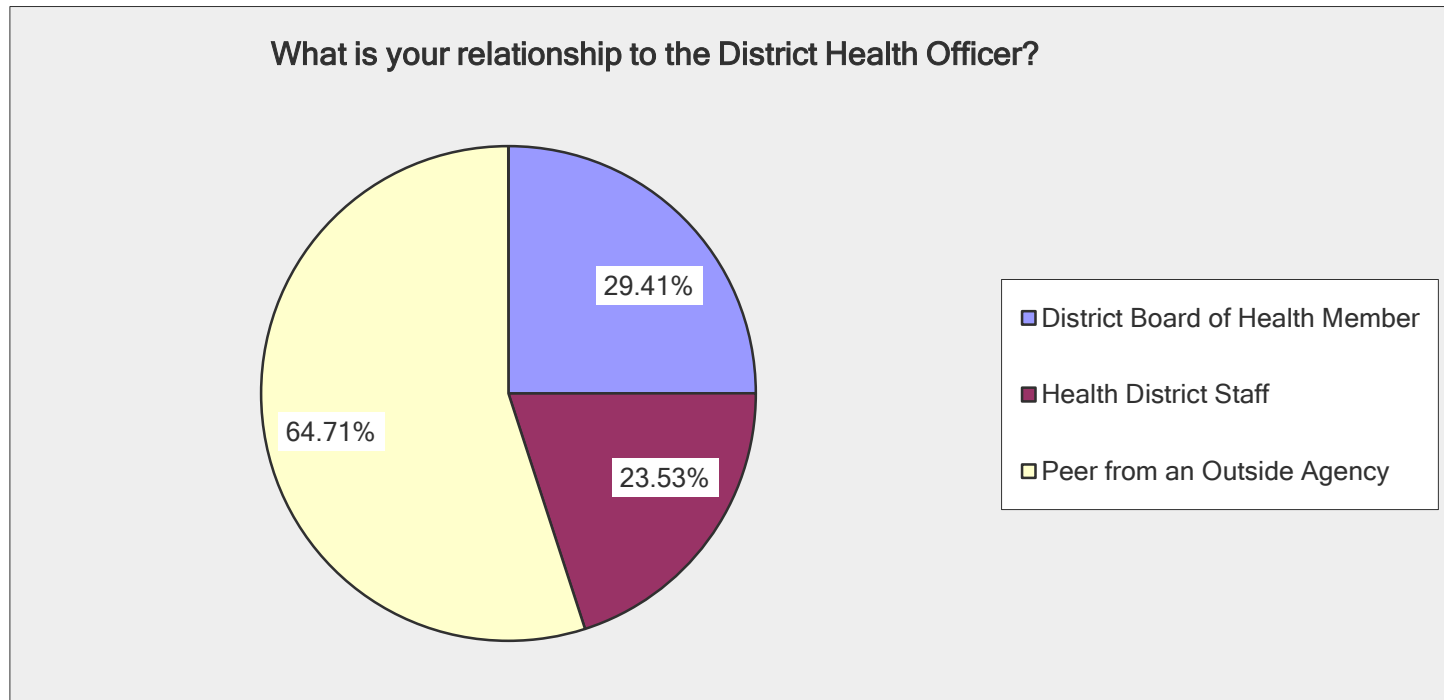


AVERAGE RESULTS FOR QUESTIONS 2-6	SUMMERY	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
	Participants	8.48	8.92	1.32	2.24
	Percentage %	40.46%	42.56%	6.30%	10.69%

This page left blank intentionally.

Kevin Dick's 2017 District Health Officer Evaluation Question 1

What is your relationship to the District Health Officer?		
Answer Options	Response Percent	Response Count
District Board of Health Member	29.41%	5
Health District Staff	23.53%	4
Peer from an Outside Agency	64.71%	11
<i>answered question</i>		20
<i>skipped question</i>		1



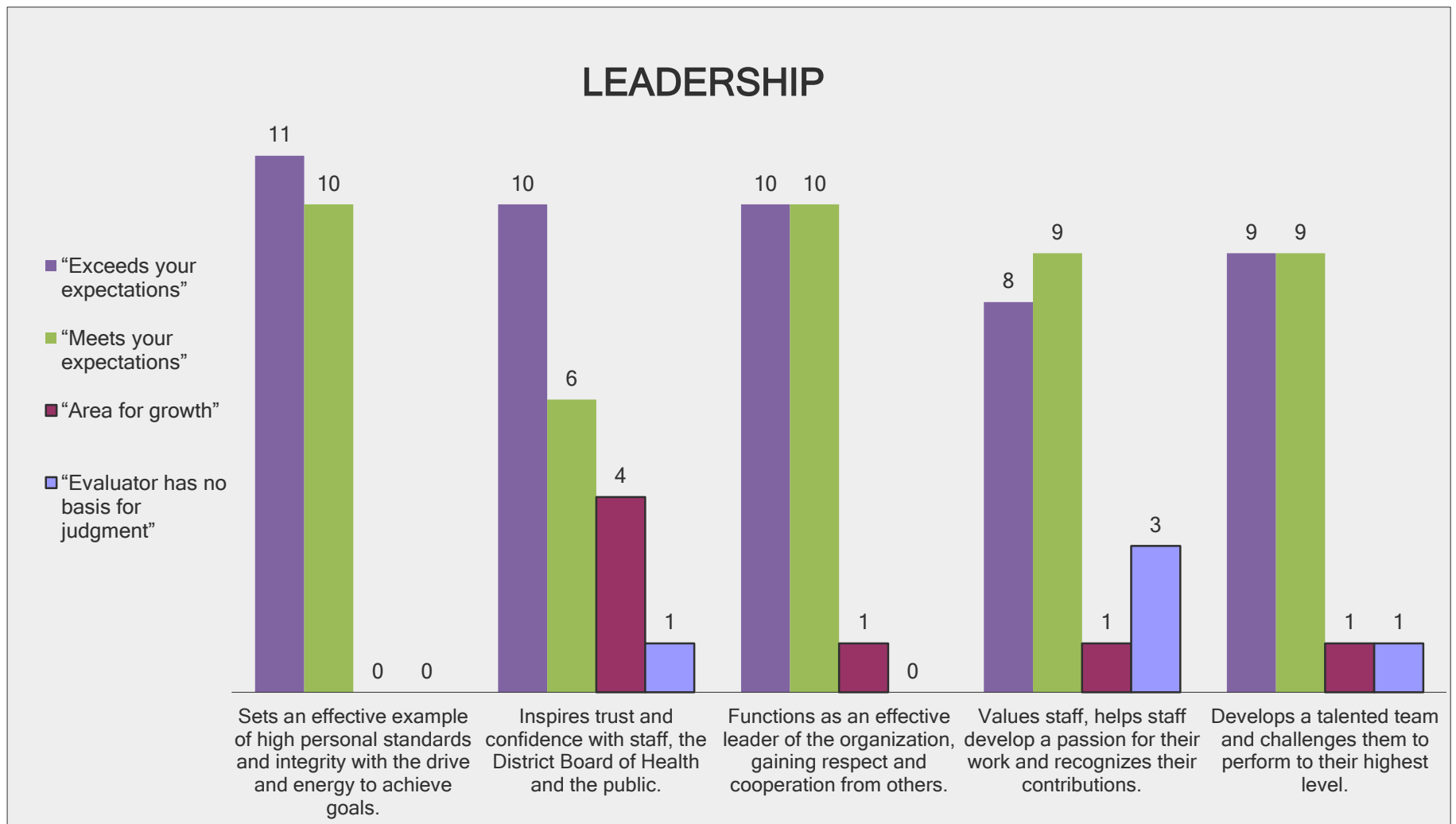
Kevin Dick's 2017 District Health Officer Evaluation Question 2

LEADERSHIP

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	11	10	0	0	21
Inspires trust and confidence with staff, the District Board of Health and the public.	10	6	4	1	21
Functions as an effective leader of the organization, gaining respect and cooperation from others.	10	10	1	0	21
Values staff, helps staff develop a passion for their work and recognizes their contributions.	8	9	1	3	21
Develops a talented team and challenges them to perform to their highest level.	9	9	1	1	20
Additional comments regarding Leadership:					6
<i>answered question</i>					21
<i>skipped question</i>					0

Number	Response Date	Additional comments regarding Leadership:
1	Oct 18, 2017 12:52 PM	Best DHO we've had in over 10 years.
2	Oct 12, 2017 10:55 AM	It will be important to continue to build more staff to make sure programs work and demonstrate that administration cares and appreciates staff efforts.
3	Oct 10, 2017 10:32 AM	My connection with Kevin is as a Board member of the newly established Truckee Meadows Healthy Communities. His leadership and integrity as Chair of this organization is to be commended.

4	Oct 5, 2017 10:40 AM	Kevin challenges staff to stretch and grow, and further develop.
5	Oct 4, 2017 10:43 AM	The Health Officer is an extension of the other political subsets within Washoe County. He needs to do a better of job of providing information to the other local government agencies. Less supprises.
6	Oct 4, 2017 10:32 AM	I have noticed that Kevin definitely stands with and honors his staff. One of the balancing components to this must be his ability to challenge them and guide them. Though he does balance well it would be good to make sure he is leading stronger at times.

