

Washoe County District Board of Health Meeting Notice and Agenda

Members

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

**Thursday, October 25, 2018
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 third 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 25, 2018

5. *Recognitions

A. Years of Service

- i. Janet Smith, 25 years, Hired 10/18/1993 - AQM
- ii. Falisa Hilliard – 15 years, Hired 10/13/2003 - ODHO

B. New Hires

- i. Shawn Saladen, Community Health Aid, 10/1/2018 - CCHS

C. Shining Star

- i. Jacqueline Chaidez - CCHS
- ii. Maria Jimenez - CCHS
- iii. Lisa Lottritz - CCHS
- iv. Victoria Nicolson-Hornblower - CCHS
- v. Julio Pech-Garcia - CCHS
- vi. David Kelly - EHS

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 27, 2018

B. Budget Amendments/Interlocal Agreements – (For possible action)

- i. Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO# 11454 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- ii. Approve the Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

Staff Representative: Nancy Kerns Cummins

- iii. 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, 2018 through July 31, 2019 in the total amount of \$247,762 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 Pierce

C. Approval of a staff recommendation for the Board to give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300. - (For possible action)

Staff Representative: Anna Heenan

D. Approve staff submitting a purchase requisition to County Purchasing 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 January 1, 2019 through December 31, 2019 in support of the Recycling and Solid Waste Management Plan program activities and further direct staff to work with Purchasing to complete a Professional Services Agreement between WCHD and KTMB and once completed forward to the Board of County Commissioners to get authorization for the County Purchasing and Contracts Manager to sign and execute the agreement and purchase requisition. - (For possible action)

Staff Representative: Jennifer Pierce

E. Appointment of Yvonne Downs to the Air Pollution Control Hearing Board (APCHB) for a 3-year term beginning October 25, 2018, and ending October 24, 2021. - (For possible action)

Staff Representative: Charlene Albee

- F. Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Board to approve the appeal with conditions of the Health District's decision to not allow a reduced setback to a public utility easement, Section 040.095 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Jeff and Penelope Filce owners of 330 Ember Drive, Sparks Nevada: Assessor's Parcel Number: 089-523-08. – **(For possible action)**
Staff Representative: James English
- G. Recommendation to uphold the decision and recommendation of the Sewage, Wastewater & Sanitation Board regarding minimum acreage required per septic system at 15540 Cherrywood Drive, Reno Nevada 89511 based on an appeal by Carl Perkins (General Contractor/Grizzly Construction) for Linda and Allen Eisele. - **(For possible action)**
Staff Representative: James English
- H. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board. - **(For possible action)**
- i. John Longo Construction Inc. – Case No. 1203, NOV No. 5564
 - ii. Ashley 2012 Family Trust (Ryan Ashley) – Case No. 1205, NOV No. 5674
 - iii. Sierra Nevada Academy Charter School (Victor Schoenfeldt) – Case No. 1206, NOV No. 5682
- Staff Representative: Charlene Albee
- I. Acknowledge receipt of the Health Fund Financial Review for September, Fiscal Year 2019 – **(For possible action)**
Staff Representative: Anna Heenan
- 7. Resolution of Appreciation – (For possible action)**
- A. David A. Rinaldi – 10/1/1991-9/27/2018, Air Pollution Control Hearing Board Member
Staff Representative: Kevin Dick
- 8. PUBLIC HEARING: Review, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and proposed General Title V application fee of \$2,873. - (For possible action)**
Staff Representative: Charlene Albee
- 9. Discussion and possible approval regarding the execution of an Interlocal Cooperative Agreement between the Nevada Department of Environmental Protection, the Washoe County District Board of Health and Truckee Meadows Water Authority for engineering design review of certain public water system infrastructure. - (For possible action)**
Presented by: Kevin Dick
- 10. Regional Emergency Medical Services Authority**
Presented by: Dean Dow
- A. **Review and Acceptance of the REMSA Operations Report for September, 2018 – (For possible action)**
 - B. ***Update of REMSA's Public Relations during September 2018**

11. *Regional Emergency Medical Services Advisory Board October Meeting Summary

Staff Representative: Christina Conti

12. *Presentation: IWasPoisoned.com

Staff Representative: Chad Westom

13. Possible appointment of Dr. Reka Danko to the District Board of Health for a term beginning January 2019 and ending December 2022. – (For possible action)

Staff Representative: Kitty Jung, Chair

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

Presented by: Kitty Jung, Chair

15. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, Know the Code, Wintertime PM2.5, Divisional Update, Monitoring and Planning and Permitting and Enforcement

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

Environmental Health Services (EHS) Division and Program Updates – Community Development, Epidemiology, Food, Special Events, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management and Inspections.

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

Program Updates for Communicable Disease, Outbreaks, Unusual Illness, Seasonal Influenza Surveillance, Public Health Preparedness, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, Fire Vaccination Video, Emergency Medical Services, American Red Cross Presentation, Reclamation Truckee River Dam Exercise, Training Videos

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

District Health Officer Report – Public Health Accreditation (PHAB), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, State Funding for Public Health, Government Affairs Liaison, Other Events and Activities and Health District Media Contacts.

16. *Board Comment

Limited to announcements or issues for future agendas.

17. *Public Comment

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

18. 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 – Limited to Announcement or Issues for future Agendas.”

Posting of Agenda; Location of Website:

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

Washoe County Health District, 1001 E. 9th St., Reno, NV
Reno City Hall, 1 E. 1st St., Reno, NV
Sparks City Hall, 431 Prater Way, Sparks, NV
Washoe County Administration Building, 1001 E. 9th St, Reno, NV
Downtown Reno Library, 301 S. Center St., Reno, NV
Washoe County Health District Website www.washoecounty.us/health
State of Nevada Website: <https://notice.nv.gov>

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

Washoe County District Board of Health Meeting Minutes

Members

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

Thursday, September 27, 2018
1:00 p.m.

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

1. *Roll Call and Determination of Quorum

Vice Chair Novak called the meeting to order at 1:05 p.m.

The following members and staff were present:

Members present: Dr. John Novak, Vice Chair

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

Members absent: Kitty Jung, Chair

Ms. Rogers verified a quorum was present.

Staff present: Kevin Dick, District Health Officer, ODHO
Leslie Admirand, Deputy District Attorney
Charlene Albee
Steve Kutz
Chad Westom
Christina Conti

2. *Pledge of Allegiance

Charlene Albee led the pledge to the flag.

3. *Public Comment

Vice Chair Novak opened the public comment period

Mr. Michael Pitkin spoke to issues he has experienced with medical care. He stated that his HIV positive blood specimen had gone missing and he has since been discharged from all medical care after Northern Nevada Hopes refused to supply him with a letter stating the possibility of them having lost the specimen. Subsequently, he stated Northern Nevada

Hopes Board opined he had fabricated this issue and that the State of Nevada Licensing concurred with Hopes' stance.

Mr. Pitkin stated he had requested other medical records and communications under the Freedom of Information Act and stated he was refused, informed the records didn't exist and that he had fabricated the story.

Mr. Pitkin listed the many medical appointments he had at Hopes, including those for back issues. He stated that he didn't want surgery for his condition, but wanted to be prescribed pain pills for the times he was in pain. He stated that he had gone to physical therapy through last summer and that Hope's psychiatrist had not checked his medical records but had declared him to have an addiction to pain medication.

He asked the District Board of Health to look at area security strategies, ethical standards of bias, methodologies for medical error, clinical best practice guidelines and health informatics.

Vice Chair Novak closed the public comment period.

4. Approval of Agenda

September 27, 2018

Vice Chair Novak informed that Item 9 had been requested by Chair Jung and would be held to be heard at the October 25th District Board of Health (DBOH) Meeting.

Mr. Dahir moved Item 9 be held from the agenda to be heard at the October 25th DBOH Meeting and approve the agenda for the September 27, 2018, District Board of Health regular meeting. Mr. Brown seconded the motion which was approved six in favor and none against.

5. Recognitions

A. Years of Service

i. Joshua Restori, 5 years, Hired 9/9/2013 - AQM

Mr. Dick informed that Mr. Restori has been with Air Quality Management for five years and stated his service at the Health District is appreciated.

B. New Hires

i. Debra McLaughlin, Medical Billing Specialist, 8/20/2018 – CCHS

Mr. Kutz stated that CCHS is pleased to welcome Ms. McLaughlin as the new Medical Billing Specialist, informing that that Ms. McLaughlin has eight years of billing and coding experience and is a Certified Coder with the American Association of Professional Coders. He informed that she has worked for eighteen months as a temporary employee, processing the backlog of claims and increasing CCHS' revenue.

Mr. Kutz stated that Ms. McLaughlin's positive demeanor and willingness to do more are great assets and that CCHS is happy to have her as a permanent Washoe County employee.

ii. Jessica Conner, Public Health Investigator, 9/17/2018 – CCHS

Mr. Kutz welcomed Ms. Conner into the newly established Public Health Investigator position within the HIV Program. He informed that Ms. Conner has her Bachelor of Science in Community Health Science with a Master's Degree in Public Health, both from the University of Nevada Reno.

Mr. Kutz stated that Ms. Conner comes to CCHS from the Nevada Division of Public and Behavioral Health where she was employed as a Health Facilities Inspector since 2014.

C. Shining Star

- i. Laurie Griffey – AHS
- ii. Holly McGee – CCHS
- iii. Lorena Solorio – CCHS
- iv. Judy Medved-Gonzalez – CCHS
- v. Samantha Beebe - CCHS
- vi. Carmen Mendoza - EPHP

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.

Mr. Dick informed that Ms. Laurie Griffey is the recipient of three Shining Star nominations and thanked her for her dedication to excellent service.

Mr. Dick congratulated Ms. McGee, Ms. Solorio and Ms. Medved-Gonzalez of the Tuberculosis Clinic for their Shining Star Awards, although Ms. Medved-Gonzalez was not able to attend.

Mr. Dick recognized Ms. Beebe for her Shining Star Awards.

Mr. Dick then congratulated Ms. Mendoza for her excellent work and informed that she has received ten Shining Star Nominations, more that anyone in the County has received to date.

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 23, 2018

B. Budget Amendments/Interlocal Agreements

- i. Retroactively approve the Notice of Award from the U.S. Department of Health and Human Services, Public Health Service for the period September 1, 2018 through March 31, 2019 in the total amount of \$521,000 (\$52,100 cash match) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11506.

Staff Representative: Nancy Kerns Cummins

C. Re-Appointment of Dr. Cathleen Fitzgerald, DEnv, PE, and Mr. Gerald Lee Squire, Jr., to the Air Pollution Control Hearing Board (APCHB) for a three-year term beginning September 27, 2018 thru September 27, 2021; and the re-appointment of Ms. Jeanne Rucker, REHS, to the APCHB for a three-year term beginning October 24, 2018 thru October 24, 2021.

Staff Representative: Charlene Albee

D. Presentation, discussion, and possible approval of the National Emission Standards for Hazardous Air Pollutants (NESHAP) Notification Policy for asbestos related renovation and/or demolition activities.

Staff Representative: Charlene Albee

- E. District Board of Health authorization for the Administrative Health Services Officer to sign required certifications related to federal grants to include the annual indirect cost rate proposal, fiscal reports and routine reimbursement requests.
Staff Representative: Anna Heenan
- F. Approve Amendment #1 to Interlocal Agreement with University of Nevada, Reno School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Associates North (MSAN) to increase the number of vasectomy procedures through March 31, 2019.
Staff Representative: Nancy Kerns Cummins
- G. Recommendation for the Board to uphold an unappealed citation issued to Turquoise Solar, Case No. 1204, Notice of Violation No. 5672, with a \$4370.00 negotiated fine.
 - i. Turquoise Solar – Case No. 1204, NOV No. 5672
Staff Representative: Charlene Albee
- H. Acknowledge receipt of the Health Fund Financial Review for August, Fiscal Year 2019
Staff Representative: Anna Heenan

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

7. *Presentation: Fighting the Flu in Washoe County: Education, Outreach, and Access to Vaccines

Presented by: Heidi Parker, Executive Director, Immunize Nevada

Ms. Parker informed she would be speaking on the efforts to fight flu in Washoe County such as education, outreach and access to vaccines.

Ms. Parker stated that the public is aware of the severity of last flu season. She informed that one challenge to public outreach is the broad age range recommended to receive immunization, making it difficult to focus messaging to key audiences. Other challenges she informed of were cuts to resources that limit the ability to provide no-cost flu clinics at community sites and of widespread misinformation that reduces the number of persons who choose to be vaccinated.

Ms. Parker informed of the positive trend in the increased number of persons that have been immunized over last year, however, she stated that overall immunization rates last year for Washoe County were about 10% below the national average.

Ms. Parker detailed the wide variety of points of delivery for flu vaccines, stating that immunizations will be given as long as the vaccine supply lasts, and that pharmacies can vary on the earliest age they will immunize children.

Ms. Parker highlighted Immunize Nevada's key activities to improve immunization rates in Washoe County. She informed that their partnership with Renown and the Washoe County School and Health Districts to provide school-located flu vaccination clinics will continue through the 2018-19 school year, and that classrooms will receive tissue, sanitizer wipes, etc., from Immunize Nevada's annual community drive. New for this year are age appropriate educational materials for students.

Ms. Parker detailed the advertisement campaigns and highlighted their partnership with Nevada Broadcaster's Association which provided over one million dollars in advertising last year alone. She stressed the huge benefit to the state provided by this partnership, and that it wouldn't be possible to advertise or promote their message without this partnership.

Ms. Parker highlighted the efforts being put forth to educate healthcare professionals to lead by example and receive their flu vaccine, as well as to encourage them to educate and

strongly advocate for flu immunization to their patients.

Ms. Parker informed a survey given by CVS Health found that over twenty percent of those surveyed who didn't get a flu vaccine last year say they are more likely to receive one this year.

Ms. Parker stressed the importance of supporting employees who need time off to get vaccinated, or to stay home if they become ill.

Immunize Nevada also presents the Annual Silver Syringe Award to healthcare organizations who have personnel vaccination rates above 90%.

Mr. Dahir inquired if Ms. Parker had planned to present this information to the City of Sparks, opining it would be valuable to present to all of the jurisdictions. Ms. Parker replied she would be happy to present at the Cities and County.

In response to the mention of reduced funding, Mr. Dahir inquired if Immunize Nevada lacks the funding to provide free vaccinations to the public. Ms. Parker informed that the school-located vaccination project is fully funded for this year because of Renown Health's support. She stated Immunize Nevada's pharmacy partner did not receive free immunization vouchers for those who qualify, therefore, other community clinics held in previous years have been reduced for this year. Ms. Parker informed that Immunize Nevada is continually raising funds to provide immunization for the uninsured population.

Mr. Dahir inquired of the \$131,000 she'd mentioned; Ms. Parker stated those funds were from a flu-specific grant that is used for the statewide Broadcaster's Association partnership for materials produced and community outreach advertisements. She informed that the event and staffing budget are funded by a separate Immunize Nevada budget.

Mr. Dahir inquired if the District Board of Health should look for options to assist with funding for flu clinics through Immunize Nevada that service the uninsured population. He requested Mr. Dick to provide suggestions for funding at the October DBOH Meeting.

Ms. Parker stated that Immunize Nevada has a great partnership with the Health District. She informed that the Health District contracts with a number of insurance companies but not all, and that even some insured people in the community are challenged to access healthcare. She stated additional funding would allow those persons to be immunized by paying for the cost of the vaccine and related clinic expenses.

Mr. Dick opined that this topic would be one that could be discussed at the upcoming Strategic Planning Retreat on November 1st within the subject of how to spend a portion of the fund balance.

Dr. Hess wished to confirm that an uninsured person could receive flu immunization at the Health District. Mr. Dick informed that is correct.

Mr. Young inquired what the cost of the injection would be. Ms. Gabor, Supervisor for the Immunization Program, informed that the cost for any vaccine is \$21.34, and that for those who do not have insurance or the ability to pay, the fee is waived.

Vice Chair Novak agreed this topic should be discussed at the Strategic Planning Retreat.

Mr. Dahir inquired how donations could be made to Immunize Nevada. Ms. Parker informed that donations can be made online, by check, and because they are a 501(c)(3) nonprofit organization, there are a number of ways to support their program such as corporate sponsorship.

Mr. Dick wished to thank Ms. Parker for her presentation and for her tireless advocacy for vaccination and shaping vaccination policy in Nevada, opining we are all fortunate to have Ms. Parker leading Immunize Nevada.

Vice Chair Novak inquired why Nevada has such a low rate of vaccination. Ms. Parker informed that there have been great strides in childhood immunization over the last decade,

which can be attributed to the impact of Affordable Healthcare Act. In regards to flu immunization, challenges include the need to be immunized annually and the issue of misinformation about the immunization. She stated the effort to educate and encourage immunization is ongoing and noted that there has been an increase in the number of persons immunized so far this year, and that is something to be proud of.

Vice Chair Novak inquired if Ms. Parker could give a forecast for this year's flu season. Ms. Parker quoted Health District's Silver Syringe award winner, Ms. Shore, stating that the most predictable thing about flu season is that it is unpredictable. Ms. Parker stated her hope was that last year's flu season helps people understand the severity of influenza and that they will choose to be vaccinated this year. She reminded that this is the hundred-year anniversary of the 1918 Flu Pandemic and that although there have been great strides in the ability to prevent the flu, it could still happen again. She encourages people to become vaccinated earlier rather than waiting.

8. Discussion and possible appointment of Ms. Elena Mnatsakanyan or Mr. Joe Macaluso as Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board.

Staff Representative: Christina Conti

Ms. Conti stated the EMS Advisory Board is the overseeing board for the EMS Oversight Program created through their interlocal agreement, and that two of the positions on the Board are DBOH appointees; the Emergency Room Physician, currently held by Dr. Michaelson of Saint Mary's and the Hospital Continuous Quality Improvement Representative that is being vacated by Ms. Ward of Northern Nevada Medical Center (NNMC). She informed that Ms. Ward has served on this Board for four years and recently received a promotional opportunity within NNMC and so will not seek reappointment.

Ms. Conti informed that there was a targeted outreach for the position and two individuals had responded. She stated that both applicants were extremely strong as detailed by their resumes. She informed the EMS Oversight recommends the Board appoint Mr. Joe Macaluso to the position. Based on resumes and correspondence, staff believes him to have a stronger background at this time.

Ms. Conti informed that Ms. Mnatsakanyan is also from Northern Nevada Medical Center, so by choosing Mr. Macaluso, would provide Renown an opportunity to have representation on the Board.

Mr. Brown moved to accept the EMS Advisory Board's recommendation to appoint Mr. Joe Macaluso as the Hospital Continuous Quality Improvement Representative to the Regional Emergency Medical Services Advisory Board. Dr. Hess seconded the motion which was approved six in favor and none against.

9. *Presentation: IWasPoisoned.com (held for the October 25, 2018 DBOH Meeting)

Staff Representative: Chad Westom

10. *Presentation: NALBOH Conference Update

Presented by: John Novak

Vice Chair Novak informed that he is on the Executive Board of NALBOH, National Association of Local Boards of Health, and is Treasurer for this organization. He informed the NALBOH Conference was held in August in Raleigh, North Carolina, and stated there had been a record attendance.

Vice Chair Novak noted that it has been approximately a five year effort by some very dedicated members to overcome financial issues to revive NALBOH and that it is now a

highly respected organization. He informed that the Executive Directors of both the National Association of County and City Health Officials (NACCHO) and the Association of State and Territorial Health Officials (ASTHO) attended the conference along with two other national board representatives. The entities worked together with NALBOH to create alliances for the betterment of public health.

Vice Chair Novak informed that NALBOH is an organization for Health Board Members and provide many educational opportunities for them, such as the instruction provided at the annual conference for new Health Board Members. He stated NALBOH also has a program offered through the University of Michigan to produce materials to train members. He stated that the Orientation Manual developed by the Health District to train new members is quite comprehensive, and opined it beneficial for the DBOH to utilize the University of Michigan materials, as well.

Vice Chair Novak informed the next NALBOH Conference will be held in Denver, Colorado in mid-August to offer better air transportation access and a family friendly venue. He stated that conference information was in the newsletter sent earlier that day to Board Members.

Vice Chair Novak opined NALBOH has made phenomenal progress in the past three years and now, in conjunction with NACCHO and ASTHO, are working toward similar goals across a wide base of influence for Public Health in the United States.

Dr. Hess inquired if the three entities would merge and if they would adopt a new name for the group. Vice Chair Novak informed that no new entity has been formed, but the entities are aligned to work toward mutual goals. He stated a joint meeting of the leadership for the organizations will be held on the first weekend in March 2019 to map a path forward.

11. Review, discussion and possible adoption of the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS) and Section 040.046 (INCINERATOR BURNING) with a finding that the proposed revisions and General Title V application fee will not impose a direct and significant economic burden on a business; nor do the proposed revisions and application fee 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 and application fee for October 25, 2018 at 1:00 pm.

Staff Representative: Charlene Albee

Ms. Albee informed this Business Impact Statement has been prepared to potentially provide for a General Title V Permit Program established for Air Curtain Incinerators (ACI). She described an ACI as a very large open rectangular steel box with an attached engine and fan that creates a horizontal air curtain at the top. The debris is loaded into the ACI from the top which burns at extremely high temperatures and minimizes the amount of ash while the air curtain prevents the great majority of small particulates from entering the atmosphere.

Ms. Albee stated that Truckee Meadows Fire purchased an ACI with the intent to offer an alternative method of disposing of green waste in the community in a safe and air quality-friendly way. She reported last year approximately thirteen fires were caused by escaped pile burning.

In reviewing the type of permitting necessary for the operation of an ACI, Ms. Albee informed it was determined a Title V Permit would be required. A Title V Permit is a federal permit under 40 CFR Part 70 of the Clean Air Act.

Ms. Albee informed a standard permit for a stationary source is processed within thirty days. Regulations allow eighteen months for processing of a Title V Permit due to the extensive process involved, which includes public comment periods and extensive work with EPA on review and revisions. She stated a General Title V Permit would be able to be processed within thirty days and would cost \$2,873 instead of \$36,000 for the standard Title V Permit.

Ms. Albee stated that the reasons for promoting use of the Air Curtain Incinerator are to increase public safety and support clean air in our community.

Ms. Albee summarized the Business Impact Statement, stating its purpose is to expedite permit processing time, ensure compliance with federal regulations and reduce the permit fee to make it affordable to operate an ACI.

Dr. Hess requested an overview of proposed changes to the regulations. Ms. Albee informed that the same information is in the revised language of the regulations as had been present in the original, with the inclusion of required steps to obtain a general permit. She informed they discovered it to be a better process to delete the existing regulations and rewrite them due to changes in local regulations required to be referenced in this process. Because Washoe County Air Quality Management is a delegated authority, AQM adopts the majority of the program by reference, however, Ms. Albee informed the revisions are detailed for transparency to provide clear direction for constituents to maintain compliance.

Mr. Dahir opined all measures that can be taken to improve air quality are important and inquired what the expected additional workload might be for AQM staff. Ms. Albee informed that a general permit entails the same amount of work as a standard, individual permit, because the bulk of the work for the general permit has been invested up front.

Mr. Dahir inquired if Ms. Albee was of the opinion that ACIs should be more widely used. She agreed, and stated that these incinerators will become more necessary as urban growth encroaches on forested areas which will increase the challenge to provide for defensible space, coupled with homeowners' need to dispose of green waste. Ms. Albee opined that ACI's will provide a safe and eco-friendly option and stressed that an ACI is an air pollution control device.

Mr. Brown informed there are three ways to remove fuels: mechanical, which is the most costly, people removing fuels from forests and community areas, and prescribed fire. He stated prescribed fire is not used as much now as it had been in the past due to the residual smoke, labor intensity and issues that have occurred. He opined the ACI to be a beneficial tool and was proud the Health District is working with the local fire agencies to achieve the ability to utilize them.

Vice Chair Novak inquired if the location of the ACIs would be fixed or mobile, and Ms. Albee informed they are trailer mounted and can be operated where they are needed.

Vice Chair Novak inquired if a contractor could utilize the ACI as well, and Ms. Albee confirmed that is correct.

Mr. Dahir moved to adopt the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS) and Section 040.046 (INCINERATOR BURNING), and set a public hearing for possible adoption of the proposed revisions to the regulations and application fee for October 25, 2018 at 1:00 pm. Mr. Delgado seconded the motion which was approved six in favor and none against.

Vice Chair Novak thanked Ms. Albee and her Division for their work to make the use of ACIs feasible and affordable.

12. Regional Emergency Medical Services Authority

Presented by: Dean Dow

A. Review and Acceptance of the REMSA Operations Report for August, 2018

Mr. Dahir inquired if REMSA had initiated a program for their ambulance staff to provide flu shots in the home of persons who are unable to get out to be immunized. Mr. Dow informed REMSA employees are now receiving their own immunizations, but are also working with community paramedics on a plan such as Mr. Dahir had mentioned. He stated an update of this plan would be available through Mr. Dick at the next DBOH Meeting in October.

Mr. Brown moved to accept the REMSA Operations Report for August 2018. Dr. Hess seconded the motion which was approved six in favor and none against.

B. *Update of REMSA's Public Relations during August 2018

In relation to the report out on the soft launch of the PulsePoint app in last month's report, Mr. Dow stated that the app is now fully functional and will be covered in an upcoming edition Health Watch on KTVN Channel 2, providing information on how to download it on a mobile phone and its usage.

Mr. Dow invited the fire chiefs in attendance to join him at the podium to announce that REMSA Education Department, along with eight local fire agencies, have cooperated to form a paramedic level training program for those fire agencies. He stated that this program has been designed for fire personnel that are currently employed in the fire service and is flexible to their work schedule. Mr. Dow opined that the program is unique to this area and possibly many states, and expressed they are excited to provide this opportunity to the area's paramedics. He informed that the comradery, team work and effort involved bring this training forward was outstanding, and that the agreement was signed approximately a month ago with the program to begin in mid-December 2018.

Mr. Dow thanked the fire agency representatives that were present and those that could not attend, offering them all applause.

Mr. Dow informed that the special events season is coming to a close for this year and wished to give special recognition to all of REMSA's first responders, communications specialists, emergency medical dispatchers, EMTs and Advanced EMTs, paramedics, supervisors and support staff. He stated that REMSA fielded over 550 events through this season and that many were outdoor events with conditions including extreme heat, large crowds and sometimes difficult situations. He expressed he was proud of the entire REMSA team for their efforts and teamwork in this busy season, along with their fire partners, law enforcement, and other partners.

Mr. Dow informed that on September 24th, REMSA had the honor of hosting the Western Division of the National Emergency Medical Services Memorial Bike Ride, honoring seventy-nine personnel who perished due to service related circumstances. He stated this event started in 2011 in Boston and has grown rapidly across the country and consists of three divisions; Eastern, Mid-America and Western. This year's route begins in Reno, to South Lake Tahoe, through Northern California, and will end in San Francisco, growing in the number of riders along the route. He stated it is REMSA's honor to have been involved in hosting and bringing attention to this event and to raise awareness and donations for the families.

Mr. Dahir commended REMSA and fire agencies for the training program for paramedics, noting the good that results when entities come together regionally.

13. 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: Kevin Dick

Presented by: Vice Chair John Novak

Vice Chair Novak informed that the District Health Officer is evaluated annually. Ms. Griffey informed the list of participants for Mr. Dick's evaluation is included in the Board's packets and the questions are the same as have been used for the County Manager and District Health Officer's review for the past two years. She stated that using Survey Monkey encourages response to the survey over the same questions being mailed to the participants.

Ms. Griffey requested the Board's approval to begin the evaluation process and informed the results would be brought back to the Board for Mr. Dick's evaluation in open meeting at the October DBOH Meeting.

Dr. Hess moved to accept the Evaluation Forms for the District Health Officer's Annual Review and Direct to Staff to conduct the evaluation. Mr. Delgado seconded the motion which was approved six in favor and none against.

Vice Chair Novak directed the Board members to confirm their email addresses to be correct on the survey participant list.

14. *Staff Reports and Program Updates

A. Air Quality Management, Charlene Albee, Director

Program Update, AQMD Monitoring Network, Wildfire Season 2018, Divisional Update, Monitoring and Planning and Permitting and Enforcement

Ms. Albee informed that Mr. Rinaldi, Chair of the Air Pollution Control Hearing Board since 2002 and appointee to the Board for twenty-seven years, would not seek re-appointment. She noted that he is a Certified Industrial Hygienist and has provided tremendous direction and mentoring as the Air Pollution Control Hearing Board has developed over the years. Ms. Albee stated it has been a great honor to have him on the Board and that he will be missed. Mr. Rinaldi will be recognized for his service at the next DBOH Meeting

Ms. Albee stated that an announcement of the board vacancy was posted to the Washoe County, District Board of Health and the Air Pollution Control Hearing Board websites, and that she hoped to have a candidate to announce for appointment at the next DBOH Meeting, as well.

Vice Chair Novak inquired if the notice of vacancy could be extended to include areas outside the County in hopes of attracting another Industrial Hygienist to fill the position. Ms. Albee informed that there are few Certified Industrial Hygienists in the area and that there has always been an emphasis to recruit members to represent all areas that AQM regulates. She informed there have been a number of persons interested and was optimistic they would find a well-qualified candidate.

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

Divisional Update – New Third Party Payer, 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

Mr. Kutz presented photos of the Family Field Day event held at Yori Park in early September. He informed that the Chronic Disease Prevention Program partnered with the City of Reno and some of the local mobile home parks to hold this event that was very well attended by both staff and the public to promote the Washoe County Health District.

Mr. Kutz informed CCHS has partnered with the artist of the Healthy Living Mural at Traner Middle School, Erik Burke, who is painting colorfully patterned walkways and the basketball court at Yori Park. He informed his work is scheduled to be completed by the weekend of September 29th and there would be an update at the next DBOH Meeting.

Mr. Delgado expressed the event went very well and that staff is appreciated for their hard work. He informed that the managers of several mobile home parks reached out in public comment at a City of Reno meeting to inform they did not feel very safe in their community and that there weren't many opportunities to engage with local residents and take ownership of their park. This event, led by the Health District, allowed Mr. Delgado and other Councilmembers the opportunity to engage with those community members around their concerns. He opined that it will take several community events to build trust and establish a family friendly presence in the area's public spaces.

Mr. Delgado informed there is potential for a Halloween Trick-or-Treat Event with the neighbors to help build a sense of community. He extended his thanks to the Health District, Mr. Dick, the Board and staff for their efforts in redeveloping and engaging area residents in improving their quality of life.

Mr. Kutz informed the partnership with Washoe County Sheriff's Office to provide reproductive health services has been scaled back due to a reduction in funding, and female detainees will now be brought to the Health District to provide services. He stated that, as early as mid-October, CCHS will be able to resume services provided at the Sheriff's Office to improve the delivery of services. Mr. Kutz stated that Captain Clark and staff, as well as NaphCare staff, have been wonderful to work with and that the women appreciate this opportunity.

Mr. Dahir requested the Board Members be informed about events such as the Yori Park Event, to have the opportunity to attend and support staff and allow them the ability underscore that the District Board of Health is a regional Health Board.

C. Environmental Health Services, Chad Westom, Director

Environmental Health Services (EHS) Division and Program Updates – Training, Epidemiology, Community Development, Food, Special Events, Invasive Body Decoration, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease, Waste Management and Inspections.

Mr. Westom informed he did not have any information to add to his report, but that he would be glad to answer any questions.

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

Program Updates for Communicable Disease, Outbreaks, West Nile Virus Disease, Unusual Illness, Seasonal Influenza Surveillance, Medical Reserve Corps, Inter-Hospital Coordinating Council, Isolation and Quarantine, Ambulatory Surgical Centers, Mutual Aid Evacuation Annex Training and Workshop, EMS Protocols Task Force and EMS Strategic Plan Revision

Ms. Conti, representing Dr. Todd in his absence, informed she had nothing to add to the report and would defer any questions the Board may have to Dr. Todd.

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

District Health Officer Report – Public Health Accreditation, Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, State Funding for Public Health, Government Affairs Liaison, Other Events and Activities and Health District Media Contacts.

Mr. Dick expressed how proud he is of the Health District staff who have been working hard for a number of years toward Accreditation, informing the effort began in 2014 with the Fundamental Review recommendations. He thanked Vice Chairman Novak for advocating for the Health District to move forward with Accreditation. He announced that there will be an event immediately following the DBOH Meeting for the submission of the 213 required documents to the Public Health Accreditation Board (PHAB) for their review, and that a site visit would follow within approximately six months.

Mr. Dick informed that Truckee Meadows Healthy Communities (TMHC) had a Board of Directors Planning Retreat on September 12th, facilitated by Ms. Kruse of KPS3, where a consensus was reached defining the function of TMHC as that of a convening role for the coalition and advocacy in the areas of Housing and Homelessness, Preserving Mental Health with the focus on crisis stabilization and suicide prevention, and Physical Activity and Nutrition around support for the 5210 Program, as identified by the Community Health Improvement Plan (CHIP).

Mr. Dick informed there had been a community conversation on the comprehensive Affordable Housing Strategy for the region on the evening of September 26th with Enterprise Community Partners, TMHC and Truckee Meadows Regional Planning Agency (TMRPA). The event was held at the Discovery Museum with approximately eighty persons in attendance to hear details of the strategies being considered, and opined there was valuable input received for the development of this comprehensive strategy.

Mr. Dick informed there is an upcoming Family Health Festival (FHF) at O'Brien Middle School on October 8th from 3:00-6:00 p.m. where flu shots will be made available. He stated that the FHF is also a Point of Dispensing Exercise.

Mr. Dick stated that the Behavioral Health Policy Board is moving forward with work around Crisis Stabilization Services. He informed he is participating on a subcommittee to develop a business case showing a reduction in costs from utilization of Crisis Stabilization Services vs. traditional methods of caring for persons in crisis to present to the State

Mr. Dick expressed he was pleased to report that the Legislative Committee on Healthcare met September 24th and will move a BDR forward to provide for a Public Health Fund and an appropriation of five dollars per capita for Public Health, which will be provided to the Health Authorities. He stated this appropriation would provide a significant boost in state funding and is hopeful it will move forward successfully through the Legislature.

In regards to the upcoming Legislative Session, Mr. Dick highlighted the announcement that an open recruitment is underway for the Government Affairs Liaison, informing the recruitment will end October 3rd. He encouraged anyone interested to apply who believes themselves to be a good fit for the position, noting job specification information is available on the County Human Resources site.

Mr. Dick presented an interview with Ms. Shore of Immunizations on the topic of flu vaccinations. He also wished to thank Councilman Dahir for providing media coverage

of his flu shot prior to the DBOH meeting, noting KOLO, KRNV and KTVN were there for that event.

Vice Chair Novak informed that, even if the BDR for a Public Health Fund and the five dollar per capita appropriation moves forth successfully, Nevada will still be forty-ninth in the USA for State funding. He expressed hope that it will move forward successfully and opined it is much needed. He wished to extend thanks to Senator Ratti and Senator Spearman for their support.

15. *Board Comment

Vice Chair Novak closed the Board comment period.

16. *Public Comment

Mr. Passow, Emergency Manager for the VA Sierra Nevada Healthcare System based in Reno, informed their catchment area covers 26,000 square miles which includes most of Northern Nevada and a small section of Northeastern California. He informed that, in addition to providing healthcare for their area's Veterans, they are tasked with a facet of the National Disaster Medical System as a Federal Coordinating Center (FCC). He stated that the mission of the FCC is to receive, triage, stage, track and transport inpatients of Acute Care Facilities affected by a disaster or national emergency to a participating National Disaster Medical System (NDMS) medical facility or definitive care provider capable of providing the appropriate level of care. He stated the NDMS medical facilities are the community partner hospitals within fifty miles of an incident.

Mr. Passow informed that FCC has the potential to receive military patients should the Department of Defense Health System and the Department of Veterans Affairs Contingency Hospital System be overwhelmed during a military contingency. He stated that, as an FCC, they are responsible for day-to-day coordination of planning, training and patient reception area operations in this geographic area. The NDMS may be activated in one of three ways; under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, The Public Health Service Act or the Overseas and Domestic Military Contingency Emergency Plan.

Mr. Passow informed that their partner agencies include HHS who has the overall ownership of the National Disaster Medical System, manage the Joint Patient Assessment and Tracking System (JPATS), and manage the funding stream, taking care of the patients and repatriating them once the disaster zone has been stabilized.

Mr. Passow stated the Department of Defense (DoD) is the transport asset, who utilize the Airforce C-130 and C-17 aircraft in the patient transport configuration.

Mr. Passow informed the community partners in this area are the local hospitals who are signatories to the National Disaster Medical System as Definitive Care Providers. Washoe County Health District acts as the Communications and Transport Conduit and REMSA as ground transport, and both help with Surge Tracking.

Mr. Passow reported that on August 28th, in conjunction with the 152nd Air Wing, the VA hosted the first FCC full-scale exercise in Northern Nevada. He informed this exercise brought in full-sized C-130 Aircraft from Georgia, picking up the Airforce AeroMed Evac Association 156th Evac Wing from North Carolina en route, and involved three area Emergency Managers from the Veteran's Headquarters Office of Emergency Management to act as HHS Assistance Teams to provide Just-In-Time training to some VA personnel in the Patient Tracking System.

Mr. Passow stated that locally, the exercise consisted of VA Medical Center personnel as the Flight Line Operations and Reception Clinical Teams, Washoe County Health District's EMS Coordinator Ms. Dayton as a Medical Unit Leader and assisting under the Mutual Aid

Evacuation Act, and REMSA Emergency Manager Mr. Taylor with multiple ambulance units dedicated to the exercise for distributing patient actors to the community's hospitals.

Mr. Passow stated he was present to highlight the successes of the Health District's Mutual Aid Evacuation Annex, processes and the Patient Tracking function under the WebEOC System that Dr. Todd developed, meticulously updates and maintains. He stated the JPAT System is used to send patients to this area, and once here, the back half of the Tracking System is utilized.

Mr. Passow informed that during the exercise, a real world failure of the National JPAT System occurred for two patients, however, during that timeframe, the hard copy of Patient Transport and Patient Tracking System were in effect in conjunction with the WebEOC System. Once the National system came back online, the information was able to be repopulated. In addition to the redundancies, the WebEOC System was able to accomplish that which the National system could not, which is to allow for transferring from an acute care facility to a subacute or specialized facility. At this time, the NDMC does not allow for any facility that is not an acute care facility to sign on as a Definitive Care Provider.

Mr. Passow informed that this system managed by the Emergency Preparedness and Emergency Management System and Dr. Todd was a key component and was viewed as a best practice of co-locating the local Patient Tracking System with the JPATs Management Team.

Mr. Passow thanked the Health District and EMS partners for their support.

Vice Chair Novak requested Mr. Passow to agendaize any future presentation of this importance to avoid having to be limited to a three minute timeframe. He thanked him for his information.

Vice Chair Novak closed the public comment period.

17. Adjournment

Vice Chair Novak adjourned the meeting at 2:44 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.

AHSO	__	AH	__
DHO	__		__

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

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

SUBJECT: Approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO# 11454 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health on September 29, 2018 to support the Chronic Disease Prevention Program. The funding period is retroactive to October 1, 2018 through September 30, 2019. A copy of the Notice of Subaward is attached.

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

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

BACKGROUND/GRANT AWARD SUMMARY

Project/Program Name: Chronic Disease Prevention and Health Promotion

Scope of the Project: Funding will support programs and projects focused on population health infrastructure and address health concerns by supporting intermittent hourly staffing, travel, operating and indirect expenses.

Benefit to Washoe County Residents: This component of the Chronic Disease Prevention Program will support increased physical activity among adults and youth in Washoe County through the development and implementation of community bicycle initiatives.

ADMINISTRATIVE HEALTH SERVICES

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520
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.



On-Going Program Support: The Health District will apply for continuation funding to support this program.

Award Amount: \$ 25,001.00 (includes \$3,223.00 indirect)

Grant Period: October 1, 2018 through September 30, 2019

Funding Source: U.S. Department of Health and Human Services
Preventive Health and Health Services Block Grant

Pass Through Entity: State of Nevada Department of Health and Human Services,
Division of Public and Behavioral Health

CFDA Number: 93.991

Grant ID Number: 1 NB01OT009235-01-00 / HD# 16883

Match Amount and Type: None.

Sub-Awards and Contracts: No Sub-Awards. The award includes \$3,000 for contractual expenses which will be executed in compliance with 2 CFR Part 200.

FISCAL IMPACT

The Division anticipated this subgrant award; the FY19 budget was adopted with \$21,740 in expenditure authority. The total award amount is \$25,001 (\$21,778 direct and \$3,223 indirect). Rather than requesting a budget amendment in the amount of \$38.00, the Division will cover the shortfall within the Division's overall budget authority.

RECOMMENDATION

It is recommended that the Washoe County District Board of Health retroactively approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO# 11454 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve a Notice of Subaward from the State of Nevada Department of Health and Human Services, Division of Public and Behavioral Health retroactive to October 1, 2018 through September 30, 2019 in the total amount of \$25,001 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Chronic Disease Prevention Program IO# 11454 and authorize the District Health Officer to execute the Subaward."



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

Agency Ref. #: **HD 16883**
 Budget Account: 3220
 Category: 09
 GL: 8516
 Job Number: 9399119

NOTICE OF SUBAWARD

Program Name: Chronic Disease Prevention and Health Promotion (CDPHP); Bureau of Child, Family and Community Wellness (CFCW)	Subrecipient's Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, NV 89520
Subaward Period: October 1, 2018 through September 30, 2019	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To increase physical activity in adults and youth through the development and implementation of community bike initiatives in Washoe County.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:	
1. Personnel	\$14,610.00
2. Travel	\$240.00
3. Operating	\$3,928.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$3,000.00
6. Training	\$0.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$21,778.00
8. Indirect Costs	\$3,223.00
TOTAL APPROVED BUDGET	\$25,001.00

AWARD COMPUTATION:	
Total Obligated by This Action:	\$ 25,001.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 25,001.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required This Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Budget Period: October 1, 2018 through September 30, 2019	
Project Period: October 1, 2017 through September 30, 2019	
FOR AGENCY USE ONLY	

Source of Funds: Centers for Disease Control and Prevention	% Funds: 100	CFDA: 93.991	FAIN: NB01OT009235	Federal Grant #: 1 NB01OT009235-01-00
Federal Grant Award Date by Federal Agency:		08/31/18		

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD**

Section E:	Audit Information Request;
Section F:	Current/Former State Employee Disclaimer; and
Section G:	DPBH Business Associate Addendum
Section H:	Annual Work Plan Template
Section I:	Quarterly Program Activity Tracking and Evaluation Template
Section J:	Staff Certification

	Signature	Date
Kevin Dick District Health Officer		
Beth Handler, MPH Bureau Chief, CFCW		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBAWARD
SECTION A**

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
 - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation; or
 - (b) The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 4. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation;
 - (b) The enactment or modification of any pending federal, state or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District (WCHD), hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for WCHD

<i>Goal 1: Increase physical activity among adults in Washoe County through the development and implementation of community bicycle initiatives.</i>						
<i>Objective</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/ Completion</i>	<i>Target Population</i>	<i>Evaluation Measure (indicator)</i>	<i>Evaluation Tool</i>
1.1 Encourage and increase use of bike share bicycles in at least two (2) demographics that are known to be less likely to use bike share.	1.1.1 Identify at least three (3) ways to promote and increase bike share use among at least two (2) demographics that are less likely to use bike share (minority populations, women, ages 18-24 and 45 and older, unemployed and less educated).	List of approaches identified	10/1/18-10/31/18	Minority populations, women, ages 18-24 and 45 and older, unemployed and less educated	# of approaches identified	Quarterly Reports
	1.1.2 Develop an action plan with partners to increase bike share use among specific populations.	Bike share use action plan	10/1/18-12/31/18	City of Reno, City of Sparks, UNR, RTC, Reno-Spark Indian Colony, Lime Bike	# of action plans developed	Quarterly Reports
	1.1.3 Implement and track bike share promotion action plan.	Promotion Resources Bike share use tracking system	1/1/19-9/30/19	Minority populations, women, ages 18-24 and 45 and older, unemployed and less educated	# of promotion activities completed # of bike share users # of bike share users in special populations	Quarterly Reports

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1.2 Develop a prescription (Rx) bike pilot program with community partners.	1.2.1 Form a sub-committee to lead Rx bike program activities.	List of sub-committee members	10/1/18-2/1/19	Local bicycle programs, local health care agencies, Lime Bike	# of active sub-committee members	Quarterly Reports
	1.2.2. Convene at least three (3) sub-committee meetings.	Attendance Records Meeting minutes	2/1/19-9/30/19		# of sub-committee meetings	Quarterly Reports
	1.2.3 Create a strategic plan to develop and promote the Rx bike pilot program. *use the Rx food program as model	Rx Bike Pilot Strategic Plan	10/1/18-5/1/19		# of strategic plans developed # and list of plan promotion activities completed	Quarterly Reports
	1.2.4 Implement the Rx bike pilot program with community health care providers.	List of participating community health care providers Implementation tracking document	10/1/18-9/30/19	Sub-committee, CDPHP/DPBH, Community Partners	# and list of participating providers # of Rx bike pilot programs # of participants in pilot # and type of barriers/facilitators to implementation	Quarterly Reports
	1.2.5 Develop one (1) preliminary summary of Rx bike pilot program Include: Purpose, Methods, Results, Barriers, Facilitators, Lessons Learned, Next Steps	Summary Report	7/1/19-9/30/19		# Summary Reports developed	Quarterly Reports

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1.3 In coordination with Truckee Meadows Bicycle Alliance (TMBA), increase participation in 2019 Bike Week by 5% from 2018.	1.3.1 Participate in TMBA Bike Week planning committee meetings and activities.	Meeting Agendas List of activities	10/1/18-5/31/19	TMBA, Bike Week Participants	# of meetings attended # of activities participated in	Quarterly Reports
	1.3.2 Develop and implement a marketing plan to increase community awareness about Bike Week and the Commuter Challenge.	Marketing Plan	10/1/18-3/31/19	TMBA, Community members/Bike Week Participants, Community Businesses	# of Marketing Plans created # and % of target population reached	Quarterly Reports
	1.3.3 Engage a minimum of three (3) business to participate in the Commuter Challenge.	List of businesses	10/1/18-4/30/19	Community Businesses	# of businesses engaged # of business participating	Quarterly Reports
	1.3.4 Evaluate and summarize participation in 2019 Bike Week.	List of Measures Evaluation Summary	10/1/18-6/15/19	TMBA, CDPHP/DPBH, Community Partners	# of people participating in 2018 Bike Week # of people participating in 2019 Bike Week % change in participation between 2018 and 2019	Bike Week Registration Quarterly Reports

Deliverables:

- 1) Compile/complete reports outlined throughout the Scope of Work's objectives and activities by targeted deadlines, including but not limited to:
- 1.1.2 Bike Share Use Action Plan
 - 1.2.3 Prescription (Rx) Bike Pilot Program Strategic Plan
 - 1.2.5 Preliminary Summary Report of Rx Bike Pilot Program
 - 1.3.2 Bike Week Marketing Plan
 - 1.3.4 Bike Week Participation Summary

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2) Participate in the following TA calls throughout the project period. **Participation on all calls is required.** Specific conference call number and passcode will be provided within 1 week prior to the scheduled call.

Technical Assistance Calls

- January 30, 2019 @ 10:00am
- April 29, 2019 @ 1:15pm
- July 31, 2019 @ 10:00am
- October 28, 2019 @ 1:15pm

Reporting Schedule

Awardee shall provide to the Chronic Disease Prevention & Health Promotion (CDPHP) Section an annual Work Plan within 30 days of receiving Notice of Subgrant Award and scope of work. Submit quarterly and annual reports electronically to the CDPHP PHHS Block Grant Coordinator or Section designee. Reports must include summary of data collection and progress on performance measures that align with the approved activities and objectives (see Section H).

- Quarterly Reports
 - o Q1 Report (October 1, 2018 – December 31, 2018) due by January 15, 2019
 - o Q2 Report (January 1, 2019 – March 31, 2019) due by April 15, 2019
 - o Q3 Report (April 1, 2019 – June 30, 2019) due by July 15, 2018
 - o Q4 Report (July 1, 2019 – September 30, 2019) due by October 15, 2019

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

- Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1 NB01OT009235-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 1 NB01OT009235-01-00 from the Centers for Disease Control and Prevention (CDC).

Subgrantee agrees to adhere to the following budget:

Category	Total Cost	Detailed Cost	Details of Expected Expenses
1. Personnel	\$14,610.00		
		\$14,402.00	Intermittent Hourly Health Educator I \$57,607/12 months x 25% = \$14,610.00
		\$209.00	Fringe
2. Travel	\$240.00		
		\$240.00	In-State Travel: Staff travel -estimated 8.8 miles/wk X 50 weeks = 440 X .545 per mile
3. Operating	\$3,928.00		
		\$3,428.00	Incentives, to include be not limited to, purchasing of discount bike packages for RX Bike program, incentive items encouraging bike safety (reflectors, bike locks, bike lights, cinch bag for helmets, etc.), gift card incentives for raffle prizes to encourage people to participate in bike ride events or community promotion events (i.e. photo contest -10 best places to go on a Bike Share Bike)
		\$500.00	Supplies and materials for Bike Share promotion and RX Bike Program (print materials, etc.)
4. Equipment	\$0.00		
5. Contractual Consultant	\$3,000.00		
		\$3,000.00	Social Media Campaign for Bike Week
6. Training	\$0.00		
		\$0.00	
7. Other	\$0.00		
		\$0.00	
8. Indirect	\$3,223.00		
		\$3,223.00	Indirect 14.8%
Total Cost	\$25,001.00		

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- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subgrantee will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict Contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subgrantee agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the performance period.

- Total reimbursement through this subaward will not exceed \$25,001.00;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Monthly invoices may not be approved for payment until the Diabetes Prevention and Control Program Coordinator receives the appropriately timed progress report(s);
- **The Division reserves the right to conduct a site visit regarding this subgrant and deliverables. If deliverables are not met for this subgrant period, then the Division is not obligated to issue continuation funding;** and
- Additional expenditure details will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 15 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 15-day closing period must be returned to the Division at that time, or if not already requested, will be deducted from the final award.
 - Any work performed after the BUDGET PERIOD will not be reimbursed.
 - If a Request for Reimbursement (RFR) is received after the 15-day closing period, the Division may not be able to provide reimbursement.
 - If a credit is owed to the Division after the 15-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subgrantee;
- To provide prior approval of reports or documents to be developed;
- To forward necessary reports to the CDC and other stakeholders as necessary.

Both parties agree:

- A site visit may be conducted during the subaward period.

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- The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

Funding Attribution

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1 NB01OT009235-01-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor Centers for Disease Control and Prevention."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 1 NB01OT009235-01-00 from the Centers for Disease Control and Prevention (CDC).

Nevada Wellness Logo

Use of this logo may not be for any other commercial purpose without permission from the Chronic Disease Prevention and Health Promotion Section within the Nevada Division of Public and Behavioral Health. User groups may not use the Nevada Wellness logo to profit and must comply with usage guidelines. Nevada Wellness is a registered trademark of the CDPHP Section within the Nevada Division of Public and Behavioral Health. Derivative versions of the Nevada Wellness logo are generally prohibited, as they dilute the Nevada Wellness brand identity. Please contact Health Promotions for any questions regarding usage guidelines at cdphp@health.nv.gov.

Usage Guidelines

- **Logo Elements:** The logo consists of two figures with a background of a mountain and sun, with the words "Nevada Wellness" below. These elements cannot be used separately.
- **Size Elements:** The size specifications for the logo are as follows: 303px width x 432px height or 4.208in width x 6in height. Resolution should be set at 72 or higher.
- **Spatial Elements:** The logo should appear unaltered in every application and should not be stretched or have a drop shadow or any other effect applied. Any secondary logos or images surrounding the logo should be of sufficient contrast so that the logo is not crowded or obscured. There must be a minimum of one quarter inch (1/4) clear space around the logo. The logo should be proportional to the size of your publication, promotional item, or website.
- **Font:** Industria LT Std
- **Logo Color:** The printed logo should always appear in the colors listed below or in black & white. When printing or placing the logo on a field that is low contrast, the logo should have a white outline.

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○ **PMS Colors:**



○ **CMYK Colors:**



○ **RGB Colors:**

RGB Colors
Green: R: 43 G: 182 B: 115
Blue: R: 2 G: 130 B: 198
Lime Green: R: 166 G: 206 B: 57
Yellow: R: 255 G: 200 B: 67

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION D**

HD #: **16883**
Budget Account: 3220/09
GL: 8516
Draw #: _____

Request for Reimbursement

Program Name: Chronic Disease Prevention and Health Promotion Bureau of Child, Family and Community Wellness	Subrecipient Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 210 Carson City, NV 89706-2009	Address: PO Box 11130 Reno, Nevada 89520
Subaward Period: October 1, 2018 – September 30, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s) **Calendar year**

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$14,610.00	\$0.00	\$0.00	\$0.00	\$14,610.00	0.0%
2. Travel	\$240.00	\$0.00	\$0.00	\$0.00	\$240.00	0.0%
3. Operating	\$3,928.00	\$0.00	\$0.00	\$0.00	\$3,928.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	0.0%
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$3,223.00	\$0.00	\$0.00	\$0.00	\$3,223.00	0.0%
Total	\$25,001.00	\$0.00	\$0.00	\$0.00	\$25,001.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date _____

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SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? July 2018
7. What time-period did your last audit cover? July 2017 - June 2018
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.

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6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing, enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.
7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR

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164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).

4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).
5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as

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witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. **PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE.** The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate,

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to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).

- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.
 - d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).
2. **Prohibited Uses and Disclosures:**
- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
 - b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. **Effect of Termination:**
 - a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
 - b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
 - c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

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2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.
3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION H
Annual Work Plan Template

Evaluation Worksheet 1. CDPHP CDC 1815 Sub-grantee Annual Work Plan from October 1, 2018 to September 30, 2019

Date: Version: 0.0

Goal 1:					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

Goal 2:					
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline Begin/Completion</i>	<i>Evaluation Measure (indicator)</i>	<i>Responsible Persons</i>

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SECTION I**

Quarterly Program Activity Tracking and Evaluation Template

ES Worksheet 4. CDPHP CDC 1815 Quarterly Program Activity Tracking and Evaluation

Action Plan Period: MM/DD/18 - MM/DD/19

Funding Amount:	\$25,001.00
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Data Collection Date: MM/DD/YY

Reimbursement to date:	\$
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Goal 1:				
Objectives	Activities	Outputs	Quarterly Program Progress (When, How, Who, Barriers)	Evaluation Results (for evaluator use only)
Annual Objective: 1.1 -	Annual Activity: 1.1.1 -		(after description of progress, may use hyperlinks or insert PDFs if needed)	
Annual Objective: 1.2 -	Annual Activity: 1.2.1 -			
Progress	(paragraph format reporting entered in here—coordinators could request word limits/requirements)			
Successes				
Barriers	1. 2.			
Other				
Goal 2:				
Objectives	Activities	Outputs	Quarterly Program Progress (When, How, Who, Barriers)	Evaluation Results (for evaluator use only)
Annual Objective: 2.1 -	Annual Activity: 2.1.1 -			
Annual Objective: 2.2 -	Annual Activity: 2.2.1 -			
Progress	(paragraph format reporting entered in here—coordinators could request word limits/requirements)			
Successes				

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**SECTION J
Staff Certification**

Washoe County Health District

STAFF CERTIFICATION ATTESTING TO TIME (Level of Effort) SPENT ON DUTIES

For the Period October 1, 2018 through September 30, 2019

Employee Name	Title	HD 16883	% time (level of effort) spent on duties related to	% time (level of effort) spent on	% time (level of effort) spent on	% time (level of effort) spent on	Total must equal 100%	I certify that the % of time (level of effort) I have stated is true and correct Employee Signature	Date Certified
							0.00%		

Note: The Notice of Subgrant Award received from the State of Nevada provides funding for the employees above. All duties performed by these employees support the objectives/deliverables of the federal award.

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Authorized Official Name

Title

Signature

Date

These certification forms must be prepared at least Quarterly and signed by the employee and an authorized official having firsthand knowledge of the work performed by the employee.

Note: Add columns as needed to reflect % allocation across all funding sources.

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

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

SUBJECT: Approve the Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

SUMMARY

The Community and Clinical Health Services Division received a Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 to support the Family Planning Program. A copy of the Notice of Subaward is attached.

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

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

BACKGROUND

Project/Program Name: Family Planning Services Grant

Scope of the Project: AB397 appropriated a total of \$1 million in grants for FY18 and FY19 to local governmental entities and nonprofit organizations to help offset the erosion of Family Planning grants in the State of Nevada. Funding will provide for family planning services to female inmates of the Washoe County Sheriff's Office and those who would otherwise have difficulty obtaining such services because of poverty, lack of insurance or transportation or any other reason. The grant provides funding for biologicals, operating supplies and equipment, and indirect expenditures.

Benefit to Washoe County Residents: This Award supports the Family Planning Program's ongoing efforts to reduce unintended pregnancy by providing most methods of birth control.

On-Going Program Support: The Health District will apply for future funding if made available by the State of Nevada.

