

Washoe County District Board of Health Meeting Notice and Agenda

Members

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Oscar Delgado
Kristopher Dahir
Dr. Reka Danko
Marsha Berkbigler
Tom Young

**Thursday, October 24, 2019
1:00 p.m.**

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

PUBLIC HEARING ITEM SCHEDULED ON THIS AGENDA

(Complete item description on second page.)

**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 24, 2019

5. *Recognitions

A. Years of Service

- i. Ana Gonzalez, 20 years, hired 11/12/1999 - CCHS
- ii. Laura Rogers, 15 years, hired 10/4/2004 - ODHO

B. Promotions

- i. Wesley Rubio, Sr. Environmental Health Specialist to Environmental Health Specialist Supervisor - EHS

C. New Hires

- i. Danika Williams, 10/14/2019, Epidemiologist - EPHP
- ii. Alexandra Velasco, 10/14/19, Public Health Nurse I – CCHS

D. Voluntary Reassignment

- i. Heather Holmstadt, Epidemiologist - EPHP to Public Health Investigator II - CCHS

- E. Shining Stars
 - i. Kelly Parsons

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)

- i. September 26, 2019

B. Review, approve and adopt the proposed Washoe County Health District Employee Policy Manual Updates for Fiscal Year 20. - (For possible action)

Staff Representative: Laurie Griffey

C. Approve Agreement between Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$180,000 for the period January 1, 2020 to June 30, 2021 in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District; authorize the Chair or the Board designee to execute the Agreement and related documents. - (For possible action)

Staff Representative: Jennifer Hoekstra

D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - (For possible action)

- i. Rilite Aggregate Company, Case No. 1217, NOV No. 5779

- ii. Lennar Reno, LLC, Case No. 1218, NOV No. 5749

Staff Representative: Daniel Inouye

E. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2020. – (For possible action)

Staff Representative: Anna Heenan

7. PUBLIC HEARING Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 Odorous or Gaseous Contaminants. - (For possible action)

Staff Representative: Daniel Inouye

8. Regional Emergency Medical Services Authority

Presented by: Dean Dow and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for September, 2019 – (For possible action)

B. *Update of REMSA’s Public Relations during September, 2019

9. Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received. - (For possible action)

Staff Representative: Nancy Kerns Cummins

10. Review and Approval of the District Health Officer's Annual Performance Evaluation Results. - (For possible action)

Staff Representative: Chair Novak

11. *Staff Reports and Program Updates

A. Air Quality Management, Daniel Inouye, Acting Director

Program Update - Woodstove Program Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

B. Community and Clinical Health Services, Lisa Lottritz, Director

Divisional Update – Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

C. Environmental Health Services, Charlene Albee, Division Director

Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Vector, Waste Management, and Inspections.

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

Program Updates for Communicable Disease, Outbreaks, West Nile Virus, Melioidosis, Carbapenemase Producing Organisms, Influenza, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

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

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Government Affairs Update, Other Events and Activities, and Health District Media Contacts

12. *Board Comment

District Board of Health Member's announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)

13. *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.

14. 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, 1001 E. 9th Street, Building B, Reno, NV 89512, 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 – District Board of Health Member’s announcements, reports and updates, request for information or topics for future agendas. (No discussion among Board Members will take place on the item)”

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

Dr. John Novak, Chair
Michael D. Brown, Vice Chair
Marsha Berkbigler
Kristopher Dahir
Dr. Reka Danko
Oscar Delgado
Tom Young

**Thursday, September 26, 2019
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

Chair Novak called the meeting to order at 1:02 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Chair

Marsha Berkbigler

Dr. Reka Danko

Tom Young

Members absent: Michael Brown, Vice Chair

Kristopher Dahir

Oscar Delgado

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer
Dania Reid, Deputy District Attorney
Anna Heenan
Charlene Albee
Lisa Lottritz
Randall Todd
Daniel Inouye
Julie Hunter
Catrina Peters
Laurie Griffey
Lona Bogale

2. *Pledge of Allegiance

Dr. Todd led the pledge to the flag.

3. *Public Comment

Chair Novak opened the public comment period.

Ms. Cakiroglu of Keep Truckee Meadows Beautiful (KTMB) informed the litter survey that had been completed in July 2019 was one of the work items conducted with funds received from the Health District. In her update of that survey, she stated that this evidence-based program is also conducted as part of their affiliation with Keep America Beautiful, and that KTMB had restructured the survey significantly within the past year to make it more reflective of this community, more accurate and more impactful.

Ms. Cakiroglu explained how the study area was divided and volunteers recruited and trained to assess the levels of cleanliness of their areas. The information gained from this study allows KTMB to focus efforts where needed the most.

Ms. Cakiroglu informed the River Clean-Up was being held on Saturday, September 28th, and invited those present to participate.

Mr. Pitkin informed there were between twenty and thirty new HIV infections in Reno each year; of these, approximately 13 develop into AIDS. He provided information on the 90-90-90 initiative which was developed eight years ago with goals of stabilizing the spread of HIV and being accomplished in 2020.

He requested the Board to provide funding for this initiative in this region and to support positive change in the public's perception of AIDS/HIV. He provided a list of resources available locally and nationally to the Board.

Chair Novak closed the public comment period.

4. Approval of Agenda

September 26, 2019

Commissioner Berkbigler moved to approve the agenda for the September 26, 2019, District Board of Health regular meeting. Dr. Danko seconded the motion which was approved four in favor and none against.

5. Recognitions

A. Years of Service

- i. Stephen Shipman, 20 years, Hired 9/20/1999 - EPHP

Mr. Dick wished to recognize Mr. Shipman for his twenty years of service with the Health District. He informed Mr. Shipman is one of the Public Health Emergency Response Coordinators for the EPHP Division, and thanked him for his service.

B. Promotion

- i. Stephanie Chen, Health Educator I to Health Educator II - CCHS

Although Ms. Chen was not able to be present, Mr. Dick congratulated her on her promotion.

C. Accomplishments

- i. Kristen DeBraga – Passed the National Environmental Health Specialist Examination – EHS

Mr. Dick congratulated Ms. DeBraga for passing the National Environmental Health Specialist Examination, informing it is a very difficult exam. He stated the

Health District is very proud of the number of employees who pass this test on their first attempt.

- ii. Amber English – Selected to serve as a member of Council III – Science and Technology at the 2020 Biennial Meeting of the Conference for Food Protection – EHS

Mr. Dick informed Ms. English has been selected to serve as a member of Council III, Science and Technology, at the 2020 Biennial Meeting of the Conference for Food Protection. He congratulated her, stating it is an honor and that Ms. English will represent the Health District well.

- iii. Ellen Messinger Patton – Appointment to the NACCHO Environmental Public Health Advisory Workgroup - EHS

Ms. Messinger Patton was not in attendance. Mr. Dick congratulated her on her appointment to the NACCHO Environmental Public Health Advisory Workgroup

D. New Hires

- i. Kelcie Atkins, 9/3/2019, Registered Dietitian Nutritionist, - CCHS

Ms. Lottritz introduced Ms. Atkins, stating she is the new registered dietician in WIC. She informed Ms. Atkins has experience working in the clinical setting and providing community outreach, is a native Nevadan, a UNR graduate, a certified diabetes educator and is currently completing her MPH at UNR.

- ii. Scott Oxarart, 9/3/2019, Public Health Communications Program Manager – ODHO

Mr. Dick informed a new Public Health Communications Program Manager has been hired, Mr. Oxarart, and informed he was not present to be recognized due to the birth of his daughter earlier in the week. Mr. Dick stated Mr. Oxarart has a degree in Journalism from UNR, has media experience in both print and radio with Reno Gazette Journal and KOH, has worked previously in digital communications at Renown Health and in Washoe County's Communications Team, and comes to the Health District most recently from Sierra Nevada Corporations. He expressed he was very glad to have Mr. Oxarart at the Health District.

E. Shining Stars

- i. Jennifer Howell
- ii. Blair Hedrick
- iii. Judy Medved-Gonzalez
- iv. Cory Sobrio
- v. Janet Smith
- vi. Carmen Mendoza

Mr. Dick reminded the Board that the Shining Star Awards are to recognize exceptional customer service or performance in the Health District, and that nominations can come from either external customers or staff.

Ms. Medved-Gonzalez and Mr. Sobrio were not in attendance.

Mr. Dick informed that Ms. Howell is with the HIV program at CCHS and has received four Shining Star Awards. Ms. Hedrick with the EPHP Vital Statistics Program and Ms. Medved-Gonzales and Mr. Sobrio, both of the TB Program in CCHS, have received eleven Shining Stars. He stated that Ms. Smith of AQM has ten Shining Stars, and Ms. Mendoza of the EPHP Vital Statistics Program has an

amazing twenty-six Shining Stars. He congratulated them all on their outstanding service.

Chair Novak congratulated staff for their accomplishments and thanked them all for their contributions to the Health District.

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

- i. August 22, 2019

B. Budget Amendments/Interlocal Agreements

- i. Retroactive approval of Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2019 through July 31, 2020 in the total amount of \$160,129 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program; and if approved authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Hoekstra

- ii. Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$19,374 (with \$1,937.40 or 10% match) in support of the Assistant Secretary for Preparedness and Response (ASPR) Public Health Preparedness BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of emergency response supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

Staff Representative: Jennifer Hoekstra

- iii. Retroactively approve the Notice of Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period July 1, 2019 through June 30, 2020 in the total amount of \$27,823 (with \$2,782.30 or 10% match) in support of the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) BP1 Carryover Program; and if approved authorize the District Health Officer to execute the Subgrant Award; Approval of Point of Dispensing (POD) supplies, Stop the Bleed supplies, Chemical, Burn, Radiation, Nuclear, Explosive (CBRNE) supplies; and if approved, authorize the District Health Officer to distribute the supplies including signing all necessary paperwork.

Staff Representative: Jennifer Hoekstra

- C. Approve a donation of seven (7) bicycles with an approximately value of \$5,600 to the City of Reno/Project HERO (Healing Exercise Rehabilitation Opportunity).

Staff Representative: Nancy Kerns Cummins

- D. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board.

- i. Rainbow Market #10, Case No. 1215, NOV No. 5741

- ii. KDC Construction, Case No. 1216, NOV 5744

Staff Representative: Dan Inouye

E. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2019
Staff Representative: Anna Heenan

Mr. Young moved to accept the Consent Agenda items as presented. Commissioner Berkbigler seconded the motion which was approved four in favor and none against.

7. PUBLIC HEARING Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires.

Staff Representative: Daniel Inouye

Mr. Inouye stated the Board had directed AQM to revisit the open fire regulations. He informed that Ms. Julie Hunter has been the Project Manager and has worked closely with the public and fire agencies, and that the Board had adopted the Business Impact Statement at the August 22nd District Board of Health Meeting.

Ms. Hunter, Senior Air Quality Specialist reviewed the current regulations and the proposed revisions for the Board. She stated that staff recommends the Board adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035 Open Fires, and offered to answer any questions.

Chair Novak inquired if there was any public comment. Ms. Rogers informed there was not.

Commissioner Berkbigler moved to adopt the revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.035, Open Fires. Mr. Young seconded the motion, which was approved four in favor and none against.

8. Review, discussion and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm.

Staff Representative: Daniel Inouye

Mr. Inouye informed that Mr. Wolf and his staff have been working on revisions to odor regulations that involve advancements in technology and economic development in the region.

Mr. Wolf, Permitting and Enforcement Branch Chief, stated he would present the Business Impact Statement (BIS) for proposed odor regulation revision. He informed the current regulation as written does not provide for quantification of odors using an olfactometer. In an effort to better serve the community, AQM has purchased an olfactometer and have worked on these proposed regulation revisions to allow measurement of nuisance odors.

Mr. Wolf informed the proposed regulation revision would set a nuisance level for residential and non-residential areas. In this process, he stated two public workshops were held on September 4th which were attended by three members of the cannabis industry; no public comment was given. He informed there are no proposed additional fees to add quantification to the regulations, and there is a potential this addition will streamline odor investigations.

Mr. Wolf stated that staff recommends the District Board of Health adopt the Business Impact Statement and set the public hearing for possible adoption of the proposed regulation

revisions at the next scheduled DBOH meeting in October.

Commissioner Berkbigler expressed understanding that these regulations relate to cannabis facilities, and inquired if they would also apply to farms, use of manure as fertilizer, odor from diesel equipment, etc., and if investigations would be driven by complaints.

Mr. Wolf informed that the proposed regulations are for nuisance odors in general and that no specific industry was singled out. He stated the olfactometer was purchased specifically for use on cannabis grows in Washoe County, due to their increasing number. Regarding agriculture, Mr. Wolf informed the Health District does not have regulatory authority. In regards to diesel odor, Mr. Wolf explained that there are idling limits that are enforceable by AQM.

Mr. Young inquired if cannabis complaints outnumber other types of complaints. Mr. Wolf informed that was correct, with complaints regarding the geothermal plant coming in second.

Commissioner Berkbigler informed of an animal rendering plant in Lemmon Valley and expressed concern that a long standing business providing a needed service could potentially be shut down due to complaints from a growing population moving into that area. Mr. Wolf informed that AQM works not only with the complainant, but the person or entity the complaint was against.

Ms. Berkbigler stated that the proposed regulation revisions seemed to be logical in their approach to the issue.

Mr. Young inquired what an olfactometer costs. Mr. Wolf stated the device AQM purchased was approximately \$2500. Mr. Wolf informed they have taken it on several investigations, and thus far, there has not been enough odor for it to register on the meter.

Chair Novak opened the public comment period.

Mr. Adler, representing Silver State Government Relations, opined that olfactory sensors are good tools, and noted that there are terpenes in plants other than cannabis, so hoped cannabis would not be the only plant investigated.

Mr. Adler stated the cannabis industry is aware of the odor these plants can exude, and informed they utilize carbon filters to minimize the odor impact outside of the facility. He stated these facilities work with the surrounding community and, using their feedback, take steps to address those issues. He encouraged AQM to let them know of any complaints.

Chair Novak closed the public comment period.

Commissioner Berkbigler moved to adopt the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 (Odorous or Gaseous Contaminants) with a finding that the revised regulations do not impose a direct and significant economic burden on a business; nor do the revised regulations directly restrict the formation, operation or expansion of a business; and set a public hearing for possible adoption of the proposed revisions to the Regulations for October 24, 2019 at 1:00 pm. Dr. Danko seconded the motion which was approved four in favor and none against.

9. Regional Emergency Medical Services Authority

Presented by: Kevin Romero and Alexia Jobson

A. Review and Acceptance of the REMSA Operations Report for August, 2019

Mr. Romero, Vice President of REMSA, informed he was filling in for Mr. Dow and is available to answer any questions

Mr. Young moved to accept the REMSA Operations Reports for August, 2019. Commissioner Berkbigler seconded the motion which was approved four in favor and none against.

B. *Update of REMSA's Public Relations during August 2019

Ms. Jobson stated there were a variety of media stories highlighting REMSA's special events team, including wellness tips for special event visitors and highlights about REMSA's partnership with the Sparks Fire Department to successfully manage the medical triage and treatment area at the Rib Cook-Off.

Ms. Jobson informed Senator Catherine Cortez Masto visited REMSA and toured the entire campus, visiting with staff, field providers and dispatchers in late August. Ms. Cortez Masto was impressed with the services REMSA provides.

Ms. Green, Education Manager, was featured in a series of interviews announcing that REMSA is currently conducting paramedic entrance exam testing. REMSA's entire education program and the impressive pass rate that paramedics have on their national registry exam were key points of the story.

Mr. Ceballos, Community Education Coordinator, provided an interview and demonstration to KOLO on how to properly install car seats during National Child Passenger Safety Week. Lastly, Ms. Jobson informed REMSA began announcements of flu shots that will be provided to over one hundred homebound citizens of Washoe County. She stated REMSA is working with the media to generate awareness of this program, and that information can be found at <http://www.remsahealth.com/news/homeboundflu/>. REMSA is offering this program in partnership with the Washoe County Health District.

Chair Novak asked that Ms. Jobson give her name for the record in the future. He expressed the homebound flu shot program is a wonderful service. He reminded those present to get their flu shots.

Commissioner Berkbigler moved to accept the REMSA Public Relations report for August 2019. Mr. Young seconded the motion which was approved four in favor and none against.

Note: This item is a non-action item; approval was not required.

10. Presentation and possible acceptance of the revised 2018-2020 Community Health Improvement Plan.

Staff Representative: Catrina Peters

Ms. Peters, Director of Programs and Projects, reviewed the focus areas of the 2018-2020 Community Health Improvement Plan (CHIP) and the method by which these were broken down into actionable, measureable items. She informed that eighty percent of the goals within the Plan had been accomplished and detailed the successes for those present.

Ms. Peters stated the CHIP committee was reconvened on August 8th to celebrate accomplishments and review progress made. Decisions were made regarding which items should be rolled over into the revised CHIP that were not achieved or have value that would warrant further work. She informed that potential additions to the Plan were also discussed by the group. Sub-groups then discussed details of action plans for implementation, timelines, and those responsible for specific tasks were identified to keep progress moving forward.

Ms. Peters informed of items proposed for rollover, including behavioral health services that providers wish to deliver in the school setting to overcome the issue of transportation.

She stated they are working to locate space at the school. The Signs of Suicide program was earmarked for continued work and funding to be provided. One priority is to increase the screening rate of students; it is hoped a way forward will be identified in partnership with the School District.

Under Goal 1, housing stability, Ms. Peters informed it is proposed to include a strategy around GoodGrid implementation, a case management software program that provides the opportunity to show outcomes around case management and referral successes across the community. Also proposed for addition is a certification program for Peer Recovery Support Specialists, who are persons that have recovered from a substance use issue and are trained to assist those experiencing similar issues on a path toward recovery. She informed the first steps would be to deploy a survey to find how many specialists are in the community, identify persons interested in becoming a specialist and provide training for both.

Under Goal 2, Ms. Peters informed of proposed revisions which include producing the Behavioral Health Data profile annually, which will be included in the Washoe County Regional Behavioral Health Policy Board annual report. Other elements were proposed to be added to the Provider Data Handout for comparison of data from year to year, as well as to add information on employer loan repayment opportunities to aid in the retention of providers in the area.

Another strategy under Goal 2 is to assess the Medicaid claim data for answers to questions around FTEs, sliding scale and providers who take Medicaid. Also proposed for rollover is the work around Behavioral Health Licensure Board modernization due to the delay in the license process taking upwards of six months. The work will include identification of Boards that offer efficiency opportunities such as the ability to enter continuing education credits online, online application for license, etc.

Screening, Brief Intervention and Referral to Treatment (SBIRT), is proposed for expansion. Ms. Peters informed SBIRT is a process healthcare providers would adopt to be able to screen for high-risk behavior and appropriately refer for treatment.

Ms. Peters informed that seniors were added to the scope of work under Goal 3, which is around reducing suicide and depression. She stated strategies and tactics were added to support a BUILD Health Challenge grant, which is intended to address the alarming senior suicide rates.

Commissioner Berkbigler moved to accept the revised 2018-2020 Community Health Improvement Plan. Dr. Danko seconded the motion which was approved four in favor and none against.

11. 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.

Staff Representative: Laurie Griffey

Ms. Griffey, Human Resources Representative for the Health District, informed the documents in their packet include the questions that have been used in the past for both the District Health Officer and the County Manager. She stated that, if the questions and the list of participants provided were approved by the Board, staff would need direction from them to proceed with the evaluation.

Chair Novak inquired if the Board had any other participants they would like to include in the evaluation. Hearing none, he called for a motion.

Commissioner Berkbigler moved to accept the Evaluation Forms for the District Health Officer's Annual Review and direct Staff to conduct the evaluation. Mr. Young seconded the motion which was approved four in favor and none against.

Ms. Griffey informed the evaluation would be emailed to them shortly. Chair Novak requested the participants to complete and return it to Ms. Griffey in a reasonable amount of time in order to complete the process.

12. *Staff Reports and Program Updates

A. Air Quality Management, Daniel Inouye, Acting Director

Program Update - Truckee Meadows Regional Plan Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

Mr. Inouye provided an overview of the past Ozone season, stating the area was fortunate to have low Ozone concentrations this year and so had zero exceedances.

B. Community and Clinical Health Services, Lisa Lottritz, Director

Divisional Update – Severe Pulmonary Disease Associated with E-Cigarette Use; Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health, and Women Infants and Children

Ms. Lottritz stated that, at the prior DBOH meeting, Chair Novak had requested more information on E-cigarettes to be presented at this meeting. She informed that Ms. Bogale, CCHS Health Educator, would be providing a presentation on the topic.

Ms. Lottritz thanked EPHP, EHS and the Chronic Disease Program for a great collaboration in the investigation of suspect vaping-related cases.

Ms. Bogale presented on the recent national investigation into cases of lung injury and illness that may be associated with E-cigarette use. She informed the numbers on her presentation had been correct as of yesterday, but that the CDC released updated information she had just received prior to this meeting.

Ms. Bogale stated the cases of lung injury had risen from five hundred thirty cases with seven deaths to eight hundred five cases among adolescents and adults with twelve deaths. She informed all had history of E-cigarette product use, but there were no specific products or compounds that have been linked to all cases at this time.

Ms. Bogale noted that the related symptoms are often mistaken for an infection; antibiotics are prescribed in an outpatient setting and the person is later hospitalized with the onset of the disease being from a few days to a few weeks. She informed the investigation continues to work to determine the cause which is thought to be chemical exposure, and whether they may be different diseases with similar presentations. She noted that, at this time, there are no local cases.

Prior to this investigation, Ms. Bogale informed of one-time funding allocated toward an E-cigarette prevention campaign. It targeted youth age thirteen to eighteen in Washoe County and discouraged teen use by educating them of the hazards.

Regarding Senate Bill 263 that passed during the last Legislative Session, Ms. Bogale informed it allows for vapor products and alternative nicotine products to be taxed and regulated as other tobacco products, which will help generate funds for local E-cigarette product prevention and control. Approximately \$200,000 is expected to be allocated to the Health District from the State.

Mr. Young inquired if the investigation included cannabis vaping products. Ms. Bogale stated they are looking in to all substances including THC.

Mr. Dick informed there had been a news report within the past few days that the State is reporting cannabis vaping products sales are down about fifteen percent in the dispensaries, and opined the public appears to be heeding the advisories that are being provided for their education.

Regarding the funding the Health District is supposed to receive from SB263, Mr. Dick stated that it went into effect July 1st and the regulatory component of SB263 to add vaping to the Clean Indoor Air Act will be effective January 1st. He informed the State has yet to establish the account and distribute the funds to any of the local health authorities or to the Tobacco Prevention Coalition to allow them to deploy the statewide advertising campaigns.

Commissioner Berkbigler inquired if there is evidence of secondary exposure from vaping. Mr. Dick explained that one of the problems in understanding the health impacts of vaping is the lack of data and regulations. He stated it is known there is secondhand exposure and there are toxins and carcinogens that are formed in the aerosols from vaping, but there is not yet the understanding of what the health impacts are for those that use the products or are exposed secondhand.

C. Environmental Health Services, Charlene Albee, Director

Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Vector, Waste Management, and Inspections.

Ms. Albee informed she did not have updates to her report but wanted to inform a staff member attended the Western States Regional Food Safety Program convention in Phoenix where a presentation on CBD oil was heard. She stated the presentation was nearly verbatim to the presentation she had provided to the Board. She informed there was much interest in EHS staff and the work being done here, and opined the Washoe County Health District is on the right track in their approach to CBD products.

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

Program Updates for Communicable Disease, Outbreaks, Hantavirus, West Nile Virus, Measles, Hepatitis A, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

Dr. Todd stated the Board had requested an update on Hepatitis A in Southern Nevada to be presented at this meeting. He informed the data from the Southern Nevada Health District in his report indicated there were forty-nine outbreak associated cases through June 30th. As of September 18th, new information shows that the case count was eighty-nine. He explained that, of these cases, ninety-four percent were among people who use drugs and eighty percent were among those experiencing homelessness.

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

District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Other Events and Activities and Health District Media Contacts

Mr. Dick wished to extend congratulations to the Board of Health for their direction in pursuing public health accreditation for the Health District, recognizing the champion Chair Novak has been in the push to attain accreditation. He expressed how pleased staff and the Board is that the goal of becoming accredited has been realized. He informed of the celebration luncheon that was held for staff that Chair Novak and Councilman Dahir were able to attend.

Mr. Dick stated he was pleased to announce that Washoe County Health District is the second health department in Nevada to receive accreditation and the first to become

accredited under Version 1.5. He explained that Carson City became accredited under an earlier version which didn't have as many requirements as Version 1.5, and noted staff are proud that Washoe County Health District was able to become accredited before Southern Nevada Health District.

Mr. Dick stated he had received a letter of congratulations from both NACCHO and the CDC. He informed the plaque from PHAB has not yet arrived, but that he will share it when it does.

Regarding Truckee Meadows Healthy Communities, Mr. Dick informed of the presentations of the Regional Strategy for Housing Affordability made to the Reno and Sparks City Councils on Monday the 23rd and to the Board of County Commissioners on Tuesday the 24th that TMHC developed in partnership with the Truckee Meadows Regional Planning Agency and Enterprise Community Partners. He opined the Strategy was well received in those presentations and noted that he had provided public comment at those meetings to urge each of those bodies to move forward with implementing the Strategy. He informed the Reno Housing Authority has been identified as an organization that is well equipped and willing to lead the implementation of the Strategy, noting it will take further discussions and work on how each of those bodies would feel comfortable they are properly represented in the way Reno Housing Authority is conducting that work.

Mr. Dick informed that the Behavioral Health Forum: More Powerful Together will be held on October 2nd at the County Chambers where a light breakfast will be served at 8:00 a.m. and meeting will begin at 8:30 a.m. He listed the many notable speakers, stating Senator Ratti would provide the initial presentation and speak to activities in the last legislative session.

Mr. Dick informed the Behavioral Health Profile would be presented at this Forum, stating it was developed in the process of updating the behavioral health components of the CHIP.

Mr. Dick informed TMHC's senior suicide project would be covered at the Forum. He stated that TMHC is alive in their bid to obtain funding in the BUILD Health Challenge process with the Robert Wood Johnson Foundation for this initiative around prevention of senior suicide. He expressed hope that he would soon have positive news regarding that funding. He informed that Ms. Craig of Renown Institute took the lead in writing the proposal for the Build Health Challenge, explaining that she did so in her role as the Vice President of TMHC.

13. *Board Comment

Chair Novak closed the Board comment period.

14. *Public Comment

Chair Novak opened the public comment period.

Mr. Donahue informed he is a resident of Fawn Lane and wished to speak to agenda item number seven. He stated he would like to thank Health District staff for their work to revise the open burning regulations, noting their workshops were informative. He stated he attended one of the workshops and made comment that the draft of the regulations ordinance could have included the thirty-eight properties on Fawn Lane. He explained these properties have traditionally had open burning from the time he began living there in 1999 until it was suspended approximately three years ago.

Mr. Donahue informed he has no other alternative to open burning available to him to get rid of green fuels on his property. He stated he does not have a pickup truck to haul this refuse, and these fuels don't fit in garbage bags very well.

Mr. Donahue explained he had worked with Health District staff and Truckee Meadows Fire Protection District who allowed him a one-year exemption. He commented that it has historically been cultural practice to open burn on Fawn Lane for defensible space, and requested an exemption for the thirty-eight parcels of Fawn Lane residents that fall within Hydrographic Area 87. He informed that his analysis of these properties shows an average of their size is just over two acres and so complies with one of the exemption criteria.

Mr. Donahue stated that he wanted his request on record and hoped there might be an opportunity to review the regulations again and provide Fawn Lane residents an exemption to allow open burning.

Chair Novak closed the public comment period.

15. Adjournment

Chair Novak adjourned the meeting at 2:17 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, 1001 E. 9th Street, Building B, Reno, NV 89512, or by calling 775.328.2415, 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.

Staff Report
Board Meeting Date: October 24, 2019

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 20

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 Priority supported by this item:

6. Organizational Capacity: 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 October 26, 2017 for FY18.

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

BACKGROUND

A comprehensive review of the manual was initiated; several policies were updated and one new policies has 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 a link to the policy 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. Acknowledgement forms are maintained in the employee's personnel file.

FISCAL IMPACT

No fiscal impact to the adopted Fiscal Year 19/20 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 20.

POSSIBLE MOTION

Move to approve and adopt the Washoe County Health District Employee Policy Manual updates for Fiscal Year 20.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

EMPLOYEE POLICY MANUAL

2019

Fiscal Year 2020 Version

Fiscal Year 2018 Version Adopted by the
District Board of Health October 26, 2017



Public Health
Prevent. Promote. Protect.

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



VISION

A healthy community

MISSION

To protect and enhance the well-being and quality of life for all in Washoe County.

Record of Policy Manual Changes

Washoe County Health District Employee Policy Manual

All Update/Changes are in RED

Item #	Status	Change	Date Submitted
A.	Updated	ACCIDENT AND INJURY REPORTING	4/3/19
B.	Updated	ALTERNATIVE WORK SCHEDULE	9/4/19
C.	Updated	AUTHORITY: HEALTH OFFICER TO REVIEW AND APPROVE NEW AND CONTINUING GRANT APPLICATIONS AFTER CONDUCTING A PRE-APPLICATION ASSESSMENT	9/3/19
D.	Updated	CASH HANDLING	9/3/19
E.	Updated	CELL PHONE POLICY	9/6/19
F.	Updated	CODE OF ETHICAL STANDARDS	9/6/19
G.	Updated	CONTACT-EXTERNAL AGENCIES/DEPARTMENTS	9/6/19
H.	Updated	CUSTOMER CONDUCT, RIGHTS AND SUSPENSION	9/6/19
I.	Updated	EMPLOYEE TRAININGS	9/11/19
J.	Added	HUMAN RESOURCES POLICY INFORMATION	9/11/19
K.	Updated	INCOMPATIBLE ACTIVITIES	7/10/19
L.	Updated	RECORDING OF TIME - APPLICATION FOR LEAVE/OVERTIME AUTHORIZATION	9/3/19
M.	Updated	RECORDING OF TIME - TIMECARDS	9/3/19
N.	Updated	REFUND POLICY	9/4/19
O.	Updated	SIGNATURES - CONTRACTS	9/17/19
P.	Updated	SIGNATURES - CORRESPONDENCE	9/11/19
Q.	Updated	USE OF COUNTY VEHICLES	9/11/19
R.	Updated	APPENDIX LINKS/FORMS	9/11/19
S.	Updated	APPENDIX D MEDIA POLICIES D-4, D-5 & D-6	10/7/19

Table of Contents

Record of Policy Manual Changes.....	3
Appendix.....	6
1 - INTRODUCTION AND LEGAL NOTICE	7
2 - ACCIDENT AND INJURY REPORTING - UPDATED	8
3 - ALTERNATIVE WORK SCHEDULES - UPDATED	11
4 - ANIMALS IN HEALTH BUILDING.....	13
5 - AUTHORITY: HEALTH OFFICER TO APPROVE DIVISIONAL AND PROGRAMMATIC PROTOCOLS AND POLICIES.....	14
6 - AUTHORITY: HEALTH OFFICER TO REVIEW AND APPROVE NEW AND CONTINUING GRANT APPLICATIONS AFTER CONDUCTING A PRE-APPLICATION ASSESSMENT - UPDATED	15
7 - CASH HANDLING - UPDATED	17
8 - CELL PHONE POLICY - UPDATED	19
9 - CODE OF CONDUCT	20
10 - CODE OF ETHICAL STANDARDS - UPDATED	22
11 - CONFIDENTIAL INFORMATION.....	24
12 - CONTACT-EXTERNAL AGENCIES/DEPARTMENTS - UPDATED	25
13 - CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS).....	27
14 - CUSTOMER CONDUCT, RIGHTS AND SUSPENSION - UPDATED	29
15 - EMPLOYEE TRAININGS - UPDATED.....	30
16 - HEALTH DISTRICT SERVICES TO STAFF AND THEIR FAMILIES	32
17 - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY POLICY.....	33
18 - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) SECURITY POLICY.....	35
19 - HUMAN RESOURCES POLICY INFORMATION - ADDED	36
20 - INCOMPATIBLE ACTIVITIES- UPDATED.....	37
21 - JURY DUTY.....	40
22 - LEAVE WITHOUT PAY.....	41
23 - LICENSURE/CERTIFICATION/REGISTRATION RENEWAL PROCESS	42
24 - LONG DISTANCE TELEPHONE CALLS	43

- 25 - MEDIA POLICY..... 44
- 26 - MEETING POLICY: SMOKE FREE 50
- 27 - PERSONAL APPEARANCE..... 51
- 28 - PERSONAL ELECTRIC OR ELECTRONIC USE (PEEU)..... 53
- 29 - PERSONNEL RECORDS UPDATES 54
- 30 - PHOTOCOPYING..... 55
- 31 - RECORDING OF TIME - APPLICATION FOR LEAVE/OVERTIME AUTHORIZATION -
UPDATED 57
- 32 - RECORDING OF TIME - TIMECARDS - UPDATED 58
- 33 - RECORDS RETENTION..... 60
- 34 - REFUND POLICY - UPDATED..... 61
- 35 - SECURITY 63
- 36 - SIGNATURES - CONTRACTS 64
- 37 - SIGNATURES - CORRESPONDENCE - UPDATED 65
- 38 - TERMINATION OF SERVICES..... 66
- 39 - USE OF COUNTY VEHICLES - UPDATED..... 67
- APPENDIX LINKS/FORMS - UPDATED 69

Appendix

Forms, Reference Documents Lists and Links

A. HR Related Documents

- 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 Page 60

B. Financial

- 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 Page 60

C. Plans

- 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 Page 61

D. Forms and Policies

- 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 Page 61

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:

1) 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

- a) 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://intranet.washoecounty.us/comptroller/Pages/Workers-Compensation.aspx> and click on Form C1.
- b) The employee and Supervisor will sign and date the form; (if the employee is incapacitated the form can be completed and signed by the supervisor and sent through the process. The employee’s signature will be obtained as soon as possible and forwarded to Risk Mgmt).
- c) 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://intranet.washoecounty.us/comptroller/Pages/Workers-Compensation.aspx> and click on “Supervisor’s Report of Injury Form”. Forward both forms to the Division Director for review and signature;
- d) 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;
- e) 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) or Fiscal Compliance Officer (FCO) in the absence of the AHSO. The AHSO or FCO 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 a – c.