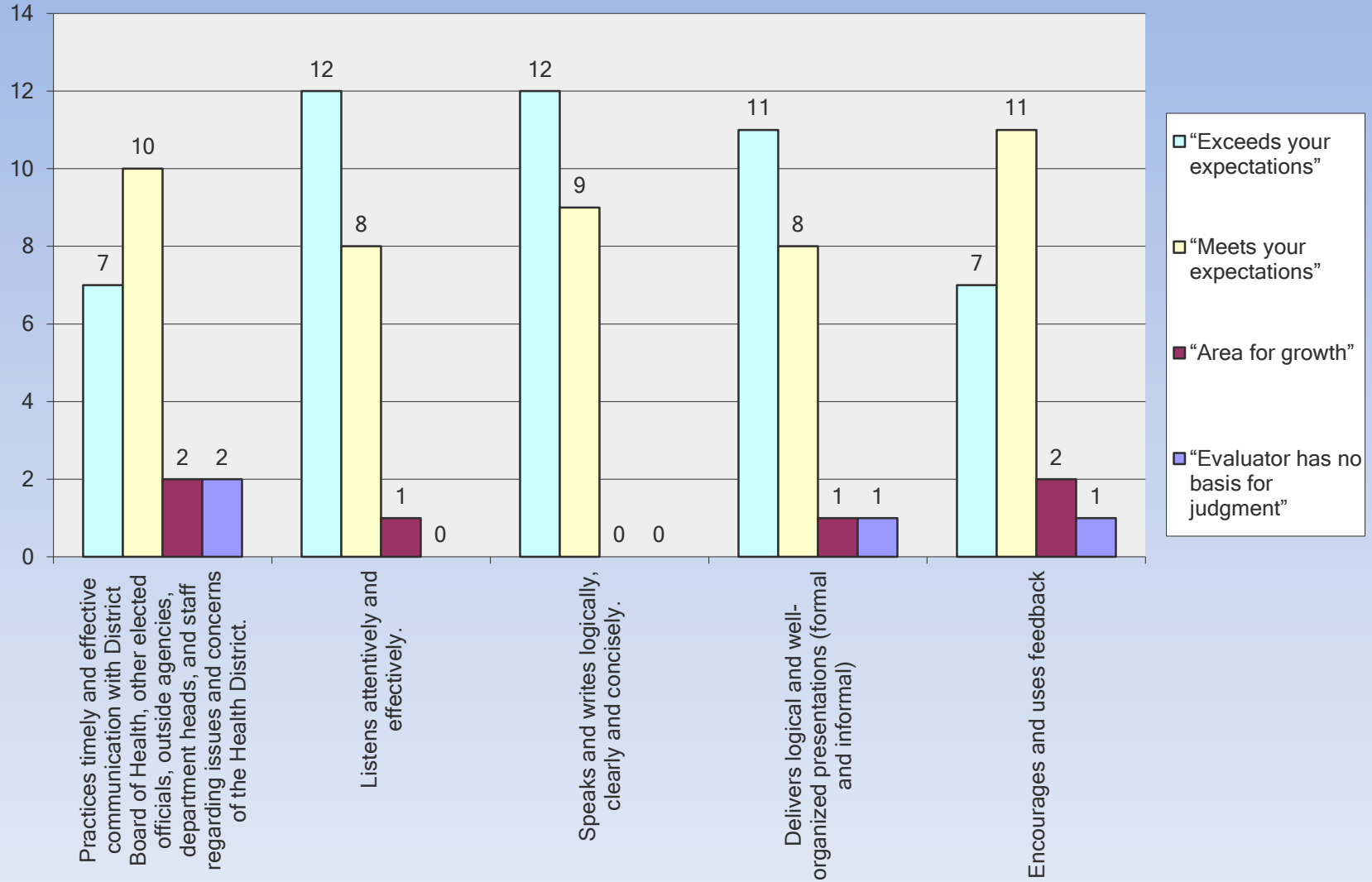


Kevin Dick's 2017 District Health Officer Evaluation Question 3

COMMUNICATION					
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads, and staff regarding issues and concerns of the Health District.	7	10	2	2	21
Listens attentively and effectively.	12	8	1	0	21
Speaks and writes logically, clearly and concisely.	12	9	0	0	21
Delivers logical and well-organized presentations (formal and informal)	11	8	1	1	21
Encourages and uses feedback	7	11	2	1	21
Additional comments regarding Communication:					2
<i>answered question</i>					21
<i>skipped question</i>					0

Number	Response Date	Additional comments regarding Communication:
1	10/05/2017 10:40 AM9:15:00 AM	Kevin is open to feedback, positive or negative, and I believe he learns from challenges.
2	Oct 4, 2017 10:46 AM	NOTE: The Health Officer is always willing to answer incoming questions. Managerial briefing on items of interest on the WCHD Board agenda items would be helpful as at time the locals do not understand how agenda items may affect their individual entities.

COMMUNICATION



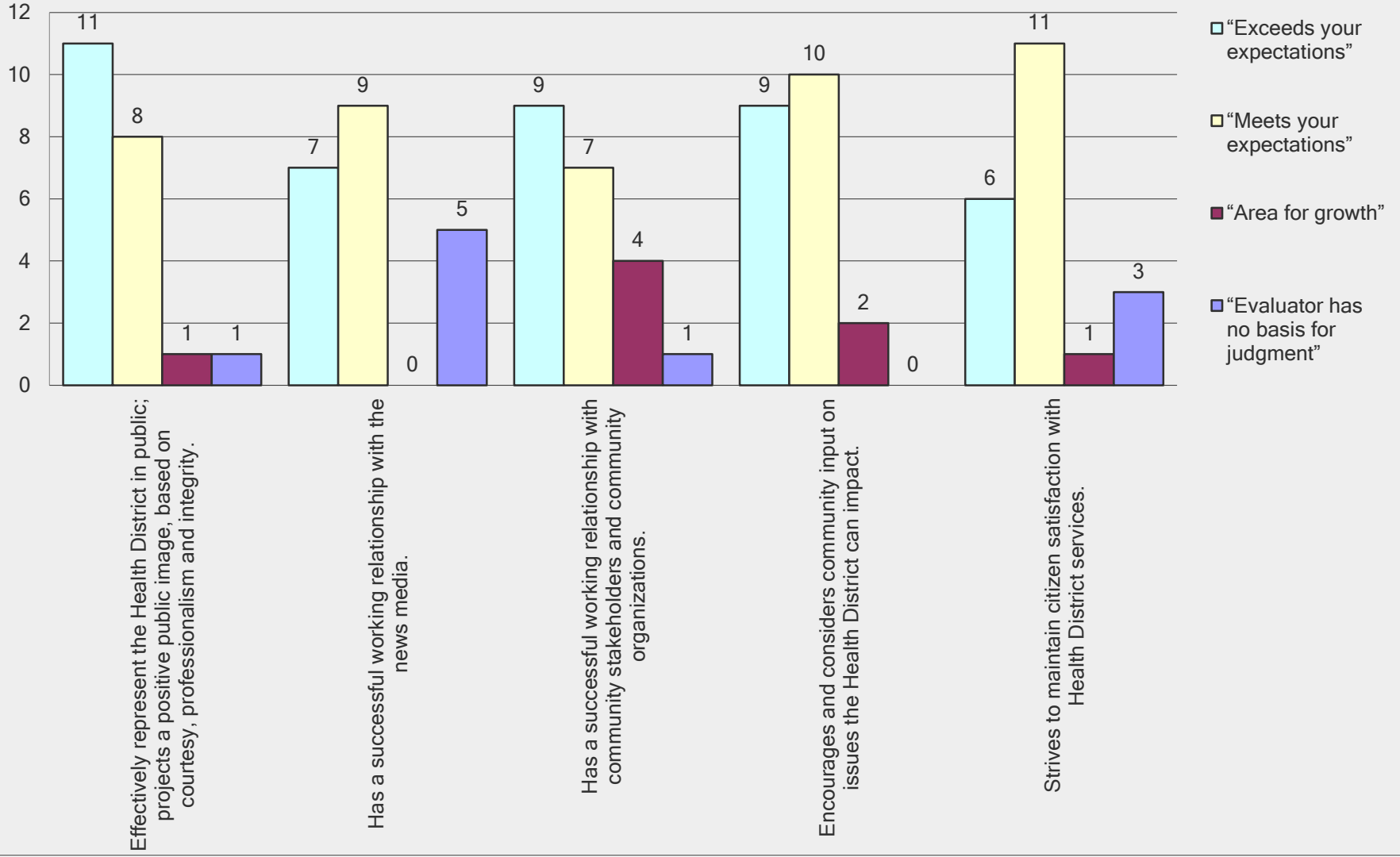
Kevin Dick's 2017 District Health Officer Evaluation Question 4

COMMUNITY RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.	11	8	1	1	21
Has a successful working relationship with the news media.	7	9	0	5	21
Has a successful working relationship with community stakeholders and community organizations.	9	7	4	1	21
Encourages and considers community input on issues the Health District can impact.	9	10	2	0	21
Strives to maintain citizen satisfaction with Health District services.	6	11	1	3	21
Additional comments regarding Community Relations:					3
<i>answered question</i>					21
<i>skipped question</i>					0

Number	Response Date	Additional comments regarding Community Relations:
1	Oct 5, 2017 10:42 AM	Kevin is probably the most outward facing DHO we've had in my long tenure, which I believe puts Public Health in the public eye, which is a great thing.
2	Oct 4, 2017 10:48 AM	The "Water Projects" issue is a recent example of needing to meeting with affect entities and engage in upfront conversations rather than reacting and often time "digging in." This issue still needs a lot of operational and policy work before an effective resolution can be reached.
3	Oct 4, 2017 10:37 AM	This year has been difficult to watch as some of the water permitting issues unfolded. I commend Kevin for diving into the conversation and helping to get some answers. I do think that we need to be ahead of these problems and avoid these problems.

COMMUNITY RELATIONS

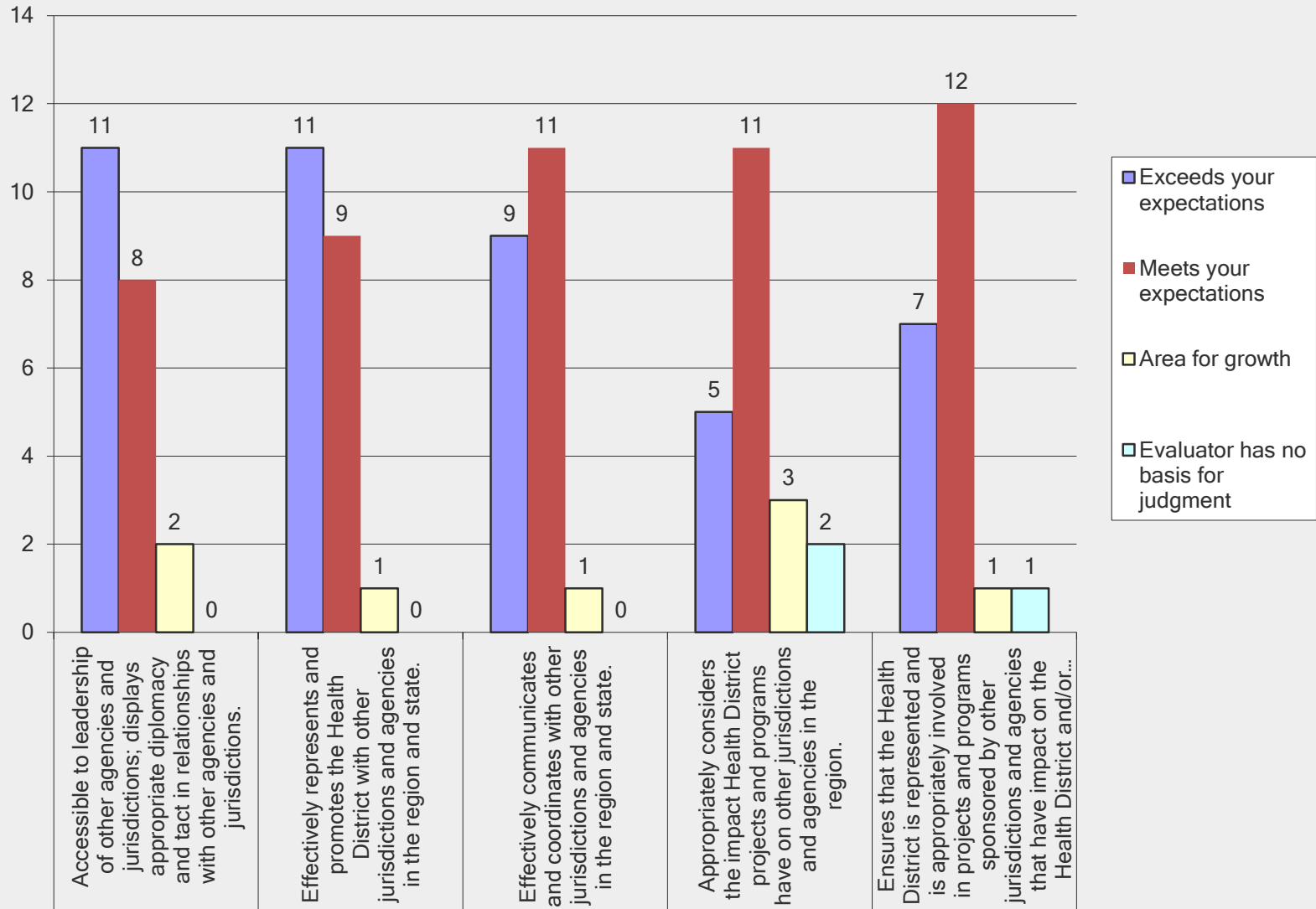


Kevin Dick's 2017 District Health Officer Evaluation Question 5

INTERGOVERNMENTAL RELATIONS					
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Accessible to leadership of other agencies and jurisdictions; displays appropriate diplomacy and tact in relationships with other agencies and jurisdictions.	11	8	2	0	21
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	11	9	1	0	21
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	9	11	1	0	21
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	5	11	3	2	21
Ensures that the Health District is represented and is appropriately involved in projects and programs sponsored by other jurisdictions and agencies that have impact on the Health District and/or that the Health District can impact.	7	12	1	1	21
Additional comments regarding Community Relations:					2
<i>answered question</i>					21
<i>skipped question</i>					0

Number	Response Date	Additional comments regarding Community Relations:
1	Oct 5, 2017 10:43 AM	Kevin is a great representative for the Health District.
2	Oct 4, 2017 10:51 AM	The "Water Projects" issue is a current example of the need to improve communications and inter-governmental relations. The Health District is a support mechanism for local government entities not the agency defining regional public policy.