Award Amount: \$72,030.00 (\$62,744 direct; \$9,286.00 indirect)
Grant Period: Upon execution – June 30, 2019
Funding Source: State of Nevada, Department of Health and Human Services
Division of Public and Behavioral Health
Pass Through Entity: n/a
CFDA Number: n/a
Grant ID Number: HD 16910
Match Amount and Type: n/a
Sub-Awards and Contracts: None.

FISCAL IMPACT

Should the Board approve this award, the adopted FY19 budget will be increased by \$62,744.00 in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase</u>
2002-IO-11525 -432100	State Grants	62,744.00
2002-IO-11525 -710300	Operating Supplies	3,666.00
2002-IO-11525 -710703	Biologicals	54,141.00
2002-IO-11525 -711504	Equipment noncapital	4,937.00

RECOMMENDATION

It is recommended that the Washoe County District Board of Health approve the Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be: “Move to approve the Notice of Subaward from the State of Nevada Health and Human Services, Division of Public and Behavioral Health for the period upon approval through June 30, 2019 in the total amount of \$72,030 (no match required) in support of the Community and Clinical Health Services Division (CCHS) Family Planning Program IO# 11525 and authorize the District Health Officer to execute the Subaward.”



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

Agency Ref. #: **HD 16910**
 Budget Account: 3224
 Category: 25
 GL: 8516
 Job Number: GFUND

NOTICE OF SUBAWARD

Program Name: Family Planning Services Grant Division of Public and Behavioral Health	Subrecipient's Name: Washoe County Health District
Address: 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street, Bldg. B , PO Box 11130 Reno, NV 89512-2845
Subaward Period: Upon approval through June 30, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q Dun & Bradstreet: 073786998

Purpose of Award: Provide family planning services to help people with difficulties obtaining such services.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:	
1. Personnel	\$0.00
2. Travel	\$0.00
3. Operating	\$62,744.00
4. Equipment	\$0.00
5. Contractual/Consultant	\$0.00
6. Training	\$0.00
7. Other	\$0.00
TOTAL DIRECT COSTS	\$62,744.00
8. Indirect Costs	\$9,286.00
TOTAL APPROVED BUDGET	\$72,030.00

AWARD COMPUTATION:	
Total Obligated by this Action:	\$ 0.00
Cumulative Prior Awards this Budget Period:	\$ 0.00
Total Federal Funds Awarded to Date:	\$ 0.00
Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Amount Required this Action:	\$ 0.00
Amount Required Prior Awards:	\$ 0.00
Total Match Amount Required:	\$ 0.00
Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Budget Period:	N/A
Project Period:	N/A

FOR AGENCY USE ONLY

Source of Funds: State of Nevada General Fund	% Funds: N/A	CFDA: N/A	FAIN: N/A	Federal Grant #: N/A
---------------------------------------------------------	------------------------	---------------------	---------------------	--------------------------------

Federal Grant Award Date by Federal Agency: N/A

- Terms and Conditions:**
 In accepting these grant funds, it is understood that:
1. This award is subject to the availability of appropriate funds.
 2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
 3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
 4. Subrecipient must comply with all applicable Federal regulations
 5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
 6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

- Incorporated Documents:**
- Section A: Grant Conditions and Assurances;
 - Section B: Description of Services, Scope of Work and Deliverables;
 - Section C: Budget and Financial Reporting Requirements;
 - Section D: Request for Reimbursement;
 - Section E: Audit Information Request;
 - Section F: Current/Former State Employee Disclaimer; and
 - Section G: DPBH Business Associate Addendum

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	Signature	Date
Kevin Dick, District Health Officer Washoe County Health District		
Beth Handler, MPH DPBH, Deputy Administrator for Community Health Services		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		

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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Recipient shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Division of Public and Behavioral Health (hereafter referred to as "Division") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Recipient is an independent entity.
2. The Recipient shall hold harmless, defend and indemnify the Division from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Recipient's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Recipient may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Division or Recipient from its obligations under this Agreement.
 - The Division may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Division and Recipient.
4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Section B may only be undertaken with the prior approval of the Division. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Recipient under this Agreement shall, at the option of the Division, become the property of the Division, and the Recipient shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.
 - The Division may also suspend or terminate this Agreement, in whole or in part, if the Recipient materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Division may declare the Recipient ineligible for any further participation in the Division's grant agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Recipient is in noncompliance with any applicable rules or regulations, the Division may withhold funding.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009
Email: contractunit@health.nv.gov

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Recipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation; or
 - (b) The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 4. Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence state or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of federal, state or local legislation;
 - (b) The enactment or modification of any pending federal, state or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

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6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
 7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a recipient or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Money appropriated shall be used to provide family planning services in accordance with AB397 to persons who would otherwise have difficulty obtaining such services because of poverty, lack of insurance, or transportation, or any other reason.

Washoe County Health District, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Washoe County Health District

Goal 1: Provide family planning services.

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Increase the number of individuals receiving family planning services in Washoe County.	<p>1. Family Planning staff will provide reproductive health counseling and birth control services to female inmates of the Washoe County Sheriff's Office twice a month. Services will be provided to 12-20 females per month for six (6) months. Services include Depo Provera injections, Intrauterine Device (IUD) insertion, and hormonal implant insertion.</p> <p>2. The Family Planning Program (FPP) will provide Long Acting Reversible Contraception (LARCs), hormonal implants, and Depo Provera injections to the Family Planning/Teen Health Mall clinic.</p>	06/30/2019	<p>For each activity:</p> <ol style="list-style-type: none"> 1) track number of women served (by demographic information); 2) track number of each method (IUD, hormonal implant, and Depo Provera) dispensed.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through the State General Fund Appropriations (AB397). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the State of Nevada."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division from the State General Fund Appropriations (AB397).

Subrecipient agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
1. Personnel	\$		
		\$	
2. Travel	\$		
		\$	
3. Operating	\$ 62,744.00		
		\$ 54,141.00	Birth control methods (IUDs, Implants, Injectables, LARCs)
		\$ 2,500.00	Disposable IUD kits
		\$ 4,937.00	Powered medical exam table
		\$ 1,166.00	table-mounted exam light
4. Equipment	\$		
		\$	
5. Contractual Consultant	\$		
		\$	
6. Training	\$		
		\$	
7. Other	\$		
		\$	
Total Direct Cost	\$ 62,744.00		
8. Indirect Cost	\$ 9,286.00	14.8% indirect cost: \$62,744.00 x .148 = \$9,286.112	
Total Approved Budget	\$ 72,030.00		

- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/ Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

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The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subaward period.

- Total reimbursement through this subaward will not exceed \$72,030.00.
- Submit written Progress Reports to the State electronically on or before:
 - January 31, 2019 Interim Progress Report (For the period 11/1/18 – 12/31/18)
 - July 31, 2019 Final Progress Report (For the period 1/1/18 – 6/30/18)
- Submit monthly Requests for Reimbursement no later than the 15 days following the end of the month and submit the final Request for Reimbursement no later than 30 days after the termination of the subgrant (July 31, 2019).
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- To bill all third-party sources (i.e. third-party insurance, Medicaid or Medicare), if available, for eligible family planning services provided under this subgrant. Subgrantee agrees to bill timely, within thirty days after the service is provided. Revenue received will be used to offset the next available request for reimbursement, reducing billable expenses under the award. A final report will be due to the Division within sixty days (60) after the subgrant end date. Any additional revenue received after final reimbursement is made under this agreement will be returned to the Division within thirty (30) days after receipt.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBAWARD PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- Provide technical assistance, upon request from the Subrecipient, as needed through the subgrant period;
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- The Subrecipient will, in the performance of the Scope of Work specified in this subaward, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

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SECTION D**

Agency Ref. #: **HD 16910**
 Budget Account: 3224
 GL: _____
 Draw #: _____

Request for Reimbursement

Program Name: Family Planning Services Grant Division of Public and Behavioral Health	Subrecipient Name: Washoe County Health District
Address: 4150 Technology Way, Suite 300 Carson City, NV 89706-2009	Address: 1001 E. 9 th Street, Bldg. B Reno, NV 89512-2845
Subaward Period: Upon approval through June 30, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
2. Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
3. Operating	\$62,744.00	\$0.00	\$0.00	\$0.00	\$62,744.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
8. Indirect	\$9,286.00	\$0.00	\$0.00	\$0.00	\$9,286.00	0.0%
Total	\$72,030.00	\$0.00	\$0.00	\$0.00	\$72,030.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date _____

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SECTION E**

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30th
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? annually
6. When was your last audit performed? July 2018
7. What time-period did your last audit cover? July 2017 - June 2018
8. Which accounting firm conducted your last audit? Eide Bailly

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing,

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enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@washoecounty.us

SUBJECT: 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, 2018 through July 31, 2019 in the total amount of \$247,762 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.

SUMMARY

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2018 through July 31, 2019 in the total amount of \$247,762 in support of the CDC Epidemiology and Laboratory Capacity Grant Program, IO 10984. A copy of the Notice of Subgrant Award is attached.

District Health Strategic Priorities supported by this item:

- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

This item supports the Epidemiology and Public Health Preparedness (EPHP) Division's mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

PREVIOUS ACTION

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

BACKGROUND

Project/Program Name: CDC Epidemiology and Laboratory Capacity (ELC) Program – Building and Strengthening Epidemiology, Laboratory and Health Information System.

Scope of the Project: The Subgrant Award scope of work addresses the following goals:

- Cross-Cutting Epidemiology
- Detect, Contain and Prevent Healthcare Associated Infections (HAI)

Benefit to Washoe County Residents: This Award supports the Epidemiology and Public Health Preparedness (EPHP) Division’s mission to strengthen the capacity of public health infrastructure to detect, assess, and respond decisively to control the public health consequences of bioterrorism events or any public health emergency.

On-Going Program Support: These funds support on-going activities in the Epidemiology and Laboratory Capacity Program.

Award Amount: Total award is \$247,762 (\$208,169 direct/\$39,593 indirect)

Grant Period: August 1, 2018 – June 30, 2019

Funding Source: Centers for Disease Control and Prevention (CDC)

Pass Through Entity: State of Nevada, Department of Health and Human Services
Division of Public & Behavioral Health

CFDA Number: 93.323(100%)

Grant ID Number: 5 NU50CK000419-05-01

Match Amount and Type: None

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

FISCAL IMPACT

There is no additional fiscal impact should the Board approve the Notice of Subgrant Award. As the FY19 budget in Internal Order 10984 was adopted with a total of \$287,311 in revenue (includes \$28,000 of indirect) and \$259,311 in expenditure authority, no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the District Board of Health 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 August 1, 2018 through July 31, 2019 in the total amount of \$247,762 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.

POSSIBLE MOTION

Should the Board agree with staff’s recommendation, a possible motion would be “Move to 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 August 1, 2018 through July 31, 2019 in the total amount of \$247,762 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.”



State of Nevada
 Department of Health and Human Services
Division of Public & Behavioral Health
 (hereinafter referred to as the Division)

Agency Ref. #: **16628**
 Budget Account: 3219
 Category: 16
 GL: 8516
 9332319;
 9332319
 Job Number: (HA)

NOTICE OF SUBAWARD

Program Name: Epidemiology and Laboratory Capacity (ELC) Office of Public Health Informatics and Epidemiology	Subrecipient's Name: Washoe County Health District Lei Chen, PhD
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Subaward Period: August 1, 2018 through July 31, 2019	Subrecipient's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: To complete ELC activities for the following projects: Cross-cutting Epidemiology capacity, Healthcare-associated acquired infections, and West Nile Virus and Arboviral.

Region(s) to be served: Statewide Specific county or counties: Washoe County

Approved Budget Categories:		AWARD COMPUTATION:	
1. Personnel	\$201,554.00	Total Obligated by This Action:	\$
2. Travel	\$4,375.00	Cumulative Prior Awards this Budget Period:	\$ 247,762.00
3. Operating	\$1,160.00	Total Federal Funds Awarded to Date:	\$ 0.00
4. Equipment	\$0.00		247,762.00
5. Contractual/Consultant	\$0.00	Match Required <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
6. Training	\$0.00	Amount Required This Action:	\$ 0.00
7. Other	\$1,080.00	Amount Required Prior Awards:	\$ 0.00
TOTAL DIRECT COSTS	\$208,169.00	Total Match Amount Required:	\$ 0.00
8. Indirect Costs	\$39,593.00	Research and Development (R&D) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	0.00
TOTAL APPROVED BUDGET	\$247,762.00	Budget Period:	
		08/01/2018 through 07/31/2019	
		Project Period:	
		08/01/2014 through 07/31/2019	
FOR AGENCY USE ONLY			

Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
Centers for Disease Control and Prevention Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	100	93.323	NU50CK000419	5 NU50CK000419-05-01

Federal Grant Award Date by Federal Agency: 07/31/2018

Terms and Conditions:
 In accepting these grant funds, it is understood that:

1. This award is subject to the availability of appropriate funds.
2. Expenditures must comply with any statutory guidelines, the DHHS Grant Instructions and Requirements, and the State Administrative Manual.
3. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented
4. Subrecipient must comply with all applicable Federal regulations
5. Quarterly progress reports are due by the 30th of each month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.

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Incorporated Documents:

Section A: Grant Conditions and Assurances;
 Section B: Description of Services, Scope of Work and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request;
 Section F: Current/Former State Employee Disclaimer; and
 Section G: DPBH Business Associate Addendum

	Signature	Date
Kevin Dick District Health Officer, WCHD		
Julia Peek, MPH, CPM Deputy Administrator, DPBH		
for Julie Kotchevar, PhD. Administrator, Division of Public & Behavioral Health		

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SECTION A

GRANT CONDITIONS AND ASSURANCES

General Conditions

1. Nothing contained in this Agreement is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Grantee shall at all times remain an "independent contractor" with respect to the services to be performed under this Agreement. The Department of Health and Human Services (hereafter referred to as "The Department") shall be exempt from payment of all Unemployment Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance as the Grantee is an independent entity.
2. The Grantee shall hold harmless, defend and indemnify the Department from any and all claims, actions, suits, charges and judgments whatsoever that arise out of the Grantee's performance or nonperformance of the services or subject matter called for in this Agreement.
3. The Department or Grantee may amend this Agreement at any time provided that such amendments make specific reference to this Agreement, and are executed in writing, and signed by a duly authorized representative of both organizations. Such amendments shall not invalidate this Agreement, nor relieve or release the Department or Grantee from its obligations under this Agreement.

The Department may, in its discretion, amend this Agreement to conform with federal, state or local governmental guidelines, policies and available funding amounts, or for other reasons. If such amendments result in a change in the funding, the scope of services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both the Department and Grantee.

4. Either party may terminate this Agreement at any time by giving written notice to the other party of such termination and specifying the effective date thereof at least 30 days before the effective date of such termination. Partial terminations of the Scope of Work in Attachment A may only be undertaken with the prior approval of the Department. In the event of any termination for convenience, all finished or unfinished documents, data, studies, surveys, reports, or other materials prepared by the Grantee under this Agreement shall, at the option of the Department, become the property of the Department, and the Grantee shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

The Department may also suspend or terminate this Agreement, in whole or in part, if the Grantee materially fails to comply with any term of this Agreement, or with any of the rules, regulations or provisions referred to herein; and the Department may declare the Grantee ineligible for any further participation in the Department's Grant Agreements, in addition to other remedies as provided by law. In the event there is probable cause to believe the Grantee is in noncompliance with any applicable rules or regulations, the Department may withhold funding as outlined in the current Grant Instructions and Requirements.

Grant Assurances

A signature on the cover page of this packet indicates that the applicant is capable of and agrees to meet the following requirements, and that all information contained in this proposal is true and correct.

1. Adopt and maintain a system of internal controls which results in the fiscal integrity and stability of the organization, including the use of Generally Accepted Accounting Principles (GAAP).
2. Compliance with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability; and, if advance funds are required, commercial crime insurance.
3. These grant funds will not be used to supplant existing financial support for current programs.
4. No portion of these grant funds will be subcontracted without prior written approval unless expressly identified in the grant agreement.
5. Compliance with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).

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6. Compliance with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
7. Compliance with Title 2 of the Code of Federal Regulations (CFR) and any guidance in effect from the Office of Management and Budget (OMB) related (but not limited to) audit requirements for grantees that expend \$750,000 or more in Federal awards during the grantee's fiscal year must have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. **A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:**

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009
Email: contractunit@health.nv.gov***

This copy of the final audit must be sent to the Division within nine (9) months of the close of the Subrecipient's fiscal year. **To acknowledge this requirement, Section E of this notice of subaward must be completed.**

8. Certification that neither the Grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp. 19150-19211).
 9. No funding associated with this grant will be used for lobbying.
 10. Disclosure of any existing or potential conflicts of interest relative to the performance of services resulting from this grant award.
 11. Provision of a work environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed.
 12. Compliance with Grant Instructions and Requirements from the Office of Community Partnerships and Grants.
(Online: <http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Forms/FY17%20GIRS.pdf>)
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services shall not use grant funds for any activity related to the following:
 1. Any attempt to influence the outcome of any Federal, State or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.
 2. Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of influencing the outcome of an election, referendum, initiative or similar procedure.
 3. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation; or
 - (b) The enactment or modification of any pending Federal, State or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.
 4. Any attempt to influence the introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, including, without limitation, efforts to influence State or local officials to engage in a similar lobbying activity.
 5. Any attempt to influence:
 - (a) The introduction or formulation of Federal, State or local legislation;
 - (b) The enactment or modification of any pending Federal, State or local legislation; or
 - (c) The introduction, formulation, modification or enactment of a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, **by preparing, distributing or using** publicity or propaganda, or by urging members of

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the general public or any segment thereof to contribute to or participate in any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

6. Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
7. Executive branch liaison activities, including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections 1 to 5, inclusive.
- An organization receiving grant funds through the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services may, to the extent and in the manner authorized in its grant, use grant funds for any activity directly related to educating persons in a nonpartisan manner by providing factual information in a manner that is:
 1. Made in a speech, article, publication, or other material that is distributed and made available to the public, or through radio, television, cable television or other medium of mass communication; and
 2. Not specifically directed at:
 - (a) Any member or employee of Congress, the Nevada Legislature or a local governmental entity responsible for enacting local legislation;
 - (b) Any governmental official or employee who is or could be involved in a decision to sign or veto enrolled legislation; or
 - (c) Any officer or employee of the United States Government, the State of Nevada or a local governmental entity who is involved in introducing, formulating, modifying or enacting a Federal, State or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity.

This provision does not prohibit a grantee or an applicant for a grant from providing information that is directly related to the grant or the application for the grant to the granting agency.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION B

Description of Services, Scope of Work and Deliverables

Washoe County Health District, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

Scope of Work for Subrecipient

Goal 1: P.A - Maintain and Strengthen Infectious Disease Epidemiology

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Enhance investigation response and reporting 2. Improve surveillance to drive public health action 3. Implement and evaluate public health practice, prevention and strategies 4. Improve coordination and collaboration for outbreak response and management	1.1 Enhance workforce development and epidemiology skills by attending national and regional conferences 1.2 Update disease investigation protocols to reflect CSTE and CDC case definitions and questionnaires 2.1 Enhance systems for infectious disease by collaborating with local and state health authorities 2.2 Improve review of surveillance data through quality assurance and report publishing 2.3 Improve coordination and exchange of surveillance data with other jurisdictions and partners through interjurisdictional collaboration 3.1 Develop and advance policies for prevention, detection, and control of infectious disease by updating investigation guidelines 4.1 Review and update the outbreak response protocols 4.2 Maintain ELC Governance Team and statewide activities 4.3 Coordinate infection control and epidemiology services through the jurisdiction	As needed,	1. Monthly Request for Reimbursements of conferences attended, as needed 2. Progress report for federal grant application and reporting, as needed

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Goal 2: P.K1A: Improve Response to Healthcare-Associated Infection (HAI)/Antimicrobial Resistance (AR) Infections

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<ol style="list-style-type: none"> 1. Enhance investigation response, containment, and reporting of novel emerging HAI/AR threats 2. Coordinate connection with clinical laboratories in the state to solicit CRE and CRPA isolates from healthcare facilities 	<ol style="list-style-type: none"> 1.1 Designate epidemiologist to HAI/AR activities 1.2 Complete 2017 community-wide antibiogram and start collecting 2018 community-wide antibiogram. 1.3 Continue CRO surveillance and investigate CPO cases 1.4 Host bi-monthly teleconference with stakeholders 2.1 Host bi-monthly teleconference with stakeholders 	As needed	<ol style="list-style-type: none"> 1. Monthly Request for Reimbursements related expenses, as needed 2. Progress report for federal grant application and reporting, as needed

Goal 3: P.M1: Implement and Maintain Effective Surveillance and Prevention Efforts of West Nile Virus and Arboviruses

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
<ol style="list-style-type: none"> 1. Investigate, respond to, and report arboviral disease outbreaks 2. Entomological surveillance and control 3. Participate in regional arboviral disease meetings for state and local health departments 	<ol style="list-style-type: none"> 1.1 Designate epidemiologist to arboviral disease investigation 2.1 Identify and report arboviral disease cases to ArboNET using standard CSTE case definitions 2.2 Identify and report West Nile and Zika virus viremic blood donors to ArboNET 3.1 Attend the Nevada Vector Control Association Meeting 	As needed	<ol style="list-style-type: none"> 1. Monthly Request for Reimbursements related expenses, as needed 2. Progress report for federal grant application and reporting, as needed

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subaward, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health through Grant Number 5 NU50CK000419-05-00 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor CDC."

Any activities performed under this subaward shall acknowledge the funding was provided through the Division by Grant Number 5 NU50CK000419-05-00 from the CDC.

Subrecipient agrees to adhere to the following budget:

Category	Total Cost	Detailed Cost	Details of Expected Expenses
1. Personnel	\$201,554.00		
		\$82,111.00	P.A: Epidemiology Program Manager - 0.57488 FTE @ \$101,326 (\$58,250) + fringe (\$23,861)
		\$62,865.00	P.K1A: Epidemiologist - 0.5 FTE @ \$88,735 (\$44,368) + fringe (\$18,497)
		\$56,578.00	P.M1: Epidemiologist - 0.45 FTE @ \$88,735 (\$39,931) + fringe (\$16,647)
2. Travel	\$4,375.00		
		\$478.00	P.A: 1 ELC Governance Team Members to attend Team Meeting in Las Vegas, NV. Not to exceed \$478.
		\$1,560.00	P.A. 1 ELC Governance Team Member to attend the ELC Grantee Meeting in Atlanta, GA. Not to exceed \$1,560.
		\$2,337.00	P.A.: 1 Epidemiologist to attend the Council of State and Territorial Epidemiologists Conference (location TBD). Not exceed \$2,337.
3. Operating	\$1,160.00		
		\$660.00	P.K1A: Teleconference fee (\$360), and printing (\$300)
		\$500.00	P.M1: Computer printer supplies (\$250), Office Supplies (\$250)
4. Equipment	\$0.00		
5. Contractual Consultant	\$0.00		
6. Training	\$0.00		
7. Other	\$1,080.00		
		\$1,080.00	P.A: Cell phone \$90/mo * 12 mo
8. Indirect	\$39,593.00		
		\$39,593.00	19.08% rate on direct cost, excluding \$660 of operating cost funded by OPHIE (\$207,509*19.08%)
Total Cost	\$247,762.00		

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- Division of Public and Behavioral Health policy allows no more than 10% flexibility of the total not to exceed amount of the subaward, within the approved Scope of Work/Budget. Subrecipient will obtain written permission to redistribute funds within categories. **Note: the redistribution cannot alter the total not to exceed amount of the subaward. Modifications in excess of 10% require a formal amendment.**
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict Contractors/Subrecipients to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

The Subrecipient agrees:

To request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the performance period.

- Total reimbursement through this subaward will not exceed \$247,762;
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Supporting documentation includes, but not limited to: travel claims; itemized invoices and receipts; descriptive account printouts
- Request approval from the Division for expenses not listed in the budget prior to purchasing
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subrecipient agrees to provide:

- A complete financial reconciliation of all expenditures is required to be submitted to the Division within 45 days of the CLOSE OF THE BUDGET PERIOD. Any un-obligated funds remaining after the 45-day closing period must be returned to the Division at that time, or if not already requested, will be deducted from the final award.
- Any work performed after the BUDGET PERIOD will not be reimbursed.
- If a Request for Reimbursement (RFR) is received after the 45-day closing period, the Division may not be able to provide reimbursement.
- If a credit is owed to the Division after the 45-day closing period, the funds must be returned to the Division within 30 days of identification.

The Division agrees:

- To provide technical assistance, upon request from the Subrecipient;
- To provide prior approval of reports or documents to be developed;
- To forward a report to another party, i.e. CDC.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

Both parties agree:

- Site visits will be conducted by the Division on an annual basis to ensure grant compliance. Technical assistance will be conducted as requested by the subgrantee.
- Based on submitted narrative progress reports, financial reporting, and site visit finding, the Division may reduce the amount of the subgrant award, and/or reallocate funding between categories if it appears the activities listed in

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the scope of work will not be completed as scheduled in Section B, and/or completed at a lesser cost than originally budgeted.

- The Subrecipient will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subrecipient is requested to fill out Section G, which is specific to this subaward, and will be in effect for the term of this subaward.
- All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.
- The Division reserves the right to hold reimbursement under this subaward until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.
- This subaward agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subaward, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subaward agreement, no later than the 15th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subaward.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION D**

HD #: **16628**
 Budget Account: 3219
 GL: 8516
 Draw #: _____

Request for Reimbursement

Program Name: Epidemiology and Laboratory Capacity Office of Public Health Informatics and Epidemiology	Subrecipient Name: Washoe County Health District
Address: 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street Reno, NV 89502
Budget Period: August 01, 2018 through July 31, 2019	Subrecipient's: EIN: 88-6000138 Vendor #: T40283400

FINANCIAL REPORT AND REQUEST FOR FUNDS

(must be accompanied by expenditure report/back-up)

Month(s) Calendar year

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year to Date Total	E Budget Balance	F Percent Expended
1. Personnel	\$201,554.00	\$0.00	\$0.00	\$0.00	\$201,554.00	0.0%
2. Travel	\$4,375.00	\$0.00	\$0.00	\$0.00	\$4,375.00	0.0%
3. Operating	\$1,160.00	\$0.00	\$0.00	\$0.00	\$1,160.00	0.0%
4. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
5. Contractual/Consultant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
6. Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-
7. Other	\$1,080.00	\$0.00	\$0.00	\$0.00	\$1,080.00	0.0%
8. Indirect	\$39,593.00	\$0.00	\$0.00	\$0.00	\$39,593.00	0.0%
Total	\$247,762.00	\$0.00	\$0.00	\$0.00	\$247,762.00	0.0%

I, a duty authorized signatory for the applicant, certify to the best of my knowledge and belief that this report is true, complete and accurate; that the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the grant award; and that the amount of this request is not in excess of current needs or, cumulatively for the grant term, in excess of the total approved grant award. I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. I verify that the cost allocation and backup documentation attached is correct.

Authorized Signature _____ Title _____ Date _____

FOR DIVISION USE ONLY

Is program contact required? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____

Scope of Work review/approval date: _____

ASO or Bureau Chief (as required): _____

Date

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Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with 2 CFR § 200.501(a). Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to division. Electronic copies are preferred and can be sent to contractunit@health.nv.gov. Mail hard copies to the following address:

***Nevada State Division of Public and Behavioral Health
Attn: Contract Unit
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$750,000 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? _____
4. What is the official name of your organization? _____
5. How often is your organization audited? _____
6. When was your last audit performed? _____
7. What time-period did your last audit cover? _____
8. Which accounting firm conducted your last audit? _____

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION F

Notification of Utilization of Current or Former State Employee

For the purpose of State compliance with NRS 333.705, subrecipient represents and warrants that if subrecipient, or any employee of subrecipient who will be performing services under this subaward, is a current employee of the State or was employed by the State within the preceding 24 months, subrecipient has disclosed the identity of such persons, and the services that each such person will perform, to the issuing Agency. Subrecipient agrees they will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this subaward without first notifying the Agency and receiving from the Agency approval for the use of such persons. This prohibition applies equally to any subcontractors that may be used to perform the requirements of the subaward. The provisions of this section do not apply to the employment of a former employee of an agency of this State who is not receiving retirement benefits under the Public Employees' Retirement System (PERS) during the duration of the subaward.

Are any current or former employees of the State of Nevada assigned to perform work on this subaward?

YES If "YES", list the names of any current or former employees of the State and the services that each person will perform.

NO Subrecipient agrees that if a current or former state employee is assigned to perform work on this subaward at any point after execution of this agreement, they must receive prior approval from the Division.

Name	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Subrecipient agrees that any employees listed cannot perform work until approval has been given from the Division.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

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SECTION G

Business Associate Addendum

BETWEEN

Nevada Division of Public and Behavioral Health

Hereinafter referred to as the "Covered Entity"

and

Washoe County Health District

Hereinafter referred to as the "Business Associate"

PURPOSE. In order to comply with the requirements of HIPAA and the HITECH Act, this Addendum is hereby added and made part of the agreement between the Covered Entity and the Business Associate. This Addendum establishes the obligations of the Business Associate and the Covered Entity as well as the permitted uses and disclosures by the Business Associate of protected health information it may possess by reason of the agreement. The Covered Entity and the Business Associate shall protect the privacy and provide for the security of protected health information disclosed to the Business Associate pursuant to the agreement and in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-5 ("the HITECH Act"), and regulation promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.

WHEREAS, the Business Associate will provide certain services to the Covered Entity, and, pursuant to such arrangement, the Business Associate is considered a business associate of the Covered Entity as defined in HIPAA, the HITECH Act, the Privacy Rule and Security Rule; and

WHEREAS, Business Associate may have access to and/or receive from the Covered Entity certain protected health information, in fulfilling its responsibilities under such arrangement; and

WHEREAS, the HIPAA Regulations, the HITECH Act, the Privacy Rule and the Security Rule require the Covered Entity to enter into an agreement containing specific requirements of the Business Associate prior to the disclosure of protected health information, as set forth in, but not limited to, 45 CFR Parts 160 & 164 and Public Law 111-5.

THEREFORE, in consideration of the mutual obligations below and the exchange of information pursuant to this Addendum, and to protect the interests of both Parties, the Parties agree to all provisions of this Addendum.

I. DEFINITIONS. The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

1. **Breach** means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of the protected health information. The full definition of breach can be found in 42 USC 17921 and 45 CFR 164.402.
2. **Business Associate** shall mean the name of the organization or entity listed above and shall have the meaning given to the term under the Privacy and Security Rule and the HITECH Act. For full definition refer to 45 CFR 160.103.
3. **CFR** stands for the Code of Federal Regulations.
4. **Agreement** shall refer to this Addendum and that particular agreement to which this Addendum is made a part.
5. **Covered Entity** shall mean the name of the Division listed above and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to 45 CFR 160.103.
6. **Designated Record Set** means a group of records that includes protected health information and is maintained by or for a covered entity or the Business Associate that includes, but is not limited to, medical, billing,

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enrollment, payment, claims adjudication, and case or medical management records. Refer to 45 CFR 164.501 for the complete definition.

7. **Disclosure** means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information as defined in 45 CFR 160.103.
8. **Electronic Protected Health Information** means individually identifiable health information transmitted by electronic media or maintained in electronic media as set forth under 45 CFR 160.103.
9. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. Refer to 42 USC 17921.
10. **Health Care Operations** shall have the meaning given to the term under the Privacy Rule at 45 CFR 164.501.
11. **Individual** means the person who is the subject of protected health information and is defined in 45 CFR 160.103.
12. **Individually Identifiable Health Information** means health information, in any form or medium, including demographic information collected from an individual, that is created or received by a covered entity or a business associate of the covered entity and relates to the past, present, or future care of the individual. Individually identifiable health information is information that identifies the individual directly or there is a reasonable basis to believe the information can be used to identify the individual. Refer to 45 CFR 160.103.
13. **Parties** shall mean the Business Associate and the Covered Entity.
14. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 CFR Parts 160 and 164, Subparts A, D and E.
15. **Protected Health Information** means individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. Refer to 45 CFR 160.103 for the complete definition.
16. **Required by Law** means a mandate contained in law that compels an entity to make a use or disclosure of protected health information and that is enforceable in a court of law. This includes but is not limited to: court orders and court-ordered warrants; subpoenas, or summons issued by a court; and statutes or regulations that require the provision of information if payment is sought under a government program providing public benefits. For the complete definition refer to 45 CFR 164.103.
17. **Secretary** shall mean the Secretary of the federal Department of Health and Human Services (HHS) or the Secretary's designee.
18. **Security Rule** shall mean the HIPAA regulation that is codified at 45 CFR Parts 160 and 164 Subparts A and C.
19. **Unsecured Protected Health Information** means protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued in Public Law 111-5. Refer to 42 USC 17932 and 45 CFR 164.402.
20. **USC** stands for the United States Code.

II. OBLIGATIONS OF THE BUSINESS ASSOCIATE.

1. **Access to Protected Health Information.** The Business Associate will provide, as directed by the Covered Entity, an individual or the Covered Entity access to inspect or obtain a copy of protected health information about the Individual that is maintained in a designated record set by the Business Associate or, its agents or subcontractors, in order to meet the requirements of the Privacy Rule, including, but not limited to 45 CFR 164.524 and 164.504(e) (2) (ii) (E). If the Business Associate maintains an electronic health record, the Business Associate or, its agents or subcontractors shall provide such information in electronic format to enable the Covered Entity to fulfill its obligations under the HITECH Act, including, but not limited to 42 USC 17935.
2. **Access to Records.** The Business Associate shall make its internal practices, books and records relating to the use and disclosure of protected health information available to the Covered Entity and to the Secretary for purposes of determining Business Associate's compliance with the Privacy and Security Rule in accordance with 45 CFR 164.504(e)(2)(ii)(H).
3. **Accounting of Disclosures.** Promptly, upon request by the Covered Entity or individual for an accounting of disclosures, the Business Associate and its agents or subcontractors shall make available to the Covered Entity or the individual information required to provide an accounting of disclosures in accordance with 45 CFR 164.528, and the HITECH Act, including, but not limited to 42 USC 17935. The accounting of disclosures, whether electronic or other media, must include the requirements as outlined under 45 CFR 164.528(b).
4. **Agents and Subcontractors.** The Business Associate must ensure all agents and subcontractors to whom it provides protected health information agree in writing to the same restrictions and conditions that apply to the

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Business Associate with respect to all protected health information accessed, maintained, created, retained, modified, recorded, stored, destroyed, or otherwise held, transmitted, used or disclosed by the agent or subcontractor. The Business Associate must implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation as outlined under 45 CFR 164.530(f) and 164.530(e)(1).

5. **Amendment of Protected Health Information.** The Business Associate will make available protected health information for amendment and incorporate any amendments in the designated record set maintained by the Business Associate or, its agents or subcontractors, as directed by the Covered Entity or an individual, in order to meet the requirements of the Privacy Rule, including, but not limited to, 45 CFR 164.526.
6. **Audits, Investigations, and Enforcement.** The Business Associate must notify the Covered Entity immediately upon learning the Business Associate has become the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency. The Business Associate shall provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently with providing such information to the Secretary or other federal or state oversight agency. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach, or violation of HIPAA or HITECH laws or regulations. Reference 42 USC 17937.
7. **Breach or Other Improper Access, Use or Disclosure Reporting.** The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the agreement, Addendum or the Privacy and Security Rules. The Covered Entity must be notified immediately upon discovery or the first day such breach or suspected breach is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with 45 CFR 164.410, 164.504(e)(2)(ii)(C) and 164.308(b) and 42 USC 17921. The Business Associate must report any improper access, use or disclosure of protected health information by: The Business Associate or its agents or subcontractors. In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.
8. **Breach Notification Requirements.** If the Covered Entity determines a breach of unsecured protected health information by the Business Associate has occurred, the Business Associate will be responsible for notifying the individuals whose unsecured protected health information was breached in accordance with 42 USC 17932 and 45 CFR 164.404 through 164.406. The Business Associate must provide evidence to the Covered Entity that appropriate notifications to individuals and/or media, when necessary, as specified in 45 CFR 164.404 and 45 CFR 164.406 has occurred. The Business Associate is responsible for all costs associated with notification to individuals, the media or others as well as costs associated with mitigating future breaches. The Business Associate must notify the Secretary of all breaches in accordance with 45 CFR 164.408 and must provide the Covered Entity with a copy of all notifications made to the Secretary.
9. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 USC 17934, if the Business Associate knows of a pattern of activity or practice of the Covered Entity that constitutes a material breach or violation of the Covered Entity's obligations under the Contract or Addendum, the Business Associate must immediately report the problem to the Secretary.
10. **Data Ownership.** The Business Associate acknowledges that the Business Associate or its agents or subcontractors have no ownership rights with respect to the protected health information it accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses.
11. **Litigation or Administrative Proceedings.** The Business Associate shall make itself, any subcontractors, employees, or agents assisting the Business Associate in the performance of its obligations under the agreement or Addendum, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, in the event litigation or administrative proceedings are commenced against the Covered Entity, its administrators or workforce members upon a claimed violation of HIPAA, the Privacy and Security Rule, the HITECH Act, or other laws relating to security and privacy.

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12. **Minimum Necessary.** The Business Associate and its agents and subcontractors shall request, use and disclose only the minimum amount of protected health information necessary to accomplish the purpose of the request, use or disclosure in accordance with 42 USC 17935 and 45 CFR 164.514(d)(3).
13. **Policies and Procedures.** The Business Associate must adopt written privacy and security policies and procedures and documentation standards to meet the requirements of HIPAA and the HITECH Act as described in 45 CFR 164.316 and 42 USC 17931.
14. **Privacy and Security Officer(s).** The Business Associate must appoint Privacy and Security Officer(s) whose responsibilities shall include: monitoring the Privacy and Security compliance of the Business Associate; development and implementation of the Business Associate's HIPAA Privacy and Security policies and procedures; establishment of Privacy and Security training programs; and development and implementation of an incident risk assessment and response plan in the event the Business Associate sustains a breach or suspected breach of protected health information.
15. **Safeguards.** The Business Associate must implement safeguards as necessary to protect the confidentiality, integrity, and availability of the protected health information the Business Associate accesses, maintains, creates, retains, modifies, records, stores, destroys, or otherwise holds, transmits, uses or discloses on behalf of the Covered Entity. Safeguards must include administrative safeguards (e.g., risk analysis and designation of security official), physical safeguards (e.g., facility access controls and workstation security), and technical safeguards (e.g., access controls and audit controls) to the confidentiality, integrity and availability of the protected health information, in accordance with 45 CFR 164.308, 164.310, 164.312, 164.316 and 164.504(e)(2)(ii)(B). Sections 164.308, 164.310 and 164.312 of the CFR apply to the Business Associate of the Covered Entity in the same manner that such sections apply to the Covered Entity. Technical safeguards must meet the standards set forth by the guidelines of the National Institute of Standards and Technology (NIST). The Business Associate agrees to only use or disclose protected health information as provided for by the agreement and Addendum and to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate, of a use or disclosure, in violation of the requirements of this Addendum as outlined under 45 CFR 164.530(e)(2)(f).
16. **Training.** The Business Associate must train all members of its workforce on the policies and procedures associated with safeguarding protected health information. This includes, at a minimum, training that covers the technical, physical and administrative safeguards needed to prevent inappropriate uses or disclosures of protected health information; training to prevent any intentional or unintentional use or disclosure that is a violation of HIPAA regulations at 45 CFR 160 and 164 and Public Law 111-5; and training that emphasizes the criminal and civil penalties related to HIPAA breaches or inappropriate uses or disclosures of protected health information. Workforce training of new employees must be completed within 30 days of the date of hire and all employees must be trained at least annually. The Business Associate must maintain written records for a period of six years. These records must document each employee that received training and the date the training was provided or received.
17. **Use and Disclosure of Protected Health Information.** The Business Associate must not use or further disclose protected health information other than as permitted or required by the agreement or as required by law. The Business Associate must not use or further disclose protected health information in a manner that would violate the requirements of the HIPAA Privacy and Security Rule and the HITECH Act.

III. PERMITTED AND PROHIBITED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE. The Business Associate agrees to these general use and disclosure provisions:

1. **Permitted Uses and Disclosures:**

- a. Except as otherwise limited in this Addendum, the Business Associate may use or disclose protected health information to perform functions, activities, or services for, or on behalf of, the Covered Entity as specified in the agreement, provided that such use or disclosure would not violate the HIPAA Privacy and Security Rule or the HITECH Act, if done by the Covered Entity in accordance with 45 CFR 164.504(e) (2) (i) and 42 USC 17935 and 17936.
- b. Except as otherwise limited by this Addendum, the Business Associate may use or disclose protected health information received by the Business Associate in its capacity as a Business Associate of the Covered Entity, as necessary, for the proper management and administration of the Business Associate, to carry out the legal responsibilities of the Business Associate, as required by law or for data aggregation purposes in accordance with 45 CFR 164.504(e)(2)(A), 164.504(e)(4)(i)(A), and 164.504(e)(2)(i)(B).
- c. Except as otherwise limited in this Addendum, if the Business Associate discloses protected health information to a third party, the Business Associate must obtain, prior to making any such disclosure, reasonable written assurances from the third party that such protected health information will be held

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confidential pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to the third party. The written agreement from the third party must include requirements to immediately notify the Business Associate of any breaches of confidentiality of protected health information to the extent it has obtained knowledge of such breach. Refer to 45 CFR 164.502 and 164.504 and 42 USC 17934.

- d. The Business Associate may use or disclose protected health information to report violations of law to appropriate federal and state authorities, consistent with 45 CFR 164.502(j)(1).

2. Prohibited Uses and Disclosures:

- a. Except as otherwise limited in this Addendum, the Business Associate shall not disclose protected health information to a health plan for payment or health care operations purposes if the patient has required this special restriction and has paid out of pocket in full for the health care item or service to which the protected health information relates in accordance with 42 USC 17935.
- b. The Business Associate shall not directly or indirectly receive remuneration in exchange for any protected health information, as specified by 42 USC 17935, unless the Covered Entity obtained a valid authorization, in accordance with 45 CFR 164.508 that includes a specification that protected health information can be exchanged for remuneration.

IV. OBLIGATIONS OF COVERED ENTITY

1. The Covered Entity will inform the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of protected health information.
2. The Covered Entity will inform the Business Associate of any changes in, or revocation of, permission by an individual to use or disclose protected health information, to the extent that such changes may affect the Business Associate's use or disclosure of protected health information.
3. The Covered Entity will inform the Business Associate of any restriction to the use or disclosure of protected health information that the Covered Entity has agreed to in accordance with 45 CFR 164.522 and 42 USC 17935, to the extent that such restriction may affect the Business Associate's use or disclosure of protected health information.
4. Except in the event of lawful data aggregation or management and administrative activities, the Covered Entity shall not request the Business Associate to use or disclose protected health information in any manner that would not be permissible under the HIPAA Privacy and Security Rule and the HITECH Act, if done by the Covered Entity.

V. TERM AND TERMINATION

1. Effect of Termination:

- a. Except as provided in paragraph (b) of this section, upon termination of this Addendum, for any reason, the Business Associate will return or destroy all protected health information received from the Covered Entity or created, maintained, or received by the Business Associate on behalf of the Covered Entity that the Business Associate still maintains in any form and the Business Associate will retain no copies of such information.
- b. If the Business Associate determines that returning or destroying the protected health information is not feasible, the Business Associate will provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon a mutual determination that return, or destruction of protected health information is infeasible, the Business Associate shall extend the protections of this Addendum to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make return or destruction infeasible, for so long as the Business Associate maintains such protected health information.
- c. These termination provisions will apply to protected health information that is in the possession of subcontractors, agents, or employees of the Business Associate.

2. **Term.** The Term of this Addendum shall commence as of the effective date of this Addendum herein and shall extend beyond the termination of the contract and shall terminate when all the protected health information provided by the Covered Entity to the Business Associate, or accessed, maintained, created, retained, modified, recorded, stored, or otherwise held, transmitted, used or disclosed by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it not feasible to return or destroy the protected health information, protections are extended to such information, in accordance with the termination.

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3. **Termination for Breach of Agreement.** The Business Associate agrees that the Covered Entity may immediately terminate the agreement if the Covered Entity determines that the Business Associate has violated a material part of this Addendum.

VI. MISCELLANEOUS

1. **Amendment.** The parties agree to take such action as is necessary to amend this Addendum from time to time for the Covered Entity to comply with all the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law No. 104-191 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Public Law No. 111-5.
2. **Clarification.** This Addendum references the requirements of HIPAA, the HITECH Act, the Privacy Rule and the Security Rule, as well as amendments and/or provisions that are currently in place and any that may be forthcoming.
3. **Indemnification.** Each party will indemnify and hold harmless the other party to this Addendum from and against all claims, losses, liabilities, costs and other expenses incurred as a result of, or arising directly or indirectly out of or in conjunction with:
 - a. Any misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of the party under this Addendum; and
 - b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the party's performance under this Addendum.
4. **Interpretation.** The provisions of the Addendum shall prevail over any provisions in the agreement that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved to permit the Covered Entity and the Business Associate to comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.
5. **Regulatory Reference.** A reference in this Addendum to a section of the HITECH Act, HIPAA, the Privacy Rule and Security Rule means the sections as in effect or as amended.
6. **Survival.** The respective rights and obligations of Business Associate under Effect of Termination of this Addendum shall survive the termination of this Addendum.

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

DD	NA	-
DHO		-
DA	NA	-
Risk	NA	-

STAFF REPORT
BOARD MEETING DATE: October 25, 2018

TO: District Board of Health
FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us
SUBJECT: Approval of a staff recommendation for the Board to give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300

SUMMARY

Approval of a staff recommendation for the Board to give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300.

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

No previous action specific to this request.

BACKGROUND

Due to the County Treasurer's Office moving banking services from Bank of America to Wells Fargo, the County Departments, including the Health District, have been reviewing accounts that are with Bank of America. The Health District has one checking account that is outside the County checking account and it is for the Environmental Health Division.

At the July 26, 1995 and September 27, 1995 District Board of Health meeting the board approved a settlement agreement for a Tank Farm Litigation with the Settling Defendants (multiple firms) and Golden Gate Petroleum in the amounts of \$150,000 and \$3,000 respectively. The settlement agreements both contain similar provisions whereby a trust account was to be established with the Washoe County Treasurer and said funds and the interest thereon shall be utilized for payment of future oversight activities at the site during the remediation period. Given the settlement agreements the County Treasurer established the District Health/Environmental Oversight account with Bank of America.

The Washoe County Health District has received notification from the Chief of the Bureau of Corrective Actions, Nevada Division of Environmental Protection and the Project Manager that the State does not envision any further assistance or involvement from the Health District with the Sparks Tank Farm (NDEP Facility ID# D-000084, Sparks Solvent/Fuel Site).

The checking account has not had any activity in the last seven years and the average interest on the account is \$1.81 a month. Pursuant to Washoe County Code 15.190.5 we are required each month to turn into the County Treasurer an account reconciliation. The cost to complete this reconciliation is greater than the average monthly interest earnings. Alternative investment vehicles were explored but it was determined that the funds would have to be locked up for years to earn enough interest to offset the cost of maintaining the checking account and then the funds would not be available for use.

Given that the bank accounts have to be closed with Bank of America and given that the Health District is no longer obligated to pay for remediation issues or future litigation at the Tank Farm sight it is being requested that the Bank of America account be closed and the funds be deposited in the Washoe County Health Fund Environmental Health account 172400-485300.

FISCAL IMPACT

The Health District Environmental Health Division revenue in account 172400-485300 will be increased approximately \$108,425, which is the anticipated final balance of the account.

RECOMMENDATION

Staff recommends that the Board give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300.

POSSIBLE MOTION

Move to approve staff recommendation to give direction to the County Treasurer to close the Environmental Health Oversight account ending in 3027 held at the Bank of America and further direction to deposit the funds in the Health District Environmental Health account 172400-485300.

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

FROM: Jennifer Pierce, Fiscal Compliance Officer
775-328-2418, jpierce@washoecounty.us

SUBJECT: Approve staff submitting a purchase requisition to County Purchasing 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 January 1, 2019 through December 31, 2019 in support of the Recycling and Solid Waste Management Plan program activities and further direct staff to work with Purchasing to complete a Professional Services Agreement between WCHD and KTMB and once completed forward to the Board of County Commissioners to get authorization for the County Purchasing and Contracts Manager to sign and execute the agreement and purchase requisition.

SUMMARY

The District Health Officer is authorized to execute agreements on the Board of Health's behalf not to exceed a cumulative amount of \$100,000 per contractor; over \$100,000 would require the approval of the District Board of Health. The County Purchasing and Contracts Manager has approval up to \$100,000 and anything over that requires Board of County Commissioners approval. The Health District currently has an agreement with KTMB with a balance of \$66,666.70 to be paid by December 31, 2018. With the approval of this requisition for \$100,000 for 2019 calendar year the cumulative total for Fiscal Year 2019 will be \$166,666.70 which requires the District Board of Health approval and the Board of County Commissioners approval.

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

There has been no previous action taken by the Board that is related to the 2019 agreement with KTMB.

Subject: DBOH approval to issue a purchase requisition in the amount of \$100,000 to KTMB

Date: October 25, 2018 DBOH meeting

Page 2 of 2

BACKGROUND

The Washoe County Health District proposes to continue to partner with Keep Truckee Meadows Beautiful (KTMB) a 501 (c)(3) organization that specializes 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.

In this calendar year, KTMB has facilitated 30 Adopt-A-Spot cleanups, engaging over 300 volunteers to remove over 270 bags of trash, secured seven new adopters for the Adopt-A-Spot program since securing Washoe County Health District funds for the program, KTMB has coordinated 70 cleanups which engaged over 1,600 volunteers that collected over 2,200 bags of trash to include their Great Community Cleanup 2018, collecting over 48 tons of trash. It is the desire of staff and KTMB to continue this service into 2019.

FISCAL IMPACT

This project was included in the Fiscal Year 2019 budget for the Solid Waste Management program's restricted funds in account IN20269 Tire fee revenues general ledger 710400 payments to other agencies.

RECOMMENDATION

Staff recommends that the District Board of Health approve staff submitting a purchase requisition to County Purchasing 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 January 1, 2019 through December 31, 2019 in support of the Recycling and Solid Waste Management Plan program activities and further direct staff to work with Purchasing to complete a Professional Services Agreement between WCHD and KTMB and once completed forward to the Board of County Commissioners to get authorization for the County Purchasing and Contracts Manager to sign and execute the agreement and purchase requisition.

POSSIBLE MOTION

Move to approve staff submitting a purchase requisition to County Purchasing 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 January 1, 2019 through December 31, 2019 in support of the Recycling and Solid Waste Management Plan program activities and further direct staff to work with Purchasing to complete a Professional Services Agreement between WCHD and KTMB and once completed forward to the Board of County Commissioners to get authorization for the County Purchasing and Contracts Manager to sign and execute the agreement and purchase requisition.

DD	CA	KD
DHO		

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health
FROM: Charlene Albee, AQM Division Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Appointment of Yvonne Downs to the Air Pollution Control Hearing Board (APCHB) for a 3-year term beginning October 25, 2018, and ending October 24, 2021.

SUMMARY

In accordance with the District Board of Health Regulations Governing Air Quality Management, specifically Section 020.025 Hearing Board Creation and Organization, staff is recommending the Board appoint Ms. Yvonne Downs for a 3-year term. This appointment will fill the seat vacated by Mr. Dave Rinaldi on September 27, 2018.

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

At the Board meeting on September 27, 2018, staff reported a vacancy on the APCHB as a result of Mr. Rinaldi's term ending and his request to not be reappointed. Mr. Rinaldi has served on the APCHB for approximately 27 years, most recently as the Chair since November 20, 2002. The Board acknowledged staff would proceed with the recruitment to fill the vacant position.

On September 28, 2018, staff posted the announcement advertising the vacancy on the APCHB on OurCleanAir.com, the Health District Boards & Committees – APCHB page, and the Washoe County Citizen Involvement site. Since Mr. Rinaldi was originally selected as a Certified Industrial Hygienist with an industrial background, staff contacted a number of industry Environmental Health & Safety Coordinators in an attempt to retain the industry representation on the APCHB.

BACKGROUND

The APCHB, as established in regulation, considers appeals of notice of violation citations issued by the Air Quality Enforcement Staff and petitions for variances authorized by the regulations. The APCHB consists of seven (7) members who are not employees of the state or any of its political subdivisions. The membership is required to include one attorney, one professional engineer registered in Nevada, one licensed Nevada general engineering or building contractor, and four at-large appointees. Appointments are established by regulation to be three-year periods.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B, Reno, Nevada 89512
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



Subject: APCHB Appointment – Yvonne Downs

Date: October 25, 2018

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As a result of the outreach efforts, Ms. Yvonne Downs submitted a resume (attached) for consideration for appointment to the APCHB. Ms. Downs has an extensive environmental background including a contractor for EPA Region 10 and the Hawthorne Army Depot. Currently, Ms. Downs is the Manager of Environmental Services at the Nevada Air National Guard. Additionally, Ms. Downs experience with environmental compliance and permitting includes Title V Federal Permits. This experience should provide the APCHB with a valuable member.

FISCAL IMPACT

As this is a voluntary position, there will be no fiscal impact to the Washoe County Health District associated with this appointment.

RECOMMENDATION

Staff recommends the Board approve the appointment of Yvonne Downs to the Air Pollution Control Hearing Board (APCHB) for a 3-year term beginning October 25, 2018, and ending October 24, 2021.

POSSIBLE MOTION

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

“Move to appoint Ms. Yvonne Downs to the Air Pollution Control Hearing Board for a three-year term beginning October 25, 2018, and ending October 24, 2021.”

Yvonne Downs

EXPERIENCE SUMMARY

Yvonne Downs is an Environmental Manager with advanced training and current experience in several key environmental and safety areas (details will follow), which include:

- Air permitting
- Title V, Class II, and OPTC Compliance
- Chemical Accident Prevention Program
- Resource Conservation Recovery Act
- Emergency Planning Community Right to Know Act
- National Pollution Discharge Elimination Systems
- Environmental Management System, ISO 14001
- National Environmental Policy Act

In addition:

- Ms. Downs has successfully supported a wide range of projects that required inter-agency coordination with federal, state, local, and contracting governments, technical support for industrial facilities, workshops, public meetings, training development, and implementation.
- She has conducted and implemented facility and chemical specific process hazard analyses and risk management plans.
- Ms. Downs has conducted environmental, health and safety audits and training.

PROFESSIONAL RECORD

- 2015 – Present Manager Environmental Services, Nevada Air National Guard.
- 1998 - 2014 Manager Environmental Services, SOC NV LLC/Day & Zimmermann Hawthorne Corp. Operating Contractor for the Hawthorne Army Depot
- 1989 – 1995 Temporary Site Manager, Data Analyst, Programmer, Computer Sciences Corporation Contractor for the Region 10 Environmental Protection Agency

ENVIRONMENTAL MANAGER

Management of all aspects of environmental compliance and permitting. Develop policies, goals, budgets, as well as enforce policies, standards, regulations, for the contract, contractors and the DoD.

AIR PROGRAMS

Maintained compliance with a Class I Title V Synthetic Minor permit and a Class II permit as well as various operating permits to construct. Historically sent the permitting to contractors, Ms. Downs, cut costs by completing the permitting process in house except those areas requiring subcontracting such as the relative accuracy testing and re-certification testing and analysis. Processes requiring permitting included: Open burn /

Education:

Masters of Science in Environmental Management National University San Diego, California
B.S. Liberal Studies with emphasis in environmental management University of Washington Tacoma, Washington

Registrations:

- State Certified Environmental Manager #1821
- Six Sigma Green Belt, Lean, and Black Belt
- Certified ISO 14001 Lead Auditor 2007
- Certified Asbestos Building Inspector - current

Areas of Expertise:

Air Programs
Hazardous Waste Programs
Clean Water Act Programs
EH&S Audits
EMS / ISO 14001
Environmental Management
Environmental Studies
Chemical Accident Prevention Permitting
Compliance

open detonation thermal treatment facility, Plasma Ordnance Demilitarization System, Retort Furnaces, Cement Plant, and Hot Gas.

PROCESS SAFETY MANAGEMENT and CHEMICAL ACCIDENT PREVENTION PROGRAM

Created and managed process hazard analysis (PHA) projects required under federal and state laws [USEPA RMP, OSHA Process Safety Management, and State of Nevada Chemical Accident Prevention Program (CAPP)] along with a team. Ms. Downs received awards for this project. (2007 to 2014)

EMS / ISO 14001

Created and managed ISO 14001 for the operating contractor at the Hawthorne Army Depot and incorporated the management systems of the onsite Navy and Marine Corps. This system was the first fence to fence certified system. Ms. Downs received awards. The system remains certified. (2014)

EMERGENCY PLANNING COMMUNITY RIGHT TO KNOW

Established the fence to fence chemical inventory (~15,000 products) covering the Army, Navy, Marine Corps, Contractors, and approximately 40 different shops on the facility (various types of production units, mechanic shops, offices, facilities open and closed, etc.) Reported the Tier I, II, and TRI reports for the Army, State, and EPA.