ACCIDENT AND INJURY REPORTING (Continued)

2) **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
- a) 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; <http://eww/comptroller/Pages/CLAIMS.aspx> and click on the SAF 7 (Liability and Property Loss Form) and submit it to the Division Director, through their Supervisor;
 - b) The Division Director shall submit the form to the Washoe County Health District’s (WCHD) ~~HR-Representative~~ **Administrative Health Services (AHS) Fiscal Team Office Assistant** within two (2) business days of the incident.
 - c) The Health District ~~HR-Representative~~ **Administrative Health Services (AHS) Fiscal Team Office Assistant** will have the form reviewed and initialed by the ~~District Health Officer or~~ **Administrative Health Services Officer (AHSO) or Fiscal Compliance Officer (FCO) in the absence of the AHSO** and will send the form and/or advise Risk Management within 3 days of the incident.

3) **Vehicle Accident:**

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

- a) 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);
- b) 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~~ **AHS Fiscal Team Office Assistant**;

ACCIDENT AND INJURY REPORTING (Continued)

- c) 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~~ **AHS Fiscal Team Office Assistant**, through his/her Supervisor and Division Director; (form located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms <http://eww/comptroller/Pages/CLAIMS.aspx> and click on the SAF 5 (Vehicle accident Report Form). **If the employee is incapacitated the supervisor can fill out this form and route it. Employee signature will be obtained as soon as possible.**
- d) 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~~ **AHS Fiscal Team Office Assistant** (NV DMV SR-1 form located at <http://www.dmvnv.com/pdfforms/sr1.pdf>
- e). 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 4/3/19

3 - ALTERNATIVE WORK SCHEDULES - UPDATED

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.

1) 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.

2) 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.

3) **Policy & Form**

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

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

The Washoe County Alternative Work Schedule Policy is being updated by Washoe County Human Resources. When it is completed the policy will be posted to the Human Resources Policies list at the link above.

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.

Updated 9/4/19

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**

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:

- 1) 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 - **UPDATED**

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:

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

Programmatic Factors:

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

Application - "Request to Submit" 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 6 -~~

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

~~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 All 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.~~

Updated 9/3/19

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:

- 1) **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.**
 - a) All funds must be accounted for and kept in a secure location.
 - b) 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**).
 - c) **All currency (bills) should all be stacked in order; heads up and all facing the same direction with the largest bills on the bottom.**
 - d) Administrative Health Services will do a combined deposit of all funds on the following business day.
 - e) 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.
 - f) 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.
 - i) 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.
 - ii) 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.

CASH HANDLING (Continued)

- iii) 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.
- g) 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 9/3/19

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 as "WCHD Cell Phone Policy"; (~~located on tlc/health under Forms & Info, Policies, Procedures and Protocols~~) http://eww/health/Pages/Policies_Procedures.aspx 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 9/6/19

9 - CODE OF CONDUCT

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.
- 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 - UPDATED

DESCRIPTION: NRS 281A.400

Wording updated to NRS ~~2013~~ 2017 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~~ **the public officer or employee** 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:
 - i) 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;
 - ii) The use does not interfere with the performance of the public officer's or employee's public duties;
 - iii) The cost or value related to the use is nominal; and
 - iv) 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:
 - i) A limited use of state property and resources for personal purposes if:
 - (a) The use does not interfere with the performance of the State Legislator's public duties;
 - (b) The cost or value related to the use is nominal; and
 - (c) The use does not create the appearance of impropriety;
 - ii) 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
 - iii) 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:
 - i) 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
 - ii) 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 9/6/19

11 - CONFIDENTIAL INFORMATION

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.

Added 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	Elected Officials	Federal Health Officials
State Health Division Administrator	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 (AHS) provides administrative guidance and oversight for fiscal activities, human resources, and information technology for the District. The services and contacts can be provided by AHS. AHS can act as a liaison for the employees or the employees can work directly with external agencies for routine work-related activities. ~~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.~~

CONTACT - EXTERNAL AGENCIES/DEPARTMENTS (Continued)

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

Updated 9/6/19

13 - CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

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
<https://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:

- 1) Non-Discrimination in Provision of Services. WCHD will implement nondiscriminatory practices in accordance with federal law in the delivery of direct services. WCHD shall:
 - a) 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.
 - b) Post the policy in an area visible to clients or at the point of service and make it available to clients upon request.
 - c) 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.
 - d) 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 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.

- 2) 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:
 - a) Demonstrating previous experience with providing services to the diverse ethnic, linguistic, sexual or cultural population to be served;
 - b) 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
 - c) The specific outcome measures, qualitative and quantitative, which demonstrate that the program provides culturally and linguistically competent services.
- 3) Technical Assistance and Training
 - a) 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 - **UPDATED**

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://intranet.washoecounty.us/health/Pages/Policies_Procedures.aspx.

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. **Appendix D**

Updated 9/6/19

15 - EMPLOYEE TRAININGS - UPDATED

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://nciph.sph.unc.edu/tws/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 **Systems 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 * **Epidemiology Program Manager** * **Director of Programs and Projects**

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, contact **Phil Ulibarri** at: pulibarri@washoecounty.us Aaron Kenneston at akenneston@washoecounty.us or sign up for **ICS 300 and 400 classes through the Nevada State Department of Emergency Preparedness** - http://dem.nv.gov/training/Training_Calendar/

EMPLOYEE TRAININGS (Continued)

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

County Required Trainings:

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

Health Required Trainings:

Training / Course	Time Frame	Frequency
HIPAA	Upon hire	Every 2 years
Quality Improvement	Upon hire for permanent employees only. Not required for Int Hrly or Per Diem	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

Updated 9/11/19

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

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:

- 1) Complete HIPAA on-line training every two years at <http://www.webnettraining.com>
- 2) Not use or share client information unless:
 - i) authorized by the client in writing,
 - ii) sharing with other professionals treating the client,
 - iii) required for billing of services to health plans or other entities,
 - iv) required to improve client care or to contact the client,
 - v) 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,
 - vi) 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,
 - vii) sharing information for health research so long as the client name is redacted and no other personally identifying information is included,
 - viii) it is for worker's compensation claims, responding to organ and tissue donation requests from organ procurement organizations,
 - ix) in working with a medical examiner or funeral director when an individual dies.
- 3) Services provided through contracts will require a business associate agreement with the contractor if they will have access to client protected information.
- 4) Client appointment reminders are allowed under the HIPAA Privacy Rule without client authorizations (pursuant to the Office for Civil Rights, 12/19/2002).
- 5) Let your supervisor know promptly if a breach occurs that may have decreased the privacy of customer health information.
- 6) 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.

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.

ADDED 6/2/17

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

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>.

- 1) **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.**
- 2) Access to ePHI is granted only to individuals authorized.
- 3) Washoe County Health District (WCHD) computer equipment should only be used for authorized purposes in the pursuit of accomplishing your specific duties.
- 4) Disclosure of ePHI via electronic means is strictly forbidden without appropriate authorization.
- 5) Installation of software without prior approval is prohibited.
- 6) 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.
- 7) All WCHD computer systems are subject to audit.
- 8) All computers should be manually locked, locked via a screen saver, or logged off when unattended.
- 9) Computer screens with ePHI or confidential data should not be viewable by the public.
- 10) Shut down your computer when you leave for an extended period of time
- 11) You must access WCHD information utilizing your username and password!
- 12) Password sharing is not permitted.
- 13) Maintain your password in a secure and confidential manner.
- 14) Let your supervisor know promptly if an electronic breach occurs that may have decreased the privacy of client health information.
- 15) Upon resignation, termination or transfer of employee all WCHD network and PC access is terminated, all ePHI and computer equipment should be retrieved.

Added 6/2/17

DESCRIPTION:

The Washoe County Health District as a department within Washoe County and in accordance with Section 6 C, D, and E. of the Interlocal Agreement establishing the Health District – follows all Washoe County Human Resources policies and procedures.

- Information on Job Opportunities, Job Specifications and Salaries, Recruitment and Selection Process, Governance, Diversity and Student Initiatives can be found at: <https://www.washoecounty.us/humanresources/index.php> under **“Careers”**
- Information on Health Benefits, Retirement Planning, Employee Assistance Program, Supplemental Benefits, Continuing Education, Other Benefits, Washoe County Retirees (History of the Retiree Program), Worker’s Compensation, Telemedicine and Special Notices can be found at: <https://www.washoecounty.us/humanresources/index.php> under **“Benefits”**
- Information on Labor Relations and Associations can be found at: <https://www.washoecounty.us/humanresources/index.php> under **“Labor Relations”**
- Information on Policies & Guidelines and Forms is located at: <https://www.washoecounty.us/humanresources/index.php> under **“Policies”**
- Information on Manager’s Toolkits, EPS Programs, New Employee info and the Learning Center can be found at: <https://www.washoecounty.us/humanresources/index.php> under **“Learning and Development”**
- The Human Resources Mission Statement, Merit Personnel System, Governance and the Washoe County Remuneration Study are located at: <https://www.washoecounty.us/humanresources/index.php> under **“About HR”**
- In the section under “About HR” there is a FAQ tab that provides information to staff on many of the Frequently Asked Questions. <https://www.washoecounty.us/humanresources/index.php>

Added 9/11/19

20 - 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 Officer.

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.

EXTERNAL EMPLOYMENT - 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.

INCOMPATIBLE ACTIVITIES (Continued)

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.

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 7/10/19

21 - 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

22 - 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

23 - LICENSURE/CERTIFICATION/REGISTRATION RENEWAL PROCESS

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

24 - 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

25 - MEDIA POLICY

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.

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

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

MEDIA POLICY (Continued)

- 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:

1) General

- a) **All communication with the media shall be coordinated as follows:**
 - i) **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.
 - ii) **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.**
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.

MEDIA POLICY (Continued)

- e) The Communications Manager will help determine if, and/or ensure that:
 - i) The WCHD is the appropriate agency to initiate communication with, or respond to, a media inquiry
 - ii) Key WCHD messages are identified
 - iii) Message development is consistent with similar, previous, and forthcoming WCHD messages and inter-divisional efforts and, if not, changes are appropriately explained
 - iv) 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
 - v) The most appropriate WCHD subject matter expert serves as the spokesperson for the identified topic or issue, depending upon availability
 - vi) Language interpreters are appropriate, needed and available
 - vii) The WCHD is in compliance with all federal and state patient/client privacy regulations (e.g., HIPAA)
 - viii) The media deadline can be met
 - ix) The spokesperson and media representative both have received appropriate preparation
 - x) 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.

- 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.

2) 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.

3) 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:

- i. All County employees
- ii. All WCHD employees
- iii. District Board of Health members
- iv. Washoe County, Reno, Sparks, Nevada State government officials
- v. 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:

- i. Interviewee/spokesperson
- ii. District Health Officer
- iii. Administrative Assistant to the District Health Officer
- iv. WCHD Division Directors
- v. Administrative Health Services Administrative Assistant I
- vi. Administrative Secretary Supervisors (to inform support staff, who might receive related calls)
- vii. WCHD Communications Manager and designees
- viii. 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.

4) 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:
 - i. Interviewee/spokesperson
 - ii. District Health Officer
 - iii. WCHD Division Directors
 - iv. District Board of Health Members
 - v. Health District Communications Manager or designees
 - vi. Any Health District employee quoted and/or listed as part of the encounter
 - vii. 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

26 - 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

27 - PERSONAL APPEARANCE

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,

PERSONAL APPEARANCE (Continued)

- 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.

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

28 - PERSONAL ELECTRIC OR ELECTRONIC USE (PEEU)

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:

<https://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

29 - 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

30 - 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.

PHOTOCOPYING (Continued)

Also see Washoe County Internet and Intranet Acceptable Use Policy concerning de minimis use.

https://www.washoecounty.us/humanresources/files/hrfiles/TS_Internet_and_Intranet_Acceptable_Use_Policy_6_28_%202011.pdf

Updated 4/29/15

31 - 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 **(which are not required by their position or supervisor)** 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.

Employees are to enter short text in the payroll system for all Overtime or Comp Time Earned. The short text must state the reason the extra hours were needed/worked. The short text should provide justification for all Overtime and Comp Time Earned.

Updated 9/3/19

32 - RECORDING OF TIME – TIMECARDS - UPDATED

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

RECORDING OF TIME - TIMECARDS (Continued)

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 provide ~~written~~ approval to the department's HR Representative. **If the Supervisor or designated substitute is unavailable, the HR Representative can approve the additional compensation. The HR Representative will follow up with the Supervisor by sending a screen shot of the approved hours to the Supervisor(s) for their review. If the entries are not accurate the Supervisor can have the HR Representative make any necessary adjustments or wait and instruct the employee to make the necessary adjustments after payroll has reopened.**

Updated 9/3/19

33 - RECORDS RETENTION

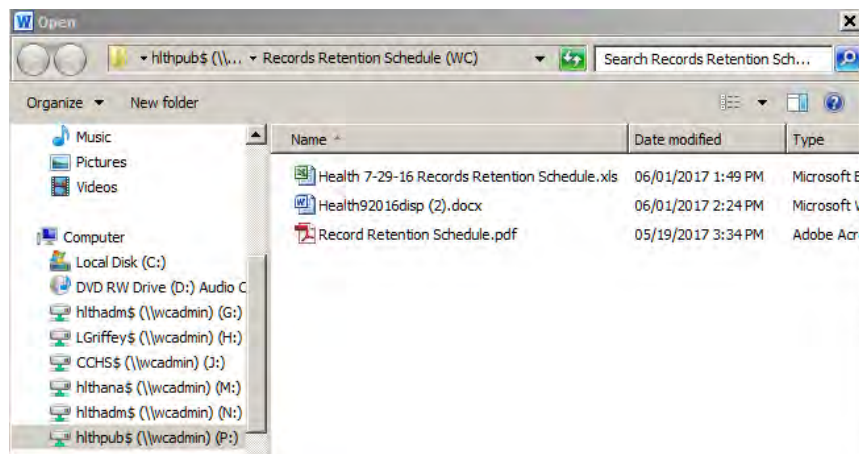
DESCRIPTION:

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

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) 785-4184 Vital Statistics (Birth/Death records)
Fax (775) 785-4186 Community & Clinical Health Services
healthweb@washoecounty.us

If within three working days of receiving payment for a permit staff determines the customer was not required to have a permit, a full refund including the 4% Regional Technology Fee, will be given. All other 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.

Refunds for amounts less than \$5.00 will not be paid per Washoe County Code 15.435 and NRS 354.220-354.240.

REFUND POLICY (Continued)

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 9/17/19

35 – SECURITY

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:

- 1) 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.
 - a) Do not allow non-employees to enter a security door ahead or behind you.
 - b) 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.
- 2) 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.
- 3) Any problems with ID Badges and security access should be reported to the Health District HR Representative immediately.
- 4) 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.

- 1) 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.
- 2) All equipment using Air Watch software can be remotely locked by IT.
- 3) 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.
- 4) 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://eww/comptroller/Pages/CLAIMS.aspx>

New 8/2/17

36 - SIGNATURES – CONTRACTS - UPDATED

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 and Board of County Commissioners. 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~~ 6/28/18 #6I)

Given that Grant Awards are contracts the District Health Officer is authorized to accept and execute sub-awards that don't exceed a cumulative amount of \$100,000.

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 9/17/19

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

The Administrative Health Services Officer may sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests (approved by DBOH 9/27/18 #6E).

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.

Updated 9/11/19

38 - 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

39 - 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.

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 Administrative Health Services (AHS) Fiscal Team Office Assistant** 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 AHS Fiscal Team Office Assistant** or the person covering that position; (form located on eww.health under Forms & Info, HR Forms & Info, Risk Management forms <http://eww/comptroller/Pages/CLAIMS.aspx> (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/pdf/forms/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 Administrative Health Services** Officer, who will advise Risk Management.

Updated 9/11/19

APPENDIX LINKS/FORMS - UPDATED

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://eww/health/Shared%20Documents/2017%20Infection%20and%20BBP%20Plan%20-%20with%20appendices.pdf>
- **Labor Relation/Employee Association Contracts:**
<https://www.washoecounty.us/humanresources/laborrelations.php>
- **Washoe County Internet and Intranet Acceptable Use Policy:**
<https://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](http://intranet.washoecounty.us/comptroller/Accounts%20Payable%20Forms/Accounts%20Payable%20Manual%20(2).pdf) (click OK when box appears)
- Washoe County Internal Control Procedures Manual:
<http://eww/comptroller/Accounting/Washoe%20County%20Internal%20control%20Procedures%20Manual.pdf#search=internal%20control%20procedure%20manual>
(click OK when box appears)
- Washoe County Grant Management Policy Manual:
<http://eww/manager/Grants%20Documents/Grants%20Manual%202016.pdf#search=manager%20grants%20documents%20grants%20manual>
- Washoe County Pro Card User Guide:
http://intranet.washoecounty.us/comptroller/_layouts/15/WopiFrame.aspx?source=doc=/comptroller/Purchasing%20Forms/Washoe%20County%20ProCard%20User%20Guide%20-%20March%202017.docx&action=default&DefaultItemOpen

APPENDIX (Continued)

- Washoe County Purchasing Manual :
[http://eww/comptroller/Purchasing%20Forms/PURCHASING%20MANUAL%20UPDATE%20October%202018%20\(1\).pdf#search=purchasing%20manual](http://eww/comptroller/Purchasing%20Forms/PURCHASING%20MANUAL%20UPDATE%20October%202018%20(1).pdf#search=purchasing%20manual)

Appendix C: Plans

- Health District Emergency **Management Operations** Plan:
<http://eww/health/Shared%20Documents/Emergency%20Operations%20Plan.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://intranet.washoecounty.us/health/_layouts/15/WopiFrame.aspx?sourcedoc=/health/Shared%20Documents/Evacuation%20Procedures.docx&action=default
- Washoe County Health District Active Shooter (10/22/14):
http://intranet.washoecounty.us/health/_layouts/15/WopiFrame.aspx?sourcedoc=/health/Shared%20Documents/Active%20Shooter.docx&action=default
- Washoe County Health District Emergency Action Plan:
<http://intranet.washoecounty.us/health/Shared%20Documents/Emergency%20Action%20Plan.pdf>

Appendix D: Forms & Policies

- Customer Conduct Policy (Washoe County Health District Policy) - Click on the link then choose Customer Conduct policy from the list.
http://intranet.washoecounty.us/health/Pages/Policies_Procedures.aspx
- Customer/Client Rights (Discrimination and Harassment) - Click on the link then choose Customer Rights Discrimination Harassment
http://intranet.washoecounty.us/health/Pages/Policies_Procedures.aspx
- Customer Suspension Policy (Washoe County Health District Policy) - Click on the list then choose Customer Suspension Policy.
http://intranet.washoecounty.us/health/Pages/Policies_Procedures.aspx

APPENDIX (Continued)

- **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)

Updated 10/07/19

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.

APPENDIX D Form (Continued)

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.

Appendix D Form - Customer/Client Rights (Continued)

- 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.

Created October 2012

**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

Scott Oxarart, Communications Manager

1001 E. Ninth St. | Reno, NV 89512

O: 775-328-2414 | C: 775-276-1021 | soxarart@washoecounty.us | www.washoecounty.us/health

Nevada public health authorities recommend ceasing of e-cigarette, vaping product use

3 deaths reported in U.S. from severe pulmonary disease linked to vaping

Sept. 6, 2019 – Carson City Health and Human Services, Southern Nevada Health District and Washoe County Health District are warning the public of the potential for severe lung illness associated with the use of electronic cigarettes (e-cigarettes). The public health authorities are advising people not to use vaping products and e-cigarettes. These products should never be used by youth, young adults, pregnant women, and people who do not currently use tobacco products.

The Centers for Disease Control and Prevention (CDC) reported 450 potential cases and three deaths associated with severe lung illness. At this time, investigators have not identified any specific product or compound that is linked to all cases; however, all patients have reported e-cigarette product use or vaping. In many cases, but not all, patients reported recently using products containing tetrahydrocannabinol (THC).

There have been no reported cases in Nevada. The public health authorities will work with health care providers to investigate suspected cases in respective jurisdictions.

The patients who have been hospitalized have reported experiencing a gradual start of symptoms, including:

- Respiratory symptoms (cough, shortness of breath, or chest pain)
- Gastrointestinal symptoms (nausea, vomiting, or diarrhea)
- Non-specific symptoms (fatigue, fever, or weight loss)

The Nevada health authorities advise people who use e-cigarettes to seek medical care right away if any of these symptoms are experienced. People seeking help quitting tobacco products, including e-cigarettes, can contact the Nevada Tobacco Quitline at 1-800-Quit-Now. Additional information for the public includes:

- Never buy these products off the street
- Avoid modifying e-cigarette products or adding any substances to products
- If you need help quitting tobacco products, call 1-800-Quit-Now.

Finally, the FDA encourages the public to submit detailed reports of any unexpected tobacco or e-cigarette-related health product issues at its Safety Reporting Portal or by calling 1-800-222-1222.

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Updated 10/7/19

MEDIA CONTACT

Scott Oxarart, Communications Manager

1001 E. Ninth St. | Reno, NV 89512

O: 775-328-2414 | C: 775-276-1021 | soxarart@washoecounty.us | www.washoecounty.us/health

Media Advisory: Sen. Ratti, Sheriff Balaam among speakers at Behavioral Health Forum

Wednesday Forum to Discuss Ideas to Tackle Behavioral Health Crisis

Reno, Nev. Oct. 1, 2019 – Media are invited to attend the More Powerful Together – Behavioral Health Forum on Wednesday at 8:30 a.m. at the Washoe County Commission Chambers. Breakfast treats and coffee will be available at 8 a.m. Interviews will be available for all speakers after the event.

Experts in the field will speak in this public forum to discuss why we're in a behavioral health crisis, what's being done right now in our community and how together we can help tackle this crisis.

Who:

- Nevada Senator Julia Ratti
- Washoe County Sheriff Darin Balaam
- Dr. Kristen Davis-Coelho, Northern Nevada Hopes, Chief Behavioral Health Officer
- Amber Howell, Director, Washoe County Human Services
- Kristen McNeill, Interim Superintendent, Washoe County School District & TMHC Member
- Kindle Craig, Senior Director, Renown Institutes & TMHC Board Vice Chair

What: More Powerful Together – Behavioral Health Forum

When: Wednesday, Oct. 2, 2019. Doors open at 8 a.m.; program goes from 8:30 to 11 a.m.

Where: Washoe County Commission Chambers, 1001 E. Ninth St., Building A

Why: The public's input on how to solve the behavioral health crisis is paramount, and dialogue between them and experts in our community is one step forward in addressing the issue.

Media contacts: Interviews will be conducted upon request after the event.

Scott Oxarart

Washoe County Health District, Communications Manager

soxarart@washoecounty.us

The event is hosted by the Truckee Meadows Healthy Communities' Behavioral Health Council in partnership with Renown Health and Washoe County Health District.

The Washoe County Health District has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making Washoe County District Board of Health. The District consists of five divisions: Administrative Health Services, Air Quality Management, Community and Clinical Health Services, Environmental Health Services and Epidemiology & Public Health Preparedness. [To learn more, visit our website.](#)

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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: _____

OFFICE OF THE DISTRICT HEALTH OFFICER
1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
ODHO Office: 775-328-2416 | Fax: 775-328-3752 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.





Please contact Laurie Griffey for questions or comments at, lgriffey@washoecounty.us

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health

FROM: Jennifer Hoekstra, Fiscal Compliance Officer
775-328-2418, jhoekstra@washoecounty.us

SUBJECT: Approve Agreement between Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$180,000 for the period January 1, 2020 to June 30, 2021 in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District; authorize the Chair or the Board designee to execute the Agreement and related documents.

SUMMARY

Recommendation to approve the Professional Services Agreement between Washoe County Health District and Keep Truckee Meadows Beautiful. The Health District currently has an agreement with KTMB due to expire December 31, 2019. The new Professional Services Agreement with Keep Truckee Meadows Beautiful in support of the Recycling and Solid Waste Plan program activities on behalf of the Environmental Health Services Division of WCHD in the amount of \$180,000 for period January 1, 2020 through June 30, 2021 requires the District Board of Health approval.

District Health Strategic Priorities supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

On October 25, 2018, the District Board of Health approved the purchase requisition to the County Purchasing Department for the Professional Services Agreement between the Washoe County Health District (WCHD) and Keep Truckee Meadows Beautiful (KTMB) in the amount of \$100,000 for the period of January 1, 2019 through December 31, 2019.

BACKGROUND

The Washoe County Health District proposed to continue to partner with Keep Truckee Meadows Beautiful (KTMB) a 501 (c)(3) organization that specialized in waste reduction, illegal dumping, open space clean ups and public outreach. They have conducted these activities in Washoe County since 1989 as the only organization dedicated solely to helping keep our community clean and free of garbage, trash and litter while promoting recycling and proper waste management practices.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Subject: DBOH Approval for KTMB agreement and purchase requisition

Date: October 24, 2019

Page 2 of 2

Washoe County Health District (WCHD) has contracted with Keep Truckee Meadows Beautiful (KTMB) for the past five years as part of regional efforts to promote proper management of waste streams, improving recycling rates and educating the community on the importance of reusable products, recycling and waste minimization activities. Under the contract, KTMB completes a large range of activities associated with illegal dumping such as organizing and chairing meeting and clean up events, promoting how to report illegal dumping and how to properly dispose of wastes.

In this calendar year, KTMB has continued to facilitate Adopt-A-Spot cleanups, continuing to secure adopters for the Adopt-A-Spot program and continues to coordinate cleanups. KTMB planted over 5,000 flowers and removed 1600 musk thistle along with the trail work conducted on Bitterbrush/Nature Trails. KTMB conducted public events that touched over 600 individuals who received the 329-DUMP Hotline and WCSO app information. KTMB had social media posts of KTMB Recycling Guide and Illegal Dumping receiving over 10,000 views. KTMB's recycling Guide continues to be published in the Reno News & Review. KTMB's Waste Warrior's education program visited 6 classrooms in June, engaging 353 students and adults about the 3Rs and Illegal Dumping. KTMB partnered with Artown for Plastic Free July, operating Hydration Stations 11 days in July to provide an alternative to plastic water bottle consumption.

FISCAL IMPACT

No fiscal impact. There is sufficient budget authority in the Solid Waste Management Program's restricted funds account IN20269.

RECOMMENDATION

Staff recommends that the District Board of Health approve the Agreement between the Washoe County Health District and Keep Truckee Meadows Beautiful in the amount of \$180,000 for the period January 1, 2020 through June 30, 2021 in support of the Recycling and Solid Waste Management Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District.

POSSIBLE MOTION

Move to approve the Agreement between Washoe County Health District and Keep Truckee Meadows Beautiful in the amount of \$180,000 for the period January 1, 2020 through June 30, 2021 in support of the Recycling and Solid Waste Management Plan program activities on behalf of the Environmental Health Services Division of the Washoe County Health District.

**PROFESSIONAL SERVICES AGREEMENT
WASHOE COUNTY HEALTH DISTRICT
Solid Waste Reduction and Recycling Program**

This Professional Services Agreement for the Washoe County Health District is entered into this ___ day of _____, 2019 and effective on January 1, 2020 between Keep Truckee Meadows Beautiful (KTMB) ("Contractor") and Washoe County Health District (WCHD).

WITNESSETH:

WHEREAS, WCHD desires to engage the CONTRACTOR to provide Solid Waste Reduction and Recycling Services for the Washoe County Health District.

NOW, THEREFORE, the parties mutually agree as follows:

- (1) **Employment of Consultant.** WCHD agrees to engage the CONTRACTOR and the CONTRACTOR agrees to perform the services described in their proposal and incorporated into this Agreement as Exhibit B.
- (2) **Time of Performance.** The services to be performed by the CONTRACTOR shall be completed no later than June 30, 2021 unless the WCHD and/or its authorized representative shall approve an extension in writing.
- (3) **Compensation.** The WCHD agrees to pay the CONTRACTOR pursuant to CONTRACTOR'S proposal in an amount not to exceed \$180,000.00 and to be paid in evenly distributed monthly installments from January 1, 2020 to June 30, 2021. A monthly written report of the status of all objectives as outlined in the Exhibit B must be included for payment to be processed. CONTRACTOR agrees to complete the project and all services for not more than the agreed upon sum.
- (4) **Method of Payment.** The CONTRACTOR shall bill monthly for the percent of the agreement completed as described in CONTRACTOR'S Cost Proposal. Total payments shall not exceed the amount shown in (3) above. WCHD shall promptly review and pay invoices within thirty (30) days of approval and acceptance by WCHD.
- (5) **Changes.** WCHD may from time to time require changes in the scope of services of the CONTRACTOR to be performed. Any changes to the scope of services provided shall be mutually agreed upon and shall be made in writing by the parties. Any resulting change in compensation must be stated in writing.
- (6) **Services and Materials to be Furnished by WCHD.** WCHD shall cooperate with the CONTRACTOR in carrying out the work required by this Agreement.

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

WCHD shall provide adequate staff for liaison with the CONTRACTOR but all services as required by this Agreement shall be provided by the CONTRACTOR.

- (7) **Termination of Agreement.** Either party may terminate this Agreement without cause or penalty by written notice. A Notice of Termination will be deemed effective 5 days after personal delivery or 7 days after mailing by U.S. Mail, postage prepaid. In the event of termination CONTRACTOR shall submit to WCHD all files, memoranda, documents, correspondence and other items generated in the course of performing this Agreement within 15 days after the effective day of any written Notice of Termination. In the event of any termination, the CONTRACTOR will be paid for all services satisfactorily rendered to the date of such termination but such sums paid hereunder will not be greater than the sum listed in paragraph 3 above.
- (8) **Information and Reports.** The CONTRACTOR shall, at such time and in form as WCHD may require, furnish such periodic reports concerning the status of the project, such statements, and copies of proposed and executed plans and other information relative to project as may be requested by WCHD. The CONTRACTOR shall furnish WCHD, upon request, with copies of all documents and other material prepared or developed in relation with or as part of project.
- (9) **Records and Inspections.** CONTRACTOR shall maintain full and accurate records with respect to all matters covered under this Agreement for a period of one year after the completion of the project. WCHD shall have free access at all proper times to such records, and the right to examine and audit the same and to make transcripts there from, and to inspect all program data, documents, proceedings, and activities.
- (10) **Completeness of Contract.** Except as otherwise provided, this Agreement and any additional or supplementary document(s) that are incorporated by specific reference contain all the terms and conditions agreed upon by the parties. No other agreements, oral or otherwise, predating the subject matter of this contract or any part of it shall have any validity or bind any of the parties. Only properly executed amendments shall alter the content of the Agreement.
- (11) **COUNTY Not Obligated to Third Parties.** WCHD shall not be obligated or liable to any party other than the CONTRACTOR.
- (12) **When Rights and Remedies Not Waived.** In no event shall the making by WCHD of any payment to the CONTRACTOR constitute or be construed as a waiver by WCHD of any breach of covenant, or any default which may exist on the part of the CONTRACTOR and the making of any such payment by WCHD while any such breach or default shall exist in no way impairs or prejudices any right or remedy available to WCHD in respect to such breach or default.

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

- (13) **Indemnification and Insurance.** WCHD has established specific indemnification and insurance requirements for contracts with consultants, to help assure that reasonable insurance coverage is maintained. Indemnification and hold harmless clauses are intended to assure that consultants are aware of and accept responsibility for losses or liabilities related to their activities. All conditions and requirements for insurance and indemnification are set forth in Exhibit A, which is attached and incorporated into this Agreement by this reference, and said conditions and requirements shall be completed prior to the commencement of any work pursuant to this Agreement. The indemnity provisions of Exhibit A shall survive termination or expiration of this Agreement.
- (14) **Rights of Title.** All source code, reports, programs, manuals, disks, tapes, and any other material prepared by or worked upon by CONTRACTOR's employees under this Professional Services Contract shall be the exclusive property of WCHD, and WCHD shall have the right to obtain from CONTRACTOR and/or CONTRACTOR's employees, and to hold in WCHD's name copyrights, trademark registrations, patents, or whatever protection WCHD may deem appropriate to the subject matter. CONTRACTOR agrees to give to WCHD all assistance reasonably required to perfect the rights herein above defined.
- (15) **Personnel.** The CONTRACTOR has all personnel required in performing the services under this Agreement. All of the services required will be performed by the CONTRACTOR or under CONTRACTOR'S supervision, and all personnel engaged in the work shall be qualified to perform such services. CONTRACTOR represents that it has no interest and agrees that it will acquire no interest, direct or indirect, that would conflict in any manner with the performance of the services under this Agreement. CONTRACTOR further agrees that, in the performance of this Agreement, no person having any such interest will be employed. CONTRACTOR also agrees by signing this Agreement to the following: Consultant, its principals and agents, to the best of its knowledge and belief:
- a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b) Have not within a three year period preceding this Agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (ii) above;

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

- d) Have not within a three-year period preceding this Agreement had one or more public transactions (Federal, State, or local) terminated for cause or default; and
 - e) Understand that a false statement on this certification may be grounds for rejection or termination of this Agreement. In addition, under 18 USC Sec. 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to 5 years, or both.
- (16) **Assignability.** The parties hereby agree that Consultant may not assign, convey or transfer its interest, rights and duties in this Agreement without the prior written consent of WCHD.
- (17) **Notices.** Any notices, bills, invoices, or reports required by this Agreement shall be sufficient if delivered in person or sent by the parties in the United States mail, postage paid, to the addresses noted below:
- To WCHD:
- Wes Rubio, EHS Supervisor
C/O Washoe County Health District
PO Box 11130
Reno NV 89520
- To CONTRACTOR: Christi Cakiroglu, Executive Director
Keep Truckee Meadows Beautiful
2601 Plumas Street
Reno NV 89509
- (18) **Limited Liability.** WCHD will not waive and intends to assert available defenses and limitations contained in Chapter 41 of the Nevada Revised Statutes. Contract liability of both parties shall not be subject to punitive damages. Actual damages for WCHD's breach of this Agreement shall never exceed the amount of funds that have been appropriated for payment under this Agreement, but not yet paid, for the fiscal year budget in existence at the time of the breach.
- (19) **Severability.** Any provision in this Agreement that is prohibited or unenforceable under state or federal law shall be ineffective to the extent of such prohibitions or unenforceability, without invalidating the remaining provisions hereof. Also, the non-enforcement of any provision by either party to this Agreement shall not constitute a waiver of that provision, nor shall it affect the enforceability of that provision or the remainder of this Agreement.

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

- (20) **Governing Law And Venue.** The laws of the State of Nevada shall govern this Agreement. All parties consent to the personal jurisdiction of the state court in Washoe County, Nevada and to the service of process by any means authorized by such court or under the laws of the State of Nevada. The exclusive venue of any action or proceeding arising out of or in connection with this Agreement shall be Washoe County, Nevada.
- (21) **Non-Appropriation Clause.** The WCHD may terminate its participation in this Agreement, effective immediately upon receipt of written notice on any date specified if for any reason the WCHD's funding source is not appropriated or is withdrawn, limited, or impaired. The WCHD will make every reasonable effort to ensure payment for services rendered by the Contractor.

IN WITNESS WHEREOF, WCHD and the CONTRACTOR have executed this agreement as of the date first written above.