INTERGOVERNMENTAL RELATIONS



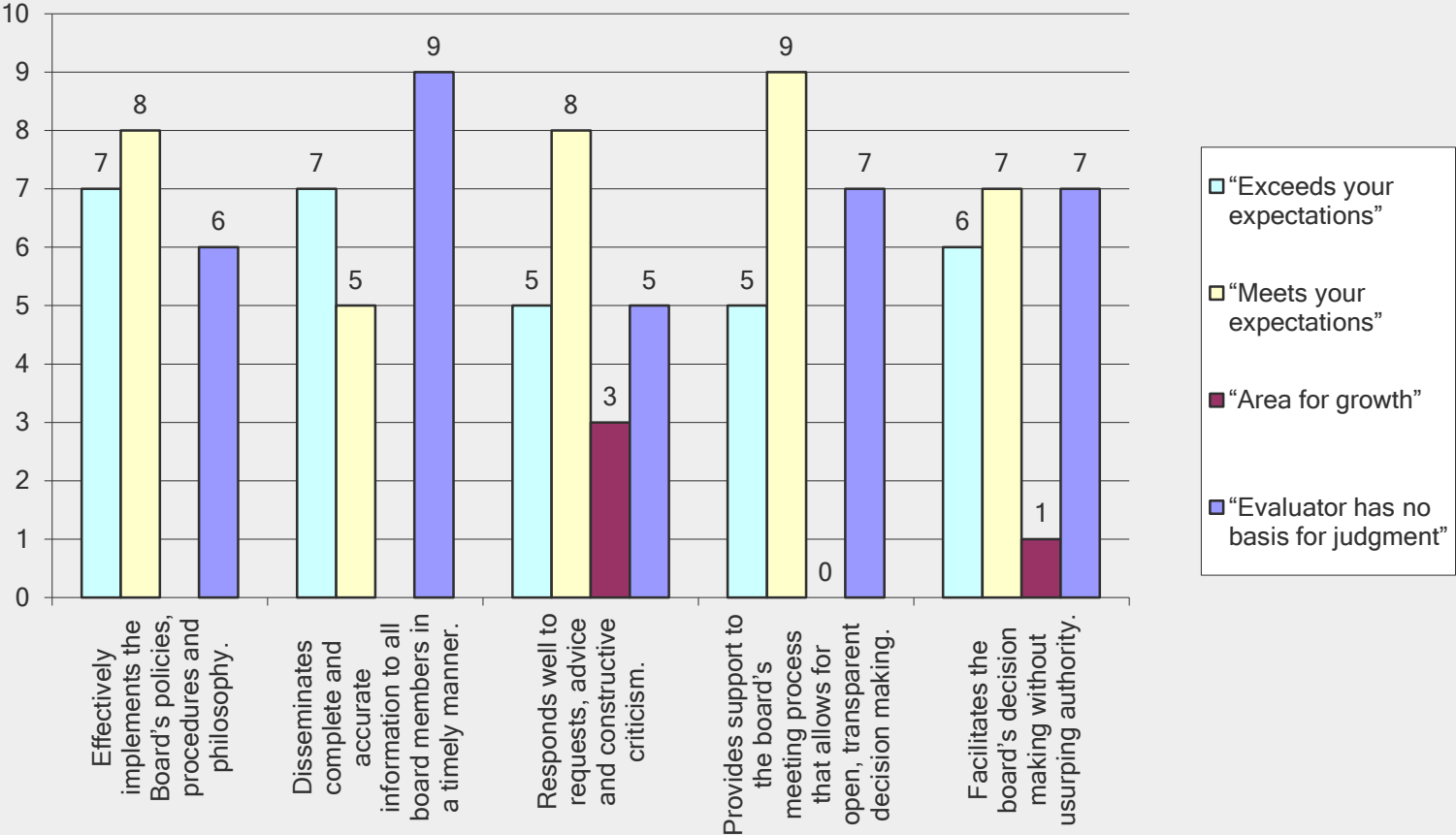
Kevin Dick's 2017 District Health Officer Evaluation Question 6

DISTRICT BOARD OF HEALTH RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively implements the Board's policies, procedures and philosophy.	7	8	0	6	21
Disseminates complete and accurate information to all board members in a timely manner.	7	5	0	9	21
Responds well to requests, advice and constructive criticism.	5	8	3	5	21
Provides support to the board's meeting process that allows for open, transparent decision making.	5	9	0	7	21
Facilitates the board's decision making without usurping authority.	6	7	1	7	21
Additional comments regarding District Board of Health Relations:					2
<i>answered question</i>					21
<i>skipped question</i>					0

Number	Response Date	Additional comments regarding District Board of Health Relations:
1	Oct 5, 2017 10:44 AM	Kevin informs the Board well, as well as appropriately guiding and managing them.
2	Oct 4, 2017 3:02 PM	Director is in difficult position as different organizations that he has to work with have different philosophies and objectives these may not be same as Health Dept.'s so meeting my expectations means he s doing a good job.

DISTRICT BOARD OF HEALTH RELATIONS



Kevin Dick
District Health Officer

Health District Accomplishments: October 2016 – October 2017

- Continued to provide Environmental Health, Air Quality Management, Epidemiology, Public Health Preparedness, Community and Clinical Services to protect and enhance the health of the community.
- Achieved an FY17 Fiscal Year budget surplus of revenues exceeding expenditures by \$1,213,053.
- Developed and in cooperation with regional partners began implementation of a Regional EMS five-year strategic plan. Work on a CAD-to-CAD connection of Reno Dispatch and REMSA has commenced. Regional EMS Medical protocols were established.
- Launched the Ozone Advance Program to reduce ozone precursor emissions with supporting resolutions adopted by Reno, Sparks, Washoe County, TMRPA, RTC and the District Board of Health.
- Established Be Idle Free partnerships with construction companies, and schools to reduce vehicular emissions of ozone precursors.
- Successfully petitioned EPA to exclude exceptional events air quality monitoring data caused by wildfires in 2015 and 2016 that resulted in achieving attainment of the new 70 ppb Ozone National Ambient Air Quality Standard.
- Worked with regional partners to respond to flooding caused by record-breaking precipitation events. Successfully worked with Washoe County to secure contingency funds for additional mosquito abatement activities to respond to vastly increased areas of standing water, increased mosquito activity, and presence of West Nile Virus in the community.
- Accela Regional Business License and Permitting Platform Launched in October 2016. Work continues collaboratively with Reno, Sparks and Washoe County to continuously improve the system.
- Chaired the Land Development User Group of BANN, the Builders Association of Northern Nevada. Worked with the Nevada Division of Environmental Protection, TMWA and the local jurisdictions to address and resolve issues with land development plan review, inform the development community of plan elements required by Nevada Administrative Code, and initiated dialogue on potential revisions to NAC requirements.
- Implemented the FY17-20 Health District Strategic Plan with significant progress occurring through FY17 and reported to Board of Health in August 2017.
- Established an Accreditation Team and an Accreditation Coordinator to lead the Health District's efforts to achieve national accreditation from the Public Health Accreditation Board (PHAB).
- Worked with Local Health Authorities, the Nevada Public Health Association, and others, to advance public health legislation during the 2017 Nevada legislative session.

- Implemented the 2016-2018 Washoe County Community Health Improvement Plan in conjunction with over forty community partners and Truckee Meadows Healthy Communities (TMHC). 47% of objectives in the priority areas of Access to Healthcare, Behavioral Health, K-12 Education, and Food Security were achieved in year one of the three-year plan.
- In collaboration with Renown Health and TMHC, initiated the triennial update of the Community Health Needs Assessment to be completed in December 2017.
- Participated on the Truckee Meadows Healthy Communities (TMHC) Steering Committee and Board of Directors providing leadership as Co-Chair with Dr. Tony Slonim, CEO of Renown Health, and served as President of the Board.
- Recruited TMHC Director Sharon Zadra and worked with her to establish TMHC as a legal entity and applied for IRS 501(c)(3) status.
- Provided in-kind support to TMHC to provide Family Health Festivals, and to organize and host the Remote Area Medical (RAM) free medical clinic Sept. 29-Oct. 1, utilizing volunteers to provide over \$128,000 of needed medical services to 368 individuals.
- Developed partnership between TMHC, Enterprise Community Partners, and the Truckee Meadows Regional Planning Agency Governing Board to develop a Regional Affordable Housing Roadmap. Phase I work initiated through fundraising conducted by TMHC.
- Prepared and published a 2016 Annual Report, a Communicable Disease Annual Report, a Weekly Influenza Report, an Antibioqram Report, an Air Quality Trends Report, a Community Health Improvement Plan Progress Report, and held a forum for the release of the Robert Wood Johnson Foundation County Health Rankings.
- Communicated public health messaging to the public through 2,745 media interviews, press releases, social media postings, and emergency radio messages in FY17 and directed nine advertising campaigns.
- Completed a Workforce Development Plan for the professional development of Health District staff.
- Invested in security measures to improve the safety of Health District staff.
- Participated in the formation of the Nevada Association of Local Health Officials, a State Association of County and City Health Officials (SACCHO) affiliate chapter of National Association of County and City Health Officials (NACCHO).
- Continued professional development in public health through attendance of the NACCHO annual conference.
- Participated on the following Boards/Committees
 - Regional EMS Advisory Board
 - Nevada Association of Local Health Officials (Vice-President)
 - Nevada Public Health Foundation Board of Directors (Secretary)
 - Regional Business License and Permits Project Management Oversight Group
 - REMSA Board of Directors (ex-officio)
 - Truckee Meadows Healthy Communities (President and Co-Chair)
 - UNR School of Community Health Sciences Community Advisory Board

AIR QUALITY MANAGEMENT DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: October 26, 2017

DATE: October 6, 2017
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. Know the Code Season Begins November 1st