WATER PROGRAMS

Maintained the National Pollution Elimination Discharge System (NPDES) permits and groundwater permits. One of the NPDES permits is unusual in that the typically viewed waste water treatment system was modified into a closed water recycling system with impoundment ponds for the waste water. This system recycled the material that is processed through the system and the water is recycled to be used to the process again.

HAZARDOUS WASTE MANAGEMENT and NON HAZARDOUS WASTE MANAGEMENT

Maintained a treatment, storage, disposal facilities (TSDF) at the Hawthorne Army Depot. Modified two distinct RCRA permits for an open burn / open detonation thermal treatment unit; two hazardous waste treatment incinerators; as well as the storage of hazardous waste. Complied with Army owned nonhazardous landfills from asbestos, construction and debris, and creosote.

DD	CW	-
DHO		-

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Recommendation to uphold the decision of the Sewage, Wastewater & Sanitation Board to approve the appeal with conditions of the Health District's decision to not allow a reduced setback to a public utility easement, Section 040.095 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation for Jeff and Penelope Filce owners of 330 Ember Drive, Sparks Nevada: Assessor's Parcel Number: 089-523-08

SUMMARY

Environmental Health Services (EHS) Staff and the Sewage, Wastewater & Sanitation (SWS) Hearing Advisory Board recommend approving the reversal of the Health District decision to not reduce a setback to a public utility easement. The recommendation to reverse the decision is based on the condition the property owner record on the title of the property that the property will connect to the public sewer system upon failure of the primary septic field. This recorded document cannot be removed without the approval of the Health District.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The District Board of Health has taken no previous action on this item.

BACKGROUND

The owners of 330 Ember Drive, Sparks Nevada 89436 applied for Washoe County Building Permit WBLD18-106512 for the construction of a detached garage. Upon standard plan review, EHS determined the placement of the garage would not allow for a repair field for the currently permitted onsite sewage disposal system to meet current setbacks. The Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation (Regulations) Section 040.095 does not permit staff to vary setbacks to underground utility easements and therefore EHS was not able to sign off on the building permit.

Staff recommended the property owners file an appeal which would be supported by staff if the owners recorded documents on the property title requiring the property connect to the public

sewer system upon failure of the primary septic field. The owners filed their appeal in writing on September 1, 2018. The appeal was heard on October 10, 2018, where the SWS Board made the unanimous decision to reduce the setback to a public utility easement as required in Section 040.095 of the Regulations, under the condition the property owners record on the title of the property that the property will connect to the public sewer system upon failure of the primary septic field. This recorded document cannot be removed without the approval of the Health District. Included with this staff report is the original staff report to the SWS Board and the draft minutes of the October 10, 2018 meeting.

FISCAL IMPACT

There is no positive or negative fiscal impact for the Division regarding this item. The property owners have paid the applicable fees for the review of their building permit plans.

RECOMMENDATION

Based on the decision of the SWS Board, staff recommends: The Washoe County District Board of Health (Board) make the final decision to approve the decision of the SWS Board.

ALTERNATIVE RECOMMENDATION(S)

An alternative recommendation as presented would include:

1. The Board may modify the decision of the SWS Board,
2. The Board may reverse the decision of the SWS Board, or
3. The Board may refer the appeal or request back to the SWS Board for additional consideration.

POSSIBLE MOTION

Should the Board agree with the recommendation of staff to make the final decision and recommendation of the SWS Board a possible motion would be:

1. “Move to approve the decision of the SWS Board.”

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

2. “Move to modify the decision of the SWS Board in the following manner:”

Or

3. “Move to reverse the decision of the SWS Board”

Or

4. “Move to refer the appeal back to the SWS Board for further additional consideration.”

STAFF REPORT

BOARD MEETING DATE: October 10, 2018

TO: Sewage, Wastewater, and Sanitation Hearing Advisory Board

FROM: David Kelly, Senior Environmental Health Specialist
775-328-2630, dakelly@washoecounty.us

SUBJECT: Public Hearing to consider an appeal of Health District's decision to not allow a reduced setback to a public utility easement, Section 040.095 of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation.

SUMMARY

This staff report summarizes the Environmental Health Services Division's (EHS) review of the submitted appeal for your recommendation on whether to allow for a reduced setback to a public utility easement for a repair area in order to approve Building Permit application WBLD18-106512 for a detached garage. While municipal sewer is within 200', a separate repair area is required to be designated on a property until such a time that the property is hooked up and abandoned its septic. The repair area must meet all applicable setbacks. Without a reduced setback to the easement, there is not room for a code compliant repair area while still allowing the construction project to move forward. The property owner has agreed to record to the title of the property that upon sale or failure, hook up to sewer will be required if his appeal is approved.

PREVIOUS ACTION

There has been no previous action with this appeal request other than standard plan review and coordination with the property owner on the appeal process. EHS as a matter of standard operations does not reduce setbacks for septic systems unless as part of an emergency repair is being installed and there is limited time or options to install a functioning system.

BACKGROUND

On July 24th, 2018, Washoe County Building Permit application WBLD18-106512 was received by Washoe County Health District (WCHD). It was placed in corrections on August 1st, pending the location of the field by a third party to ensure that all setbacks to the proposed garage could be met. After location, it was determined that setbacks to the primary field could be met, but that the placement of the new garage would not allow for a second, code compliant repair area to be located on the property because of the minimum 10' setback to the existing 7.5' public utility easement located on the East side of the property.

The Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation (regulations) section 040.095 requires a minimum of 10' setback to an underground easement. Because the location of the original field and existing building both require 20' setbacks,

the only apparent option to accommodate an adequately sized repair area would be to encroach on the easement setback by 4', leaving a setback distance of only 6' if the garage is built where proposed. The regulations do allow for a reduced setback to easements with Health Authority approval (040.098). EHS does not reduce setbacks for the installation of septic systems except to facilitate the installation of an emergency repair field. To ensure consistency in application across industry, the appeal process was determined to be the best process for granting a reduced setback.

It is not expected that this property will ever need put a repair area on the property as municipal sewer is available within 200' of the property line and 300' of the building to be served. However, WCHD requires that space for two code compliant systems be maintained until such a time as the property is connected to a municipal sewer system in case some reason prevents the connection from occurring, such as but not limited to, treatment plant capacity. In order to get the reduced setback and not have to connect immediately, the homeowner is willing to record to the title that the property will connect to sewer in the event of any failure or sale of the property. This will ensure that any future buyers are aware of the potential cost.

RECOMMENDATION

Based on information presented, staff recommends: The Sewage, Wastewater, and Sanitation Hearing Advisory Board either deny the appeal, or to approve the appeal request for a reduced setback for the repair location to the public utility easement and require recording on the title for the requirement to connect to sewer upon either failure to the septic system or sale of the property.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, there are two possible motions:

1. A possible motion would be "Move to deny the appeal for the reduced setback", or
2. A possible motion would be "Move to approve the appeal for a reduced setback for the repair location to the public utility easement and require recording on the title for the requirement to connect to sewer upon either failure to the septic system or sale of the property."

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Recommendation to uphold the decision and recommendation of the Sewage, Wastewater & Sanitation Board regarding minimum acreage required per septic system at 15540 Cherrywood Drive, Reno Nevada 89511 based on an appeal by Carl Perkins (General Contractor/Grizzly Construction) for Linda and Allen Eisele

SUMMARY

Environmental Health Services (EHS) Staff request the Board make the final decision on an appeal heard by the Sewage, Wastewater & Sanitation (SWS) Board on October 10, 2018. The appeal was filed on behalf of Linda and Allen Eisele by Carl Perkins of Grizzly Construction regarding the Health District's interpretation of acreage per septic system required at 15540 Cherrywood Drive, Reno Nevada 89511. The SWS Board by a two to one vote determined that sufficient acreage was available to meet the regulatory requirements.

District Health Strategic Priority supported by this item:

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

PREVIOUS ACTION

The District Board of Health has taken no previous action on this item.

BACKGROUND

EHS staff began having discussions with the property owner at 15540 Cherrywood Drive, Reno Nevada 89511 regarding a proposed project beginning in January of 2018. During those discussions, the Health District reviewed the minimum requirement of one (1) acre per dwelling and provided guidance on the different options to move forward, including a variance option. EHS also outlined that a separate structure would not be allowed to include bedrooms and utilize the existing septic system as the original system serving the primary residence is sized for a three (3) bedrooms and the house is assessed at three (3) bedrooms. Washoe County Planning was involved in communications between the Health District and the property owner.

On August 8th, Building Permit Application WBLD18-106519 was submitted for an accessory structure with an additional two bedrooms and the Planning Department determined the new structure

ENVIRONMENTAL HEALTH SERVICES

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

EHS Office: 775-328-2434 | Fax: 775-328-6176 | washoecounty.us/health

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would be considered a dwelling. Based on the determination of the structure, EHS notified the homeowner that, as a dwelling, a separate septic system would be required and the property did not have the minimum acreage of 2 acres as it is only 0.929 acres.

Section 120.075 states that “separate dwellings may occupy one parcel of land provided that the lot size is at least equal to the number of dwellings times the minimum lot size required by sections 040.005 through 040.020.” Over the years, the minimum required lot size has been expanded, from no minimum (040.005) to a minimum of one acre with or without a well (040.015), to a minimum of 1 acre for the first 4 parcels and then 5 acres after that (040.030). These sections refer to the minimum acreage requirements that have existed over the years for the purpose of creating parcels. The regulations have been changed over the years to increase the amount of acreage required for placement of a septic system, primarily in order to protect against the potential for groundwater contamination.

The SWS Board found that the regulations do not specifically address septic requirements for new construction on lots established historically when septic systems were allowed to be installed on smaller lots, Therefore, the Board upheld the appeal to allow the application of the 1/3 acre requirement per septic system for this lot which was created before March 21, 1991.

After lengthy discussion at the SWS meeting, by a two to one vote, the SWS Board made the decision that the Health District regulations did allow septic systems to be installed if there was 1/3 acre of land per dwelling per parcel in this instance and therefore, the subject property could have two dwellings and two septic systems on it as it was in excess of 2/3 of an acre. Included with this staff report is the original staff report to the SWS Board and the draft minutes of the October 10, 2018 meeting.

FISCAL IMPACT

There is no positive or negative fiscal impact for the Division regarding this item. The property owners have paid the applicable fees for the review of their building permit plans.

RECOMMENDATION

Based on the decision of the SWS Board staff recommends the Washoe County District Board of Health (Board) make the final decision to approve the decision and recommendation of the SWS Board.

POSSIBLE MOTION

Should the Board agree with the recommendation of staff to make the final decision and recommendation of the SWS Board a possible motion would be:

1. “Move to approve the decision of the SWS Board.”

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

Subject: SWS Hearing Board – Eisele Appeal

Date: October 11, 2018

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2. “Move to modify the decision of the SWS Board in the following manner:”

Or

3. “Move to reverse the decision of the SWS Board”

Or

4. “Move to refer the appeal back to the SWS Board for further additional consideration.”

DD	_____
DHO	_____
DA	_____
Risk	_____

STAFF REPORT

BOARD MEETING DATE: October 10, 2018

TO: Sewage, Wastewater, and Sanitation Hearing Advisory Board

FROM: James English, EHS Supervisor
775-328-2610, jenglish@washoecounty.us

SUBJECT: Public Hearing to consider an appeal of the Health District's interpretation of Sections 040.005 – 040.030 regarding minimum acreage required per septic system and related Section 120.075 regarding second dwellings of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation.

SUMMARY

This staff report summarizes the Environmental Health Services Division's (EHS) review of the submitted appeal for your recommendation on whether the interpretation of EHS regarding the minimum required lot size per septic system is correct. Since 1991, EHS has consistently applied a minimum of 1 acre per septic system regardless of when a lot was created. This is the same standard that is used for other regulatory codes such as Building code; that new construction must meet current standards. EHS recommends the denial of this appeal.

PREVIOUS ACTION

Previous action on this item included review of the interpretation by the Supervisor of the program. Staff previously in the program was consulted as part of the review, as well as previous Sewage, Wastewater, and Sanitation Board (SWS Board) Variance proceedings (Case 01-16S) that dealt with the minimum acreage requirement. The review resulted in the decision that the interpretation was correct and a minimum of 1 acre is required per septic system (and therefore dwelling) regardless of whether or not there is a well on the property since 1991 (Section 040.015). This decision was communicated to Mr. Perkins in writing on August 24, 2018 (Attachment #1). Mr. Perkins was provided the opportunity to appeal the Health District's decision to the SWS Board and/or apply for a variance.

BACKGROUND

Environmental Health Services Staff (EHS) began having discussions with the property owner regarding the proposed project beginning in January of 2018. During those discussions, the Health District reviewed the minimum requirement of 1 acre per dwelling and provided guidance on the different options to move forward, including a variance option (Attachment #2). Health also outlined that even a separate structure would not be allowed to include bedrooms and utilize the existing septic. The original existing septic system that serves the primary residence was sized for 3 bedrooms and the existing house is assessed at 3 bedrooms. The Planning Department was included in the conversations to ensure communication was clear.

On August 8, Building Permit application WBLD18-106519 was submitted for an accessory structure with an additional two bedrooms. Planning determined that the new structure would be considered a dwelling unless the bedrooms were removed and a deed restriction was filed. WCHD informed the homeowner that, as a dwelling, a separate septic would be required but that the property did not have the minimum required acreage of 2 acres (property is 0.929 acres).

The homeowner did not wish to modify the proposal or file a deed restriction. At that time, the contractor said that he felt that the interpretation of the regulation was incorrect and that the lot was “grandfathered” in and so would not require a minimum of one acre per septic system. WCHD informed the contractor that the current construction standard for any lot being parceled is 1 acre per septic and that all current construction needed to meet this standard; “grandfathering” is not a standard included in the regulations.

Section 120.075 states that “separate dwellings may occupy one parcel of land provided that the lot size is at least equal to the number of dwellings times the minimum lot size required by sections 040.005 through 040.020.” Over the years, the minimum required lot size has been expanded, from no minimum (040.005) to a minimum of one acre with or without a well (040.015), to a minimum of 1 acre for the first 4 parcels and then 5 acres after that (040.030). These sections refer to the minimum acreage requirements that have existed over the years for the purpose of creating parcels. The continued inclusion of Table 1 reference by the appellant is only for the sake of perpetuity. While all existing parcels would be allowed to construct a single family dwelling based on the original parcel map, all current construction has been required to meet a minimum of one acre per septic system.

All other construction standards require current construction codes be met and this should apply to septic installation as well. The regulations have been changed over the years to increase the amount of acreage required for placement of a septic system, primarily in order to protect against the potential for groundwater contamination. Modifying this interpretation now would increase the concentration of sewage release in areas that already have higher populations and increased densities.

The regulations allow for a variance process which is specifically for situations where a property is not able to meet current code. This is the standard approach that has been used for acreage issues and situations where minimum requirements cannot be met. A variance process, with professional engineering design and certification of environmental protection, is the appropriate process for placement of additional septic systems other than a primary residence on properties with less than 1 acre per proposed septic system. Since there is a potential path forward to approve this process through a predetermined variance process as currently allowed in the regulations, staff believes the current interpretation of the regulations is accurate and has consistently used this interpretation since 1991.

RECOMMENDATION

Based on information presented, staff recommends: The Sewage, Wastewater, and Sanitation Hearing Advisory Board deny the appeal of the Health District’s interpretation of Sections 040.005-040.030 regarding minimum acreage required per septic system and related Section 120.075 regarding second dwellings of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation, and affirm the Health District’s current and consistent application of current construction minimums of 1 acre per septic system.

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be "move to deny the appeal of the Health District's interpretation of Sections 040.005 – 040.030 regarding minimum acreage required per septic system and related Section 120.075 regarding second dwellings of the Regulations of the Washoe County District Board of Health Governing Sewage, Wastewater, and Sanitation, affirming the Health District's current and consistent application of the current construction minimums of 1 acre per septic system."

If the Board disagrees with staff's recommendation, the SWS Board may formulate their own motion.

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

FROM: Charlene Albee, AQM Division Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to John Longo Construction Company Inc., Notice of Violation Citation No. 5564, Case No. 1203, with a \$9,400.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5564 be **upheld** and a fine of **\$9,400.00** be levied against John Longo Construction Company Inc. for failing to provide proper written notification ten (10) working days prior to regulated asbestos containing materials removal/demolition and failing to remove all regulated asbestos containing materials from a facility being renovated/demolished. These actions are **major violations** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 030.105(B)(10) National Emission Standards for Hazardous Air Pollutants Subpart M, which is implemented through Section 030.107 Hazardous Air Pollutants, (A) Asbestos Sampling and Notification and (B) Asbestos Control Work Practice.

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

No previous actions.

BACKGROUND

On August 9, 2018, Mr. John Longo of John Longo Construction Company Inc. visited the Washoe County Air Quality Management Division (AQMD) office to obtain four (4) Acknowledgements of Asbestos Assessment (AAA) for the demolition of the structures, owned by CLC West First Properties LLC, located at 118 Bell Street, 118 ½ Bell Street, 529 West 1st Street, 535 West 1st Street and 541 1st Street in Reno, Nevada. Ms. Genine Rosa, AQMD Permitting Engineer, began processing the AAAs for the properties, noting the asbestos sampling reports identified Regulated Asbestos Containing Materials (RACM) present in various locations of the structures. Permitting Engineer Rosa informed Mr. Longo that the RACM would need to be abated prior to the demolition of the structures and an enforcement officer with AQMD would need to inspect the structures to confirm the buildings

were thoroughly sampled for asbestos prior to the demolition. Mr. Longo stated that the RACM had been abated, visually cleared of RACM and the buildings were prepared for demolition at this time. Permitting Engineer Rosa inquired about the National Emission Standards for Hazardous Air Pollutants (NESHAP) Notification for Renovation/Demolition for the abatement of the RACM from the buildings. Mr. Longo was not aware of the requirement to submit a NESHAP Notification or if a notification had been submitted. Permitting Engineer Rosa notified Senior Air Quality Specialist (Sr. AQS) Joshua Restori of the lack of NESHAP Notification regarding the removal of RACM for the demolition project. Sr. AQS Restori then reviewed the asbestos sampling report and met with Mr. Longo. Mr. Longo stated that he did not know who conducted the abatement of RACM in the buildings. Sr. AQS Restori then inquired about the general contractor for the project and Mr. Longo stated that he was the general contractor for the project. Sr. AQS Restori indicated in most cases, the general contractor on a project would know the company contracted to complete the asbestos abatement for a project. Mr. Longo said he would look into who completed the RACM abatement and final air clearances for asbestos and relay the information to AQMD.

On the same date, Branch Chief Michael Wolf met with Air Quality Specialist (AQS) Scott Baldwin and informed him of the abatement of RACM in the structures at CLC West First Properties LLC prior to submitting NESHAP notification and subsequent unverified proper asbestos abatement work practices. During the conversation, Branch Chief Wolf directed AQS Baldwin to contact the property manager for CLC West First Properties LLC, Mr. Larry Winkler, and request air clearances in all of the areas where asbestos abatement containments were constructed. AQS Baldwin followed the direction and Mr. Winkler hired Converse Consultants to complete the final asbestos air clearances. These clearances were completed on August 12, 2018, inside what remained of the containment areas inside of the structures at 118 Bell Street, 529 Bell Street and 541 Bell Street. All of the air clearance samples were determined to be below the 0.01 fibers per cubic centimeter which is considered the acceptable fiber level for reentry by workers and the public according to Occupational Safety and Health Organization regulations for asbestos.

On August 10, 2018, a meeting was held at the AQMD offices regarding the removal of RACM at CLC West First Properties LLC. The meeting was attended by AQS Baldwin, Permitting Engineer Rosa, Branch Chief Wolf, Mr. Longo, Mr. Winkler, Ms. Jeannie Cassinelli, Realtor with Dickson Realty, and Mr. Steve Bus, Attorney for CLC West First Properties LLC. The meeting was held to discuss the AQMD's role in regulating RACM as it pertains to the demolition of the regulated structures at CLC West First Properties LLC. During the meeting Branch Chief Wolf explained that since the single family residences are under common ownership, contiguous properties, and are being demolished as part of the same project, the buildings are considered a regulated facility as defined in the NESHAP rules for asbestos. He continued by discussing the requirement to file NESHAP Notifications for Renovation/Demolition, conducting final air clearances after abatement and the requirements of hiring a licensed asbestos abatement contractor to perform asbestos removal. It was during this meeting that Mr. Longo revealed that he was responsible for abating the RACM from the buildings between July 20, 2018 and July 28, 2018.

On August 14, 2018, Sr. AQS Restori and AQS Baldwin met with Mr. Longo at the project site to determine the thoroughness of the pre-demolition asbestos sampling by Pezonella and Associates and to complete a pre-demo walk to confirm all RACM had been removed as indicated by the final visual clearances completed by Mr. Lynn Minedew, Inspector for Pezonella and Associates. Despite the

visual clearances stating that all of the RACM identified in the sampling report was removed and the buildings were cleared for demolition, the inspection found RACM consisting of grey duct wrap present in the basements of 118 Bell Street, 529 W. 1st Street, 535 W. 1st Street, and 541 W. 1st Street. After the inspection, Sr. AQS Restori and Mr. Longo discussed the violations that have been determined at the facility thus far, namely failure to provide proper notification ten (10) working days prior to RACM removal/demolition and failure to remove all RACM from a facility being renovated or demolished. Direction was provided that all remaining RACM would need to be abated by a licensed asbestos abatement contractor prior to the demolition of the structures. Sr. AQS Restori then indicated that AQMD was continuing to investigate the case and that a Notice of Violation Citation would likely be issued. On the same day, Mr. Longo contacted AQS Baldwin indicating he had contracted with Advanced Installations to complete the removal of the remaining regulated asbestos containing materials.

On August 21, 2018, Sr. AQS Restori and AQS Baldwin met on site with Mr. Longo and Mr. Minedew to complete a clearance of the areas containing RACM found during the August 14, 2018, inspection which should have been abated on August 17, 2018. The structures at 535 W. 1st Street and 541 W. 1st Street were visually cleared by Sr. AQS Restori, AQS Baldwin and Mr. Minedew and approved for demolition. RACM duct wrap and duct tape was still present in 118 Bell Street and 529 1st Street. Mr. Longo was again advised that the observed RACM would need to be removed by a licensed asbestos abatement contractor and visually cleared before demolition.

After the inspection, Sr. AQS Restori and AQS Baldwin met with Mr. Longo and discussed the violations of the Washoe County District Board of Health Regulations that Govern Air Quality Management that had occurred at the CLC West First Properties LLC project. Notice of Violation Citation (NOV) No. 5564 was issued to John Longo Construction Company Inc. for failing to provide proper written notification ten (10) working days prior to RACM removal/demolition and failing to remove all RACM from a facility being renovated/demolished. Mr. Longo understood the noted violations and signed NOV No. 5564. Mr. Longo was provided a copy of NOV No. 5564 and a petition to appeal the NOV. The instructions to appeal and/or request a negotiated settlement of the NOV were discussed with Mr. Longo at this time.

On August 23, 2018, Advanced Installations notified AQMD that the remaining RACM identified during the August 21, 2018, inspection were going to be removed. The NESHAP Notification of Abatement was amended to include the additional RACM. Following the abatement, Mr. Longo notified AQMD that the materials had been removed from 118 Bell Street and 529 1st Street and the structures would be ready for a final visual clearance on August 27, 2018.

On August 27, 2018, Sr. AQS Restori met with Mr. Longo and Mr. Minedew to complete the final visual clearance for the structures at 118 Bell Street and 529 1st Street. The inspection confirmed all RACM had been removed and no additional RACM was observed in either of the structures. The five (5) structures associated with the project were cleared for demolition. Acknowledgement of Asbestos Assessment #ASB18-2263 was approved by AQMD and issued to John Longo Construction Company Inc. for the demolition of the 5 structures.

On September 4, 2018, Branch Chief Wolf conducted a negotiated settlement meeting attended by Sr. AQS Restori, AQS Baldwin and Mr. Longo regarding NOV No. 5564. Branch Chief Wolf explained

that John Longo Construction Company Inc. was issued NOV No. 5564 per Section 030.107 (A) for failing to provide proper written notification ten (10) working days prior to RACM removal/demolition and Section 030.107 (B) for failing to remove all RACM from a facility being renovated/demolished. Branch Chief Wolf discussed these regulations and the federal regulations adopted by reference in Section 030.105(B)(10) of the District Board of Health Regulations Governing Air Quality Management. Mr. Longo acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on September 5, 2018.

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 to uphold an uncontested citation issued to John Longo Construction Company Inc., Notice of Violation Citation No. 5564, Case No. 1203, with a \$9,400.00 negotiated fine.

ALTERNATIVE

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

1. The Board may determine no violations of the regulations have occurred and dismiss Notice of Violation Citation No. 5564.
- Or
2. The Board may determine to uphold Notice of Violation Citation No. 5564 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, a possible motion would be:

1. "Move to uphold Citation No. 5564, Case No. 1203, as recommended by Staff."

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:

2. "Move to uphold Citation No. 5564, Case No. 1203, 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 John Longo Construction Company Inc. 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 5564 DATE ISSUED: 8/21/2018
 ISSUED TO: John Longo Construction INC PHONE #: 775-240-0621
 MAILING ADDRESS: 3580 Bluejay Court CITY/ST: Reno, NV ZIP: 89509
 NAME/OPERATOR: John Longo PHONE #: 775-240-0621
 COMPLAINT NO. WCMPI8-02177 WV10-AQM18-0007

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 8/21/2018 (DATE) AT 0955 (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 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 checked="" type="checkbox"/> OTHER <u>030.107 (a)(b)</u> |

VIOLATION DESCRIPTION: (A) notification; failure to submit NESHAP notification prior to removing regulated quantities of RACM (B) Failure to perform acceptable work practices; visible emissions of ACM confirmed.

LOCATION OF VIOLATION: 118 Bell street, 118 1/2 Bell, 529, 535, 541, West 1st street

POINT OF OBSERVATION: Interior of buildings

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

Emissions Observed: Visible Asbestos Emissions Observed
 (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 8/21/18 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within N/A 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: 8-21-18

Issued by: Scott Baldwin AQS Title: Air Quality Specialist

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: September 5, 2018

Company Name: John Longo Construction Company Inc.

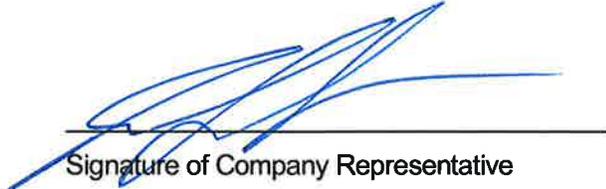
Address: 4790 Caughlin Parkway #327 Reno, Nevada 89519

Notice of Violation # 5564 Case # 1203

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 030.107 A. Asbestos Sampling and Notification - 40 CFR Part 61.145 (b) ; 030.107 A. Asbestos Control Work Practice - 40 CFR Part 61.145 (c) (1)

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 9400.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 25, 2018.

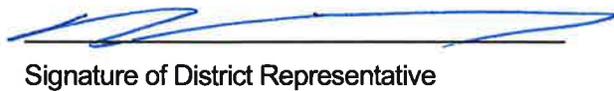
The undersigned agrees to waive an appeal to the Air Pollution Control Hearing Board so this matter may be submitted directly to the District Board of Health for consideration.


Signature of Company Representative

John R Longo
Print Name

PERMITS
Title


Witness


Signature of District Representative

Michael Wolf
Print Name

Branch Chief
Title


Witness



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

Company Name John Longo Construction Company Inc
 Contact Name John Longo

Case 1203 NOV 5564 WVIO-AQM 18-0007

Violation of Section 030.107 A. Asbestos Sampling and Notification
40 CFR Part 61.145 (b) - Failed to provide proper written notification 10
working days prior to RACM removal/demolition

I. Base Penalty as specified in the Penalty Table = \$ 2000.00

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 030.107 constitutes a major violation per 020.040.A

2. Toxicity of Release

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

Comment: Asbestos fibers are considered a hazardous air pollutant per the Clean Air Act

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

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

Comment: Asbestos fibers were disturbed in unoccupied buildings

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

B. Adjusted Base Penalty

Base Penalty \$ 2000.00 x Adjustment Factor 2 = \$ 4000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 4000.00 x Number of Days or Units 1 = \$ 4000.00

Comment: One notification

D. Economic Benefit

Avoided Costs \$ 1428.00 + Delayed Costs \$ 0.00 = \$ 1428.00

Comment: Cost of NESHAP Notification of Demolition and Renovation (less than 1000 square feet)

Penalty Subtotal

Adjusted Base Penalty \$ 4000.00 + Economic Benefit \$ 1428.00 = \$ 5428.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated a settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment <u>No prior violation history</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-30%</u>

IV. Recommended/Negotiated Fine

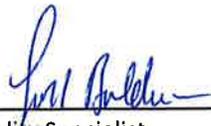
Penalty Adjustment:		
\$ <u>5428.00</u>	x	<u>-30%</u>
Penalty Subtotal		<u>-1628.40</u>
(From Section II)		Total Adjustment Value
		(From Section III)

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>5428.00</u>	+/-	\$ <u>-1628.40</u>	=	\$ <u>3800</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

9/5/18
Date


Senior AQ Specialist/Supervisor

9/5/18
Date

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

Company Name John Longo Construction Company Inc
 Contact Name John Longo

Case 1203 NOV 5564 WVIO-AQM 18-0007
 Violation of Section 030.107 B. Asbestos Control Work Practice
40 CFR Part 61.145 (c) (1) - Failed to remove all RACM from a facility being
renovated/demolished

I. Base Penalty as specified in the Penalty Table = \$ 2000.00

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 030.107 constitutes a major violation per 020.040 A.

2. Toxicity of Release

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

Comment: Asbestos fibers are considered a hazardous air pollutant per the Clean Air Act

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

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

Comment: Asbestos fibers were disturbed in unoccupied buildings

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

B. Adjusted Base Penalty

Base Penalty \$ 2000.00 x Adjustment Factor 2 = \$ 4000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 4000.00 x Number of Days or Units 2 = \$ 8000.00

Comment: Asbestos remained in buildings on 2 separate inspections

D. Economic Benefit

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

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 8000.00 + Economic Benefit \$ 0.00 = \$ 8000.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>10%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated a settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment <u>No prior violation history</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-30%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>8000.00</u>	x	<u>-30%</u>
Penalty Subtotal		<u>-2400.00</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>8000.00</u>	+/-	\$ <u>-2400.00</u>	=	\$ <u>5600</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine


Air Quality Specialist

9/5/18
Date


Senior AQ Specialist/Supervisor

9/5/18
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 25, 2018

TO: District Board of Health
FROM: Charlene Albee, AQM Division Director
775-784-7211, calbee@washoecounty.us
SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Ashley 2012 Family Trust, Case No. 1205, Notice of Violation Citation No. 5674, with a \$1,200.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5674 be upheld and a fine of \$1,200.00 be levied against Ashley 2012 Family Trust for generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and for failing to maintain daily records of dust control. These actions are minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Sections 040.030 C.1. Visible Emissions Prohibition and 040.030 E.2.a. Recordkeeping, respectively.

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

No previous actions.

BACKGROUND

On August 28, 2018 at approximately 9:55 a.m., Air Quality Specialist (AQS) Suzanne Dugger was on routine patrol completing dust control permit inspections in the area of the Sparks Marina in Sparks, Nevada. While on patrol, AQS Dugger observed large plumes of dust originating from the Ashley 2012 Family Trust construction site located at 550 Marina Gateway.

During the observation, fugitive dust was being generated from an excavator trenching and dumping dry and loose soil into a rock truck and from the rock truck and scraper traveling on dry and loose haul roads on the site. AQS Dugger observed the fugitive dust for approximately 8 minutes and documented the findings in a video recording. AQS Dugger then drove on-site and approached the foreman requesting the daily dust control log and the Dust Control Permit for the site. The foreman was not aware of the daily dust control log requirement or where the Dust Control Permit was located. AQS Dugger then phoned Sean McNabb, Superintendent with Mountain West Builders, inquiring about the location the dust control log and the Dust Control Permit. Mr. McNabb stated that he had the dust control log and the Dust Control Permit but he was not immediately available and agreed to meet in the afternoon of the same day.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B, Reno, Nevada 89512
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.

In the afternoon of August 28, 2018, AQS Dugger met with Mr. McNabb at the site and viewed the dust control log and the Dust Control Permit. During the meeting, AQS Dugger documented the dust control log missing 3 days of dust control inspections. Due to observing more than 5 minutes of fugitive dust in a one hour period and not providing a current and complete dust control log, AQS Dugger issued Notice of Violation Citation (NOV) No. 5674 to Ashley 2012 Family Trust for violations of Sections 040.030 C.1. and 040.030 E.2.a., respectively.

On September 6, 2018, Senior Air Quality Specialist (Sr. AQS) Joshua Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. McNabb regarding NOV No. 5674. Sr. AQS Restori explained to Mr. McNabb that Ashley 2012 Family Trust was issued NOV No. 5674 per Section 040.030 C.1. for generating visible fugitive dust emissions for a period accumulating more than 5 minutes in any hour and Section 040.030 E.2.a. for failing to maintain daily records of dust control. Sr. AQS Restori provided Mr. McNabb with a copy of the regulations and the opportunity to view the video of the dust generating activities. Mr. McNabb acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold an uncontested citation issued to Ashley 2012 Family Trust, Case No. 1205, Notice of Violation Citation No. 5674, with a \$1,200.00 negotiated fine.

ALTERNATIVE

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

1. The Board may determine no violations of the regulations have occurred and dismiss Notice of Violation Citation No. 5674.
- Or
2. The Board may determine to uphold Notice of Violation Citation No. 5674 and levy any fine in the range of \$0.00 to \$1,000.00 per day per violation.

POSSIBLE MOTION

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

1. "Move to uphold an uncontested citation issued to Ashley 2012 Family Trust, Case No. 1205, Notice of Violation Citation No. 5674, with a \$1,200.00 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:

2. "Move to uphold Case No. 1204, Notice of Violation Citation No. 5674, and levy a fine in the amount of (*range of \$0 to \$1,000*) per day for each violation, with the matter being continued to the next meeting to allow for Ashley 2012 Family Trust representatives 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 5674

DATE ISSUED: 8-28-2018

ISSUED TO: ASHLEY 2012 FAMILY TRUST PHONE #: 916-698-3114
 (RYAN ASHLEY)

MAILING ADDRESS: 520 FAIRHILLS DR. CITY/ST: SAN RAFAEL, CA. ZIP: 94901

NAME/OPERATOR: SHAWN McNABB PHONE #: 690-3577

COMPLAINT NO. WCMP18-02231

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 8-28-2018 (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. 2 VISIBLE EMISSIONS PROHIBITION.
CAUSING FUGITIVE EMISSIONS. 040.030 SEC. E, 2.4. RECORDKEEPING. FAILURE TO
MAINTAIN PERMIT OR DAILY DUST CONTROL LOGS ON SITE.

LOCATION OF VIOLATION: MARINA GATEWAY MASS GRADING, 550 MARINA GATEWAY DR. SPARKS,
NV.

POINT OF OBSERVATION: ON SITE - 5 MINS. OF VIDEO, NO PERMIT OR DAILY LOGS ON SITE.

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: _____
 (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 8-28-2018 (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.

ISSUED BY: _____ **SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT**
 Signature: [Signature] Date: 8-28-2018
 Issued by: Shawn McNabb (signing for Ryan) Title: GENERAL
 PETITION FOR APPEAL FORM PROVIDED SUPERINTENDENT

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

Date: September 6, 2018

Company Name: Ashley 2012 Family Trust

Address: 520 Fairhills Drive Reno, Nevada 94901

Notice of Violation # 5674 Case # 1205

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 Sec. C.1. Visible Emissions Prohibition

040.030 Section E. 2. a. Recordkeeping

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 1200.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 25, 2018.

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.

Sean McNabb

Signature of Company Representative

J. Restori

Signature of District Representative

SEAN McNABB

Print Name

Joshua C. Restori

Print Name

General Super

Title

Sr. AQS

Title

Shannon Kuyper

Witness

Witness

AIR QUALITY MANAGEMENT

1001 East Ninth Street | P.O. Box 11130 | Reno, Nevada 89520

AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health

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Public Health
Prevent. Promote. Protect.

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

Company Name Ashley 2012 Family Trust
Contact Name Ryan Ashley

Case 1205 NOV 5674 WVIO-AQM 18-0009

I. Violation of Section 040.030 Section C.1. Visible Emissions Prohibition

I. Recommended/Negotiated Fine = \$ 600

II. Violation of Section 040.030 Section E. 2. a. Recordkeeping

II. Recommended/Negotiated Fine = \$ 600

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 = \$ 1200


Air Quality Specialist

9-6-18
Date


Senior AQ Specialist/Supervisor

9-6-18
Date

**W. Joe County Air Quality Management
Permitting & Enforcement Branch
Recommended Fine Calculation Worksheet**

III. Penalty Adjustment Consideration

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

B. Mitigating Factors (0 – 25%) - 10%

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

Comment Negotiated Settlement

C. Compliance History

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

Comment No previous violations

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

Comment: _____

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

Comment: _____

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

Comment: _____

Total Penalty Adjustment Factors – sum of A, B, & C -20%

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 750.00</u>	x	<u>-20%</u>	=	<u>-150.00</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>\$ 750.00</u>	+/-	<u>\$ -150.00</u>	=	<u>\$ 600</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Suzanne Sawyer
Air Quality Specialist

9-6-2018
Date

JC
Senior AQ Specialist/Supervisor

9-6-18
Date

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

Company Name Ashley 2012 Family Trust
 Contact Name Ryan Ashley

Case 1205 NOV 5674 WVIO-AQM 18-0009

Violation of Section 040.030 Section E. 2. a. Recordkeeping

I. **Base Penalty as specified in the Penalty Table** = \$ 1,000

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 Section 040.030 constitutes a minor violation per Section 020.040 C.

2. **Toxicity of Release**

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

Comment: PM 10 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: Location of site is directly adjacent to residential and commercial areas

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 day of unmaintained dust log observed

D. **Economic Benefit**

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

Comment: _____

Penalty Subtotal

Adjusted Base Penalty \$ 750.00 + Economic Benefit \$ 0.00 = \$ 750.00

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%)	-	<u>0%</u>
B. Mitigating Factors (0 – 25%)	-	<u>10%</u>
1. Negotiated Settlement		
2. Ability to Pay		
3. Other (explain)		
Comment <u>Negotiated Settlement</u>		
C. Compliance History		
No Previous Violations (0 – 10%)	-	<u>10%</u>
Comment <u>No Prior Violations</u>		
Similar Violation in Past 12 months (25 - 50%)	+	<u>0%</u>
Comment: _____		
Similar Violation within past 3 year (10 - 25%)	+	<u>0%</u>
Comment: _____		
Previous Unrelated Violation (5 – 25%)	+	<u>0%</u>
Comment: _____		
Total Penalty Adjustment Factors – sum of A, B, & C		<u>-20%</u>

IV. Recommended/Negotiated Fine

Penalty Adjustment:		
\$ <u>750.00</u>	x	<u>-20%</u>
Penalty Subtotal		= <u>-150.00</u>
(From Section II)	Total Adjustment Factors	Total Adjustment Value
	(From Section III)	

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>750.00</u>	+/-	<u>\$ -150.00</u>	=	<u>\$ 600</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Shanne Suggs
Air Quality Specialist

9-6-18
Date

JCR
Senior AQ Specialist/Supervisor

9-6-18
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
040.030	Dust Control (fugitive)	2500
040.035	Open Fires	1000
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 25, 2018

TO: District Board of Health

FROM: Charlene Albee, Director, AQM Division Director
(775) 784-7211, calbee@washoecounty.us

SUBJECT: Recommendation for the Board to uphold an uncontested citation issued to Sierra Nevada Academy Charter School, Notice of Violation Citation No. 5682, Case No. 1206, with a \$630.00 negotiated fine.

SUMMARY

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5682 be **upheld** and a fine of **\$630.00** be levied against Sierra Nevada Academy Charter School for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. This action is a **minor violation** of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C.3 Dust Control Permit Requirements.

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

No previous actions.

BACKGROUND

On August 24, 2018, Air Quality Specialist Trainee (AQST) Brittney Osborn was on routine patrol when she observed an area of disturbed soil greater than an acre in size adjacent to the future Sierra Nevada Academy Charter School (SNACS) located at 5600 Fox Avenue in Reno, Nevada. Upon further investigation, AQST Osborn determined the mass grading activity was associated with the development of the SNACS grounds. She proceeded to meet with Mr. Tala Busick, Superintendent with Naisbitt Construction, to discuss the project and requested to see a copy of the associated Dust Control Permit. Mr. Busick directed her to speak with the school's construction manager, Mr. Greg Lawson. AQST Osborn then spoke with Mr. Lawson regarding the Dust Control Permit and found he thought a Dust Control Permit had been obtained prior to starting the grading activity. Mr. Lawson stated he would contact AQST Osborn the following week regarding the Dust Control Permit information. AQST Osborn explained to Mr. Lawson that all dust generating activities at the project were to cease until a Dust Control Permit was demonstrated or obtained for the project. AQST Osborn then documented the disturbed soil with photographs.

On August 28, 2018, Mr. Lawson called AQST Osborn to inform her that SNACS had not obtained a Dust Control Permit for the construction activity, nor had any knowledge of the requirement. AQST Osborn informed Mr. Lawson that a Dust Control Permit would need to be applied for and obtained prior to continuing any soil disturbing activities at the project; further stating a Notice of Violation Citation (NOV) would be issued to SNACS for failing to obtain a Dust Control Permit prior to commencement of a dust generating activity.

On September 4, 2018, Mr. Lawson sent an email to AQST Osborn informing her that the following day would be his last day at SNACS and provided her with the Education Director, Mr. Victor Schoenfeldt's contact information. Mr. Lawson relayed the Dust Control Permit requirements and NOV information to Mr. Schoenfeldt in an email.

On September 5, 2018, Mr. Schoenfeldt submitted an application for a Dust Control Permit, however, the application was lacking a site map, deemed incomplete and not processed. During the application submittal, AQST Osborn issued NOV No. 5682 to SNACS for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. Mr. Schoenfeldt understood the violation and the conditions of the NOV and signed NOV No. 5682.

AQST Osborn emailed Mr. Schoenfeldt on September 5th and 6th, requesting a site map to complete the application process. On September 7, 2018, AQST Osborn called Mr. Schoenfeldt regarding submitting a site map to complete the application. Senior Air Quality Specialist (Sr. AQS) Joshua Restori recommended contacting the contractor to discuss the site map and completion of the application. AQST Osborn called Mr. Tala Busick, Superintendent with Naisbitt Construction, to discuss the site map requirement for the application. On the same day, Mr. Busick submitted a site map completing the application for the permit. The Dust Control Permit was issued on September 7, 2018.

On September 26, 2018, Sr. AQS Restori conducted a negotiated settlement meeting attended by AQST Osborn, Mr. Schoenfeldt and Mr. Busick regarding NOV No. 5682. Sr. AQS Restori explained to Mr. Schoenfeldt that SNACS was issued NOV No. 5682 per Section 040.030 C.3. for failure to obtain a Dust Control Permit prior to commencement of a dust generating activity. Sr. AQS Restori explained that any dust generating activity in Washoe County, which includes any construction activity disturbing one acre or more of land, requires a Dust Control Permit prior to commencement of the dust generating activity. After some discussion, Mr. Schoenfeldt acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on September 26, 2018.

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 Sierra Nevada Academy Charter School, Notice of Violation Citation No. 5682, Case No. 1206, with a \$630.00 negotiated fine.

ALTERNATIVE

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

1. The Board may determine no violation of the regulations has occurred and dismiss Notice of Violation Citation No. 5682.

Or

2. The Board may determine to uphold Notice of Violation Citation No. 5682 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, a possible motion would be:

1. "Move to uphold Citation No. 5682, Case No. 1206, as recommended by Staff."

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:

2. "Move to uphold Citation No. 5682, Case No. 1206, 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 Sierra Nevada Academy Charter School 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 5682

DATE ISSUED: 9/5/2018

ISSUED TO: Sierra Nevada Academy Charter School PHONE #: 775-636-4116

MAILING ADDRESS: 13880 Stead Blvd. CITY/ST: Reno, NV ZIP: 89506

NAME/OPERATOR: Victor Schoenfeldt PHONE #: _____

COMPLAINT NO. WCMP18-02307 WV10-ARMI8-0010

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON _____ (DATE) AT _____ (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 __ DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input 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: 040.030(c)(3) states "the owner and/or operator of a dust generating activity shall apply for and obtain a Dust Control Permit prior to commencement of the dust generating activity." Operations at 5600 Fox Avenue are not permitted.

LOCATION OF VIOLATION: 5600 Fox Avenue

POINT OF OBSERVATION: 5600 Fox Avenue

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

Emissions Observed: N/A
 (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 9/5/2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 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: 9.5.18

Issued by: Brittney Osborn Title: Air Quality Specialist Trainee

PETITION FOR APPEAL FORM PROVIDED

MEMORANDUM OF UNDERSTANDING

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

Date: September 26, 2018

Company Name: Sierra Nevada Academy Charter School

Address: 13380 Stead Boulevard Reno, Nevada 89506

Notice of Violation # 5682 Case # 1206

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: _____

Section 040.030 C. 3. Dust Control Permit Requirements - For failure to obtain a Dust Control Permit prior to commencement of a dust generating activity.

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 630.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on October 25, 2018.

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

Vicky Schmitt

Print Name

Principal / Director / SNAES

Title

Witness



Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title



Witness

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

III. Penalty Adjustment Consideration

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:			
\$ <u>843.00</u>	x	<u>-25%</u>	= <u>-210.75</u>
Penalty Subtotal (From Section II)		Total Adjustment Factors (From Section III)	Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$

Comment: _____

Adjusted Penalty:

\$ <u>843.00</u>	+/-	\$ <u>-210.75</u>	=	\$ <u>630</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine



Air Quality Specialist

9/26/2018

Date



Senior AQ Specialist/Supervisor

9/26/2018

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

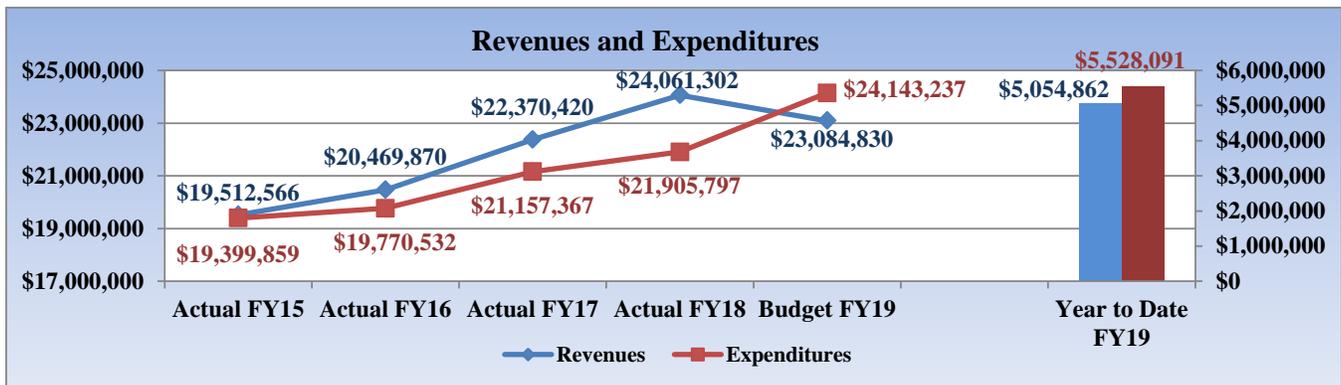
DD	NA
DHO	<i>KD</i>
DA	NA
Risk	NA

STAFF REPORT
BOARD MEETING DATE: October 25, 2018

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 2019

SUMMARY

The first quarter of fiscal year 2019 (FY19) ended with a cash balance of \$6,200,969. Total revenues were \$5,054,862 or 21.9% of budget and a decrease of \$267,708 over FY18. The expenditures totaled \$5,528,091 or 22.9% of budget and down \$77,947 over FY18.



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.

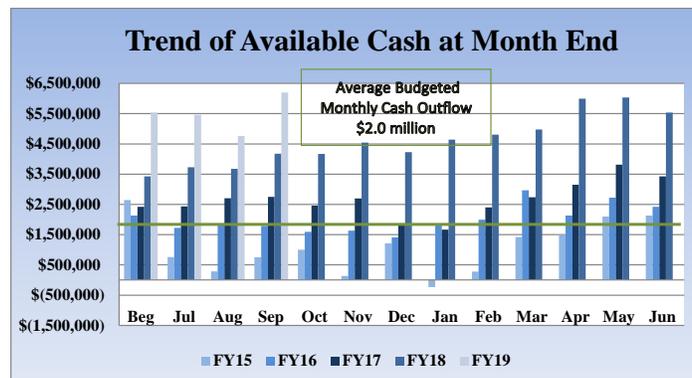
PREVIOUS ACTION

Fiscal Year 2019 Budget was adopted May 22, 2018.

BACKGROUND

Review of Cash

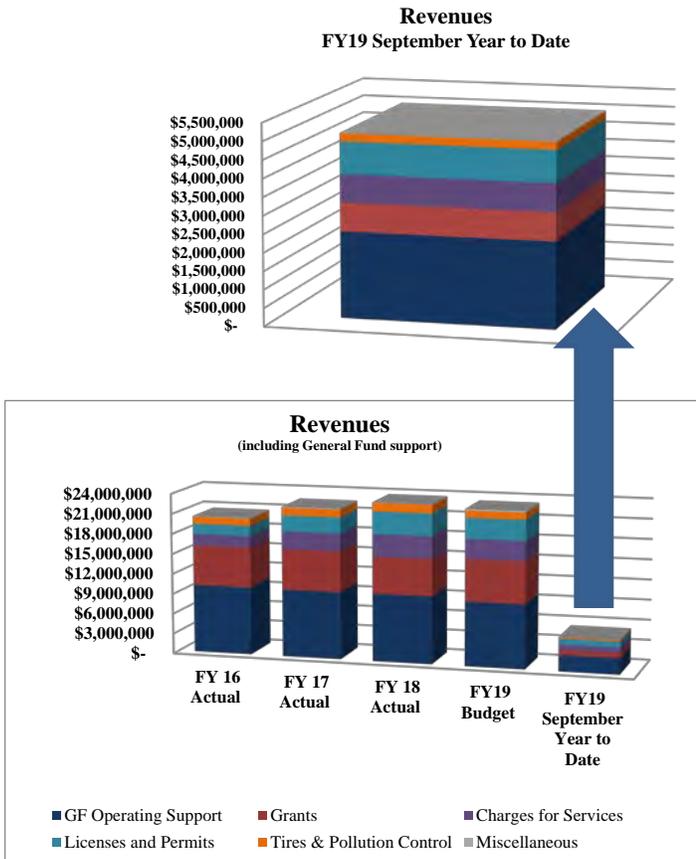
The available cash at the end of September, FY19, was \$6,200,969 which is enough to cover approximately 3.1 months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.2 million; the cash restricted as to use is approximately \$1.0 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$4.0 million.



Note: January FY15 negative cash is due to no County General Fund support

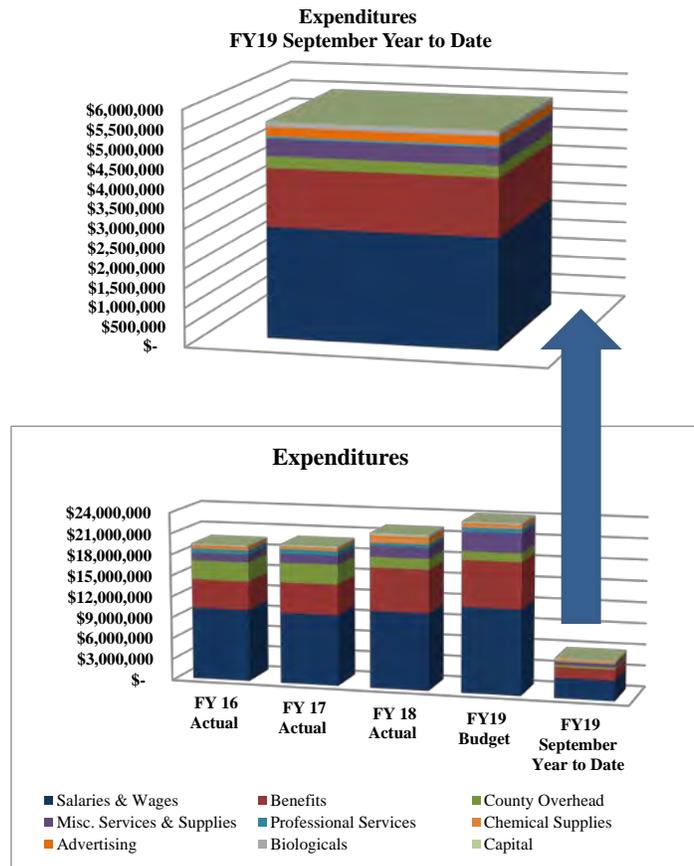


Review of Revenues (including transfers from General Fund) and Expenditures by category



The total **revenues** year to date were \$5,054,862 down \$267,708 or 5.0% compared to September FY18. The revenue categories up over FY18 were: licenses and permits of \$889,546 up \$105,797 or 13.5%; Federal and State grants of \$789,177 were up \$195,103 or 32.8%; and tire and pollution control funding of \$222,073 were up \$3,520 or 1.6%. The revenue categories down compared to FY18 were: charges for services of \$773,522 down \$35,137 or 4.3%; miscellaneous revenues of \$1,331 were down \$2,156 or 61.8%; and, the County General Fund support of \$2,379,214 down \$534,835 due to the contingency transfer in FY18 for mosquito abatement chemicals that was not required in FY19.

The total year to date **expenditures** of \$5,528,091 decreased by \$77,947 or 1.4% compared to FY18. Salaries and benefits expenditures for the fiscal year were \$4,352,474 up \$134,016 or 3.2% over the prior year and 23.3% of budget. The total services and supplies of \$1,167,160 down \$211,962 or 15.4% compared to FY18 and 21.8% of budget. The main reason for the decline is a reduction in chemical supplies not required in FY19 due to sufficient inventory. The major expenditures included in the services and supplies were; the professional services, which totaled \$54,998 up \$34,055 over FY18; chemical supplies of \$230,977 down \$356,040 or 60.7%; the biologicals of \$109,006, were up \$26,124; and, County overhead charges of \$304,520 were down \$75,636 or 19.9%. There has been \$8,458 in capital expenditures.



Review of Revenues and Expenditures by Division

ODHO has spent \$272,695 up \$59,313 or 27.8% over FY18 mainly due to the installation of staff badge reader access into the main conference rooms for safety and security and replacement of Health District furniture that was well beyond its useful life thus requiring replacement.

AHS has spent \$279,646 down \$563 or 0.2% compared to FY18 mainly due to a decline in utilities and overhead charges.

AQM revenues were \$764,978 up \$214,622 or 39.0% with the largest year over year increase in the Air Quality dust plans and the timing of the federal grant reimbursements. The Division spent \$729,919 up \$74,122 or 11.3% over FY18 due to an employee retirement payout for the accrued vacation and filling vacant positions.

CCHS revenues were \$546,394 down \$3,442 over FY18 and spent \$1,826,714 or \$8,805 less than FY18 due to salary savings from vacancies in FY19.

EHS revenues were \$1,041,171 up \$32,951 over FY18 mainly in food service permits. EHS spent \$1,790,447 a decline of \$252,022 over last year due to an inventory of chemical supplies in the Vector program allowing for a chemical supply expenditure reduction compared to FY18.

EPHP revenues were \$323,106 up \$24,551 over last year and spent \$628,669 up \$32,399 over FY18 with the majority of that due to temporary help in the Epidemiology program to assist during the recruitment of a vacant position.