<p>WASHOE COUNTY DISTRICT BOARD OF HEALTH CHAIR OR DESIGNEE</p> <p>By: _____</p> <p>Date: _____</p>	<p>CONSULTANT</p> <p>By: _____</p> <p>Title: _____</p> <p>Date: _____</p>
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**INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS FOR
CONSULTANT SERVICE AGREEMENTS**

INDEMNIFICATION

CONTRACTOR Liability

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

As respects acts, errors or omissions in the performance of CONTRACTOR services, CONTRACTOR agrees to indemnify and hold harmless Washoe County, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability to the extent caused by CONTRACTOR'S negligent acts, errors or omissions in the performance of its CONTRACTOR services under the terms of this agreement.

CONTRACTOR further agrees to defend Washoe County and assume all costs, expenses and liabilities of any nature to which Washoe County may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of CONTRACTOR or its Sub-consultant in the performance of their CONTRACTOR services under the Agreement.

General Liability

As respects all acts or omissions which do not arise directly out of the performance of CONTRACTOR services, including but not limited to those acts or omissions normally covered by general and automobile liability insurance, CONTRACTOR agrees to indemnify, defend and hold harmless Washoe County, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, or liability arising out of any acts or omissions of CONTRACTOR while acting under the terms of this agreement; excepting those which arise out of the negligence of Washoe County.

In determining the nature of the claim against Washoe County, the incident underlying the claim shall determine the nature of the claim, notwithstanding the form of the allegations against Washoe County.

GENERAL REQUIREMENTS

Washoe County requires that CONTRACTOR purchase Industrial Insurance (Workers' Compensation), General and Auto Liability, and CONTRACTOR'S Errors and Omissions Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work here under by CONTRACTOR, its agents, representatives, employees or Sub-consultants. The cost of all such insurance shall be borne by CONTRACTOR.

INDUSTRIAL INSURANCE

It is understood and agreed that there shall be no Industrial Insurance coverage provided for CONTRACTOR or any Sub-consultant by Washoe County. CONTRACTOR agrees, as a precondition to the performance of any work under this Agreement and as a precondition to any obligation of the Washoe County to make any payment under this Agreement to provide Washoe County with a certificate issued by an insurer in accordance with NRS 616B.627 and NRS 617.210.

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

If CONTRACTOR or Sub-consultant is a sole proprietor, coverage for the sole proprietor must be purchased and evidence of coverage must appear on the Certificate of Insurance. Such requirement may be waived for a sole proprietor who does not use the services of any employees, subcontractors, or independent contractors and completes an Affirmation of Compliance pursuant to NRS 616B627.

Should CONTRACTOR be self-funded for Industrial insurance, CONTRACTOR shall so notify Washoe County in writing prior to the signing of any agreement. Washoe County reserves the right to approve said retentions and may request additional documentation, financial or otherwise for review prior to the signing of any agreement.

MINIMUM LIMITS OF INSURANCE

CONTRACTOR shall maintain coverages and limits no less than:

1. General Liability: \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit or revised to apply separately to this project or location.
2. Automobile Liability: \$500,000 combined single limit per accident for bodily injury and property damage. No aggregate limit may apply.
3. CONTRACTOR Errors and Omissions Liability: \$1,000,000 per occurrence and as an annual aggregate. Premium costs incurred to increase CONTRACTOR'S insurance levels to meet minimum contract limits shall be borne by the CONTRACTOR at no cost to the Washoe County.

CONTRACTOR will maintain CONTRACTOR liability insurance during the term of this Agreement and for a period of three (3) years from the date of substantial completion of the project. In the event that CONTRACTOR goes out of business during the term of this Agreement or the eighteen (18) month **period described above**, CONTRACTOR shall purchase Extended Reporting Coverage for claims arising out of CONTRACTOR'S negligent acts, errors and omissions committed during the term of the CONTRACTOR Liability Policy.

Should Washoe County and CONTRACTOR agree that higher CONTRACTOR Coverage limits are needed warranting a project policy, project coverage shall be purchased and the premium for limits exceeding the above amount shall be borne by Washoe County. Washoe County retains the option to purchase project insurance through CONTRACTOR'S insurer or its own source.

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

Any deductibles or self-insured retentions must be declared to and approved by the Washoe County Risk Management Division prior to the start of work under this Agreement. Washoe County reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to executing the underlying agreement. Any changes to the deductibles or self-insured retentions made during the term of this Agreement or during the term of any policy must be approved by the Washoe County Risk Manager prior to the change taking effect.

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability Coverages

- a. Washoe County, its officers, agents, employees and volunteers are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of CONTRACTOR, including the insured's general supervision of CONTRACTOR; products and completed operations of CONTRACTOR; or premises owned, occupied or used by CONTRACTOR. The coverage shall contain no special limitations on the scope of protection afforded to the additional insureds, nor shall the rights of the additional insured be affected by the insured's duties after an accident or loss.
- b. CONTRACTOR'S insurance coverage shall be primary insurance as respects Washoe County, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by Washoe County, its officers, agents, employees or volunteers shall be excess of CONTRACTOR'S insurance and shall not contribute with it in any way.
- c. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to Washoe County, its officers, agents, employees or volunteers.
- d. CONTRACTOR'S insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
- e. CONTRACTOR'S insurance coverage shall be endorsed to state that coverage shall not be suspended, voided, canceled or non-renewed by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to Washoe County except for nonpayment of premium.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers with a Best's rating of no less than A-: VII. Washoe County with the approval of the Risk Manager may accept coverage with carriers having lower Best's ratings upon review of financial information concerning CONTRACTOR and insurance carrier. Washoe County reserves the right to require that the CONTRACTOR'S insurer be a licensed and admitted insurer in the State of Nevada, or on the Insurance Commissioner's approved but not admitted list.

VERIFICATION OF COVERAGE

CONTRACTOR shall furnish Washoe County with certificates of insurance and with original endorsements affecting coverage required by this exhibit. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates are to be on forms approved by Washoe County. **All certificates and endorsements are to be addressed to the specific COUNTY contracting department and be received and approved by County before work commences.** Washoe County reserves the right to require complete, certified copies of all required insurance policies, at any time.

SUB-CONSULTANTS

CONTRACTOR shall include all Sub-consultants as insureds under its policies or furnish separate certificates and endorsements for each Sub-consultant. Sub-consultant shall be subject to all of the requirements stated herein.

MISCELLANEOUS CONDITIONS

1. CONTRACTOR shall be responsible for and remedy all damage or loss to any property, including property of Washoe County, caused in whole or in part by CONTRACTOR, any Sub-consultant, or anyone employed, directed or supervised by CONTRACTOR.
2. Nothing herein contained shall be construed as limiting in any way the extent to which CONTRACTOR may be held responsible for payment of damages to persons or property resulting from its operations or the operations of any Sub-consultants under it.
3. In addition to any other remedies Washoe County may have if CONTRACTOR fails to provide or maintain any insurance policies or policy endorsements to the extent and within the time herein required, Washoe County may, at its sole option:

Washoe County Health District
Professional Services Agreement
Insurance and Indemnification Requirements
Exhibit A

- a. Order CONTRACTOR to stop work under this Agreement and/or withhold any payments which become due CONTRACTOR here under until CONTRACTOR demonstrates compliance with the requirements hereof;
- b. Terminate the Agreement.

Washoe County Health District
Professional Services Agreement
Contractor's Cost Proposal
Exhibit B

Washoe County Health District
Professional Services Agreement
For
Solid Waste and Recycling Work
With
Keep Truckee Meadows Beautiful
\$180,000
January 1, 2020 - June 30, 2021

The following contract outlines current Keep Truckee Meadows Beautiful (KTMB) projects and programs that aid in Waste Removal and Waste Reduction activities aligned with the Solid Waste Management Program of the Environmental Health Services Division which acts as the Solid Waste Management Authority for Washoe County, Nevada:

Waste Removal

KTMB volunteer and community engagement waste removal programs

1. KTMB will maintain and grow their Adopt-A-Spot Program to engage local citizen groups, businesses, and organizations in waste removal volunteer activities around the community throughout the year. This includes KTMB's Adopt-A-Spot program, Neighborhood Cleanups, and Open Space Cleanups.
 - a. Continue to support local organizations that organize local community cleanup and collection events (4.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
2. KTMB will continue coordination and management of major seasonal cleanup related programs throughout our community. These community programs engage a large and diverse group of partners and stakeholders to improve the health and cleanliness of the Truckee Meadows. These major annual programs include KTMB's Litter Index Survey, KTMB's Great Community Cleanup, KTMB's Truckee River Cleanup and KTMB's Christmas Tree Recycling.
 - a. Continue to support local organizations that organize local community cleanup and collection events (4.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)

Waste Reduction

Recycling Guide & Illegal Dumping

1. KTMB will continue to leverage their position in the community to be a voice for education through the reach of their digital and traditional outreach mediums.

This outreach will raise awareness for proper waste disposal, ways to reduce waste, as well as information on decreasing and reporting illegal dumping.

- a. Work with nonprofits and other SWMAs to build a more comprehensive public education program regarding waste generation and how to possibly reduce it in WC and Nevada (2.3.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
2. KTMB will expand efforts to reach community members in a variety of settings through in-person outreach and education on Waste Reduction topics including proper disposal, alternatives to illegal dumping, and reporting abilities to eliminate illegal dumping in our community.
 - a. Develop educational materials to reduce wastes prior to generation; i.e., reduced packaging purchasing, reusing products, sending wastes back to the generators (3.6.A)
 - b. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)
3. KTMB will continue to expand their Waste Warriors Youth Education Program to reach local students with information on “the 5 R's Refuse, Reduce, Reuse, Recycle, Rot” .
 - a. Provide more support to KTMB for their local recycling and diversion efforts whether or not they are required to be permitted by the WMP (3.6.C)

Partner Engagement

1. KTMB will continue to collaborate with partners on the issues surrounding illegal dumping in our community.
 - a. Continue to monetarily support Keep Truckee Meadows Beautiful (for work surrounding illegal dumping and waste removal issues) (3.6.D)
 - b. Provide a framework to have the ongoing support of the IDTF (3.6.D)
2. KTMB will grow our outreach and engagement efforts with local businesses and partner organizations to encourage and enable sustainability practices, especially regarding waste reduction and diversion rates. KTMB will also provide recognition to businesses engaging in such efforts.
 - a. Partner with local businesses to bring more green initiatives and opportunities to local events and community programs (2.3.C)
 - b. Coordinate with local agencies and non-profit groups to address potential recycling and diversion strategies in the community to include commercial and industrial businesses outreach programs (3.6.C)
 - c. Determine barriers of commercial and industrial businesses to reduce waste generation or utilize waste reduction practices

Washoe County Health District
Professional Services Agreement
Contractor's Cost Proposal
Exhibit B

3. KTMB will continue to coordinate with Sustainability Partners in Northern Nevada (SPINN), the Waste Reduction Workgroup, and WCHD on waste reduction efforts and issues in our community.
 - a. Partner with other organizations and entities to compile resources and for consistent messaging regarding how to manage wastes, organize cleanups, and eliminate illegal dumping and waste storage prior to it becoming an issue in WC (4.6.A)
4. KTMB will continue providing education to local decision-makers on waste-related issues facing our community and lead a Solid Waste & Recycling Advisory Committee to inform Policy and Program Development.
5. KTMB will begin research on conducting a survey to gather info on the number of multifamily units in Washoe County, as well as a survey assessing current access and barriers to recycling. KTMB will also begin research on conducting a survey gathering information on commercial and industrial businesses to determine barriers to waste reduction and recycling.
 - a. Develop ways for multifamily dwellings to increase/ develop ways for them to participate in recycling (2.3.A)
 - b. Determine barriers of commercial and industrial businesses to reduce waste generation or utilize waste reduction practices (3.6.C)

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Rilite Aggregate Company Case No. 1217, Notice of Violation Citation No. 5779 with a \$3,380.00 negotiated fine.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation Citation (NOV) No. 5779 be **upheld** and a fine in the amount of **\$3,380.00** be levied against Rilite Aggregate Company (Rilite Aggregate) for operating a non-metallic mineral processing facility contrary to the conditions of the Permit to Operate. This is a **major violation** of the Washoe County District Board of Health (DBOH) Regulations Governing Air Quality Management, specifically Section 030.2175 Operations Contrary to Permit.

District Health Strategic Priority supported by this item:

2. Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

On December 13, 2018, the DBOH upheld uncontested NOV No. 5639 issued to Rilite Aggregate, Case No. 1207. The violation was issued to Rilite for failure to comply with DBOH Regulations Governing Air Quality Management Section 030.2175 Operations Contrary to Permit.

BACKGROUND

On September 16, 2019 at 10:39 a.m., while on routine patrol in the South Meadows area of Reno, Air Quality Specialist (AQS) Jeff Jeppson observed fugitive dust from Rilite Aggregate's non-metallic mineral processing facility located at 9208 Western Skies Drive. Specialist Jeppson noted the fugitive dust emissions were originating from multiple areas of the facility, including a large inactive slope on the east side of the facility; an active bench and haul road. Specialist Jeppson contacted Rilite Aggregate Plant Manager Mr. Joe Vietti, and informed him that the visible dust condition as stipulated in the Permit to Operate was potentially being violated and additional dust mitigation measures should be employed. Specialist Jeppson documented his observations through video and wind speed recordings, which were twenty-two (22) miles per hour from the southwest. Specialist Jeppson completed an EPA Method 22 evaluation (Visual Determination of Fugitive Emissions) in which in excess of more than (5) minutes of visible fugitive dust in any (1) hour period was documented. Exceeding this standard is a violation Condition No. 7 of the Permit to Operate No. AAIR16-0722 issued to Rilite Aggregate.

At approximately 12:01 p.m., Specialist Jeppson was dispatched back to Rilite Aggregate to investigate a complaint, specific to dust being observed blowing from multiple locations at Rilite Aggregate. At this time, AQS Jeppson documented fugitive dust originating primarily from the hillside composed of excavated materials on the eastern side of the facility. During this time period, Specialist Jeppson documented his observations utilizing video and wind speed recordings which were eighteen (18) miles per hour from the southwest. Specialist Jeppson completed an EPA Method 22 evaluation in which more than (5) minutes of visible fugitive dust in any (1) hour period was documented. This observation was determined to be a continuation of the violation observed earlier.

On September 18, 2019, Specialist Jeppson and Senior AQS Joshua Restori met with Mr. Vietti at Rilite Aggregate and discussed the violation of the Permit to Operate condition which had occurred on September 16, 2019. During the discussion, Mr. Vietti advised that the operation on the active bench had been shut down for the day on September 16th; however, the hillside where fugitive dust was observed could not be mitigated on that date due to safety concerns. During the discussion, AQS Jeppson advised Mr. Vietti that NOV No. 5779 was being issued to Rilite Aggregate for violation of Section 030.2175. By signing NOV No. 5779 Mr. Vietti indicated he understood the violation description and process to settle or appeal the violation.

On October 1, 2019, Senior Air Quality Specialist Joshua Restori conducted a negotiated settlement meeting for NOV No. 5779, attended by AQS Jeppson, Mr. Vietti and the President of Rilite Aggregate, Christopher Benna. Documentation of the violation was presented during the settlement meeting. Senior AQS Restori advised Messrs. Vietti and Benna that NOV No. 5779 was issued per Section 030.2175 for operating a non-metallic mineral processing facility contrary to Permit to Operate conditions, specifically Condition No. 7 of Permit to Operate AAIR16-0722. Senior AQS Restori further advised that operating the facility contrary to any of the conditions of the Permit to Operate is a major violation of the DBOH Regulations. After the discussion, Mr. Benna acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on October 1, 2019.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold an uncontested citation issued to Rilite Aggregate Company, Case No. 1217, Notice of Violation Citation No. 5779, with a \$3,380.00 negotiated fine.

ALTERNATIVE

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5779; or

2. The Board may determine to uphold Notice of Violation Citation No. 5779 and levy any fine in the range of \$0.00 to \$10,000.00 per day per violation.

POSSIBLE MOTION(S)

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Rilite Aggregate Company, Case No. 1217, Notice of Violation Citation No. 5779 with a \$3,380.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and the possible motion may be:

1. "Move to dismiss Case No. 1217, Notice of Violation Citation No. 5779, issued to Rilite Aggregate Company.", or
2. "Move to uphold case No. 1217, Notice of Violation Citation No. 5779, and levy a fine in the amount of (*range of \$0.00 to \$10,000.00*) per day for each violation, with the matter being continued to the next meeting to allow for Rilite Aggregate Company to be properly noticed."



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



VJJ

NOTICE OF VIOLATION

NOV 5779

DATE ISSUED: 9/18/19

ISSUED TO: Rilite Aggregate PHONE #: 775-329-8842

MAILING ADDRESS: 3025 Mill Street CITY/ST: Reno/NV ZIP: 89502

NAME/OPERATOR: Joe Vietti PHONE #: 775-303-0147

COMPLAINT NO. WCMP19-01355

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9/18/19 (DATE) AT 11:13 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: Condition of Operation: 7. Visible fugitive dust emissions must not exceed a period or periods accumulating more than 5 minutes in any hour - AQMD 040.030, Section C(1).

LOCATION OF VIOLATION: Rilite Aggregate, 9208 Western Skier Dr., Reno, NV

POINT OF OBSERVATION: East end of Banta Ave.

Weather: Mostly cloudy, Wind at ~20 mph Wind Direction From: N E (S) W

Emissions Observed: See EPA Method 22 forms. Date of observation: 9/16/19
 (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 9/18/19 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within at all 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: _____ Date: 9-18-2019

Issued by: _____ Title: AQS

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: October 1, 2019

Company Name: Rilite Aggregate Company

Address: 3025 Mill Street Reno, Nevada 89502

Notice of Violation # 5779 Case # 1217

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.2175 Operations contrary to Permit to Operate conditions: Permit to Operate AAIR16-0722 Condition No.7 Visible fugitive dust emissions must not exceed a period or periods accumulating more than 5 minutes in any hour - AQMD 040.030 Section C, (4)(a).

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 3380.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 24, 2019.

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

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

Christopher D Benna
Print Name

Joshua C. Estoni
Print Name

President
Title

Sr. AQS
Title

[Signature]
Witness

Witness



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

Company Name Rilite Aggregate
Contact Name Christopher Benna

Case 1217 NOV 5779 WVIO-AQM 19-0008

I. Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. Recommended/Negotiated Fine = \$ 3380

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

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 = \$ 3380


Air Quality Specialist

10/1/19
Date


Senior AQ Specialist/Supervisor

10/1/19
Date

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

Company Name Rilite Aggregate
 Contact Name Christopher Benna

Case 1217 NOV 5779 WVIO-AQM 19-0008

Violation of Section 030.2175 Operations contrary to Permit to Operate conditions

I. Base Penalty as specified in the Penalty Table = \$ 2500.00

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 1

Comment: Violation of Section 030.2175 constitutes a major violation per Section 020.040

2. Toxicity of Release

Criteria Pollutant – 1x
 Hazardous Air Pollutant – 2x Adjustment Factor 1.0

Comment: PM10 is a criteria pollutant

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

Negligible – 1x Moderate – 1.5x Significant – 2x Adjustment Factor 1.0

Comment: Negligible environmental/public health risk

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

B. Adjusted Base Penalty

Base Penalty \$ 2500.00 x Adjustment Factor 1 = \$ 2500.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 2500.00 x Number of Days or Units 1 = \$ 2500.00

Comment: One day of violations of Permit to Operate conditions observed

D. Economic Benefit

Avoided Costs \$ 0.00 + Delayed Costs \$ 0.00 = \$ 0.00

Comment: No avoided costs were associated with this violation

Penalty Subtotal

Adjusted Base Penalty \$ 2500.00 + Economic Benefit \$ 0.00 = \$ 2500.00

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

III. **Penalty Adjustment Consideration**

A. Degree of Cooperation (0 – 25%) - 10%

B. Mitigating Factors (0 – 25%) - 10%

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

Comment: Rilite Aggregate Company agreed to settle

C. Compliance History

No Previous Violations (0 – 10%) - 0%

Comment: Previous violations have been documented

Similar Violation in Past 12 months (25 - 50%) + 40%

Comment: NOV# 5639 on 09/27/2018, 030.2175

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

Comment: No similar violations in the past 3 years

Previous Unrelated Violation (5 – 25%) + 15%

Comment: NOV# 5404 on 01/29/2014, 030.000

Total Penalty Adjustment Factors – sum of A, B, & C 35%

IV. **Recommended/Negotiated Fine**

Penalty Adjustment:


\$ <u>2500.00</u>	x	<u>35%</u>	=	<u>875.00</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>2500.00</u>	+/-	\$ <u>875.00</u>	=	\$ <u>3380</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


 Air Quality Specialist

10/1/19
 Date


 Senior AQ Specialist/Supervisor

10/1/19
 Date

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005 Visible Emissions	1000	2500
040.030 Dust Control (fugitive)	1000	2000
040.035 Open Fires	500	1000
040.040 Fire Training	500	1000
040.050 Incinerator	1000	2000
040.051 Woodstoves	500	1000
040.055 Odors	1000	2000
040.080 Gasoline Transfer (maintenance)	1000	2000
040.200 Diesel Idling	500	1000
050.001 Emergency Episode	1000	2000
040.030 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	

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
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

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

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Lennar Reno, LLC Case No. 1218, Notice of Violation Citation No. 5749 with a \$1,910.00 negotiated fine.

SUMMARY

The Washoe County Air Quality Management Division (AQMD) staff recommends Notice of Violation Citation (NOV) No. 5749 be **upheld** and a fine in the amount of **\$1,910.00** be levied against Lennar Reno, LLC for allowing visible fugitive dust emissions for a period or periods accumulating more than (5) minutes in any hour. This is a **minor violation** of the Washoe County District Board of Health (DBOH) Regulations Governing Air Quality Management, specifically Section 040.030 C. 1. Visible Emission Prohibition.

District Health Strategic Priority supported by this item:

2. Healthy Environment – Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

On October 26, 2017, the DBOH upheld uncontested NOV No. 5655 issued to Lennar Reno LLC, Case No. 1197, for failure to comply with DBOH Regulations Governing Air Quality Management Section 040.030 Dust Control, C.1., Visible Emission Prohibition and E.2. Recordkeeping.

BACKGROUND

On September 16, 2019, while on routine patrol in Spanish Springs, Air Quality Specialist (AQS) Suzanne Dugger observed fugitive dust emissions from the Lennar Reno, LLC's Eagle Canyon Phase 4 Villages 3 & 5 project. Specialist Dugger observed fugitive dust originating from open land areas at the project where an excavator, rock truck and other construction equipment (owned by Campbell Construction Company), were operating. Upon arrival, Specialist Dugger noted neither a water truck nor other dust mitigation equipment was on-site. Specialist Dugger contacted Rob Poirier, Superintendent with Campbell Construction Company, to advise him of the issue and inquire as to dust mitigation at the site. Mr. Poirier stated he would dispatch a water truck to the site. Specialist Dugger immediately requested all dust generating activity at the site cease until the fugitive dust was under control. Specialist Dugger documented her observations through video and wind speed recordings, which were twenty-two (22) miles per hour from the south. Specialist Dugger completed an EPA Method 22 evaluation (Visual Determination of Fugitive Emissions) in which more than (5) minutes of visible fugitive

dust in any (1) hour period was documented. Exceeding this standard is a violation of the DBOH Regulations Governing Air Quality Management Section 040.030 C. 1.

On the same date, Specialist Dugger contacted the Director of Land Management for Lennar Reno, LLC, Tim Scheideman, and discussed the findings at Eagle Canyon Phase 4 Villages 3 & 5. During the discussion, Specialist Dugger advised Mr. Scheideman that NOV No. 5749 was being issued to Lennar Reno, LLC for violation of Section 040.030 C. 1. Mr. Scheideman was not available for signature at the time of issuance; however, he agreed to a settlement meeting for NOV No. 5749 with AQMD Staff for September 30, 2019.

On September 30, 2019 Senior AQS Joshua Restori conducted a negotiated settlement meeting attended by Specialist Dugger and Mr. Scheideman regarding NOV No. 5749. Documentation of the violation was presented during the settlement meeting at which time Senior AQS Restori advised Mr. Scheideman that NOV No. 5749 was issued for failing to comply with Section 040.030 C. 1., of the DBOH Regulations Governing Air Quality Management. Senior AQS Restori further advised per these regulations, any observation of visible fugitive dust emissions for a period or periods accumulating for more than (5) minutes in any (1) hour period is a violation. After the discussion, Mr. Scheideman acknowledged the violation and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on September 30, 2019.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold an uncontested citation issued to Lennar Reno, LLC, Case No. 1218, Notice of Violation Citation No. 5749, with a \$1,910.00 negotiated fine.

ALTERNATIVE

Should the Board wish to consider an alternative to upholding the Staff recommendation, as presented, the item should be pulled from the Consent Agenda for discussion. Possible alternatives are:

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5749; or
2. The Board may determine to uphold Notice of Violation Citation No. 5749 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

POSSIBLE MOTION(s)

Should the Board agree with Staff's recommendation, the motion would be:

1. "Move to uphold an uncontested citation issued to Lennar Reno, LLC, Case No. 1218, Notice of Violation Citation No. 5749 with a \$1,910.00 negotiated fine."

Or, should the Board wish to consider an alternative motion the item should be pulled from the Consent Agenda for discussion and the possible motion may be:

1. "Move to dismiss Case No. 1218, Notice of Violation Citation No. 5749, issued to Lennar Reno, LLC.", or
2. "Move to uphold Case No. 1218, Notice of Violation Citation No. 5749, and levy a fine in the amount of (*range of \$0.00 to \$1,000.00*) per day for each violation, 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



NOTICE OF VIOLATION

NOV 5749

DATE ISSUED: 9-16-2019 / 10-2-2019

ISSUED TO: LENNAR RENO, LLC PHONE #: 775-745-0049

MAILING ADDRESS: 10345 PROFESSIONAL CIR. SUITE 100 CITY/ST: RENO ZIP: 89521

NAME/OPERATOR: TIM SCHEIDEMAN PHONE #: 775-745-0049

COMPLAINT NO. WcMP19-01431 APCP18-0225

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 9-16-2019 (DATE) AT 9:55 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 ALLOWING FUGITIVE DUST FOR MORE THAN 5 MINUTES w/1 HOUR. VIDEO DOCUMENTION.

LOCATION OF VIOLATION: EAGLE CANYON PHASE 4 VILLAGES 3rd S. LANSTAR DR. SPANISH SPRINGS, NV.

POINT OF OBSERVATION: ON SITE @ EAGLE CANYON PHASE 4 VILLAGES 3rd S.

Weather: PARTLY CLOUDY 10-22 MPH S Wind Direction From: N E (S) W

Emissions Observed: VIDEO DOCUMENTED & METHOD 22
 (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 9-16-2019 (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: 9-30-2019

Issued by: [Signature] Title: AQS

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: September 30, 2019

Company Name: Lennar Reno, LLC

Address: 10345 Professional Circle Suite 100 Reno, Nevada 89521

Notice of Violation # 5749 Case # 1218

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. Visible Emissions Prohibition: The owner and/or operator of a source engaging in a dust generating activities shall not allow visible fugitive dust emissions for a period or periods accumulating more than 5 minutes in any hour.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1910.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 24, 2019.

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



Signature of Company Representative



Signature of District Representative

TIM SCHNEIDERMAN

Print Name

Joshua C. Rostori

Print Name

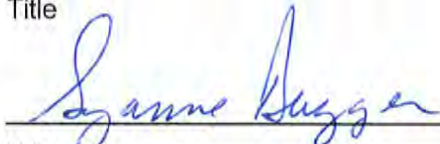
DIRECTOR OF LAND DEV.

Title

Sr. AQS

Title

Witness



Witness

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

Company Name Lennar Reno, LLC
Contact Name Tim Scheideman

Case 1218 NOV 5749 WVIO-AQM 19-0009

I. Violation of Section 040.030 Sec. C.1. (Fugitive Dust Emissions)

I. Recommended/Negotiated Fine = \$ 1910

II. Violation of Section 0

II. Recommended/Negotiated Fine = \$ 0

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 = \$ 1910


Air Quality Specialist

9-30-2019
Date


Senior AQ Specialist/Supervisor

9/30/19
Date

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

Company Name Lennar Reno, LLC
Contact Name Tim Scheideman

Case 1218 NOV 5749 WVIO-AQM 19-0009

Violation of Section 040.030 Sec. C.1. (Fugitive Dust Emissions)

I. Base Penalty as specified in the Penalty Table = \$ 1000.00

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.

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

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

Comment: Violation impacted adjacent residential area.

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

B. Adjusted Base Penalty

Base Penalty \$ 1000.00 x Adjustment Factor 0.75 = \$ 750.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 750.00 x Number of Days or Units 1 = \$ 750.00

Comment: One incident of violation observed

D. Economic Benefit

Avoided Costs \$ \$1,500.00 + Delayed Costs \$ 0.00 = \$ 1500.00

Comment: Cost of (2) water trucks @ \$750/Day.

Penalty Subtotal

Adjusted Base Penalty \$ 750.00 + Economic Benefit \$ 1500.00 = \$ 2250.00

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

Regulation	1st Violation	2nd Violation
040.005	Visible Emissions	1000
040.030	Dust Control (fugitive)	2000
040.035	Open Fires	500
040.040	Fire Training	500
040.050	Incinerator	1000
040.051	Woodstoves	500
040.055	Odors	1000
040.080	Gasoline Transfer (maintenance)	1000
040.200	Diesel Idling	500
050.001	Emergency Episode	1000
040.030	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

II. Major Violations - Section 020.040

Regulation	Violation	Source Category	
		Minimum	Maximum
030.000	Construction/Operating without Permit (per major process system or unit/day)	5000	10000
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

III. Major Violations - Section 030.107 Asbestos

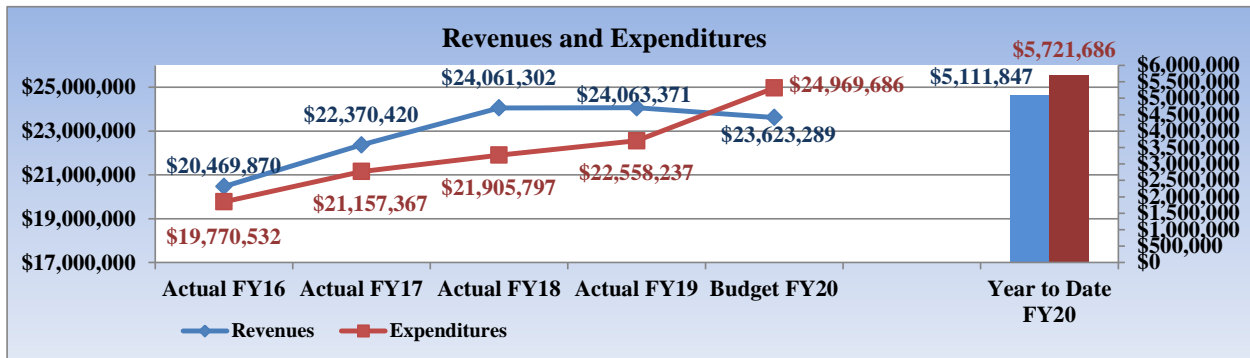
A. Asbestos Sampling & Notification	\$ 2,000 - \$10,000
B. Asbestos Control Work Practices (per day or event)	\$ 2,000 - \$10,000
C. Asbestos Containment & Abatement (per day or event)	\$ 5,000 - \$10,000

Staff Report
Board Meeting Date: October 24, 2019

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 2020

SUMMARY

The first quarter of FY20 ended with a cash balance of \$7,836,433. The total revenues of \$5,111,847 were an increase over FY19 by \$56,985. The low increase in revenues is due to a lag in receiving grant reimbursements for the Epidemiology and Public Health Preparedness Program. The expenditures totaled \$5,721,686 up \$193,595 compared to FY19.



District Health Strategic Priority supported by this item:

- 5. **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.

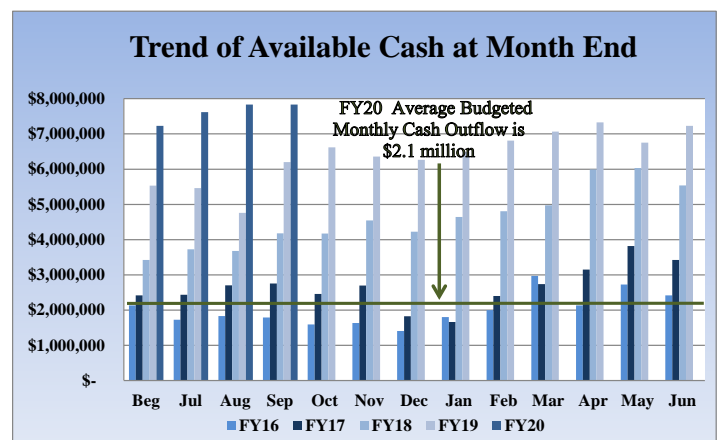
PREVIOUS ACTION

Fiscal Year 2020 budget adopted May 21, 2019.

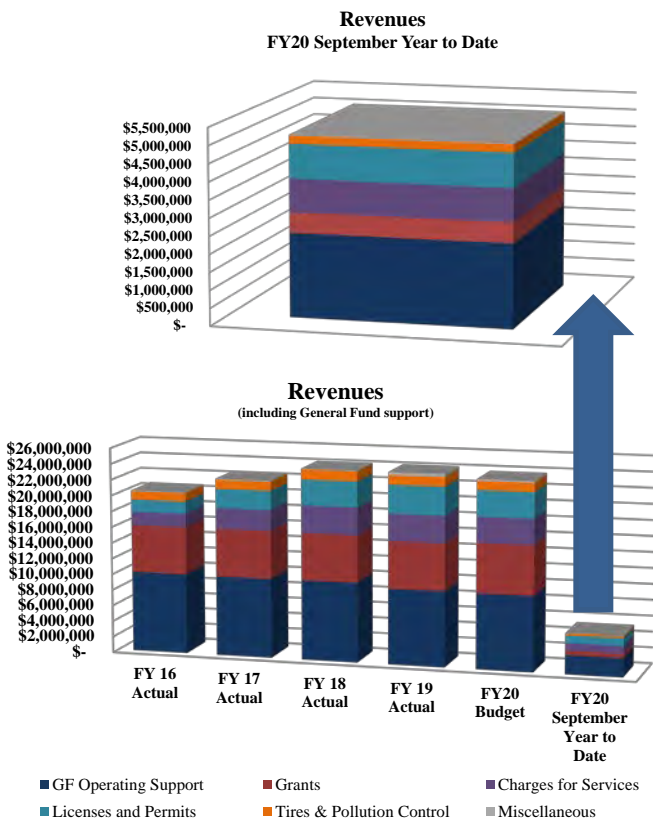
BACKGROUND

Review of Cash

The available cash at the end of September FY20 was \$7,836,433, which is enough to cover approximately 3.8 months of expenditures. The encumbrances and other liability portion of the cash totals \$1.6 million; the cash restricted as to use is approximately \$1.4 million (e.g. DMV pollution control revenue, Solid Waste Management Tire revenue, Accela Regional Permitting Technology Fees and the Hazardous Materials 1995 litigation revenue); leaving a balance of approximately \$4.8 million.