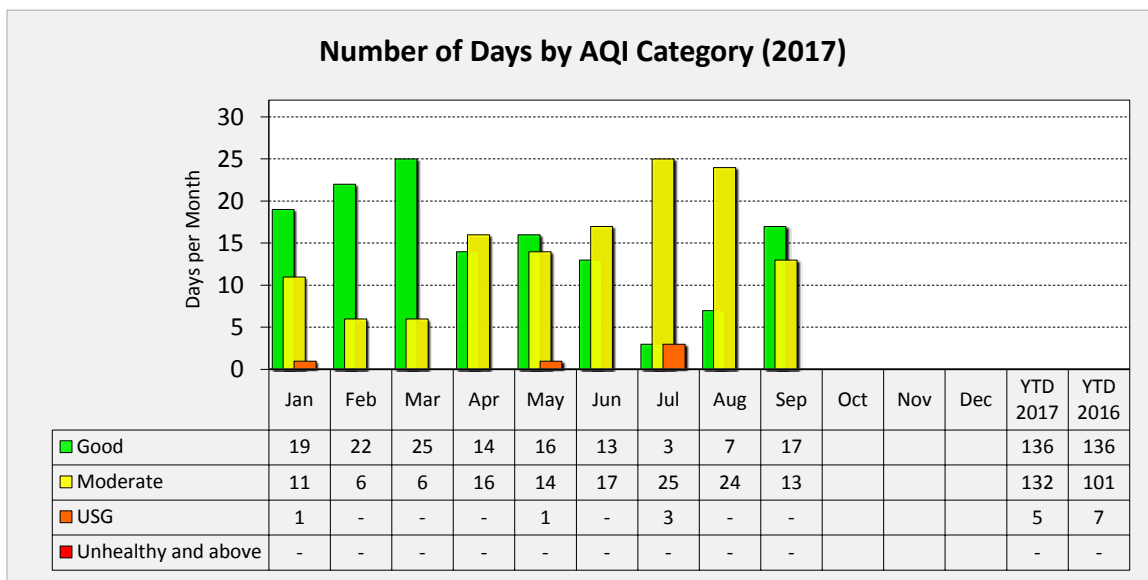
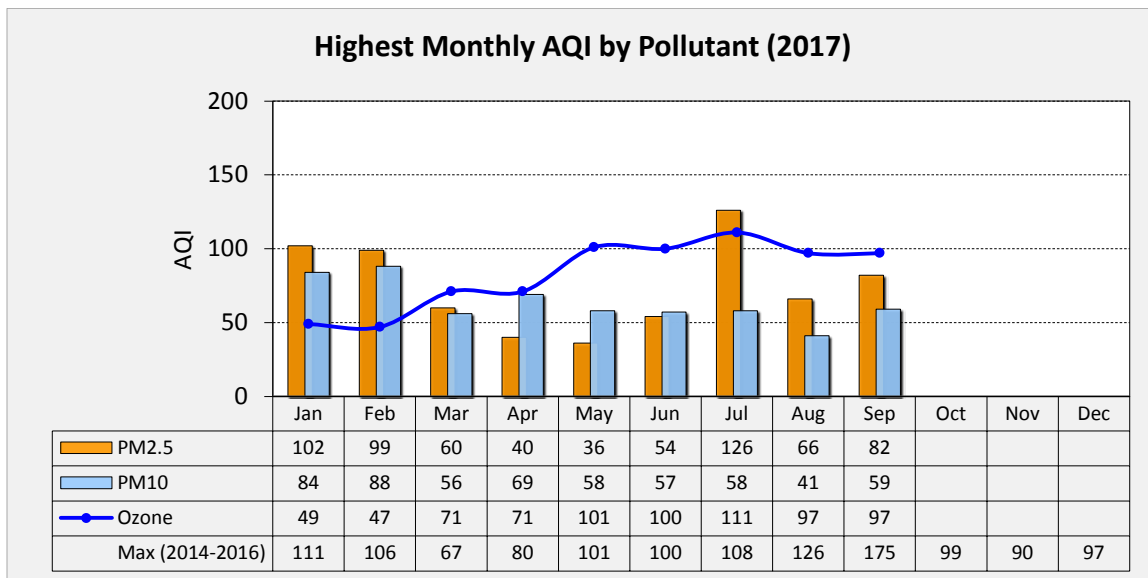
Fireplaces, woodstoves, and pellet stoves are the largest sources of wintertime air pollution in the Truckee Meadows. When temperature inversions trap wood smoke in the valley, stoves account for more than half of the fine particulate pollution. The annual Know the Code program begins on November 1st and continues through the end of February. This program has been in place since the late 1980's and consists of a color coded system to inform the public when air pollution from wood burning may reach harmful levels. Green means that weather conditions are good for mixing and wood burning is allowed. Yellow means temperature inversions are beginning to strengthen and air pollution levels are worsening. Voluntarily cutting back on wood burning can keep PM2.5 concentrations from reaching the health-based federal standards. Red means PM2.5 have reached harmful levels and wood burning is prohibited.

Know the Code applies to most areas in Southern Washoe County. Check OurCleanAir.com for a map of ZIP codes where the code applies. You have several options to Know the Code: 1) Watch your local television news, 2) listen to local radio, 3) signup for daily EnviroFlash updates, 4) follow us on social media, 5) check our website (OurCleanAir.com), or 6) call our 24-hour recorded hotline (775-785-4110). Additional information about Know the Code is available on the AQMD website.

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 September. The first chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The second 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 OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

September Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of September

Home Energy Retrofit Opportunities for Seniors (HEROS): In 2014, the Governor's Office of Energy partnered with the Nevada Housing Division to create HEROS. The program assists with reducing energy costs for Nevada seniors by improving the energy efficiency of their home. Each home may receive up to \$8,000 in energy saving measures.



*** HEROS is provided at no cost to income-qualified seniors who own their own home. *** To be eligible, residents must: 1) be at least 60 years old, 2) be an NVEnergy customer, 3) have an income at or below 200% of federal poverty guidelines, and 4) own and reside in their own homes. The average HEROS investment is approximately \$2,900 per home reducing energy costs by over \$900 per year. Washoe County residents should contact the Community Services Agency (775-786-6023) for more information.

Stay Warm, Save Money, Reduce Air Pollution: Residents with a pre-1992 woodstove located in certain ZIP codes in Washoe County may be eligible to receive up to \$1,000 towards replacing that old stove with a new, higher efficiency device. Look for the woodstove exchange banner at OurCleanAir.com. Less than 50 instant rebates remain in this program. Remember, Know the Code begins on November 1.



Daniel K. Inouye
Chief, Monitoring and Planning

b. Permitting and Enforcement

Type of Permit	2017		2016	
	September	YTD	September	Annual Total
Renewal of Existing Air Permits	70	826	106	1285
New Authorities to Construct	2	51	5	97
Dust Control Permits	13 (186 acres)	139 (2203 acres)	13 (128 acres)	161 (2239 acres)
Wood Stove (WS) Certificates	47	379	28	434
WS Dealers Affidavit of Sale	8 (7 replacements)	32 (24 replacements)	7 (2 replacements)	81 (57 replacements)
WS Notice of Exemptions	892 (3 stoves removed)	6448 (59 stoves removed)	853 (7 stoves removed)	7523 (66 stoves removed)
Asbestos Assessments	77	800	92	1020
Asbestos Demo and Removal (NESHAP)	12	186	22	261

Note: The reduction in the total number of monthly renewals of existing air permits, as compared to last year, is a result of multiple industrial process permits issued to a facility being consolidated into a single facility permit which includes multiple industrial processes. This is a result of streamlining made possible by the Accela Regional Licensing & Permitting System.

Staff reviewed fifty (50) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Genine Rosa, Environmental Engineer II completed the Washoe County Excellence in Public Service program. She will receive her certificate at the October 17th Board of County Commissioners Meeting.
- Enforcement staff has worked closely with local contractors and developers to achieve compliance with Washoe County dust control permits and regulations. The success of the efforts by all parties is measured by the fact that only two Notice of Violation Citations were issued this summer for dust related incidents.

Staff conducted fifty-two (52) stationary source and two (2) initial compliance inspections in September 2017. Staff also conducted inspections on asbestos removal and construction/dust projects.

COMPLAINTS	2017		2016	
	September	YTD	September	Annual Total
Asbestos	1	12	2	29
Burning	1	9	1	16
Construction Dust	8	35	8	58
Dust Control Permit	1	2	2	13
General Dust	5	52	5	72
Diesel Idling	0	0	0	8
Odor	1	11	2	31
Spray Painting	2	9	2	3
Permit to Operate	0	2	1	8
Woodstove	0	1	0	1
TOTAL	19	133	23	239
NOV's	September	YTD	September	Annual Total
Warnings	2	8	0	16
Citations	2	6	0	24
TOTAL	3	14	0	40

*Note: Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

DD	SK	___
DHO	___	KD ___

**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: October 26, 2017**

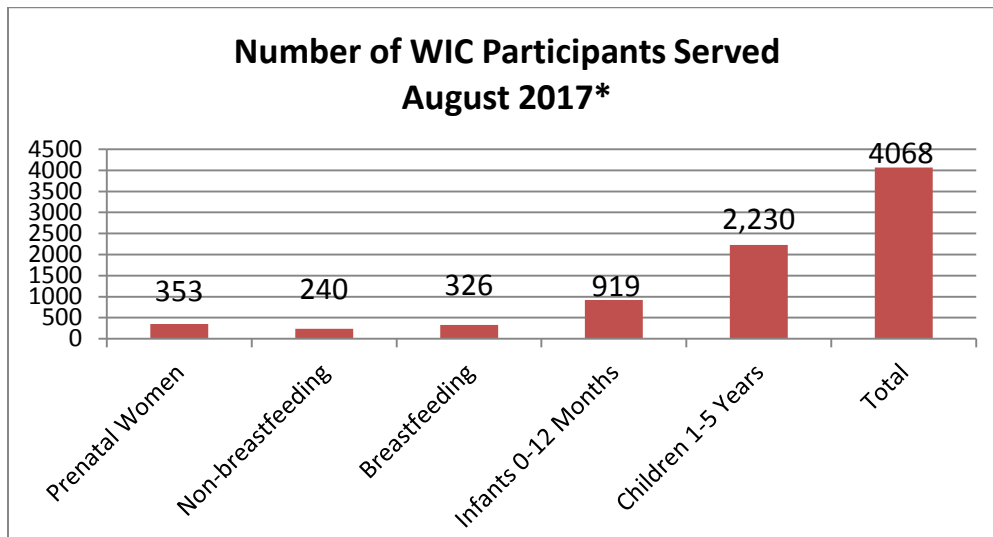
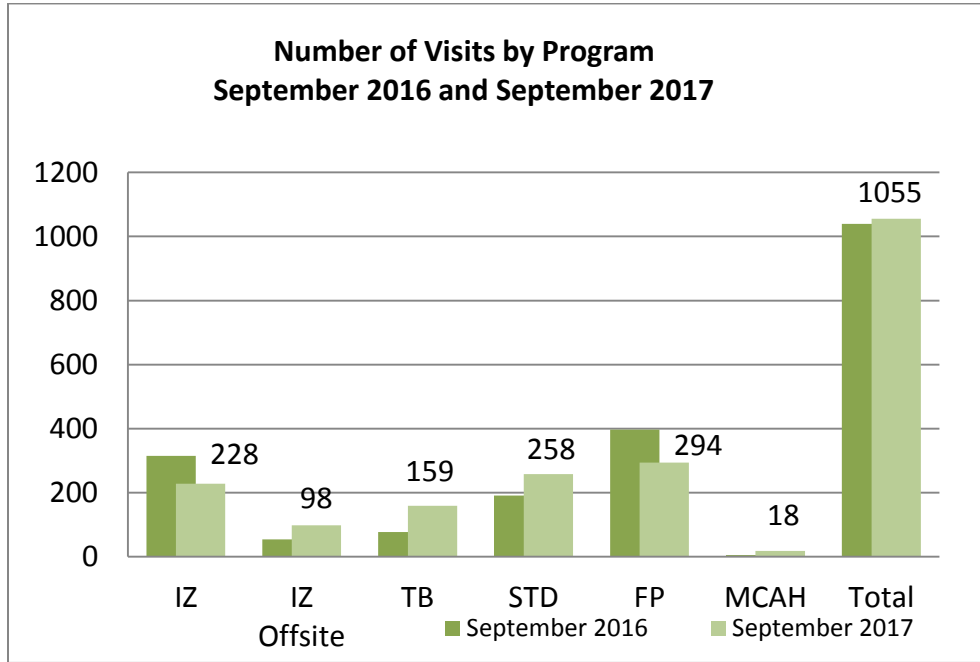
DATE: October 13, 2017
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update – Patagonia Health; Orvis School of Nursing Accreditation; Data & Metrics; Program Reports

1. Divisional Update

- a. **Patagonia Health** – On September 28, 2017, CCHS hosted a site visit for El Dorado County Health & Human Services staff to review Patagonia Health (PH), our Electronic Health Record (EHR). Health District staff had been graciously hosted by two Health Departments in North Carolina in 2015 during our review of the EHR, which was incredibly helpful in our selection of PH. The PH Implementation Team shared lessons learned and helpful hints regarding clinical and clerical use, as well as extensive information regarding the complexities of billing processes.