Washoe County Health District Summary of Revenues and Expenditures Fiscal Year 2014/2015 through September Year to Date Fiscal Year 2018/2019 (FY19)									
	Actual Fiscal Year			Fiscal Year 2017/2018		Fiscal Year 2018/2019			
	2014/2015	2015/2016	2016/2017	Actual Year End (unaudited)	September Year to Date	Adjusted Budget	September Year to Date	Percent of Budget	FY19 Increase over FY18
Revenues (all sources of funds)									
ODHO	-	15,000	51,228	3,365	1,554	-	-	-	-100.0%
AHS	151	-	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,543,340	550,356	3,086,133	764,978	24.8%	39.0%
CCHS	3,520,945	3,506,968	3,872,898	4,179,750	549,835	4,200,937	546,394	13.0%	-0.6%
EHS	2,008,299	2,209,259	3,436,951	4,428,294	1,008,219	4,133,467	1,041,171	25.2%	3.3%
EPHP	1,555,508	2,141,334	2,027,242	1,854,862	298,555	2,147,437	323,106	15.0%	8.2%
GF support	10,000,192	10,076,856	10,002,381	10,051,691	2,914,049	9,516,856	2,379,214	25.0%	-18.4%
Total Revenues	\$ 19,512,566	\$ 20,469,870	\$ 22,370,420	\$ 24,061,303	\$ 5,322,570	\$ 23,084,830	\$ 5,054,862	21.9%	-5.0%
Expenditures (all uses of funds)									
ODHO	481,886	594,672	904,268	826,325	213,383	1,385,550	272,695	19.7%	27.8%
AHS	1,096,568	996,021	1,119,366	1,016,660	280,209	1,156,532	279,646	24.2%	-0.2%
AQM	2,587,196	2,670,636	2,856,957	2,936,261	655,797	3,596,040	729,919	20.3%	11.3%
CCHS	6,967,501	6,880,583	7,294,144	7,538,728	1,817,909	7,894,320	1,826,714	23.1%	0.5%
EHS	5,954,567	5,939,960	6,366,220	7,030,470	2,042,468	7,161,454	1,790,447	25.0%	-12.3%
EPHP	2,312,142	2,688,659	2,616,411	2,557,352	596,270	2,949,341	628,669	21.3%	5.4%
Total Expenditures	\$ 19,399,859	\$ 19,770,532	\$ 21,157,367	\$ 21,905,797	\$ 5,606,038	\$ 24,143,237	\$ 5,528,091	22.9%	-1.4%
Revenues (sources of funds) less Expenditures (uses of funds):									
ODHO	(481,886)	(579,672)	(853,040)	(822,960)	(211,828)	(1,385,550)	(272,695)		
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,016,660)	(280,209)	(1,156,532)	(279,646)		
AQM	(159,725)	(150,184)	122,763	607,078	(105,441)	(509,907)	35,059		
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,358,978)	(1,268,074)	(3,693,383)	(1,280,321)		
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(2,602,176)	(1,034,249)	(3,027,987)	(749,276)		
EPHP	(756,634)	(547,325)	(589,169)	(702,490)	(297,715)	(801,904)	(305,563)		
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	2,914,049	9,516,856	2,379,214		
Surplus (deficit)	\$ 112,707	\$ 699,338	\$ 1,213,053	\$ 2,155,505	\$ (283,467)	\$ (1,058,407)	\$ (473,229)		
Fund Balance (FB)	\$ 2,268,506	\$ 2,967,844	\$ 4,180,897	\$ 6,336,402		\$ 5,277,995			
FB as a % of Expenditures	11.7%	15.0%	19.8%	28.9%		21.9%			

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 2019.

POSSIBLE MOTION

Move to acknowledge receipt of the Health Fund financial review for September, Fiscal Year 2019.

Attachment:
Health District Fund financial system summary report

Period: 1 thru 3 2019 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
460529 Assessments-AQM	111,765-	33,910-	77,855-	30	106,866-	30,888-	75,978-	29
460530 Inspector Registr-	4,175-		4,175-		6,750-		6,750-	
460531 Dust Plan-AQM	362,521-	143,088-	219,433-	39	334,771-	97,488-	237,283-	29
460532 Plan Rvw Hotel/Mot						2,826-	2,826-	
460534 Child Care Inspect	22,470-	9,025-	13,445-	40	21,169-	8,382-	12,787-	40
460535 Pub Accomod Inspe	28,380-	11,349-	17,031-	40	46,666-	12,094-	34,572-	26
460570 Education Revenue	193,032-	16,468-	176,564-	9	197,528-	58,490-	139,038-	30
460723 Other Fees	2,906,932-	773,522-	2,133,410-	27	2,553,979-	808,657-	1,745,322-	32
* Charges for Services		3-	3-					
481150 Interest-Non Pools		10-	10-		5,000-		5,000-	
484000 Donation, Contrib.	6,500-	1,318-	5,182-	20	16,050-	3,134-	12,916-	20
484050 Donation Fed Pgm I	14,804-		14,804-		14,428-		14,428-	
484197 Non-Gov. Grants-In	48,283-		48,283-		46,084-		46,084-	
485100 Reimbursements	150,000-		150,000-		203-		203-	
* Miscellaneous	219,587-	1,331-	218,256-	1	81,562-	3,487-	78,075-	4
** Revenue	13,567,974-	2,675,648-	10,892,326-	20	12,983,044-	2,408,519-	10,574,525-	19
701110 Base Salaries	10,495,306	2,521,117	7,974,189	24	10,324,398	2,482,086	7,842,312	24
701120 Part Time	302,258	79,069	223,189	26	230,388	68,377	162,012	30
701130 Pooled Positions	515,406	126,896	388,510	25	419,740	140,823	278,917	34
701140 Holiday Work	4,319	1,239	3,079	29	4,319	1,443	2,875	33
701150 xcContractual Wage								
701199 Lab Cost Sav-Wages	166,100	967	165,133	1	164,408	1,135	163,273	1
701200 Incentive Longevit	114,569	33,954	80,615	30	66,241	18,254	49,987	27
701300 Overtime	300	103	197	34	300	146	154	49
701403 Shift Differential	38,000	8,267	29,733	22	38,000	7,415	30,585	20
701406 Standby Pay	5,000	471	4,529	9	5,000	510	4,490	10
701408 Call Back								
701410 Detective Pay	362,952		362,952		100,893		100,893	
701412 Salary Adjustment	74,256	65,707	8,549	88	73,676	2,030	71,647	3
701413 Vac Payoff Sick Te					1,101		1,101	
701414 Vac Denied-Payoff					2,069		688-	
701417 Comp Time	9,785	10,458	672-	107	7,194	2,757	7,194	133
701419 Comp Time - Transf								
701500 Merit Awards								
* Salaries and Wages	12,088,250	2,848,247	9,240,004	24	11,439,728	2,724,975	8,714,754	24
705110 Group Insurance	1,643,058	383,613	1,259,446	23	1,648,117	386,174	1,261,943	23
705115 ER HSA Contribs	88,000	3,462	84,538	4	66,000	846	65,154	1
705190 OPEB Contribution	1,286,542	321,635	964,906	25	1,305,189	326,297	978,892	25
705199 Lab Cost Sav-Benef								
705210 Retirement	3,069,829	730,276	2,339,553	24	3,001,406	716,839	2,284,568	24
705215 Retirement Calc								
705230 Medicare Apr 86	151,817	39,241	112,575	26	148,683	37,524	111,160	25

Period: 1 thru 3 2019 P&L Accounts Fund: 202 Health Fund
 Accounts: GO-P-L Functional Area: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
705240 Insur Budgeted Inc	48,610		48,610		48,610		48,610	
705320 Workmens Comp	100,432	25,208	75,225	25	97,901	24,853	73,047	25
705330 Unemploy Comp	9,755	791	8,963	8	10,298	949	9,349	9
705360 Benefit Adjustment	167,765		167,765		28,461		28,461	
* Employee Benefits	6,565,808	1,504,227	5,061,581	23	6,354,665	1,493,482	4,861,183	24
710100 Prof Services	476,463	28,137	448,326	6	460,662	8,214	452,447	2
710105 Medical Services	10,721	3,751	6,970	35	9,121	1,086	8,035	12
710108 MD Consultants	58,936	7,974	50,962	14	58,936	950	57,986	2
710110 Contracted/Temp Sv	51,503	15,136	36,366	29	53,610	10,693	42,917	20
710119 Subrecipient Payme								
710155 Lobbying Services	600		600		61,929	25,860	36,068	42
710200 Service Contract	83,962	30,141	53,822	36		379	379-	
710201 Laundry Services	650	365	286	56		5,086	8,559	37
710205 Repairs Maint	9,645	2,103	7,542	22	13,645		3,000	
710210 Software Maintenan	3,000		3,000		3,000		3,000	
710300 Operating Supplies	186,952	22,091	164,862	12	151,280	18,319	132,961	12
710302 Small Tools & Allo	1,435	43	1,392	3	1,435	17	1,418	1
710308 Animal Supplies	1,600	880	720	55	1,600	755	845	47
710312 Special Dept Expen						480	480-	
710319 Chemical Supplies	392,700	230,977	161,723	59	767,535	587,017	180,518	76
710323 Asphalt	16,000		16,000					
710325 Signs and Markers								
710334 Copy Mach Exp	23,746	596	23,150	3	26,066	4,725	21,341	18
710335 Copy Mach-Copies	7,251	93-	7,344	1-	4,044	1,281	2,763	32
710350 Office Supplies	58,396	11,074	47,322	19	36,698	8,551	28,147	23
710355 Books/Subscription	8,140	2,801	5,339	34	8,145	1,231	6,914	15
710360 Postage	16,155	4,336	11,819	27	19,260	1,708	17,551	9
710361 Express Courier	100		100		100	7	94	7
710391 Fuel & Lube	125		125		125		125	
710400 Fmts to O Agencies	241,451	30,040	211,411	12	140,650	4,249	136,401	3
710412 Do Not Use								
710500 Other Expense	108,579	11,363	97,216	10	31,606	1,637	29,969	5
710502 Printing	29,305	4,416	24,889	15	29,343	936	28,407	3
710503 Licenses & Permits	8,345	1,935	6,410	23	8,345	964	7,381	12
710504 Registration		100	100-			400	400-	
710505 Rental Equipment	200		200					
710506 Dept InsDeductible		150	150-			150	150-	
710507 Network,Data Lines	7,140	552	6,588	8	9,050	1,520	7,530	17
710508 Telephone Land Lin	35,942	8,342	27,600	23	35,611	8,565	27,046	24
710509 Seminars Meeting	61,618	9,343	52,275	15	43,748	5,156	38,593	12
710512 Auto Expense	10,594	1,318	9,276	12	10,415	1,532	8,884	15
710514 Reg Assessments	20,000		20,000		20,000	4,962	15,038	25
710519 Cellular Phone	14,697	2,460	12,237	17	14,821	2,063	12,758	14

Period: 1 thru 3 2019
 Accounts: GO-P-L P&L Accounts
 Business Area: *
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
710529 Dues	21,555	2,842	18,713	13	32,129	1,712	30,417	5
710535 Credit Card Fees	51,457	16,979	34,478	33	51,157	15,315	35,842	30
710546 Advertising	140,405	20,146	120,259	14	173,119	11,850	161,269	7
710551 Cash Discounts Los		1				6		6-
710563 Recruitment						771		771-
710571 Safety Expense	56,279	9,660	46,619	17	57,891	9,951	47,940	17
710577 Uniforms & Special	2,700	495	2,205	18	4,200	1,857	2,343	44
710585 Undesig Budget	643,923		643,923		794,954		794,954	
710594 Insurance Premium	5,815		5,815		5,815		5,815	
710600 IT Lease-Office	75,813	19,152	56,661	25	76,607	19,152	57,455	25
710620 IT Lease-Equipment								
710703 Biologicals	302,540	109,006	193,534	36	282,612	82,882	199,730	29
710714 Referral Services	6,780	4,068	2,712	60	6,780		6,780	
710721 Outpatient	94,259	15,214	79,045	16	124,693	9,884	114,809	8
710872 Food Purchases	3,244	433	2,811	13	2,744	199	2,545	7
711008 Combined Utilities	71,118	17,780	53,339	25	90,800	22,700	68,100	25
711010 Utilities								
711100 ESD Asset Mgmt	50,274	12,398	37,877	25	40,091	10,584	29,507	26
711113 Equip Srv Replace	60,891	11,642	49,249	19	55,159	11,131	44,027	20
711114 Equip Srv O & M	61,103	15,673	45,430	26	64,486	21,091	43,395	33
711115 Equip Srv Motor Po	5,000		5,000		5,000		5,000	
711116 ESD Vehicle Lease								
711117 ESD Fuel Charge	31,839	9,638	22,200	30	27,852	9,234	18,618	33
711119 Prop & Liab Billin	82,007	20,502	61,505	25	82,007	20,502	61,505	25
711210 Travel	172,387	26,268	146,119	15	172,135	21,207	150,928	12
711213 Travel-Non Cnty Pe	2,500	1,706	794	68		1,944	1,944-	
711300 Cash Over Short								
711399 ProCard in Process		16						
711400 Overhead - GenFund	1,218,080	304,520	913,560	25	1,520,621	380,155	1,140,466	25
711410 Overhead - Admin								
711504 Equipment nonCapit	123,500	62,992	60,508	51	83,270	18,379	64,891	22
711508 Computers nonCapit	57,356	3,947	53,409	7	20,000		20,000	
711509 Comp Sftw nonCap	4,281	542	3,739	13	2,631	123	2,508	5
* Services and Supplies	5,291,056	1,115,946	4,175,111	21	5,797,533	1,379,119	4,418,414	24
781004 Equipment Capital	100,000		100,000		100,000		100,000	
781007 Vehicles Capital								
781009 Comp Sftw Capital	25,000	8,458	16,542	34	25,000	8,458	16,542	34
* Capital Outlay	125,000	8,458	116,542	7	125,000	8,458	116,542	7
** Expenses	24,070,114	5,476,877	18,593,237	23	23,716,926	5,606,034	18,110,892	24
621001 TF General	9,516,856-	2,379,214-	7,137,642-	25	10,051,691-	2,914,049-	7,137,642-	29
* Transfers In	9,516,856-	2,379,214-	7,137,642-	25	10,051,691-	2,914,049-	7,137,642-	29
812230 To Reg Permits-230		51,215	21,908	70	100,271		100,271	
814430 To Reg Permits Cap	73,123							

Period: 1 thru 3 2019
 Accounts: GO-P-L
 Business Area: *
 P&L Accounts
 Fund: 202
 Fund Center: 000
 Functional Area: 000
 Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2019 Plan	2019 Actuals	Balance	Act%	2018 Plan	2018 Actual	Balance	Act%
* Transfers Out	73,123	51,215	21,908	70	100,271	100,271	100,271	
** Other Financing Src/Use	9,443,733-	2,327,999-	7,115,734-	25	9,951,420-	2,914,049-	7,037,371-	29
*** Total	1,058,407	473,229	585,178	45	782,463	283,467	498,996	36

RESOLUTION OF APPRECIATION

WHEREAS the Washoe County District Health District is charged with enacting and maintaining various sets of regulations pertaining to programs serving the citizens of the Health District, and;

WHEREAS the Regulations Governing the Air Pollution Control Hearing Board is a complex document which requires great expertise in its interpretation, intent, and objectives to implement the Clean Air Act in the Health District, and;

WHEREAS the Air Pollution Control Hearing Board has been established to hear matters relative to complying with these high standards and is composed of responsible community members meeting the requirements to serve on the Board which have volunteered to provide their invaluable assistance in matters of appeals, variances, and recommendations to the District Board of Health, and;

WHEREAS David A. Rinaldi has faithfully served on the Hearing Board and rendered unwavering assistance in support of the standards expressed for air quality in the Health District;

THEREFORE the Washoe County District Board of Health wishes to convey by the way of the **RESOLUTION OF APPRECIATION** its thanks to **David A. Rinaldi** for his dedicated service as a member of the Air Pollution Control Hearing Board from October 1991 to September 2018.

Set forth this 25th day of October 2018

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

Kitty Jung, Chair
Washoe County District Board of Health

DD	CA
AHSO	
DHO	<i>AD</i>
DA	

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health

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

SUBJECT: Review, discussion and possible adoption of the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and proposed General Title V application fee of \$2,873.

SUMMARY

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

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

September 27, 2018. Board adopted the Business Impact Statement regarding proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS) and Section 040.046 (INCINERATOR BURNING) with a finding that the proposed revisions and General Title V application fee will not impose a direct and significant economic burden on a business; nor do the proposed revisions and application fee directly restrict the formation, operation or expansion of a business.

October 25, 1995. Board adopted revisions to Section 010.090 (DEFINITIONS – MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE) to align with the federal requirements for air quality permits.

October 20, 1993. Board adopted Section 030.900 (PART 70 PERMITTING REGULATIONS) for the implementation of the 1990 Clean Air Act Amendments, Title V Major Source Permitting Program.

AIR QUALITY MANAGEMENT

1001 East Ninth Street, Building B, Reno, Nevada 89512
AQM Office: 775-784-7200 | Fax: 775-784-7225 | washoecounty.us/health
Serving Reno, Sparks and all of Washoe County, Nevada. Washoe County is an Equal Opportunity Employer.



BACKGROUND

The Truckee Meadows Fire Protection District purchased an air curtain incinerator (ACI) in 2017 to provide the residents of Washoe County an alternative to open pile burning. In the process of reviewing federal regulations governing incinerators specifically, 40 CFR 60 Subpart EEEE, it was determined that ACIs require a federal Title V permit. The current Title V permitting program, intended for major stationary sources, requires a very complex application review and permitting process with significant compliance requirements. The level of effort required by AQMD staff in the writing and oversight of these permits also make them comparatively expensive. After consulting with EPA Region 9, the decision was made to develop a General Title V Permit Program (GTV). The GTV permit will provide the TMFPD and other land managers with the required federal permit without making it needlessly onerous and expensive. The proposed revisions to Sections 010.909 and 030.900 are intended to establish the GTV permit process and remove artifacts from previous amendments to the regulations. The proposed revisions to Section 040.046 provide consistency with the federal requirement for incinerators to obtain a Title V permit.

A GTV permit is a Title V permit which has been designed for a specific industry application, in this case for ACI's. The Statement of Basis and draft GTV permit are still required to complete a public notice and EPA review period. The difference is, once the review process is complete, the GTV permit can be issued to any agency/company with an ACI without having to complete the entire Title V permitting process. AQMD permitting staff will be required to prepare an amendment to the Statement of Basis for each specific applicant and, as with all Title V permits, provide notification of the issuance and report the required periodic compliance evaluations to EPA. The benefit is the GTV permit may be issued in a timeframe similar to a local permit, typically less than 45 days, as compared to a Title V permit that may take up to 12 months.

AQMD is proposing that a new application fee of \$2,873 be adopted as part of the establishment of the GTV permitting program. As previously stated, the staff time associated with the processing of a GTV permit will be significantly less than a regular Title V permit which has an application fee of \$36,911. The basis of the proposed fee is provided as an attachment. The saving of over \$30,000 will make this type of permit much more feasible for land managers and should reduce the number of open burns within the county, subsequently, reducing the emissions impact to public health.

Public notice for the proposed revisions to the regulations and application fee was published in the Reno Gazette-Journal on August 16th, August 21st, and September 5th, 2018. The Notice of Proposed Action, a copy of the proposed revisions to the regulations, and proposed application fee were also made available in the "Public Notices" section of the AQMD website (www.OurCleanAir.com). Public workshops were held on August 22nd at noon and at 5:30 pm, to address any questions or concerns; a representative from NDEP, Matt Talavera, attended the noon workshop. The published Notice of Proposed Action included instructions that written comments must be submitted to the AQMD by September 12, 2018; no comments were received by close of business.

Subject: Adoption of Revisions to Sections 010.090, 010.091, 030.900, 040.046 & Application Fee

Date: October 25, 2018

Page 3 of 3

FISCAL IMPACT

The fiscal impacts resulting from the Board adopting the proposed revisions to the regulations and application fee are in compliance with the methodology adopted by the Board for cost recovery of the administrative duties associated with the implementation of the General Title V permitting program.

RECOMMENDATION

Staff recommends the District Board of Health adopt the proposed revisions to the District Board of Health Regulations Governing Air Quality Management, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and proposed General Title V application fee of \$2,873.

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, specifically Section 010.090 (DEFINITIONS - MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE), Section 010.091 (SYNTHETIC MINOR SOURCE), Section 030.900 (PART 70 PERMITTING REGULATIONS), Section 040.046 (INCINERATOR BURNING) and proposed General Title V application fee of \$2,873.”

DEFINITIONS (Affected Sections)

010.090 **"MAJOR EMITTING FACILITY OR MAJOR STATIONARY SOURCE"** means any stationary source (or group of stationary sources located within a contiguous or adjacent area and under common control or ownership), which generally belong to the same industrial grouping and are any one of the following depending upon location and category:

Stationary sources that are major for volatile organic compounds (VOC) or Nitrogen Oxides (NOx) shall be considered major for ozone; stationary sources that are major for condensable volatile organic compounds (VOC), Sulfur Oxides (SOx) or Nitrogen Oxides (NOx) shall be considered major for particulate matter.

A. Attainment areas:

1. Any stationary source of air pollutants, which emits, or has the potential to emit, one hundred tons per year or more of any air contaminant. Fugitive emissions shall not be counted in determining applicability unless the source belongs to one or more of the following categories of operations:
 - a. Fossil fuel-fired steam electric plants of more than 250 million British Thermal Units of heat input per hour are regulated under NRS 445.546.
 - b.. Coal cleaning plants (thermal dryers),
 - c.. Kraft pulp mills,
 - d. Portland cement plants,
 - e. Primary zinc smelters,
 - f. Iron and steel mills,
 - g. Primary aluminum ore reduction plants,
 - h. Primary copper smelters,
 - i. Municipal incinerators capable of charging more than 250 tons of refuse per day,
 - j. Hydrofluoric, sulfuric, and nitric acid plants,
 - k. Sulfur recovery plants,
 - l. Carbon black plants (furnace process),
 - m. Primary lead smelters,
 - n. Fuel conversion plants,
 - o. Sintering plants,
 - p. Secondary metal production facilities,
 - q. Chemical processing plants,
 - r. Fossil fuel-fired boilers (or combinations thereof) of more than 250 million British Thermal Units of heat input per hour,
 - s. Petroleum storage and transfer facilities with a capacity exceeding 300,000 barrels,
 - t. Taconite ore processing plants,
 - u. Charcoal production facilities,
 - v. Glass fiber processing plants,
 - w. Petroleum refineries,
 - x. Lime plants,
 - y. Phosphate rock processing plants,
 - z. Coke oven batteries

- ~~2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under A.1., if the change itself would constitute a major stationary source.~~

~~B. Nonattainment areas:~~

- ~~1. Any stationary facility or source which directly emits, or has the potential to emit, 100 tons or more per year of any nonattainment pollutant other than particulate matter. Any stationary facility or source which directly emits, or has the potential to emit, 70 tons or more per year of PM10; or~~
- ~~2. Any physical change that would occur at a stationary source not qualifying as a major stationary source under B.1., if the change itself would constitute a major stationary source.~~

~~C.B. Hazardous Air Pollutants:~~

1. Any stationary facility or source which directly emits, or has the potential to emit, 10 tons or more per year of any single listed hazardous air pollutant, or 25 tons or more of any combination of any listed hazardous air pollutants. If the EPA Administrator has established any major source definition for any hazardous air pollutants at amounts less than those listed above, those lesser amounts shall apply. Fugitive emissions will be included for determining potential emissions for sources of Hazardous Air Pollutants.

~~D. Procedures for Limiting Potential to Emit:~~

~~Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V under these regulations, may choose to seek exemption from the provisions of the Title V (Part 70) regulations by establishing procedures to limit actual emissions. Any source that seeks to limit actual emissions under this regulation must have emissions below the following thresholds, and remain in compliance during all 12-month periods as calculated on a rolling basis beginning the first of each month. In every 12-month period, emissions shall not exceed:~~

- ~~1. 50 tons per year for all regulated air pollutants (excluding PM10 and Hazardous Air Pollutants); 35 tons per year of PM10; 5 tons per year of any single Hazardous Air Pollutant; 12.5 tons per year of any combination of Hazardous Air Pollutants and 50 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule.~~

~~Any source that is able to meet the limitations established in this regulation and comply with the provisions of this regulation shall not be designated as a major source. The owner or operator of the source may take into account the operation of air pollution control equipment on the capacity of the source to emit an air contaminant if the equipment is required by Federal, State or District rules and regulations or permit terms and conditions.~~

~~Sources seeking exemption under this regulation shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal, including records for each permitted emission unit or group of emissions units. The operator shall also maintain the following records as applicable:~~

- ~~I. A current listing of all coatings, solvents, organic cleaning solutions, thinners, reducers, inks, adhesives or other volatile organic chemicals in use at the source. The list shall include the VOC and HAPS content in lbs per gallon or grams per liter.~~
- ~~II. Equipment information including equipment types, makes, models, sizes, maximum designed throughput rates and process methods.~~
- ~~III. Emission control systems including pollutants controlled, control effectiveness, operational temperatures, rated capacity, concentrations of pollutants controlled, and any stack test data.~~
- ~~IV. Purchase orders, invoices and other documents to support information in the monthly log.~~

~~Operational information shall be summarized in a monthly log containing the following as applicable: fuels consumed including fuel types, fuel usage, fuel heating value and percent sulfur for coal and oil fuels; consumption of each VOC-containing product such as inks, coatings, thinners and adhesives (including those solvents used in clean-up and surface preparation); volumes and throughputs of volatile liquids stored in tanks, hours of operation; system failures including control device failures, upset conditions, equipment breakdowns and any other information as specifically requested by the Control Officer. The information in this log shall be maintained on site for five years, and shall be made available to the Control Officer upon request. The owner or operator of each source seeking exemption under this regulation shall submit a process statement each year at the time of permit renewal containing all the information required in the monthly log and certify under penalty of perjury that the process statement is accurate and true. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations. Any source seeking exemption under the provisions of this regulation must request such exemption in writing and provide a plan or demonstration of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log.~~

~~If the operator will exceed any limitation specified in part D(1) above, the operator shall notify the Control Officer at least 30 calendar days in advance of such exceedance and shall submit an complete application for a Part 70 permit or otherwise obtain federally enforceable emission limits within 12 months of the date of notification. The operator of a stationary source subject to this rule shall obtain the necessary permits prior to commencing any physical or operational change or activity which will result in actual emissions that exceed the limits specified in section D(1) above. Exceedance of the limitations specified in this regulation without the notice required above shall be considered a violation of District regulations and each day of violation shall constitute a separate offence.~~

~~The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process. Failure on the part of the operator to comply with the provisions of this section shall constitute a violation, and the source shall be designated as a major source and shall be subject to all applicable requirements of federal law, including, but not limited to, all applicable MACT standards.~~

~~The District shall maintain and make available to the public upon request a listing of sources permitted under section D of this regulation and provide information identifying~~

~~the applicable provisions of the rule for each source.~~
~~(Revised XX/XX/18)~~

010.091 Synthetic Minor Source means any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V or Part 70 requirements under this regulation, but has chosen to accept federally enforceable emission limitations to remain below the emission triggers for a Part 70 permit. (Renumbered & Revised XX/XX/18)

~~E. Synthetic Minor Source Rule:~~

~~Any source, which, because of its potential emissions, would otherwise be designated as a major source for the purposes of Title V or Part 70 requirements under this regulation, may choose to seek exemption from designation as a major source by establishing federally enforceable emission limitations. Any source that seeks to limit potential emissions under this regulation must meet all of the following requirements:~~

- ~~1. Any source that is able to meet the limitations established in this regulation and qualify as a synthetic minor shall not be designated as a major source. Sources seeking exemption from Title V as a synthetic minor shall provide records of operation sufficient to calculate actual emissions annually as a part of their Permit to Operate renewal. Such information shall be summarized in a monthly log, maintained on site for five years, and be made available to the Control Officer upon request. The owner or operator shall certify that this log is true and correct. Data submission shall be made in compliance with sections 020.060 and 030.218 of these regulations.~~
- ~~2. Any source seeking Synthetic Minor status under the provisions of this regulation must request such exemption in writing and provide the following information:~~
 - ~~a. The identification and description of all existing emission units at the source and a calculation of the actual and maximum emissions of regulated pollutants;~~
 - ~~b. A plan of compliance showing how the source will establish a record of continuous compliance in limiting emissions and which records will be maintained in the monthly log;~~
 - ~~c. The source must also demonstrate that actual emissions will not exceed: 95 tons per year for all regulated air pollutants (excluding PM-10 and Hazardous Air Pollutants); 70 tons per year of PM-10; 9 tons per year of any single Hazardous Air Pollutant; 23 tons per year of any combination of Hazardous Air Pollutants and 90 percent of any lesser threshold for a single Hazardous Air Pollutant as established by Federal rule;~~
 - ~~d. The source will propose federally enforceable permit conditions, which limit source-wide emissions to below major source thresholds, are at least as stringent as any applicable requirement and are permanent, quantifiable and include short term standards, i.e., no longer than monthly production or other operational limits as necessary to be enforceable as a practical matter in addition to emission limitations.~~

~~If the Control Officer determines the request to be incomplete, he shall notify the applicant within 30 days. If a request is not deemed incomplete within 30 days, it will be considered complete by default. A request for synthetic minor status shall not relieve a source of its responsibility to comply with application deadlines and other requirements under Part 70.~~

~~3. If the operator will exceed any limitation specified in any federally enforceable permit condition, the operator shall notify the Control Officer and shall submit an application for a Part 70 permit at least 30 days in advance of such exceedance or otherwise obtain federally enforceable emission limits. All upset or breakdown conditions will be reported in compliance with Sections 020.075 and 020.076.~~

~~4. The Control Officer shall, after determining an application for synthetic minor status is complete, prepare a draft permit. The draft permit shall include the following:~~

~~a. Annual reporting of operational and emissions data, or more frequent if requested;~~

~~b. Specific record-keeping requirements for operations, emissions and production;~~

~~c. Federally enforceable limits as specified in section 2(d) above;~~

~~d. A compliance plan to verify compliance with applicable limitations and regulations;~~

~~5. Any requirements or operational limitations relied on to meet synthetic minor status.~~

~~After the draft permit has been prepared, the Control Officer shall:~~

~~a. publish notice of the draft permit in a newspaper qualified under NRS 238, make the draft permit available for public review, and allow at least 30 days for public review and comment;~~

~~b. provide a copy of the draft permit to the EPA and allow the Administrator at least 30 days for review and comment.~~

~~Any source that has been granted synthetic minor status in accordance with this regulation shall, for any planned modification, which will increase the source's potential to emit, submit a request for modification of their synthetic minor permit conditions at least 180 days before the modification is made. For any modification, the source shall comply with all applicable requirements of **Sections 030.500 through 030.630**.~~

~~The Control Officer shall annually evaluate the compliance of any source operating under the provisions of this section as a part of the District's permit renewal process.~~

~~Failure of the source to comply with the provisions of this regulation shall constitute a violation, and the source shall be designated as a major source and be subject to all applicable requirements of federal law, including, but not limited to, all, applicable MACT standards.~~

~~Any permit that does not comply with this synthetic minor source rule shall not create federally enforceable limitations. A final copy of each synthetic minor permit will be provided to EPA.
(Amended 7/28/93, 10/20/93, Revised 10/25/95)~~

PART 70 PERMITTING REGULATIONS (Federal CAAA)

030.900

PART 70 PERMITTING REGULATIONS (Adopted 10/20/93, [Revised xx/xx/18](#))

~~Title V of the Act requires the issuance of special operating permits for certain classes of air pollution sources. Sections 030.900 to 030.990, inclusive, establish the regulations under which such permits shall be issued. Sources obtaining a Part 70 operating permit satisfy the requirements of section 030.200 of the District regulations and do not need to obtain an additional operating permit. Compliance with the provisions of the Part 70 permit shall not, of itself, be deemed as compliance with the provisions of the Act. Unless otherwise specified in sections 030.900 to 030.990, inclusive, sources obtaining a Part 70 operating permit shall comply with all applicable District regulations.~~

~~These regulations for issuance of Part 70 permits become effective on the date the EPA Administrator issues an approval for Washoe County's regulations. All existing sources subject to Part 70 regulations shall apply for permit within six months of the initial EPA program approval date. This requirement shall apply even if the EPA issues a partial or interim approval. No source subject to Part 70 permits may operate after the time it is required to submit a timely and complete application except in compliance with a Part 70 permit. A source which has submitted a complete application with timely updates as required by the Control Officer shall not be held in violation of any requirement to hold a Part 70 Permit until after the Control Officer takes final action on the application.~~

~~Sources not subject to Part 70 permits shall be exempted from **Sections 030.900 to 030.990**, inclusive.~~

~~030.905~~ ~~SOURCES REQUIRING PART 70 PERMITS~~ (Adopted 10/20/93, Revised 10/25/95, 6/23/11)

~~A. Sources Required to Obtain a Part 70 Permit~~

~~The following sources and source categories shall be subject to Part 70 permitting:~~

- ~~1. Any Major Stationary Source;~~
- ~~2. Any source, including area sources, subject to a standard, limitation or other requirement under section 111 (New Source Performance Standards) of the Act;~~
- ~~3. Any source, including an area source, subject to a standard or other requirement under section 112 (Hazardous Air Pollutants) of the Act. However, a source which is subject to regulations or requirements only under section 112(r) of the Act shall not be required to obtain a permit;~~
- ~~4. Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;~~
- ~~5. Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.~~
- ~~6. Any new or modified existing sources of greenhouse gasses are subject to regulation if they exceed the thresholds specified in 40 CFR 70.2.~~

~~B. Exemptions~~

~~The following sources and source categories shall be exempted from Part 70 permit requirements:~~

- ~~1. Any source subject to this regulation solely because it is subject to 40 CFR Part 60, subpart AAA, Standards of Performance for New Residential Wood Heaters.~~
- ~~2. Any source subject to this regulation solely because it is subject to 40 CFR Part 61, subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.~~
- ~~3. Insignificant Emission Levels~~

~~Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility wide basis are exempted from all part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source which is itself subject to an applicable requirement may qualify as an insignificant source.~~

- ~~4. All Dry Cleaning operations with the potential to emit less than ten (10) tons per year of any criteria or hazardous air pollutant shall be exempted for a period of five (5) years from the initial EPA Part 70 program approval date unless required to obtain a permit under **Section 030.905(A) (5)**.~~
- ~~5. All sources which would be subject to Part 70 permits under **Section 030.905 (A)** which are not major sources, affected sources or solid waste incineration units subject to permitting under section 129(e) of the act, are exempt from requirements to obtain a Part 70 permit for a period of 5 years from the date of EPA approval of the Washoe County Part 70 permit program.~~
- ~~6. Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in **Section 010.090, part D (prohibitory status) and part E (Synthetic Minor sources)**.~~

~~C. Sources Which Must be Permitted by the State of Nevada~~

~~Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.~~

~~030.910 PART 70 PERMIT STANDARDS (Adopted 10/20/93, Revised 10/25/95)~~

~~Part 70 Permits issued under these regulations shall be good for a period of five (5) years. The Control Officer shall conduct compliance inspections and review the compliance status of the facilities at least annually.~~

~~Permit to Operate fees shall be collected annually, and shall be due each year on the anniversary of the date the permit was issued. Failure to pay annual permit fees may result in citations, suspension or revocation of the Part 70 permit.~~

~~Any Part 70 permittee or permit applicant must submit any previously unknown, supplementary or corrected information upon becoming aware of any failure to submit relevant facts or the submittal of incorrect information. The permittee shall also notify the Control Officer of any change in operations or change in applicable requirements.~~

~~030.920~~ ~~PART 70 PERMIT APPLICATION PROCESS~~ (Adopted 10/20/93)

~~A. General~~

~~The owner or operator of each source required under 030.905 to obtain a Part 70 permit shall make application for a permit in a timely manner as required under these regulations.~~

~~Any existing sources that submit complete applications for initial permit issuance or renewal within the specified submission deadlines, and provide timely updates, including submission of any additional information requested in writing by the Control Officer within the time frame allowed, shall not be held in violation of operating without a permit during the time the application is being processed.~~

~~Part 70 permits shall allow for alternative operating scenarios. It shall be the responsibility of the source seeking permits to identify those alternative scenarios. If the scenarios meet all applicable requirements and District regulations, the alternative operating scenarios shall be included in the permit.~~

~~Fugitive emissions from a part 70 source shall be reported and included in the permit application and part 70 permit in the same manner as stack emissions.~~

~~B. New Permit Issuance, Renewals or Existing Permit Modifications~~

~~The Control Officer shall establish standard application forms and procedures for obtaining Part 70 permits. The design of these forms shall meet the content requirements of 40 CFR Part 70.5 (c). The applicant must provide all necessary information for the evaluation and permitting of the source as required by the Control Officer in a timely manner including information required after the application is deemed complete. The applicant must also identify any alternative operating scenarios under which the facility should be permitted. Applications for permit revision need only address the information related to the proposed change. Any application must be certified by a responsible official.~~

~~Within 30 days of the receipt of a Part 70 Permit application, the Control Officer shall make a determination as to the completeness of the application. If no completeness determination has been made by the Control Officer within 60 days of receipt of the application, the application shall be deemed complete by default. If the application is deemed incomplete, the Control Officer shall notify the applicant in writing within ten (10) days of his determination. The notification shall state the additional items or information~~

~~needed to take final action on the permit. A completeness determination shall be required for all permit applications except for those addressing minor permit modifications.~~

~~Within 12 months of the receipt of a complete application the Control Officer shall:~~

- ~~1. Issue a draft permit or modification for the proposed operations; or~~
- ~~2. Deny the permit application or modification.~~

~~If no objections from the EPA Administrator are received within the allotted 45 day review period, and all required 30 day affected state and public comment periods have been completed, the Control Officer shall take final action on any draft permit within 12 months of the receipt of a complete application. If, at the end of one year, the required review and comment periods have not been completed, final action on the permit shall be issued as soon as practical after these periods have been completed but not later than 18 months after a complete application has been received. A copy of all final permits shall be sent to EPA.~~

~~All new sources subject to Part 70 permitting must obtain an Authority to Construct prior to commencement of construction under District regulation 030.002. A complete application for Authority To Construct/Permits to Operate must be submitted at least 12 months prior to commencement of operations.~~

~~Any existing sources which have not previously been subject to Part 70 permitting but become subject due to any increase in facility emissions shall submit a complete application for Authority To Construct/Permit to Operate at least 6 months prior to commencing construction or changing plant operations.~~

~~Any existing sources which have not previously been subject to Part 70 permitting but become subject due to regulation changes or for any other reason, shall submit a complete application for Permit to Operate within 6 months after the change which makes them subject takes place.~~

~~Sources subject to Phase II acid rain permits under 40 CFR Part 72, must make application for the phase II acid rain portion of their Part 70 permits by January 1, 1996 for sulfur dioxide and by January 1, 1998 for nitrogen oxides. The Control Officer shall take final action on these Phase II applications within 18 months of receipt or no later than December 31, 1997 for initial Phase II permits.~~

~~C. Renewal of Permits~~

~~All sources seeking renewal of expiring Part 70 permits must submit a written application for renewal at least six (6) (but not more than 12 months) prior to expiration. Payment of application review fees as well as all necessary supplemental information and standard forms as required by the Control Officer must accompany the permit renewal application. If the Part 70 permit expires without the source submitting a timely and complete renewal application, or the applicant fails to submit any requested additional information by the specified deadline, the source's right to operate terminates. If a Part 70 source submits a timely and complete application and the District fails to renew the Part 70 operating permit in a timely manner, the terms and operating conditions of the former~~

~~Part 70 permit will remain in full force and effect until the District takes final action on the application.~~

~~The procedures for completeness review and processing shall be the same as specified under 030.920 (B), for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance.~~

~~030.930 PART 70 PERMIT PUBLIC NOTICE (Adopted 10/20/93, Revised 10/25/95)~~

~~A. Permit Issuance and Modification~~

~~Public notice shall be given of any Part 70 draft permit addressing an initial permit issuance, renewal or significant permit modification. Such notice shall be made in a newspaper of general circulation within Washoe County and by mailing notice to persons on a list which shall be developed for such Part 70 notifications, or by other means if necessary to assure adequate notice to the affected public. At least 30 days shall be allowed for public comment under such notifications. The public notice shall include the following:~~

- ~~1. The name and address of the applicant and identification of the affected facility;~~
- ~~2. The activities involved in the permit action;~~
- ~~3. The emission changes involved in any permit modification;~~
- ~~4. The address of the District Health Department and the name and phone number of a person from whom additional information on the draft permit may be obtained, including copies of the draft permit, the application, reports on the basis of the permit conditions, and relevant supporting materials;~~
- ~~5. A brief description of the procedures for making comment, including any deadlines for making such comment;~~
- ~~6. A brief description of the procedures for requesting a Public Hearing on the draft permit or the date, time and location for such a hearing if one has been scheduled.~~

~~The Control Officer shall keep records of the commenter's and the issues raised during the public participation process.~~

~~The Control Officer shall grant a public hearing to address any germane objections made during the Part 70 application review process, upon request from the affected members of the general public. Any public hearing will be noticed at least 30 days in advance.~~

~~030.940 PART 70 PERMIT ISSUANCE (Adopted 10/20/93)~~

~~A. Affected States Review~~

~~The Control Officer shall provide notification of any draft permit to any affected state,~~

~~including minor permit revisions, for comment and review. The Control Officer shall allow at least 30 days for review by affected states. The affected state review period shall begin on or before the time that notice is provided to the public. The Control Officer shall address the recommendations of the affected state, and shall give, in writing to the affected state and to EPA, the reasons for the rejection of any recommendation made by an affected state.~~

~~B. EPA Review~~

~~The Control Officer shall provide notification of any draft permit action to the EPA Administrator and allow 45 days for comment and review as specified in 40 CFR part~~

~~70.8. The notice shall include a copy of the proposed permit, the application, reports on the basis of the permit conditions, and necessary supporting materials. If agreed upon by the Control Officer and EPA, a summary of the application and other materials may be provided in lieu of the specific items noted above. If any changes are made to the proposed permit, an additional 45 day review period shall be provided for EPA review. No permit shall be issued if the EPA Administrator objects to any provisions of the proposed permit within the 45 day review period. If any necessary information has not been included in the notice packet, EPA may request such information and the 45 day review period will begin when such information is received. If the Administrator objects to the permit after the 45 day review period has expired, but before the final permit has been issued, the Control officer must address these objections before the final permit can be issued.~~

~~If the Control Officer fails to revise and submit a proposed permit within 90 days in response to objections from the EPA Administrator, the Administrator may issue or deny the permit in accordance with the Act. If no objections to the draft permit are raised by the EPA Administrator within the 45 day review period, the Control Officer may issue the permit in its final form.~~

~~C. Appeals of the Final Permit~~

~~Any person may petition the EPA Administrator within 60 days after the expiration of the Administrator's 45 day review period. The objections must be based on grounds raised during the public comment process under section 030.930, unless it was impracticable to raise such objections or new grounds arise.~~

~~The applicant or any person who participated in the public comment process may petition the District Board of Health concerning any final permit action within 30 days of such action. Such appeals will be heard first by the Air Pollution Control Hearing Board and shall be scheduled for hearing within 30 days after the appeal has been made. Any persons appealing final permit actions may submit their petitions to the District Court for judicial review after appeals to the Air Hearing Board and District Board of Health have been exhausted. Any appeal to District Court for judicial review must be made within 90 days of the final permit action as per section 020.010 of these regulations, unless it can be demonstrated that the petition is based solely on new grounds arising after the date for judicial review. Any appeal based on new grounds must be filed within 90 days after such new grounds arise.~~

~~If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a~~

~~complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under **Section 030.930**.~~

~~030.950~~ ~~PART 70 PERMIT MODIFICATIONS~~ (Adopted 10/20/93)

~~A. General~~

~~Part 70 permits may be modified to reflect changes in operation, procedure, ownership or other provisions as necessary. Nothing in these regulations shall limit the obligation of the applicant to obtain an Authority To Construct permit under District regulation 030.002 prior to commencement of construction. Sources seeking such changes must make application to the Control Officer and follow the appropriate procedures as specified in this regulation. In general, administrative changes cover minor changes such as change of ownership or personnel; minor permit changes cover a limited number of items addressing operating conditions or emissions; and significant modifications cover substantial changes to the plant equipment or emissions. Specific details are addressed below.~~

~~Where an existing Part 70 permit would prohibit some construction or change in operations, the source proposing a change which would violate that prohibition must obtain a permit revision before commencing operation.~~

~~The Control Officer shall establish standard forms for permit modification requests in accordance with 40 CFR Part 70.7. Fees for administrative, minor and significant Part 70 permit modifications shall be established and set by the Board of Health.~~

~~B. Changes not Requiring a Part 70 Permit Revision~~

~~Changes to the operation of sources may be made without a permit revision if the changes comply with the provisions of **Section 030.950 (B) parts 1 and 2** (below). However, no changes subject to regulation under Title IV of the Act, that violate applicable requirements, or that are prohibited by federally enforceable permit terms or conditions that are monitoring (including test methods) record keeping, reporting, or compliance certification requirements shall be allowed without a revision of the Part 70 permit.~~

~~1. Section 502 (b)(10) Changes~~

~~Changes in the operation of a source, which contravene express permit terms but do not exceed the allowable emissions stated in the permit (either as a rate of emissions or in terms of total emissions) of that source and are not modifications under any provision of Title I of the Act, may be made without a permit revision.~~

~~2. Provisions for Emissions Trading~~

~~The Control Officer shall, if requested by an applicant, issue permits that contain terms and conditions allowing for the trading of emissions increases and decreases in the permitted facility solely for the purpose of complying with a federally enforceable emissions cap that is established in the permit~~

~~independent of otherwise applicable requirements.~~

~~The emissions trades must be quantifiable, enforceable, have replicable procedures, may not exceed the allowable emissions stated in the permit (either as a rate of emissions or in terms of total emissions) of that source, must not be modifications under any provision of Title I of the Act, and must comply with all applicable requirements.~~

~~3. Reporting Requirements~~

~~Any changes in the operation of the source made under parts 1 or 2 of these operational flexibility provisions must be noticed, in writing, to the Control Officer and to the EPA Administrator at least seven (7) days prior to enactment. The source and the Control Officer shall attach a copy of each notice to their copy of the relevant permit. Any such required written notice shall include:~~

- ~~a. A brief description of the proposed change to the permitted facility;~~
- ~~b. The date on which the change will occur;~~
- ~~c. Any change in the type, rate or concentration of emissions;~~
- ~~d. Notation of any permit term or condition which will no longer be applicable as a result of the change or any applicable requirement that would apply as a result of the change.~~
- ~~e. For emissions trades, a description of how the increases and decreases in emissions will comply with the terms and conditions of the permit.~~

~~C. Administrative Part 70 Permit Changes~~

~~Administrative permit changes shall be for the purpose of:~~

- ~~1. Correcting typographical errors;~~
- ~~2. Identifying change in the name, address or phone number of any person identified in the permit;~~
- ~~3. Requiring more frequent monitoring or reporting by the permittee;~~
- ~~4. Allowing for a change in ownership or control, but only if a written agreement containing a specific date for transfer of permit responsibility, coverage and liability between the current and new permittee has been submitted and the Control Officer determines that no other change in the permit is necessary.~~

~~The Control Officer shall take final action within 60 days of receipt of any request for an administrative permit change. The permittee may implement an administrative change immediately upon submission of the request. No notice to the public or affected states shall be provided. A revised copy of the permit shall be submitted to the EPA Administrator.~~

~~Administrative permit amendments relating to any portion of any permit subject to Title IV of the act shall be governed by regulations promulgated under Title IV of the Act.~~

~~D. Minor Part 70 Permit Changes~~

~~Minor permit changes shall be only for those permit modifications that:~~

- ~~1. Do not violate any applicable requirement;~~
- ~~2. Do not involve any significant changes to existing monitoring, reporting or record keeping requirements in the permit;~~
- ~~3. Do not require or change a case by case determination of an emission limitation or other standard or a source specific determination for temporary sources of ambient impacts, or a visibility or increment analysis;~~
- ~~4. Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject. Such terms and conditions include:
 - ~~a. A federally enforceable emissions cap assumed to avoid classification as a modification under any provision of Title I of the Act;~~
 - ~~b. An alternative emissions limit approved pursuant to regulations promulgated under section 112 (i)(5) of the Act;~~~~
- ~~5. Are not modifications under any provision of Title I of the Act.~~

~~The Control Officer shall provide notification to EPA and affected states of any proposed minor permit modifications within five (5) working days of the receipt of a complete application. The notice to EPA shall include all applications except those belonging to types which EPA agrees to waive.~~

~~Within 90 days of the receipt of a complete application for a minor permit modification or 15 days after the EPA Administrator has completed the 45 day review period allowed for under 030.940 (B) (whichever is later), the Control Officer shall take one of the following actions:~~

- ~~1. Issue the permit modification as proposed;~~
- ~~2. Deny the permit modification;~~
- ~~3. Determine that the requested modification does not meet the minor permit modification requirement criteria and that it should be reviewed as a significant modification;~~
- ~~4. Revise the Draft permit modification and transmit to the EPA Administrator the new proposed permit modification.~~

~~The source may implement the proposed change on receipt of the modified permit from the Control Officer.~~

~~E. Significant Part 70 Permit Changes~~

~~All changes to a permit that require a permit modification which cannot be considered as administrative or minor must be evaluated through a significant permit modification. All significant changes in monitoring permit terms or conditions and every relaxation of reporting or record-keeping permit terms or conditions shall be considered significant.~~

~~All significant permit modifications shall meet all the requirements of initial permit issuance as specified in these regulations, including those for application forms, public participation, review by affected states and review by EPA but the application need only address information related to the proposed change. The Control Officer shall take final action on significant permit changes within nine (9) months of the receipt of a complete application. No changes covered under a significant permit modification may be implemented by the source without an Authority To Construct permit if such authorization is required under **Regulation 030.002**. The source must submit a complete application at least nine (9) months prior to the time it intends to implement the change. (Revised 10/25/95)~~

~~030.960 PART 70 PERMIT OPERATING CONDITIONS (Adopted 10/20/93)~~

~~A. General~~

~~The Control Officer shall establish terms and conditions of operation for each Part 70 permit issued. Such terms and conditions shall be designed to ensure compliance with all federal "applicable requirements" and any applicable District regulations.~~

~~All permit terms and conditions established by the Control Officer must be identified on the permit as to the origin and authority for each item and whether or not each is an applicable requirement. Terms and conditions which are not required by the Act or its applicable requirements shall be designated as not federally enforceable. All terms and conditions of a Part 70 permit shall be enforceable by the Control Officer and citizens under the provisions of the Act. The Control Officer shall make allowance for alternative operating scenarios at permitted facilities.~~

~~B. General Permits~~

~~The Control Officer shall establish procedures for granting operations under general Part 70 permits and establish the categories of sources for which such permits will be granted. General permits may be issued for numerous and similar sources and shall be established after completing all required notice and opportunities for public participation, EPA and affected state review required under **Sections 030.930 and 030.940**.~~

~~Sources belonging to a category for which a "general" permit has been approved may request to be granted a Part 70 permit to operate under these provisions by submitting an application. Such applications must include all applicable information as specified in~~

~~**030.020**. No additional public comment will be provided for when operation under a~~

~~general permit is granted. Any general permit shall comply with all applicable requirements as defined in **Section 010.0135** and shall identify criteria by which sources may qualify for the general permit. Affected sources may not be issued general permits. Permit holders operating under a general permit may be subject to enforcement action if it is later determined that they do not qualify for operation under that general permit. Granting operation under a general permit does not qualify as a final action for purposes of judicial review.~~

~~G. Operating Permit Conditions~~

~~The Control Officer shall establish requirements as necessary to ensure that all permit terms, conditions, alternative operating scenarios and/or provisions for trading emissions increases and decreases within the facility comply with all applicable requirements of the Act.~~

~~All Part 70 permits shall contain the following terms and conditions of operation:~~

- ~~1. Requirements that the source must comply with all conditions of the Part 70 permit and any applicable requirements of the Act.~~
- ~~2. Notice that failure to comply constitutes a violation of the Act and is grounds for enforcement actions; for permit termination, revocation and re-issuance, or modification; or for denial of a permit renewal application. Notification that any filing by the permittee for any permit modification, notice of planned non-compliance or other planned changes do not stay the conditions of the permit.~~
- ~~3. Emissions limitations and standards, including operational requirements, emission rate limits or pollutant concentration limits that assure compliance with all applicable requirements at the time of permit issuance. Where an applicable requirement is more stringent than a requirement of the acid rain program, both requirements are federally enforceable and shall be incorporated into the permit.~~
- ~~4. Provisions for alternative operating scenarios as identified by the source in its application and as approved by the Control Officer. Such alternative operating terms shall provide that the source maintain contemporaneous records of which operating scenario they are operating under together with the times and dates for which any changes in operating scenarios are made.~~
- ~~5. Provisions for trading emissions increases and decreases within the facility to the extent the applicable requirements provide for such trading if requested by the source in its application and approved by the Control Officer.~~
- ~~6. Provisions for inspection and entry (as provided for under **020.0201**), reporting, monitoring, record keeping and data collection required under the applicable requirements and sufficient to demonstrate compliance with permit terms and conditions. All methods for the collection of such data shall be specified in the permit including the time periods for data, any necessary supporting information concerning data collection and requirements for timely submission of reports to the District (not to exceed six (6) months or more often if required by an~~

~~applicable requirement or the Control Officer). These reports should include any required monitoring information and indicate all instances of deviations from permit requirements. Where the applicable requirement does not require periodic testing or monitoring, periodic monitoring sufficient to yield reliable data representative of the source's compliance with the permit shall be required. Permit to operate conditions would include requirements concerning the use, maintenance and, where appropriate, the installation of monitoring equipment or methods. These monitoring requirements shall assure use of terms, test methods, units averaging periods and other statistical conventions consistent with the applicable requirement. All required data and supporting information shall be retained by the source for a period of at least five (5) years. Supporting information shall include all calibration and maintenance records, strip charts, dates, places and times of sampling, the date the analysis were performed and by whom, the analytical techniques and results of the analyses, the operating conditions at the time of sampling, and any reports required by the permit. Copies of such records shall be furnished to the Control Officer upon request, and if confidential, provided to directly to EPA on request with a claim of confidentiality.~~

- ~~7. Requirements for prompt reporting of any deviations from the permit terms and conditions, including those due to emergency upset conditions, in accordance with District **regulations 020.075 and 020.076**.~~
- ~~8. Requirements that any document submitted under a Part 70 permit contain a certification of the truth, accuracy and completeness of the compliance statement by a responsible official, and that all certifications are based on information and belief formed after a reasonable inquiry. (Revised 10/25/95)~~
- ~~9. Provisions to allow automatic reopening of permits to enforce future provisions of the Act promulgated after permit issuance. Such newly promulgated federal standards shall be incorporated into any permit with three or more years remaining before renewal.~~
- ~~10. Notice that the Part 70 permit may be reopened and revised for cause under District **regulation 030.960 (D)**. Notice that the permit is subject to termination, revocation and re-issuance or modification for cause under these regulations. That data necessary to determine if cause exists for such reopening shall be submitted to the Control Officer upon request in a timely manner as specified by the Control Officer in writing.~~
- ~~11. A severability clause to ensure the continued validity of various permit terms and conditions in the event of a challenge to any portion of the permit.~~
- ~~12. Notice that the permit does not convey any property rights of any sort or any exclusive privilege.~~
- ~~13. Notice that failure to pay any fines, fees or other approved charges from the District may result in enforcement action or termination of the permit or both.~~
- ~~14. Requirements that sources subject to Part 70 permits shall submit to the permitting authority and EPA a compliance plan signed by a responsible official.~~

~~Submission of the annual compliance plan shall be due each year on anniversary of the date of issuance or more frequently if specified in an applicable requirement. The compliance plan shall be in conformance with the provisions of **Section 030.970** of District regulations.~~

- ~~15. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce activity to maintain compliance.~~

~~D. Permit Reopenings~~

~~Part 70 permits may be reopened and revised by the Control Officer or the EPA Administrator. Procedures for reopening and revision shall be the same as specified for initial permit issuance in these regulations, including those for public participation, review by affected states and review by EPA, excepting that only the portion to be revised shall be considered.~~

~~1. Reopening permits for cause~~

~~Part 70 permits may be reopened and revised by the District for the following reasons:~~

- ~~a. Additional applicable requirements become applicable to a Part 70 source with three (3) or more years remaining on the permit. New provisions pertaining to the acid rain program shall take affect without respect to the permit expiration date. If a permit is reopened under this section, a thirty day notice must be provided to the permittee before the permit is reopened.~~
- ~~b. If the Control Officer or the EPA Administrator determines that the permit contains a material mistake, inaccurate statements were made in establishing the emissions standards, other terms or conditions of the permit, or that the permit must be revised or revoked to ensure compliance with the applicable requirements or other District regulations.~~

~~2. Reopening by EPA~~

~~If the EPA Administrator finds that cause exists to terminate, modify or revoke and reissue a permit pursuant to regulation 030.960 (D) 1 a or b, or in response to a public petition, the EPA Administrator will notify the District and the permittee in writing.~~

~~Within 90 days of the receipt of such notice from EPA, the Control Officer shall submit to the EPA a proposed determination of termination, modification or revocation and reissuance, as appropriate. The EPA Administrator shall have 90 days from receipt of the proposed determination to review the proposal from the Control Officer. After that time the Control Officer shall have 90 days to resolve any EPA objection and terminate, modify, revoke and reissue the permit in accordance with the EPA Administrator's objections.~~

~~E. Temporary Sources~~

~~The Control Officer may issue a single Part 70 permit to the same source owner or operator for similar operations at multiple temporary locations. In addition to the permit requirements of 030.960 (C), the source will be required to provide the Control Officer with at least ten (10) days advance notice of any relocation. No affected source may be issued a temporary permit. To qualify for a temporary permit the source must undergo at least one change of location during the permit term.~~

~~F. Title IV Implementation~~

~~The Control Officer shall establish procedures consistent with 40 CFR Part 72 for any source subject to or choosing to implement the acid rain program under Title IV of the Act. Nothing in any permit or compliance plan issued pursuant to Title V of the Act shall be construed as affecting allowances under the acid rain program (section 408(b) of the Act). Any sources seeking permits under phase II of Title IV shall submit such applications as required in the Act. Applications for permits with sulfur dioxide related requirements will be submitted by January 1, 1996 and applications to add requirements related to Nitrogen Oxide emissions by January 1, 1998. Any source which becomes subject to Title IV of the Act shall have the following supplementary terms and conditions of operation in its Part 70 permit:~~

- ~~1. Requirements to meet all applicable Acid Rain requirements promulgated under Title IV of the Act, including any requirements related to control or limitations on SO₂ and NO_x emissions. If another applicable requirement that is stricter than the Acid Rain requirement applies, to a source, both requirements shall be included in the permit.~~
- ~~2. Limitations to prevent sulfur dioxide emissions greater than allowed under any applicable requirement or emission allowances lawfully held under Title IV of the Act.~~

~~G. EPA Permit Implementation~~

~~Consistent with the provisions of 40 CFR Part 70.10, the EPA Administrator may supersede the District's Part 70 regulations and issue Part 70 permits as necessary.~~

~~030.970 PART 70 PERMIT MONITORING AND COMPLIANCE (Adopted 10/20/93, Revised 10/25/95)~~

~~A. Compliance Statements~~

~~Sources subject to Part 70 permits shall submit a statement of compliance signed by a responsible official. The annual compliance statement shall be due each year on the anniversary of the date of issuance (or more frequently if required in an applicable requirement). The compliance statement shall address each term or condition of operation on an item by item basis. The compliance statement shall contain the following:~~

- ~~1. Identification of each term or condition of operation that is the basis for certification.~~

- ~~2. The compliance status of the facility with respect to each term or condition of operation and a statement that the operator will continue to comply with such requirements.~~
- ~~3. Whether the compliance with each term or condition of operation was continuous or intermittent.~~
- ~~4. The method(s) used for determining the compliance status of the source including a description of monitoring, record keeping and reporting requirements, and test methods.~~
- ~~5. For any term or condition of operation for which the source is not in compliance, the source must submit a compliance schedule and a narrative description of how the source will achieve compliance with such requirements as described in **030.970 (B)** of these regulations.~~
- ~~6. For any source for which the Control Officer has established requirements for progress reports on compliance schedules, the source must provide these progress reports in a timely manner and address dates milestones and other activities that have been specified by the Control Officer. The progress report shall also include the dates on which any milestones were achieved and an explanation of any dates or milestones that were not or are not expected to be met, why they were not met and any corrective actions to be taken as a result.~~
- ~~7. Any other specific information needed to determine compliance as required by the Control Officer.~~
- ~~8. A certification of the truth, accuracy and completeness of the compliance statement by a responsible official.~~
- ~~9. Any additional requirements as may be specified pursuant to sections 114(a) and 504(b) of the Act.~~

~~All Statements of compliance must be made in writing to both the EPA Administrator as well as to the Control Officer. Failure to submit a statement of compliance in a timely manner may result in citation, penalties, suspension or revocation of the Part 70 permit.~~

~~B. Schedules For Compliance And Remedial Measures~~

~~The Control Officer may issue a Part 70 permit to sources which will not be in compliance with the applicable requirements of its permit at the time of permit issuance. Any Part 70 permit issued to a source which is operating out of compliance with the applicable requirements of its permit shall be issued in conjunction with a compliance schedule. Submission of a compliance schedule does not release the permittee from compliance with any applicable requirement. A compliance schedule shall be submitted with the compliance statement for all part 70 sources. Any schedule of compliance shall include the following:~~

- ~~1. A list of remedial measures, including enforceable sequences of actions with~~

~~milestones, leading to compliance with any applicable requirements in a timely manner.~~

- ~~2. A schedule for certified progress reports to be made no less frequently than every six (6) months or more frequent if specified in the applicable requirement.~~
- ~~3. A statement that for all terms and conditions for which the source is in compliance that the source will continue to comply with such requirements.~~
- ~~4. A certification of the truth, accuracy and completeness of the compliance schedule by a responsible official.~~
- ~~5. A commitment to meet the standards and specifications of any future effective applicable requirements in a timely fashion.~~
- ~~6. Any schedule for compliance must be at least as stringent as that contained in any judicial consent decree or administrative order.~~

~~C. Annual Inspection and Compliance Review~~

- ~~1. Compliance inspections of the facilities shall be made at least annually. The Control Officer shall inspect the equipment, practices and operations required or regulated under the Part 70 permit.~~
- ~~2. The Control Officer shall evaluate the compliance status of each Part 70 permit on an annual basis. The compliance statement and the results of the most recent on-site inspection shall be reviewed and the progress of any compliance schedule shall be assessed. The Control Officer shall consider the comments or complaints received from the public during the compliance review process.~~

SECTION A - GENERAL

PURPOSE: Title V of the Act requires the issuance of special operating permits for certain classes of air pollution sources. This section establishes the requirements under which such permits shall be issued. Sources obtaining a Part 70 operating permit satisfy the requirements of Section 030.200 of the District regulations and do not need to obtain an additional operating permit. Compliance with the provisions of the Part 70 permit conditions shall not be deemed as compliant with all of the provisions of the Act. Unless otherwise specified in Sections 030.900 to 030.990, inclusive, sources obtaining a Part 70 operating permit shall comply with all applicable District regulations.