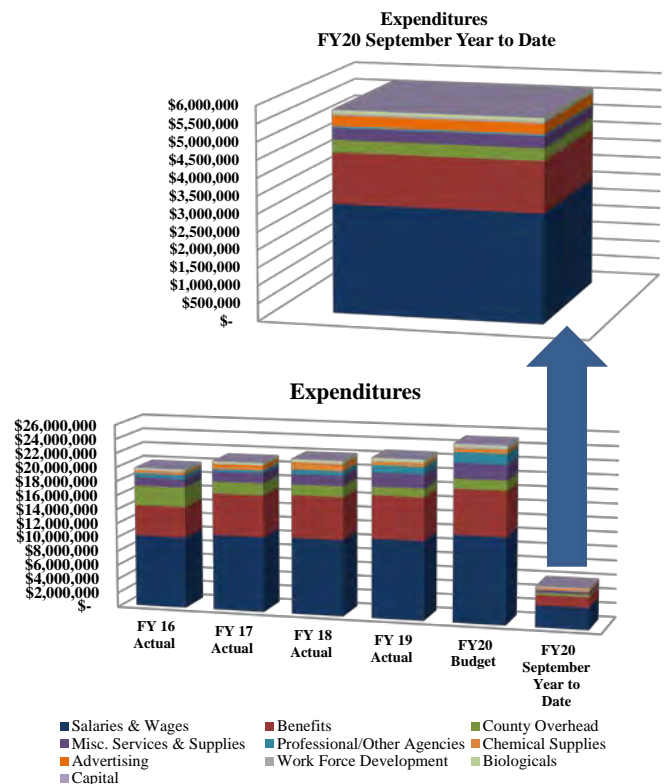


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$5,111,847 up \$56,985 or 1.1% compared to September FY19. The revenue categories up over FY19 include; licenses and permits of \$969,971 up \$80,425 or 9.0%; charges for services of \$936,972 up \$163,450 or 21.1%; tire and pollution control restricted funds of \$232,333 up \$10,261 or 4.6%; and miscellaneous revenues of \$13,016 up \$11,685. The revenue category down compared to FY19 was the Federal and State grants of \$580,340 down \$208,837 or 26.5% mainly due to a lag in grant reimbursements in the Epidemiology and Public Health Preparedness Division. The County General Fund support of \$2,379,214 is level at the FY19 funding.

The total year to date **expenditures** of \$5,721,686 increased by \$193,595 or 3.5% compared to FY19. Salaries and benefits for the fiscal year were \$4,530,828 up \$178,354 or 4.1% over the prior year with the majority of the increase due to employee retirement payouts for accrued vacation and sick leave, excluding the retirements the increase is \$30,918 or 0.7% over FY19. Total services and supplies of \$1,179,404 were up \$12,244 compared to FY19. The major expenditures included in the services and supplies were the professional/other agency services, which totaled \$48,056 down \$36,982 or 43.5% over FY19; chemical supplies of \$294,450 up \$63,473 or 27.5%; biologicals of \$84,570 down \$24,436 or 22.4%; and, County overhead charges of \$350,198 up \$45,679 or 15.0%. Capital expenditures total \$11,454 up \$2,996 or 35.4% over FY19.



Review of Revenues and Expenditures by Division

ODHO has spent \$258,032 down \$14,663 or 5.4% over FY19 mainly due to the cost of replacement furniture for the conference rooms spent in FY19 and safety expenditures shifting to AHS, excluding the furniture replacement and safety costs the expenditures are up \$42,548. The expenditure increase was mainly due to a shift in overhead charges and vacant positions in FY19 now filled in FY20.

AHS has spent \$294,513 up \$14,867 or 5.3% compared to FY19 mainly due to County overhead charges, safety expenses and increased utilities costs for the District.

AQM revenues were \$841,652 up \$76,674 or 10.0% mainly in the air pollution permits. The Division spent \$707,997 down \$21,922 or 3.0% over FY19 mainly due to salary savings from vacant positions.

CCHS revenues were \$538,637 down \$7,757 or 1.4% over FY19 mainly due to a decline in federal grants; state grants and third party insurance reimbursements are up over FY19. The division spent \$1,999,068 or \$172,354 more than FY19 with \$128,354 of the increase due to employee retirement payouts for accrued benefits and an increase of \$46,002 in part-time and on-call staff in the Family Planning and Immunization programs.

EHS revenues were \$1,197,362 up \$156,191 or 15.0% over FY19 mainly in septic permits and plan review charges for services. EHS spent \$1,881,191 an increase of \$90,744 over last year mainly due to retiring employee accrued benefit payouts and chemical supplies for the Vector program.

EPHP revenues were \$154,982 down \$168,124 or 52.0% over last year mainly due to a lag in receiving grant reimbursements. The division spent \$580,885 down \$47,784 over FY19 due to salary savings from a vacant grant funded position along with the services and supplies not spent due to the vacancy.

Washoe County Health District									
Summary of Revenues and Expenditures									
Fiscal Year 2015/2016 through September Year to Date Fiscal Year 2019/2020 (FY20)									
	Actual Fiscal Year			Fiscal Year 2018/2019		Fiscal Year 2019/2020			
	2015/2016	2016/2017	2017/2018	Actual Year End	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY20 Increase over FY19
Revenues (all sources of funds)									
ODHO	15,000	51,228	3,365	-	-	-	-	-	-
AHS	-	-	-	-	-	-	-	-	-
AQM	2,520,452	2,979,720	3,543,340	3,443,270	764,978	3,581,031	841,652	23.5%	10.0%
CCHS	3,506,968	3,872,898	4,179,750	4,104,874	546,394	3,955,838	538,637	13.6%	-1.4%
EHS	2,209,259	3,436,951	4,428,294	4,871,791	1,041,171	4,369,454	1,197,362	27.4%	15.0%
EPHP	2,141,334	2,027,242	1,854,862	2,126,580	323,106	2,200,110	154,982	7.0%	-52.0%
GF support	10,076,856	10,002,381	10,051,691	9,516,856	2,379,214	9,516,856	2,379,214	25.0%	0.0%
Total Revenues	\$20,469,870	\$22,370,420	\$24,061,302	\$24,063,371	\$ 5,054,862	\$23,623,289	\$ 5,111,847	21.6%	1.1%
Expenditures (all uses of funds)									
ODHO	594,672	904,268	826,325	1,336,494	272,695	1,570,329	258,032	16.4%	-5.4%
AHS	996,021	1,119,366	1,016,660	1,059,669	279,646	1,313,474	294,513	22.4%	5.3%
AQM	2,670,636	2,856,957	2,936,261	2,935,843	729,919	3,842,317	707,997	18.4%	-3.0%
CCHS	6,880,583	7,294,144	7,538,728	7,700,440	1,826,714	8,015,694	1,999,068	24.9%	9.4%
EHS	5,939,960	6,366,220	7,030,470	6,669,768	1,790,447	7,138,225	1,881,191	26.4%	5.1%
EPHP	2,688,659	2,616,411	2,557,352	2,856,024	628,669	3,089,647	580,885	18.8%	-7.6%
Total Expenditures	\$19,770,532	\$21,157,367	\$21,905,797	\$22,558,237	\$ 5,528,091	\$24,969,686	\$ 5,721,686	22.9%	3.5%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(579,672)	(853,040)	(822,960)	(1,336,494)	(272,695)	(1,570,329)	(258,032)		
AHS	(996,021)	(1,119,366)	(1,016,660)	(1,059,669)	(279,646)	(1,313,474)	(294,513)		
AQM	(150,184)	122,763	607,078	507,427	35,059	(261,286)	133,655		
CCHS	(3,373,615)	(3,421,246)	(3,358,978)	(3,595,566)	(1,280,321)	(4,059,856)	(1,460,431)		
EHS	(3,730,701)	(2,929,269)	(2,602,177)	(1,797,977)	(749,276)	(2,768,772)	(683,829)		
EPHP	(547,325)	(589,169)	(702,490)	(729,444)	(305,563)	(889,537)	(425,903)		
GF Operating	10,076,856	10,002,381	10,051,691	9,516,856	2,379,214	9,516,856	2,379,214		
Surplus (deficit)	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ 1,505,134	\$ (473,229)	\$ (1,346,397)	\$ (609,839)		
Fund Balance (FB)	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402	\$ 7,841,536		\$ 6,495,139			
FB as a % of Expenditures	15.0%	19.8%	28.9%	34.8%		26.0%			

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 2020.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for September, Fiscal Year 2020.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 3 2020
 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	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
422503 Environmental Permits	82,438	25,106	57,331	30	79,727	19,730	59,997	25
422504 Pool Permits	272,588	42,702	229,886	16	263,625	40,293	223,332	15
422505 RV Permits	32,198	9,191	23,007	29	31,139	8,258	22,881	27
422507 Food Service Permits	1,483,902	387,221	1,096,681	26	1,374,436	388,657	985,779	28
422508 Wat Well Const Perm	179,055	46,372	132,682	26	173,167	32,098	141,069	19
422509 Water Company Permits	66,145	3,061	63,083	5	34,456	21,900	12,556	64
422510 Air Pollution Permits	650,135	223,889	426,245	34	622,898	167,769	455,129	27
422511 ISDS Permits	263,853	107,482	156,371	41	255,177	82,623	172,554	32
422513 Special Event Permits	175,849	92,430	83,419	53	170,067	93,190	76,877	55
422514 Initial Applic Fee	88,434	32,516	55,918	37	85,526	35,028	50,498	41
* Licenses and Permits	3,294,595	969,971	2,324,624	29	3,090,218	889,546	2,200,672	29
431100 Federal Grants	5,482,778	457,482	5,025,296	8	5,604,940	696,111	4,908,829	12
431105 Fed. Grants-Indirect	494,709	71,483	423,226	14	488,253	67,817	420,436	14
432100 State Grants	248,991	45,983	203,008	18	290,146	23,090	267,056	8
432105 State Grants-Indirect	18,160	5,392	12,768	30	6,653	2,159	4,494	32
432310 Tire Fee NRS 444A.090	486,000	136,983	349,017	28	450,000	128,396	321,604	29
432311 Pol Ctrl 445B.830	628,105	95,350	532,755	15	587,828	93,677	494,151	16
* Intergovernmental	7,358,743	812,674	6,546,069	11	7,427,819	1,011,249	6,416,570	14
460162 Services O Agencies	10,000	1,127	10,000	18	10,000	1,238	4,762	21
460500 Other Immunizations	64,040	18,572	45,468	29	60,000	21,329	10,000	36
460501 Medicaid Clinic Svcs	181,467	43,073	138,394	24	175,500	36,221	139,279	21
460503 Child Immunization	6,204	1,127	5,077	18	6,000	1,238	4,762	21
460508 Tuberculosis					500		500	
460509 Water Quality					60,672	25	60,647	0
460510 IT Overlay					515,000	130,443	384,557	25
460511 Birth Death Certific	515,000	136,268	378,732	26	515,000	130,443	384,557	25
460512 Duplication Service					97,571	48,853	48,718	50
460513 Other Health Service	100,888	51,432	49,456	51	97,571	48,853	48,718	50
460514 Food Service Certifi								
460515 Medicare Reburseme	196,807	77,912	118,895	40	185,500	52,004	133,496	28
460516 Pgm Inc-3rd Prty Rec								
460517 Influenza immunizati					35,000	8,880	26,120	25
460518 STD Fees	36,190	7,432	28,758	21	35,000	8,880	26,120	25
460519 Outpatient Services								
460520 Eng Serv Health	209,943	86,578	123,365	41	203,040	49,775	153,265	25
460521 Plan Review - Pools	6,212	2,438	3,774	39	6,008	6,008	6,008	
460523 Plan Review - Food S	90,059	29,768	60,291	33	87,098	79,401	79,401	9
460524 Family Planning	51,700	20,110	31,590	39	50,000	21,881	28,119	44
460525 Plan Review - Vector	76,465	23,067	53,398	30	102,964	6,633	96,331	6
460526 Plan Review-AQM	115,940	17,860	98,081	15	95,210	27,721	67,489	29
460527 NOE-AQM	263,732	84,207	179,525	32	273,074	72,494	200,580	27
460528 NESHAP-AQM	247,948	51,008	196,940	21	221,452	74,488	146,964	34
460529 Assessments-AQM	132,000	32,597	99,403	25	111,765	33,910	77,855	30

Period: 1 thru 3 2020 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act's	2019 Plan	2019 Actual	Balance	Act's
460530 Inspector Registr-AQ	3,328-	963-	2,365-	29	4,175-	143,088-	4,175-	39
460531 Dust Plan-Air Quality	659,365-	159,152-	500,213-	24	362,521-		219,433-	
460532 Plan Rvw Hotel/Motel		3,948-	3,948					
460534 Child Care Inspection	23,234-	8,821-	14,413-	38	22,470-	9,025-	13,445-	40
460535 Pub Accomod Inspectn	29,345-	7,339-	22,006-	25	28,380-	11,349-	17,031-	40
460570 Education Revenue		73,299-	134,884-	35	193,032-	16,468-	176,564-	9
460723 Other Fees	3,228,052-	936,972-	2,291,080-	29	2,906,932-	773,522-	2,133,410-	27
* Charges for Services							3	
481150 Interest-Non Pooled	4,500-	4,500-	5,781-	100	10-	10-	5,182-	100
484000 Donation,Contrib.	6,721-	940-	7,014	14	6,500-	1,318-	143,838-	20
484050 Donation Fed Pgm Inc		7,014	7,014		143,838-		26,311-	
484195 Non-Govt'l Grants	14,969-	2,430	17,399-	16-	26,311-		48,283-	
484197 Non-Gov. Grants-Ind.	48,854-	2,991-	45,862-	6	48,283-		258,426-	
485100 Reimbursements	150,000-	0-	150,000-		258,426-		482,038-	0
485300 Other Misc Govt Rev	225,043-	13,016-	212,027-	6	483,368-	1,331-	11,232,690-	19
* Miscellaneous	14,106,433-	2,732,633-	11,373,800-	19	13,908,338-	2,675,648-	7,814,544	24
** Revenue	10,815,100	2,528,996	8,286,104	23	10,335,661	2,521,117	166,856	32
701110 Base Salaries	351,414	115,880	235,534	33	245,924	79,069	419,827	23
701120 Part Time	445,526	124,249	321,277	28	546,723	126,896	3,079	29
701130 Pooled Positions	4,319	648	3,671	15	4,319	1,239		
701140 Holiday Work								
701150 xcContractual Wages	157,065	1,138	155,928	1	160,607	967	159,640	1
701199 Lab Cost Sav-Wages	63,517	22,040	41,477	35	114,569	33,954	80,615	30
701200 Incentive Longevity	300	60	240	20	300	103	197	34
701300 Overtime	38,000	9,762	28,238	26	38,000	8,267	29,733	22
701406 Standby Pay	5,000	147	4,853	3	5,000	471	4,529	9
701408 Call Back	159,884	43,720	116,164	27	526,768	65,707	526,768	97
701412 Salary Adjustment	199,393	195,000	4,394	98	67,722		2,015	
701414 Vac Payoff Sick Term	1,226	13,986	12,760-	1,141	16,320	10,458	5,862	64
701417 Comp Time	28,350	28,601	251-	101				
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	12,269,096	3,084,227	9,184,869	25	12,061,912	2,848,247	9,213,665	24
705110 Group Insurance	1,477,850	336,012	1,141,838	23	1,611,044	383,613	1,227,431	24
705115 ER HSA Contribs	149,160	1,788	147,372	1	85,200	3,462	81,738	4
705190 OPEB Contribution	1,118,614	279,653	838,961	25	1,286,542	321,635	964,906	25
705199 Lab Cost Sav-Benef								
705210 Retirement	3,303,746	768,633	2,535,113	23	3,016,966	730,276	2,286,690	24
705215 Retirement Calc								
705230 Medicare April 1986	157,625	42,093	115,532	27	147,346	39,241	108,104	27
705240 Insur Budgeted Incr	36,465		36,465		47,094		47,094	

Period: 1 thru 3 2020
 Accounts: GO-P-L
 Business Area: *
 P&L Accounts
 Fund: 202
 Health Fund
 Default Washoe County
 Functional Area: 000
 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
705320 Workmens Comp	77,087	17,321	59,766	22	97,909	25,208	72,702	26
705330 Unemploy Comp	9,982	1,102	8,880	11	9,361	791	8,570	8
705360 Benefit Adjustment	81,628		81,628		229,230		229,230	
* Employee Benefits	6,412,157	1,446,601	4,965,556	23	6,530,691	1,504,227	5,026,465	23
710100 Professional Services	514,504	8,303	506,201	2	604,188	28,137	576,051	5
710101 Lab Testing Services	1,300	88	1,212	7				
710105 Medical Services	12,848	810	12,038	6	10,421	3,751	6,670	36
710108 MD Consultants	51,211	8,474	42,737	17	54,311	7,974	46,337	15
710110 Contracted/Temp Svcs	277,145	9,568	267,577	3	128,538	15,136	113,401	12
710119 Subrecipient Payments								
710155 Lobbying Services	600		600		600		600	
710200 Service Contract	83,435	31,047	52,388	37	92,962	30,141	62,822	32
710201 Laundry Services	1,850	385	1,465	21	650	365	286	56
710205 Repairs Maint	11,800	865	10,935	7	9,145	2,103	7,042	23
710210 Software Maintenance	6,151	6,296	145-	102	3,000		3,000	
710215 Operating Contracts					25-		25-	
710300 Operating Supplies	173,946	12,809	161,138	7	216,000	22,091	193,909	10
710302 Small Tools & Allow	1,300		1,300		1,435	43	1,392	3
710308 Animal Supplies	1,535		1,535		1,600	880	720	55
710319 Chemical Supplies	295,700	294,450	1,250	100	392,700	230,977	161,723	59
710323 Asphalt					16,000		16,000	
710325 Signs and Markers								
710334 Copy Machine Expense	27,003	4,188	22,815	16	23,175	596	22,579	3
710335 Copy Mach-Copies	9,985	1,169	8,816	12	7,642	93-	7,735	1-
710350 Office Supplies	32,530	4,848	27,682	15	52,476	11,074	41,402	21
710355 Books/Subscriptions	6,440	1,450	4,990	23	7,508	2,801	4,707	37
710360 Postage	18,134	2,722	15,411	15	16,656	4,336	12,320	26
710361 Express and Courier	100		100		100		100	
710391 Fuel & Lube	125		125		125		125	
710400 Fmts to O Agencies	604,785	20,813	583,972	3	743,421	30,040	713,381	4
710412 Do Not Use								
710500 Other Expense	108,710	17,653	91,057	16	186,491	11,363	175,128	6
710502 Printing	35,500	2,019	33,481	6	30,484	4,416	26,068	14
710503 Licenses & Permits	8,480	1,630	6,850	19	7,195	1,935	5,260	27
710504 Registration		623	623-			100	100-	
710505 Rental Equipment	200		200		200		200	
710506 Dept Insdeductible	150	650	500-	433		150	150-	
710507 Network/Data Lines	7,730	3,577	4,153	46	6,540	552	5,988	8
710508 Telephone Land Lines	33,723	6,325	27,398	19	34,645	8,342	26,303	24
710509 Seminars and Meetings	79,264	9,717	69,547	12	72,883	9,343	63,540	13
710512 Auto Expense	11,728	1,579	10,149	13	11,346	1,318	10,028	12
710514 Reg Assessments	25,000		25,000		20,000		20,000	
710519 Cellular Phone	15,379	4,833	10,546	31	14,697	2,460	12,237	17

Period: 1 thru 3 2020 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2020 Plan	2020 Actuals	Balance	Act%	2019 Plan	2019 Actual	Balance	Act%
485192 Surplus Equip Sales								
* Other Fin. Sources								
521001 Transfer From General	9,516,856-	2,379,214-	7,137,642-	25	9,516,856-	2,379,214-	7,137,642-	25
* Transfers In	9,516,856-	2,379,214-	7,137,642-	25	9,516,856-	2,379,214-	7,137,642-	25
812230 To Reg Permits-230	73,123	54,360	18,763	74	73,123	51,215	21,908	70
81430 To Reg Permits Capit								
* Transfers Out	73,123	54,360	18,763	74	73,123	51,215	21,908	70
** Other Financing Src/Use	9,443,733-	2,324,854-	7,118,879-	25	9,443,733-	2,327,999-	7,115,734-	25
*** Total	1,346,397	609,839	736,558	45	1,733,291	473,229	1,260,062	27

DD	DI	—
DHO		—
DA	DR	—
Risk		—

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health

FROM: Daniel Inouye, Acting Director, Air Quality Management Division
775-784-7214, dinouye@washoecounty.us

SUBJECT: Review, discussion, and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 Odorous or Gaseous Contaminants.

SUMMARY

The Washoe County District Board of Health must adopt any revisions to the District Board of Health Regulations Governing Air Quality Management (Regulations).

District Health Strategic Priority supported by this item:

- 2. Healthy Environment:** Create a healthier environment that allows people to safely enjoy everything Washoe County has to offer.

PREVIOUS ACTION

Section 040.055 of the Regulations was last revised in January 1989. Historically odor impacts have been identified by surveying a small group of average people or often simply by having a representative of the agency make a determination based on their perception.

BACKGROUND

Over the past decade, many states have legalized the cultivation and sale of marijuana. One concern identified by citizens from these states is the generation of odors during cultivation and processing of marijuana. In an effort to better respond to these concerns, regulatory agencies tasked with the regulation of odors have had to rely on subjective odor impact determinations. Enforcement of subjective determinations can be very difficult, but in recent years a few companies have begun producing devices that can quantify odors based on a dilution of odorless air. Devices that quantify odors based on odor dilutions are called olfactometers. An olfactometer is an instrument which blends odorous air with measured amounts of nonodorous air, called dilutions. By identifying the amount of dilutions a quantifiable limit can be determined to set what would be considered an odor impact.

Based on research from different regulatory agencies who are already utilizing olfactometers for compliance as well as an understanding of the technique, AQMD determined that two different impact levels were needed, one for residential areas and one for areas not residential. The dilution factors determined for each are 7 dilutions for residential and 15 dilutions for non-residential. An odor that is more persistent will require more dilutions to negate; as such lesser odors will be diluted below threshold with fewer dilutions.

Public notice for the proposed revisions to these regulations was published in the Reno Gazette-Journal on August 8, 14, and 22, 2019. The proposed revisions were also made available in the "Current Topics" section of the AQMD website (OurCleanAir.com). This rule change will apply to all potential odor violations within the county. Public workshops were scheduled on September 4 at noon and at 5:30 pm, to address any questions or concerns. Three members from the marijuana cultivation industry attended the noon workshop; no one from the public attended the 5:30 workshop. Due to the large number of potentially affected businesses, the public notice included instructions that written comments must be submitted to the AQMD by September 9. No written comments were received by the deadline.

FISCAL IMPACT

There are no fiscal impacts resulting from the Board adopting the revisions to the regulations.

RECOMMENDATION

Staff recommends the District Board of Health adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 Odorous or Gaseous Contaminants.

POSSIBLE MOTION

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

"Move to adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, Section 040.055 Odorous or Gaseous Contaminants"

District Board of Health Regulations Governing Air Quality Management

Proposed Revision to 040.055 Odorous or Gaseous Contaminates

Michael Wolf
Permitting and Enforcement Branch Chief

Jeff Jeppson
Air Quality Specialist

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WASHOE COUNTY
HEALTH DISTRICT
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040.055 Current Odorous or Gaseous Contaminates Regulation

The Control Officer may deem an odor complaint a confirmed violation if he is able to verify the odor episode by reliable methods including, but not limited to:

- 1) actual ambient measurements of a known substance at a level greater than its odor threshold; or
- 2) verification of odors on-site by the Control Officer; or
- 3) at least 75% of a group of eight or more people selected by the Control Officer, when exposed to the odor, find it objectionable to their senses at ambient levels in areas accessible to the public.

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040.055 Proposed Revision

ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:

- a.) The odor is detectable when one (1) volume of odorous air has been diluted with eight (8) or more volumes of odor free air on any Residentially Zoned Area; or
- b.) The odor is detectable when one (1) volume of odorous air has been diluted with fifteen (15) or more volumes of odor free air on any property.

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040.035 Revision Summary Cont'd

- **COMPLIANCE DETERMINATION:** Measurement by the Control Officer with any instrument, device, or method capable of determining if a prohibited odorous emission has occurred.



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Regulation Change Benefits

- Establishes a clear quantifiable standard
- Outlines elements of an Odor Mitigation Plan

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Questions?



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HEALTH DISTRICT
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Contact Information

Mike Wolf
Permitting and Enforcement Branch Chief
1001 E. 9th Street, B171
(775) 784-7206

Revised Regulation: OurCleanAir.com

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HEALTH DISTRICT
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Sign-In Sheet

Air Quality Management Division

040.055 Odorous or Gaseous Contaminants Revision Workshop

September 4, 2019 · 12:00 PM – 1:00 PM · Health District Conference Room B

Name	Organization	E-mail
Mike Wolf	AQMD	mwolf@washoeconomy.us
Jeff Jeppson	AQMD	jjeppson@washoeconomy.us
Brittney Osborn	AQMD	Bosborn@washoeconomy.us
Ed Alexander	SOL	Ed@SolisBetter.com
DAVE ZIMMERMAN	KYND	DAVE@KYND.COM
CLINT CATES	KYND	CLINT@KYND.COM



Sign-In Sheet

Air Quality Management Division

040.055 Odorous or Gaseous Contaminants Revision Workshop

September 4, 2019 · 5:30 PM – 6:30 PM · Health District Conference Room B

Name	Organization	E-mail
Jeff Jeppson	AQMD	jjeppson@washoeconomy.us
Britney Osborn	AQMD	Bosborn@washoeconomy.us
Mike Wolf	AQMD	mwolf@washoeconomy.us

~~040.055 ODOROUS OR GASEOUS CONTAMINANTS (Amended 1/89)~~

~~It is unlawful for any person to discharge, or cause to be discharged, from any source whatsoever, any quantity of odorous or gaseous emissions, materials, or air contaminants of any kind or description, which is, or tends to be, offensive to the senses, or injurious or detrimental to repose, health, and safety, or which in any way unduly interferes with or prevents the comfortable enjoyment of life or property by any property owners, residents or the general public.~~

~~The Control Officer may deem an odor complaint a confirmed violation if he is able to verify the odor episode by reliable methods including, but not limited to: 1) actual ambient measurements of a known substance at a level greater than its odor threshold; or 2) verification of odors on site by the Control Officer; or 3) at least 75% of a group of eight or more people selected by the Control Officer, when exposed to the odor, find it objectionable to their senses at ambient levels in areas accessible to the public.~~

~~The Control Officer may require, by notice in writing, any source with two or more violations of this regulation within a one year period, to submit a plan to reduce odorous emissions. This plan must demonstrate how the source will reduce emissions to a level that will eliminate any odor episode occurrences in the future. The plan must be submitted within 60 days of the receipt of the Control Officer's notice, and must be implemented within a reasonable period of time thereafter, as determined by the Control Officer.~~

040.055 ODOROUS EMISSIONS

SECTION A – GENERAL

1. PURPOSE: To limit odorous emissions which tend to be:
 - a. Offensive to the senses; or
 - b. Injurious to health or safety; or
 - c. Prevent the enjoyment of life or property.
2. APPLICABILITY: The provisions of this rule shall apply to any anthropogenic odorous emissions into the ambient air.

SECTION B - DEFINITIONS: For the purpose of this regulation, the following definitions shall apply:

1. Anthropogenic. Caused or produced by humans.
2. Odor Mitigation Plan. A written plan to bring an affected facility into compliance with the standards set in this rule.
3. Residentially Zoned Area. Includes any residential regulatory zone as described by the local municipalities.

SECTION C - STANDARDS

1. ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:
 - a. The odor is detectable when one (1) volume of odorous air has been diluted with seven (7) or more volumes of odor free air on any Residentially Zoned Area; or
 - b. The odor is detectable when one (1) volume of odorous air has been diluted with fifteen (15) or more volumes of odor free air on any property.

SECTION D – ADMINISTRATIVE REQUIREMENTS

Odor Mitigation Plans as required in **Section E** of this regulation, must be approved by the Control Officer.

SECTION E – COMPLIANCE AND RECORDS

1. COMPLIANCE DETERMINATION: Measurement by the Control Officer with any instrument, device, or method capable of determining if a prohibited odorous emission has occurred.
2. ODOR MITIGATION PLAN: Upon notice by the Control Officer of a violation of **Section C** of this rule, the operator of the source facility shall submit an odor mitigation plan within 30 days of receipt of notice. Odor mitigation plans should include the following elements:
 - a. Facility information:
 - Name of the facility, physical address of the facility, mailing address of the facility;
 - Name of the facility owner, phone number of the facility owner, and email address of the facility owner;
 - Name of the facility operator, phone number of the facility operator, and email address of the facility operator;
 - Description of facility operations, hours of operation; and
 - Air Quality Permit to Operate permit number (if applicable).
 - b. Odorous emission information:
 - Location and description of odor causing activities; and
 - Timing and length of odor causing events.
 - c. Odor Mitigation Practices and Controls:
 - Staff training;

Procedural activities;
Engineering controls;
Other applicable controls;
System maintenance; and/or
Monitoring of control efficacy.

- d. Timeline for implementation of the Odor Mitigation Plan, commencing upon notice from the Control Officer that the Odor Mitigation Plan has been approved.
3. EQUIPMENT FAILURE: All upset or breakdown conditions resulting in increased emissions or air pollutants shall be reported in compliance with District regulations, Section 020.075 and 020.076.
 4. RECORDKEEPING:
 - a. Odor Mitigation Plans shall be made available to all staff in the source facility.
 - b. A copy of the final odor mitigation plan will be submitted to the Control Officer within 10 days of approval.
 - b. All records shall be made available to the Control Officer immediately upon request.
 5. RECORD RETENTION: Records required to be maintained in **Section E.4** of this Rule shall be retained for at least five (5) years.

040.055 ODOROUS EMISSIONS

SECTION A – GENERAL

1. PURPOSE: To limit odorous emissions which tend to be:
 - a. Offensive to the senses; or
 - b. Injurious to health or safety; or
 - c. Prevent the enjoyment of life or property.
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1. Anthropogenic. Caused or produced by humans.
2. Odor Mitigation Plan. A written plan to bring an affected facility into compliance with the standards set in this rule.
3. Residentially Zoned Area. Includes any residential regulatory zone as described by the local municipalities.

SECTION C - STANDARDS

1. ODOROUS EMISSIONS PROHIBITION: The Control Officer may deem an odorous emission a violation if the odor is detectable on a property which is not the source if:
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SECTION E – COMPLIANCE AND RECORDS

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a. Facility information:

Name of the facility, physical address of the facility, mailing address of the facility;

Name of the facility owner, phone number of the facility owner, and email address of the facility owner;

Name of the facility operator, phone number of the facility operator, and email address of the facility operator;

Description of facility operations, hours of operation; and

Air Quality Permit to Operate permit number (if applicable).

b. Odorous emission information:

Location and description of odor causing activities; and

Timing and length of odor causing events.

c. Odor Mitigation Practices and Controls:

Staff training;

Procedural activities;

Engineering controls;

Other applicable controls;

System maintenance; and/or

Monitoring of control efficacy.

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b. All records shall be made available to the Control Officer immediately upon request.

5. RECORD RETENTION: Records required to be maintained in **Section E.4** of this Rule shall be retained for at least five (5) years.

**PROOF OF
PUBLICATION**

**STATE OF WISCONSIN SS.
COUNTY OF BROWN**

ACCOUNTS PAYABLE
WASHOE CO
1001 E 9TH ST BLDG D

RENO NV 89512

Being first duly sworn, deposes and says: That as the legal clerk of the Reno Gazette-Journal, a daily newspaper of general circulation published in Reno, Washoe County, State of Nevada, that the notice referenced below has published in each regular and entire issue of said newspaper between the date: 08/08/2019 - 08/22/2019, for exact publication dates please see last line of Proof of Publication below.

Notice of Proposed Action

The Director is proposing revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.055, Odorous or Gaseous Contaminants. The proposed revisions to Section 040.055 include language to quantify odorous emission violations, when an Odor Mitigation Plan is required, and elements of an Odor Mitigation Plan. The proposed revisions are available on the Washoe County Air Quality Management Division website at www.OurCleanAir.com.

Two public workshops will be held at noon and again at 5:30 pm on Wednesday, September 4, 2019, at the Washoe County Health District, Conference Room B, located at 1001 East 9th Street, Building B. Interested persons who may be affected or wish to comment should appear at the workshop to submit oral testimony or may submit comments, data, views, or arguments in written form to:

Michael Wolf, Permitting & Enforcement Branch Chief
Washoe County Health District, Air Quality Management Division
1001 E. 9th Street, Suite #B171
Reno, NV 89512
Phone (775) 784-7206 FAX (775) 784-7225

Written comments will be accepted until the close of business on Monday, September 9, 2019, and will be considered prior to any final action being taken on the proposed revisions. Comments received will be included in the Business Impact Statement to be presented to the District Board of Health for consideration of acceptance at a public hearing to be held at 1:00 p.m. on September 26th, 2019, at the Board of County Commissioners Chambers, located at 1001 East 9th Street, Building A. If the Business Impact Statement is accepted, adoption of the proposed revisions will be considered at the next District Board of Health meeting scheduled at 1:00 pm on October 24, 2019, at the same location.

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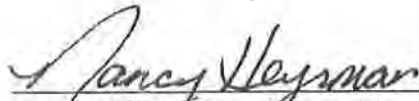
Aug 8, 14, 22, 2019

08/08/19, 08/14/19, 08/22/19


Legal Clerk

WCCOMP AUG28'19 6:40

Subscribed and sworn before me this
22nd of August 2019.