- b. **Orvis School of Nursing (OSN) Accreditation** – I attended a meeting at OSN September 26, 2017, to provide input into their re-accreditation process, with site visitors from the Commission on Collegiate Nursing Education (CCNE). CCHS has partnered with OSN for many years, and we have appreciated their student nurse placement, as well as their receptivity to feedback. CCHS routinely is a site for undergraduate nursing students, RN to BSN students (Two year RNs wishing to become 4 year, Bachelor degree RNs) and APRNs. I, along with many of the nursing directors at the table were pleased to let the CCNE staff know that we were also OSN alumni, and were gratified to see OSN continue it’s fine tradition of working with community partners and to be part of training the next generation of nurses. Many of the CCHS nursing staff are OSN graduates as well.

c. **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.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – Sexual Health and Family Planning staff attended the STD/HIV Clinical Update on September 20, 2017 that was organized by the Nevada AIDS Education and Training Center and the California STD/HIV Training Center. Jennifer Howell, Sexual Health Program Coordinator, presented on Washoe County STD/HIV Epidemiology.

Sexual Health and Family Planning staff participated in the Family Health Festival on September 20, 2017. STD/HIV testing was provided as well as education and referrals. In addition, staff participated in Transgender Health Convention and LGBTQ Health Fair on September 30, 2017.

Staff are preparing for multiple program site visits scheduled in October, including HIV Prevention, STD, and HIV Surveillance.

- b. **Immunizations** – The Immunization Program is now providing new employee vaccinations onsite. Additionally, the annual employee flu clinic was held on October 11, 2017.

Staff participated in the Remote Area Medical (RAM) Event on September 29-30, 2017 where 81 clients received a total of 245 doses of vaccine.

A POD (Point of Dispensing) exercise was held on October 4, 2017, in partnership with EPHP and the Nevada State Immunization Program (NSIP). A total of 212 participants received flu shots during this event. Immunizations were administered by Orvis School of Nursing students and local fire agency EMTs and paramedics that previously completed flu vaccination training. Washoe County Health District staff from several Divisions participated in this Incident Command System event.

Several additional offsite clinics have been scheduled including the Binational Health Week Event on Saturday, October 14, 2017 and Northern Nevada Children's Cancer Foundation on October 17, 2017. The School Located Vaccination Clinic (SLVC) program kicks off with the Mariposa Academy Community Clinic on October 18, 2017, in partnership with Immunize Nevada and the NSIP.

- c. **Tuberculosis Prevention and Control Program** – There have been 12 reported active Tuberculosis cases since January 1, 2017. There are currently eight patients on daily direct observed therapy (DOT).
- d. **Family Planning/Teen Health Mall** – The central clerical area began utilizing a phone queue on

September 15, 2017, to improve customer service. Staff indicates that clients have increased satisfaction with the improved ability to schedule an appointment.

Staff participated in the Washoe County Sheriff Community Picnic on September 16, 2017. Information was distributed regarding sexual and reproductive health services at the Washoe County Health District.

- e. **Chronic Disease Prevention Program (CDPP)** – Staff worked with the organizers of the Reno Remote Area Medical (RAM) clinic, the Heart & Stroke Walk, Biggest Little Treasure Hunt, and Tails on the Trail, to develop smoke free and vape free policies for these events.

Staff presented at the Nevada Chapter of the American Planning Association Conference (October 2-4) on the importance of and health impact of public open spaces. Staff also facilitated a session addressing Food Systems and the role of planners in addressing access to healthy food.

A tobacco retailer survey has been completed and identified that those selling tobacco are not receiving consistent training about tobacco sales, including information about sales to minors. Results are being shared statewide to collaborate on tobacco retailer licensing and tobacco 21 efforts.

- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff attended and presented a Fetal Infant Mortality Review (FIMR) poster at the First Annual Pregnancy and Infant Loss Support Organization of the Sierras (PILSOS) Perinatal Bereavement Conference on September 23, 2017. Program staff are reviewing FIMR data from the FY17 report to provide additional information to the District Board of Health at an upcoming meeting.

- g. **Women, Infants and Children (WIC)** – The WIC program was nominated for the Washoe County Impact awards for their commitment to Quality Public Service. All staff have been with the WCHD program for a minimum of 12 years and are experts in their field. Staff understand that clients have needs that go beyond nutrition and every effort is made to connect them with the resources that will help them live healthy lives. For example:

- Staff ensure babies have a safe place to sleep and collaborate with the Cribs 4 Kids program
- All services, including phone consults, are provided in both English and Spanish
- Staff check Immunization records and if needed coordinate with the WCHD IZ program. IZs are offered once a month at the South Reno WIC clinic through a partnership with Kids to Senior Korner
- Collaborations were developed with Renown to provide on-site Breast feeding assistance and breast pumps to our clients prior to being discharged from the hospital

Subject: CCHS Division Director's Report

Date: October 13, 2017

Page 5 of 5

- Clients are offered the opportunity to register to vote and staff hand deliver the forms to the Registrar of Voters

Staff Report
Board Meeting Date: October 13, 2016

DATE: October 26, 2017
TO: District Board of Health
FROM: EHS Supervisors
THROUGH: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
SUBJECT: EHS Division and Program Updates – Child Care, Food, Land Development, Schools, Vector-Borne Disease and Waste Management

DIVISION UPDATES

- **Environmental Health Services Training Program** – A new staff member was trained in September to perform School and Mobile Home/RV Park inspections. School Program staff is working on guidelines to train all Area Environmental Health Inspectors on school inspections starting in 2018. Additionally, there are two (2) staff members working as newly classified Environmental Health Specialists from Vector Control who will start their training on Hotel and Motel inspections in November. **Having staff members trained is consistent with principles outlined in FDA Standard 2 – Trained Regulatory Staff.**

PROGRAM UPDATES

Childcare

- Staff has been working with childcare providers to establish procedures in which food preparation can be included in curriculum for children while maintaining compliance with regulations. Staff is also working with facilities to determine permit requirements based on operations and equipment at various locations. Staff will be educating childcare providers on the new section of the food regulations specific to childcares in the near future.

Food

- **Environmental Health Services Epidemiology Program** – Staff worked with the Communicable Disease (CD) program on outbreaks of gastroenteritis at two (2) separate schools in late September. The first outbreak was closed in early October and the second has also recently been closed; a vast improvement over typical duration of outbreaks experienced in recent years. Additionally, the Toolbox for Gastrointestinal Illness Outbreak Response for Schools has been completed culminating 2 years of efforts with the School District to shorten the extent and duration of, and otherwise prevent outbreaks. Staff also investigated an outbreak of Hand, Foot and Mouth Disease (HFMD) at a local childcare. For the second time in the past six months staff found that despite proper cleaning and exclusion, sensory bins were still in use. Staff will be forthcoming with educational materials to distribute to childcares indicating the potential for sensory bins to transmit disease during outbreaks. Environmental Health Services Epidemiology

program staff is also assisting CD staff with investigations of a community wide increase in Aseptic Meningitis in 2017.

- **Special Events** – Three major events occurred during the month of September; Great Reno Balloon Race, National Championship Air Races, and Street Vibrations Fall Rally. Over 140 total inspections were performed by eight different staff members over the course of these events. October will be the final month of the year where large scale events are scheduled to take place, which includes Eldorado's Great Italian Festival and Grand Sierra Resort's Chili and Beer Festival.

Land Development

- Construction activity is continuing at a rapid pace as contractors work to beat the close of the season. The team completed basic training for the new staff members and was able to restructure the assigned days to handle inspections. Team meetings are being reduced to monthly for the time being in order to allow for more focus on the Safe Drinking Water program's training needs.
- Development has begun on Accela record types. The records have been developed and are being tested, with a goal to bring all Land Development permit types into Accela for better tracking and accountability.
- The group is working with Tech Services to resolve the long standing records retention issue. Clerical staff has been assigned scanning of old records. The project is being slightly delayed as the group is waiting for feedback on naming conventions from the Tech Services group working to determine the best way to store information – in Accela or in a separate storage area.

Safe Drinking Water

- Sanitary surveys are 70% done and most of the remaining has been scheduled. The team is on track to meet their goal of completing all sanitary surveys by mid-November. Survey reports are still being processed.
- The team is increasing meetings to twice a month. The primary focus of the meetings will be to discuss how to deal with specific issues and items of question that come up during sanitary surveys. Now that a basic level of training has been achieved throughout the group, the goal is to create consistent approach across inspectors.
- The group met with the State to discuss resolving some long standing violations with water systems. The State indicated a willingness to assist with formal enforcement when water systems are non-responsive. In return, the group will focus on ensuring that their follow up is timely and follows issued deadlines. This will assist the State in bringing an enforcement case.

Schools

- School inspections are nearly complete for the fall of 2017. Program staff has worked closely with School District Staff to remove hazardous chemicals such as chloroform and formaldehyde from facilities that have been placed on a banned chemical list by the School District. Additionally staff has noted on inspection that the School District is implementing a new baseline illness database created by the Health District CD program that alerts the absentee monitor at the school of a potential outbreak.