1. APPLICABILITY: The provisions of this regulation shall apply to any source and the owner or operator of any source subject to any requirement under Title 40 of the Code of Federal Regulations Part 70 (40 CFR 70) as incorporated into this regulation by reference. In addition, this regulation (030.900) shall apply to the following:

a. Sources Required to Obtain a Part 70 Permit

The following sources and source categories shall be subject to Part 70 permitting:

- 1) Any Major Stationary Source as defined in 40 CFR 70.3;

- 2) Any source, including area sources, subject to a standard, limitation or other requirement under Section 111 (New Source Performance Standards) of the Act;
- 3) Any source, including an area source, subject to a standard or other requirement under Section 112 (Hazardous Air Pollutants) of the Act. However, a source that is subject to regulations or requirements only under Section 112(r) of the Act shall not be required to obtain a permit;
- 4) Any source that includes one or more units subject to Title IV (Acid Rain) of the Act;
- 5) Any source in a source category designated by the EPA Administrator pursuant to 40 CFR Part 70.
- 6) Any source required to obtain a Title V permit by source category, regardless of calculated emissions rate.

b. Exemptions

The following sources and source categories shall be exempted from Part 70 permit requirements:

- 1) Any source subject to this regulation solely because it is subject to 40 CFR Part 60, Subpart AAA, Standards of Performance for New Residential Wood Heaters.
- 2) Any source subject to this regulation solely because it is subject to 40 CFR Part 61, Subpart M, National Emission Standards for Hazardous Air Pollutants for Asbestos, Standards for Demolition and Renovation.
- 3) Insignificant Emission Levels
Sources with the potential to emit less than an annual average of two (2) pounds per day of any criteria pollutant or less than one (1) pound per day of any hazardous air pollutant on a facility-wide basis are exempted from all Part 70 permitting requirements. Such sources may still be required by the Control Officer to obtain a non-Part 70 operating permit under District regulations. No source that is itself subject to an applicable requirement may qualify as an insignificant source.
- 4) Sources may seek exempt status by limiting facility emissions to levels below those defined for a major source as provided in Section 010.090, Part D (prohibitory status) and Part E (Synthetic Minor sources).

c. Sources That Must be Permitted by the State of Nevada

Any facility whose principal business is to generate electricity using steam derived from the burning of fossil fuels must obtain any necessary Part 70 permit(s) from the State of Nevada.

SECTION B - DEFINITIONS: The following shall apply:

For the purpose of this regulation, the definitions specified in 40 CFR 70.2 and Section 010.001 through 010.265 of the District regulations shall apply.

SECTION C - STANDARDS: The following standards shall apply:

1. Upon the adoption of this regulation, the provisions of 40 CFR 70.6 a (1)-(6) and (8)-(10), b through g are incorporated herein by reference and made part of the District Board of Health Regulations Governing Air Quality Management.
2. Permit to Operate fees shall be assessed and collected annually in accordance with Section 030.310 thru 030.335 of the District regulations as established under 40 CFR 70.6 a (7) and shall be due each year on the anniversary of the date the permit was issued. Failure to pay annual permit fees may result in citations, suspension or revocation of the Part 70 permit.

SECTION D - ADMINISTRATIVE REQUIREMENTS: The following administrative requirements shall apply:

1. GENERAL

The owner or operator of any source requiring a permit under 40 CFR 70.3 must obtain an authority to construct prior to any construction or installation activities associated with equipment or process that triggers the Part 70 permit.

Part 70 permits shall allow for alternative operating scenarios. It shall be the responsibility of the source seeking permits to identify those alternative scenarios. If the scenarios meet all applicable requirements and District regulations, the alternative operating scenarios may be included in the permit.

2. NEW PERMIT ISSUANCE

a. The Control Officer shall establish standard application forms and procedures for obtaining Part 70 permits. The design of these forms shall meet the content requirements of 40 CFR Part 70.5 (c). The applicant must provide all necessary information for the evaluation and permitting of the source as required by the Control Officer in a timely manner including information required after the application is deemed complete. The application must meet all necessary requirements of 40 CFR 70.7.

b. Compliance with the requirements of 40 CFR 70.7 and 70.8 shall be required for any Authority to Construct, or a modifications of a Permit to Operate issued for new sources or facility modifications.

c. Within 30 calendar days of the receipt of a Part 70 Permit application, the Control Officer shall make a determination as to the completeness of the application. If no completeness determination has been made by the Control Officer within 60 calendar days of receipt of the application, the application shall be deemed complete by default. If the application is deemed incomplete, the Control Officer shall notify the applicant in writing within ten (10) calendar days of his determination. The notification shall state the

additional items or information needed to take final action on the permit. A completeness determination shall be required for all permit applications except for those addressing minor permit modifications including administrative.

- d. All new sources subject to Part 70 permitting must obtain an Authority to Construct prior to commencement of construction under Section 030.002 of the District regulations. A complete application for Authority to Construct/Permits to Operate must be submitted at least 12 months prior to commencement of operations.

Within 12 months of the receipt of a complete application, the Control Officer shall:

- 1) Issue an authority to construct or modification for the proposed operations; or
- 2) Deny the permit application or modification.

- e. If no objections from the EPA Administrator are received within the allotted 45-day review period, and all required 30 day affected state and public comment periods have been completed, the Control Officer shall take final action on any Authority to Construct or Permit Modification within 12 months of the receipt of a complete application. If, at the end of one year, the required review and comment periods have not been completed, final action on the permit shall be issued as soon as practical after these periods have been completed but no later than 18 months after a complete application has been received. A copy of all final permits shall be sent to EPA.

- f. The procedures for completeness review and processing shall be the same as specified under 40 CFR 70.5, for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance. If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under 40 CFR 70.5 and NRS 445B.215.

- g. Temporary location sources. The AQMD may issue a single permit authorizing emissions from similar operations by the same source owner or operator at multiple temporary locations. The operation must be temporary and involve at least one change of location during the term of the permit. No affected source shall be permitted as a temporary source. Permits for temporary sources shall include the following:

- 1) Conditions that will assure compliance with all applicable requirements at all authorized locations;
- 2) Requirements that the owner or operator notify the permitting authority at least 10 days in advance of each change in location; and
- 3) Conditions that assure compliance with all other provisions of this section.

- h. In accordance with 40 CFR Part 70.10, the EPA Administrator may supersede the District's Part 70 regulations and issue Part 70 permits as necessary.

3. FACILITY MODIFICATIONS

- a. INSIGNIFICANT MODIFICATIONS: Changes to the operation of sources may be made

without a permit revision if the changes comply with the provisions of 40 CFR 70.4 (b)(12)(i) through (iii) and Section 502 (b)(10).

b. ADMINISTRATIVE MODIFICATIONS: Administrative permit changes shall be for the purpose of:

- 1) Correcting typographical errors;
- 2) Identifying change in the name, address or phone number of any person identified in the permit;
- 3) Requiring more frequent monitoring or reporting by the permittee;
- 4) Allowing for a change in ownership or control, but only if a written agreement containing a specific date for transfer of permit responsibility, coverage and liability between the current and new permittee has been submitted and the Control Officer determines that no other change in the permit is necessary.

c. MINOR MODIFICATIONS: Minor permit changes shall be only for those permit modifications that:

- 1) Within 90 calendar days of the receipt of a complete application for a minor permit modification or 21 calendar days after the EPA Administrator has completed the 45-calendar day review period allowed for under 030.940 (D.5) (whichever is later), the Control Officer shall take one of the following actions:
 - i. Issue the permit modification as proposed;
 - ii. Deny the permit modification;
 - iii. Determine that the requested modification does not meet the minor permit modification requirement criteria and that it should be reviewed as a significant modification;
 - iv. Revise the Draft permit modification and transmit to the EPA Administrator the new proposed permit modification.
- 2) Do not violate any applicable requirement;
- 3) Do not involve any significant changes to existing monitoring, reporting or record keeping requirements in the permit;
- 4) Do not require or change a case-by-case determination of an emission limitation or other standard or a source-specific determination for temporary sources of ambient impacts, or a visibility or increment analysis;
- 5) Do not seek to establish or change a permit term or condition for which there is no corresponding underlying applicable requirement and that the source has assumed to avoid an applicable requirement to which the source would otherwise be subject. Such terms and conditions include:

under 030.920 (D.2), for new applications. The requirements for public, affected state and EPA notice shall be the same as for initial permit issuances. All procedures for EPA permit veto and public judicial appeal shall be the same as for initial permit issuance.

5. PUBLIC NOTICE:

Public notice shall be given of any Part 70 draft permit addressing an initial permit issuance or significant permit modification. Three such notices shall be made in a newspaper of general circulation within Washoe County in accordance with 40 CFR 70.5 and NRS 445B.215. At least 30 calendar days shall be allowed for public comment under such notifications. The public notice shall include the following:

- a. The name and address of the applicant and identification of the affected facility;
- b. The activities involved in the permit action;
- c. The emission changes involved in any permit modification;
- d. The address of the Washoe County Air Quality Management Division and the name and phone number of a person from whom additional information on the draft permit may be obtained, including copies of the draft permit, the application, reports on the basis of the permit conditions, and relevant supporting materials;
- e. A brief description of the procedures for making comment, including any deadlines for making such comment;
- f. A brief description of the procedures for requesting a Public Hearing on the draft permit or the date, time and location for such a hearing if one has been scheduled.

The Control Officer shall keep records of the commenter's and the issues raised during the public participation process.

The Control Officer shall grant a public hearing to address any germane objections made during the Part 70 application review process, upon request from the affected members of the general public. Any public hearing will be noticed at least 30 calendar days in advance.

6. PUBLIC HEARING:

The Control Officer shall hold at least one public hearing on an application for a part 70 permit. At such a public hearing, the applicant and members of the public may submit any information relating to the application and the air quality impacts of the proposed operations described in the application.

7. GENERAL PERMITS:

The control officer may, after notice and opportunity for public participation provided under 40 CFR 70.7(h), issue a general permit covering similar sources.

- a. Any general permit shall comply with all applicable Part 70 permit requirements and shall identify criteria by which sources may qualify for the general permit. For sources that qualify, the control officer will determine the conditions and terms of the general permit.

- b. As specified in the permit shield provisions of 40 CFR 70 (f), the source shall be subject to enforcement action for operation without a Part 70 permit if the source is later determined not to qualify for the conditions and terms of the general permit.
- c. General permits shall not be authorized for affected sources under the acid rain program unless otherwise provided in regulations promulgated under Title IV of the Act.
- d. Part 70 sources that would qualify for a general permit must apply to the control officer for coverage under the terms of the general permit or must apply for a Part 70 permit consistent with 40 CFR 70.5, and are exempt from a 30 day public comment period.
- e. The control officer may, in the general permit, provide for applications that deviate from the requirements of 40 CFR 70.5, provided that such applications meet the requirements of Title V of the Act, and include all information necessary to determine qualification for, and to assure compliance with, the general permit. Without repeating the public participation procedures required under 40 CFR 70.7(h), the control officer may grant a source's request for authorization to operate under a general permit, but such a grant shall not be a final permit action for purposes of judicial review.

8. APPEALS OF THE FINAL PERMIT:

- a. Any person may petition the EPA Administrator within 60 days after the expiration of the Administrator's 45 day review period. The objections must be based on grounds raised during the public comment process, unless it was impracticable to raise such objections or new grounds arise.
- b. The applicant or any person who participated in the public comment process may petition the District Board of Health concerning any final permit action within 30 days of such action. Such appeals will be heard first by the Air Pollution Control Hearing Board and shall be scheduled for hearing within 30 days after the appeal has been made. Any persons appealing final permit actions may submit their petitions to the District Court for judicial review after appeals to the Air Pollution Control Hearing Board and District Board of Health have been exhausted. Any appeal to District Court for judicial review must be made within 90 days of the final permit action as per Section 020.010 of the District regulations, unless it can be demonstrated that the petition is based solely on new grounds arising after the date for judicial review. Any appeal based on new grounds must be filed within 90 days after such new grounds arise.
- c. If the District fails to issue or deny a Part 70 permit within 18 months of the receipt of a complete application, this shall be treated as a final permit action solely to allow for judicial review by the applicant or any person who participated in the public comment process under Section D 6 of this rule.

9. PERMIT REOPENINGS

Part 70 permits may be reopened and revised by the Control Officer or the EPA Administrator. Procedures for reopening and revision shall be in accordance with 40 CFR 70.7 f and g

SECTION E - COMPLIANCE AND RECORDS: In addition to the requirements of 40 CFR 70.6, the following additional compliance and record requirements shall also apply:

1. RECORD REQUIREMENTS: All records required by Sections 030.900 1 through 4 shall be maintained at the site of the facility by the operator for a period of at least 5 years. All required records shall be provided to the Control Officer upon request.
2. COMPLIANCE DEMONSTRATIONS: The Control Officer may require the operator of a source to provide any applicable data to demonstrate compliance with the conditions of the Authority to Construct and/or Permit to Operate. Requested data must be provided in a timely manner, as specified by the Control Officer. Failure to provide this data constitutes a violation of the conditions of the Authority to Construct and/or Permit to Operate, and the affected source will be subject to a citation under these regulations, suspension of their Permit to Operate, or both.
3. PUBLIC NOTICE RECORDS: The Control Officer shall maintain all notice of decisions, any public notice issued, or comments received for a period of 5 years from the time of issuance or denial of any permit issued or denied under the requirements of Sections 030.900 1 through 4.
4. COMPLIANCE WITH OTHER RULES, LAWS AND STATUTES: Obtaining an Authority to Construct and/or a Permit to Operate shall not relieve any owner or operator of their responsibility to comply with applicable provisions of the Nevada State Implementation Plan and any other requirements under local, state, or federal law.

040.045

INCINERATOR BURNING ([Revised xx/xx/18](#))

~~The incinerator must incorporate a multiple chambered design or be of such design that the Control Officer declared it to be of equal efficiency.~~

~~A. Multiple chambered consists of three (3) or more refractory walls, interconnected by gas passage ports or ducts and employing adequate design parameters necessary for maximum combustion of the material to be burned. In addition, there shall be approved auxiliary burners in the primary and secondary combustion chambers, and an approved flue gas washer on all new installations providing the nearest property line is within 100 feet of the incinerator.~~

~~B. Multiple chambered pathological incinerator is any multiple chambered incinerator used to dispose of pathological wastes, wet garbage, or other high moisture content materials and must incorporate solid hearth construction, with drying shelves for wet wastes and auxiliary heating units to insure temperatures of 1400 degrees F to 1800 degrees F, for not less than 0.3 seconds.~~

Before constructing or operating any incinerator [within Washoe County](#) an Authorization to ~~Build and a Permit to Operate~~ [construct](#) must be obtained from the Control Officer.
(See Section 030).

~~040.050~~ **INCINERATOR EMISSIONS**

~~No person shall cause, suffer, allow or permit the discharge into the atmosphere from any multiple chambered incinerator, or approved incinerator, any visible air contaminants for a period or period aggregating more than one (1) minute in any one (1) hour which is:~~

~~A. As dark or darker in shade than that designated as No. 1 on the **Ringelmann Chart**; or~~

~~B. Of an opacity to or greater than an air contaminant designated as No. 1 on the **Ringelmann Chart**.~~

AIR POLLUTION STATIONARY SOURCE PLAN REVIEW FEE

The Air Pollution Stationary Source Plan review is required to demonstrate a new industrial source of air pollution will be in compliance with the health based ambient air quality standards for particulate matter, carbon monoxide, ozone, sulfur dioxide, nitrogen oxide, lead, and hydrogen sulfide.

The fee for an Air Pollution Stationary Source Plan review is based upon the time to review the plan to assess the need for an Air Quality Management Permit (dust, stationary source, asbestos, other) to evaluate available control measures and associated compliance with the Air Quality Management regulations, contact the responsible party via phone and/or on-site visit, and approve the plan with applicable conditions.

The average time spent by the Environmental Engineer II to conduct the reviews for a facility with a boiler is only one (1) hour, for a facility that emits less than 100 tons/year is eight (8) hours; for a facility which accepts synthetic operating limits to maintain emissions less than 100 tons/yr is 24 hours; for a facility that meets all the criteria to be issued a General Title V permit is 20 hours; and for a facility that emits 100 tons/year or more is 100 hours.

The average time spend by the OSS/Admin Secretary combo to conduct the reviews for a facility with a boiler is ten (10) minutes; for a facility that emits less than 100 tons/year is ten (10) minutes; for a facility which accepts synthetic operating limits to maintain emissions less than 100 tons/yr is ten (10) minutes; for a facility that meets all the criteria to be issued a General Title V permit is two (2) hours; and for a facility that emits 100 tons/year or more is eight (8) hours.

The computation of the Stationary Source Plan Review fees is as follows:

Personnel	Hourly Rate	# of Hours	Inspection	Cost	AQM Program Cost	Total Cost		
Environmental Engineer II	\$120.57	1.000	Boiler Only	\$ 120.57	\$ 12.68	\$ 133.25	\$	133.25
Admin Sec/OSS Combo	\$91.56	0.167	Boiler Only	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	151.00
						FY19 RTF at 4%, minimum \$1.00	\$	6.00
						Total Fee	\$	157.00
Environmental Engineer II	\$ 120.57	8.000	<100 tons/yr	\$ 964.54	\$ 101.45	\$ 1,065.99	\$	1,065.99
Admin Sec/OSS Combo	\$ 91.56	0.167	<100 tons/yr	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	1,083.00
						FY19 RTF at 4%, minimum \$1.00	\$	43.00
						Total Fee	\$	1,126.00
Environmental Engineer II	\$ 120.57	24.000	Synthetic Min	\$ 2,893.62	\$ 304.35	\$ 3,197.97	\$	3,197.97
Admin Sec/OSS Combo	\$ 91.56	0.167	Synthetic Min	\$ 15.26	\$ 2.11	\$ 17.37	\$	17.37
						Subtotal	\$	3,215.00
						FY19 RTF at 4%, minimum \$1.00	\$	129.00
						Total Fee	\$	3,344.00
Environmental Engineer II	\$ 120.57	20.000	>100 tons/yr	\$2,411.35	\$ 253.63	\$ 2,664.98	\$	2,664.98
Admin Sec/OSS Combo	\$ 91.56	2.000	>100 tons/yr	\$183.13	\$ 25.36	\$ 208.49	\$	208.49
						Subtotal	\$	2,873.00
						FY19 RTF not applied on Title V	\$	-
						Total Fee	\$	2,873.00
Environmental Engineer II	\$ 120.57	300.000	>100 tons/yr	\$ 36,170.24	\$ 300.00	\$ 36,170.24	\$	36,170.24
Admin Sec/OSS Combo	\$ 91.56	8.000	>100 tons/yr	\$ 732.51	\$ 8.00	\$ 740.51	\$	740.51
						Subtotal	\$	36,911.00
						FY19 RTF not applied on Title V	\$	-
						Total Fee	\$	36,911.00

Hourly Program Expense Rate \$ 12.68

Title V Hourly Program Expense Rate \$ 1.00 Quality Management

DD	_____	_____
DHO	_____	_____ <i>KD</i> _____

Staff Report
Board Meeting Date: October 25,
2018

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us

SUBJECT: Discussion and possible approval regarding the execution of an Interlocal Cooperative Agreement between the Nevada Department of Environmental Protection, the Washoe County District Board of Health and Truckee Meadows Water Authority for engineering design review of certain public water system infrastructure.

SUMMARY

The intent of the agreement is to delegate water project engineering plan review from the Washoe County Health District (District) to TMWA with audit and oversight functions by NDEP and the District. The primary regulatory framework that allows this process is NRS 445A.920 and NAC 445A.6669. This agreement will make the plan review process and oversight function for TMWA similar to the process for the Las Vegas Valley Water District.

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.
- 4. Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
- 6. Organizational Capacity:** Strengthen our workforce and increase operational capacity to support a growing population.

PREVIOUS ACTION

The Board has not taken previous action on this item. The Board has received updates on the work being conducted by NDEP, TMWA, and the District to negotiate this proposed interlocal agreement through the District Health Officer's monthly staff reports.

BACKGROUND

With the growth in the Reno/Sparks area increasing from very minimal to almost pre-recession rates, stakeholders in the Truckee Meadows have been seeking a more efficient regulatory process regarding water infrastructure approval for new water projects. In December of 2017, TMWA received a waiver for water project submittal to the District for distribution projects less than 500' in length. After discussions about further streamlining efforts, the stakeholders began to review Nevada Administrative Code in preparation to modify the code to match historical interpretations or to clarify certain requirements. That effort led to many workshops and meetings to revise NAC 445A, a chapter that had not seen substantial revisions in almost 20 years. After multiple agency, commission and legislative approvals, the NAC revisions went into effect in August 2018.

Subject: NDEP WCHD TMWA Interlocal Agreement

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During the same time in early 2018, TMWA staff began discussions with NDEP and the District to move towards an alternative review and oversight process for water projects that were submitted for review to TMWA prior to District review. After reviewing the Las Vegas Valley Water District's (LVVWD) use of NRS 445A.920(2) (*A public water system is not required to submit any plans and specifications if the addition or alteration complies with standards previously approved by the Division or the appropriate district board of health.*), TMWA staff requested to utilize the same process because TWMA's standards were reviewed and approved by NDEP and the District in 2011 with subsequent revisions and review/approval in 2014. Another subsequent revision was approved by the District in 2016.

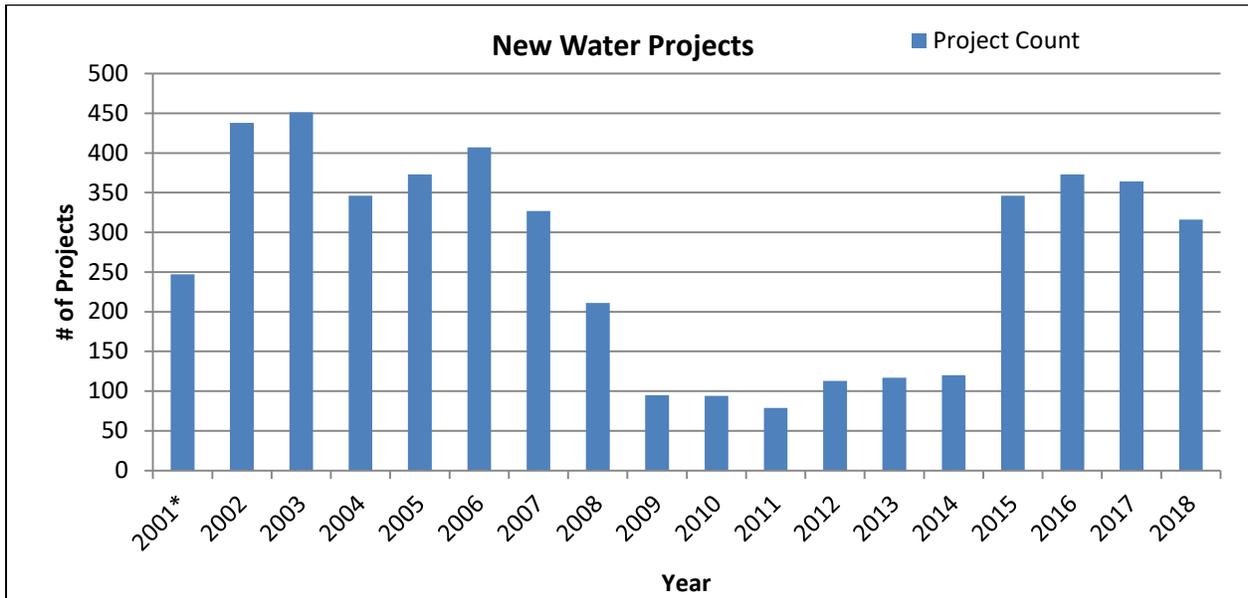
After further discussions with NDEP and the District, the parties agreed that an Interlocal Agreement (ILA) to govern roles and responsibilities would be the mechanism to move towards that process. Staff has been in negotiations regarding the ILA's provisions since spring of 2018. LVVWD has also been in discussions with NDEP about an Interlocal Agreement that would be very similar to TMWA's.

Under the terms of the agreement, TMWA will have authority for comprehensive review and approval of distribution infrastructure that falls under the scope of TMWA's Design and Construction Standards. For the purposes of this agreement the definition of distribution is pipelines 18" and less in diameter. Pressure Regulating Stations are included in distribution and TMWA's standards. TMWA will continue to submit water projects for transmission, booster pump stations, tanks, wells or treatment systems to the District for review.

The agreement requires a quarterly audit of not more than 15% of the projects approved by TMWA in the previous quarter. After the first year, the frequency or quantity of the audit can be reduced with concurrence by the NDEP and the District, but it will not be less than annually. There will be an annual update of current professional engineers, organization chart, O&M manual and cross connection control plan. There will also be a process for review of current planning processes, modeling and capacity analyses. NDEP and the District will meet after this annual update to review the effectiveness of the agreement. All Parties will meet with LVVWD and the Southern Nevada Health District twice annually to coordinate all aspects of plan review and current industry challenges and opportunities.

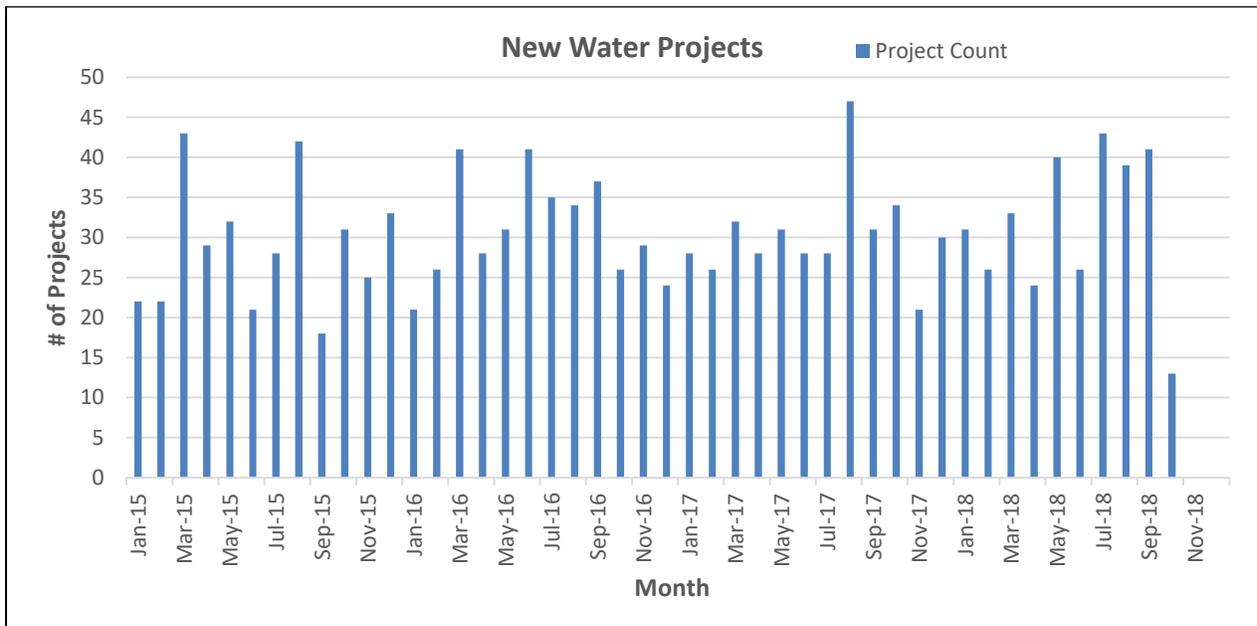
The District will invoice TMWA quarterly for reimbursement for the staff time required to perform the audit. Quantities of New Water Projects are shown below for reference. For the last 4 quarters (Oct. 2017-Sept. 2018), the water projects received by TMWA were 85, 90, 90 and 123 respectively. If those projects were approved in the same quarter, the audit would be for approximately 12, 13, 13 and 18 projects.

Water project counts have been up since 2015 and are similar to the numbers from 2004-2007. The chart below shows Water Projects received by TMWA through 10/8/18. These are indicative of all project types including commercial services, commercial main extensions, subdivisions, single residential services, etc.



*TMWA was formed on 6/11/2001, project counts are for the 6 months that TMWA existed.

Project counts have been fairly consistent with a small uptrend over the last 3.5 years. The chart below shows water projects received by TMWA on a monthly basis from 1/1/2015 through 10/8/18. These are indicative of all project types including commercial services, commercial main extensions, subdivisions, single residential services, etc.



Subject: NDEP WCHD TMWA Interlocal Agreement

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The agreement has been reviewed by TMWA's legal counsel, NDEP's legal counsel, and the District's legal counsel with concurrence to the most recent version. The TMWA Board took action during their October 17, 2018 meeting to approve the interlocal agreement. The NDEP Administrator has the authority to sign the agreement without approval from the State Environmental Commission.

FISCAL IMPACT

This agreement will reduce revenue received by the District from fees for water project review. The revenue from TMWA Water Projects received during FY 18 is estimated to be approximately \$81,000. The agreement provides for the District to invoice TMWA quarterly for reimbursement for the District staff time required to perform the audit of TMWA plan reviews.

RECOMMENDATION

Staff recommends the Board authorize the Chair to execute the Interlocal Agreement between TMWA, the Nevada Department of Environmental Protection (NDEP), the Washoe County District Board of Health (the District).

POSSIBLE MOTION

Should the Board agree with staff's recommendation, a possible motion would be, The Board authorizes the Chair to execute the Interlocal Agreement between TMWA, the Nevada Department of Environmental Protection (NDEP), the Washoe County District Board of Health (the District.)

INTERLOCAL COOPERATIVE AGREEMENT
BY AND BETWEEN

State of Nevada, Division of Environmental Protection
and
Washoe County District Board of Health
and
Truckee Meadows Water Authority
for
Engineering Design Review of Certain Public Water System Infrastructure

WHEREAS, NRS 277.110(2) provides that any two or more public agencies may enter into agreements with one another for joint or cooperative action under the provisions of NRS 277.080 to 277.170, inclusive;

WHEREAS, the Parties hereto are public agencies as defined in NRS 277.100(1)(a);

WHEREAS, it is the policy of this State to provide for water which is safe for drinking and other domestic purposes and thereby promote the public health and welfare. (NRS 445A.800)

WHEREAS, the Nevada Division of Environmental Protection (NDEP) is responsible for implementation of Nevada Revised Statutes (NRS) 445A.800 – 445A.955, inclusive, known as the Public Water Systems Law, and the regulations adopted by the State Environmental Commission pursuant thereto;

WHEREAS, the NDEP has been granted Primary Enforcement Responsibility (a.k.a. “Primacy”) by the United States Environmental Protection Agency (US EPA) for the Federal Safe Drinking Water Act at 42 U.S.C. §§300f et.seq., and federal regulations promulgated pursuant thereto;

WHEREAS, the NDEP has an obligation under Federal Primacy to show, “the establishment and maintenance of an activity to assure that the design and construction of new or substantially modified public water system facilities will be capable of compliance with the State primary drinking water regulations” (40 CFR §142.10(b)(5));

WHEREAS, the Washoe County District Board of Health (District) is responsible for enforcing the provisions of NRS 445A.800-445A.955, inclusive, per NRS 445A.925, and regulations adopted pursuant thereto;

WHEREAS, the District role under the Public Water Systems Law is set forth in NRS 445A; consequently, the District is a partner with NDEP in ensuring compliance with Nevada’s Primacy delegation from the US EPA. The District is obligated to perform certain activities for public water system compliance under a separate Interlocal Cooperative Agreement between NDEP and the District, including engineering plan review activities;

WHEREAS, the Truckee Meadows Water Authority (TMWA) is created pursuant to NRS 277 as a separate political subdivision of the State of Nevada to exercise the powers, privileges and authority of Reno, Sparks and Washoe County to own and operate a municipal water system. Among the powers conferred upon TMWA under the Cooperative Agreement is the express power to enter into Interlocal agreements.

WHEREAS, TMWA's municipal water system is also a Public Water System as defined by NRS 445A.235 and subject to compliance with the statutes and regulations applicable to Public Water Systems identified herein;

WHEREAS, the NDEP, the District and TMWA have additional responsibilities related to the Subdivision of Land in NRS 278.0155 – NRS 278.4965, inclusive, and Nevada Administrative Code (NAC) 278.010 – 278.530, inclusive;

WHEREAS, TMWA has a team of engineers, managers and support staff for reviewing engineering designs submitted by others for construction and dedication of water facilities into TMWA infrastructure;

WHEREAS, TMWA has design standards for plans and specifications known as the Truckee Meadows Water Authority Design and Construction Standards (NRS 445A.920.2), approved by the NDEP, addressing additions and alterations to TMWA's public water system. Any modifications to the standards are required to be reviewed and approved by the NDEP. The standards cannot be less stringent than State law;

WHEREAS, various statutes and regulations exist in the Public Water Systems Law and the Design, Construction, Operation and Maintenance regulations that provide for waivers from engineering design review and approval by the NDEP or the District, including but not limited to NRS 445A.920 and NAC 445A.6669;

WHEREAS, the Parties agree to work together in good faith using a collaborative approach to implement engineering design review of TMWA's public water system;

WHEREAS, this Agreement provides certain financial obligations between TMWA and the District; however, it does not provide for any financial obligation between NDEP and the District or NDEP and TMWA;

WHEREAS, this Agreement supersedes the December 4, 2017 letter, from the District to TMWA, waiving the requirement for submittal of a water project which involve the installation of 500 feet or less of the distribution system.

NOW, THEREFORE, in consideration of the foregoing recitals, which are fully incorporated into this agreement by this reference, the Parties mutually agree to the following terms and conditions contained within this Interlocal Agreement (Agreement).

I. BACKGROUND AND INTENT

The intent of the Agreement is to provide a more efficient process for engineering design review and approval by defining a project review management system that protects public health through design and construction of infrastructure that meets current federal, state and local design standards, while clearly delegating certain functions to TMWA.

The intent of this new process is to move away from current processes under which NDEP or the District review every water distribution infrastructure project approved by TMWA, to a system under which NDEP and the District have an oversight and audit function. Such an oversight structure will include certain reporting requirements, periodic co-review, periodic NDEP/ District audit of the TMWA program, meetings, and establishment of program improvement plans, should they be needed.

II. PURPOSE

The purpose of this Agreement is to formally establish a commitment by each signatory Party to make a collective effort to implement the review and approval of engineering design plans and specifications consistent with the authority provided in NRS 445A.920 and NAC 445A.6669 and delegate certain responsibilities to TMWA using the cited authority in NRS and NAC to make those delegations/waivers. In identifying the actions and responsibilities of each Party, this Agreement provides the framework for the successful implementation of Nevada's Design, Construction, Operation and Maintenance regulations (NAC 445A.65505 – 445A.6731), and the Subdivision of Land statutes (NRS 278.0155 – 278.4965, inclusive) and regulations (NAC 278.010 - 278.530, inclusive). This Agreement outlines goals, commitments and actions which the Parties agree to pursue in good faith. Inherent in the use of this agreement-based approach is the acknowledgement that implementation success is, in part, dependent upon the establishment of a process that cultivates trust, collaboration and cooperation among the Parties.

III. PARTIES & ROLES

- A. The *Parties* to this Agreement are the Nevada Division of Environmental Protection (NDEP), the Washoe County District Board of Health (District) and the Truckee Meadows Water Authority (TMWA). Herein, these entities in sum shall be collectively referred to as the *Parties*. Any singular entity may be referred to as a *Party*.
- B. The NDEP will maintain regulatory oversight responsibility under Nevada's federal Primary Enforcement Responsibility delegation (a.k.a. "Primacy") as the lead entity for implementation of NRS 445A.800-445A.955, inclusive. The NDEP will communicate, coordinate, and cooperate with the Parties when regulatory interpretations are made which affect the District's and TMWA's ability to perform engineering plan review, consistent with the State.
- C. The District will continue to fulfill its role under NRS 445A.925 as a partner with NDEP in implementing and enforcing the Public Water Systems Law under NDEP's Primacy delegation from the US EPA.

- D. TMWA shall have authority for comprehensive review and approval of engineering designs created by or for TMWA and by others, and other infrastructure related activities as referenced in item IV.B of this Agreement. TMWA will exercise this authority in accordance with NAC 445A.65505 to 445A.6731, inclusive, or the Truckee Meadows Water Authority Design and Construction Standards (TMWA Standards) and Backflow Prevention and Cross Connection Control Requirements, whichever is more stringent, and as they exist on the execution date of this Agreement subject to modifications in accordance with section V.A.1 of this Agreement, and as amended from time to time. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.
- E. The District will continue to review engineering designs created by or for TMWA for water projects consisting of transmission system components, pumping stations, reservoirs, wells, tanks, or treatment systems. For the purposes of this agreement, transmission system components are defined as pipelines greater than 18” in diameter and greater than 2,000 feet in length. TMWA will provide all inspection and testing of the construction of water facilities in accordance with approved plans and specifications.
- F. The Parties commit to cooperate in development and adaptive management of transparent programs, guidance and protocols necessary to track, report, evaluate and demonstrate compliance with NAC 445A.66615, which currently states:

The purposes of NAC 445A.65505 to 445A.6731, [the Design, Construction, Operation and Maintenance Regulations] inclusive, are to:

- 1. Provide the public with reasonable assurance that its water is satisfactory for consumption and for ablutionary and culinary purposes;*
- 2. Protect the public health and welfare by ensuring that water is developed, treated, stored and distributed in a safe manner;*
- 3. Ensure a reliable supply of water;*
- 4. Prevent the potential pollution or contamination of a public water system as a result of backpressure or backsiphonage;*
- 5. Provide for the use of components in a public water system that are designed and constructed in accordance with accepted engineering principles, standards and practices; and*
- 6. Protect the public investment in its infrastructure for the provision of water by public utilities.*

- G. The NDEP and the District retain all duties specifically assigned in the Subdivision of Land laws contained in NRS 278.0155 – NRS 278.4965, inclusive, and NAC 278.010 – 278.530, inclusive, including:
1. Tentative Map review and approval responsibilities, including the requirement for the District to report quarterly to NDEP which tentative subdivisions have been certified by the District (NRS 278.335);
 2. Assessment of the Tentative Map for the availability of water which meets applicable health standards and is sufficient in quantity for the reasonably foreseeable needs of the subdivision. (NRS 278.349) Such information, such as a letter of acknowledgement of water service, may be obtained from TMWA.
 3. TMWA shall ensure that appropriate easements for public utilities that provide water are included in approved Final Maps, except as otherwise provided by law. (NRS 278.372)

4. The NDEP or the District shall retain responsibility for certification of a Final Map indicating that it is approved concerning water quality and water supply facilities. (NRS 278.377 and NAC 278.310-278.320, inclusive)
5. The NDEP or the District (NAC 278.290) shall retain responsibility for review of a developer's plan for improvements for the purpose of determining adequacy of the plan with respect to sewage disposal for the area to be developed.
6. TMWA shall provide the District with access to Water Project plans so that the District can refer to them when reviewing subdivision maps. In correspondence related to the access of Water Project plans, TMWA must reference the appropriate regional permitting number, if one exists.

H. Subdivision Plan for Improvements:

1. The plan for improvements submitted by the developer showing systems of water supply shall be reviewed and approved by TMWA in accordance with Section III.D. of this Agreement and within the timeframe dictated by NAC 278.330.
2. If any changes are made to an approved plan for improvements, requirements of NAC 278.290 apply and shall be conducted by TMWA.
3. TMWA shall communicate with the NDEP and the District regarding approval of a plan for improvement, in order to permit those agencies to fulfill responsibilities for approval of a Final Map within the timeframe dictated by NAC 278.330.

I. Administrative review of action taken by TMWA (NAC 445A.66645):

In the event that a person (excluding NDEP or the District) who has reason to believe that an action taken by TMWA (pursuant to NAC 445A.65506 to 445A.6731, inclusive, as such authorities have been provided to TMWA herein), is incorrect or based on inadequate knowledge, they can initiate an administrative review. If a person requests administrative review of an action taken by TMWA, TMWA shall work with the aggrieved person to conduct an informal discussion with the TMWA employee responsible for the action and the immediate supervisor of the employee (NAC 445A.66645.2). If the informal discussion does not resolve the problem, TMWA shall advise the aggrieved person of their right to request an informal conference to review the matter by submitting a letter, within 10 days of the TMWA meeting, to the NDEP Bureau of Safe Drinking Water requesting a conference (NAC 445A.66645.3).

IV. COMMITMENTS & ACTIONS

The Parties hereby commit to implement the following actions, and abide by the following conditions:

A. NSF/ANSI Standards Review – NAC 445A.65825

TMWA will maintain a list of approved products for use in the TMWA distribution system that comply with NAC 445A.65825. If a product is not available, or is not the best choice for a particular design, and TMWA has received a request and demonstration for an alternate product that requires an engineering demonstration in accordance with State regulation, then, prior to approval by TMWA, review of the demonstration shall be coordinated with NDEP for concurrence. Upon concurrence, TMWA may approve the product.

B. Other Provisions and Authorities

1. Various provisions of approval by NDEP or the District exist within NAC 445A.65505 – 445A.6731. In order to be consistent with the intent of this Agreement, and in addition to other authority otherwise delegated in this Agreement, the following authorities of “the Division or the appropriate district board of health” are hereby delegated to TMWA.
 - a. 445A.66695 Application for approval of a water project
 - b. 445A.6671 Approval of a water project: Prerequisites; effective period; revocation
 - c. 445A.66715 Performance and inspection of work on water project; certification of substantial compliance with approved plans and specifications
 - d. 445A.6672 Existing systems: Minimum capacities; minimum pressure and velocity of water
 - e. 445A.66725 Existing systems: Determination of total capacity preparation, maintenance and dissemination of certain information, analyses, plans and reports
 - f. 445A.6674 Storage capacity
 - g. 445A.66745 Operating storage
 - h. 445A.6675 Emergency reserve
 - i. 445A.67115 Distribution system: Design; diameter of water mains, connection to fire hydrant
 - j. 445A.6712 Distribution system: Dead ends
 - k. 445A.67145 Distribution system: Construction
(excluding water mains proposed to be constructed “under structures or in or under bodies of water” which remain subject to approval by the NDEP or the District.)

C. Special Exceptions and Mitigations for Areas of Special Construction

1. TMWA shall review water projects which require the issuance and approval of a Special Exception as outlined in NAC 445A.6665 Special exceptions. Prior to approval by TMWA, Special Exceptions shall be coordinated with NDEP for concurrence, in order for NDEP to ensure statewide consistency. Upon concurrence, TMWA may issue the Special Exception.
2. NDEP will communicate approved Special Exceptions to local health districts with public water system oversight responsibility pursuant to NRS 445A.925.
3. TMWA may approve water projects that propose mitigation measures to comply with minimum requirements in NAC 445A.6715 - 445A.6718 (Separations and Crossings) based on the most current version of “Guidance for Areas Requiring Mitigation for Water and Sewer Separation” published on the NDEP website by the BSDW and any additional clarifying interpretations provided by NDEP.
 - a. Guidance location: <https://ndep.nv.gov/water/drinking-water/engineering-reviews>

D. Consolidation of Systems:

System consolidation plans and engineering designs shall be reviewed and approved by the District or NDEP. Following the consolidation of any water system into the TMWA Public Water System ID# NV0000190, TMWA will ensure the new addition to the TMWA Public Water System is managed consistent with conditions under the Agreement. TMWA will coordinate with NDEP to ensure the consolidated system is integrated correctly into PWS ID# NV0000190 in the Safe Drinking Water Information System (SDWIS). The Parties agree that in the event TMWA acquires the West Reno Water Company System (PWS ID # NV0000709), such system shall be subject to this Agreement upon

acquisition, and shall be considered a consolidation into the TMWA Public Water System upon physical connection to the TMWA Public Water System.

E. Exclusions:

1. NDEP and the District will not require TMWA to submit plans and specifications for projects of a maintenance or replacement nature. If the project modifies the pipeline replacement diameter by less than 50%, TMWA shall have the authority to make modifications in sizing. A modified pipeline diameter shall not exceed 18" without concurrence from the District or NDEP that the project can proceed as maintenance. If the project modifies the pipeline replacement diameter by more than 50%, TMWA shall request concurrence from the District or NDEP that the project can proceed as maintenance. TMWA must obtain approval from the District prior to relining or recoating of reservoirs or storage tanks.
2. This Agreement applies to the Truckee Meadows Water Authority PWS ID #NV0000190. The Agreement does not apply to the following list of stand-alone water systems, for which a complete water project submittal will continue to be required for any proposed construction:
 - a. Stampmill Estates PWS ID# NV0000801
 - b. Truckee Canyon PWS ID# NV0000978
 - c. Lightning W PWS ID# NV0000865
 - d. Old Washoe Estates PWS ID# NV0002526
 - e. Sunrise Estates PWS ID# NV0002525

This agreement may be amended to include a stand-alone water system after District review and approval of a Water Facility Plan for the system.

- F. TWMA will continue to provide the project applicant the approved TMWA water sheets, no water rights required letters and will serve letters for commercial plan review by the District.
- G. The Parties will meet twice per calendar year to discuss plan review challenges, solutions and related topics. These meetings shall be organized by NDEP with agenda items proposed by any Party. One of the meetings shall appropriately follow the Annual Program Audit after receipt of the TMWA information submitted by April 1st in section V.E below. Unless otherwise agreed to by the Parties, the meetings shall be held in coordination with the Las Vegas Valley Water District and the Southern Nevada Health District. Additional ad hoc meetings among the Parties can be called as necessary.

V. EVALUATION & CONTINGENCY

- A. Within the first 3 months of the Agreement TMWA will:
1. Provide NDEP and the District with updates to the Truckee Meadows Water Authority Design and Construction Standards for review, approval and incorporation into engineering plan review program implementation.
 2. Work with NDEP and District staff to schedule a joint review of two engineering project(s) containing distribution projects covered by this Agreement to ensure consistency in review.

3. Provide documentation on internal TMWA QC procedure(s) to ensure that the review is, at a minimum, consistent with NAC 445A requirements for Public Water Systems construction, NAC/NRS 278, as applicable, or the Truckee Meadows Water Authority Design and Construction Standards, whichever is more stringent.
- B. Within 30 days of the end of each quarter that this Agreement is in place, TMWA will provide the District with a list of projects approved by TMWA, from the previous quarter. District staff may randomly select not more than 15% of the applicable project(s) for audit. The quantity of reviews shall be representative of the different types of projects having been approved. TMWA will supply the District and NDEP with project documents for review and discussion to ensure ongoing consistency in review. After one year, NDEP and the District may choose to reduce the frequency or quantity of reviews, but in no case will it be less than annual.
1. Upon completion of the review, the District and NDEP will provide a joint letter that may include: concurrence with TMWA review of projects; comments on minor issues regarding TMWA review of projects for future reference; or comments on significant issues regarding TMWA review of projects that require a meeting with the District and NDEP to discuss discrepancies identified regarding such projects.
- C. In the event that a TMWA water project review is found to have not met the minimum standards as established by applicable portions of NAC 445A or NRS/NAC 278, TMWA will provide a plan within 30 days to the District and NDEP identifying strategies for program improvement to ensure compliance with regulatory standards within an appropriate timeline.
- D. In the event that a project that has been approved by TMWA under this Agreement, is constructed, and is found to be in violation of applicable portions of NAC 445A and/or NRS/NAC 278, and the construction deficiency has the potential to adversely impact public health, TMWA shall, as soon as practicable, consult with the District and NDEP regarding a proposed remedy. In no case shall the timeframe for consultation exceed 5 working days.
- E. Annual Program Audit by NDEP and the District
1. Each year, by or before April 1st, TMWA will provide (for NV0000190), or make available to NDEP and the District for review at TMWA's office, the following information with respect to TMWA Public Water System NV0000190:
 - a. A programmatic update identifying the professional engineers, and/or organization chart of TMWA staff, responsible for carrying out provisions in NAC 445A.65505 to NAC 445A.6731 and as required under NAC 445A.66705.
 - b. Copies of updated manuals of operations and maintenance and backflow/cross-connection control for the public water system (NAC 445A.6667 and NAC 445A.66105), as applicable, or notice that no updates were required.

- c. A detailed summary of all water projects approved, completed or under construction for the previous calendar year, with an accounting of the quantity of new connections, as of December 31st of the previous calendar year.
 - i. The annual reporting shall include detailed maps/GIS data depicting additions to the distribution system dedicated to TMWA as infrastructure of PWS ID#0000190;
 - ii. Maps/GIS data of water facilities in subdivisions approved, but not yet dedicated, to TMWA;
 - iii. The Parties will work on a records system compliant with NRS 239 and 239C. TMWA will maintain a record of as-builts drawings for all water projects completed including approval of alternate construction, showing compliance with NAC 445A.6715 - 445A.6718 (Separations and Crossings), or other applicable regulations;
 - iv. A list of extensions of time to construct allowed by NAC 445A.6671;
 - v. Maps/GIS data on consolidated infrastructure into PWS ID#0000190;
- d. TMWA will make staff available to meet with NDEP and District staff and run hydraulic models of interest to demonstrate the system's adequate flows and pressures, ensuring capacity by zone.

F. NDEP and the District will evaluate the performance of TMWA to make sure that the commitments set forth in this Agreement are in good faith being met, or whether there exist other causes preventing their performance. Evaluation will occur, at a minimum annually, but can be conducted more frequently. Upon completion of the evaluation, NDEP and the District will meet with TMWA and discuss the findings of the evaluation, including any issues that need to be addressed going forward to meet the goals set forth in the Agreement.

G. NDEP and the District will annually, during the 4th quarter of each calendar year, evaluate the effectiveness of this Agreement. If the Agreement is determined to be ineffective at achieving its intended purpose, NDEP and the District will consult with TMWA to determine the reasons for its ineffectiveness and develop recommendations for subsequent revisions to this Agreement. NDEP and/or the District may suspend or terminate the Agreement as provided in Section XIV.

VI. FUNDING

- A. The District will invoice TMWA, on a quarterly basis, an amount to recover the cost of staff time required to audit the TMWA processes as outlined in this agreement.
- B. This Agreement provides no financial obligation between NDEP and the District or NDEP and TMWA.

VII. DISPUTE RESOLUTION

- A. The Parties agree to work together in good faith to address and resolve any issues or dispute.
- B. The NDEP Administrator is the final decision-making authority for any dispute that is elevated to that level.

VIII. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of the Agreement, and to that end the provisions of this Agreement are declared to be severable.

IX. RESERVATION OF RIGHTS

- A. Except with respect to authority lawfully delegated to TMWA herein, nothing in this Agreement is intended to restrict the authority of any Party to act as provided by law, statute or regulation.
- B. This Agreement is not intended to, and does not create any right, benefit or trust responsibility by any party against the Parties to this Agreement, their respective agencies, officers, or any person.
- C. This Agreement is an internal agreement between the Parties and does not confer any right or benefit on any third person or party, private or public.

X. LIMITATIONS

Nothing in this Agreement shall be construed to require actions by the Parties which are inconsistent with local, State, or Federal laws and regulations or any court order.

XI. EXECUTION IN COUNTERPARTS

The Parties may execute this Agreement in counterparts, each of which is deemed an original and all of which constitute only one agreement.

XII. ALL WRITINGS CONTAINED HEREIN

This Agreement contains all the terms and conditions agreed upon by the Parties. No other understandings, oral or otherwise, regarding the subject matter of the Agreement shall be deemed to exist or to bind the Parties hereto.

XIII. TERM & UPDATE

This Agreement shall expire on December 31, 2023. It is anticipated that the Parties will review this Agreement no less than 180 days prior to expiration, and either: (1) amend and reissue; or (2) renew without changes for an additional period. If the Parties fail to approve and execute a renewal of this Agreement, with or without any amendments prior to the expiration date, then the Parties agree to adhere to the terms and conditions of this Agreement until a subsequent agreement is approved and executed by the Parties. If the

Parties fail to approve and execute a subsequent agreement within 6 months of the expiration date, this Agreement will terminate.

XIV. MODIFICATION, SUSPENSION OR TERMINATION

At any point during this term, the Agreement may be modified with the consent in writing of all signatory Parties. Modifications to the Agreement will not result in a change to or extension of the initial term (Section XIII) of this Agreement unless specifically agreed by the Parties.

If an audit of the TMWA program reveals a material deficiency in the engineering plan review program, or if discovered by other means, NDEP and/or the District can temporarily suspend TMWA's authority to independently review water distribution infrastructure projects pursuant to this Agreement. The suspension shall require written notification by the NDEP Administrator and/or the District Health Officer. Such suspension will include specific items for TMWA to address in order to reinstate the authorities provided in this Agreement.