NOTARY PUBLIC RESIDING
AT STATE OF WISCONSIN
COUNTY OF BROWN

Notary Expires **5.15.23**

NANCY HEYRMAN
Notary Public
State of Wisconsin



DBOH AGENDA ITEM NO. 8A

Regional Emergency Medical Services Authority

A non-profit community service using no taxdollars

REMSA

**FRANCHISE COMPLIANCE
REPORT**

SEPTEMBER 2019



**REMSA Accounts Receivable Summary
Fiscal 2020**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	4106	\$5,291,560.20	\$1,288.74	\$1,288.74	\$ 451.06
August	4284	\$5,523,448.40	\$1,289.32	\$1,289.04	\$ 451.16
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
Totals	8390	\$10,815,009	\$1,289.04		
Current Allowable Average Bill: \$1,294.87					

Year to Date: September 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-19	5 Minutes 46 Seconds	92%	96%
Aug-19	6 Minutes 12 Seconds	90%	91%
Sep-19	6 Minutes 06 Seconds	90%	92%
Oct-19			
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			



Fiscal Year to Date

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
6 Minutes 01 Seconds	91%	93%

Year to Date: September 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-19	P-1	5:13	5:57	7:40
	P-2	5:20	6:00	8:05
Aug-19	P-1	5:29	6:16	8:40
	P-2	5:35	6:27	8:34
Sep-19	P-1	5:22	6:07	8:40
	P-2	5:48	6:32	9:18
Oct-19	P-1			
	P-2			
Nov-19	P-1			
	P-2			
Dec-19	P-1			
	P-2			
Jan-20	P-1			
	P-2			
Feb-20	P-1			
	P-2			
Mar-20	P-1			
	P-2			
Apr-20	P-1			
	P-2			
May-20	P-1			
	P-2			
Jun-20	P-1			
	P-2			

Fiscal Year to Date: September 2019

Priority	Reno	Sparks	Washoe County
P1	0:05:13	0:05:57	0:07:40
P2	0:05:20	0:06:00	0:08:05



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 09/01/2019 THRU 09/30/2019**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	9/1/19 17:20	9/1/19 17:20	1E07	-00:00:31	00:53
Zone A	9/2/19 14:49	9/2/19 14:50	1C32	00:55	00:55
Zone A	9/3/19 21:52	9/3/19 21:57	1N05	17:32	04:47
Zone A	9/4/19 15:50	9/4/19 15:52	1C23	02:04	02:04
Zone A	9/7/19 2:24	9/7/19 2:24	1C19	-00:00:04	00:14
Zone A	9/19/19 16:44	9/19/19 16:51	1W45	07:54	07:15
Zone A	9/19/19 23:50	9/19/19 23:55	1W45	04:47	04:33
Zone A	9/20/19 21:12	9/20/19 21:15	1W45	04:05	03:09
Zone A	9/21/19 9:33	9/21/19 9:41	1W45	08:48	07:44
Zone A	9/21/19 11:08	9/21/19 11:15	1W45	07:19	06:28
Zone A	9/21/19 15:54	9/21/19 15:58	1W45	05:16	04:41
Zone A	9/22/19 3:37	9/22/19 3:46	1W45	09:21	08:46
Zone A	9/24/19 15:54	9/24/19 16:02	1W45	08:16	07:45
Zone A	9/24/19 18:13	9/24/19 18:19	1W45	06:52	06:18
Zone A	9/24/19 22:29	9/24/19 22:29	1C13	-00:00:01	00:22
Zone A	9/28/19 10:23	9/28/19 10:27	1C26	03:51	03:51
Zone A	9/28/19 23:46	9/28/19 23:48	1C31	02:29	02:29

UPGRADE REQUESTED				
Zone	Clock Start	Clock Stop	Unit	Response Time
None				

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
None					



GROUND AMBULANCE OPERATIONS REPORT September 2019

1. Overall Statics

- a) Total number of system responses: 6732
- b) Total number of responses in which no transports resulted: 2607
- c) Total number of system transports (including transports to out of county):
4125

2. Call Classification

- a) Cardiopulmonary Arrests: 1.7%
- b) Medical: 55.4%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 10.1%
- e) Transfers: 11.2%
- f) Trauma – MVA: 9%
- g) Trauma – Non MVA: 7.3%
- h) Unknown: 4.7%

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: 1,990

Total number of above calls receiving QA Reviews: 121

Percentage of charts reviewed from the above transports: 6%



AUGUST 2019 MONTHLY REMSA EDUCATION REPORT

DISCIPLINE	CLASSES	STUDENTS
ACLS	13	68
BLS (CPR)	71	382
Heartsaver (CPR)	38	172
PALS	10	42

COMMUNITY OUTREACH SEPTEMBER 2019

Point of Impact		
09/1-30/2019	6 office installation appointments; 6 cars and 6 seats inspected.	
09/28/19	Checkpoint at Old Navy; 34 vehicles and 42 seats inspected.	6 volunteers and 2 staff
Cribs for Kids/Community		
09/17/19	Attended Safe Kids Coalition Meeting	
09/19/19	Interview with KOLO Ch 8 news about Car seat safety	
09/19/19	Attended Vision Zero meeting at RTC	
09/21/19	Held a Booth at GSR for the Baby Fair and Diaper Derby	Over 3000 people attended the event



REMSA

Reno, NV
Client 7299



1515 Center Street
Lansing, Mi 48096
1 (517) 318-3800
support@EMSSurveyTeam.com
www.EMSSurveyTeam.com

EMS System Report

September 1, 2019 to September 30, 2019

Your Score

92.72

Number of Your Patients in this Report

150

Number of Patients in this Report

6,414

Number of Transport Services in All EMS DB

156





Executive Summary

This report contains data from **150 REMSA** patients who returned a questionnaire between **09/01/2019** and **09/30/2019**.

The overall mean score for the standard questions was **92.72**; this is a difference of **-0.23** points from the overall EMS database score of **92.95**.

The current score of **92.72** is a change of **1.40** points from last period's score of **91.32**. This was the **50th** highest overall score for all companies in the database.

You are ranked **14th** for comparably sized companies in the system.

75.41% of responses to standard questions had a rating of Very Good, the highest rating. **98.72%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

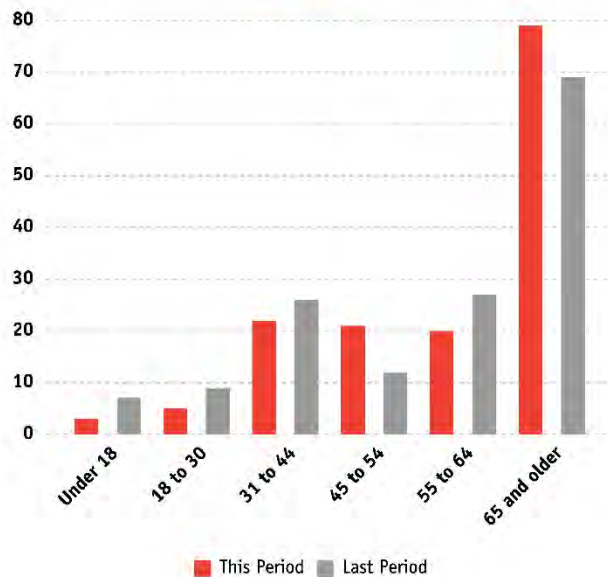




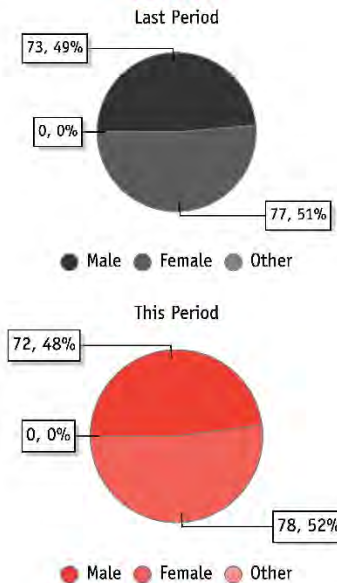
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate your service population.

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	7	2	5	0	3	2	1	0
18 to 30	9	5	4	0	5	2	3	0
31 to 44	26	15	11	0	22	14	8	0
45 to 54	12	5	7	0	21	14	7	0
55 to 64	27	9	18	0	20	6	14	0
65 and older	69	37	32	0	79	34	45	0
Total	150	73	77	0	150	72	78	0

Age Ranges



Gender





REMSA
September 1, 2019 to September 30, 2019

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.

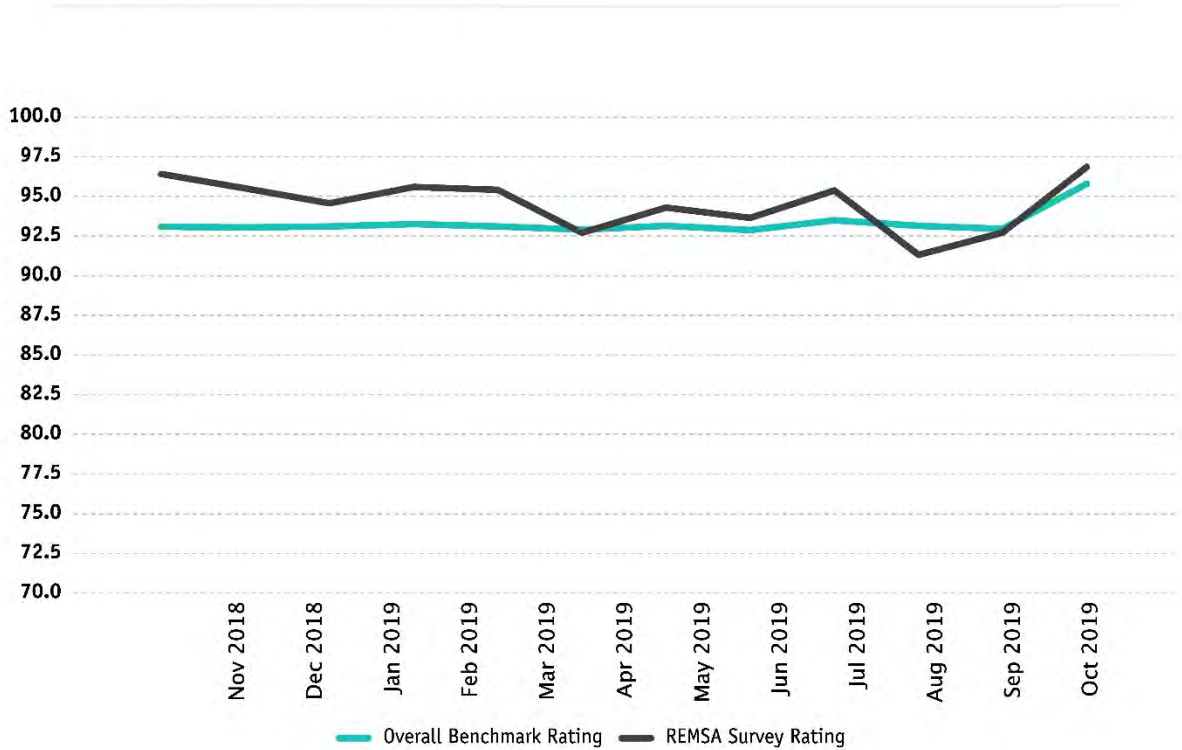
	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019	Jul 2019	Aug 2019	Sep 2019
Helpfulness of the person you called for ambulance service	96.95	96.62	94.23	96.34	96.88	96.20	88.46	92.73	93.60	93.55	87.76	95.41
Extent to which you were told what to do until the ambulance arrived	96.88	93.38	92.79	96.98	97.28	95.56	88.78	91.83	92.86	94.35	87.27	95.21
Extent to which the ambulance arrived in a timely manner	93.39	95.60	95.57	95.16	94.23	94.26	91.49	93.18	92.41	95.40	90.72	92.94
Cleanliness of the ambulance	93.55	97.02	97.65	98.11	96.50	95.51	94.32	94.02	93.45	96.51	91.05	93.42
Skill of the person driving the ambulance	93.92	95.51	97.13	96.38	96.39	94.55	93.29	94.02	93.43	94.44	90.61	92.63
Care shown by the medics who arrived with the ambulance	94.11	97.72	95.99	94.53	96.60	97.22	93.18	94.67	94.67	95.33	92.02	93.29
Degree to which the medics took your problem seriously	94.07	97.91	95.15	94.86	95.61	96.83	93.87	94.77	94.62	97.54	92.88	93.04
Degree to which the medics listened to you and/or your family	93.99	97.56	95.64	95.13	95.11	96.74	93.52	94.36	93.80	96.12	92.42	92.36
Extent to which the medics kept you informed about your treatment	92.18	95.09	95.09	93.19	94.54	93.60	92.19	94.26	93.53	94.79	90.78	91.89
Extent to which medics included you in the treatment decisions (if	91.56	95.20	95.06	91.20	93.94	94.28	92.43	94.63	92.83	94.01	89.25	91.48
Degree to which the medics relieved your pain or discomfort	89.49	94.09	92.04	91.57	93.21	91.68	91.78	93.11	92.19	93.12	89.61	90.77
Medics' concern for your privacy	92.77	97.04	96.21	93.60	96.05	95.38	94.19	94.51	94.08	94.18	92.19	92.54
Extent to which medics cared for you as a person	93.90	96.01	96.28	95.43	97.20	96.07	93.93	95.37	94.28	95.95	91.93	93.38
Professionalism of the staff in our ambulance service billing office	97.00	95.83	90.00	100.00	96.59	99.24	91.00	96.30	94.68	95.69	93.55	92.14
Willingness of the staff in our billing office to address your needs	96.00	95.83	95.00	100.00	96.46	99.22	90.06	96.30	95.11	95.40	92.74	96.09
How well did our staff work together to care for you	94.67	96.79	96.95	95.23	97.60	96.40	94.02	95.00	94.28	95.77	92.37	92.87
Extent to which the services received were worth the fees charged	88.38	97.50	87.89	88.40	82.86	87.54	82.16	90.94	75.05	92.65	85.23	86.25
Overall rating of the care provided by our Emergency Medical Transportation	93.09	96.93	95.33	94.41	96.75	95.70	93.08	95.80	94.75	96.01	92.82	92.93
Likelihood of recommending this ambulance service to others	93.73	96.79	96.21	94.41	95.39	95.59	92.79	93.80	94.33	94.86	92.18	92.64
Your Master Score	93.30	96.41	95.50	94.56	95.59	95.41	92.70	94.29	93.64	95.37	91.32	92.72
Your Total Responses	150	150	150	150	150	150	150	150	150	150	150	150



REMSA
September 1, 2019 to September 30, 2019



Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE CUSTOMER REPORT

	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
1	07/23/2019			"All went well!"		
2	07/23/2019		"No problems at all. Medics and dispatch were very helpful!"			
3	07/23/2019		"Medic were very considerate while driving me to the hospital, telling me when they were going to hit the bumps."	"They were perfect, they really were."		
4	07/23/2019		"Nothing stood out."	"Service was good, thank you!"		
5	07/24/2019		"Medics were awesome people! They helped me out a lot!"	"They all did very well!!"		
6	07/24/2019		"They were a professional crew, knew what they were doing."	"I was very well pleased."		
7	07/24/2019		"Spanish speaking and had a translator. Patient said overall experience was a 5."			
8	07/24/2019		"Medics kept asking same questions over and over. The ride was very bumpy."	"Improve the comfort of the ride. One of the medics wasn't too friendly, but other than that, all was fine."	Jones 10.2.19 #7335	See follow up below
9	07/24/2019	"5"	"They were really good at keeping me comfortable."	"Better communication between dispatch and medic driver."		
10	07/24/2019		"No."	"No."		
11	07/25/2019	"I don't recommend anything to anyone, they can find out for themselves. When you get recommended, you usually get stung."	"Suggesting I should go to the hospital to make sure what they thought I had going on was correct and that I didn't get any worse- I got more details and all the test done because of them."	"Nothing really. You're doing well. Last year I had a problem, but I told them and they addressed it and I haven't had any problems since."		
12	07/25/2019	"Haha they were really good about relieving pain."	"The fastness- relieving pain- and the care of the	"I really don't know because they were		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			two girls that I saw."	amazing."		
13	07/25/2019		"Everything! Very professional medics and hospital staff."	"Nothing I can think of. I am just hoping that next time isn't too soon."		
14	07/25/2019		"I thought it was all good for what it was. The medics were trained well and helped my family too."			
15	07/25/2019		"Well, they came in right away. My husband had fallen in the back yard doing yard work and they went right on out there picked him up. I think they might have asked him a couple things and then got him on the gurney. I thought they were excellent. Very quick too."	"No, I don't think there's anything that can be done better. Everything I saw was done well and everything at the hospital did well too. We're very satisfied."		
16	07/25/2019		"It was good. Very satisfied."	"Nothing."		
17	07/25/2019	"5 plus"	"I thought everything was done well."	"From this time, I couldn't think of anything they needed to do better- I think they handled my care very well."		
18	07/25/2019		"Everything was excellent. The medics came right in our house and started to talk to me and my husband right away."			
19	07/25/2019	"I wasn't awake when they first got to me, but my husband said they treated me really good. And I do remember most of the ride to the hospital and could sense the medics were	"My husband said they were really quick with everything they did. Um and I just think that the whole ride went well."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		kind and were helping me."				
20	07/26/2019	"Great guys ya got! They were helping everyone out."	"I had gotten in a fight outside of a bar and was hit pretty hard I guess because the next thing I know, I'm being loaded up in the back of an ambulance."	"Nothing I can remember, haha I think it was good. I don't think they are the ones ya got to worry about... it's the nurses in the hospital who don't know how to act."		
21	07/26/2019		"Professional, kind, and informative."	"There's nothing more that could have been done."		
22	07/26/2019	"Very seriously. Didn't even blink an eye."	"Finding my apartment and knowing where to go. They were really good about that. And you know the drill, they came in, assessed me and off on the stretcher I went."	"Nothing!"		
23	07/27/2019		"There was a lot they did well. I thought the way they handled most of everything was done in a very professional way. And was overall excellent with the help they gave me."	"There's not much I can think of besides maybe a better system for if something is left in the ambulance by accident- other than that, I don't really have any much more to say."		
24	07/27/2019	"The medics were outstanding- Very polite."	"Overall, I believe everything they did was to help me. I have no complaints. Everything went as well as it could. We're just thankful."			
25	07/27/2019	"The work they did was good, but the attitude of the male medic was not great."	"Everything was great. I just think the medic must have been having an off day or something."	"Maybe try to remind them that even when they are having a bad personal day, to try really hard not to take it out on us. Just a little reminder to start	Assigned to Jones 10.2.19 #7336	See follow up below



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				the day off or something, ya know?"		
26	07/27/2019		"It was good. I don't think you need more information than that over the phone."	"Nothing."		
27	07/27/2019	"I didn't have any treatment until the hospital."	"It was all good. Those fellows have always treated me and the wife good. Some of them know me by now and know my situation."	"I haven't ever had a bad experience with y'all."		
28	07/27/2019	"(wife started to take survey)"	"The medics that cared for my husband that day were amazing medics. I knew we were in good hands as soon as they got here and came into the house."	"There's nothing you could do better. You are the best. Our family is happy and safe. Thank you."		
29	07/28/2019		"What was done well was everything. They came out to the house and rushed me away."	"I don't think there is anything else you can do better."		
30	07/28/2019	"They listened to me. I wasn't with any family or anyone, so they had to listen to me really."	"I think the way they went about letting me know what was happening. They talked to me a lot and I thought that was nice because it helped calm me down some."			
31	07/28/2019		"Everyone was excellent- They went out of their way to make sure I was being taken care of in the hospital. I've never had medics do that before. I thought they were such kind and professional young men."	"I don't think you can do anything about it, but I think the bill should be looked at. That is just too expensive in my book."		
32	07/28/2019		"The men were excellent. Professional and knew what they had to do. I			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			thought they did a great job with me. My husband thought so too."			
33	07/29/2019		"Getting to me as fast as they did was done well. The way the medics talked to me, and the compassion was all very satisfactory."	"Nothing I can think of."		
34	07/29/2019		"Efficient and professional."	"I don't have anything. I think it was fine. I'm satisfied."		
35	07/29/2019		"Getting to me as quick as they did, calming me down... they did a good job with that. I was panicked. Overall, I think those medics were wonderful to me."	"Everything was excellent. Keep up the good work!"		
36	07/30/2019		"Nothing I want to share."	"VA is supposed to pay for it and REMSA billed me."		
37	07/30/2019		"Nothing I want to share."	"Everything was done real well."		
38	07/30/2019			"Bill correctly."		
39	07/30/2019	"Very kind medics."	"They took my vitals in the ambulance. They made sure I was okay to leave they also asked if it was okay that my husband rode separately."	"I don't think there was anything the medics did wrong that day. They didn't treat me mean or anything like that."		
40	07/31/2019		"I was too sick to notice. But they did take care of me on the way to the hospital."	"No, I have had to use the ambulance three times and they do well each time."		
41	07/31/2019		"I was having a heart attack and the medics were on point with everything. They kept me informed. I was so scared."	"If there was I wouldn't know what it would be. They were very well trained. I was scared, so scared and they helped keep me calm."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
42	07/31/2019		"No."	"No."		
43	07/31/2019		"NO!!! Patient was very angry!"	"I am DONE with REMSA. I did NOT want them to take me anywhere and the medics didn't care!! They took me anyway! It was the worse experience!"	Jones 10.2.19 #7337	See follow up below
44	07/31/2019		"Everything went well!"	"All was well, thanks."		
45	08/01/2019		"Medics were cheerful despite my mood."	"Stop by Starbucks!"		
46	08/01/2019		"Medics were easy to talk to, they made my day."			
47	08/01/2019		"The medics were so nice to me and picked me up and put me in bed. They were very sweet and kind!"			
48	08/01/2019		"REMSA WAS AWESOME! They were very timely and concerned and upfront. They have always treated me kindly, me and my wife."	"Billing needs to bill correctly. All my bills go to the VA."		
49	08/01/2019		"Nothing I would like to share."	"I think the medic need to show more concern."	Selmi 10.2.19 #7338	See follow up below
50	08/01/2019		"Medics were gentlemen all the way there. They made me comfortable enough for me to rest and nap. Professional all the way through! I really appreciate them!"			
51	08/01/2019		"Good help."			
52	08/01/2019		"Very professional! Medics checked in with			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			me. I was impressed at the time."			
53	08/02/2019		"My mind wasn't on the medics. My mind was on surviving. But overall I would say they did what they needed in my time of need."			
54	08/02/2019		"I can't think of anything."	"I have nothing to complain about."		
55	08/02/2019			"I was forced into the situation after my son said he would drive me. Within two minutes the ambulance arrives, said I don't want to be transported and medics forced the situation on me. I was very disappointed by your service. Extremely saddened."	Selmi 10.2.19 #7339	See follow up below
56	08/02/2019		"They did a good job and kept me from falling from the aircraft."			
57	08/02/2019		"Just an overall good job."	"Nothing, it was all very good."		
58	08/02/2019		"Handled it all every well and explained everything calmly to us."	"Nothing, I can think of."		
59	08/03/2019	"There are two ratings here. The pain management for my mother who passed that day was nonexistent. My mother was in extreme pain I would rate that a 0. The ride of the ambulance was a 5."		"Have pain management for patients."	Selmi 10.2.19 #7340	See follow up below
60	08/03/2019		"Medics were very professional."	"Everything they did they did well. Work on the comfort of the		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
				ride."		
61	08/03/2019		"The women were really great! It was an excellent experience."	"No."		
62	08/04/2019		"Medics did very well."			
63	08/04/2019		"Nothing, outstanding. Turns out I didn't need to go."			
64	08/04/2019		"Very compassionate and caring. Professional too."	"No."		
65	08/04/2019		"No."	"No."		
66	08/04/2019		"Everyone did just fine, I am still here. Very professional."	"No."		
67	08/05/2019		"Giving me the right information and respectful."	"This last time was fine... it was a couple times back that I had some trouble with a medic and how they were speaking with me and my wife, but we've never had any problems since then."		
68	08/05/2019		"Getting to me as quick as they did and also the way they handled out the care was really good as well. To be honest, I don't think there's been a time RESMA has done us bad. We love the people."			
70	08/06/2019		"Medics were functional and patient with me while caring for me."			
71	08/06/2019		"Medics cared for me very well."			
72	08/06/2019		"I think the way they talked to me and kept me informed is what they did really well. I mean	"Nothing I can think of. They were nice and professional. Very well trained too on top of		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			everything they did was great, but that was what stood out to me."	that."		
73	08/06/2019		"Patient stated the medics were quick, efficient and took charge of the situation."			
74	08/06/2019		"Patient stated everything was done well. The medics cared for her and treated her kindly."			
75	08/06/2019		"The paramedics showed kindness and concern when they checked back in on the patient."			
76	08/07/2019		"Everything was done well, the paramedics were very professional."			
77	08/07/2019		"The paramedic's professionalism was outstanding."			
78	08/07/2019		"Everything was done well."			
79	08/07/2019		"Patient stated the medic's communication skills were excellent."			
80	08/07/2019		"The paramedics listened well and treated her with respect. Patient stated they also made sure she was comfortable."			
82	08/08/2019		"Everything was done well."			
83	08/08/2019		"The patient stated he was quickly assessed, loaded and on the way to the hospital in a very timely manner."			
84	08/08/2019		"Patient stated the paramedics covered all of their bases very well."			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
85	08/08/2019		"Seamless transport between medical facilities."			
87	08/08/2019		"Patient stated the medics took very good care of her."			
88	08/09/2019		"The professionalism was outstanding."			
89	08/09/2019	"Not much they could do about my pain, but I knew there would be more care at the hospital."	"I think it was all done well. The men that cared for me were excellent and I can't thank them enough. They were amazing."			
90	08/09/2019	"From everything I remember, they were some great guys. I'm telling ya!"	"The compassion and listening skills were very professional."	"Well I hope there's not a next time, but I think the whole REMSA team did an excellent job. Just keep up the good work and I think you guys will be fine haha."		
91	08/09/2019	"Some of it is a blur, but I know they had my best interest."	"I was very happy with the service and so was my wife. We both think they behaved appropriate."			
92	08/09/2019		"When loading me up to go, they let me talk to my husband for a little bit and they really helped my nerves. It was just very helpful of them to allow that and I kept thanking them. They were really nice."			
93	08/09/2019		"I had never had to call for myself, so that was a first the whole experience was new to me. It was a pretty scary situation, but ended well, so that is all I can really	"Uh, I don't think there was much wrong to be honest."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			hope for."			
94	08/09/2019	"Oh, they were great. very kind individuals"	"Everything! They treated me with respect."	"Nothing. I have never had a problem with your ambulance service. My family and I are very thankful for the services you have provided to us."		
95	08/09/2019	"I don't know about recommending them if they're the only ambulance in town... seems like they got a closed market on that one for this area, huh? haha"	"Well, the professionalism should and getting my vitals was quick which I liked because then we were getting where we needed to go faster."			
96	08/10/2019	"Exceeded all expectations - Even after arriving at the hospital."	"Everything was done well. I think they do a good job of treating the patient with a lot of care. These medics stayed with me and kept me calm. One even prayed with me. I thought the whole ordeal went over well in the end."	"Nothing I can think of. We were very satisfied."		
97	08/10/2019		"Oh I don't know. They got me to the hospital fast I guess and saw to it that I was taken care of. They were just doing their job, really."	"Maybe be a little more personable. I think they did a fine job."		
98	08/10/2019		"Nothing better than REMSA. I've seen the way they work with my mom and dad, my husband and now myself. And we all have nothing but good to say about them."	"Just keep up the good work. Hurting people need medics like you guys."		
99	08/10/2019	"In the end after they helped me calm down and get my head right, they asked if I wanted to go to	"Well, like I mentioned before, I think that impressed me the most was them respecting my	"Nothing I can really think of. I didn't ride with them or anything, I only saw so much."		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		the hospital and if I felt safe. Which I thought was really kind and I like that I had a choice."	decisions. The fact that they asked me if I felt I needed to go."	But I'm happy."		
100	08/10/2019		"It was all fine really. I don't have much more to say on it... wasn't a crazy rush to the hospital or anything."			
101	08/10/2019		"It was all good. The medics came right into the house and started asking me questions about what was going on. I thought they were really good."			
102	08/10/2019		"I mean they were nice- they took my vitals about that was about it and the ride in was smooth but that's about it"	"I don't think I really have the right to answer that- I was just being transferred."		
103	08/11/2019	"They couldn't do anything about my pain"	"I don't want to go into too much detail, because it was a hard day for me and my family. But I will say those medics were amazing."	"Oh no- I don't think there's anything better they could have done."		
104	08/11/2019		"They were pretty compassionate about my feelings."	"Nothing."		
105	08/12/2019	"I'm not sure about the treatment because we thought he was having a heart attack and that's why I called."	"Actually every time they have come in, they are kind, pleasant and ask questions. I think the service is excellent - It's scary when they have to come, but they take over and manage us. I'm very pleased with the service my husband has had from you guys."	"I've given them a code to get into our house- So I don't know what they could do any better- and we have had to use you guys a couple times."		
106	08/12/2019	"I don't know about treatment as they were just"	"They knew how to get my husband down the"	"I guess the only thing my husband"		



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		moving him."	stairs."	complained about was that he could feel the bumps in the road."		
107	08/12/2019		"I got t-boned and I was in a lot of pain. They treated me good. I didn't have a bad experience or anything."	"Hopefully there isn't one! I don't have any complaints."		
108	08/12/2019		"All of it."	"Not ask me if I want to go."		
109	08/12/2019		"How quick they arrived and the niceness they displayed."	"I don't think there will be a next time."		
110	08/12/2019		"It was all good. Nothing to report if I'm going to be honest with you. Don't think they have ever done a bad job or treated me mean."			
111	08/12/2019	"Well informed."	"They seemed really concerned about her wellbeing."	"oh geez-,I don't think there is anything... it was pretty good."		
112	08/12/2019		"They did well getting all of my information down and helped figure out what was happening to me, because me and the wife had no idea. And I just think everything went really well and I'm grateful for that."	"I don't think there is really much of anything that I can think of that you guys can do better on."		
113	08/12/2019	"Really good with loading me up in the back."	"I don't really think I can only point out one thing they did that was really great. I think the medics were on top of their game and knew what they were doing. On top of that, very professional. All in all, I think it was an easy trip to the hospital."	"Nothing! I mean it was all good like I was saying."		
114	08/12/2019		"I was happy with the service. Everyone was			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			satisfactory and I was taken care of."			
115	08/13/2019	"I didn't get medication from them or any kind of treatment like that, but what they did do, they did correct."	"Oh it's always good. There's nothing I can think of that has ever gone wrong. The issues typically start to happen once I'm at the hospital."	"Maybe just more blankets- I get cold in the back of those things."		
116	08/14/2019	"Wonderful medics."	"The REMSA medics always do a great job with me or my husband. We feel safe a protected by them and I think that's the best thing you can be to people who are hurting or in pain."	"No, we love the people who have come out and helped us."		
117	08/14/2019	"Took my problem very seriously .We would have had an issue if they weren't haha I'm not afraid to speak my mind- I've lived too long not to haha."	"I think overall the way they make you feel in their care is what they do well. They also seem very knowledgeable, and kind."			
118	08/14/2019		"Patient stated that the medics overall took care of him."			
119	08/15/2019		"Medics had a sense of humor."			
120	08/16/2019		"No."	"Tell patient what med they are administrating."		
121	08/16/2019		"I was so out of it."	"I don't believe there is anything."		
123	08/16/2019		"Medics took good care of me."			
124	08/17/2019		"No."	"Everyone was really good. I have no complaints"		
125	08/17/2019		"No."	"No."		
126	08/17/2019		"Got there quickly and they were understanding and explained everything."	"No, I have no complaints."		
127	08/17/2019		"I think the whole			



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
			experience was good."			
128	08/17/2019		"They did a great job."	"They all did very well."		
129	08/17/2019		"Very nice."	"Everybody was very helpful during our accident that left us in a lot of pain."		
130	08/18/2019		"Everything was really good."	"Medics should have a way to communicate to hospital about medication. That way everyone knows what I take,"		
131	08/18/2019		"Down to earth and friendly."	"Nothing I can think of. It was a quick ride and everything was pretty good."		
132	08/19/2019		"Medics handled me beautifully."	"Comfort of ride needs fixing."		
133	08/19/2019			"Too much money."		
134	08/19/2019		"No, nothing."	"Bumpy ride! Do something about the comfort!"		
135	08/19/2019		"Nothing."	"No."		
136	08/19/2019		"How quickly they came."	"I think they did great!"		
137	08/19/2019		"No."	"Nothing."		
138	08/19/2019		"All was great. From the time they came they were so kind and wonderful. It was comforting."	"Not from my experience, they were so caring from the start!"		
141	08/29/2019		"They worked hard to make sure I was okay."			
142	08/29/2019		"They listened to me when I explained I could not take pain medication because of my job regulations."			
FOLLOW UP						
1	9/7/19 1330, I spoke to the pt, he was very nice but was concerned about all the questions about his wife's meds. PT had Mohs surgery on his nose, while sleeping his patch come off and he started bleeding, could not					



	Date of Service	Description/Comments	What was done well by REMSA?	What could we do to better serve you next time?	Assigned	Results After Follow Up
		stop it. Paramedic kept asking about his wife's meds and PT which became upset. I apologized to the PT several times, we had a very nice conversation. PT was very happy I called about this incident. No further.				
8		Message left 10-2 at 1625 Message left 10-7 at 1340.				
25		This patient was contacted and hung up on me after I identified myself and told her the reason for my call. I took that to mean she did not wish to discuss the matter.				
43		The pt's. husband answered the phone and tried to put the pt. on the phone with me but she refused. The husband said the ride in the ambulance was uncomfortable for his wife, and that she was taken against her will. I left a message for the paramedic on the call and asked for a return call. I will update this report after I talk to him.				
49		10/4/19 1555, I attempted to contact the pt, voice mailbox was full. Crew will complete an occurrence report ASAP. 10/5/19 0900, I spoke with the pt she was nice did not have much to say about the crew. Crew transported her to RRMC but she did not go to Reno Behavioral after the ER. No further.				
55		10/4/19 1540, I left a message for the pt. Crew will complete an occurrence report ASAP 10/5/19 0910, I spoke to the pt, pt was very nice but not happy he was forced to go. His son drove him to the urgent care and pt told me the ambulance was there within 1 minute they must have been waiting for him. I told him they were close, arrived on scene within 4 minutes. I told pt I spoke to the crew and had written reports that it was recommend he go by ambulance and not his son. Pt was unhappy and said they grabbed him, put him on the gurney and buckled the seat beats without his consent. I asked what did his son say and he told me he just shook his head in disbelief. Pt said he complained the whole way to the hospital. He also checked his insurance and it had already been billed and did not feel the need to pay anymore. I apologized to pt and told him I would pass this onto the billing department. Pt was happy I called him back.				
59		10/4/19 1020, I contacted our billing office for possible family contact as I do not know who this is from or a phone number. Pts son, and pt have the same cell phone number. I left a message at home for pt, I was unable to leave a message on his cell as it was not set up yet for messages. Chart has good documentation of 12 lead, BGL, IV with fluid, 4mg Ondansetron and a total of 60mcg Fentanyl given enroute to RRMC with no changes. 10/5/19 0952, I spoke to one of the sons, he has no idea who made the complaint, and he said the paramedic's and FD were great with his mom. I gave him my desk number if other son wants to call me back today. 10/5/19 1620, closed this ticket, son did not call back. No further.				