Vector-Borne Diseases

- There are 25 confirmed West Nile virus (WNV) cases and two deaths since the first case occurred the first week of August. Thirteen of the human cases are noninvasive with 16 cases having occurred in the Sparks community. Through October 12, 1,483 samples containing over 43,183 adult mosquitoes were sent to the Animal diseases laboratory with 102 positive submissions. Of these, 79 are positive adult mosquito collections from 5 different mosquito species, 12 birds (Crows, Scrub jays, House sparrow, Woodpecker) and one horse. Surveillance is continuing with our trapping methods. The final helicopter application this year applied Vectolex to 1,500 acres on September 20 and 21.
- Staff sampled and larvacided over 8,187 catch basins. Approximately 1/3 of the positive collections are Culex pipiens (Little House mosquito) that are found in catch basins. This is significant in that this species amplifies virus between bird and mosquito maintaining the virus in nature until a host is involved in either horses or humans.
- Staff investigated two cases of Hanta virus that occurred in South Reno in close proximity. One of the individuals passed away. This is the first death of a local resident since 1995. Trapping was initiated to determine the number of mice positive for Hanta virus. Forty-five traps were placed in the area that included both residences and open space adjacent to the suburban area. Of the 24 animals captured, 20 were deer mice, three pocket mice and one kangaroo rat. State Health Department staff from California collaborated in the sampling of the deer mice with laboratory results to be provided within three weeks.
- Staff submitted the Heliport report to Community Services Department that included the interlocal agreement, right of entry, avigation easement, fire extinguisher requirement, either a dust palliative and or rock covering around the asphalt pad as requirements for approval of a building permit from the City of Reno. With the cooler weather approaching, the heliport pad will be built in the spring of 2018.
- Staff reviewed 16 civil/building plans this past month. Three projects have been signed off receiving their C of O.
- Vector Responses to Public Requests:



Retro orbital blood sampling from a deer mouse

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	YR Total	Mo. Avg
Mosquito	1	2	11	11	72	44	57	52	25	275	30.6
Mosquito Fish – Gambusia	0	0	10	25	36	36	12	4	0	123	13.7
Gambusia Delivered	0	0	0	0	0	492	315	0	0	807	89.7
Hantavirus	5	0	2	6	6	10	8	12	9	58	6.4
Plague	0	0	5	0	0	2	4	2	3	16	1.8
Rabies	2	0	6	5	4	25	17	16	9	84	9.3
Planning Calls	21	6	6	3	14	8	15	21	23	117	13.0
Lyme Disease/Ticks	0	1	0	2	2	3	7	6	0	21	2.3
Media	0	1	0	4	3	9	11	9	7	44	4.9
Outreach / Education / Misc.	2	4	24	90	22	147	43	55	15	402	44.7
Cockroach / Bedbug	12	8	13	18	16	26	22	31	19	165	18.3
West Nile Virus	0	0	0	2	0	0	5	31	15	53	5.9
Zika	1	1	0	1	0	0	7	1	1	12	1.3
TOTAL	44	23	77	167	175	802	523	240	126	2177	241.9
Planning Projects	12	6	26	8	12	15	14	16	7	116	12.9

Waste Management

- Waste Management will be holding a Household Hazardous Waste (HHW) collection event at their recycling facility located at 1455 East Greg Street in Sparks on November 4, 2017, from 8:00am to 4:30 pm. They are accepting the first 50 pounds per car free and every pound over that is \$1 per pound. See our Facebook page for details about what they will be accepting and what they cannot accept.
- Sampling for the Washoe County Waste Characterization study is to begin November 6, 2017, by Sloan Vazquez McAfee.
- Join Together Northern Nevada schedules the Prescription Drug Round Up, held each spring and fall, as a safe place to dispose of expired, unwanted prescription drugs. The Fall 2017 Round Up will be held on October 21 from 10am to 2pm at various locations in Reno and Sparks. <http://www.jtnn.org/rxroundup/>

EHS 2017 Inspections / Permits / Plan Review

	JAN 2017	FEB 2017	MAR 2017	APR 2017	MAY 2017	JUNE 2017	JULY 2017	AUG 2017	SEP 2017	YR Total	Mo. Avg
Child Care	1	4	9	6	8	23	6	16	13	86	10
Complaints	40	61	93	98	59	96	139	83	59	728	81
Food	212	282	367	377	325	445	306	515	582	3,411	379
General*	45	36	75	93	363	182	191	503	153	1,641	182
Developmental Review Numbers	30	34	38	38	35	41	16	36	41	309	34
Plan Construction Inspection (Commercial)	16	19	25	54	52	44	15	56	31	312	35
Construction Plans Received (Comm.)	17	53	45	64	51	90	72	90	85	567	63
Plan Review (Residential - Septic/Well)	41	67	88	74	117	81	57	72	65	662	74
Residential Septic/Well Inspections	18	52	84	102	89	97	169	100	91	802	89
Temporary Foods/Special Events	22	22	29	85	85	224	167	428	450	1,512	168
Temporary IBD Events	0	0	45	45	0	0	0	0	6	96	11
Well Permits	4	9	14	21	14	19	17	11	7	116	13
Waste Management	21	23	16	18	30	27	27	15	16	193	21
TOTAL	467	662	928	1,075	1,228	1,369	1,182	1,925	1,599	10,435	1,159

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Health District to conduct final mosquito spraying of 2017

by News 4-Fox 11 Digital Staff Wednesday, September 20th 2017



Photo: Frank Hadley Collins / CDC / MGN

RENO, Nev. (News 4 & Fox 11) — The Washoe County Health District will conduct its final aerial mosquito abatement operation of 2017 on Wednesday, Sept. 20 and Thursday, Sept. 21, beginning at 6:30 a.m. in the North Valleys area.

According to the health district, helicopter applications of Vectolex larvicide will be applied to over 2,500 acres of wetlands from Silver Lake to Washoe Lake, including areas surrounding Swan Lake and Lemmon Valley, Kiley Ranch and Spanish Springs, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch, and Washoe Valley.

Health officials say this application is necessary, even though daily temperatures are dropping, due to the continued reporting of positive human and animal [West Nile Virus cases](#).

"This last application will help us keep the mosquito population under control until we get consistently lower temperatures that mosquitos can't tolerate," said Washoe County District Health Officer Kevin Dick. "The transmission of mosquito arboviruses is determined by average daily temperatures and even though temperatures have decreased, they are still in the range for mosquitos to transmit diseases."

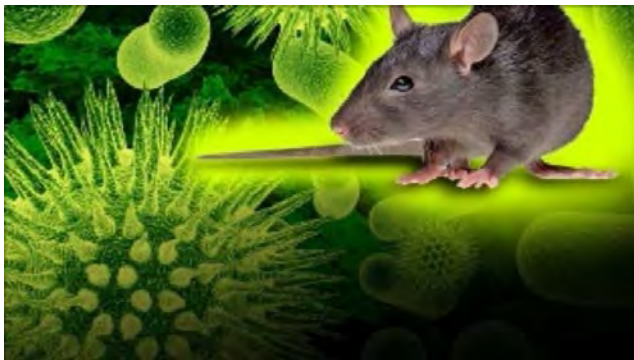
In addition to a dozen confirmed human cases in 2017, several birds and a horse have also been identified with the virus this season.

Health official encourage everyone to avoid mosquito bites by taking the following precautions:

- Wear proper clothing and repellent if going outdoors when mosquitos are active, especially in the early morning and evening.
- Use repellants containing DEET, picaradin, oil of lemon eucalyptus or IR3535 which are the best when used according to label instructions.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitos out. Repair or replace screens with tears or holes.
- Clear standing water and items around homes that can be potential mosquito breeding-grounds, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls.
- Vaccinate your horses for WNV.

Residents may report mosquito activity to the Health District at 785-4599 or 328-2434. More information on WNV and the Washoe County Health District's Vector-Borne Disease Prevention Program can be found at <http://bit.ly/1SCOM2g>.

Washoe County resident dies after contracting hantavirus



By Staff/Washoe County |

Posted: Wed 10:54 AM, Oct 11, 2017 | Updated: Wed 11:41 AM, Oct 11, 2017

WASHOE COUNTY, Nev. (KOLO) - A Washoe County resident who had contracted hantavirus has died the Washoe County Health District confirmed late last week.

It is the second case of hantavirus this year, an unusual occurrence because Washoe County has never recorded more than one case in any single year.

According to health officials the resident more than likely contracted the virus while working in an enclosed area, garage, barn or shed in the south Reno area where residents are reporting heavy rodent activity. It is the first recorded death of a Washoe County resident associated with the virus since 1995.

"A human case of hantavirus is extremely rare, but when it does occur, it can be deadly," said Dr. Randall Todd, Director of the Washoe County Health District Epidemiology Program. CDC statistics indicate that on average 38% of hantavirus cases are fatal. "This fatality, the first in over 20 years, indicates the seriousness of this virus. We urge everyone to take precautions when cleaning, working, or recreating in areas where mouse droppings and/or urine may have collected. When waste particles are aerosolized by cleaning, sweeping, vacuuming, or tramping, and those particles are breathed in, people are at risk for contracting the virus."

The Health District is advising that people take extreme precaution when entering spaces where mice may have been, particularly during this time of year as the rodents seek shelter indoors from the colder outdoor temperatures. Statistics indicate that 30% of deer mice tested are carriers of hantavirus.

"People cleaning for the holidays, retrieving decorations from storage spaces, and even people hunting and camping that are using cabins and campsites should be cautious," Todd added.

There are specific guidelines to follow when cleaning in areas with mouse activity:

Do not stir up dust by sweeping or vacuuming up rodent dropping, urine or nesting materials;

Always spray the area being cleaned with a disinfectant and let it set for five minutes before starting to work;

Wear protective clothing like gloves and a face mask to keep from touching and breathing in viral particles;

Set out traps to kill mice and other rodents;

Double-bag dead rodents in plastic sacks before disposing of them in the garbage; and,

Identify and plug openings that may allow rodents entry. A deer mouse can fit through an opening the size of a nickel. Plug holes using steel wool and put caulk around the steel wool to keep it in place.

Health officials stress that human cases of hantavirus infection are extremely rare, but can be deadly. The disease severely affects the lungs. Flu-like symptoms that can appear one to eight weeks after exposure can include muscle aches, particularly in the large muscle groups of the thighs, hips, back, and sometimes shoulders. Later symptoms include coughing and shortness of breath.

Anyone with these symptoms after coming in contact with deer mice and their waste should seek medical attention immediately. Although there is no specific treatment, cure, or vaccine for hantavirus infection, if infected individuals are recognized early and receive medical care in an intensive care unit, they may do better.

For more information on how to safely clean up after rodents, click [here](#).

On Your Side: Ponderosa Hotel in Reno frequent target of health, safety complaints

by Joe Hart

Monday, October 16th 2017

RENO, Nev. (News 4) — Dan Francis has lived in the Ponderosa Hotel for the past year. He says it's far from ideal.

"It's run down, it's got a roach problem, it's got a bed bug problem," Francis told us during an interview outside the Virginia Street property.

For those kind of living conditions, Francis pays \$725 a month in rent. That's a good chunk of the salary he earns as a personal caregiver. He stays because he can't afford the security deposit and move-in costs most other apartments charge.

The Ponderosa is really Francis' only option.

"Any place that is renting, they're jacking all their rents up," he said.

Other residents, who did not want to be interviewed, have sent us photos showing what they say are filthy conditions inside the hotel. Everything from bug-infested mattresses to missing bathroom tiles.

The Washoe County Health District conducts routine inspections at least once a year at the Ponderosa and other properties like it. While there have been a number of complaints filed over the years, the Ponderosa is considered to be in compliance and up to code.

"We do a proactive inspection at least once a year and we do follow-up on any violation we notice," said Jim English, the Environmental Health Specialist Supervisor for the Washoe County Health District.

English says 18 out of the 165 rooms at the Ponderosa have been shut down because of violations that have not been addressed or corrected. The rest are considered to be safe and clean enough to live in.

We asked English directly if the hotel is in full compliance.

"Yes," he told us.

If someone does file a complaint, English says the Washoe County Health District always follows up to the get to the bottom of it.

"If we get a citizen complaint, we take it seriously," he said.