This Interlocal Cooperative Agreement will be effective until modified with the consent of all Parties, or until expiration (See Section XIII. Term & Update) unless terminated earlier by any party. Any Party may terminate the Agreement at any time, with or without cause by giving 30 days written notice of termination to the other Parties. Termination of this Agreement initiated by the District will require action by the District Board of Health. Termination of this Agreement initiated by TMWA will require action by the TMWA Board.

XV. INDEMNIFICATION/LIMITATION OF LIABILITY

TMWA shall indemnify, hold harmless and defend, not excluding the others' right to participate, the other parties from and against all liability, claims, actions, damages, losses, and expenses, including but not limited to reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of the indemnifying party, its officers, employees and agents. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity, which would otherwise exist as to any party or person, described in this paragraph.

The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases.

XVI. SIGNATORIES

Each undersigned representative to this Agreement certifies that he or she is fully authorized by the Party whom he or she represents to enter into the terms and conditions of this Agreement and to execute and legally bind such Party to this document.

For the Nevada Division of Environmental Protection:

_____ Greg Lovato Administrator	Date	_____ Katie Armstrong Deputy Attorney General <i>Approved as to Form Only</i>	Date
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For the Washoe County District Board of Health:

_____ Kitty Jung Chair	Date
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For the Truckee Meadows Water Authority:

_____ Mark Foree General Manager	Date
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REMSA

**FRANCHISE COMPLIANCE
REPORT**

September 2018



**REMSA Accounts Receivable Summary
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected 35%
July	3982	\$4,876,285.40	\$1,224.58	\$1,224.58	\$ 428.60
August	4120	\$5,042,259.20	\$1,223.85	\$1,224.21	\$ 428.47
Totals	8102	\$9,918,545	\$1,224.21		
Allowed Average Bill for 7/1/18 - 12/31/18: \$1,218.08					

Year to Date: July 2018 through September 2019

COMPLIANCE			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-18	5 Minutes 48 Seconds	91%	97%
Aug-18	5 Minutes 52 Seconds	90%	95%
Sep-18	5 Minutes 47 Seconds	92%	97%

Year to Date: July 2018 through September 2019

Priority 1 System - Wide Avg. Response Time	Priority1 Zone A	Priority 1 Zones B,C,D
5 Minutes 10 Seconds	91%	96%

Year to Date: July 2018 through September 2019

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-18	P-1	5:14	6:02	7:45
	P-2	5:22	6:16	8:23
Aug-18	P-1	5:16	5:52	8:23
	P-2	5:23	6:12	8:12
Sep-18	P-1	5:06	6:00	7:51
	P-2	5:12	6:09	7:20

Year to Date: July 2018 through September 2019

Priority	Reno	Sparks	Washoe County
P-1	5:10	5:57	7:55
P2	5:17	6:11	7:56



**REMSA OCU INCIDENT DETAIL REPORT
PERIOD: 07/01/2018 THRU 09/30/2018**

CORRECTIONS REQUESTED					
Zone	Clock Start	Clock Stop	Unit	Response Time Original	Response Time Correct
Zone A	9/2/2018 16:48:55	9/2/2018 16:49:44	1N05	-00:00:07	0:00:49
Zone A	9/8/2018 10:50:22	9/8/2018 10:50:00	1M42	-00:00:06	0:00:16
Zone A	9/8/2018 18:24:17	9/8/2018 18:27:24	1C37	0:03:07	0:03:07
Zone A	9/9/2018 13:44:45	9/9/2018 13:50:42	1C34	0:05:57	0:05:57
Zone A	9/10/2018 14:08:34	9/10/2018 14:08:46	1N36	-00:00:01	0:00:12
Zone A	9/11/2018 10:35:30	9/11/2018 10:36:10	1C03	-00:00:15	0:00:40
OUT OF SERVICE AREA	9/15/2018 13:08:16	9/15/2018 13:18:15	1N43	0:09:59	0:09:59
Zone A	9/17/2018 23:55:06	9/17/2018 23:55:29	1C28	-00:00:05	0:00:23
Zone A	9/20/2018 18:20:27	9/20/2018 18:26:56	1C17	0:06:29	0:06:29
Zone A	9/22/2018 15:10:19	9/22/2018 15:13:52	1C33	0:03:33	0:03:33
Zone A	9/30/2018 14:36:51	9/30/2018 14:42:33	1C30	0:05:42	0:05:42

UGRADE REQUESTED						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
No Upgrades						

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
No Exemptions					



GROUND AMBULANCE OPERATIONS REPORT SEPTEMBER 2018

1. Overall Statics

- a) Total number of system responses: 6411
- b) Total number of responses in which no transports resulted: 2528
- c) Total number of System Transports (including transports to out of county): 3883

2. Call Classification

- a) Cardiopulmonary Arrests: 1.4 %
- b) Medical: 56.4%
- c) Obstetrics (OB): 0.6%
- d) Psychiatric/Behavioral: 8.9%
- e) Transfers: 13.0%
- f) Trauma – MVA: 8.2%
- g) Trauma – Non MVA: 6.1%
- h) Unknown: 5.4%

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: **1796**

Total number of above calls receiving QA Reviews: **537**

Percentage of charts reviewed from the above transports: **29%**



**REMSA EDUCATION
SEPTEMBER 2018 MONTHLY COURSE AND STUDENT REPORT**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	28	3	28	0	0
ACLS EP	1	7	1	7	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	1	0	1	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	15	70	5	51	10	19
ACLS S	3	7	0	0	3	7
AEMT	0	0	0	0		
BLS	56	279	16	75	40	204
BLS I	1	9	1	9	0	0
BLS R	30	102	24	72	6	30
BLS S	5	13	0	0	5	13
B-CON	1	9	1	9	0	0
CE	2	12	2	12	0	0
EMAPCT	0	0	0	0	0	0
EMPACT I	0	0	0	0	0	0
EMR	0	0	0	0		
EMR R	0	0	0	0		
EMS I	0	0	0	0		
EMT	0	0	0	0		
EMT R	0	0	0	0		
FF CPR	15	65	1	0	14	65
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	2	31	1	10	1	21
HS CPR	15	73	2	14	13	59
HS CPR FA	58	415	11	82	47	333
HS CPR FA S	4	13	1	0	3	13
HS CPR PFA	0	0	0	0	0	0
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	7	43	2	6	5	37
HS FA S	0	0	0	0	0	0



HS K-12 CPR AED	22	216	0	0	22	216
HS K-12 CPR, AED, FA	3	10	0	0	3	10
HS PFA	0	0	0	0	0	0
HS Primeros Auxilios, RCP y DEA	0	0	0	0	0	0
HS Spanish RCP y DEA	0	0	0	0	0	0
ITLS	0	0	0	0	0	0
ITLS A	0	0	0	0	0	0
ITLS I	0	0	0	0	0	0
ITLS P	0	0	0	0	0	0
ITLS R	0	0	0	0	0	0
ITLS S	0	0	0	0	0	0
Kid Care	1	16	1	16	0	0
PALS	3	14	2	11	1	3
PALS I	0	0	0	0	0	0
PALS R	5	23	2	18	3	5
PALS S	0	0	1	1	3	3
PEARS	0	0	0	0	0	0
PHTLS	1	2	1	2	0	0
PHTLS R	1	5	1	5	0	0
PM	0	0	0	0		
PM R	0	0	0	0		
Classes w/CPR		CPR Students		REMSA CPR		REMSA CPR
209		1202		55		259



COMMUNITY OUTREACH SEPTEMBER 2018

Point of Impact		
09/25/18-09/29/18	Child Passenger Safety Technician Certification training course. Ten (10) students attended and 9 passed the course.	3 Instructors, 1 Instructor Candidate, 1 Technician Assistant, 10 students.
09/29/18	Seat Check Saturday, in recognition of Child Passenger Safety Week, hosted by Old Navy at the Legends at Sparks Marina. Twenty-two (22) cars and 33 seats inspected.	15 Volunteers; 4 staff
09/01/18	Fifteen (15) office installation appointments; sixteen (16) cars and nineteen (15) seats inspected.	
Cribs for Kids/Community		
09/06/18-07/2018	C4K visited Las Vegas for training at Olive Crest for Train-the-Trainer.	Five (5) people trained
09/13/18	C4K participate in Northern NV Maternal Child Health Coalition.	
09/13/18	C4K participated in Statewide Safe Sleep Meeting.	
09/18/18	C4K participated in Safe Kids Coalition meeting in Northern Nevada Vision Zero Meeting (Pedestrian Safety).	
09/20/18-09/21/18	C4K visited Las Vegas for training at SNHD for REDCap (C4K database) system.	Five (5) People
09/22/18	Held booth @ Meadowood Mall/JCPenney Health and Safety event.	One hundred (100) participants stopped by
09/25/18-09/29/18	Participated as an Instruction teaching Child Safety Technician Certification class.	



REMSA

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Client 7299



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EMS System Report

July 1, 2018 to September 30, 2018

Your Score

95.57

Number of Your Patients in this Report

450

Number of Patients in this Report

19,753

Number of Transport Services in All EMS DB

148





Executive Summary

This report contains data from **450 REMSA** patients who returned a questionnaire between **07/01/2018** and **09/30/2018**.

The overall mean score for the standard questions was **95.57**; this is a difference of **2.77** points from the overall EMS database score of **92.80**.

The current score of **95.57** is a change of **1.61** points from last period's score of **93.96**. This was the **14th** highest overall score for all companies in the database.

You are ranked **4th** for comparably sized companies in the system.

87.39% of responses to standard questions had a rating of Very Good, the highest rating. **98.93%** of all responses were positive.

5 Highest Scores



5 Lowest Scores

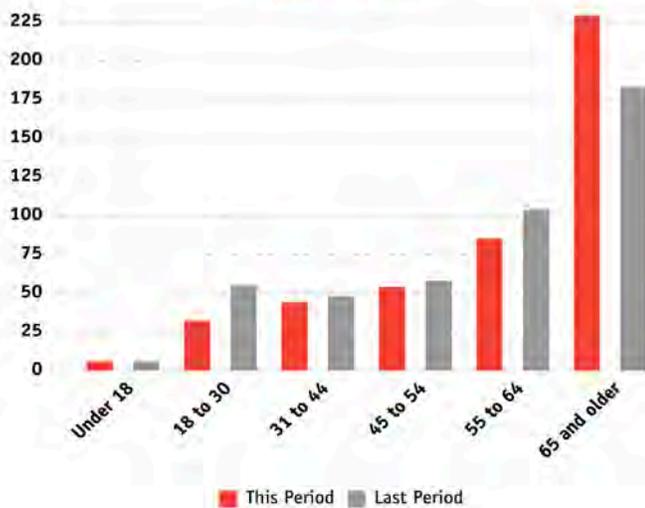


REMSA
July 1, 2018 to September 30, 2018

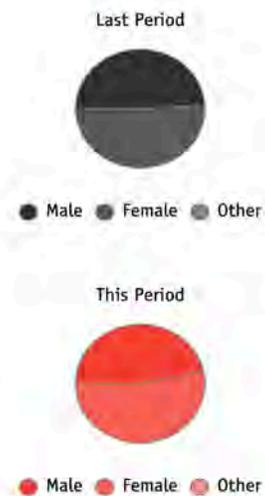
Demographics — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will approximate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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
Under 18	6	3	3	0	6	4	2	0
18 to 30	55	33	22	0	32	15	17	0
31 to 44	48	17	31	0	44	18	26	0
45 to 54	58	29	29	0	54	26	28	0
55 to 64	104	58	46	0	85	49	36	0
65 and older	183	83	100	0	229	97	132	0
Total	454	223	231	0	450	209	241	0

Age Ranges



Gender



REMSA
July 1, 2018 to September 30, 2018



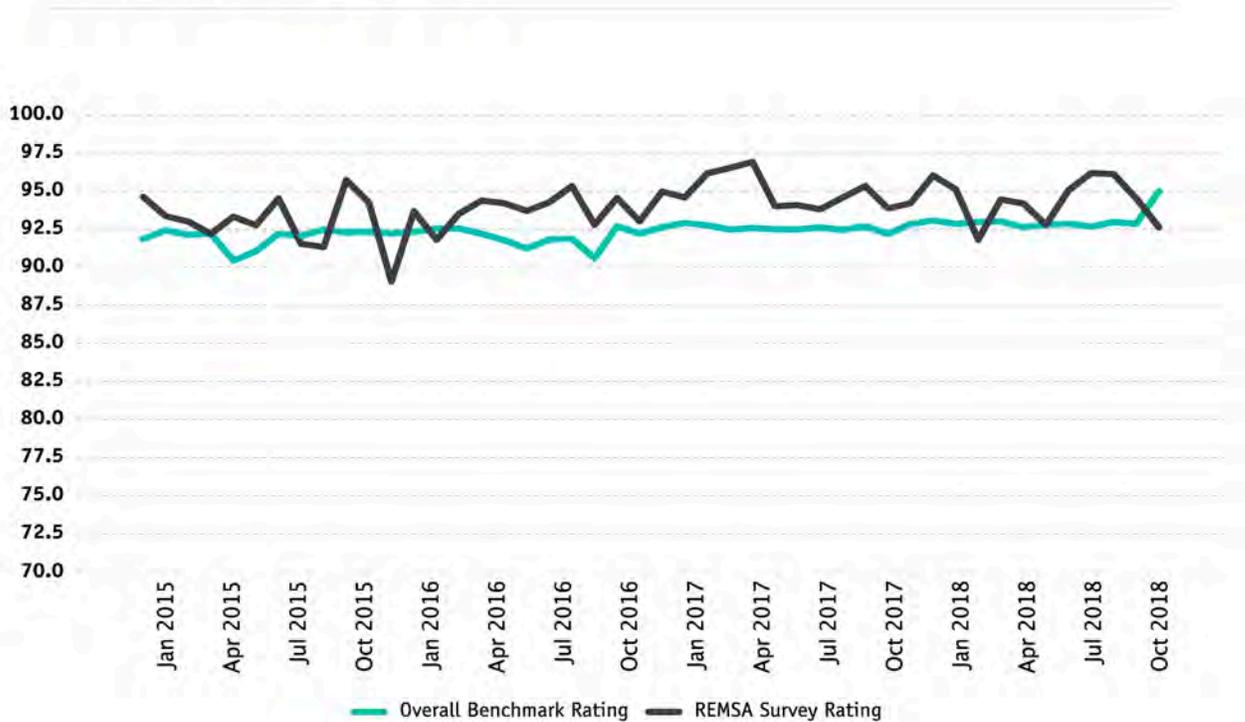
Monthly Breakdown

Below are the monthly responses that have been received for your service. It details the individual score for each question as well as the overall company score for that month.

	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018
Helpfulness of the person you called for ambulance service	93.13	90.58	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25	96.79	95.59	95.74
Extent to which you were told what to do until the ambulance	89.89	92.33	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05	98.61	94.15	96.59
Extent to which the ambulance arrived in a timely manner	95.44	92.37	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58	95.87	96.06	95.54
Cleanliness of the ambulance	99.09	96.82	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17	96.04	97.27	96.82
Skill of the person driving the ambulance	96.44	96.82	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17	96.88	96.46	95.21
Care shown by the medics who arrived with the ambulance	96.19	93.68	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51	96.95	95.84	94.64
Degree to which the medics took your problem seriously	95.90	93.59	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60	96.97	97.73	94.02
Degree to which the medics listened to you and/or your family	96.88	94.22	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04	95.93	96.41	93.51
Extent to which the medics kept you informed about your	92.75	92.56	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56	95.27	94.93	94.30
Extent to which medics included you in the treatment decisions	91.71	93.93	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54	94.35	95.76	93.65
Degree to which the medics relieved your pain or discomfort	90.17	86.22	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12	94.76	93.03	92.55
Medics' concern for your privacy	96.73	94.72	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00	97.04	97.50	95.33
Extent to which medics cared for you as a person	96.95	94.54	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74	96.02	96.20	94.67
Professionalism of the staff in our ambulance service billing	96.43	100.00	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08	94.79	95.72	94.79
Willingness of the staff in our billing office to address your	100.00	98.08	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08	94.57	94.86	92.71
How well did our staff work together to care for you	96.68	95.92	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52	97.24	96.44	95.90
Extent to which the services received were worth the fees	83.63	85.47	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88	91.22	95.45	87.19
Overall rating of the care provided by our Emergency Medical	95.94	94.97	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28	96.84	96.07	95.14
Likelihood of recommending this ambulance service to others	97.34	96.87	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37	96.83	96.93	95.05
Your Master Score	95.33	93.86	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04	96.18	96.11	94.52
Your Total Responses	150	150	150	150	150	150	150	150	153	151	150	150	150

REMSA
 July 1, 2018 to September 30, 2018 

Monthly tracking of Overall Survey Score





REMSA GROUND AMBULANCE SEPTEMBER 2018 CUSTOMER REPORT

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results after follow up
1	07/21/2018	"They took care of my pain right when they walked in the door to my house"		"They were really nice"		
2	07/21/2018	"Medics genuinely seemed to care and were skilled."	"Don't make assumptions about a pre-existing condition. Pt felt that even though he is HIV+ he was referred to several times as having AIDS. Repeated use of this term bothered the patient."		Selmi 10.4.18 ticket #6199	See follow up below
3	07/21/2018	"The staff was very professional during the transport."				
4	07/21/2018	"Pt's mother stated that the medics did not treat her son as a child but as the young adult that he is, and they also calmed his fears during this serious situation."				
5	07/21/2018	"The senior member was very well trained and coordinated and supervised well. The team had good communication and bedside manner."	"Do not ask how a patient contracted Hepatitis C, it is no one's business and has no bearing on the care being provided. Especially do not ask an intrusive and inappropriate question in a quiet room with others nearby."		Selmi 10.4.18 Ticket # 6200	See follow up below
6	07/19/2018	"I am still alive."				
7	07/22/2018		"ultra sound IV in ambulance"			
8	07/22/2018		"use smaller needles."			



9	07/22/2018	"They medics were very compassionate and ready to help."				
10	07/22/2018		"She expressed great concern over the treatment she received from the REMSA medics. She had called 911 in hopes to be heard by explaining her symptoms as she is a nurse. Medics were not compassionate but rather questioned whether she needed to be taken into the hospital. Her condition turned"		Selmi 10.4.18 Ticket#6201	See follow up below
11	07/22/2018	"we live way out and they were here way faster than I thought they would be and they were just great. I can't say enough good things about them"	"probably nothing can't think of a thing"			
12	07/23/2018		"I don't think you can do anything better- because they got here on time- it didn't take a long time after my daughter called 911"			
13	07/23/2018	"it was just a good experience for what it was"	"I can't think of anything"			
14	07/23/2018	"I just like that you guys are here of us old people- thank you very much"	"I think you are doing a good job- keep it up"			



15	07/23/2018	"the amount of time that they got here was great - they came right away- the police got here 1st but they were her every fast- took care of me needs- I thought they were very good"	"I can't think of anything I was very satisfied- I thought they were great"	"they were very good to me- my dog thought so too she was giving them all kisses ha-ha"		
16	07/23/2018	"They were wonderful and professional- they have taken care of me 3 times"				
17	07/23/2018	"the whole job was fine, they got me to the hospital pretty quickly"	"if you could have a way to carry the wheel chair in the ambulance that would be great"	"they didn't relieve my pain but they did help it as much as they could"		
18	07/24/2018	"well they took my blood pressure and they took the oxygen level in my blood and just talked to me- I told them I was a hard stick and they listened to that and said they would like the ER deal with that"				
19	07/24/2018	"ha-ha the overall experience was a 1 but you guys were great a 5"				
20	07/24/2018	"We live out in the middle of nowhere and they were here in no time. They really helped us out."				
21	07/24/2018	"they had to help me, because I couldn't breathe- so they gave me oxygen and took me to the hospital"		"I don't really remember what they were asking me"		
22	07/24/2018	"they put my mind a s ease"	"I don't know, they did a good, I don't know what else they could do"			



23	07/24/2018	"we were real satisfied- they've always treated us well."				
24	07/25/2018	"well they did figure out my knee"	"get more help for my pain and be informed better"	"well I still have a broken hand"	Selmi 10.4.18 Ticket #6202	See follow up below
25	07/25/2018	"I give them a 5, because they are also so good to me and very professional"				
26	07/25/2018	"they were really good to me. everything was satisfactory and I made it out"				
27	07/25/2018	"I'd have to say 5- they were very caring and professional"				
28	07/25/2018	"it was good- they've always been nice and always take good care of me and my husband"				
29	07/25/2018	"uhh the caring attitude and the type of care they gave me"	"can't think of a thing"	"it took meds to relive"		
30	07/26/2018	"overall whenever I have needed REMSA they have always been very good to me"				
31	07/26/2018	"they did everything they could"				
32	07/27/2018	"they took my vitals- I think they gave me an IV- gave me some meds, cause I was having a major heart attack- then said they were taking me to the hospital- I know that they saved my life that day- everyone from that day took good care of me- if it was for them I		"I'd say within minutes the pain went away- and I was getting ready to tell them to turn around, but I'm glad I didn't- they thought it was a major heart attack, but couldn't say for sure-		



		would be dead - they all get excellent marks and deserve raises"		so they wanted to take me in"		
33	07/27/2018	"I'm grateful for the level of care and how fast they responded"				
34	07/27/2018	"the care, I had to go to the bathroom- they pulled over so I could use the rest room at a store- when I needed water they had water for me and everything"	"nothing, they were excellent, well trained- they were very good- the drive was good and a smooth ride"	"if all the emts and rivers are like these two you got a good company"	Selmi 10.4.18 Ticket# 6205	See follow up below
35	07/28/2018	"my husband was really pleased with everything and how they took care of me"	"nothing I believe everything was done well and that everything went smooth"			
36	07/28/2018	"they were professional and got me to where I needed to be"	"charge what uber charges, because that was a better option for me- because it is literally ridiculous to travel 5 miles for over 1000 - I understand they need to be paid, and that they are professionals, but it comes out to 250 per mile and that is just crazy"			
37	07/28/2018	"they worked on me, gave an IV, and to me they did pretty well"	"nothing-"			
38	07/28/2018	"everything was good"				



39	07/28/2018	"I have no complaints, they were very professional"				
40	07/28/2018	"I think that for having never been in an ambulance before, and having a wife who's a doctor- all I can say is that it was a very professional group of people and that I felt very safe and I would recommend them to anyone"	"nothing, I want to give everyone 100% it was all great. It's also very nice to talk to a person over the phone instead of a robot- thank you for your call"	"for a person that was freaked out I felt very safe with your staff - PAY increases for everyone!!!"		
41	07/29/2018	"I think they started an IV on me"	"I don't know they were so professional in what they were doing and I was so thankful that they came and got me"			
42	07/29/2018	"they were very good, and treated me so well"				
43	07/29/2018	"oh, I'd give them about a 95% they did really well"				
44	07/30/2018	"I had a IV of water put in me- I had a dehydration problem, they did find- looked over me and asked me how I was doing"	"I don't think you could!"			
45	07/30/2018	"the care"	"I don't know what shape I was in- it's kind of basically like they showed up - I can't tell you what you could do better there's nothing a I had a complaint about"			
46	07/30/2018	"transferring me from the x-ray table and getting me in and out on the ambulance was done very well"	"I know there's always room to improve but I don't know what that would be- everything was"			



			excellent"			
47	07/31/2018	"they did a really good job. you know having to take an ambulance is never a good time- but they treated me very well and got me where I needed to go"				
48	07/31/2018	"I have always had excellent service- I've always have felt safe with them- I usually just need help getting off the floor so I never really end up going to the hospital"	"I can't think of anything"	"you guys do and excellent job- I never had anything great care from the ambulance and the EMTS"		
49	08/02/2018	"anytime I have had an experience with them they have always been very good. they always treat me well"	"I've never had a bad experience with them- I've had to have a lot done in order to get my body back- and all my experiences has been a really good experience with them"	"I don't have anything negative to say about them at all"		
50	08/01/2018	"I got a rookie once that was with the fire department- and he didn't have a good hand on how to put an IV but was still able to get it in"	"I wish it cost less - but you need to have all the supplies and all the training so I understand it-"	"Sometimes they start an IV and monitor my heart rate but the doctors mainly take care of the rest" "all the EMTS are great they usually take me to where I want to go- and keep me comfortable"		
51	08/01/2018	"well I can tell you this they were wonderful. I couldn't say enough good"				



		things about them"				
52	08/01/2018	"I've never had a bad experience with Rems, that have always been good to me"				
53	08/01/2018	"I had no problems"				
54	08/01/2018	"it was really good- I was in a lot of pain- I was put in the ambulance and it was effortless- I thought I would have been bounced around from one location to another. but they took care of me quickly and professionally"	"I can't think of anything"			
55	08/01/2018	"getting me into the ambulance itself it was very good"	"both times have been a 5"			
56	08/01/2018	"everything was done very well"				
57	08/01/2018	"they get a perfect 5- I have COPD and know my condition pretty well so they listen to me- most of the times it hard to do an IV, but they only tried once then let the hospital do it like I asked. overall they did a great job- from their professionalism to what I asked them to do- everything went very well"	"nothing, just show up like they always do- but I really don't think they could get any better- well maybe a TV in the bed ha-ha- but besides that everything was prefect"	"I just want to say thank the ambulance and to REMSA because they always do a good job. I'd say I'm looking forward to see you again, but that's just not the case ha-ha they have my blessings though thumbs up"		
58	08/01/2018	"they were very compassionate and kind to me"	"they did great no complaints- as long as the bill isn't high Hamah"			
59	08/02/2018	"they took me to the place"	"nothing- they did good- they were helpful everything good"			



60	08/02/2018	"Cared for me with concern, patience, and kindness"				
61	08/02/2018	"Getting me out of that closed in area without too much discomfort"		"I didn't have a lot of input to give"		
62	08/02/2018	"Everything"		"It was a broken shoulder"		
63	08/02/2018	"You guys did a great job"				
64	08/02/2018	"They came in with me and walked me through the ER and made sure I was taken care of first"				
65	08/02/2018	"Everything was superior"				
66	08/02/2018	"Talked through everything"				
67	08/03/2018	"Pt stated that the response time was amazing."				
68	08/03/2018	"Everything went really good. I didn't need much treatment."				
69	08/03/2018		"Did not know how do a needle stick. Get my child to the hospital."			
70	08/03/2018	"They medic was new and did an excellent job! Thank you!"				
71	08/03/2018	"They have always been wonderful to me."				
72	08/03/2018	"They were compassionate and understanding. I am ALIVE! THANK YOU!"				
73	08/04/2018	"They were fantastic."				
74	08/04/2018	"The care was amazing. Their response was right on time."		"5"		
75	08/04/2018		"Make it cheaper for ppl to afford."			



76	08/04/2018			"5"		
77	08/05/2018	"I was very happy with the care I received. I felt comfortable and the medics were very professional. I wasn't listened to when I asked to the VA hospital. I would like to gain an understanding as to why? I receive my benefits through the VA."	"Listen to the patient."			
78	08/05/2018	"Keep up the good work!"				
79	08/05/2018	"I can't fault them on anything!"				
80	08/05/2018	"They seemed to know what they were doing. They handled my situation perfectly."				
81	08/08/2018	"Really explained things really well. Listened to me"				
82	08/08/2018	"The whole operation went well. They answered my questions"				
83	08/09/2018	"I have been treated wonderfully. They do their job very well."				
84	08/10/2018	"They stopped administrating pain medication. No one addressed my pain."	"Don't pre-judge someone for taking pain medication. I was clumped into a group as if I was an addict."		Selmi 10.4.18 Ticket #6203	See follow up below
85	08/09/2018	"They were totally awesome!"				
86	08/10/2018	"All the personal that have ever come out to me have always been superb!"				
87	08/10/2018		"Be more in touch with Patients pain leave and the			



			severity of what they are experiencing."			
88	08/10/2018	"They saved my life! I thank them!"				
89	08/09/2018	"Everything went well. Thank you!"				
90	08/09/2018		"Make sure everyone takes every patient seriously."			
91	08/09/2018	"They were outstanding."	"Because they were so outstanding, I don't think there is anything they could do better."			
92	08/10/2018	"They medics were comforting and helpful."				
93	08/19/2018	"They got here quickly. The driver came and helped me down the steps"	"The medic was kind of rude."	"I generally like your service. The medic that was on there was kind of rude"	Selmi 10.4.18 Ticket#6204	See follow up below
94	08/19/2018	"Taking good care of me, helped me when I was scared and stressed. Made sure they got my purse. Very gentle with me"	"Don't charge so much"	"I didn't want to go, but they thought I should because I got sleepy and got off the freeway. I was so tired and stressed. I hit the sidewalk and the people behind me thought I would have been dead, so they called the ambulance. The ambulance told me I had to go"		



95	08/19/2018	"Everything was done very well"		"Two of the cops walked me to the ambulance. I was in full respiratory arrest by the time we got to the hospital"		
96	08/19/2018	"Kind of hard to put into words"	"Nothing that I can recommend"			
97	08/19/2018	"They took good care of me"				
98	08/20/2018			"The best IV I've had, didn't hurt and didn't leave a bruise!"		
99	08/20/2018	"They treated me with kindness and care. Made sure I didn't hurt"		"They did a great job"		
100	08/20/2018	"Their service"	"Just be here"			
101	08/20/2018	"Did a great job. Took care of her right away"				
102	08/21/2018	"everything!"	"maybe the billing processes"			
103	08/21/2018	"to be honest nothing"	"actually, listen to the patient."	"they didn't do anything"		
104	08/21/2018	"they listened to me- they gave me what I needed to take away some of the pain I was in- they got me to the hospital quickly and kept talking to me trying to keep me calm"	"absolutely nothing!"			
105	08/21/2018	"everything I guess"	"I don't have any answer"			
106	08/21/2018	"Yes, it was great. thank you for calling"	"nothing! everything was great! 10 out of 10"			



107	08/21/2018	"every time I've been with REMSA they have been great to me. a very professional service all the way thru"	"nothing! one time I thought my hip was coming out and the REMSA people contacted the hospital the hospital told them to give me a shot of something to get rid of the pain. they were just great- they had to cut my clothes off and they asked if they could- they asked me twice!!"	"I have nothing but praise"		
108	08/21/2018	"they always treat me really well"				
109	08/21/2018	"well everything they could- like transporting me- I had a cut under the butt check that had maggots- they did what they could"	"nothing I mean the last time was two days ago- I called them and treated it here is I mean I've already had my next time"	"I don't want to the blanks to count against them because they were wonderful. but there just wasn't anything they could do for me treatment wise."		
110	08/21/2018	"they were timely in arriving and got me to the hospital in a timely manner"	"umm I would say, maybe listen to the patient more"			
111	08/21/2018	"just that they were so wonderful and made me feel so comfortable- I went out so it was surprising to see them- but very professional and made me feel at ease"	"nothing! I just hope I don't need to ride in one again ha-ha and I mean that with all the love in the world"			
112	08/22/2018	"they did an excellent job, very professional, a very good job, and got me the meds I needed"	"I don't know- I had to help them get me into the gurney but we have a small house and a big bed, so I guess I have to give up something"			



113	08/22/2018	"they came in and checked his blood sugar"	"I was a little upset, because he had fainted and they had him walk by himself to the ambulance and he ended up falling again because no one was holding on to him. he ended up having two cuts on both shins. I wish they had been a little more educated with that."	"pain wasn't an issue"	Assigned 10.16.18 Jones Ticket # 6226	
114	08/22/2018	"they were really good. all the REMSA people are awesome and have always been. thank you."				
115	08/22/2018	"overall everyone was very professional and caring"	"nothing!"			
116	08/22/2018	"well they did everything very smoothly- they know their job and do it very well- very nice young men and know what they are doing! which it nice"	"I can't think of anything- it went so smoothly, they did everything very well. so no, they did a fine job"	"very well trained"		
117	08/22/2018	"The medics were very professional and understood what I was telling them. They listen to me and treated me like a person."		"good medics"		
118	08/22/2018	"well they I was having a hard time breathing and they helped me with that all the way to the hospital and even at the hospital for a little"	"umm I don't think there's much you could do better"			



119	08/22/2018	"they just took me to the hospital they did a good job"	"I don't know you guys are pretty great"			
120	08/22/2018	"they got there quickly and um the two medics worked well together- they were good with loading him into the ambulance"	"I wish they had done a EKG- because we didn't know what was happening but if we would know he had a heart attack and he would have treatment even faster. - looking back at it I sure wish they had. it would have changed his health today."		Assigned 10.16.18 Jones ticket # 6227	
121	08/22/2018	"got here in a timely fashion and take me to the hospital"	"I don't know- it was all great"			
122	08/23/2018	"just the general handling of me and getting me out of my chair"	"I think they did as well as what could be expected"			
123	08/23/2018		"They did okay. (I was confused by the person - surveyor)"			
124	08/23/2018	"everything was done really well. I had great service"	"I can't think of anything"			
125	08/23/2018	"They were really good"	"Everything was fine besides them going to the wrong hospital/ER and it being closed"			
126	08/23/2018	"they are really great- I would recommend them to anyone if they needed something like that"	"I really don't know, it does kind of get cold in the back but they do give me blankets when I ask"	"I would honestly give them a 15 ha-ha I'm serious!! they are great."		
127	08/24/2018	"other than needing a 2nd ambulance to come out to the house everything went fine. I had a great ride into town"	"they had to bring a 2nd ambulance to come out to get me out of the house because the 1st one didn't have what they needed"		Assign 10.16.18 Jones ticket# 6228	



128	08/24/2018	"they were comforting and professional. They made us feel like it was all good even though we felt like it was the end of the world- it was all good"	"I don't think there is anything you are all super stars"	"I grew up in reno and REMSA has always been here, I know some of the medics and the drivers and REMSA has always been 1st class. REMSA 1st class - put that in there"		
129	08/24/2018	"everything- from the time they got here, to the time they put me in the ambulance, to the time we left and got to the hospital- they were very helpful very professional, and caring. I'm team REMSA"	"I don't think there's anything they could do better ma'am- Like I said they have always been so good to me"	"I would recommend them to everybody" "I've had them twice, and like I said they have been great- I think they're amazing"		
130	08/24/2018	"They took care of business- got me on the teacher and right into the ambulance. When getting to the hospital the ER staff was ready for me- so I have to assume the medics did a great job contacting the hospital and getting them ready for me to come in"	"I'm not really aware of anything"	"they transferred me on to the stretcher and into the ambulance very quickly"		
131	09/01/2018	"You should teach the hospital staff on how to treat ppl. They did everything great!"				
132	09/01/2018	"They were perfect. they were good to me."				
133	09/02/2018	"Medics were thinking of both my wife myself. They were professional and very kind."				



134	09/03/2018	"Remsa is really good. They are always friendly. Best in town."				
135	09/02/2018	"RESMA is the fabulous Five! profession and compassionate."				
136	09/03/2018	"REMSA was so caring and wonderful!"				
137	09/03/2018	"Very nice to me and they worked to get me oxygen."				
#	RESULTS AFTER THE FOLLOW UP					
2	10/5/18 1602, Pt called back and he told me he really did not complain, he just said someone asked him how his AIDS was doing, he is HIV+ and he thought that was a little strange but not upset. 10/5/18 1332, left a message for the pt. I will have the crew complete occurrence reports ASAP.					
5	10/6/18 1428, unable to contact pt., cannot accept calls at this time 10/5/18 1303 attempted to contact the pt., Cannot accept calls at this time, tried number on the chart, spoke to a family member Christian who would give her the message to contact me. I will have the crew complete occurrence reports ASAP.					
24	10/5/18 1225, I was unable to contact the pt. not in service, I contacted billing they had a second number but it was disconnected. Chart attached, per the chart pt. was given Fentanyl 100mcg with pain improved.					
34	10/4/18 1538, I spoke to the pt., he was talking about the crew from Bishop that transported him to Reno, not REMSA. No further action.					
84	10/5/18 1122, I spoke to the pt., she was very nice. PT told the crew she wanted to go to the Urgent Care and the female asked her she just did not go, she did not like her tone and attitude. PT told her it was closed on Sunday. I apologized to PT and told her I would talk with the crew and we would be completing a report on her complaint. PT was happy I called her to follow up on her complaint. I will have crew complete an occurrence report ASAP.					
93	10/5/18 1201, I spoke to the pt. she was very nice and she thought the REMSA crew was great. PT told me she got 2 shots of pain meds in the ambulance, chart was documented with 2 doses of Morphine. The problem was at RRMC when she told them she takes oxycodone they would not give her anymore pain meds for her fractured right wrist and she became upset. I thanked her for taking the time to talk to me, again she thought the crew was great.					
10	9/12/18 1150, I spoke to the pt., she was very nice and told me because she is a RN she felt she should have had O2, IV with fluids and pain meds during her transport. She told me she had abdominal pain and really did not want to call 911 but the pain was so bad. She is scheduled to have surgery on her spleen. I apologized to her and told her I will talk to the crew and I would be filing a report. She thanked me for calling her. I will have both crew members complete occurrence reports ASAP.					



113	<p>Pt's wife and I spoke on the telephone. She was a good historian and detailed the events in question very well. She states the patient was unsupported while walking to the gurney outside the front door, and she didn't understand why a 78-year-old patient with near syncope (her words) would be asked to walk at all, let alone unattended. She also stated the patient had skin tears to both knees after the fall, not just to one knee as is noted in the narrative. I assured her I would follow up with the crew. I met with the paramedic on this call and advised him of the wife's concerns. He said the patient was offered assistance to the gurney but chose to walk unassisted. He stated FD and EMS were flanking the patient, and when the patient stepped out the front door, he tripped. Per the paramedic, he was caught and his fall was broken, and afterwards the patient was laughing and stated "I always trip on that step". I asked the paramedic why he would allow a 78 Y.O. patient to walk after a reported near syncope, he said the patient's vital signs were within normal limits and the patient asked to walk. He stated the fall was not due to dizziness or syncope. I asked why a supervisor was not notified or an occurrence report was not completed after the fall. He said the injuries were minor and he was unsure if it was necessary. I advised him to always contact a supervisor and complete an occurrence report with any type of patient injury.</p>
120	<p>The patient's wife informed me her husband was diagnosed with an MI after arriving at the hospital. I advised her that based on her husband's complaints of lower back pain and spasms, the crew would not have done an ECG. She stated she remembers her husband telling the crew his pain was mid-back, and she also stated he was sweaty on scene. She further stated she was not upset with our crew. She said the ER staff had difficulty making the diagnosis of MI due to the patient's atypical presentation. The paramedic on the call distinctly remembers the patient complained of low back pain, and that had he told her otherwise, she would have done a 12 lead. She also denied the patient was diaphoretic while in their care.</p>
127	<p>We did not send a second ambulance to this call. I think that the patient was confused and thought that the fire department was the ambulance.</p>



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Public Relations

Adam Heinz, Director of the Clinical Communications Center provided to KTVN News 2, an in-depth interview and demonstration of PulsePoint Respond - the app that alerts CPR- trained citizens to a cardiac emergency within one quarter mile. The segment was produced in September and aired in early October.



Community Relations

REMSA supported the American Heart Association Heart Walk with a team, a vendor booth and an in-kind ALS special event crew.



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September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Community Relations

REMSA continues to produce and post community health and safety video reminders. We backed the Pack with a reminder to celebrate UNR wins responsibly.



Internal Initiatives

As REMSA continues to process its 2018 Employee Survey results, a new internal publication was launched. *The Cornerstone*, which takes its name from REMSA's first Value, TEAM (Our employees are the cornerstone of our organization. We value their engagement and are committed to their safety, development and success.). The Cornerstone will publish periodically, as there are important Employee Survey workgroup and implementation updates to share.

Digital Initiatives

REMSA continues to post original content on remsahealth.com/news. The blog is a combination of news releases related to REMSA, highlights about REMSA's services and wellness, and health and safety information for the general public.

This month, blog content included:

- The expansion of Tyler Baker's role to include EMS/Special Events Coordinator
- Partnership with regional fire agencies to launch paramedic program
- How to back the Pack responsibly [with video]
- The announcement of Melanie Flores to the board of directors

September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Website referral sessions from social media have increased 497% year over year thanks to increased presence on multiple platforms. The increase in sessions can be attributed specifically to Facebook, LinkedIn, Yelp and Instagram.



Sessions via Social Referral: **497.06%**
203 vs 34

Facebook

Likes to-date: 2,726
Followers to-date: 2,742 +36 likes since August 2018
September posts: 32
September post comments: 82
September post shares: 113
September post reactions: 1.24k

Top 3 Posts by Reach

1. 2,038 people reached, 835 video views, 167 reactions, comments & share



Regional Emergency Medical Services Authority - REMSA
Published by Alan Tom · September 2 ·

Dawn Patrol from The Great Reno Balloon Race. Come say hi to our crews working the event all weekend.

00:25

Get More Likes, Comments and Shares
Boost this post for \$100 to reach up to 48,000 people.

2,038 People Reached	167 Engagements	144 Clicks	Boost Post
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74 reactions, 3 Comments, 17 Shares

Like Comment Share

3

September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

- 1,621 people reached, 149 reactions, comments & share

Regional Emergency Medical Services Authority - REMSA
 Published by KPS3 on September 18 at 9:03 AM

We'd like to congratulate Tyler Baker on being promoted to REMSA's EMS/Special Events Coordinator. He has more than nine years of experience with special event medical coverage and has become a vital part of our special events team.

Need special events medical coverage? Request coverage by filling out our form: <https://goo.gl/dMe7pZ>



REMSAHEALTH.COM
REMSA Promotes Tyler Baker to EMS/Special Events Coordinator | REMSA

Get More Likes, Comments and Shares
 Boost this post for \$100 to reach up to 48,000 people.

1,621	149	283	Boost Post
People Reached	Engagements	Clicks	

5 Comments 5 Shares

- 1,610 people reached, 34 reactions, comments & shares

Regional Emergency Medical Services Authority - REMSA
 Published by KPS3 on September 18 at 1:19 PM

What an unbelievable story about a man in Spokane, WA who saved an infant's life after he was alerted through the PulsePoint app that CPR was needed nearby.

Be a lifesaver in REMSA's community and download the PulsePoint app today. <https://www.pulsepoint.org/download/>



VIMEO.COM
Good Morning America
 GMA co-host Michael Strahan discusses Baby Nolan and the life-savnr...

Get More Likes, Comments and Shares
 Boost this post for \$100 to reach up to 48,000 people.

1,610	34	40	Boost Post
People Reached	Engagements	Clicks	

Althea Tusing, Lynn Duchrocher and 20 others
 1 Comment 6 Shares

September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

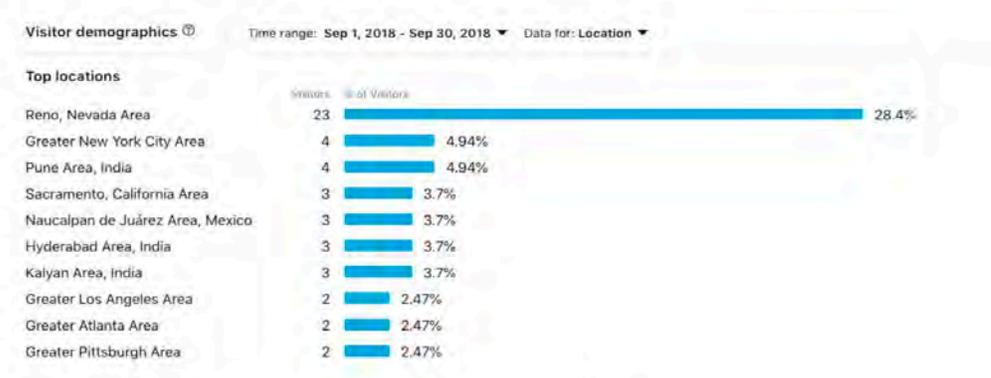
LinkedIn

Followers to-date: 957 +15 likes since August 2018
 September Posts: 6
 September Impressions: 1,699
 September Clicks: 123

Top Post by Impressions



Visitor Demographics by Region





September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Yelp

We claimed and optimized REMSA's Yelp page. The information on Yelp pages are used when people are using Siri Search on iPhones or trying to look up business information on Apple Maps. We have had 52 leads come from Yelp between November 2017-October 2018.



Customer Leads breakdown: November 2017 - October 2018

- 0 Mobile Check-ins
- 17 Mobile Calls
- 0 User Uploaded Photos
- 16 Directions & Map Views
- 19 Clicks to Your Website
- 0 Yelp Bookmarks
- 0 Deals Sold
- 0 Messages

The forecasted value on the current month is an estimate and will change as the month progresses.



September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Social Media Highlights

Google My Business

REMSA's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 month

Total actions 162



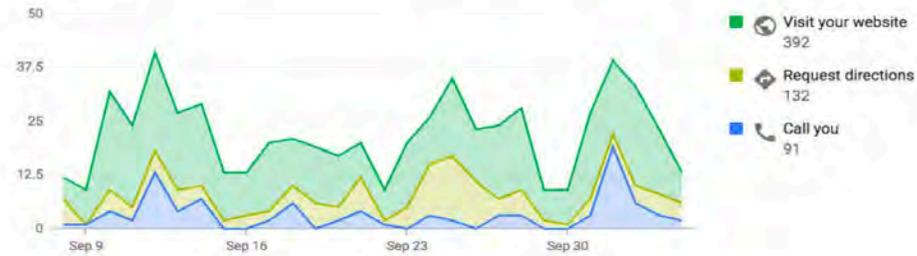
REMSA Education's Google My Business Insights

Customer actions

The most common actions that customers take on your listing

1 month

Total actions 615



September 2018 Public Relations + Digital Media Highlights Report

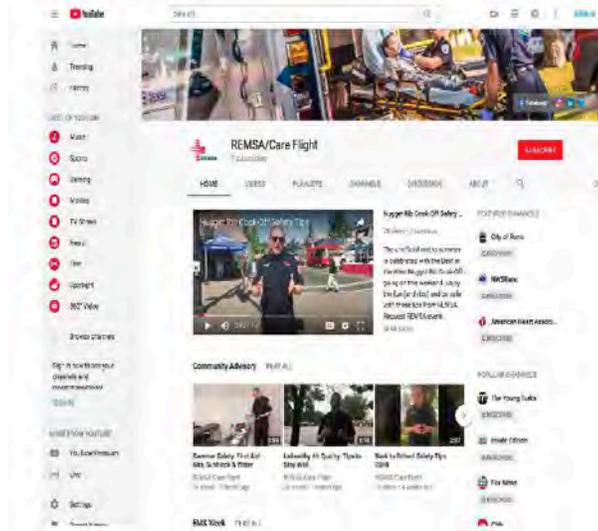
District Board of Health

Social Media Highlights

YouTube

REMSA launched a YouTube Channel and regularly posts videos about topical matters such as safe sleep practices, wellness tips for special populations and general safety information.

Followers to-date: 10



Google Analytics

We strategically make changes to the website to optimize our audiences' ability to find content on the REMSA site. We also add content to the website that people find interesting so that they stay longer on the website and want to look for more information.





September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

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

- Sessions: 18% increase year over year
- Users: 143% increase year over year
- Pageviews: 34% increase year over year
- Pages / Session: 14% increase year over year
- Avg. Session Duration: 24% decrease year over year
- Bounce Rate: 22% decrease year over year (a good thing!)

We will continue to work on creating content for the blog which will support increasing average session duration on site.

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

- 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.
- Direct traffic are users who directly type your URL or visit through a bookmarked mechanism. Direct traffic can be related to brand awareness, as well.
- Organic search is natural ranking determined by search engine algorithms that can be optimized throughout the year.

Sessions coming from direct traffic year over year in the month of September increased by 89% and referral sessions decreased by 60%. The decrease in referral sessions can be attributed to internal IP traffic being removed from the data in March 2018. By doing this, we can accurately measure how the community is using remsahealth.com. The bounce rate, which determines how many people visited the website without any interactions, decreased by 22% (a good thing!) and the average number of pages viewed increased by 14%. Organic search sessions increased by 267%.

Organic Traffic





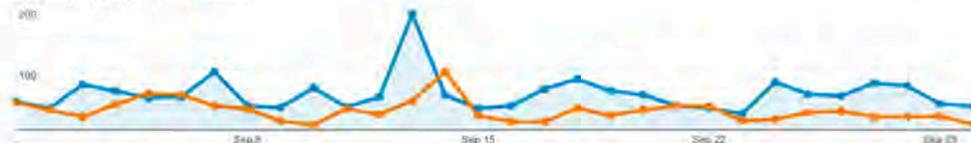
September 2018 Public Relations + Digital Media Highlights Report

District Board of Health

Google Analytics

Direct Traffic:

Sep 1, 2018 - Sep 30, 2018: Sessions
 Sep 1, 2017 - Sep 30, 2017: Sessions



Spike in traffic on Sept. 13 is from national drone coverage.

Sep 1, 2018 - Sep 30, 2018: Sessions
 Sep 1, 2017 - Sep 30, 2017: Sessions



Spike in traffic on Sept. 13 is from national drone coverage.

Top 3 Referral Sites:

1. REMSA Enrollware
2. Eastern Sierra Jamboree (<http://easternsierrajamboree.com/>)
3. Truckee Fire Protection District
 - a. <https://www.truckeefire.org/employment/> - has REMSA Paramedic Program link on landing page

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:
 - Flight Plan Membership form: 122 (-24 from August 2018) website visitors clicked the external link to fill out the Flight Plan Membership form
 - Silver Saver Membership: 60 (+6 from August 2018) website visitors clicked the external link to fill out the Silver Saver Membership form
 - Sierra Saver Membership: 21 (+4 from August 2018) website visitors clicked the external link to fill out the Sierra Saver Membership form
- Website visitors who clicked to pay their bill online: 238 (290 clicks in August 2018)
- Top 5 phone numbers that visitors clicked on:
 - 775-858-1000 - Nurse Health Line - 106 clicks
 - 775-858-5700 - Main Phone Number - 55 clicks
 - 775-353-0783 - EMT/AEMT Education - 15 clicks
 - 775-353-0739 - Billing-Private Insurance - 9 clicks
 - 775-353-0765 - Billing-Medicare/Medicaid - 6 clicks



**REMSA 2017- 2018 PENALTY FUND RECONCILIATION
AS OF AUGUST 30, 2018**

REMSA 2018-19 PENALTY FUND RECONCILIATION AS AUGUST 31, 2018

2018-19 Penalty Fund dollars accrued by month

Month	Amount
July 2018	\$7,899.78
August 2018	9,263.79
September 2018	
October 2018	
November 2018	
December 2018	
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
Total accrued as of 6/30/2019	\$17,163.57

2018-19 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted

Total encumbered as of 8/31/2018	\$0.00
Penalty Fund Balance at 8/31/2018	\$17,163.57



REMSA INQUIRIES

SEPTEMBER 2018

No inquiries for September 2018

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

STAFF REPORT
BOARD MEETING DATE: October 25, 2018

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

The Regional EMS Advisory Board (Board) held its quarterly meeting on October 4, 2018. Below is a summary of items discussed.

Prehospital Medical Advisory Committee (PMAC) Update: The Board heard a brief update by Dr. Michaelson regarding the September PMAC meeting to include a discussion on the POLST (Provider Orders for Life-Sustaining Treatment) forms and approval of a regional Continuous Quality Improvement program plan. (attached)

Updates to the EMSAB: The Board heard updates on several projects the EMS Oversight Program (Program) is working on, which included highlighting the implementation of the approved MCIP (Multi-Casualty Incident Plan) and Alpha Plans (effective October 1st), the MAEA (Mutual Aide Evacuation Annex) revision cycle beginning, the conclusion of the Nevada Governor’s Council on Development Disability grant and the training videos produced on responding to individuals with Intellectual/Developmental Disabilities.

The Program also discussed the projects that are currently impacted due to a lack of City of Reno data. During the April EMSAB meeting, the EMS Program was made aware of the unexpected absence of personnel responsible for submitting data for the City of Reno. On May 9 the EMS Statistician was made aware there is a challenge in the translational software program that houses Reno Fire Department’s RFD’s CAD (computer-aided design) data. Due to these technical issues and contractor involvement, RFD has not provided EMS data since January 2018. Due to the majority of EMS calls occurring in RFD’s jurisdiction, the EMS Program is currently unable to produce an annual report, update the heat map, and is unable to evaluate the PSA for appropriate uses of 911 campaigns. Manager Newby worked with Reno Fire Department to obtain more information and an estimated completion date. It is anticipated that the Program will begin receiving data within 60 days. (Memorandum attached)

CAD-to-CAD Interface Update:

The City of Reno Information Technology Director provided an update at the EMSAB as the project has experienced a significant delay:

- **Hardware installation:** The piece of hardware that allows the real-time transfer of data between Reno and REMSA has been configured and installed, and allows for data to seamlessly transfer between the two systems.

- There was a demo of the functionality on the 20th of September. During that demo it was found that the functionality that was requested by the agencies had not been correctly demonstrated and so the demo was halted and a review of the requirements was requested.
- The meeting to discuss the requirements was held on September 24th. Since the meeting, City of Reno has been in email correspondence with TriTech and Tiburon, and REMSA, to ensure that their requirements are correctly noted and now Tiburon and TriTech are going to go back and see what code they can partly leverage to create the functionality that had been requested.
- Basically some assumptions were made about the way REMSA and Reno would work together, those assumptions were incorrect, and so the code wasn't correct at the time of the demo. There is no ETA at this point, as they are still reviewing all of the requirements. Once there is an ETA, the EMS Program will be notified so the information can be disseminated to the Board.

Data Reports –Annual Trauma Data Report: The Board heard a presentation and approved for distribution the annual Washoe County Trauma Data Report. This report looks at traumatic injuries and provides some region-specific analysis. (attached)

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

Five-Year Strategic Plan: The Board was provided an update on projects ongoing with the strategic plan. Listed below are the highlighted items:

- The regional protocols went through the first revision cycle. Updated protocols were effective July 1st. The task force held its quarterly meeting on August 23rd to discuss changes made and future revisions. It was agreed that all changes will implement on an annual basis, unless a protocol is negatively impacting patient care.
- Regional subcommittee has concluded the majority of the work on implementing appropriate protocols for low acuity Priority 3 calls. The last item for discussion is law enforcement calls for medical clearance. (The final report is attached.)
- The region has begun the two year evaluation and revision to the Strategic Plan. A subcommittee comprised of members from both operations and dispatch has convened and is working monthly on validating current objectives and developing new objectives for years 2022-2023.

WASHOE COUNTY

CONTINUOUS QUALITY IMPROVEMENT PROGRAM

ALS Provider, Dispatch and Hospital Reporting Guidelines

Approved by PMAC 09.19.2018

This procedural document is designed to guide continuous quality improvement (CQI) processes and provide structure for the Washoe County Quality Improvement Program. The PMAC (Prehospital Medical Advisory Committee) can choose to change or update the requirements at any time.

The primary objective of the Prehospital Medical Advisory Committee (PMAC) is to maintain and improve the high quality of prehospital care in Washoe County through the evaluation of protocols, resolving conflicts between protocols, quality assurance activities, research, and by making recommendations to the Washoe County District Board of Health, the agencies providing prehospital care and the hospitals providing emergency care.

Quality improvement begins with the idea that all members of the system want it to function effectively and efficiently and are willing to regularly examine incidents to determine how to achieve this overarching goal. The Washoe County Quality Improvement Program (WC-CQI Program) guidelines provide the structure for the regional CQI process for Washoe County, outline the criteria for patient cases to be reviewed and provide guidance for regional protocol review.

Mission

The mission of the PMAC is to be the advocate for the local community and its associated Emergency Medical Services (EMS) catchment area through continuing to augment quality and suggest evidence based recommendations to our EMS Interlocal agency agreement providers, in order to optimize emergency medical services.

The mission of the WC-CQI Program, a subcommittee of PMAC, is to assure the safety and health of Washoe County residents and visitors by setting and reviewing standards; recommending training, outreach, and education; fostering regional partnerships; and encouraging continuous quality improvement in EMS care. The WC-CQI Program intends to be an ongoing system of evaluation and recommendations that encourages system performance enhancement.

Purpose and Authority

The purpose of the regional WC-CQI Program is to create a learning environment and to provide structure and future growth of our EMS system. All actions are dedicated to the continued advancement of quality emergency medical services in Washoe County. It is a no-blame environment with the objective of identifying improvement opportunities for comprehensive changes for the benefit of future calls for service.

The authority of the WC-CQI Program lies within the 5-year EMS Strategic Plan, Objective 5.2. The EMS Strategic Plan is a requirement of the Inter Local Agreement (ILA) for Emergency Medical Services Oversight. The ILA was established by five political jurisdictions within Washoe County: City of Reno, City of Sparks, Washoe County, District Board of Health, and the Washoe County Board of Fire Commissioners. The EMS Strategic plan was originally approved October 6, 2016, with an approved revision on October 5, 2017.