SEPTEMBER 2019 REMSA AND CARE FLIGHT PUBLIC RELATIONS REPORT



Since 1986, REMSA has provided nationally recognized ground ambulance service within Washoe County, Nevada. As the largest employer of EMS personnel in Northern Nevada, REMSA provides residents and visitors with 9-1-1 response and transport, interfacility transport, disaster preparedness, special events coverage, search and rescue, tactical medical support, and public education. REMSA provides ground ambulance services under a performance-based franchise agreement with the Washoe County Health District and is the sole provider of emergency and inter-facility ground ambulance transport services within Washoe County (excluding Incline Village and Gerlach). REMSA is a private nonprofit community-based service which is solely funded by user fees with no local community tax subsidy.

REMSA maintains its operational and clinical standards as one of the most recognized high-performance EMS systems in the country. REMSA responds to approximately 70,000 requests for service per year.

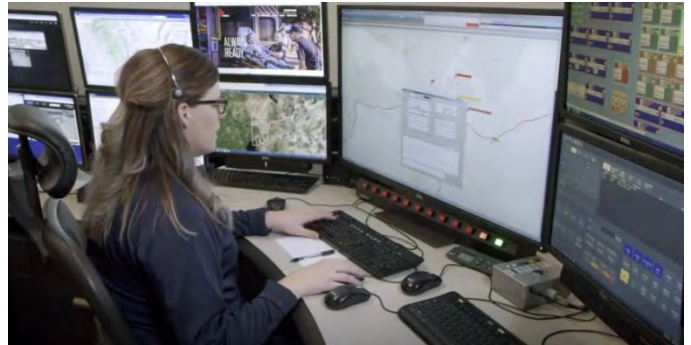


PUBLIC & COMMUNITY RELATIONS

Flirtey Unveils the Future of Drone Delivery

Founder and CEO of Flirtey, Matthew Sweeny, reveals a partnership with REMSA in an effort to deliver defibrillators via drone. The article was picked up by 200 separate media sources locally and across the nation.

“ We are working with REMSA to integrate into the 911 network so that if someone in the local community in Reno has a cardiac arrest in their home. We will be able to send a drone carrying a defibrillator to help save their life.”



REMSA Offering Paramedic Program Entrance Testing

REMSA's Education Team's paramedic program testing was featured on local Fox 11 news.

In the Nick of Time: Local Responders Arrive to Deliver Baby Girl

REMSA's Katrina Lim was featured in a story about how she delivered a pregnant woman's baby while out on a call the morning of September 17th.





PUBLIC & COMMUNITY RELATIONS

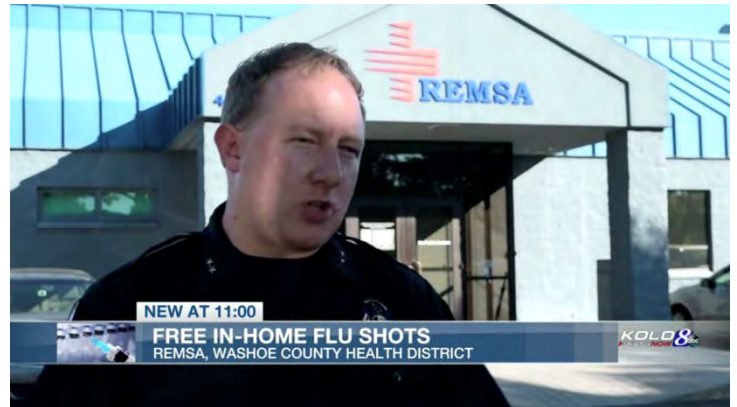


REMSA Discusses National Child Passenger Safety Week

REMSA's Community Programs Coordinator, Francisco Ceballos educated the public about the importance of properly-fitted car seats.

REMSA to Give Free Flu Shots to Home-Bound Adults

Communications Director Adam Heinz was interviewed by multiple local news outlets (including KOLO 8, pictured here) about REMSA's home-bound flu program.



American Heart Association - Heart Walk

REMSA participated in the annual American Heart Association Heart Walk with an information table and a heart walk team.



PUBLIC & COMMUNITY RELATIONS

Tours
REMSA hosts tours for members of the community - little and big!



REMSA Recognized by UNR
REMSA was recognized along with many other first responder agencies, businesses and community members for the role our team played in responding to the explosion at Argenta Hall.



PUBLIC & COMMUNITY RELATIONS



EMS Memorial Bike Ride

REMSA was honored to participate in the Emergency Medical Services (EMS) Memorial Bike Ride, which honors the lives of those who serve every day, those who are injured on the job and those who have died in the line of duty.

Homebound Flu Shots

REMSA is offering flu shots to 100 homebound citizens of Washoe County. As the region's mobile healthcare provider, REMSA identified an opportunity to improve the health of the community by offering flu shots to people who may not easily be able to access healthcare outside the home.

September 24, 2019

REMSA Offers Flu Shots to 100 Washoe County Homebound Citizens





PUBLIC & COMMUNITY RELATIONS

Reno Dads

REMSA has partnered with Reno Dads, a group of local fathers that has an influential presence on social media and regularly publishes articles on their website which reach parents in northern Nevada. In September, REMSA contributed two guest articles that were published on the Reno Dads website and shared on social media.

Safety Tips for Hiking in the Truckee Meadows

Contributed by Jason Hatfield, REMSA Paramedic and Clinical Coordinator
Facebook reach: 618, Website visits: 128

Be Safe, Explore and Discover the Joy of Cycling!

Contributed by Dean Dow, REMSA President and CEO
Facebook reach: 479, Website visits: 61



EDIT

Safety Tips for Hiking in the Truckee Meadows

One of the things I like most about living in the Truckee Meadows is that well into late September and early October, you can keep exploring the area through hiking. During the fall

READ MORE



EDIT

Be Safe, Explore and Discover the Joy of Cycling!

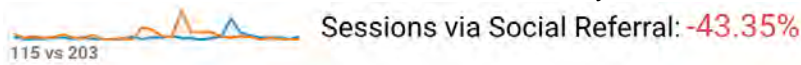
"Hey kids – watch this!" We can all guess how this story goes, right? About 25 years ago, when I was teaching my sons the joy of cycling and riding bikes, our whole family was out for a ride

READ MORE



SOCIAL MEDIA HIGHLIGHTS

September website referral sessions from social media decreased by 43% year-over-year. However, Facebook, LinkedIn, Twitter, Instagram, and Yelp drove 115 visitors back to the REMSA website (85% of them brand new visitors to the site), with nearly 90% coming from Facebook. We will continue to find ways to drive people back to the website to learn more about REMSA, education courses, and other community services.



Facebook

Likes to-date: 3,302 +23 likes since August 2019
Followers to-date: 3,446 +22 followers since August 2019
September posts: 29
September post reactions: 1,287k
September post comments: 105
September post shares: 57



SOCIAL MEDIA HIGHLIGHTS

Top 3 Posts by Reach

1.

9/11/19
1,661 people reached; 138 reactions,
comments & shares;
154 engagements (post clicks, likes,
shares and comments).



Regional Emergency Medical Services Authority - REMSA

Published by Megan Duggan [?] · September 11 at 6:30 AM · 🌐

Today and every day, we honor and remember those we lost.
[#NeverForget](#)



SOCIAL MEDIA HIGHLIGHTS

2.

9/20/19
1,628 people reached; 195 reactions,
comments and shares;
341 engagements (post clicks, likes,
shares and comments)



 **Regional Emergency Medical Services Authority - REMSA**
Published by Megan Duggan [?] · September 20 at 9:30 AM · 🌐

Sarah V., one of [Care Flight's](#) dedicated communications specialists, received a special shout out from one of her coworkers about her commitment to the team and her community. On one of her days off, in the middle of the night, she came in to assist due to an increased volume of activity and calls.

Her coworker said, "She is always the happiest person in the room and a pleasure to work with. If she was running for President, she'd have my vote!" #AlwaysReady #WhenItMattersMost



SOCIAL MEDIA HIGHLIGHTS

3.

9/15/19
 1,615 people reached; 77 reactions,
 comments & shares;
 281 engagements (post clicks, likes,
 shares and comments)



Regional Emergency Medical Services Authority - REMSA

Published by Alexia Bratiotis Jobson [?] · September 15 at 7:18 AM · 🌐

If you're in the air, REMSA is there! We love special event season!
 #AlwaysReady





SOCIAL MEDIA HIGHLIGHTS



Followers to-date: 1,287 +43
followers since August 2019
September Posts: 3

Top Post by Impressions

426 impressions, 9 clicks



REMSA

1,287 followers

2w • Anyone

If you're an Emergency Medical Services (EMS) provider, tune into this webinar on Monday the 23rd hosted by [National Association of Emergency Medical Technicians](#) and the Academy of International Mobile Healthcare Inti ...see more

Web Link

register.gotowebinar.com



SOCIAL MEDIA HIGHLIGHTS



REMSA regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information. Subscribers to-date (end of September): 14



REMSA/Care Flight
13 subscribers

CUSTOMIZE CHANNEL YOUTUBE STUDIO (BETA)

HOME VIDEOS PLAYLISTS CHANNELS DISCUSSION ABOUT 🔍

REMSA Shares Water Safety Tips
REMSA/Care Flight • 7 views • 1 month ago
Stay safe this summer with these water safety tips from REMSA. Learn more safety and wellness here:
<https://bit.ly/2Y2Dv0m>

Community Advisory ▶ PLAY ALL

- Back the Pack Responsibly**
REMSA/Care Flight
35 views • 10 months ago
- Wolf Pack Back to School Wellness Tips**
REMSA/Care Flight
23 views • 11 months ago
- Back to School Safety Tips 2018**
REMSA/Care Flight
86 views • 1 year ago
- Nugget Rib Cook-Off Safety Tips**
REMSA/Care Flight
53 views • 11 months ago
- Hot August Nights Wellness and Special Event Info**
REMSA/Care Flight
35 views • 11 months ago

FEATURED CHANNELS

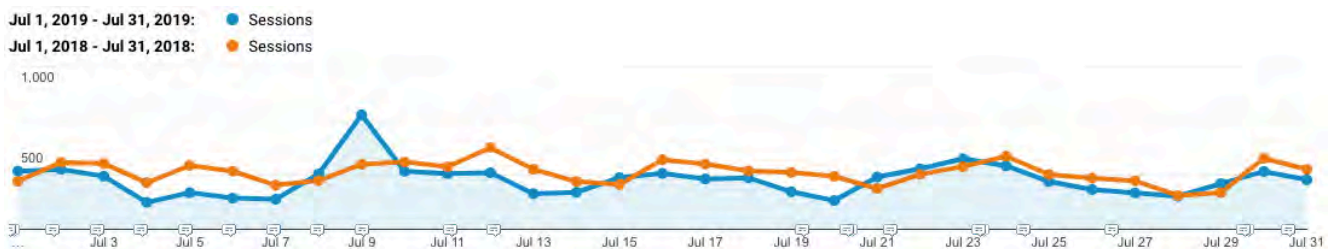
- City of Reno**
SUBSCRIBED
- NWSReno**
SUBSCRIBED
- Regional Transportatio...**
SUBSCRIBED
- American Heart Associ...**
SUBSCRIBED



SOCIAL MEDIA HIGHLIGHTS



REMSA Website Google Analytics



Overview of Site Data in September (Year-Over-Year Comparison)

- Sessions: **4.3% increase**
- Users: **8.2% increase**
- New Users: **17.3% increase**
- Pageviews: **7.7% decrease**
- Avg. Session Duration: **12% decrease**
- Bounce Rate: **9.7% decrease** (a good thing!)

There are various ways people come to the REMSA website. We pay close attention to the following channels:

- **Organic search** is natural ranking determined by search engine algorithms that can be optimized throughout the year.
- **Direct traffic** is users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to strong brand awareness, as well.
- **Referral traffic** is Google's method of reporting visits that came to your site from sources outside of its search engine, i.e. a partner website, news website, etc.
- **Paid traffic** is any traffic that visits your site after a paid advertising promotion
- **Email traffic** is any traffic coming from email blasts

Here is how each channel performed year-over-year:

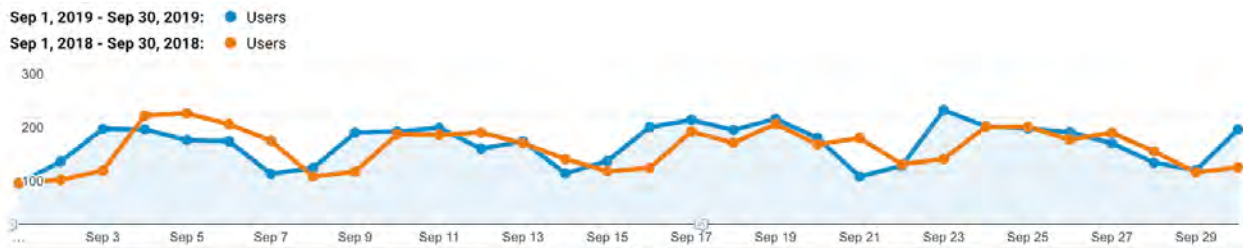
- Organic search: **7% increase**
- Direct traffic: **21% increase**
- Referral traffic: **12% decrease**
- Email traffic increased year-over-year since it is a new initiative.
 - 476 opens (32% of recipients opened the email)
 - 18 readers clicked to the website (4% of readers)



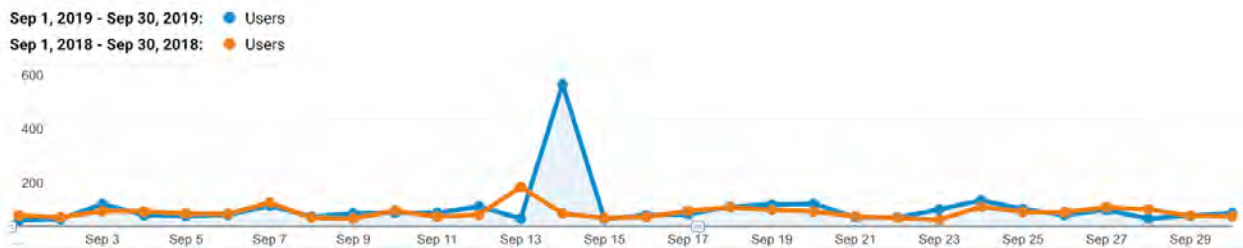
SOCIAL MEDIA HIGHLIGHTS



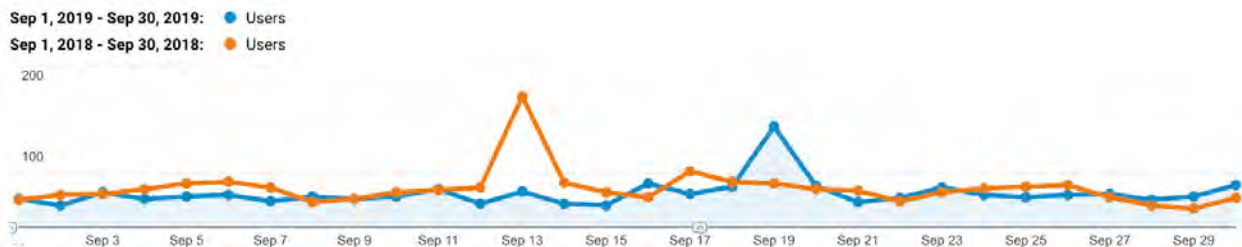
Organic Traffic



Direct Traffic



Referral Traffic



Top 3 Referral Sites:

1. REMSA Enrollware
2. Workforce ADP
3. Truckee Fire



We have also implemented event tracking for three specific goals on the website: Membership Leads, Pay Your Bill Online and Phone Calls.

Website visitors who clicked to fill out a Membership form:

- Website visitors who clicked to fill out a Membership form:
 - Flight Plan Membership form: 142 website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 79 website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 15 website visitors clicked the external link to fill out the Sierra Saver Membership form

- Website visitors who clicked to pay their bill online: 265

- Top 5 phone numbers that visitors clicked on:
 - 775-858-5700 - Main Phone Number - 87 clicks
 - 775-353-0739 - Private Insurance - 10 clicks
 - 775-982-2620 - Point of Impact - 9 clicks
 - 775-353-0784 - EMT Course - 7 clicks
 - 775-858-5745 - Membership Questions - 5 clicks



REMSA 2019-20 Penalty Fund Reconciliation as of August 31, 2019

2019-20 Penalty Fund Dollars Accrued by Month

Month	Amount
July 2019	7,130.32
August 2019	10,042.40
September 2019	
October 2019	
November 2019	
December 2019	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total Penalty Fund Dollars Accrued	\$17,172.72

2019-20 Penalty Fund Dollars Encumbered by Month

Program	Amount	Description	Submitted

Total Encumbered as of 08/31/2019 **\$0.00**

Penalty Fund Balance at 08/31/2019 **\$17,172.72**



REMSA INQUIRIES
September 2019

No inquiries for September 2019

AHSO	AH
DHO	_____ KD
DA	DR
Risk	_____

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health

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

SUBJECT: Approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received.

SUMMARY

The Community and Clinical Health Services Division received a request from the State of Nevada Department of Health and Human Services on October 8, 2019 to submit a budget and scope of work in order to amend the State Family Planning Grant for the period of November 1, 2019 through June 30, 2021.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

On July 25, 2019 the Board approved a Notice of Subaward from the State of Nevada Department of Health and Human Services, Office of Community Partnerships and Grants for the period retroactive to July 1, 2019 through October 31, 2019 in the total amount of \$29,395.20 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program.

BACKGROUND

SB94, sponsored by the Legislative Committee on Health Care, appropriates \$6 million for FY20 and FY21 for statewide family planning services grants to fund health care services like contraception, maternal care, immunizations, cancer screenings, and STI prevention. It was signed by the governor in June 2019 and awards money to local governmental entities and nonprofit organizations to provide family planning services to persons who would otherwise

have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason.

Initially, the State requested interim budgets for services through October 31, 2019. Washoe County Health District was awarded \$29,395.20 (\$3,609.94 indirect) that funded intermittent/hourly staff, operating supplies, equipment, and indirect expenditures.

On October 8, 2019, the CCHS Division received a request from the State to submit a budget and scope of work for the State Family Planning Grant for the rest of the grant period, from November 1, 2019 through June 30, 2021 with the hopes of executing the amendment by November 1st. As such, the program developed the attached scope of work and budget to expand services provided by the Family Planning Program with the hopes of receiving the amendment by the District Board of Health meeting on October 24th.

The scope of work for this grant period includes the addition of a 1.0 FTE Public Health Nurse and 1.0 FTE Community Health Aide to expand and integrate Family Planning and Immunization Program services by providing vaccinations to include Human Papilloma Virus (HPV), Hepatitis A and B, Tetanus, Diphtheria, and Pertussis (TDAP) and seasonal Influenza. New positions are evaluated by the Job Evaluation Committee and forwarded to the County Manager for approval.

FISCAL IMPACT

Should the Board approve this amendment, a request will be made to the Board of County Commissioners to amend the adopted FY20 budget, increasing it by \$434,300.00 (\$60,802.00 indirect expenses) in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11603-432100	State Grants	\$ 434,300.00
2002-IO-11603-701412	Salary Adjustment	\$ 216,000.00
2002-IO-11603-705360	Benefit Adjustment	\$ 97,000.00
2002-IO-11603-710300	Operating Supplies	\$ 1,050.00
2002-IO-11603-710703	Biologicals	\$118,000.00
2002-IO-11603-711508	Computers non-capital	\$ 2,250.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Subaward Amendment #1 from the State of Nevada Department of Health and Human Services for the period effective November 1, 2019 through June 30, 2021 in an amount not to exceed \$495,102.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11603 and authorize the District Health Officer to execute the Subaward, or if the Subaward is not available by the Board meeting date authorize the District Health Officer to execute the Subaward upon DA approval as to form once it is received."

**Washoe County Health District
Family Planning Services
Funded through Senate Bill No. 94
Scope of Work**

Need: Improve the overall health of low income and/or at risk individuals in Washoe County through cost effective and efficient family planning services.

Goal: To provide client-centered and quality family planning services that promotes optimal health outcomes.

Objective	Activities	Timeline	Documentation Needed
<p>1. Carry out a project that maximizes access to available services by providing recommended vaccinations as part of the family planning visit.</p>	<p>1. Provide HPV vaccine to unvaccinated family planning clients.</p> <p>2. Provide education on the importance of HPV vaccination for cancer prevention.</p> <p>3. Provide Twinrix vaccine to unvaccinated family planning clients who are at risk for Hepatitis A and Hepatitis B, including but not limited to, having more than one sex partner in 6 months, having sexual contact with infected people, having cirrhosis or chronic hepatitis C, using intravenous (IV) drugs.</p> <p>4. Provide education on the importance of Hepatitis A and Hepatitis B vaccination for disease prevention and preconception health.</p>	<p>January 1, 2020 to June 30, 2021- Although this grant starts on November 1, 2019, the program will need time to develop work processes.</p>	<p>Number of HPV vaccinations provided each quarter.</p> <p>Education material</p> <p>Number of Twinrix vaccinations provided every quarter.</p> <p>Education material</p>

**Washoe County Health District
Family Planning Services
Funded through Senate Bill No. 94
Scope of Work**

Objective	Activities	Timeline	Documentation Needed
	<p>5. Provide Tdap vaccine to unvaccinated family planning clients to optimize preconception health.</p> <p>6. Provide education on the importance of Tdap vaccination for disease prevention and perception health.</p> <p>7. Provide Influenza vaccine to unvaccinated family planning clients to optimize preconception health.</p> <p>8. Provide education on the importance of Influenza vaccine for disease prevention and preconception health.</p>		<p>Number of Tdap vaccinations provided each quarter.</p> <p>Education material</p> <p>Number of Influenza vaccinations provided during each quarter.</p> <p>Education material</p>
<p>2. Carry out a project that improves the Family Planning program workflow through the addition of staff to provide integrated family planning and immunization services.</p>	<p>1. Hire a Public Health Nurse (1FTE) to assist with clinic activities including; forecasting, dispensing, and administering immunizations; testing and treatment; education and follow up.</p>	<p>January 1, 2020 Although this grant starts on November 1, 2019, the program will need time to hire staff.</p>	<p>Personnel/Time Coding documentation</p> <p>Track number of Family Planning clients served (by demographic information).</p>

**Washoe County Health District
 Family Planning Services
 Funded through Senate Bill No. 94
 Scope of Work**

Objective	Activities	Timeline	Documentation Needed
	2. Hire a Community Health Aide (1FTE) to assist with Family Planning clinic activities, including rooming, vitals, translation, and assisting providers. 3. Purchase two desk top computers and four monitors for new staff members.	January 1, 2020	Track number of each method (IUD, hormonal implant, Depo Provera, oral contraceptive, and vaginal ring) dispensed. Invoice for equipment

Directions: This table is required to justify the budget table in Section C of the accompanying Subaward/Amendment Packet - HD **XXXXX**. The table in Section C of the subaward **MUST** match this justification. This spreadsheet will not be inserted in the subaward packet. Do not remove the formulas in this table.

Category	Total Cost	Detailed Cost	Details of Expected Expenses
1. Personnel	\$313,000.00		
		\$135,000.00	1.0 FTE Public Health Nurse (Jan 2020 - June 2021)
		\$81,000.00	1.0 FTE Community Health Aide (Jan 2020 - June 2021)
		\$97,000.00	Fringe (Health Ins, Retirement, Medicare, WC, UC)
2. Travel	\$0.00		
3. Operating	\$121,300.00		
		\$2,250.00	2 desktop computers; 4 monitors
		\$1,050.00	Operating supplies (syringes, bandages, etc.)
		\$118,000.00	Biologicals (vaccines)
4. Equipment	\$0.00		
5. Contractual/Consultant	\$0.00		
6. Training	\$0.00		
7. Other	\$0.00		
Total Direct Cost	\$434,300.00		
8. Indirect Cost	\$60,802.00	14% of total direct costs	
9. Match			
Total Approved Budget	\$495,102.00		

Staff Report
Board Meeting Date: October 24, 2019

TO: District Board of Health
FROM: Laurie Griffey, Admin Assist I/HR Rep
775-328-2403, lgriffey@washoecounty.us
THROUGH: Dr. John Novak, DBOH Chair
SUBJECT: Review and Approval of the District Health Officer's Annual Performance Evaluation Results.

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 2019 District Health Officer's Performance Evaluation as presented.

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 is at the top of his pay range so no increase is requested at this time.

District Health Strategic Priority supported by this item:

6. Organizational Capacity: Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

On October 25, 2018, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting; reviewing the results of the on-line 360 survey conducted in September/October 2018. The Board accepted the performance evaluation as presented. Mr. Dick has reached the top of the District Health Officer pay range; no increase was requested this year.

On September 27, 2018, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2018 Performance Evaluation, as well as the questions to be used and the list of 35 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

On October 26, 2017, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation in an open meeting;

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street, Building B, Reno, Nevada 89512

AHS Office: 775-328-2410 | Fax: 775-328-3752 | washoecounty.us/health

Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



reviewing the results of the on-line 360 survey conducted in September/October 2017. The Board accepted the performance evaluation as presented, and approved the one point six seven percent (1.67%) merit increase retroactive to October 24, 2017. This increase puts Mr. Dick at the top of his pay range.

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.

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 is at the top of the District Health Officer pay range so no increase is requested at this time.

Subject: 2019 DHO Evaluation
Date: October 24, 2019
Page 3 of 3

FISCAL IMPACT

No Fiscal Impact.

RECOMMENDATION

Recommend to approve the District Health Officer's Annual Performance Evaluation Results.

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.



2019 District Health Officer's Annual Performance Evaluation

Mr. Kevin Dick

**Presented by the District Board of Health (DBOH)
Thursday, October 24, 2019**

Summary
2019 District Health Officer Performance Evaluation - Mr. Kevin Dick

Question	1	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health Member	17.4%	4
			Division Director or Admin Health	17.4%	4
			Peer from an Outside Agency	65.2%	15

23 people accessed the survey-23 completed it.

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	12	0	0	23
			Inspires trust and confidence with staff, the District Board of Health and the public.	6	12	2	3	23
			Functions as an effective leader of the organization, gaining respect and cooperation from others.	10	11	2	0	23
			Values staff, helps staff develop a passion for their work and recognizes their contributions.	8	8	0	7	23
			Develops a talented team and challenges them to perform to their highest level.	9	8	2	4	23

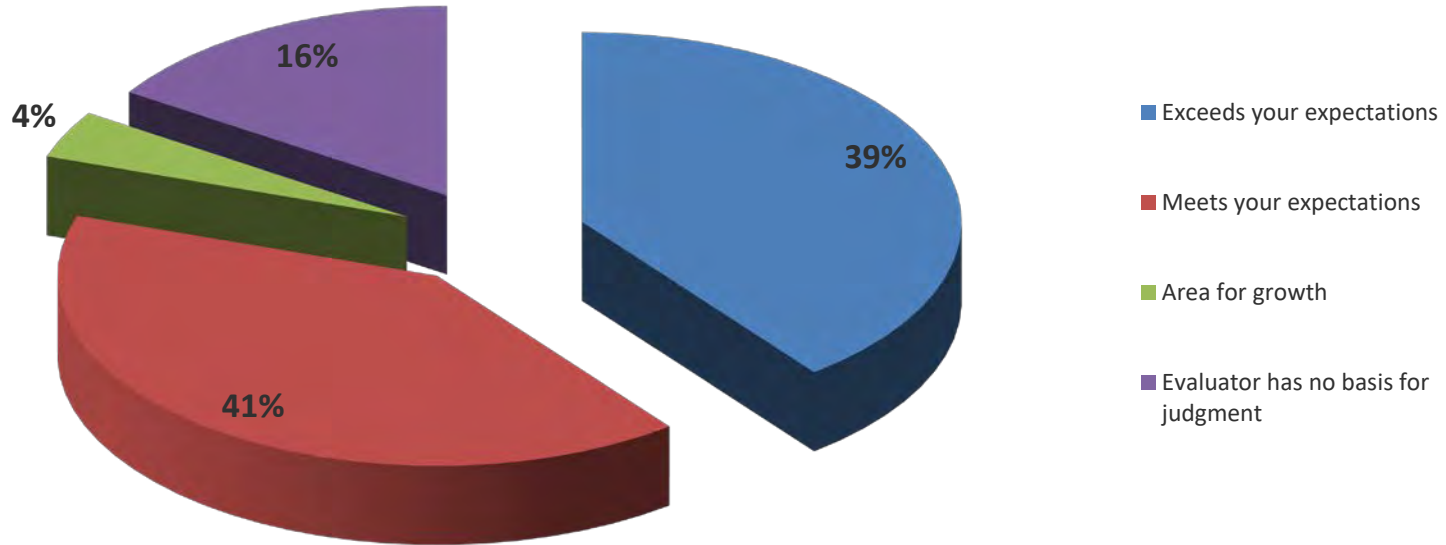
Question	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective communication with District Board of Health, other elected officials, outside agencies, department heads, and staff regarding issues and concerns of the Health District.	12	9	1	1	23
			Listens attentively and effectively.	10	12	1	0	23
			Speaks and writes logically, clearly and concisely.	11	11	0	1	23
			Delivers logical and well-organized presentations (formal and informal)	12	10	1	0	23
			Encourages and uses feedback	8	13	1	1	23

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.	13	9	1	0	23
			Has a successful working relationship with the news media.	6	10	0	7	23
			Has a successful working relationship with community stakeholders and community organizations.	14	8	1	0	23
			Encourages and considers community input on issues the Health District can impact.	9	11	1	1	22
			Strives to maintain citizen satisfaction with Health District services.	11	9	1	2	23

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.	9	8	1	5	23
			Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	12	7	1	3	23
			Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	10	8	2	3	23
			Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	9	10	1	3	23
			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.	10	10	1	2	23

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.	4	9	1	8	22
			Disseminates complete and accurate information to all board members in a timely manner.	8	3	0	11	22
			Responds well to requests, advice and constructive criticism.	3	8	1	10	22
			Provides support to the board's meeting process that allows for open, transparent decision making.	5	8	0	9	22
			Facilitates the board's decision making without usurping authority.	5	7	1	9	22

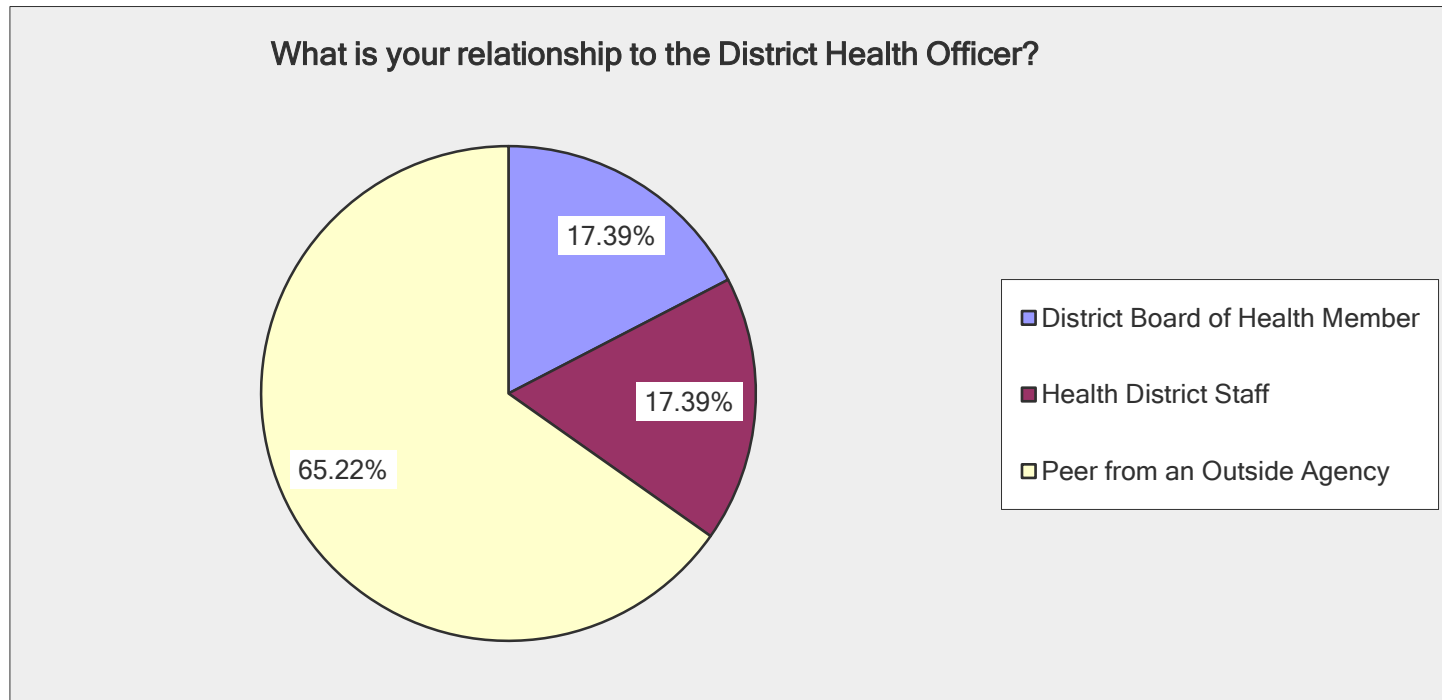
Kevin Dick's 2019 Overall Performance Evaluation Results



AVERAGE RESULTS FOR QUESTIONS 2-6			SUMMARY	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
			Avg. # of Participants	9.00	9.24	0.92	3.60
80.14%	Rated Mr. Dick as Meets or Exceeds Expectations.		Percentage %	39.54%	40.60%	4.04%	15.82%

Kevin Dick's 2019 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	17.39%	4
Health District Staff	17.39%	4
Peer from an Outside Agency	65.22%	15
<i>answered question</i>		23
<i>skipped question</i>		0



Kevin Dick's 2019 District Health Officer Evaluation Question 2

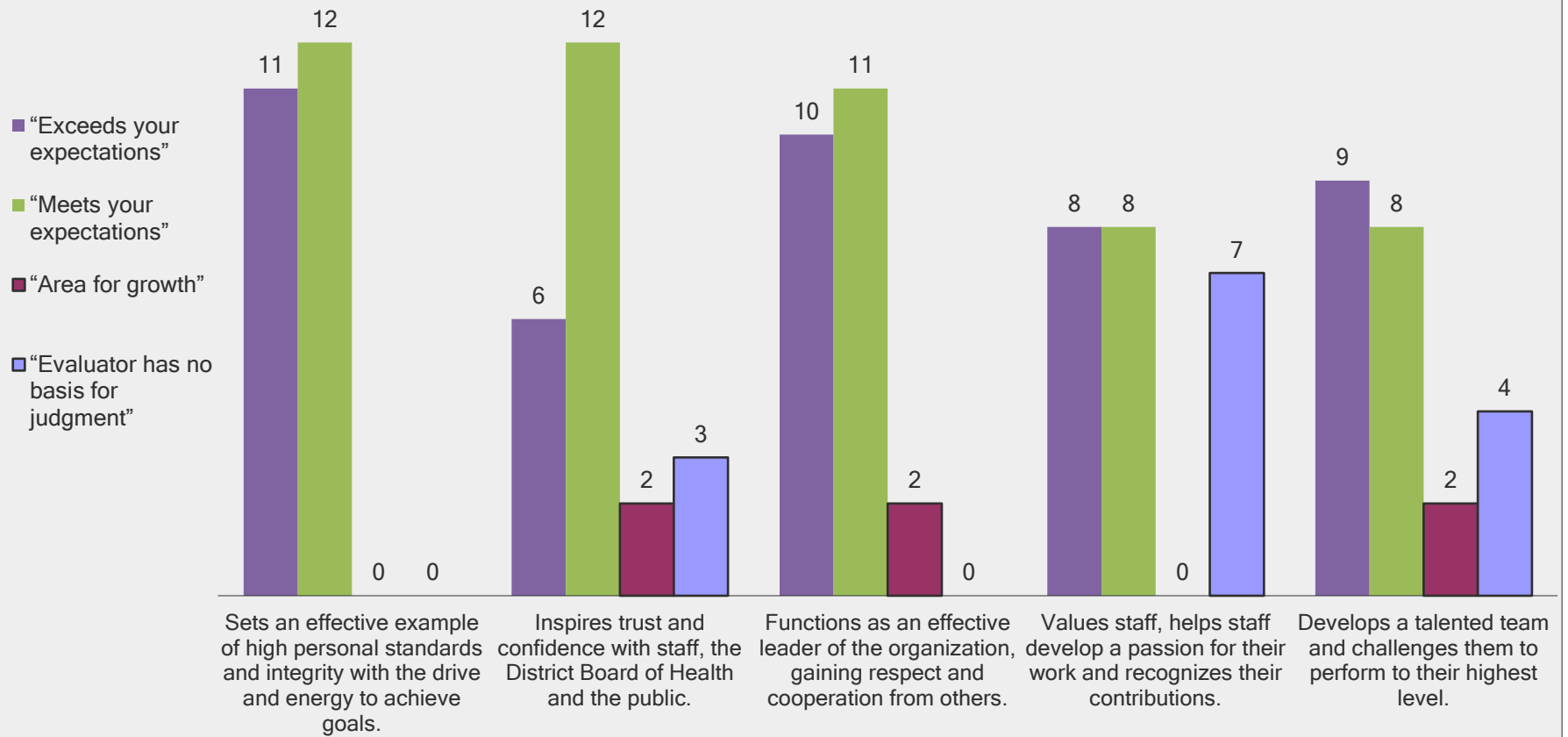
LEADERSHIP

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	12	0	0	23
Inspires trust and confidence with staff, the District Board of Health and the public.	6	12	2	3	23
Functions as an effective leader of the organization, gaining respect and cooperation from others.	10	11	2	0	23
Values staff, helps staff develop a passion for their work and recognizes their contributions.	8	8	0	7	23
Develops a talented team and challenges them to perform to their highest level.	9	8	2	4	23
Additional comments regarding Leadership:					4
<i>answered question</i>					23
<i>skipped question</i>					0

Additional comments regarding Leadership:

Kevin always encourages staff to work at their highest level of performance and always provides opportunities for professional growth.
Kevin is an inspirational leader with the ability to ignite confidence and passion in others.
Has balanced the difficult task of wading through lots of regulatory constraints and has still been able to motivate and work well to develop staff's strengths.
Kevin is well respected in the community for his innovative thinking and leadership.