For now, as our housing crunch pushes prices higher and higher, the Ponderosa and other low-income hotels like it remain some peoples' best and only option.

Dan Francis is one of them.

"We're stuck, you can't get out," he said. "There's no housing available."

We did reach out to the owner of the Ponderosa, who tells News 4 he has proposed upgrading the hotel from a weekly rental property to a little bit of a higher-end studio apartment complex. But that is only a proposal to the city council at this point.

As for the Washoe County Health District, they will conduct their annual inspection of the property on November 3. We'll follow up at that point to let you know what that inspection turns up.

DD	<u>RT</u>
DHO	<u> </u> <u> </u>
DA	<u> </u>
Risk	<u> </u>

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS
DIVISION DIRECTOR STAFF REPORT
BOARD MEETING DATE: October 26, 2017**

DATE: October 16, 2017
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)

West Nile Virus (WNV) – The case count now stands at 25 human cases of West Nile Virus (WNV) for 2017 that have been reported to the CD Program between July 27 and October 11. This is the highest incidence ever reported in Washoe County. Of these 25 cases, 56% had the severe form of the illness and 44% had West Nile fever. Two cases were fatal. In addition, ten viremic blood donors without any symptoms have been reported.

Hantavirus Pulmonary Syndromes (HPS) – Two cases of Hantavirus Pulmonary Syndrome (HPS) have been reported and investigated. One was fatal. There have been six cases since 1995 in Washoe County. The last year in which a case of HPS was recorded was in 2006. This year (2017) is the first in which there have been two cases. The fatal case is the second HPS-related death recorded in Washoe County.

HPS is a severe, sometimes fatal, respiratory disease in humans caused by infection with a hantavirus. Anyone who comes into contact with rodents that carry hantavirus is at risk of HPS. Rodent infestation in and around the home remains the primary risk for hantavirus exposure. Even healthy individuals are at risk if exposed to the virus. To date, no cases of HPS have been reported in the United States in which the virus was transmitted from one person to another. Nationally, the case fatality rate for HPS is 38%.

Although many hantaviruses are known to cause HPS, each virus has a single primary host. The most important hantavirus in the United States is the Sin Nombre virus which is hosted by the deer mouse. It is important to exercise caution when cleaning up rodent contamination in the home, garage, or out buildings by using disinfectant and wet cleanup methods. It is prudent to assume that any evidence of rodent contamination may be due to deer mice. More information on prevention of hantavirus infection can be found at www.cdc.gov/hantavirus/hps/prevention.html.

Outbreaks – The CD Program has investigated two outbreaks of Hand, Foot, and Mouth Disease (HFMD) in day care facilities. As of October 11, one of these is still open. Also, two suspected outbreaks of norovirus in Washoe County schools have been investigated.

Aseptic meningitis outbreak – The CD Program has noted a significant increase in aseptic meningitis cases since July 15 of this year. An extremely significant increase occurred from late August and is still ongoing. Between July 15 and October 11 a total of 35 cases have been reported. Historically between 2005 and 2016, there was an average of 11 cases reported per year (range: 5-23 cases per year). Of the 35 cases reported since July 15, the majority are among children, primarily in the 5-11 years age group. Enterovirus has been confirmed as the etiology for this outbreak. Additional serotyping is pending at CDC. Both epidemiological and environmental investigations are ongoing.

Coccidioidomycosis – The CD program has continued to see increased Coccidioidomycosis. As of October 11, eighteen (18) cases have been reported and investigated in 2017. This is the highest incidence ever reported in Washoe County. The second highest year was 2015 when nine (9) cases were reported. Fifteen soil samples are being tested by CDC and the test results are pending.

Overall Communicable Disease Investigations – As of October 10, a year-to-date total of 1,002 cases of reportable general communicable disease (CD) requiring follow up by the CD team have been recorded in the log. This number does **not** include influenza, STD, HIV, TB, or animal bites. By way of comparison, during the same time period in 2016 there were 638 cases. This represents a workload increase of 57% (1,002 records in 2017 vs. 638 records in 2016). The CD log is a real-time system for CD staff to document all cases being investigated or needing follow-up activities.

Public Health Preparedness

Medical Reserve Corps (MRC)

The Medical Reserve Corps Volunteer (MRC) program volunteers participated in the following activities in our community:

- September 28 - October 1, the Remote Area Medical (RAM) mobile outreach clinic that provides free medical, dental and vision services to the uninsured and underinsured was held at the Boys and Girls Club. MRC volunteers helped in various capacities over 300 patients to receive health services.
- September 30, MRC volunteers participated in the Truckee Meadows Family Health Clinic that was held at the Washoe County Health District. The volunteers provided free blood pressure checks and disseminated health educational and emergency preparedness information to attendees.
- On October 4, the Washoe County Health District's influenza vaccine POD (Point of Dispensing) full scale exercise was conducted. MRC volunteers helped to staff the POD where over 200 vaccinations were administered. In addition, the Northern Nevada Access and Functional Needs Workgroup (NNAFNW) members also participated. NNAFNW members were present and will provide feedback on their observation on the accessibility of special needs patients to the POD.

Healthcare - Public Health Emergency Response Coordinator (PHERC)

On September 27, the Inter-Hospital Coordinating Council hosted an active assailant training with REMSA, providing education to non-medical staff on the movement of casualties and first response medical treatment.

Program staff facilitated two tabletop exercises, one at Life Care Center of Reno and the other at ManorCare Health Services - Wingfield Hills on October 11. The purpose of the exercise was to introduce nursing and administrative staff to the DMS 1-2-3 healthcare evacuation tag system.

Program staff held a mid-term planning meeting on October 10 with approximately 30 dialysis, hospice, home health, and clinical providers to prepare for the November 3 community-based functional exercise, testing communications between healthcare providers and Washoe County, identification of homebound individuals who need assistance evacuating and identifying the ability to provide care for dialysis patients when potable water and power are unavailable.

On October 16, program staff facilitated and participated in a community-based functional evacuation exercise between Life Care Center of Reno, Regent Care Center of Reno, ManorCare Health Services – Reno, and ManorCare Health Services – Sparks. The exercise provided the opportunity to execute emergency operations plans, communicate between facilities and WCHD, and test the Mutual Aid Evacuation Annex.

On October 19, program staff participated in Shake, Rattle and Roll, a community-based exercise, involving four area hospitals.

On October 24, program staff facilitated a tabletop exercise among all DaVita Centers in Northern Nevada, testing their emergency response capabilities during a potable water and power outage.

Public Health Emergency Preparedness (PHEP) - Public Health Emergency Response Coordinator (PHERC)

On September 25th, the PHEP program kicked off the Fall Flu POD exercise with a communication to Health District staff and the members of IHCC. This exercise was a community wide event in which Health District closed POD partners activated their closed POD plans and began vaccination operations in Northern Nevada. Over the course of the last two months the program has been engaging with each of the closed POD partners and organizing multiple planning meetings to organize the individual POD exercises.

Overall, there were a total of 5 closed PODs and one open POD which dispensed over 800 doses of influenza vaccine. These exercises simulated a public health emergency built around a novel flu virus with increased hospitalization and mortality rates. Three of the five closed PODs incorporated drive-through components to their exercise which has been identified as a primary dispensing modality.

As an additional component to the exercise, the PHEP program was able to put into use multiple POD trailers that were completely redesigned over the summer to increase their readiness to be deployed. The program was also able to incorporate the use of the program's readerboards/AM radio stations in one of the exercises. This readerboard provided information to vehicles as they approached the drive through POD site.

The PHEP program attended the Northern Nevada Access and Functional Needs Workgroup meeting on September 21, and requested the workgroup to stress test the October 4 Health District Public POD.

Emergency Medical Services (EMS)

The EMS Program Manager attended the quarterly Pre-hospital Medical Advisory Committee on September 13 to facilitate discussion about the regional protocols and show the group an updated draft. The group had quality discussion about the draft document and made a few select recommendations. The regional protocols task force then convened on September 20 to discuss any requests, concerns and/or recommendations of their agency Medical Directors to the final draft of the regional protocols document. The EMS Advisory Board accepted the regional protocols during the October 5 meeting.

Also on September 13 the dispatch subcommittee met. This committee is comprised of City of Reno, REMSA, City of Sparks and Washoe County dispatch supervisors. The purpose of these meetings is to work together as a region for the development of any process and/or issues that arise. The subcommittee has identified some future projects to work on together. For example, formalizing a regional "flee to" emergency plan to ensure the continuity of operations planning is documented for the dispatch centers. It is also a forum to discuss best practices and case studies from around the nation.

On September 14, EMS program staff met with REMSA and Reno Fire Department to discuss the homeless shelter and the downtown bus station. These two locations were identified during the map review process as "hot spots" that an alternative response should be considered. This was the first of several meetings on this project.

The EMS Coordinator attended a power outage tabletop at the emergency operation center on September 19. The tabletop scenario was a winter storm with significant amounts of snow causing a large scale power outage across Washoe County for 72 hours. Regional partners discussed the response approach to this type of incident and how community partners would address the needs of citizens. The EMS and PHP programs will continue to work with Washoe County Emergency Management to improve the process for identifying vulnerable populations (i.e. individuals with durable medical equipment at home) that may need assistance during a disaster.

Regent Care Center of Reno is one of the skilled nursing facilities that recently signed onto the Mutual Aid Evacuation Annex (MAEA). On September 25 EMS and PHP staff conducted a tabletop exercise at their facility to train staff in the MAEA evacuation process and tagging system.

The EMS Oversight Program received official grant award notice for the Nevada Governor's Council on Developmental Disabilities (NGCDD). The EMS Coordinator will be the lead on this project. The EMS Program will develop training materials to be utilized by public safety and emergency responders to increase awareness of essential resources and skills needed to work with individuals with intellectual/developmental disabilities during an emergency response.

The EMS Coordinator began discussions with regional partners on the possibility of developing an MCI Alpha Plan. This idea was taken from a presentation about the Paris attacks in 2015 where there were multiple incident locations. The region will move forward with creating a plan that builds on the MCIP and allows for alternative response options during a major incident where resources are quickly overwhelmed.

EMS staff participated in a presentation for a software system called Open Lattice. There were representatives from law enforcement, EMS, courts, district attorney offices, etc. in attendance. The software system is available by the Arnold Foundation, Data Driven Justice initiative. The purpose would be for the various agencies to connect their data and have citizens identified in the region that may need a more specialized case worker to help meet their needs so they do not continue to be a part of the 911 system if they have identified social service needs.

On Monday, October 2nd, the EMS Program Manager was officially requested by the Clark County Coroner, through the Division of Emergency Management, to respond to Las Vegas to support the response efforts. Three Northern Nevada personnel responded, with the expectation of being graveyard command staff for the Family Assistance Center. Support was provided to the Coroner's office through Friday, October 6.

The EMS Advisory Board held its quarterly meeting on October 5. The agenda included such items as a presentation on regional protocols and the fiscal year 2017 annual report.

The EMS Coordinator completed a REMSA dispatch sit-along on October 9 and had an opportunity to listen to a variety of EMS calls and meet several communication specialists. Staff appreciates these opportunities to meet with EMS personnel and get their perspective on the EMS system.

The region continues to work on alternative responses to low acuity/priority 3 calls for service. The committee is a group developed to address this specific objective of the 5-year EMS strategic plan. At the October 12 meeting, the group reviewed information concerning responses to the various non-acute care facilities throughout the County and discussed how to respond to these types of calls.