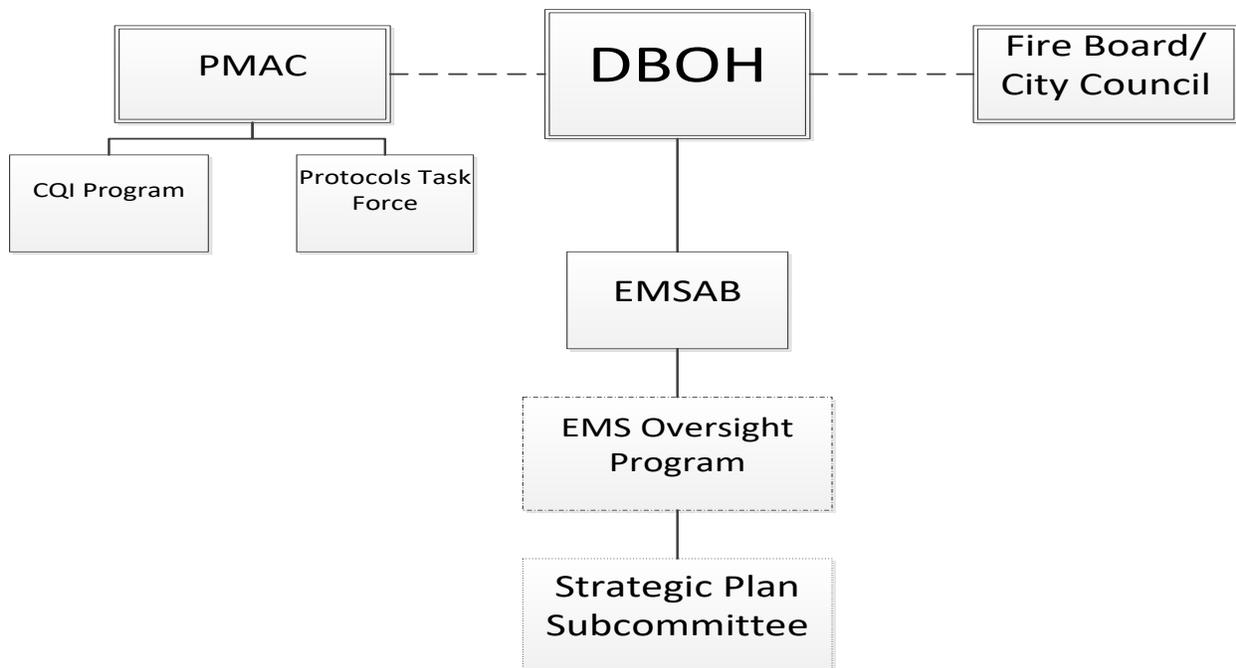
CQI Program Structure and Confidentiality

Members include individuals who are affiliated with PMAC. PMAC membership is comprised of the EMS agency Medical Directors, Emergency Department Physicians, Family Practice Physicians, and trauma Physicians. The EMS Oversight Program will provide personnel to administratively support the CQI program.

Additional participants in the CQI process might include agency personnel affiliated with fire/EMS agencies, dispatch personnel and/or hospitals. The participation of the additional personnel will be determined on a case by case basis, receiving approval from the PMAC chairman prior to the meeting. All information shared during these review meetings is confidential and cannot be used for any purpose other than the review itself. All team members, staff and case review participants will sign a confidentiality agreement annually. New participants will sign a confidentiality agreement at the beginning of the review meeting. The confidentiality agreement is attached in Appendix A of this document.

All documents affiliated with the CQI review will be provided at the meeting by the presenting agency/Medical Director, as well as, collected at the end of the meetings. All materials collected for the review will be destroyed with the exception of any data collection and the recommendations drafted through the review process. (The Washoe County EMS Oversight Program can be requested to compile and subsequently shred CQI documents.)

The CQI process will not be contained within the PMAC meeting minutes as the discussions are confidential. However, the Washoe County EMS Oversight Program will maintain the list of recommendations from the CQI process to be compiled in an annual CQI Report from PMAC to the regional EMS agencies.



Case Selection Criteria

The following components should be followed for selecting cases to present to the WC-CQI Program:

1. A regional protocol is requested to be reviewed; patient cases are utilized for research and review of protocol effectiveness.
 - a. The Medical Director or EMS agency would identify to PMAC or the Protocol Task Force the desire to review a specific protocol utilizing patient cases.
 - b. The EMS Oversight Program will coordinate with the PMAC Chair for scheduling and with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

2. The EMS agency (EMS Chief or his/her designee) identifies a case that would benefit from a regional quality review. Examples include rare patient case details or uncommon patient outcomes.
 - a. The agency would forward the information to their Medical Director for review, discussion, and/or approval to review by the WC-CQI Program.
 - b. The Medical Director will coordinate with the PMAC Chair for scheduling with the regional EMS agencies to ensure participation in the scheduled WC-CQI Program meeting.

Review Process

Patient case reviews can be presented by several different agencies within Washoe County. The following minimum details need to be included for a thoughtful discussion by PMAC and WC-CQI Program participants.

A packet should be provided for each attendee. The packet should include:

- Timeline for the call for service: PSAP through hospital arrival

- If hospital component is necessary, should include through hospital disposition
- Call summary to include relevant patient information such as age, physical capabilities, pre-existing conditions, etc.
- Applicable interventions/protocols utilized throughout call
- Patient case outcomes
- Internal agency QI information
- Reason why the case was selected for presentation to the WC-CQI Program

The patient case should be presented by either the Medical Director or the agency EMS Chief/Captain. The presenter should at no time identify the field providers affiliated with the case, rather utilizing verbiage such as “fire department staff” or “REMSA staff.” If appropriate, dispatch tapes may be considered for inclusion in presentation of the case. Since audio tapes are unable to be truly redacted, use of tapes should be minimal and audio reviewed should focus specifically on correspondence relevant to the CQI topic.

Improvement Recommendations

PMAC and WC-CQI Program participants will discuss the case and have the opportunity to question the presenter about the case. The presenter should identify areas for review, as identified through agency QI. Potentially, the presenter will have identified trends to discuss with the WC-CQI Program and PMAC.

The WC-CQI process could include recommendations of the following:

- Future data to be measured to validate and quantify the identified problem
- Analysis of data and symptoms of the problem to attempt to determine the root cause
- Recommendation of a plan of action through education, or protocol revision

Reevaluation

The outcome for each reviewed item will be reevaluated at the next WC-CQI meeting to determine if the solution was appropriate.

Meeting Schedule

Initially, the meetings will occur biannually, on the same dates as the currently scheduled PMAC meetings. The items to be reviewed will be presented and discussed among the WC-CQI members. Meetings may occur more frequently, if the determination is made that further review is necessary.

In addition, the team may meet once per year to review the overall findings and recommendations for inclusion in the annual report or to handle other non-review specific business. WC-CQI meetings are not subject to Nevada Open Meeting Law; however, meetings may be open to the public at the discretion of the team.

Annual Report

Annually, PMAC will create a report of the activities of the WC-CQI Program including the number of cases reviewed, team membership, and any findings or recommendations generated from the reviews. This report will be compiled by the PMAC Chair and the EMS Oversight Program and reviewed by members of the program.

The report will then be sent to the regional EMS agency Chiefs for review. In addition, PMAC may send recommendations for improvement to the EMS Advisory Board for review and possible action. Recommendations to Chiefs and EMS Advisory Board could include an update of regional protocols, inclusion of items in the strategic plan, training and educational recommendations, etc.

Appendix A: Confidentiality Agreement

Washoe County Continuous Quality Improvement Program Confidentiality Agreement

The purpose of the Washoe County Continuous Quality Improvement Program (WC-CQI Program) is to review selected cases within the EMS system. All information shared during case review is confidential and cannot be used for any purpose other than the review itself. As a condition of participation, the undersigned agrees to the following:

1. **SCOPE OF PARTICIPATION.** The undersigned may only share with the WC-CQI Program information concerning the patient who is the subject of a review and/or any other information pertinent to the review.

2. **TREATMENT OF INFORMATION SHARED; CONFIDENTIALITY.**
 - a. Any information shared by and between the WC-CQI Program and the undersigned is confidential.

 - b. The undersigned shall keep confidential all information, in whatever form, produced, prepared, observed or received through participation in the WC-CQI Program to the extent necessary to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the intent of the WC-CQI Program.

 - c. The undersigned shall return any materials received through participation in the WC-CQI Program to the extent necessary to comply with HIPAA guidelines and the intent of the WC-CQI Program.

 - d. Furthermore, participation in the WC-CQI activities by the undersigned is in reliance to the belief that every other member of the CQI team will similarly preserve the confidentiality of these activities.

 - e. The undersigned understands that all affected persons and agencies are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach thereof.

5. **EARLY TERMINATION.** Participation by the undersigned may be terminated by the PMAC Chair and/or the WC-CQI Program with or without cause prior to the conclusion of a case review. In the event of early termination, the provisions of paragraph (2) survive termination.

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

Participant [NAME] _____ :

Signature

Title/Agency

Date



RENO FIRE DEPARTMENT

MEMORANDUM

DATE: September 26, 2018

TO: Sabra Newby, City Manager

FROM: Steve Leighton, Operations Chief

SUBJECT: Fire Department Update on Providing Data to EMS Advisory Board

In the fall of 2016, the Reno Fire Department in conjunction with the City's IT Department updated its Zoll Fire Records Management System (RMS) from a City non-hosted environment to a Zoll hosted environment. Zoll RMS is the program that the Department uses to generate all of its response and detail statistics.

Due to the level and complexity of our data, the Zoll RMS program itself does not have the capability of generating these detailed reports and we had contracted with another outside vendor, My Fire Rules that gave us the flexibility to generate specific tailored reports, including the report that was provided to the EMS Advisory Board.

Unfortunately, in January of 2018, Zoll could no longer support the My Fire Rules vendor in the hosted environment, which meant that we could no longer provide the level of detail reporting needed for the EMS Advisory Board. At that time, we started working with Zoll in researching our alternatives for generating data that would fit our needs. Zoll provided us with three vendors that they refer agencies to that require in-depth detail reporting that they cannot provide. After meeting with these vendors, we contracted with BLD Consulting in July 2018. BLD Consulting will not only provide us with the reports we need, they will also teach various RFD staff members how to extract data from the Zoll hosted environment to satisfy specific data requests. As of this date, we are within 60 days of having our reports finalized for distribution.

As a side note, since this spring, we have been in constant communication with Heather Kerwin, Statistician, Washoe County Health District about our issues and delays in providing data and reports.

Please feel free to contact me if you have any additional questions or concerns.

Thank you.

WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

Washoe County 2017 Trauma Data Report

Published October 2018



Public Health
Prevent. Promote. Protect.

Thank you to the Nevada Division of Public and Behavioral Health for providing Nevada Trauma Registry data reported by Washoe County healthcare facilities.

For further reading, the American College of Surgeon's National Trauma Reports can be accessed at <https://www.facs.org/quality-programs/trauma/ntdb/docpub>

Questions regarding the Washoe County Trauma Report can be sent to the EMS Oversight Program email at EMSProgram@washoecounty.us

Traumatic Injury in the United States

According to the National Center for Health Statistics, injuries are the leading cause of death among persons 1 to 44 years of age, accounting for 59% of deaths in that age group in the United States. The majority of traumatic injuries do not result in death. However, non-fatal injuries often result in long-term impacts including mental, physical, and financial complications. For every fatality due to injury and violence there are 13 people hospitalized and another 135 people treated in an emergency room. In 2013, injury and violence resulted in a \$671 billion cost due to medical expenditures and work-loss related costs.¹

Injuries are categorized into three major types of injury. These categories are unintentional, intentional, and undetermined injuries. Falls and motor vehicle crashes account for the largest proportion of traumatic unintentional injuries, while homicide/assault and suicides are the leading causes of traumatic intentional injuries across the United States, as well as locally in Washoe County.

Reducing the risk of unintentional injury involves basic preventive mechanisms, such as following traffic safety laws and wearing seatbelts to reduce the likelihood and severity of injury due to motor vehicle accidents. Other methods of risk reduction include incorporating non-slip surfaces and hand railings into homes of elderly adults to reduce the likelihood of high impact falls.

Trauma Centers

There are two parts to identifying trauma centers in the United States, a designation process and a verification process. The designation of trauma centers is done at the state and local level and involves the jurisdictions identifying the criteria to categorize a facility as a trauma center. Trauma center verification is conducted by the American



Source: Centers for Disease Control and Prevention. Injury Prevention & Control, Key Injury and Violence Data.

¹ Centers for Disease Control and Prevention. Injury Prevention & Control. Key Injury and Violence Data. Accessed https://www.cdc.gov/injury/wisqars/overview/key_data.html

College of Surgeons (ACS), which confirms the resource capability of a facility in order to verify it as a Trauma Center.² Trauma Centers are classified into various Levels (Level I, II, III, IV, or V), based on the kinds of resources available in the facility and the number of patients admitted annually.³

Table 1: Trauma Center Levels & Capabilities	
Trauma Center Level	Capability
Level I	Total care for every aspect of injury from prevention through rehabilitation.
Level II	Initiate definitive care for all injured patients.
Level III	Prompt assessment, resuscitation, survey, intensive care, and stabilization of injured patients and emergency operations.
Level IV	Provide advanced trauma life support prior to transfer of patients to a higher level trauma center. Provide evaluation, stabilization, and diagnostics for injured patients.
Level V	Provide initial evaluation, stabilization and diagnostic capabilities and prepares patients for transfer to higher levels of care.

Nevada has one Level I Trauma Center, located in Las Vegas, an 8 hour drive south of Washoe County. Renown Regional Medical Center, located near downtown Reno, is designated as a Level II Trauma Center and is Northern Nevada’s only designated and verified Trauma Center. Renown Regional Medical Center receives trauma patients from across the northern part of Nevada, Northeastern California, and Southern Idaho. Patients that experience traumatic injury may arrive at a facility which is not a designated Trauma Center. Medical personnel make an informed decision as to whether a patient should be transferred to a designated Trauma Center in the region.

Trauma Data Registry

Hospital-based trauma registries provide the foundation for research and evaluation that is conducted to better assist clinicians and policy makers to positively impact patient outcomes. Having a well-defined and standardized set of variables is necessary to better understand and evaluate trauma patients.

The National Trauma Data Bank (NTDB) is the largest combined trauma registry in the United States with over 7 million records. Healthcare facilities across the nation submit data related to trauma patients to the NTDB including basic demographic information and other factors which categorize and help to describe traumatic injuries. The

² American College of Surgeons. Searching for Verified Trauma Centers. Accessed <https://www.facs.org/search/trauma-centers>

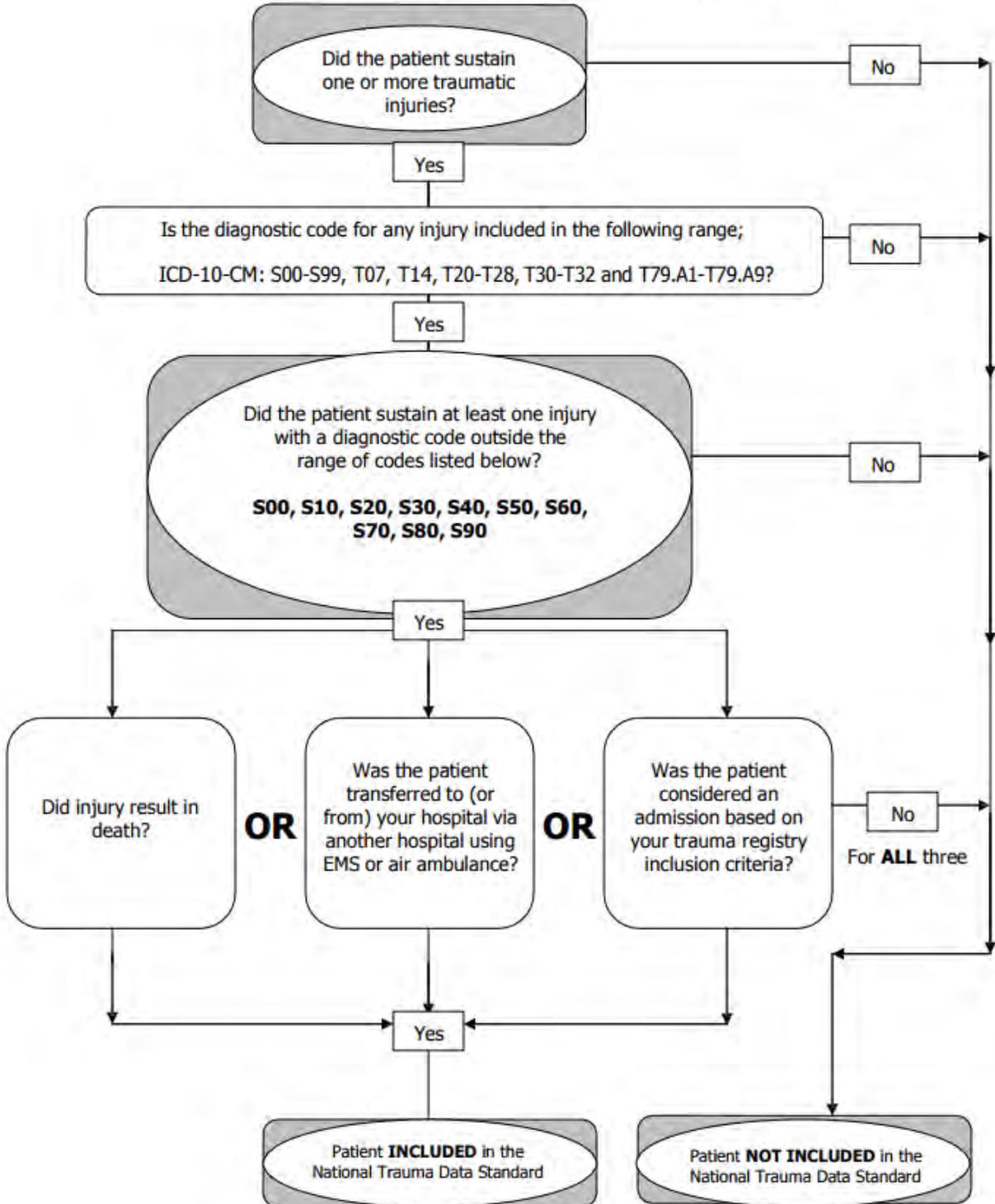
³ American Trauma Society. Trauma Center levels Explained, Designation vs Verification. Accessed <http://www.amtrauma.org>

National Trauma Data Standard (formerly known as the National Trauma Registry) defines a core set of variables to be captured and reported to the NTDB.⁴

The flow chart on page 5 illustrates the criteria a patient must meet in order to be reported to the Nevada Trauma Registry. A facility does not have to be a designated or verified Trauma Center to have the ability to report data on a patient experiencing traumatic injury. Trauma data are currently reported to the Nevada Trauma Registry by five healthcare facilities in Washoe County; Incline Village Community Hospital, Northern Nevada Medical Center, Renown Regional Medical Center, Renown South Meadows Medical Center, and Saint Mary's Regional Medical Center.

⁴ American College of Surgeons. What is the NTDS?. Accessed <https://www.facs.org/quality-programs/trauma/ntdb/ntds/about-ntds>

National Trauma Data Standard Inclusion Criteria



Adapted from American College of Surgeons. (2017). National Trauma Data Standard Data Dictionary 2018 Admissions. Available at: <https://www.facs.org/quality-programs/trauma/ntdb/ntds/data-dictionary>

Washoe County Trauma Data Analysis

The American College of Surgeons produces annual adult and pediatric trauma reports, which contain descriptive information about trauma patients, demographics and injury characteristics, and outcomes. The Washoe County Trauma Data Report contains analyses modeled from the 2016 National Trauma Data Bank Annual Report. These analyses are descriptive in nature and define Washoe County trauma patients in terms of age, sex, and race/ethnicity. The tables and figures also describe the epidemiology of traumatic injuries, including where and how injuries occur, as well as the severity of the injuries. These analyses are designed to explore the mechanisms of traumatic injury and help identify subgroups which might benefit from preventive educational messages aimed to reduce the risk of experiencing traumatic injury.

Limitations

- **Patients represented:** Any trauma patient admitted to an emergency room or hospital which reported patient data to the Nevada Trauma Registry is counted. This includes out of state and international visitors who may have experienced a traumatic injury in or near Washoe County.
- **Duplicates:** When a patient with traumatic injury arrives at a facility that is unable to provide the level of care warranted, the patient may be transferred to a facility which can provide a higher level of care. All of the standardized patient variables are entered into the Nevada Trauma registry by each facility that has seen the patient. Each patient entry is assigned a number by each facility and this number does not follow the patient from one facility to the next. The reported data are stripped of patient identifiers such as name. Therefore, duplicates are identifiable only if a record contains an identical date of birth, sex, and injury date.
- **Small numbers:** It was not feasible to replicate every analysis in the 2016 National Trauma Data Bank Annual Report. This was due to the relatively low number of traumatic injuries reported by Washoe County facilities each year.
- **Totals used for each table:** The numbers presented in each table may not add up to the complete number of trauma patients reported each year. This is due to missing or incomplete data and varies from table to table depending on the variables utilized for each analysis.
- **Transition from ICD-9-CM to ICD-10-CM:** October 1, 2015 signaled the transition from the ninth revision of the International Classification of Diseases and Clinical Modification to the tenth revision; however, Trauma Registry data

did not transition until calendar year 2017. Due to the change from ICD-9-CM to ICD-10-CM, not all tables and figures were able to be compared for trend analysis. See Table 2 for the detailed differences.

Table 2: Differences Between ICD-9-CM & ICD-10-CM Codes	
ICD-9-CM	ICD-10-CM
3 to 5 characters in length	3 to 7 characters in length
Approximately 13,000 codes	Approximately 68,000 current codes
First character may be alpha (E or V) or numeric; characters 2–5 are numeric	Character 1 is alpha; characters 2 and 3 are numeric; characters 4–7 are alpha or numeric
Limited space for new codes	New codes can be added
Limited code detail	Specific code detail
No laterality	Includes laterality

Source: Fantus, R.J. (2018). Bulletin: Annual Report 2017: ICD-10. The American College of Surgeons. Accessed <http://bulletin.facs.org/2018/01/annual-report-2017-icd-10>

Number & Rate of Traumatic Injuries

The number of patients with an injury classified as traumatic that were reported by Washoe County facilities increased from 2015 (n=1,765) to 2016 (n=2,154), however decreased in 2017 (n=1,841).

Table 3: Number & Rate of Trauma Incidents by Year, Washoe County, 2015-2017		
Year	Number of Incidents	Rate per 100,000 population
2015	1,765	400.44
2016	2,154	481.73
2017	1,841	407.14

Note: Population totals used to calculate rates per 100,000 population are based on Nevada Department of Taxation, Nevada State Demographer (2018).

Source: Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2017 to 2036 (<https://tax.nv.gov>).

Demographic Characteristics

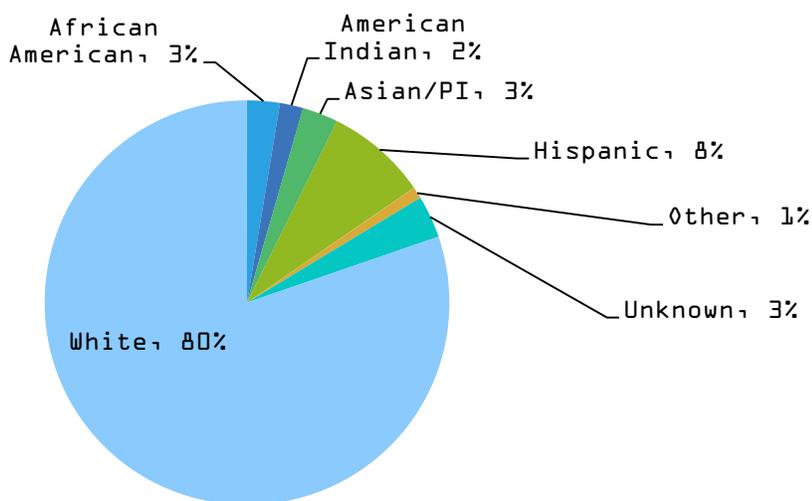
Males accounted for the majority (64.5%) of trauma patients in Washoe County during 2017, which was similar to the proportion of males during 2015-2016 (combined). In 2017, eight out of ten (80%) trauma patients were white, non-Hispanic. Hispanics of any race accounted for 8%, while 3% were African American, non-Hispanic, 3% were Asian/Pacific Islander, 2% were American Indian, 3% were of an unknown race/ethnicity, and 1% were an “other” race. The majority of trauma patients were between 25 and 64 years of age at the time of injury.

Table 4: Percent of Patients, by Sex & Age Group, Washoe County, 2017

Age	Number of Incidents	Male	Female	Unknown
0-4 years	20	1%	1%	0%
5-9 years	19	1%	1%	0%
10-14 years	41	2%	2%	0%
15-19 years	93	6%	3%	0%
20-24 years	134	9%	5%	0%
25-34 years	250	17%	6%	25%
35-44 years	174	12%	6%	0%
45-54 years	223	14%	9%	25%
55-64 years	289	14%	18%	25%
65-74 years	251	11%	18%	0%
75-84 years	207	8%	17%	0%
85+ years	140	4%	14%	25%
Total	1,841	1,188	649	4

- The majority of trauma patients in Washoe County were male (67.3%).
- The age groups from 25 to 64 years represented the largest proportion of male trauma patients.
- The age groups of 55 years and older represented the largest proportion of female patients.

Fig 1: Percent of Trauma Patients, by Race/Ethnicity, Washoe County, 2017



- The majority of trauma patients in Washoe County during 2017 were white, non-Hispanic (80%), followed by those identified as Hispanic of any race (8%).

Fig 2: Percent of Trauma Patients, by Age Group, 2015-2017, Washoe County

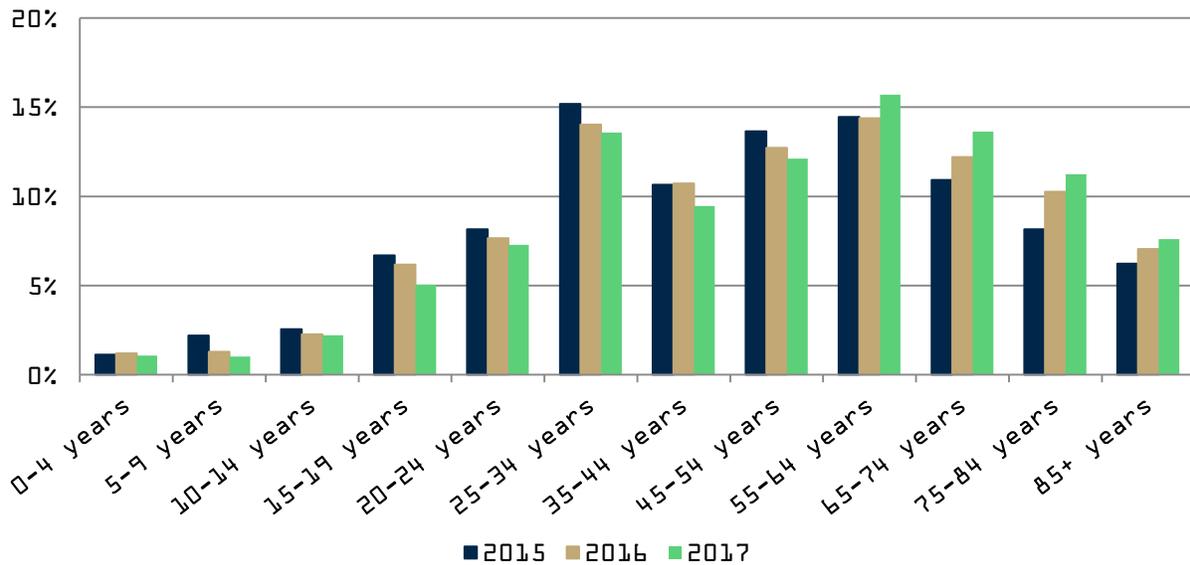


Table 5: Rate of Case Fatality by Age, Washoe County, 2017

Age Group	Number of Incidents	Percent of Incidents	Deaths	Case Fatality Rate*
0-4 years	20	1.1%	2	10.0
5-9 years	19	1.0%	0	0.0
10-14 years	41	2.2%	0	0.0
15-19 years	93	5.1%	8	8.6
20-24 years	134	7.3%	5	3.7
25-34 years	250	13.6%	13	5.2
35-44 years	174	9.5%	9	5.2
45-54 years	223	12.1%	7	3.1
55-64 years	289	15.7%	14	4.8
65-74 years	251	13.6%	22	8.8
75-84 years	207	11.2%	16	7.7
85+ years	140	7.6%	10	7.1
Total	1,841	100.0%	106	5.8

*Rate per 100 trauma patients

- In 2017, the highest case fatality rate occurred among those aged 0-4 years (10.0 per 100).

Injury Characteristics

Intent of Injury

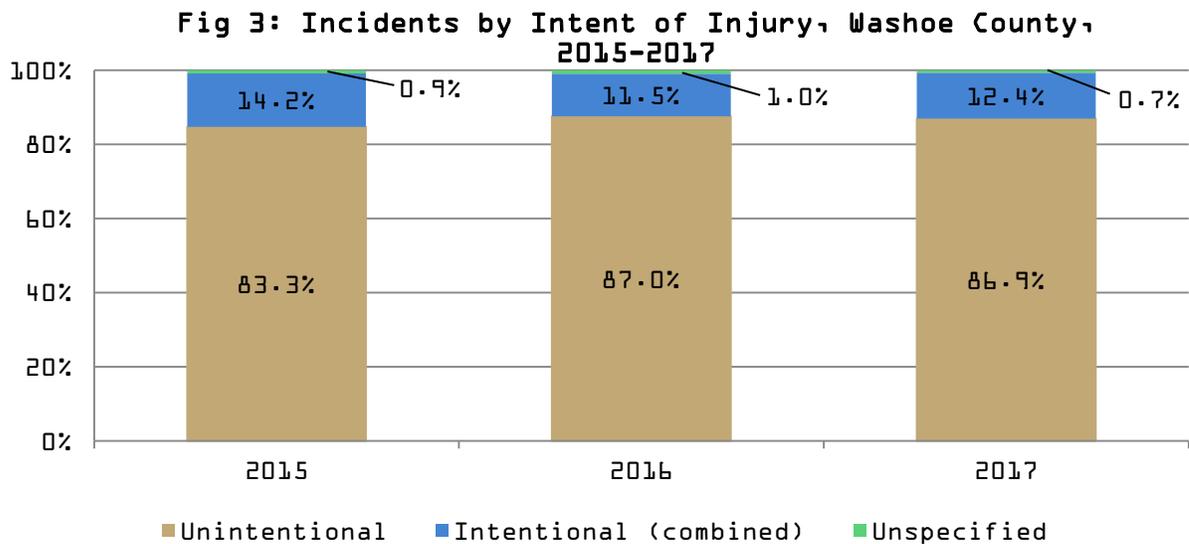
In 2017, unintentional injuries accounted for 86.9% of all traumatic injuries reported by Washoe County healthcare facilities. Intentional injury due to homicide/assault (9.2%), self-inflicted injury/suicide (2.8%), and legal interventions (0.4%) combined accounted for 12.4% of traumatic injury, while 0.7% of traumatic injuries were not classified as either intentional or unintentional.

Table 6: Incidents by Intent & Case Fatality, Washoe County, 2017

Type of Intent	Number	Percent	Deaths	Case Fatality Rate*
Unintentional	1,599	86.9%	80	5.0
Intentional (combined)	228	12.4%	24	10.5
<i>Homicide/Assault</i>	169	9.2%	9	5.3
<i>Legal Intervention</i>	7	0.4%	2	28.6
<i>Self-inflicted</i>	52	2.8%	13	25.0
Undetermined	13	0.7%	2	15.4
Missing	1	0.1%	0	0.0
Total	1,841	100%	106	5.8

*Rate per 100 trauma patients

- The case fatality rate in 2017 was highest among injuries due to legal intervention (28.6 per 100), followed by self-inflicted injuries (25.0 per 100).



- The intent of injury has remained relatively similar from 2015 to 2017, with unintentional injuries representing the majority of injuries across all three years.
- Intentional injuries accounted for more than one in ten traumatic injuries during 2015, 2016, and 2017.

Place of Injury

As of 2017, the Nevada Trauma Registry database captures place of injury through ICD 10 codes, which allows for detailed classification of the place of injury. Previous reports documented the place of injury into categories such as the street, in a home, during recreation, or in public buildings, farms, mines, or industrial locations. Nearly one in three (30.0%) injuries occurred in the street or highway, while another 29.5% of injuries occurred in a private residence.

Table 7: Detailed Place of Injury, Washoe County, 2017

Place of Injury	#	%
Airplane	1	0.1%
Ambulatory health service	3	0.2%
Athletic court/Field	59	3.2%
Bike path	1	0.1%
Farm	14	0.8%
Industrial/Construction	24	1.3%
Institutional residence - Hospital	2	0.1%
Institutional residence - Nursing home	38	2.1%
Institutional residence - Other	11	0.6%
Institutional residence - Prison	37	2.0%
Institutional residence – Military base	1	0.1%
Movie house	2	0.1%
Other non-institutional residence	8	0.4%
Other paved roadway	18	1.0%
Other specified place	28	1.5%
Parking lot	38	2.1%
Private commercial establishment	28	1.5%
Private residence	543	29.5%
Public building	8	0.4%
Recreation area	115	6.2%
Service area	45	2.4%
Sidewalk	30	1.6%
Street/Highway	552	30.0%
Unspecified place/NA	151	8.2%
Wilderness area	84	4.6%
Total	1,841	100%

Table 8: Rate of Fatality by Place of Injury, Washoe County, 2017

Place of Injury	Number	Percent	Deaths	Case Fatality Rate*
Roads/Sidewalk/Parking Lot	638	34.7%	50	7.8
Private/Non-institutional Residence	551	29.9%	42	7.6
Recreation/Wilderness	259	14.1%	3	1.2
Institutional Residence	89	4.8%	4	4.5
Other	115	6.2%	1	0.9
Farm/Industrial	38	2.1%	1	2.6
Unknown	151	8.2%	5	3.3
Total	1,841	100.0%	106	5.8

*Rate per 100 trauma patients

- The highest case fatality rates were among incidents on roads, sidewalks, or parking lots (7.8 per 100) and private, non-institutional residences (7.6 per 100) during 2017 in Washoe County.

Mechanism of Injury

Mechanism of injury was determined by the ICD-10-CM primary external cause code (e-code) reported as the factor that caused the injury event. Four in ten traumatic injuries in Washoe County (40.6%) were due to falls, the majority of which occurred in the home. The second highest contributing factor to traumatic injury in Washoe County involved motor vehicles (28.3%). In 2017, the highest case fatality rate was due to suffocation, followed by injury due to firearms [Table 9]. Those 20 to 54 years of age accounted for over half of the injuries due to motor vehicle accidents, while those 55 years of age and older represented more than half of the injuries due to falls.

Table 9: Incidents by Mechanism of Injury, Washoe County, 2017

Mechanism of Injury	Number	Percent	Number of Deaths	Case Fatality Rate*
Bite/Sting	10	0.5%	0	0.0
Cut/Pierce	104	5.6%	0	0.0
Drowning/Submersion	1	0.1%	0	0.0
Fall	748	40.6%	42	5.6
Fire/Burn	10	0.5%	0	0.0
Firearm	81	4.4%	19	23.5
Hot Object/Substance	2	0.1%	0	0.0
Machinery	9	0.5%	1	11.1
Motor Vehicle	521	28.3%	34	6.5
Natural/Environmental	13	0.7%	0	0.0
No E-code Listed	1	0.1%	0	0.0
Other Land Transport	94	5.1%	2	2.1
Other Specified, Classifiable	41	2.2%	0	0.0
Other Transport	10	0.5%	0	0.0
Overexertion	1	0.1%	0	0.0
Pedal Cyclist, Other	52	2.8%	1	1.9
Pedestrian, Other	20	1.1%	1	5.0
Struck by/Against	120	6.5%	3	2.5
Suffocation	3	0.2%	3	100.0
Total	1,841	85.5%	106	5.8

*Rate per 100 trauma patients

- The highest case fatality occurred among incidents involving suffocation (100.0 per 100), while incidents involving firearms had the second highest fatality rate (23.5 per 100).

Mechanism of Injury by Age Group

The following tables indicate the top three mechanisms of traumatic injury for each age group. Falls and motor vehicles were among the top two mechanisms of injury across all age groups, with the exception of those aged 15 to 19 years.

Table 10: Top 3 Mechanisms of Injury by Number of Incidents Among Youth 0-19 years, Washoe County, 2017

Rank	0-4 years	5-9 years	10-14 years	15-19 years
1	Fall	Fall	Motor Vehicle	Motor Vehicle
2	Motor Vehicle	Motor Vehicle	Fall	Firearm
3	~	~	Struck by/Against	Fall & Other Land Transport

Note: ~ fewer than 3 incidents occurring, due to small numbers not ranked.

Table 11: Top 3 Mechanisms of Injury by Number of Incidents Among Adults 20-54 years, Washoe County, 2017

Rank	20-24 years	25-34 years	35-44 years	45-54 years
1	Motor Vehicle	Motor Vehicle	Motor Vehicle	Motor Vehicle
2	Fall	Fall	Fall	Fall
3	Firearm	Cut/Pierce	Cut/Pierce & Struck by /Against	Cut/Pierce & Struck by /Against

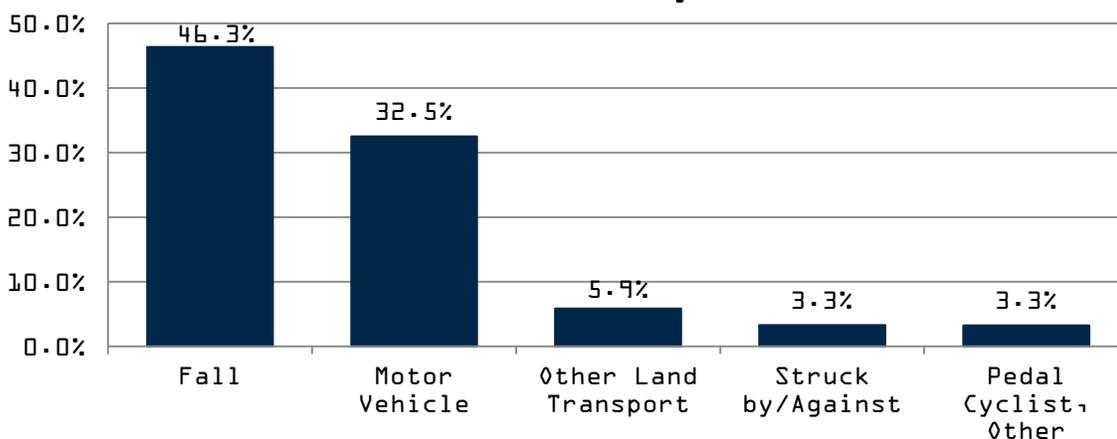
Table 12: Top 3 Mechanisms of Injury by Number of Incidents Among Adults 55+ years, Washoe County, 2017

Rank	55-64 years	65-74 years	75-84 years	85+ years
1	Fall	Fall	Fall	Fall
2	Motor Vehicle	Motor Vehicle	Motor Vehicle	Motor Vehicle
3	Other Land Transport	Struck by /Against	Struck by /Against	Cut/Pierce & Struck by /Against

Mechanism of Injury by Intent

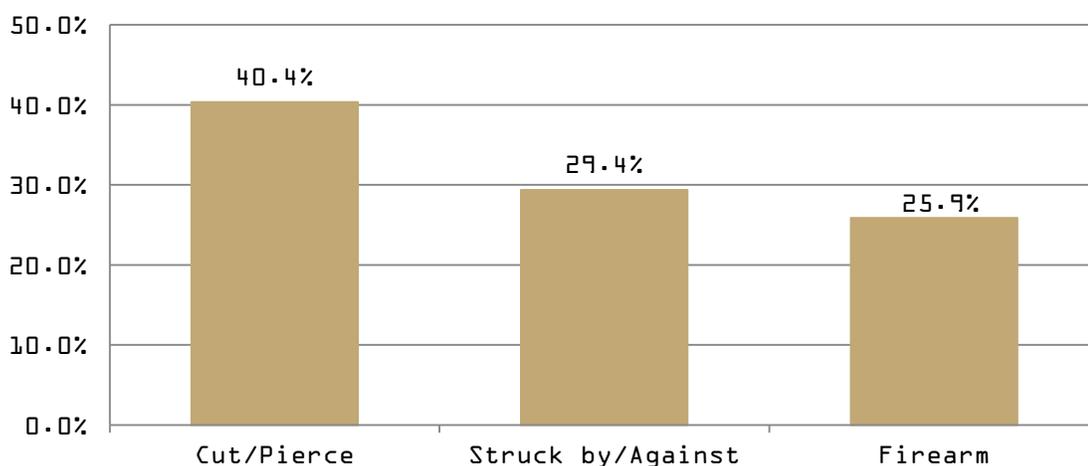
Nearly 8 out of 10 unintentional (accidental) traumatic injuries were caused by falls or motor vehicles in 2017 [Fig 4]. Combining all types of intentional injuries, the top three mechanisms of injury were due to cut/pierce (40.4%), struck by/against (29.4%), or injury due to firearms (25.9%) [Fig 5]. Additionally, cut/pierce and firearms accounted for 8 in 10 suicides and 6 in 10 homicide/assaults [Fig 6].

Fig 4: Top Five Mechanisms of Unintentional Trauma, Washoe County, 2017



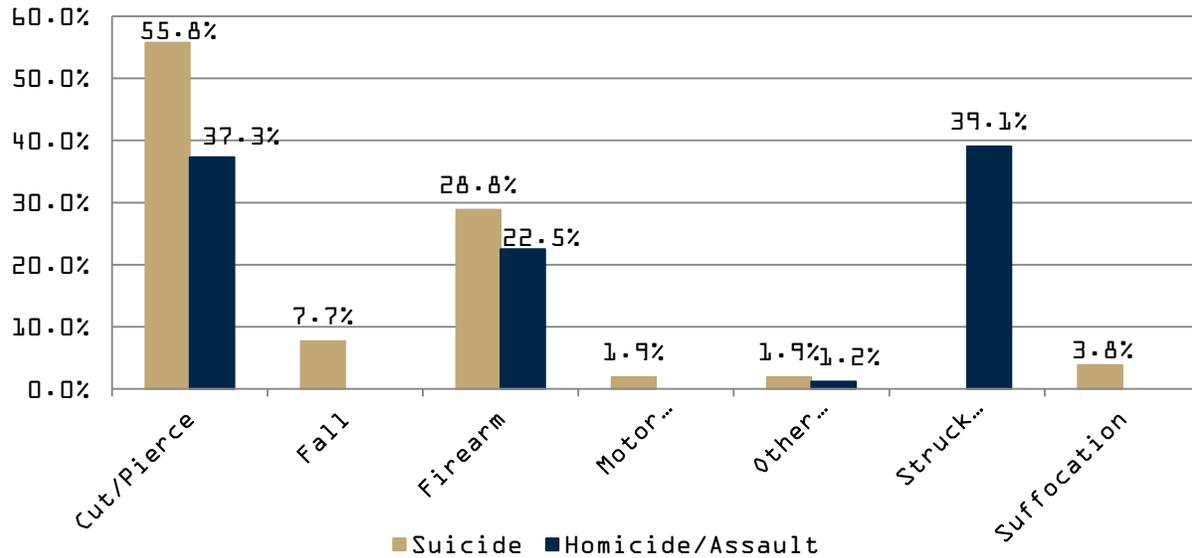
- In 2017, falls were the primary mechanism of injury (46.3%), followed by motor vehicle incidents (32.5%).

Fig 5: Top Three Mechanisms of Intentional Trauma, Washoe County, 2017



- Among all types of intentional injury (suicide, homicide/assault, and injury resulting from legal intervention), cut/pierce was the most frequently occurring mechanism of injury (40.4%), followed by struck by/against (29.4%) and injuries due to firearms (25.9%).

Fig 6: Mechanism of Injury by Types of Intentional Trauma, Washoe County, 2017



- Suicide (n=52) and homicide/assault (n=169) accounted for all but seven of the 228 intentional injuries [Table 6].
- Combined, injuries due to cut/pierce and firearms accounted for the majority of suicides and homicide/assaults.

Detailed Types of Falls

Due to the large number of fall injuries, a detailed table categorizing the type of fall and proportion of deaths due to each type are provided in Table 13. Slips, trips and stumbles were responsible for the majority of falls (53.1%), while intentional falls (falls due to suicide) lead to the highest proportion of deaths (75.0%)

Table 13: Detailed Falls by Type & Mortality, Washoe County, 2017

Type of Fall	# of Falls	Percent of Falls	# of Deaths	Percent Fatal
Bed/Chair/Toilet/Shower/Other Furniture	55	7.4%	1	1.8%
Fall on Same Level/Unspecified Fall	81	10.8%	14	17.3%
Intentional Fall/Suicide	4	0.5%	3	75.0%
Ladder/Balcony/Roof/Window/Other Structure	61	8.2%	1	1.6%
Off of Moving Object	52	7.0%	0	0.0%
Slip, trip, or stumble/Ice or Snow	397	53.1%	22	5.5%
Stairs/Steps	46	6.1%	1	2.2%
Tree/Cliff/Into Water/Hole/One Level to Another	49	6.6%	0	0.0%
Undetermined Fall	3	0.4%	0	0.0%
Total	748	100.0%	42	5.6%

Injury Severity

The injury severity score (ISS) is an anatomical scoring system that provides an overall score for patients with multiple injuries. The score may range from 1-75. The category of the injury severity (minor, moderate, severe, or very severe) was based on the 2016 National Trauma Data Bank Annual Report which assigns ISS into the following groups;

Table 14: Injury Severity Score & Crosswalk	
Injury Severity Score (ISS)	ISS Category
1 to 8	Minor
9 to 15	Moderate
16 to 24	Severe
25 or higher	Very Severe

Approximately four in ten traumatic injuries in Washoe County were categorized as minor or moderate injuries each year (2015, 2016, & 2017), while nearly one in five incidents were categorized as severe or very severe [Fig 7]. The case fatality rate increased dramatically with each increase in ISS category [Table 15], as those with severe or very severe injuries accounted for nearly three out of four deaths during 2017.

Fig 7: Percent of Injuries by Injury Severity Score Category, Washoe County, 2015 - 2017

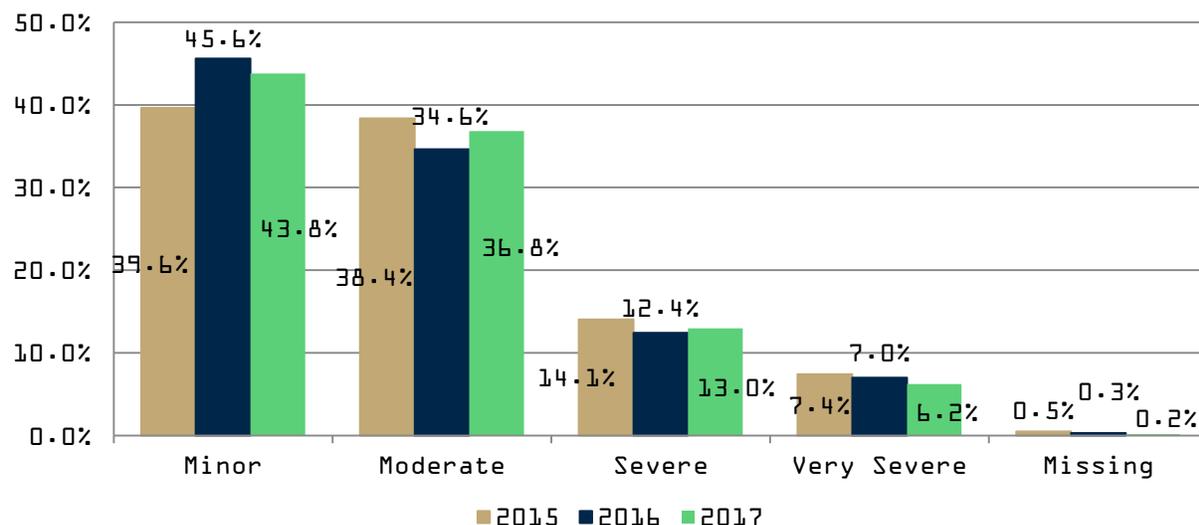


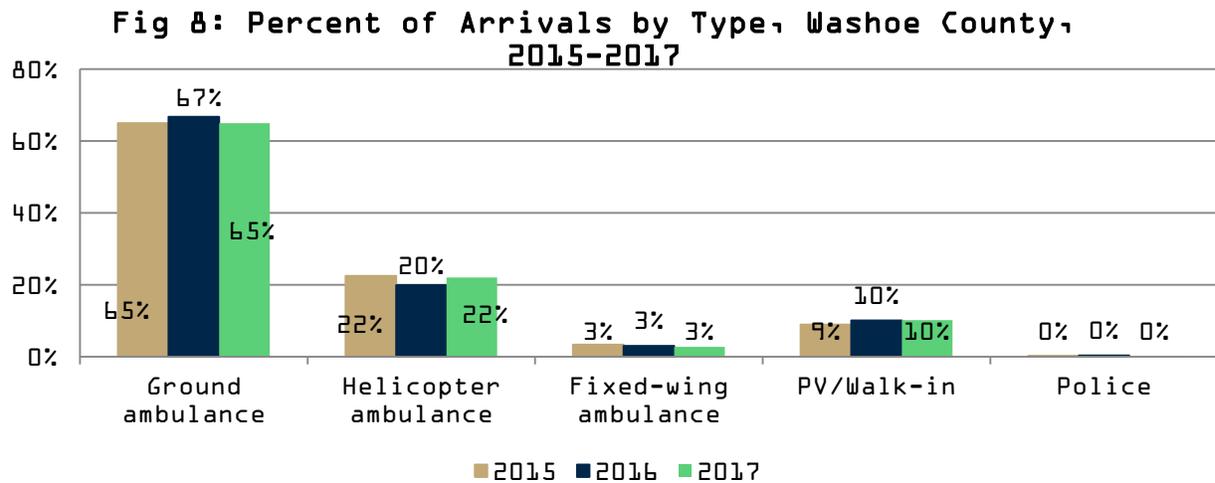
Table 15: Fatality Rate by Injury Severity Score Category, Washoe County, 2017

Injury Severity Score Category	Number	Percent	Deaths	Case Fatality Rate*
Minor	806	43.8%	11	1.4
Moderate	678	36.8%	17	2.5
Severe	239	13.0%	29	12.1
Very Severe	115	6.2%	48	41.7
Missing	3	0.2%	1	33.3
Total	1,841	100.0%	106	5.8

*Rate per 100 trauma patients

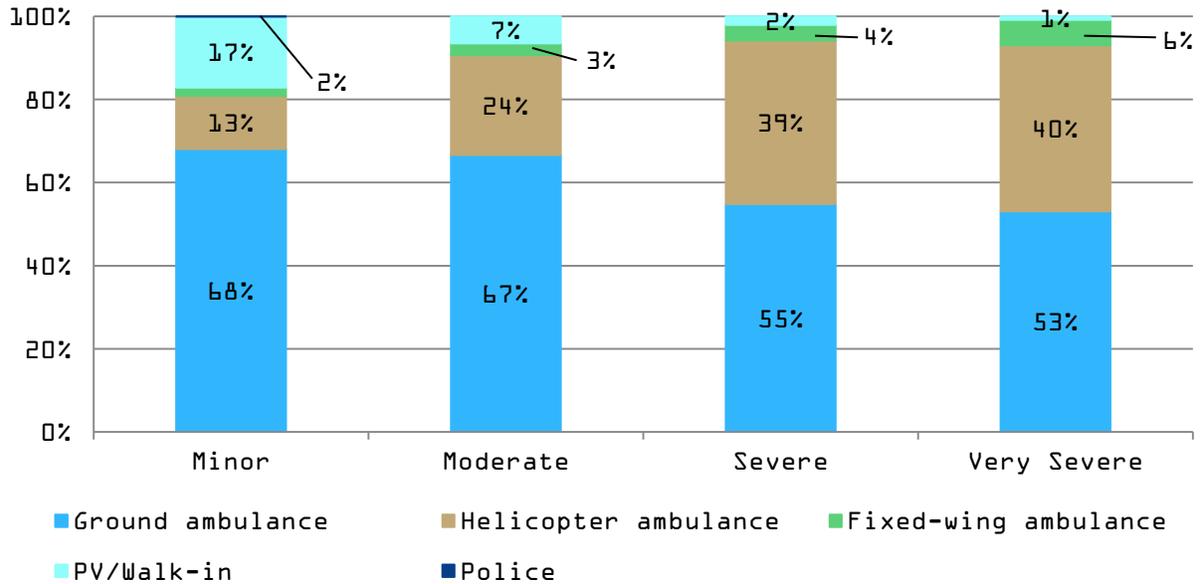
Prehospital Characteristics

The majority of trauma patients were transported via ground ambulance. However, as injury severity increased the proportion of patients transported via helicopter ambulance also increased.



- The primary mode of arrival among traumatic incidents from 2015 through 2017 has been by ground ambulance, followed by helicopter ambulance.
- From 2015 to 2017, about one in ten patients with traumatic injury have arrived to the hospital by personal vehicle or walk-in.

Fig 9: Mode of Arrival by Injury Severity Score Category, Washoe County, 2017



- In 2017, the majority of patients were transported by ground ambulance across all four categories of injury severity.
- Over one in three patients with injuries classified as severe (39%) or very severe (40%) were transported by helicopter ambulance.
- As the injury severity score category increased, the proportion of patients transported in a personal vehicle or walk-in (PV/walk-in) decreased.

Table 16: Incidents by Mode of Arrival, Washoe County, 2017

Mode of Arrival	Number	Percent	Deaths	Case Fatality Rate*
Ground ambulance	1,191	64.9%	78	6.5
Helicopter ambulance	405	22.1%	24	5.9
Fixed-wing ambulance	51	2.8%	4	7.8
PV/Walk-in	187	10.2%	0	0.0
Police	1	0.1%	0	0.0
Total	1,835	100.0%	106	5.8

*Rate per 100 trauma patients

- During 2017, two out of three (64.9%) patients arrived via ground ambulance.
- The case fatality rate was highest among those patients that arrived via fixed-wing ambulance (7.8 per 100).

Primary Payment

The form of primary payment data are provided each year, 2015 through 2017 for Washoe County trauma patients, as well as the United States overall for 2016 [Table 17]. Unfortunately, 42.6% of traumatic incidents in 2017 reported by Washoe County facilities did not have the payment source identified.

Primary Payment Source	Washoe County			U.S.
	2015	2016	2017	2016
Self-pay	4.7%	2.8%	2.0%	11.25%
Private	33.1%	28.6%	19.3%	35.15
Medicare	14.1%	16.5%	16.2%	27%
Medicaid	15.2%	11.3%	7.2%	16.28%
Military	0.3%	0.1%	0.0%	NA
Other Government	4.1%	3.4%	2.1%	2.48%
Workers Compensation	2.2%	1.6%	1.9%	NA
Car Insurance	19.7%	12.9%	8.6%	NA
Other/Unknown	6.7%	22.8%	42.6%	NA

United States source: American College of Surgeons. (2016). National Trauma Data Bank Annual Report 2016. Chicago, IL.

NA = data for specified category not available

Substance Use

During 2015 and 2016 (combined) half of patients (51.7%) with traumatic injury in Washoe County were not tested for alcohol use. This decreased to 38% in 2017, while there was an increase in those who had no alcohol use confirmed by test and confirmed alcohol use at trace levels [Table 18]. Additionally, the vast majority of patients with traumatic injury were not tested for drug use during 2015/2016 combined (91.4%) increasing in 2017 (94.8%) [Table 19].