LEADERSHIP



Kevin Dick's 2019 District Health Officer Evaluation Question 3

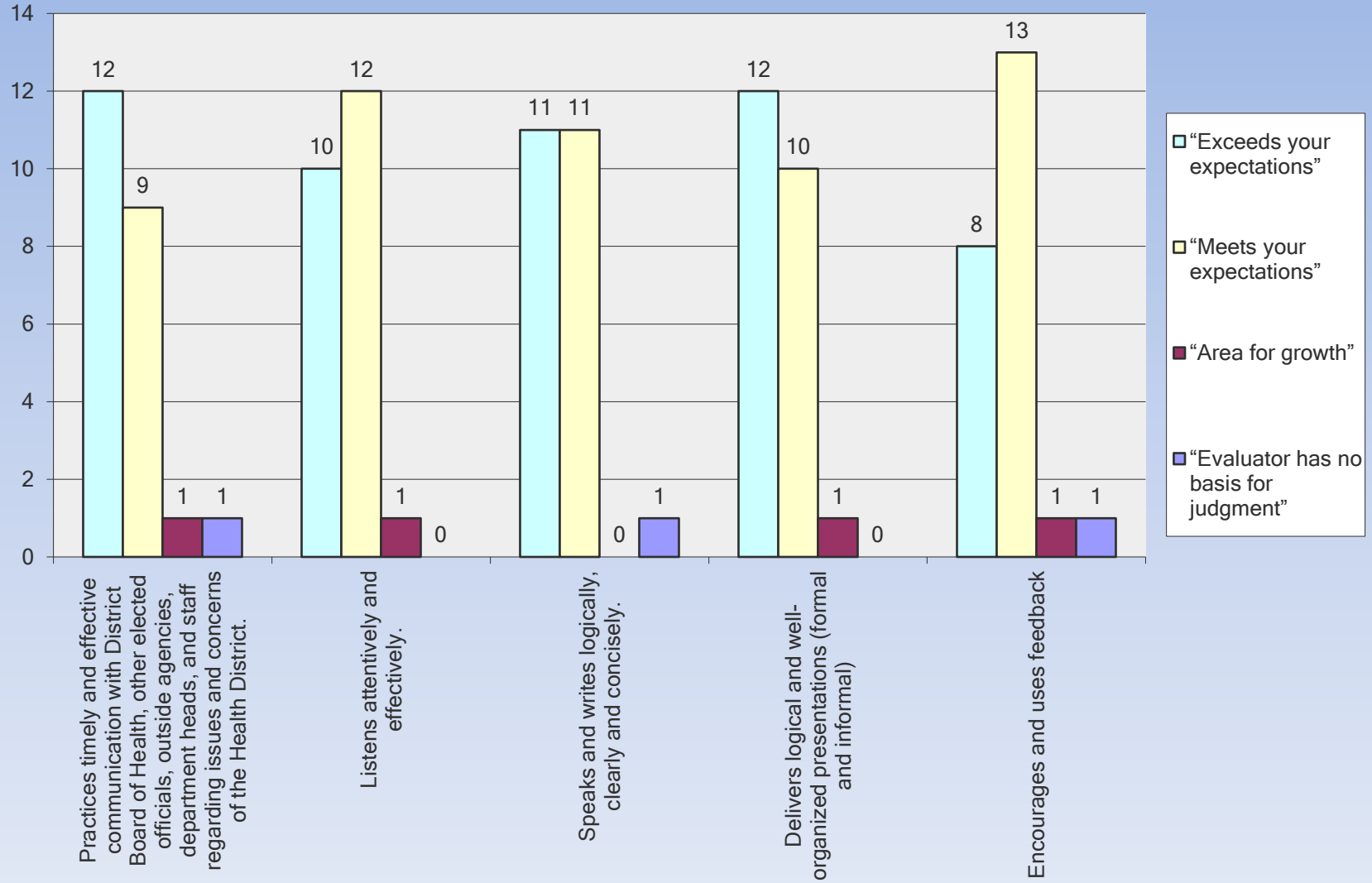
COMMUNICATION

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.	12	9	1	1	23
Listens attentively and effectively.	10	12	1	0	23
Speaks and writes logically, clearly and concisely.	11	11	0	1	23
Delivers logical and well-organized presentations (formal and informal)	12	10	1	0	23
Encourages and uses feedback	8	13	1	1	23
Additional comments regarding Communication:					0
<i>answered question</i>					23
<i>skipped question</i>					0

Additional comments regarding Communication:

No comments for this question.

COMMUNICATION



Kevin Dick's 2019 District Health Officer Evaluation Question 4

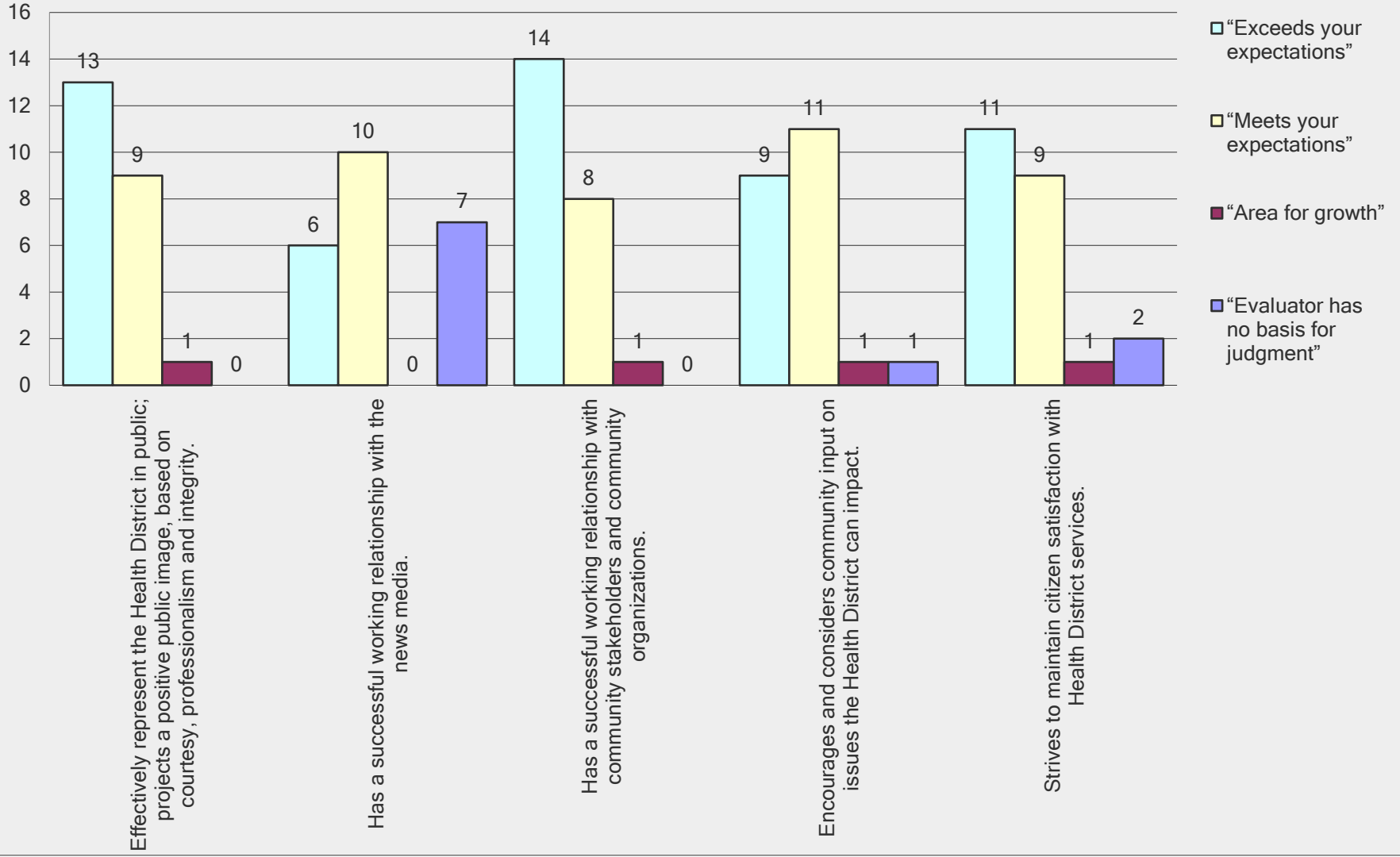
COMMUNITY RELATIONS

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.	13	9	1	0	23
Has a successful working relationship with the news media.	6	10	0	7	23
Has a successful working relationship with community stakeholders and community organizations.	14	8	1	0	23
Encourages and considers community input on issues the Health District can impact.	9	11	1	1	22
Strives to maintain citizen satisfaction with Health District services.	11	9	1	2	23
Additional comments regarding Community Relations:					1
<i>answered question</i>					23
<i>skipped question</i>					0

Additional comments regarding Community Relations:

Kevin works collaboratively and effectively in the health community.

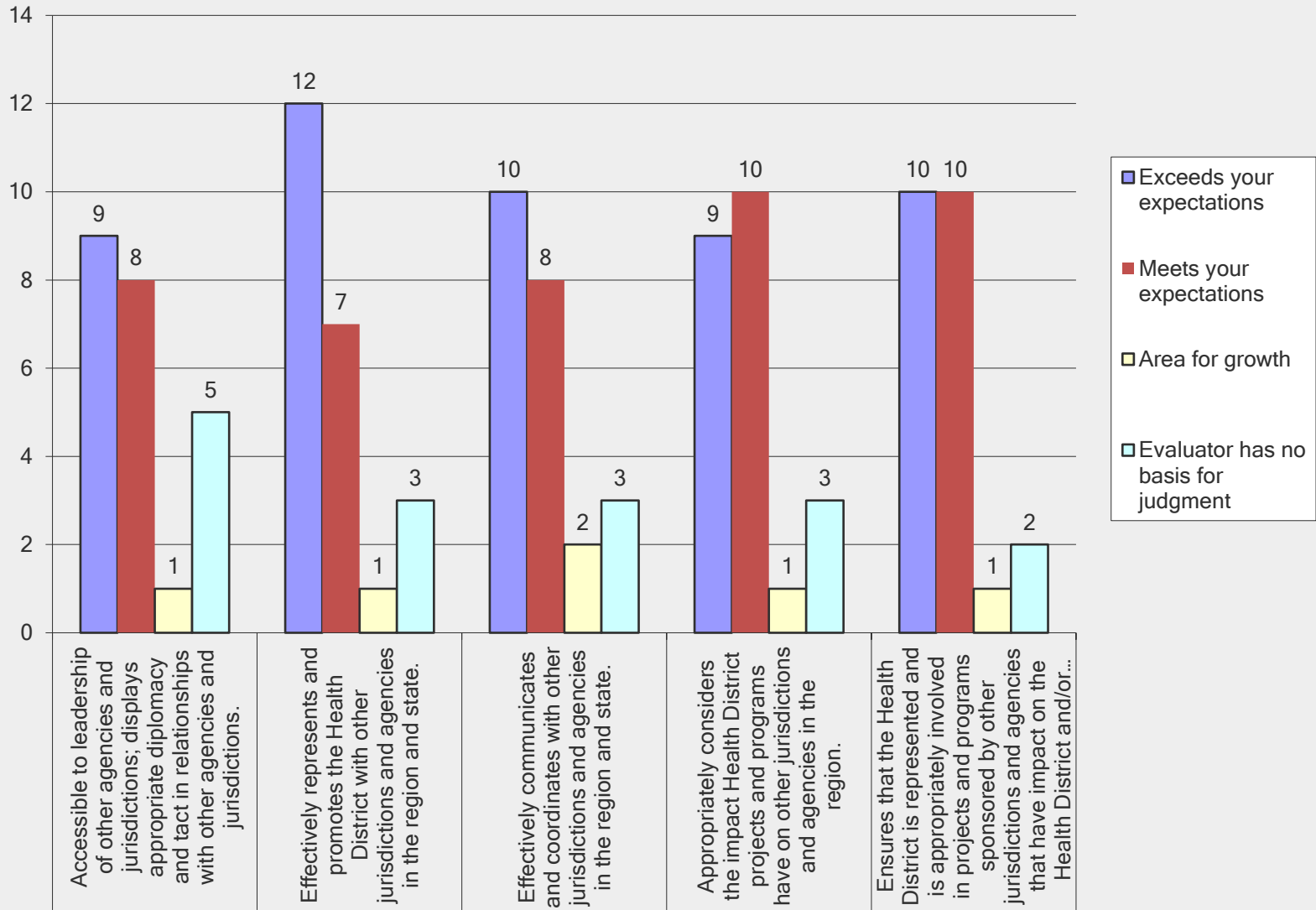
COMMUNITY RELATIONS



Kevin Dick's 2019 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.	9	8	1	5	23
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	12	7	1	3	23
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	10	8	2	3	23
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	9	10	1	3	23
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.	10	10	1	2	23
Additional comments regarding Community Relations:					1
					<i>answered question</i>
					23
					<i>skipped question</i>
					0
Additional comments regarding Community Relations:					
I've always found Kevin to be accessible, open to constructive feedback, and capable of representing the Health District even in the most difficult of circumstances.					

INTERGOVERNMENTAL RELATIONS



Kevin Dick's 2019 District Health Officer Evaluation Question 6

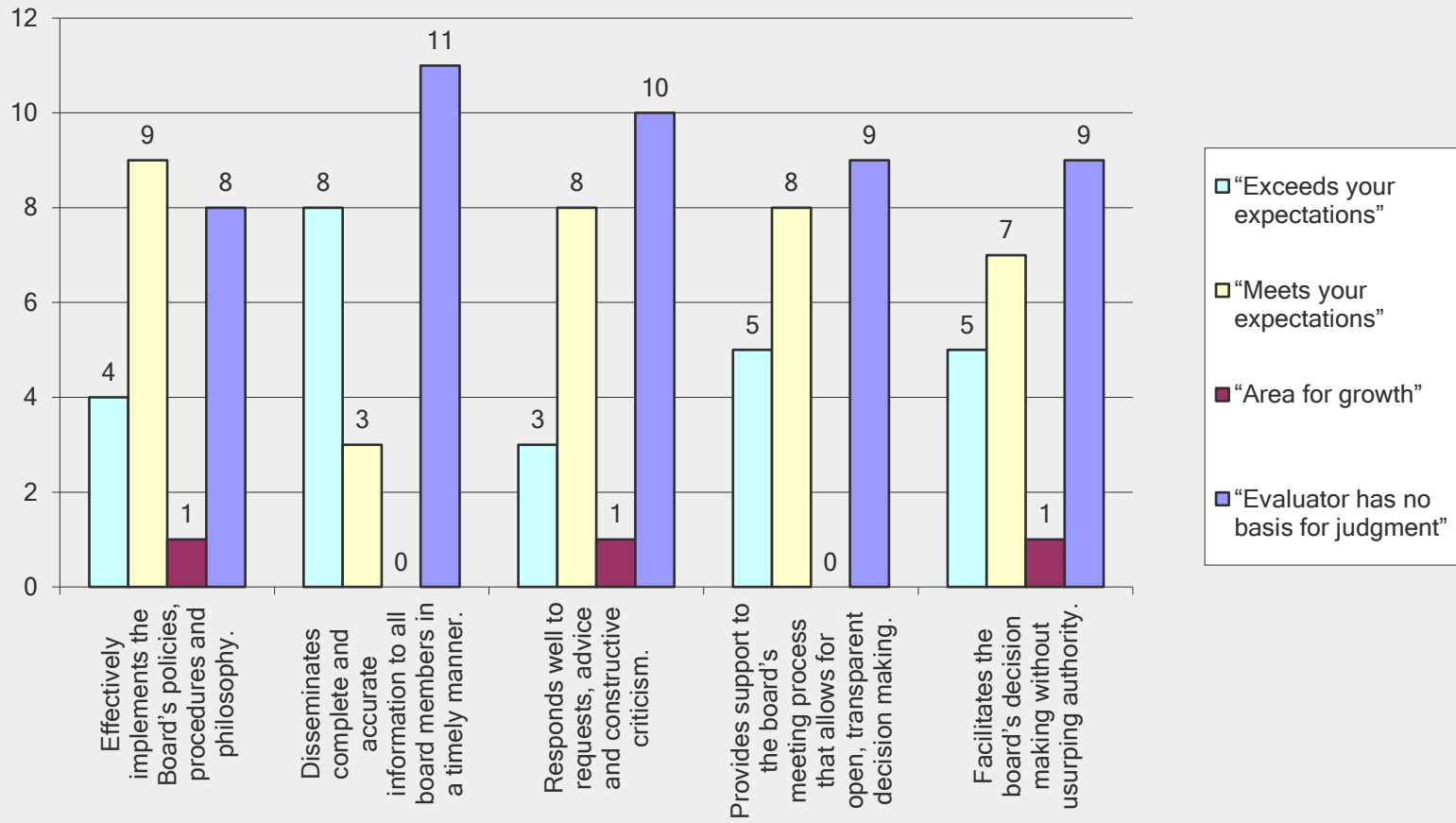
DISTRICT BOARD OF HEALTH RELATIONS

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.	4	9	1	8	22
Disseminates complete and accurate information to all board members in a timely manner.	8	3	0	11	22
Responds well to requests, advice and constructive criticism.	3	8	1	10	22
Provides support to the board's meeting process that allows for open, transparent decision making.	5	8	0	9	22
Facilitates the board's decision making without usurping authority.	5	7	1	9	22
Additional comments regarding District Board of Health Relations:					0
<i>answered question</i>					22
<i>skipped question</i>					1

Additional comments regarding District Board of Health Relations:

No comments for this question.

DISTRICT BOARD OF HEALTH RELATIONS



Kevin Dick
District Health Officer

Health District Accomplishments: October 2018 – October 2019

- Continued to provide Environmental Health, Air Quality Management, Epidemiology, Public Health Preparedness, and Community and Clinical Services to protect and enhance the health of the community.
- Achieved an FY19 Fiscal Year budget surplus of revenues exceeding expenditures by \$1,510,074.
- Attained National Public Health Accreditation for the Washoe County Health District from the Public Health Accreditation Board, awarded August 20, 2019.
- Implemented the 2018-2021 Health District Strategic Plan with significant progress occurring through FY19; 132 of 143 initiatives were achieved or on track.
- Established and filled a Government Affairs Liaison position at the Health District and engaged in support of public health legislation during the 2019 legislative session. Positive outcomes included:
 - SB263 addressing increased regulation and taxation of e-cigarette/vaping products and funding for tobacco education and community engagement,
 - SB94 which increased State funding for family planning services,
 - SB37 which expanded the scope of practice for Marriage and Family Therapists and Clinical-Professional Counselors to meet behavioral health needs,
 - AB66 establishing State licensing and market conditions to support Crisis Stabilization Centers to meet behavioral health needs,
 - SB425 to amend the State Plan for Medicaid to provide additional home and community based services related to tenancy support for the severely mentally ill,
 - SB448 that provides transferrable tax credits to support construction of affordable housing, and
 - Effectively opposing raw milk and smog check roll-back bills that would have adversely impacted public health.
- Implemented an interlocal agreement with the Nevada Division of Environmental Protection and TMWA which provides an alternative oversight approach for TMWA approval of Water Projects.
- Maintained average Health District review times for water projects, commercial plans, and wells and septic systems to seven calendar days or less.
- Conducted preparedness planning exercises for mass casualties, hospital evacuations, alternative care sites, points of dispensing (PODs), and radiological attack.
- Received a National Health Security Award from the National Association of County and City Health Officials and the Assistant Secretary of Planning and Response for “Building Regional Disaster Health Response Capabilities” in July 2019.

- Made significant progress implementing the 2018-2020 Washoe County Community Health Improvement Plan in conjunction with over fifty community partners and Truckee Meadows Healthy Communities (TMHC). 79% of objectives in the priority areas of Housing and Homelessness, Behavioral Health, Physical Activity and Nutrition were completed during the first year of implementation. The Behavioral Health Priority area of the plan was updated in September 2019 after 10 of the 11 original objectives had been achieved.
- Participated on the TMHC Steering Committee and Board of Directors, providing leadership and serving as President of the Board.
- Worked with TMHC, Enterprise Community Partners, and the Truckee Meadows Regional Planning Agency to develop the *Regional Strategy for Housing Affordability* which provides a roadmap and toolkit for a regional approach to addressing housing needs.
- Served on the Washoe Regional Behavioral Health Policy Board and supported passage of AB66 to provide Crisis Stabilization Services.
- Provided funding to the Children's Cabinet to implement the Signs of Suicide program and conduct screening of 7th grade students in Washoe County Schools.
- Worked with the Cities of Reno and Sparks, Washoe County, and Sun Valley GID to launch the smoke and vape free parks initiative in Spring of 2019.
- Prepared and published a 2018 Annual Report, a Communicable Disease Annual Report, Weekly Influenza Report, an Antibioqram Report, an Air Quality Trends Report, a Behavioral Health Profile, a Community Health Improvement Plan Progress Report, and held forums for the release of the Robert Wood Johnson Foundation County Health Rankings, and for behavioral health in conjunction with TMHC.
- Communicated public health messaging to the public through media interviews, press releases, social media postings and advertising campaigns.
- Implemented a Workforce Development Plan for the professional development of Health District staff. Held in-house professional development and training on Leadership, Conversational Intelligence, Customer Service, and Empathetic Communications.
- Invested in security measures to improve the safety of Health District staff.
- Continued professional development in public health through attendance of the NACCHO annual conference.
- Participated on the following Boards/Committees
 - Nevada Association of Local Health Officials (Vice-President)
 - Nevada Public Health Foundation Board of Directors (President)
 - Regional Business License and Permits Project Management Oversight Group
 - Regional EMS Advisory Board
 - REMSA Board of Directors (ex-officio)
 - Truckee Meadows Healthy Communities (President)
 - UNR School of Community Health Sciences Community Advisory Board
 - Washoe Behavioral Health Policy Board

**Air Quality Management
Division Director Staff Report
Board Meeting Date: October 24, 2019**

DATE: October 11, 2019
TO: District Board of Health
FROM: Daniel Inouye, Acting Division Director
775-784-7214; dinouye@washoecounty.us
SUBJECT: Program Update - Woodstove Program Update, Divisional Update, Program Reports (Monitoring/Planning; Permitting/Enforcement)

1. Program Update

- a. Significant changes to the woodstove program coming May 15, 2020

AQMD Calendar	
Nov 1:	Know the Code Season Begins
May 15:	Step 2 Wood/Pellet Stove Emission Standard Effective Date

In the late 1980's, the Washoe County Health District developed one of the first woodstove programs in the country to improve wintertime air pollution. At that time, the Truckee Meadows was not meeting the health-based National Ambient Air Quality Standards (NAAQS) for Carbon Monoxide (CO) and the then recently promulgated PM₁₀ standard. (note: the fine particulate matter (PM_{2.5}) standard was not promulgated until 1997.) The five key components of the woodstove program were:

1. Emission limit for woodstoves,
2. Minimum parcel size to have any woodburning devices,
3. Limit on the number of woodburning devices allowed on a parcel,
4. Requirement that when a parcel was sold, any woodburning devices on the property would meet the current emission limit, and
5. Green, Yellow, Red burn code program.

These five core elements are still the model for woodstove programs across the country. Washoe County's woodstove program was innovative and progressive for its time. It was the first time private citizens were directly required to comply with Air Quality Management regulations. The program was also effective. It greatly reduced emissions and led to the EPA re-designating the Truckee Meadows to "attainment" for the CO and PM₁₀ NAAQS.

Fast forward to 2015. After decades of research and studies documenting that wood and pellet stoves are a major source of wintertime PM_{2.5}, the EPA updated their New Source Performance Standards (NSPS) for wood burning devices. These NSPS are national

emission standards that all new wood and pellet stoves are required to meet. The NSPS were to be implemented in two steps. The first step set the emission rate for wood and pellet stoves to 4.5 grams of PM per hour beginning in 2015. In May 2016, the DBOH adopted revisions to incorporate the updated wood and pellet stove NSPS into our local program (District Board of Health Regulations Governing Air Quality Management, Section 040.051). This was a big accomplishment because the woodstove program now applied to both wood and pellet stoves.

Step 2 of the NSPS reduces the emission limit from 4.5 to 2.5 grams of PM per hour. (note: depending on the testing method, the emission limit could be as low as 2.0 grams per hour) Step 2 emission rates are to take effect in May 2020.

Who will be impacted by the Step 2 standard? Beginning May 15, 2020, it will impact:

- Sellers and buyers of houses. Escrows closing May 15 and later will be subject to the Step 2 emission standard. Stoves must meet this standard regardless if it was purchased in 1980 or 2019.
- Real estate agents and title companies. Escrow cannot close with a home containing a stove unless it meets the Step 2 standard.
- Wood/Pellet stove retail sellers. Only stoves meeting the Step 2 standard can be sold to be installed in Washoe County. The regulation does not have a sell-through provision.



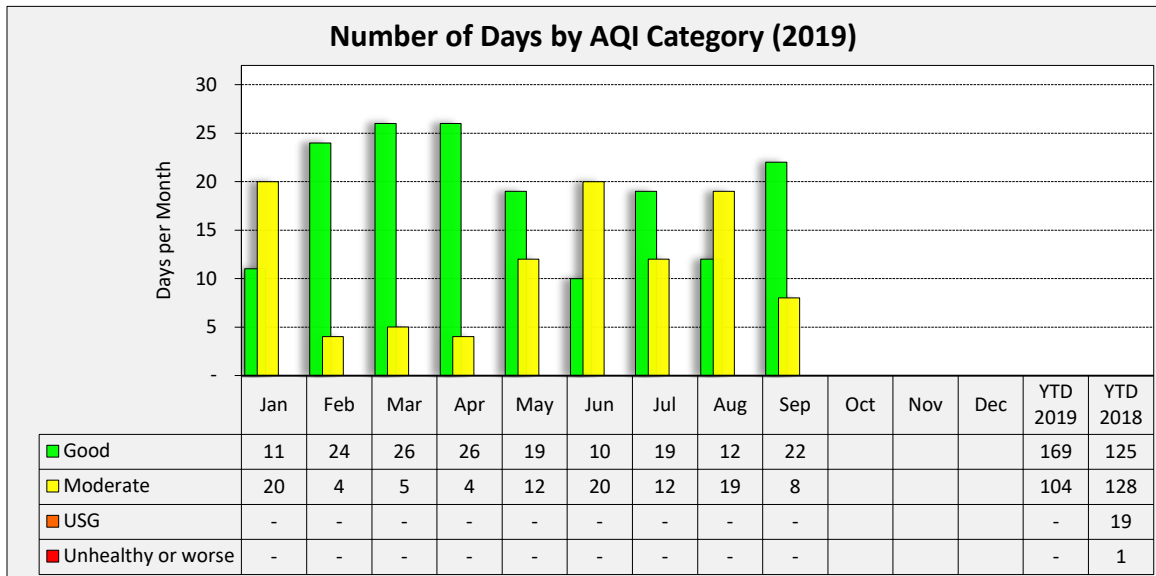
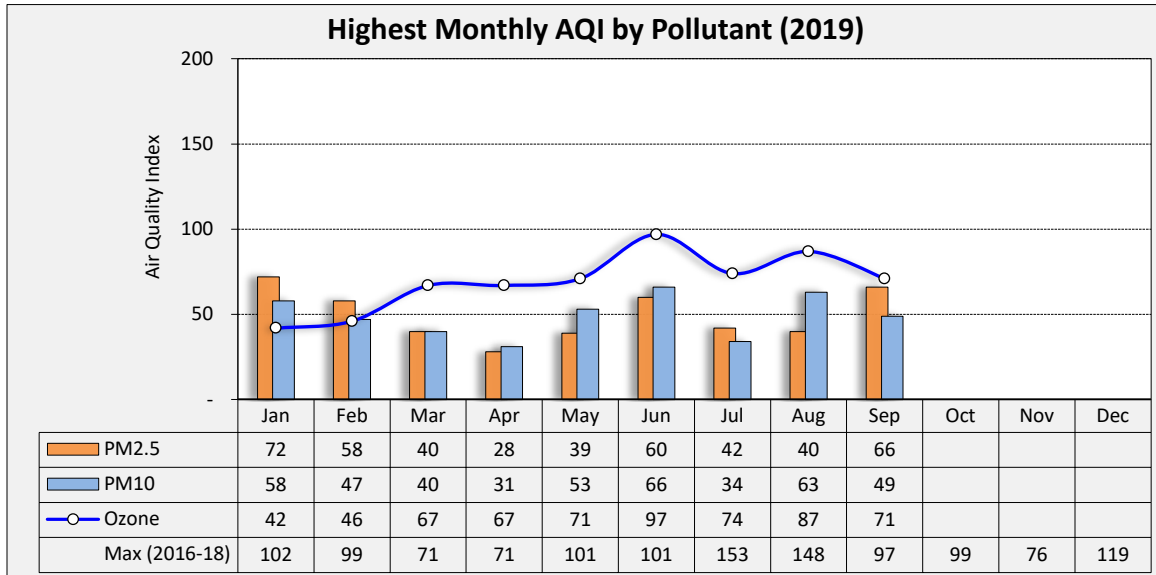
The Health District is committed to reaching out to all of these stakeholders to educate them on the upcoming requirements. EPA maintains an online database of certified wood burning devices (<https://cfpub.epa.gov/oarweb/woodstove/index.cfm?fuseaction=app.search>). Currently, over 90 models of wood stoves and 80 models of pellet stoves meet the Step 2 standard.

The Health District's woodstove program has been in place for over 30 years. It's the main reason wintertime pollution levels now meet federal health-based air quality standards. Incorporating the NSPS into the local woodstove program demonstrates the DBOH's leadership and commitment for a Healthy Community!

Daniel Inouye, Acting Director

2. Divisional Update

- a. Below are two charts detailing the most recent ambient air monitoring data. 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 the ambient air monitoring data are neither fully verified nor validated and should be considered PRELIMINARY. As such, the data should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the most recent ambient air monitoring data, visit OurCleanAir.com.

3. Program Reports

a. Monitoring and Planning

September Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of September.

Wintertime PM_{2.5} Season: Cooler fall temperatures mean the beginning of residential wood burning (i.e., woodstoves, pellet stoves, and fireplaces) season. Pollution from wood burning can reach harmful levels, especially during strong temperature inversions. Here are three ways to you can make this a healthy winter season.



1. Reduce emissions by burning clean, seasoned wood. Invest in energy efficiency home improvements such as sealing leaky ducts. Know and follow the burn code.
2. Reduce the health impacts from woodsmoke by reducing strenuous activity when pollution levels are high.
3. Be informed by staying connected to the AQMD's social media program and AirNow's EnviroFlash. Having this air quality information can help you make good decisions about your health.

Downtown Reno Monitoring Station Update: Quick Space has started construction on customizing an 8' x 20' shipping container into the AQM's newest air monitoring shelter. The exterior is being prepped for decking and safety railings. The interior will have dedicated circuits for the air monitoring equipment. Completion and delivery of the shelter to Libby Booth Elementary School is expected in early November. Also, NVEnergy took advantage of the school's fall break to upgrade an existing power pole.