**REMSA Percentage of Compliant Responses
 FY 2017 -2018**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%
September 2017	92%	96%	100%	100%	97%	92%
YTD	92%	93%	97%	100%	94%	92%

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	N/A*
September 2017	8:32	13:06	18:30	N/A*

*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90th percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

Regional EMS System Performance

These tables includes EMS calls which both REMSA and a partner fire agency were notified, from July 2016 through June 2017.

The following table illustrates the patient’s perspective from the time a call was initially received at a dispatch center to the first arriving unit, regardless if it is a fire agency or REMSA that arrived first. “Fire Alarmed First” is the call came through PSAP first; “Fire Alarmed Second” is when the call rang in REMSA’s dispatch center first.

District Health Officer Staff Report
Board Meeting Date: October 26, 2017

TO: District Board of Health

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

SUBJECT: District Health Officer Report – Water System Regulation and Plan Reviews, EHS Division Director, Strategic Planning Update, Community Health Improvement Plan, Community Health Needs Assessment, Truckee Meadows Healthy Communities, Other Events and Activities and Health District Media Contacts.

Water System Regulation and Plan Reviews

The Health District continues to work with TMWA, NDEP, and the local jurisdictions to provide an efficient process for water project plan review and discuss approaches to NAC revisions and TMWA oversight that might further improve this process. A meeting is scheduled with the Builders Association of Northern Nevada (BANN) on October 19 to provide an update on issues resolved, review the project review process, and discuss current NAC requirements and areas for potential revisions. A meeting with City of Reno, TMWA, NDEP, and Health District representatives is scheduled for October 20th.

TMWA, NDEP and the Health District have been invited to present on water projects at a concurrent meeting to be scheduled for November 6. The agenda item on this meeting is proposed to be: “Presentation, discussion and possible action on the status of the review and approval of “Water Projects” by the Truckee Meadows Water Authority, the Washoe County Health District, and/or the Nevada Department of Environmental Protection. [For Possible Action]”

EHS Division Director

Mr. Chad Westom has accepted the Environmental Health Services Division Director position. Mr. Westom is currently serving as Bureau Chief of the Bureau of Preparedness, Assurance, Inspections, and Statistics (PAIS) at the Nevada Division of Public and Behavioral Health. He previously managed the State’s Environmental Health Program. During his 25 year career, Mr. Westom has held positions with Underwriters Laboratory/Everclean Services Inc., Hennepin County Health Department, NSF International, St. Joseph Area Chamber of Commerce Commercial Waste Reduction Program and SSCI Environmental Services. He is a National and State Registered Environmental Health Specialist, and holds a Bachelor of Science in Natural Sciences/Environmental Management from the University of Houston. Mr. Westom will begin work in his new position the week of October 30.

Strategic Planning Update

Progress towards completion of strategic priorities and goals continues to be tracked through the web based Performance Management System. Progress on the strategic priorities was shared with all staff at

the October 3rd all staff meeting. The Director of Programs and Projects will be working with Division Directors to support continued progress towards completion of strategic plan outcomes and initiatives and capturing those accomplishments in the online system.

ODHO staff is working to develop materials in support of the November 2nd DBOH retreat which will include sharing of preliminary results from a prioritization workshop conducted as part of the Community Health Need Assessment. In addition to sharing information on priorities of emerging community health needs, feedback will be solicited from the DBOH on strategic plan priorities for FY18. Detailed initiatives were developed for FY17 to meet the outcomes in the strategic plan and some will roll over into FY18, however, some initiatives for FY18 will be adjusted based on lessons learned or items that have already been accomplished in FY17. Division Directors and Supervisors will be present at the DBOH retreat to provide information on revised initiatives and to answer any questions on specific initiatives.

Community Health Improvement Plan

In support of accomplishing the objectives outlined in the CHIP, the ODHO facilitated a Youth Mental Health workgroup meeting on 10/11/17 that was attended by representatives of Washoe County School District, Communities in Schools, WCHD Chronic Disease Prevention and Renown Health. Data collection and opportunities to accomplish the objectives of the CHIP were discussed. ODHO staff has also met with workgroup members individually to develop a greater understanding of partner agencies' missions and explore opportunities to collaborate.

The ODHO is planning the next Access to Healthcare and Social Services workgroup meeting. The meeting will include an update and introduction to new ODHO staff and an update on the RAM and Family Health Festival events that were conducted. A forecast of anticipated release dates of the forthcoming Community Health Needs Assessment and corresponding Community Health Improvement Plan will also be provided.

Community Health Needs Assessment

Work continues to complete the Community Health Needs Assessment by the end of the year. Most recent data is being added to the report as it becomes available. Draft section narratives are being reviewed by subject matter experts.

Truckee Meadows Healthy Communities

Remote Area Medical (RAM)/Family Health Festival:

Truckee Meadows Healthy Communities hosted a Remote Area Medical clinic from September 28th – October 1st, 2017 at the Boys and Girls Club of Truckee Meadows, located at 2680 East Ninth St. Reno, NV. The RAM mobile outreach clinic travels to U.S. cities upon request to provide FREE medical, dental and vision care for those who are uninsured, underinsured, with no eligibility requirements. During this clinic, services were provided to 430 patients at a total benefit estimated at over \$137,000 in medical care. Dental care, followed by vision care was among the most needed services for those who attended RAM. In addition, 560 wristbands for free flu vaccinations were handed out by the Washoe

County Health District's Immunization team. The community's support of this event facilitated this great success. The RAM event aligns with the CHIP Access to Healthcare and Social Service priority. A Family Health Festival was held on September 30 at the Health District in conjunction with the RAM event. The Washoe County Complex parking lot was used for parking and staging with RTC providing transportation to the Boys and Girls Club.

Housing:

Enterprise Community Partners has begun work on Phase I of the Regional Housing Roadmap project. TMHC continues to fundraise for Phase II of the project.

Other Events and Activities

10/3/17	General Staff Meeting
10/4/17	TMHC Steering Committee Meeting
10/4/17	Division Directors Meeting
10/4/17	Washoe County Flu POD
10/5/17	Quarterly EMS Advisory Board Meeting
10/5/17	NV Health Authority Conference Call
10/6-10/11/17	Leave
10/12/17	EHS Supervisors Meeting
10/12/17	Washoe County Impact Awards
10/13/17	Conf Call with Taxation re: Marijuana Establishment Regulation
10/17/17	EHS Supervisor Meeting
10/17/17	United Way Literacy is the Cure Kickoff
10/18/17	DD/DHO/Board Member Meeting – AHS/Councilman Delgado
10/18/17	Community Health Alliance Record Street Open House
10/18/17	DD Meeting/Strategic Plan Meeting w/OnStrategy
10/19/17	UNR Lecture re: Public Health Policy
10/19/17	BANN Meeting re: Water Projects
10/20/17	NPHA Advocacy Call
10/20/17	Mayor's Conversation on Mental Health and Addiction
10/20/17	Water Projects Meeting
10/24/17	NALHO
10/24/17	EHS Supervisor/Senior Meeting
10/26/17	EHS All Staff Meeting

Health District Media Contacts: September 2017

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/30/2017	KTVN CH2 - CBS Reno	Ryan Canaday	Flu Shots - Shore
9/30/2017	KOLO CH8 - ABC Reno	Terri Russell	Flu Shots - Shore
9/29/2017	KTVN CH2 - CBS Reno	Jaimi Hays	RAM Clinic - Ulibarri
9/29/2017	KRNV CH4 - NBC Reno	Ben Margiott/Karsen Bushjost	RAM Clinic - Ulibarri
9/29/2017	KOLO CH8 - ABC Reno	Terri Russell	RAM Clinic - Ulibarri
9/27/2017	KRNV CH4 - NBC Reno	Ben Margiott	Hantavirus - Shaffer
9/20/2017	KOLO CH8 - ABC Reno	Zack Mooney	Mosquito abatement - Ulibarri
9/19/2017	KKOH Radio 780AM - CNN Reno	Jim Fannon	Hantavirus - Todd/Ulibarri
9/18/2017	KOLO CH8 - ABC Reno	Terri Russell	Hantavirus - Todd
9/12/2017	KKOH Radio 780AM - CNN Reno	Daniella Zaninno	RAM Clinic - Rogers
9/11/2017	KTVN CH2 - CBS Reno	Ryan Canaday	Weather forecasts - Inouye
9/7/2017	Envoye Special Francais	Laurent Dy	New Delhi Metallo-beta-lactamase - Chen
9/7/2017	ASPR Tracie Exchange	Corina Sole Brito/John Hick	Inter-Hospital Coordinating Council - Esp
9/7/2017	KOLO CH8 - ABC Reno	Shannon Moore	West Nile Virus - Ulibarri
9/7/2017	KOLO CH8 - ABC Reno	Terri Russell	West Nile Virus - Ulibarri
9/6/2017	KRNV CH4 - NBC Reno	Kim Burrows	Swan Lake water quality - Ulibarri
9/6/2017	KOLO CH8 - ABC Reno	Terri Russell	Mosquito trapping - Drescher
9/6/2017	KOLO CH8 - ABC Reno	Terri Russell	Rabid bats - Jeppson

Press Releases/Media Advisories/Editorials/Talking Points

9/28/2017	Statistics highlight seriousness of flu season in County	Ulibarri
9/27/2017	Food Policy Council	Ulibarri
9/22/2017	RAM Clinic #2	Ulibarri
9/19/2017	Hantavirus confirmed	Ulibarri
9/18/2017	Final mosquito abatement	Ulibarri
9/14/2017	Service animal education	Ulibarri
9/12/2017	RAM Clinic	Ulibarri

Social Media Postings

Facebook	AQMD/CCHS/ODHO EHS	88 (CCHS 21 EHS 16 ODHO 4 AQM 47)
Twitter	AQMD/CCHS	44 (AQM 40 CCHS 4)
Grindr	CCHS	10

DD	<u>KD</u>	—
DHO	—	<u>KD</u>
DA	—	—

STAFF REPORT

BOARD MEETING DATE: October 26, 2017

TO: District Board of Health

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

THROUGH: Kitty Jung, DBOH Chair

SUBJECT: Review, Discussion, and Possible Direction to cancel the Washoe County District Board of Health Meeting currently scheduled for November 16, 2017.

SUMMARY

The District Board of Health Meeting Scheduled for November 16, 2017 falls only three weeks following the October DBOH Meeting and two weeks following the November 2 Strategic Plan Workshop Meeting. Because there are currently no issues of urgency that could not be postponed until the December DBOH Meeting to be heard, it is proposed to cancel the November 16, 2017, DBOH Meeting, and combine any items for that meeting with the December 14, 2017, DBOH Agenda.

PREVIOUS ACTION

The DBOH approved the 2016 meeting calendar in December 2015.
The DBOH approved the 2017 meeting calendar in December 2016.

BACKGROUND

The Rules, Policies, and Procedures approved in 2016 provide for the November and December DBOH meetings to be scheduled on the third Thursdays of those months due to the close proximity to the holidays. Due to the third Thursday in December 2017 falling on the 21st, the Board approved scheduling that meeting on the second Thursday, December 14, 2017.

RECOMMENDATION

Staff recommends the Washoe County District Board of Health approve the cancellation of the November 16, 2017, District Board of Health Meeting, and to hear any items for that meeting at the December 14, 2017 DBOH meeting.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to cancel the November 16, 2017 District Board of Health Meeting”.