Daniel Inouye, Acting Director

a. Permitting and Compliance

Staff reviewed sixty-three (63) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.


Compliance staff continues to work with the owners of the Reindeer Lodge on Mount Rose Hwy to ensure that asbestos containing materials are removed and disposed of properly. The projected completion date was 10/11/2019 but this date has been adjusted based on the projected demolition completions date. The building has nonfriable asbestos containing materials throughout and therefore abatement will continue throughout the whole demolition.

In September 2019, Staff conducted fifty-one (51) stationary source inspections with three (3) initial compliance inspections and fifteen (15) gasoline station inspections. Staff was also assigned fourteen (14) new asbestos abatement projects, overseeing the removal of over 22,000 square feet of asbestos-containing materials. Staff received nine (9) new building demolition projects to monitor. Further, there were eleven (11) new construction/dust projects to monitor, totaling ninety-five (95) new acres of land being worked for various projects. Staff documented fifty-six (56) construction site inspections. Each asbestos, demolition and construction notification project is monitored regularly until each project is complete and the permit is closed. During the month enforcement staff also responded to seventeen (17) complaints.

Type of Permit	2019		2018	
	September	YTD	September	Annual Total
Renewal of Existing Air Permits	75	862	66	1,064
New Authorities to Construct	2	44	3	50
Dust Control Permits	11 (95 acres)	150 (1,777 acres)	12 (102 acres)	279 (3,129 acres)
Wood Stove (WS) Certificates	36	351	25	403
WS Dealers Affidavit of Sale	15 (11 replacements)	66 (46 replacements)	16 (9 replacements)	84 (55 replacements)
WS Notice of Exemptions	772 (3 stoves removed)	6,307 (54 stoves removed)	535 (2 stoves removed)	8,334 (87 stoves removed)
Asbestos Assessments	72	804	97	1,129
Asbestos Demo and Removal (NESHAP)	23	213	40	309

COMPLAINTS	2019		2018	
	September	YTD	September	Annual Total
Asbestos	0	10	0	16
Burning	1	9	0	11
Construction Dust	4	61	13	58
Dust Control Permit	0	5	1	2
General Dust	5	32	10	56
Diesel Idling	0	4	0	2
Odor	5	13	3	17
Spray Painting	0	3	1	6
Permit to Operate	0	7	0	4
Woodstove	0	2	0	6
TOTAL	15	146	28	178
NOV's	September	YTD	September	Annual Total
Warnings	6	20	4	16
Citations	2	10	4	13
TOTAL	8	30	8	29

Mike Wolf
 Chief, Permitting and Enforcement

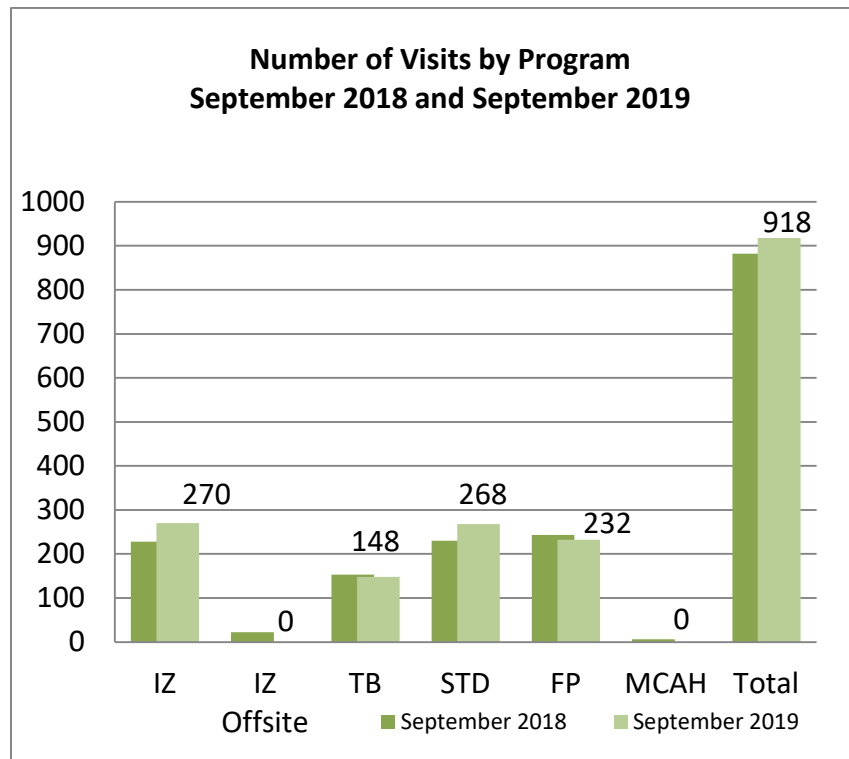
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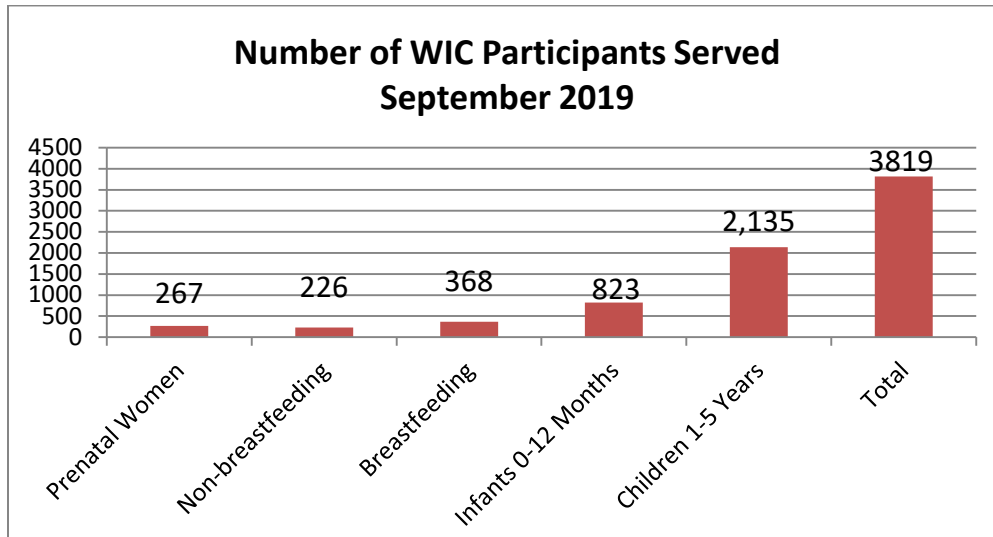
**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: October 24, 2019**

DATE: October 11, 2019
TO: District Board of Health
FROM: Lisa Lottritz, MPH, RN
 775-328-6159; llottritz@washoecounty.us
SUBJECT: Divisional Update – Data & Metrics; Sexual Health, Immunizations, Tuberculosis Prevention and Control Program, Family Planning/Teen Health Mall, Chronic Disease Prevention Program, Maternal Child and Adolescent Health and Women Infants and Children

1. Divisional Update –

a. Data/Metrics





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** – Two Sexual Health Public Health Nurses attended the STD/TB training held at Southern Nevada Health District (SNHD) on September 30th and October 1st. Information received was highly pertinent to program activities, especially with the current syphilis numbers seen in Nevada. Along those lines, the CDC is completing a Technical Assistance visit October 28-29th with Nevada Division of Public and Behavioral Health (DPBH), SNHD, and WCHD to review cases. Washoe County has been invited to present our congenital syphilis (CS) surveillance and prevention process and receive suggestions from the CDC for possible improvements targeted toward decreasing Washoe County CS numbers. Two staff members will be attending/presenting for WCHD. As the fourth quarter of the year begins, reported STD numbers are higher than year to date 2018 cases. Entering cases into the required database requires a higher level of effort. Two Public Health Service Interns (PSI) start on October 14, 2019 to assist with the data entry needs. Staff remain committed to working through investigations and data entry quickly and thoroughly to meet reporting requirements.

Site visits for the HIV Prevention and Ryan White Part B HIV Early Intervention Services grants were conducted by the state's Division of Public and Behavioral Health. Activities for both grants were found to be in compliance with performance measures, related to condom distribution, linking newly diagnosed HIV cases to HIV care, identifying people living with HIV that are not accessing HIV care, and identifying people's HIV status through testing.

- b. **Immunizations** – The IZ Program had a state Vaccine's For Children (VFC) compliance visit and no deficiencies were noted. Additionally, the IZ Program was the first to receive a statewide IZ Grant Audit and no implementation issues were identified. Staff are diligently working on completing all grant deliverables for 2019-2020. On October 1st, the IZ Clinic started offering flu vaccines.

IZ staff attended the Nevada Health Conference in Las Vegas October 14-15, 2019. This event is hosted annually by Immunize Nevada and brings together healthcare professionals from throughout Nevada and the region.

The IZ program is gearing up for flu season. Staff will participate in four outreach clinics and one school located vaccination clinic (SLVC) this month. As of October 9, 2019, Lynn Shore has provided five media interviews related to this flu season.

- c. **Tuberculosis Prevention and Control Program** - Two TB staff also attended the TB/STD training held at SNHD on September 30th and October 1st. Again, pertinent knowledge was received along with opportunities for networking. Staff are currently working with seven active cases, six who are receiving direct observation therapy (DOT). The three large investigations mentioned last month continue with two additional smaller ongoing investigations. Staff currently have 13 B1 immigrants either in the assessment or treatment phase for latent TB infection (LTBI). Community lab results flow in daily for review; staff maintain excellent working relationships with hospitals and experience timely reports. Annual TB Cohort review is scheduled for 12-5-19 at 1001 E 9th street and will be attended by individuals directly involved with active TB cases in Northern Nevada during 2018.
- d. **Family Planning/Teen Health Mall** – Rebecca Gonzales, PHN, Elizabet Munoz, CHA, Isabel Chaidez, CHA, Keyla Solorio, CHA, and Theresa Bennett, IH CHA completed the Family Planning Health Worker Certification training and course requirements, including a written test and performance demonstration.

Staff implemented the Seventeen Days program. This is an evidenced-based film and mobile app created by Carnegie Mellon University's Center for Risk Perception and Communication. This program is designed to educate young women about contraception and sexually transmitted diseases. The film/mobile app presents scenarios involving decisions that young women face and is interactive, allowing viewers to choose what they want to watch. Viewers are given the opportunity to mentally practice how they would respond in hypothetical situations through the frequent use of "cognitive rehearsal." The target audience is sexually active adolescent females aged 14-19.

The Family Planning Program applied for supplemental funds through Title X and was awarded \$81,200.00 to fund intermittent hourly APRN and CHA time which will facilitate increased walk-in capacity.

The integration of the Family Planning and Sexual Health Clinic continues to progress with daily rapid cycle QI processes taking place to improve the work flow.

- e. **Chronic Disease Prevention Program (CDPP)** – During the month of September, staff visited 37 elementary classes at Title I schools to promote and get students and teachers excited about the upcoming 2020 Wolf Pack Coaches Challenge. Staff led a fun lesson plan around nutrition and physical activity and students were able to sample a healthy snack of yogurt parfaits and fruit infused water.

On September 12, staff attended the Beyond Opioids Event to increase knowledge and begin coordinated strategies with community partners about prevalent issues and trends related to marijuana, alcohol and stimulant use in Washoe County.

In September staff presented Extra Mile Awards (EMAs) to the Cities of Reno and Sparks, the Board of County Commissioners, and the Sun Valley General Improvement District. The EMAs were in recognition of each jurisdiction passing ordinances for smoke free, vape free parks.

- f. **Maternal, Child and Adolescent Health (MCAH)** – The Fetal Infant Mortality Review annual report was completed in September resulting in the following recommendations.
- Optimize the health of women and infants. Women should be advised to avoid interpregnancy intervals shorter than six months and should be counseled about the risk and benefits of repeat pregnancies sooner than 18 months. Action is to implement long term acting birth control as soon as possible after pregnancy by identifying barriers such as insurance coverage and availability.
 - With the legalization of marijuana and the increased incidence of substance use among the general population, more data is needed to evaluate the prevalence in pregnant women. Additionally women must have access to education and resources to help them into care before, during and after pregnancies. FIMR is now tracking marijuana use during pregnancy on the issues summary to evaluate prevalence in cases reviewed by the Case Review Team. A local women's clinic has begun universal urine screens to determine prevalence and guide educational initiatives. WCHD staff has been assigned to a Join Together Northern Nevada subcommittee being created to address maternal marijuana use.
 - Investigate options to standardize data collection. A new data base was initiated to be used in FY 2020

- Increase awareness of syphilis through education of providers and patients. Continue to support Go Before You Show campaign. Washoe County staff participating on statewide syphilis workgroup that is focusing on reducing congenital syphilis. FIMR staff is encouraging providers to make sure syphilis testing is done routinely on all women at beginning and end of prenatal care.
 - The need to have a Spanish Speaking Support Group was identified and the role was taken on by the Pregnancy Infant Loss Group of the Sierras immediately.
- g. **Women, Infants and Children (WIC)** – Six staff attended the NV Statewide Maternal and Child Health Coalition Fall Symposium. Topics included breastfeeding, perinatal mood and anxiety disorders, grief and loss, and birth trauma.

DD	CA
DHO	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: October 24, 2019**

DATE: October 11, 2019
TO: District Board of Health
FROM: Charlene Albee, Director
 775-328-2644; calbee@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division Program Updates – Child Care, Community Development, Epidemiology, Food, Land Development, Safe Drinking Water, Schools, Vector, Waste Management, and Inspections.

Program Updates

Child Care

- A new form was drafted in September to better align with our risk-based inspection process for child care facilities. Field staff from Environmental Health Services (EHS) continues to train on the updated inspections and by January 1, 2020, we anticipate most staff will be conducting child care inspections independently.

Community Development

- Staff is continuing to work on establishing the ability to complete electronic plan review, including working on training with the other agencies to understand their processes prior to implementation.
- Staff continues to work with all three entities on the streamlining of both business license and plan review processes.
- The program continues to meet the plan review guidelines that have been established and works with the other agencies as necessary to address specific plan review items.
- The following table details the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

Community Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	2019 YTD	2018 TOTAL
Development Reviews	25	26	52	48	35	23	23	27	25	284	436
Commercial Plans Received	118	103	143	149	123	117	135	118	112	1,118	1,272
Commercial Plan Inspections	30	42	25	30	30	27	55	32	37	308	339
Water Projects Received	5	3	14	10	2	12	5	12	5	68	224
Lots/Units Approved for Construction	40	287	0	29	286	12	141	167	289	1,251	5,067



Epidemiology

- Epidemiology program staff conducted two site investigations at food facilities in September in response to foodborne illness complaints. In one of the complaints, a piece of plastic was reported in a smoothie; however, upon investigation, staff could not corroborate any potential source of the plastic from the facility operator. The other complaint was related to a report of scombroid poisoning in a referral from the Communicable Disease (CD) Program. Upon investigation of a sushi restaurant, EHS staff noted some violations of temperatures in fish, which could have been a potential source. The facility was put on notice and required to correct the violations.
- Staff from EHS also worked with the CD program on five outbreaks of gastrointestinal (GI) illness in September; one middle school, one private high school, two elementary schools and one child care. An investigation was conducted by EHS at the Middle School and noted that all requirements of the outbreak protocol were met by school staff. Further recommendations were made and the cases dropped in numbers sufficiently to close the outbreak by the end of September. The other four outbreaks were reported at the end of the month and remained open into October.

Food

- Two staff members successfully completed field standardization training using the FDA Standardization Procedures. The standardization procedures evaluate the inspector's abilities to apply food safety knowledge and skills, ensuring staff is conducting risk-based inspections and obtaining corrective actions for risk factors that can directly contribute to foodborne illness. Field Standardization of staff conducting food establishment inspection meets the criteria of Standard 2 – Trained Regulatory Staff.
- **Special Events** – September concluded the extremely busy portion of the Special Event season. The month included the Nugget Best in the West Rib Cook-off, The Great Reno Balloon Race, The National Championship Air Races, and Street Vibrations Fall Rally. Although the workload in the Special Events program begins a downward trend in October, two large scale events are scheduled (Eldorado Great Italian Festival and GSR Chili and Beer Festival). October will also include a number of pumpkin patch type events with the beginning of the fall season.

Land Development

- The new records request submittal form on the EHS website is working well in its first month. While a few minor changes have been recommended, approximately 20% of the record requests over the last month have come through utilizing the form. This reduces the number of phone calls fielded by front desk staff. The goal over the next several months will be to increase the percentage of records requests initiated online. To accomplish that, clerical staff will be including a note on all email responses to customers reminding them of the online form, and inspector staff will be directing customers to the website as well.
- September was a busy month for Land Development with inspection numbers up and a lot of staff at trainings or on leave. The team exhibited great professionalism and teamwork, handling all programmatic needs without issue. Plan intake remains approximately 20% higher than last year.

Land Development	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	2019 YTD	2018 TOTAL
Plans Received (Residential/Septic)	85	43	80	85	88	107	69	92	91	740	890
Residential Septic/Well Inspections	71	20	77	100	98	114	114	105	111	810	987

Well Permits	11	3	4	4	6	9	5	10	10	61	108
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Safe Drinking Water

- The Safe Drinking Water Program continues to remain at a lower production level month over month as the bulk of the contracted duties were performed in May and June. Staff continues to handle monthly duties and deal with monitoring and sampling violations. Discussions with the State over non-responsive water systems are ongoing.
- The team continues to look at possibilities for a permitting approach for new commercial properties. Often times properties may be built in phases and initially do not necessarily qualify as a water system, but could eventually become one. EHS would prefer the permitting process to begin immediately, but that is not always the desire of the owners. The difficulty is determining when the qualifying trigger is reached. Having a standardized process in place for this eventuality will make handling these situations smoother for both customers and the program.

Schools

- Staff completed thirty-three percent (43/129) of the fall 2019 school inspections by the end of September. Compliance has been noted on most surfaces in playgrounds and staff from Washoe County School District continued repairs during the Fall Break in October.

Vector-Borne Diseases (VBD)

- The final aerial larviciding application was cancelled due to the rapid changes in weather.
- Staff treated hundreds of individual catch basins throughout the region as part of a community response to ensure the mosquito breeding populations were limited where identified.
- Staff continues to respond to numerous Hanta virus inquiries and provide public education on precautions and appropriate cleaning to the community.
- A second Washoe County resident has tested positive for West Nile Virus (WNV) for 2019, but threat levels are decreasing due to colder weather.

Waste Management

- Staff issued 18 garbage service exemptions for the calendar year to date. This is the highest number in the last 10 years.
- KTMB held their annual Truckee River Clean-up event on Saturday, September 28, 2019. As one of the annual event sponsors, this year resulted in 20,510 pounds of trash and 77,853 pounds of green waste being removed from 22 sites along the Truckee River.



EHS 2019 Inspections

	JAN 2019	FEB 2019	MAR 2019	APR 2019	MAY 2019	JUN 2019	JUL 2019	AUG 2019	SEP 2019	2019 YTD	2018 TOTAL
Child Care	16	6	8	5	12	12	12	9	13	93	116
Complaints	57	34	69	75	73	68	76	87	75	614	756
Food	477	596	863	409	464	626	277	344	430	4,486	5,810
General*	65	97	97	90	405	159	291	374	181	1,759	2,254
Temporary Foods/Special Events	9	16	17	32	103	222	154	565	249	1,367	1,630
Temporary IBD Events	0	4	0	76	0	0	0	0	6	86	99
Waste Management	10	25	16	13	4	13	7	8	13	109	141
TOTAL	634	778	1,070	700	1,061	1,100	817	1,387	967	8,514	10,806
EHS Public Record Requests	282	184	467	194	317	301	690	318	154	2,907	2,123

* **General Inspections Include:** IBD; Mobile Home/RV; Public Accommodations; Pools/Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: October 24, 2019**

DATE: October 11, 2019
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, West Nile Virus, Melioidosis, Carbapenemase Producing Organisms, Influenza, PHP Program, Upcoming Exercises, Emergency Medical Services, REMSA Response Data

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in September of 2019, the Communicable Disease (CD) Program has investigated two additional outbreaks of hand, foot, and mouth disease (HFMD) at daycare centers. Also, three gastrointestinal illness (GI) outbreaks are under investigation.

West Nile Virus – The CD program has investigated another recent report of West Nile Virus. This report brings the total to two human cases for this year.

Melioidosis (*Burkholderia pseudomallei*) – The CD Program investigated this case who was visiting from the Philippines. Working with the CDC, staff identified nine low risk exposures from when the case was locally hospitalized. These were among hospital and laboratory staff. All of these contacts have received Post-Exposure Prophylaxis (PEP) and had 2-week titers drawn. They will also have titers drawn at 4 and 6 weeks. This case has been transferred to California.

Carbapenemase Producing Organisms - The CD Program has been investigating 1 case of *Klebsiella pneumoniae* Carbapenemase (KPC). CD staff are also working with the CDC to investigate two reported cases of Carbapenem-resistant *Pseudomonas Aeruginosa* (CRPA).

Influenza – The 2019-20 influenza season began on September 29. Staff are currently examining a potential death due to Influenza A.

Public Health Preparedness (PHP)

PHEP staff presented on September 18 to the Washoe County School District Director of Student Health Services and the Nursing staff from each school at their monthly staff meeting. The information presented included proper handwashing and coincides with the oncoming flu season and Global Handwashing Day (October 15). WCHD PHP and WCSD are collaborating to distribute educational materials throughout the school and broadcast educational videos on the most effective handwashing methods to mitigate the spread of germs.

The PHEP program, in conjunction with the Washoe County School District, UNR's Living with Fire Program, Washoe County Emergency Management, Washoe County Regional Animal Services and the State Contractor's Board, organized and held the 2019 Preparedness Fair at Idlewild Park during Food Truck Friday on September 20th. This event was organized to support preparedness educational pushout during National Preparedness month. The event was well attended and was covered by local media.

The PHEP program coordinated with the State Division of Emergency Management and the Department of Energy (represented by the Technical Resource Group) to provide hospital radiation training for Saint Mary's Regional Medical Center, Renown Regional Medical Center and Northern Nevada Medical Center. These trainings were full day affairs that provided education on radiation basics, patient care in a radiation event, use of survey equipment and an exercise to review the pre-hospital to hospital handoff of patients contaminated with radiological material. The courses were well attended and gave local hospitals an opportunity to train new staff on radiation operations and refresh decontamination skills.

On September 18th the Fall Flu Point of Dispensing Exercise started with Northern Nevada Adult Mental Health Services opening a public POD. This was followed by Community Health Alliance, Renown Regional Medical Center, Saint Mary's Regional Medical Center, and Northern Nevada Medical Center opening closed PODs. The focus of these exercises was to test our ability to stand up and operate a POD and to determine the maximum throughput rates in each facility. This information will inform local planning efforts and increase the Health Districts capability to respond in a Public Health Emergency. To support this, the Washoe County Health District is opening a public POD in conjunction with the Family Health Festival on October 16th, which will be offering free flu shots to the public. On the same day the Reno-Sparks Indian Colony will open their POD. The final POD of this exercise will be conducted by the 152nd Air Wing of the Nevada National Guard on October 20th.

On September 26th the PHEP program conducted a Chempack game at the Regional Emergency Operations Center. This game was developed to test the ability of local responders to deal with a large scale release of organophosphates which would require the release of Chempack assets. The Chempack program is a forward-facing medical countermeasures plan designed to be able to rapidly put resources into the hands of our responders. The game was developed both as an educational tool about the program as well as a refresher for reviewing Hazmat response protocols.

The Hospital Preparedness Program (HPP) has been working with IHCC workgroups on many different items. The 2019 Hazard Vulnerability Assessment and Resource and Gap Analysis were

revised and sent out for completion in September. These will be used to revise the Preparedness Planning Guidelines and the Response Guide. Additionally, staff has been working on a New Member Resources packet, which will provide important information for new or prospective IHCC members. Finally, a training and exercise calendar has been created, containing information regarding upcoming exercises, trainings, workgroups, meetings, etc. A two month portion of the calendar is attached to the monthly IHCC agenda and the annual calendar will be available on the IHCC website.

HPP staff conducted a redundant communications exercise on September 25, 2019, requesting participation by responding on one of several platforms from all IHCC partners. Twenty six healthcare facilities responded. Exercises such as this are important to provide opportunities to practice and maintain familiarity with different communication methods that might be used during an incident.

Upcoming Exercises

Silver Crucible Full Scale Exercise, November 12-14: – This will be a three-day statewide full scale FEMA-sponsored exercise that will exercise multiple plans including the mass casualty incident plan, mass casualty alpha plan, the family reunification annex, and the family assistance center plan.

Emergency Medical Service (EMS)

The EMS Coordinator conducted a sit-along with the Sparks public safety answering point on September 16 and was able to listen to a multitude of police, fire, and EMS calls. This experience reinforced the need for public education concerning the appropriate use of the 911 system.

On September 18 the EMS Coordinator conducted a tabletop exercise for the Northern Nevada State VA Home (NNSVAH). More than 45 staff members attended, and walked through their possible actions if the facility experienced a long term power outage. NNSVAH is one of the most recent facilities to sign onto the Mutual Aid Evacuation Agreement and this exercise provided a foundation to build upon existing emergency plans.

The EMS Coordinator attended an emergency response presentation by Southwest Airlines on September 24. The presentation included an overview of the agency's planning efforts and anticipated actions should a disaster involve their response. As a follow-up, a Southwest station manager from Reno-Tahoe International Airport is scheduled to present to the Inter-Hospital Coordinating Council on the local response and start building a relationship between the healthcare community and the airline.

The EMS Coordinator attended a two-day training at the regional emergency operations center on interdiction of extreme violence on October 1 and 2. One of the facilitators discussed a plan in his region to provide more on-scene resource during an act of violence. The EMS Coordinator requested the plan and will determine if something similar could be implemented locally to enhance responses to various incidents in Washoe County.

REMSA Percentage of Compliant Responses

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2019	92%	96%	94%	100%	96%	92%
August 2019	90%	88%	96%	100%	91%	90%
September 2019	90%	90%	100%	100%	92%	90%
Year to Date	91%	91%	97%	100%	93%	91%

FY 2019-2020

REMSA 90th Percentile Responses

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2019	8:37	14:00	16:46	N/A*
August 2019	8:52	16:19	16:52	N/A*
September 2019	8:56	15:55	18:09	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.

**Office of the District Health Officer
District Health Officer Staff Report
Board Meeting Date: October 24, 2019**

DATE: October 24, 2019
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416; kdick@washoecounty.us
SUBJECT: District Health Officer Report – Public Health Accreditation (PHAB), Community Health Improvement Plan, Quality Improvement, Performance Management, Washoe Regional Behavioral Health Policy Board, Substance Abuse Task Force, Truckee Meadows Healthy Communities (TMHC), Government Affairs Update, Other Events and Activities, and Health District Media Contacts

Public Health Accreditation (PHAB)

In anticipation of the annual report submission due to PHAB in September of 2020, work is underway to address those eight measures that were either not demonstrated or slightly demonstrated.

Community Health Improvement Plan

Following the DBOH approval of the revised 2018-2020 Community Health Improvement Plan, work is underway to implement the additional items added under the Behavioral Health focus area. Work has also continued under the housing/homeless focus area. With the Enterprise Affordable Regional Housing Strategy complete, efforts continue to implement the Youth Homelessness Roadmap.

Within the Nutrition and Physical Activity focus area, progress has continued with implementation of the worksite component of the 5210 Healthy Washoe initiative. Washoe County HR has continued to be an engaged partner with ODHO staff to develop the roll out of the initiative to all Washoe County employees. At this point in time, 22 Washoe County Departments have designated a “wellness champion” who will be leading wellness efforts within their department. A preschool pilot site has been identified and has begun to implement 5210 strategies. Planning is underway to pilot with the Washoe County School District, and Urban Roots will be providing services including 5210 programming in five additional schools.

Quality Improvement

The Q Team is off to fresh start with several new team members, a complete refresh of the QI plan and review of corresponding QI large and small project submission and charter forms. QI projects have continued to be completed including several rapid QI projects that have been completed in the last month.

Performance Management

Implementation of ClearPoint, our new performance management system, is well underway and each division has developed a detailed “action plan” for each program. These include details on what each program is working to accomplish and how they will measure those accomplishments. Training sessions on ClearPoint will be conducted on October 29th and 30th and then we will be live in the new system!

Washoe Regional Behavioral Health Policy Board

The Washoe Regional Behavioral Health Policy Board met on October 14. The Board had not been able to form a quorum for several months because members had not been appointed to new terms. A quorum was now possible due to appointments by the Legislative Commission, DPBH Administrator, and the Governor. During the meeting I was reappointed along with other Board members. The Board selected Senator Ratti to Chair the Board. Past minutes were approved and strategic planning discussion was initiated to prepare for the 2021 Legislative Session and the Board’s Bill Draft Request.

Substance Abuse Task Force

The Substance Abuse Task Force met on October 7. Highlights of the 2019 Washoe Behavioral Health Profile and updates to the Behavioral Health Objectives of the Community Health Improvement Plan were presented. The Fall Prescription Drug Roundup was held on October 19.

Truckee Meadows Healthy Communities (TMHC)

Approximately one-hundred individuals attended a TMHC Behavioral Health Forum, *More Powerful Together: Tackling our Region’s Behavioral Health Crisis* which was held in the County Chambers on October 2. The forum featured presentations on behavioral health status and needs of the community and initiatives underway to address them. Speakers included Senator Ratti, Acting WCSO Superintendent Dr. McNeill, Washoe County Sheriff Balaam, Dr. Davis-Coehlo of N. NV HOPES, Amber Howell, Director of the Human Services Agency, Kindle Craig, Director of the Renown Institutes, Catrina Peters, WCHD Director of Programs and Projects, and myself.

Government Affairs Update

On October 10, 2019 the Truckee Meadows Regional Planning Governing Board adopted the 2019 Comprehensive Truckee Meadows Regional Plan as recommended by the Truckee Meadows Regional Planning Commission (TMRPA).

The Truckee Meadows Regional Plan is a cooperative effort of the local and regional units of government, affected entities, major service providers, and the citizens of the Truckee Meadows. It is intended to represent a regional consensus regarding land use planning, providing a regional framework for local and regional policies and services. The plan sets forth the type, location, and pattern of growth and development that local governments and agencies in the region believe will best deliver the multiple aspects of quality of life desired by current and future residents of our area.

Of particular interest to the WCHD is the incorporation of affordable housing strategies into the Regional Plan. TMRPA, in partnership with Truckee Meadows Healthy Communities and Enterprise Community Partners, created the Regional Strategy for Housing Affordability. The strategy analyzed the current housing conditions of the region and provides a roadmap of steps that can be taken to address the affordable housing needs of our community for the next ten years.

Additionally, the plan supports reducing impacts from transportation, a major source of pollutants, in order to meet federal National Ambient Air Quality Standards. The Regional Plan incorporated the Ozone Advance Program and explicitly states TMPRA's commitment to work with the WCHD Air Quality Management Division to further our goals.

Other Events and Activities

9/27/19	REMSA Board Meeting
10/1/19	General Staff Meeting
10/2/19	TMHC Behavioral Health Forum
10/3/19	Quarterly Meeting w/Reno City Manager
10/3/19	Reno News and Review Meeting
10/3/19	Stakeholders Meeting re: Ozone Attainment.
10/3/19	NV Health Authority Conference Call
10/4/19	Dave Solaro/Kevin Dick Monthly Meeting
10/7/19	Substance Abuse Task Force
10/9/19	Department Heads Meeting
10/14/19	Local Health Authorities Meeting
10/14/19	Washoe Regional Behavioral Health Policy Board Meeting
10/16/19	5210 Advisory Board Meeting
10/17/19	TMHC Board Meeting
10/17/19	Washoe County Impact Awards
10/22/19	NPHF Board of Directors Meeting
10/23/19	Meeting with Office of the Assistant Secretary for Health (OASH) Region 9 Administrator, Commander Mathew Johns

Health District Media Report: September 2019

<u>DATE</u>	<u>OUTLET</u>	<u>REPORTER</u>	<u>STORY</u>	<u>WCHD INTERVIEWEE</u>
9/27/2019	KOLO	Mary Jane	Vaping prevention in youth	Kelli Goatley-Seals
9/26/2019	KRNV/FOX11	Sayeh Ahmari	Flu shot awareness	Lynnie Shore
9/26/2019	Univision	Issmar Ventura	Flu shot awareness	Lynnie Shore
9/26/2019	KTVN	Marisol Brags	Flu shot awareness	Lynnie Shore
9/17/2019	KOH	Daniella Sonino	West Nile Virus	Dr. Todd
9/17/2019	KRNV/FOX11	Tony Phan/Zac Slotemaker	West Nile Virus	Dr. Todd
9/17/2019	KTVN	John Potter	West Nile Virus	Dr. Todd & Scott Oxarart
9/17/2019	KOLO	Gurajpal Sangha	West Nile Virus	Dr. Todd
9/9/2019	KTVN	Mark	Walker Fire and Air Quality	Daniel Inouye
9/9/2019	KUNR	Anh Gray	E-cigarettes & severe lung illness	Kelli Goatley-Seals
9/6/2019	KOLO	Abel Garcia	E-cigarettes & severe lung illness	Kelli Goatley-Seals

Total: 11

Media Coverage without interviews

9/27/2019	KOLO	N/A	Behavioral Health Forum	N/A
9/26/2019	ASPPH	N/A	HIV/AIDS Community Outreach	Nathan Militante
9/19/2019	Science Daily	N/A	Emissions from Cannabis facilities	N/A
9/12/2019	City of Sparks	Julie Duewel - COS	Extra Mile Award for Sparks	Kelli Goatley-Seals
9/11/2019	Nevada Independent	N/A	E-cigarettes & severe lung illness	N/A
9/11/2019	Elko Daily Free Press	N/A	E-cigarettes & severe lung illness	N/A
9/6/2019	This Is Reno	N/A	E-cigarettes & severe lung illness	N/A
9/6/2019	KTVN	N/A	Air quality - Walker Fire	N/A

Total: 8

Positive stories: 18 (ALL)

Press Releases/Media Advisories

9/30/2019	Health District tabs new Communications Manager
9/26/2019	Sen. Ratti, Sheriff Balaam among those scheduled to speak at Behavioral Health Forum
9/19/2019	Learn About Disaster Preparedness at Tomorrow's Food Truck Friday Event
9/17/2019	First Human West Nile Case Confirmed in Washoe County
9/6/2019	Advisory: Nevada public health authorities recommend ceasing of e-cigarette, vaping product use
9/4/2019	Washoe County Health District earns national accreditation

Social Media Postings

Facebook	Total	72 (CCHS 21, EHS 13, AQM 17, WCHD 21)
Twitter	Total	96 (AQM 49, CCHS 19, WCHD 28)