Table 18: Alcohol Test Results, Washoe County, 2015-2016 Combined & 2017

Alcohol Use	2015 & 2016 Combined		2017	
	Number	Percent	Number	Percent
No (not tested)	2,023	51.7%	700	38.0%
No (confirmed by test)	960	24.5%	656	35.6%
Yes (confirmed by test, trace levels)	303	7.7%	249	13.5%
Yes (confirmed by test, beyond legal limit)	478	12.2%	226	12.3%
Unknown	0	3.9%	10	0.5%

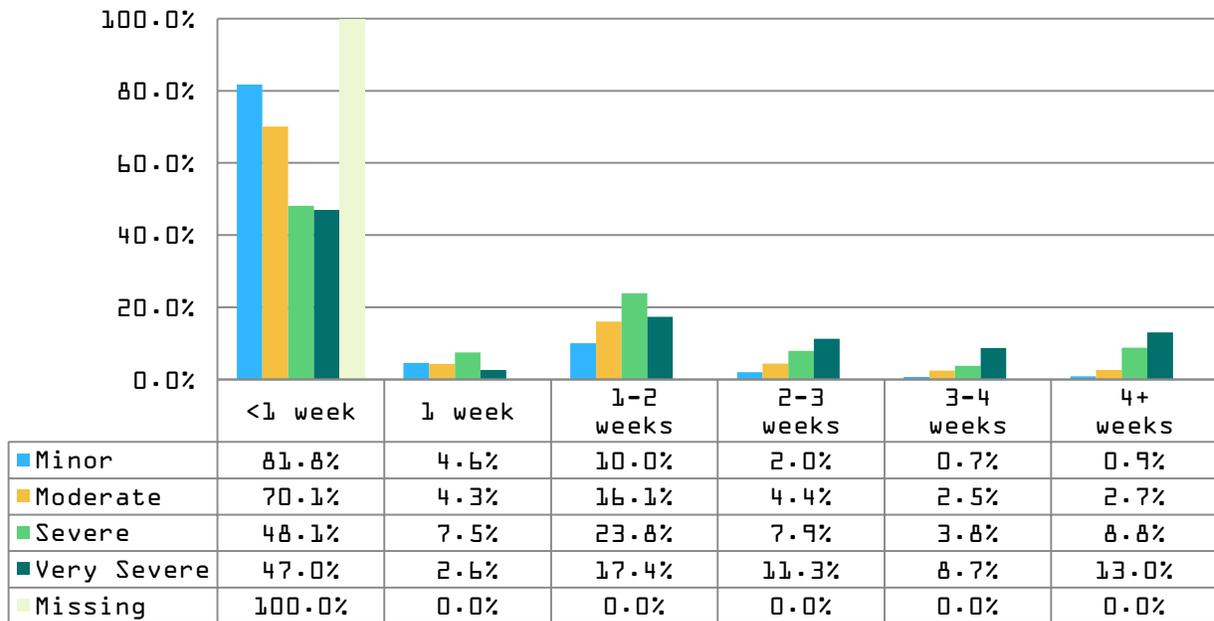
Table 19: Drug Test Results, Washoe County, 2015-2016 Combined & 2017

Drug Use	2015 & 2016 Combined		2017	
	Number	Percent	Number	Percent
No (not tested)	3,582	91.4%	1,745	94.8%
No (confirmed by test)	65	1.7%	25	1.4%
Yes (confirmed by test, prescription drug)	22	0.6%	9	0.5%
Yes (confirmed by test, illegal drug)	98	2.5%	49	2.7%
Yes (confirmed by test, both prescription and illegal drugs)	4	0.1%	0	0.0%
Unknown	146	3.7%	13	0.7%

Patient Outcomes

Patient outcomes highlighted in this section include overall length of stay and days spent in an intensive care unit. Discharge status (dead or alive) was provided for many of the tables presented throughout the report.

Fig 10: Incidents by Length of Stay & Injury Severity Score Category, Washoe County, 2017



- The majority of patients with trauma classified as minor (81.8%) or moderate (70.1%) were hospitalized for less than one week.
- The length of stay increased as the severity of the injury increased, as demonstrated by over half of patients with a very severe traumatic injury being hospitalized for longer than one week.

Intensive Care Unit

The median number of days spent in an intensive care unit (ICU) increased as the severity of injury increased [Table 20] for all years 2015 through 2017. In 2015, incidents involving suffocation had the longest median length of stay in an ICU, followed by incidents involving motor vehicles. In 2016, incidents involving pedestrians had the longest median stay in an ICU, followed by incidents with an unspecified mechanism of injury. In 2017, incidents involving suffocation were again the longest median stay, followed by incidents categorized as pedestrian, other [Table 21].

Table 20: Incidents by Injury Severity Score & Median ICU Days, Washoe County, 2015 - 2017

ISS Category	Median Number of ICU Days		
	2015	2016	2017
Minor	2	0	0
Moderate	2	3	2
Severe	4	4	3
Very Severe	7	5	5
Missing	0	2	1
Total	3	2	2

Table 21: Incidents by Mechanism of Injury & Median Days in ICU, Washoe County, 2015-2017

Mechanism of Injury	2015	2016	2017
Bite/Sting	-	-	3.0
Cut/Pierce	2.0	2.0	3.0
Drowning/Submersion	-	-	3.0
Fall	2.0	0.0	1.0
Fire/Burn	3.0	0.0	0.0
Firearm	3.0	3.0	3.0
Hot Object/Substance	-	-	3.0
Machinery	3.0	0.0	0.0
Motor Vehicle	3.5	3.0	3.0
No E-code Listed	2.0	2.0	3.0
Natural/Environmental Factors	2.0	2.0	2.5
Other Land Transport	-	-	2.5
Other specified, classifiable	2.0	0.5	3.0
Other specified, not elsewhere classifiable	0.0	0.0	-
Overexertion	0.0	0.0	0.0
Pedal Cyclist, other	3.0	3.0	3.0
Pedestrian, other	-	6.0	3.5
Poisoning	0.0	0.0	-
Struck by/Against	2.0	2.0	2.0
Suffocation	9.0	3.0	8.0
Transport, other	3.0	3.0	2.0
Unspecified	3.0	4.0	-
Total	3.0	2.0	2.0

Note: Due to changes from ICD-9 to ICD-10 coding, not all mechanisms of injury are represented across all three years.

Total Length of Stay

The total median number of days spent in the emergency room and hospital combined, increased as the severity of injury increased [Table 22].

Table 22: Incidents by Injury Severity Score & Median Length of Stay (days), Washoe County, 2015-2017

ISS Category	2015	2016	2017
Minor	2.0	2.0	2.0
Moderate	3.0	3.0	3.0
Severe	7.0	5.0	6.0
Very Severe	8.0	6.0	7.0
Missing	1.0	0.0	1.0
Total	3.0	3.0	3.0

Table 23: Incidents by Mechanism of Injury & Median Length of Stay (days), Washoe County, 2015-2017

Mechanism of Injury	2015	2016	2017
Bite/Sting	-	-	2.0
Cut/Pierce	3.0	2.0	3.0
Drowning/Submersion	-	-	3.0
Fall	3.0	3.0	3.0
Fire/Burn	0.5	1.0	0.0
Firearm	3.0	3.0	2.0
Hot Object/Substance	-	-	2.0
Machinery	2.0	0.5	1.0
Motor Vehicle	4.0	4.0	4.0
No E-code Listed	2.5	4.0	3.0
Natural/Environmental Factors	2.0	1.0	2.0
Other Land Transport	-	-	2.0
Other specified, classifiable	1.0	0.0	2.0
Other specified, not elsewhere classifiable	0.0	1.5	-
Overexertion	2.0	0.0	15.0
Pedal Cyclist, other	2.0	3.0	2.0
Pedestrian, other	4.5	4.0	4.5
Poisoning	3.0	2.0	-
Struck by/Against	2.0	2.0	3.0
Suffocation	2.0	3.0	7.0
Transport, other	2.0	2.0	3.0
Unspecified	3.0	2.5	-
Total	3.0	3.0	3.0

Note: Due to changes from ICD-9 to ICD-10 coding, not all mechanisms of injury are represented across all three years.

Policy Recommendations

More than two in three traumatic injuries in Washoe County were due to falls and motor vehicles combined, this trend remains stable across all three years of available Trauma Registry data from 2015 through 2017. There are several evidence-based approaches and policies that have been proven effective in reducing the number of injuries and fatalities resulting from injury.

The following highlights and resulting recommendations are based on findings identified in *The Facts Hurt: A State-by-State Injury Prevention Policy Report*.⁵ The report reviews 10 indicators which frame the efforts states have adopted to prevent and reduce injuries; these efforts include policies, laws, and programs. Updated data were available for a few indicators and notations have been made accordingly.

✓ Policy or law exists in Nevada or rates below national benchmark

✗ Policy or law does not exist in Nevada or rates higher than national benchmark

Injury Type	Indicator	National Snapshot	Nevada
Motor Vehicle Injuries	Primary seat belt law	34 states & D.C. have primary seat belt laws	✗
Motor Vehicle Injuries	Mandatory ignition interlocks for all convicted drunk drivers, even first time offenders	21 states require mandatory ignition interlocks for all convicted drunk drivers, even first time offenders	✓ As of October 1, 2018 Senate Bill 259 went into effect requiring ignition interlocks after a drunk driving offense.
Motor Vehicle Injuries	Car seats or booster seats for children up to at least age 8	35 states & D.C. require children ride in car seats or booster seats up to at least the age of 8	✗
Motor Vehicle Injuries	Restrict teens for nighttime driving after 10 p.m.	11 states restrict nighttime driving for teens starting at 10 p.m. in the Graduated Driver Licensing laws	✓
Other Vehicle Injuries	Bike helmets required for children	21 states & D.C. require bike helmets for all children	✗
Violence-Related Deaths	Homicide death rate below national U.S. Department of Health and Human Services goal (Healthy People 2020 objective IVP-29)	31 states have homicide rates at or below the national goal of 5.5 per 100,000 people (Healthy People 2020 objective IVP-29)	✗ Data as of 2015, indicate both Nevada (6.5) and Washoe County (6.0) have higher rates ⁶
Child Abuse & Neglect	Child abuse and neglect at or below the national rate	25 states have child abuse and neglect rates at or below the	✓

⁵ Levi, J, Segal, L.M., & Martin, A. (2015). *The Facts Hurt: A State-by-State Injury Prevention Policy Report*. Trust for America's Health, Robert Wood Johnson Foundation.

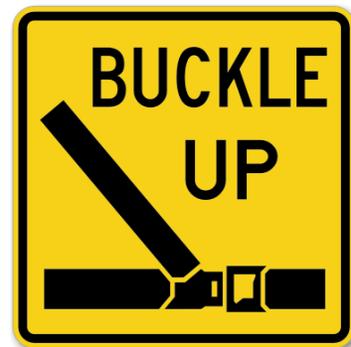
⁶ Kerwin, H. (2018). 2018-2020 Washoe County Community Health Needs Assessment. Accessed <https://www.washoecounty.us/health/files/data-publications-reports>

Injury Type	Indicator	National Snapshot	Nevada
		national rate of 9.1 per 1,000 children	
Injuries from Falls	Unintentional fall death rate lower than national U.S. Department of Health and Human Services goal (Healthy People 2020 objective IVP-23.1)	9 states have unintentional fall death rate below national goal of 7.2 deaths per 100,000 people ⁷ (Healthy People 2020 objective IVP-23.1)	✘
Injuries from Drug Overdose	Mandatory use of prescription drug monitoring program (PDMP) by at least some healthcare providers	25 states require mandatory use of PDMPs for healthcare providers in at least some circumstances	✔
Injuries from Drug Overdose	Laws in place to expand access to, and use of, naloxone as an overdose rescue drug	34 states & D.C. have a law making it easier for medical professionals to prescribe and dispense naloxone and/or lay administrators to use it without the potential for legal ramifications	✔

The following are brief descriptions of the policies that Nevada has not adopted, to provide context and further understanding of the potential benefits of implementing such practices.

Primary Seat Belt Law

According to Nevada’s Center for Traffic Safety Research, persons involved in motor vehicle accidents in Nevada that were not wearing a seat belt at the time of the crash had more severe injuries, longer hospital stays, more days in the ICU, more days on a ventilator, and accrued a median of \$12,110 more per person in hospital charges compared to persons wearing a seatbelt. Seatbelt use was the highest predictor of injury severity in Nevada.⁸



A primary seat belt law allows law enforcement officers to stop drivers and issue a ticket if someone is not wearing a seat belt, without any other traffic offense occurring. A secondary seat belt law only allows a ticket to be issued for not wearing a seat belt, if someone has been pulled over for some other traffic violation. In states with primary

⁷ Healthy People 2020: Injury and Violence Prevention: IVP 23.1 State-level Data 2016. Accessed <https://www.healthypeople.gov/2020/data/map/4752?year=2016>

⁸ Nevada Office of Traffic Safety, Department of Public Safety. (2017). Nevada’s Traffic Research and Education Newsletter. 6(3). Carson City, NV.

seat belt laws, 88 percent of people wear seat belts, which is nine percent higher than states with secondary laws or no laws.⁹

Child Car Seats and Booster Seats



Standard seat belts in vehicles are not designed to adequately protect the smaller body frames of children. Nevada Revised Statute (NRS 484B.157) indicates that children less than six years of age and weighing less than 60 pounds must

ride in an approved child restraint system.¹⁰ However, the Trust for America's Health recommends that a comprehensive child passenger law be passed in every state that requires the following:

- Age and size appropriate car seats for infants and children up to age four; with rear-facing seats until at least two years.
- Belt-positioning booster seats for most children ages four to eight years.
- Lap and shoulder belts for all children who have outgrown booster seats.
- All children under the age of 13 years ride in the back seat.

Bicycle Helmets for All Children



Nevada law does not require bicyclists to wear a helmet, at any age. The National Highway Traffic Safety Administration and the Centers for Disease Control and Prevention recommend all people, regardless of age, wear a properly fitted helmet while riding a bicycle.^{11,12} Research indicates bike helmets reduce the risk for head, brain, and severe brain injury by 63% to 88%.¹³

A potential concern in Reno and Sparks is the newly implemented LimeBike program being piloted as of early 2018. LimeBike is a dock-free bike share

⁹ Centers for Disease Control and Prevention. (2011). Vital Signs: Adult Seat Belt Use. Accessed <https://www.cdc.gov/vitalsigns/seatbeltuse/index.html>

¹⁰ Nevada Department of Motor Vehicles. Nevada DMV Traffic Safety Quick Tips: Buckle Up!. Accessed <http://www.dmvnv.com/pdf/forms/qtbelts.pdf>

¹¹ National Highway Traffic Safety Administration. (2017). Traffic Safety Facts: Bicyclists and Other Cyclists. DOT HS 812 382. Washington, DC.

¹² Centers for Disease Control and Prevention. (2017). Motor Vehicle Safety: Bicycle Safety. Accessed <https://www.cdc.gov/motorvehiclesafety/bicycle/>

¹³ Thompson, D.C, Rivara, F.P., & Thompson, R. (2000). Helmets for preventing head and facial injuries in bicyclists. Cochrane Database Systematic Reviews. 2; CD001855.

program that allows users to locate and ride bikes at affordable rates. Unfortunately, research has found in cities that offer a public bicycle share program, head injuries due to bicycle-related incidents were found to have a statistically significant ($p < .01$) increase from 42.3% to 50.1% after adopting the bike share program. Researchers recommend that public bike share programs offer to make helmets available with each bike.¹⁴

Conclusion

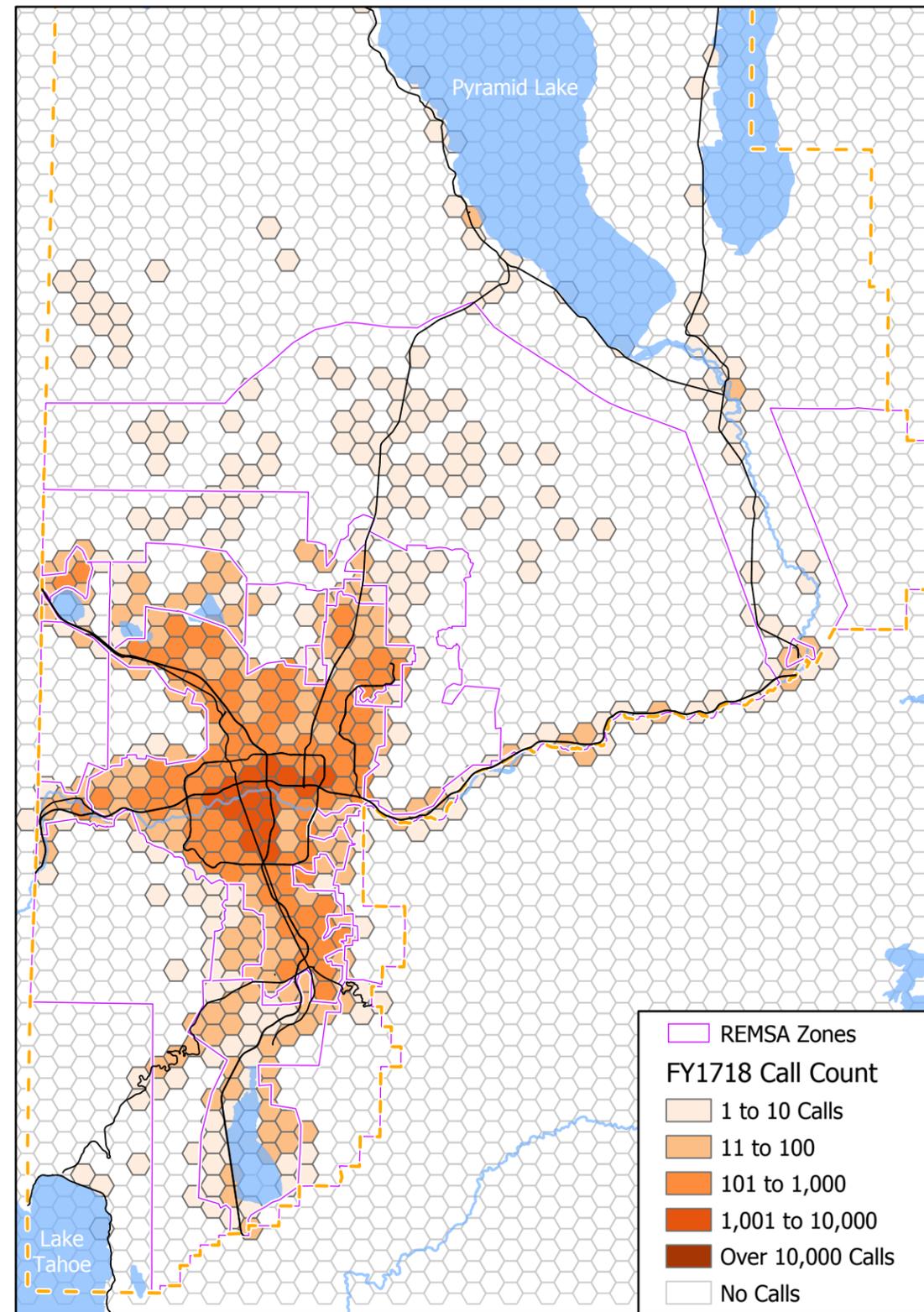
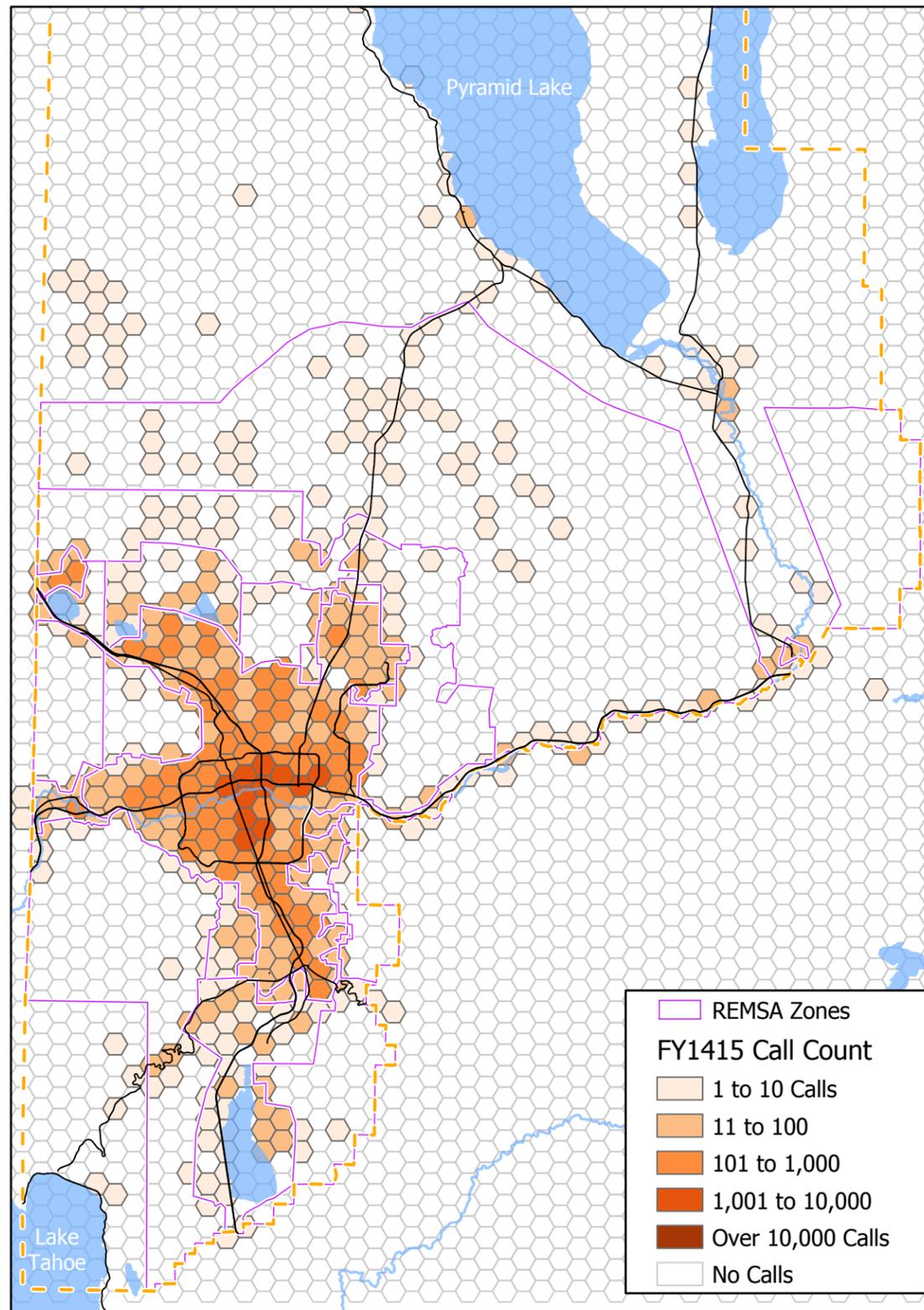
The number and severity of traumatic injuries can be largely prevented by following safety guidelines, rules of the road, and taking additional measures to prevent risk of injury, or reduce injury severity when accidents occur. Adoption of best-practice policy, as recommended in this report, would also greatly reduce contributing risk factors for traumatic injuries, specifically those involving motor vehicles, the second most frequent mechanism of injury in Washoe County.

This report is designed to inform readers about the nature of traumatic injuries sustained in 2017 and how they occurred. The findings can be used by various agencies concerned with minimizing the likelihood and effects of traumatic injury and contributing to safety and injury prevention efforts.

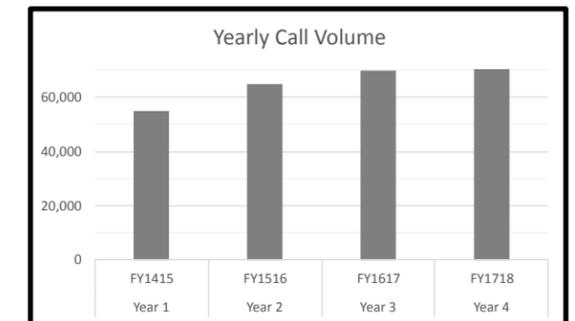
¹⁴ Graves, J.M., Pless, B., Moore, L., Nathens, A.B., Hunte, G., & Rivara, F.P. (2014). Public Bicycle Share Program and Head Injuries. *American Journal of Public Health*. 104; e106-e111.

Year 1 FY1415
55,098 Calls

Year 4 FY1718
70,876 Calls



	Call Volume
Year 1	55,098
Year 2	64,767
Year 3	69,743
Year 4	70,876



Hexagon sampling areas are 1 square mile in size.



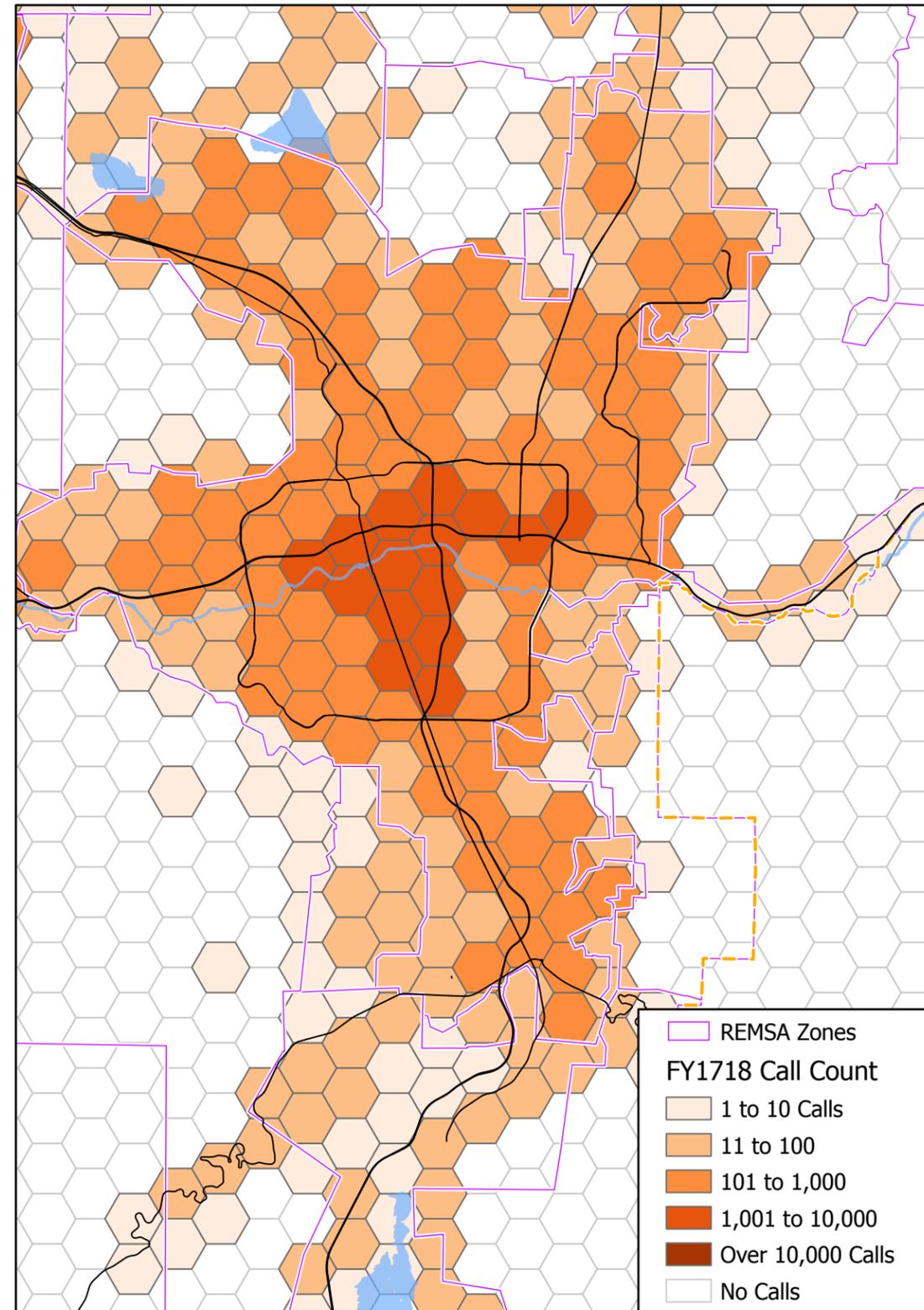
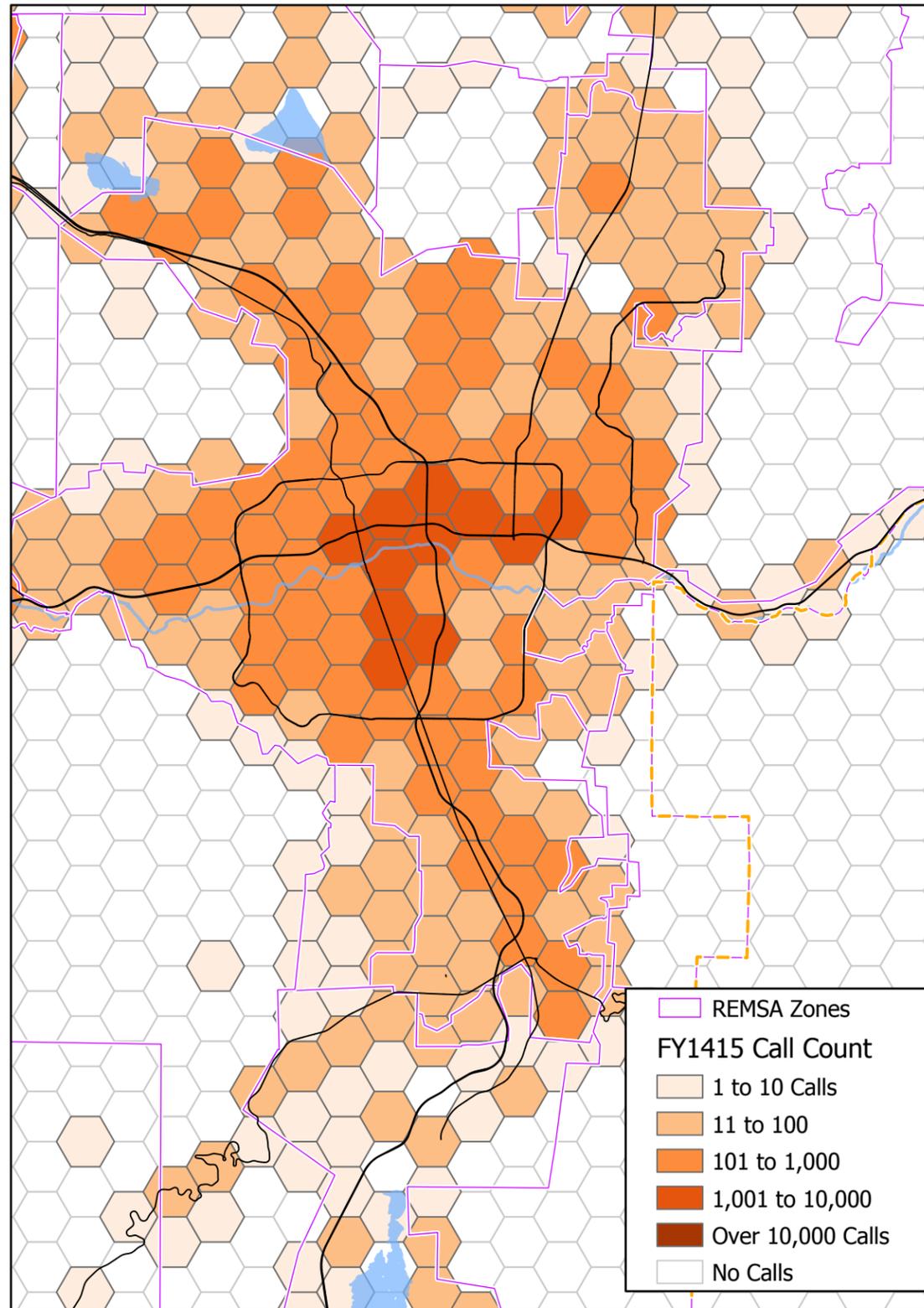
TECHNOLOGY SERVICES



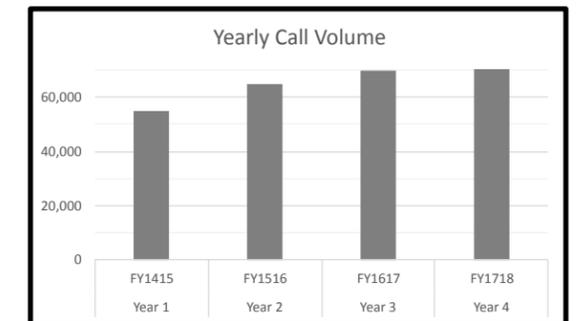
EMS Call Volume Year 1 to Year 4 Comparison

Year 1 FY1415
55,098 Calls

Year 4 FY1718
70,876 Calls



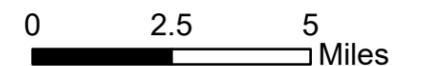
	Call Volume
Year 1	55,098
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Hexagon sampling areas are 1 square mile in size.



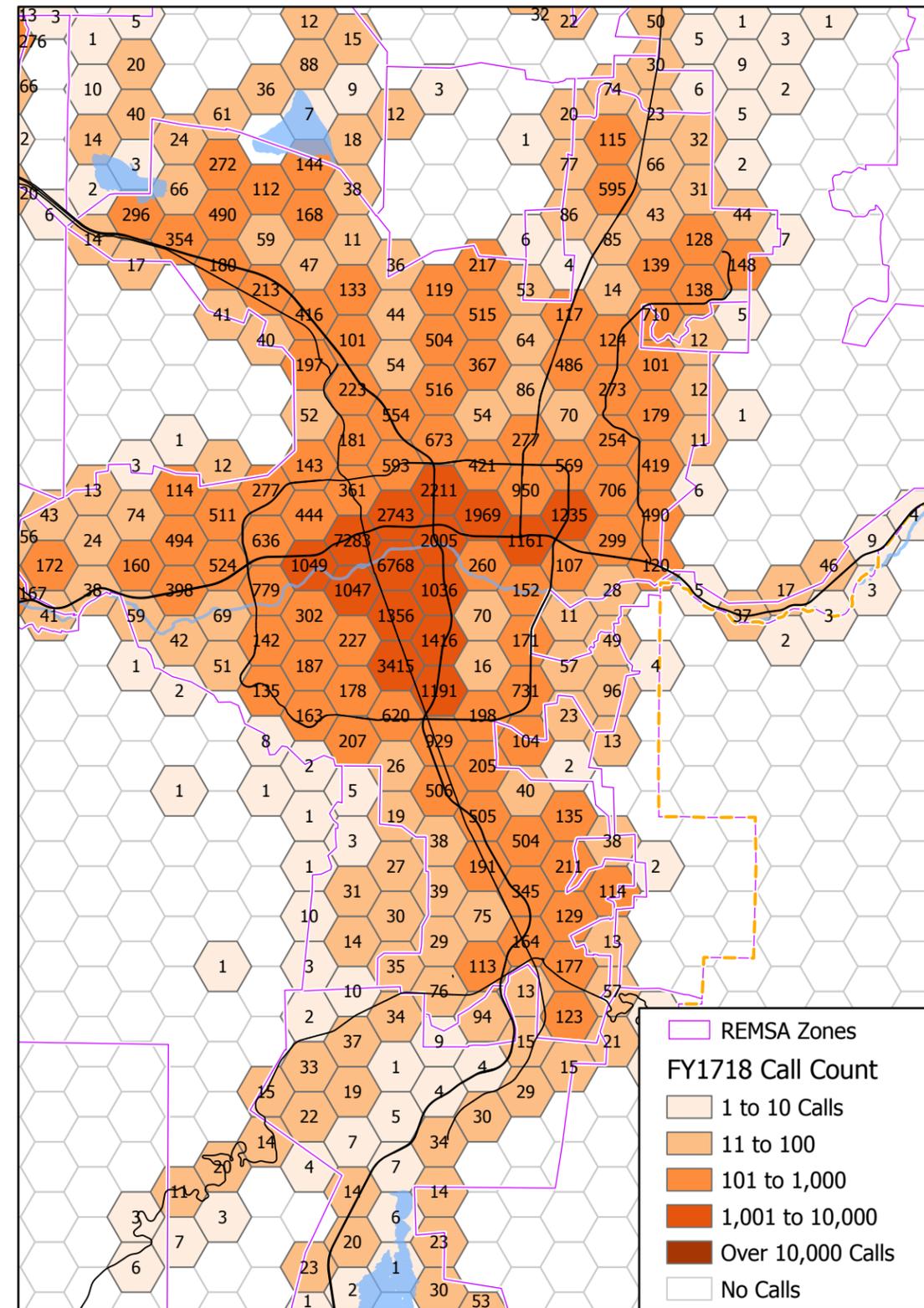
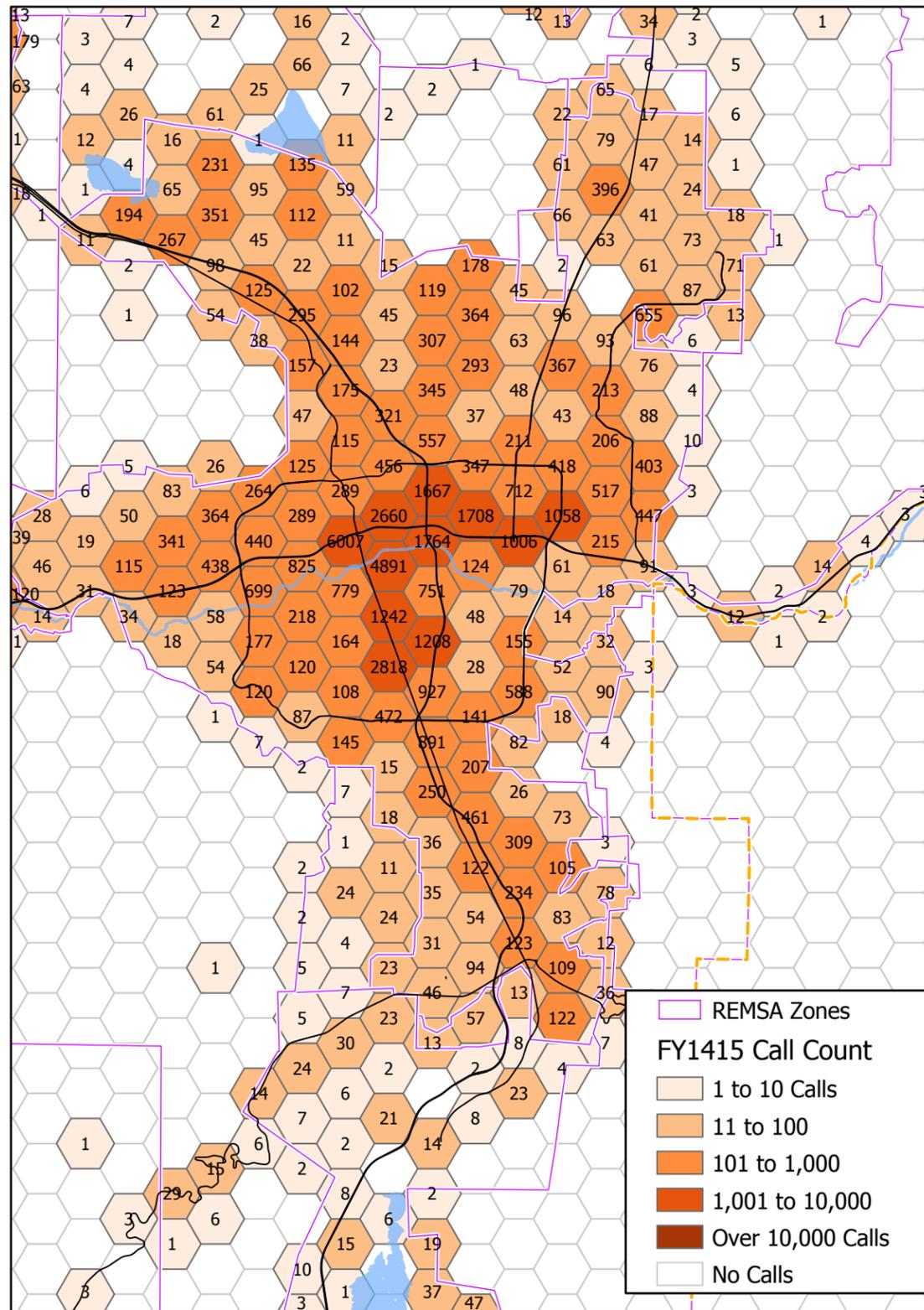
TECHNOLOGY SERVICES



EMS Call Volume Year 1 to Year 4 Comparison

Year 1 FY1415
55,098 Calls

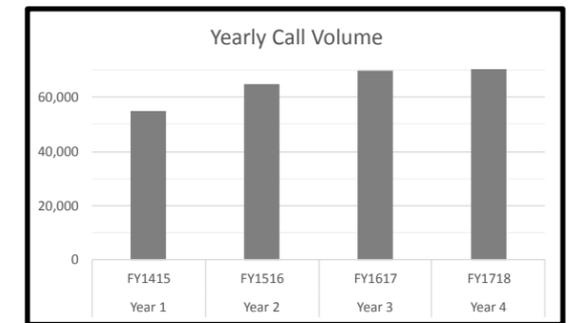
Year 4 FY1718
70,876 Calls



REMSA Zones
FY1415 Call Count
 1 to 10 Calls
 11 to 100
 101 to 1,000
 1,001 to 10,000
 Over 10,000 Calls
 No Calls

REMSA Zones
FY1718 Call Count
 1 to 10 Calls
 11 to 100
 101 to 1,000
 1,001 to 10,000
 Over 10,000 Calls
 No Calls

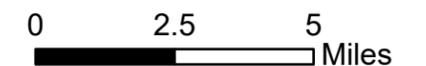
Call Volume	
Year 1	55,098
Year 2	64,767
Year 3	69,743
Year 4	70,876



Hexagon sampling areas are 1 square mile in size.

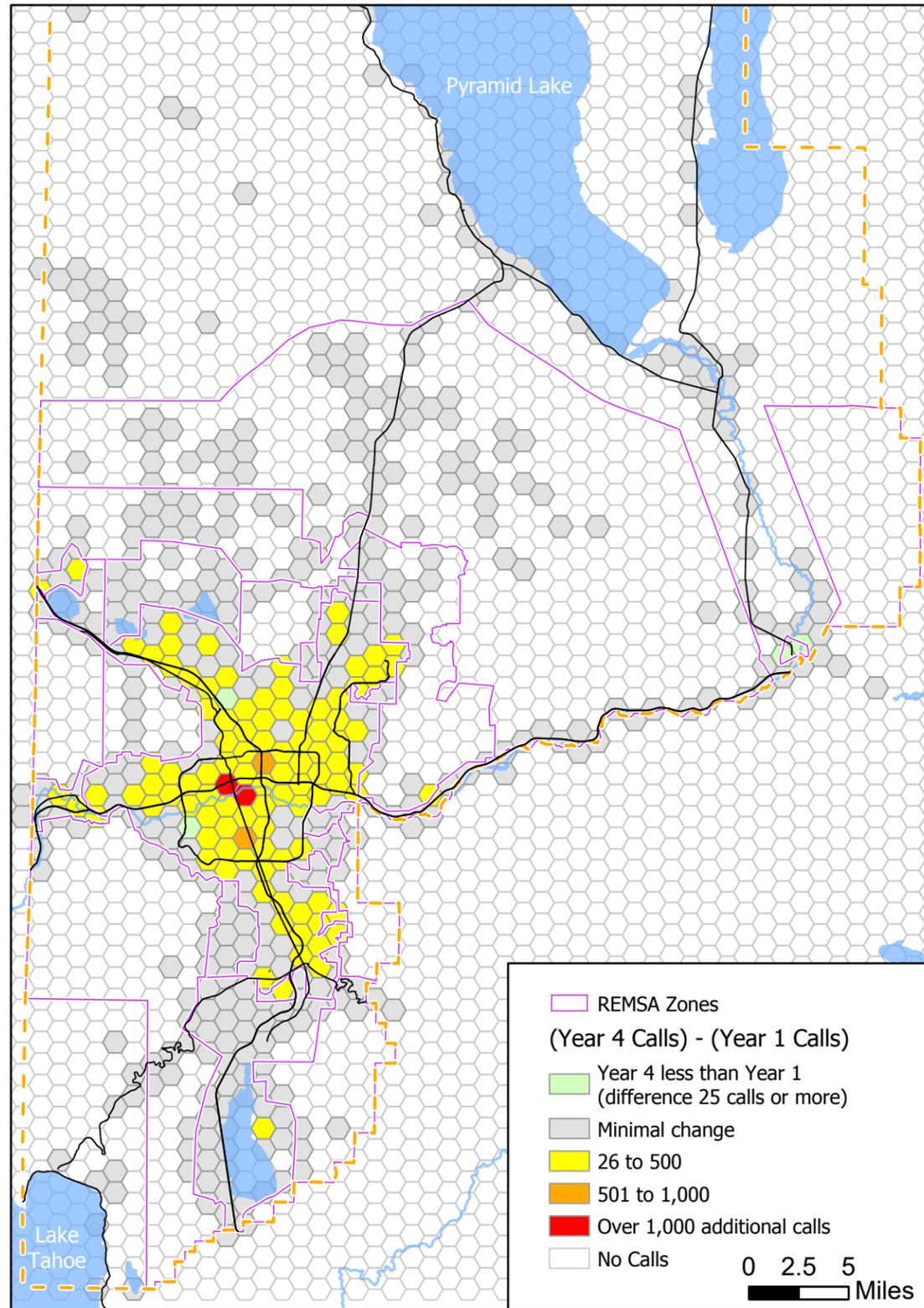


TECHNOLOGY SERVICES

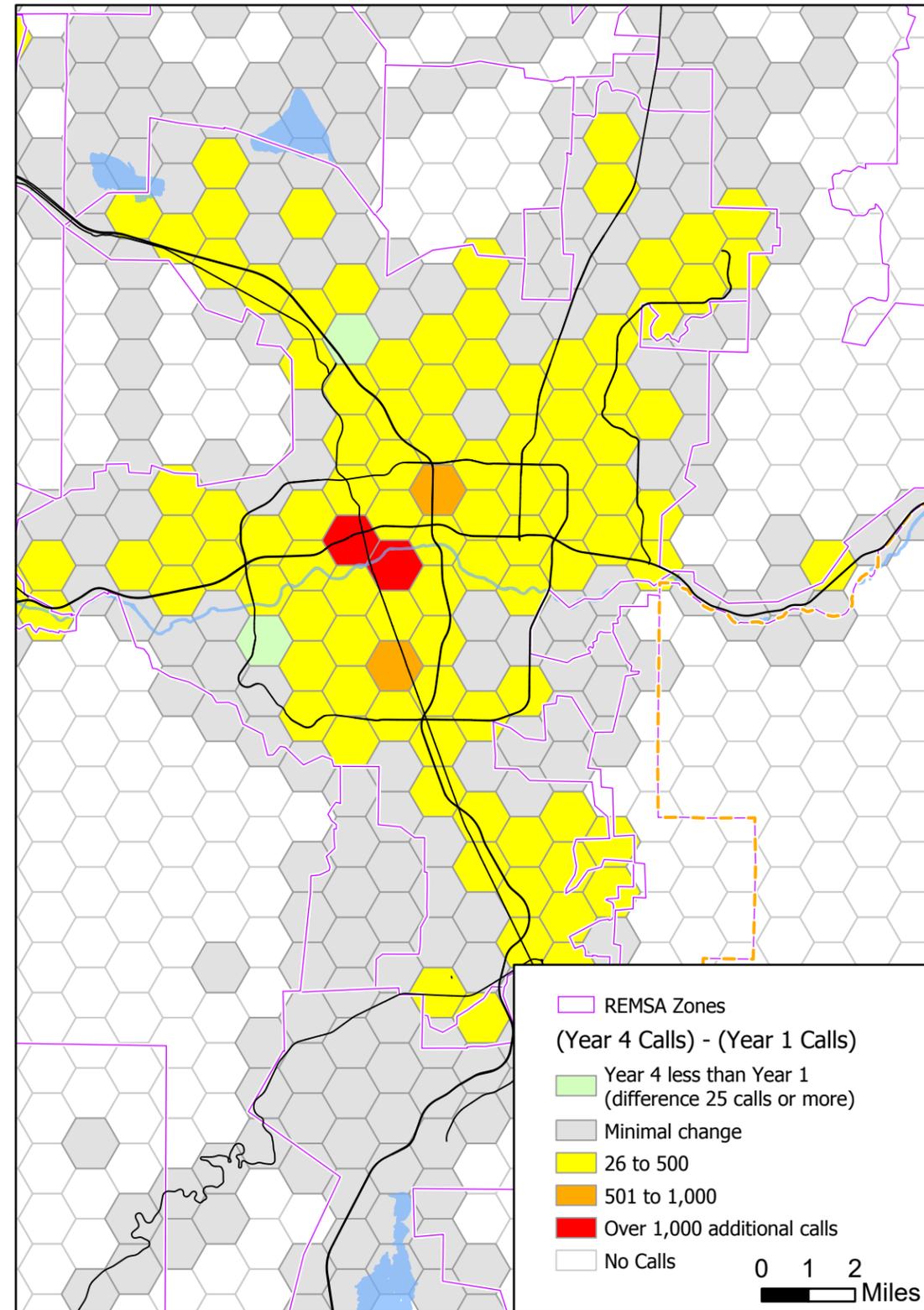


EMS Call Volume Year 1 to Year 4 Comparison

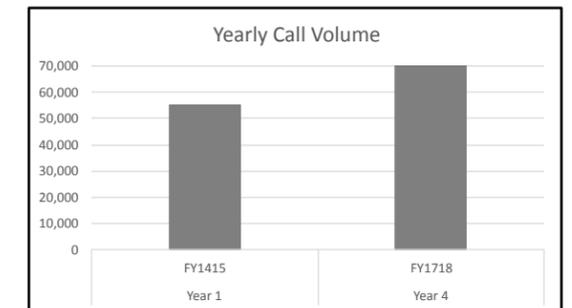
Change in Call Volume
Year 1 to Year 4



Change in Call Volume
Year 1 to Year 4 -- Zoomed In



Call Volume	
Year 1	55,098
Year 4	70,876



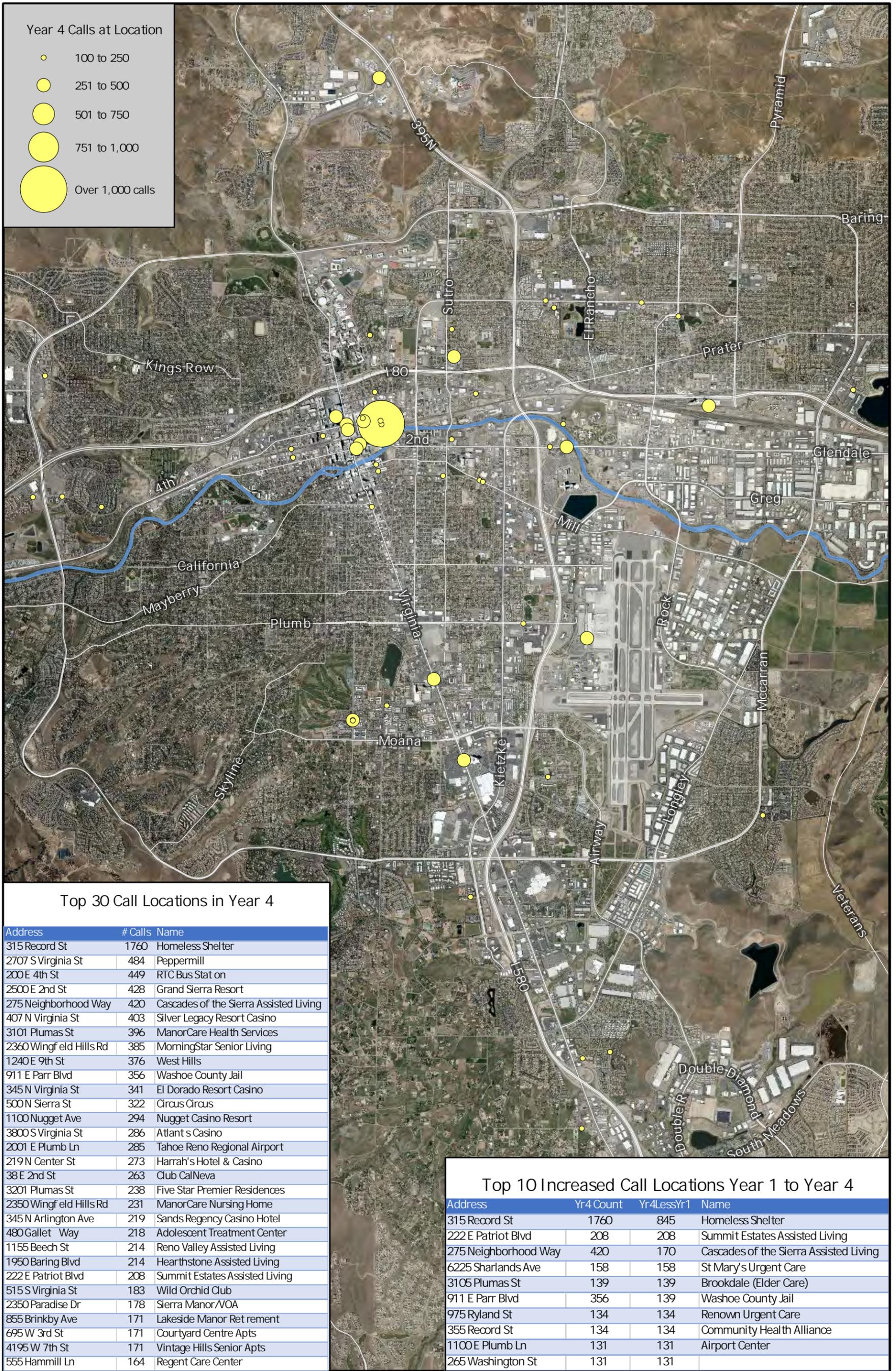
Number of Additional Calls	Increase
15,778	28.6%



TECHNOLOGY SERVICES



EMS Changes in Call Volume Year 1 to Year 4



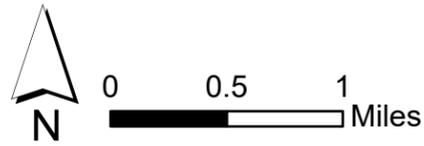
Top 30 Call Locations in Year 4

Address	# Calls	Name
315 Record St	1760	Homeless Shelter
2707 S Virginia St	484	Peppermill
200 E 4th St	449	RTC Bus Stat on
2500 E 2nd St	428	Grand Sierra Resort
275 Neighborhood Way	420	Cascades of the Sierra Assisted Living
407 N Virginia St	403	Silver Legacy Resort Casino
3101 Plumas St	396	ManorCare Health Services
2360 Wingfeld Hills Rd	385	MorningStar Senior Living
1240 E 9th St	376	West Hills
911 E Parr Blvd	356	Washoe County Jail
345 N Virginia St	341	El Dorado Resort Casino
500 N Sierra St	322	Circus Circus
1100 Nugget Ave	294	Nugget Casino Resort
3800 S Virginia St	286	Atlantis Casino
2001 E Plumb Ln	285	Tahoe Reno Regional Airport
219 N Center St	273	Harrah's Hotel & Casino
38 E 2nd St	263	Club CalNeVa
3201 Plumas St	238	Five Star Premier Residences
2350 Wingfeld Hills Rd	231	ManorCare Nursing Home
345 N Arlington Ave	219	Sands Regency Casino Hotel
480 Gallet Way	218	Adolescent Treatment Center
1155 Beech St	214	Reno Valley Assisted Living
1950 Baring Blvd	214	Hearthstone Assisted Living
222 E Patriot Blvd	208	Summit Estates Assisted Living
515 S Virginia St	183	Wild Orchid Club
2350 Paradise Dr	178	Sierra Manor/VOA
855 Brinkby Ave	171	Lakeside Manor Retirement
695 W 3rd St	171	Courtyard Centre Apts
4195 W 7th St	171	Vintage Hills Senior Apts
555 Hammill Ln	164	Regent Care Center

Top 10 Increased Call Locations Year 1 to Year 4

Address	Yr4 Count	Yr4LessYr1	Name
315 Record St	1760	845	Homeless Shelter
222 E Patriot Blvd	208	208	Summit Estates Assisted Living
275 Neighborhood Way	420	170	Cascades of the Sierra Assisted Living
6225 Sharlands Ave	158	158	St Mary's Urgent Care
3105 Plumas St	139	139	Brookdale (Elder Care)
911 E Parr Blvd	356	139	Washoe County Jail
975 Ryland St	134	134	Renown Urgent Care
355 Record St	134	134	Community Health Alliance
1100 E Plumb Ln	131	131	Airport Center
265 Washington St	131	131	

High Demand Locations
Filtered for 100 or More Calls in Year 4



Low Acuity Priority 3 Final Report

The Washoe County EMS 5-year Strategic Plan was originally approved by the EMS Advisory Board on October 6, 2016. The development of the strategic plan is a requirement of the Inter Local Agreement (ILA) for EMS Oversight, executed September 2014. The service area defined within the ILA is the City of Reno, City of Sparks and unincorporated Washoe County, excluding North Lake Tahoe Fire Protection District and Gerlach Volunteer Fire Department.

Within the strategic plan, goal 1 is to “enhance utilization of EMS resources by matching the appropriate service levels, as defined by the call for service, through alternative protocols, service and transportation options”. Within this goal, objective 1.2 states EMS partners will “implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls...”

To achieve this objective, a subcommittee was established, comprised of a representative the Sparks Fire Department, Truckee Meadows Fire Protection District, Reno Fire Department, REMSA, and the Washoe County Health District. The Emergency Medical Dispatch (EMD) process is recognized as an essential component of effective EMS systems. Through EMD interrogation, call priorities are quickly and properly determined to ensure the appropriate resources are dispatched. The subcommittee looked at calls for service within the region that currently receive a two-tier response, but could safely receive an alternative response.

The committee began meeting in February 2017 to identify and outline calls for service to be evaluated for the potential to receive an alternative response. By meeting monthly, the subcommittee systematically reviewed call types and discussed alternative response options. The intention of the committee recommendations is to safeguard the citizens’ needs while ensuring multiple response units are not unnecessarily committed to a call. There were three main subsets of calls reviewed by the committee. The three call types, as identified through the EMD process, were:

- Omega calls – Classified as low acuity calls that can be referred to REMSA’s Nurse Health Line for assessment and evaluation. Additional Omega determinants were activated February 1, 2018.
- Card 33 calls – Facilities identified as having a medical professional on-staff during all hours of operation and having access to an AED or crash cart. Recommendation of a two-tier response for Priority 1 calls with a REMSA only response for Priority 2 & 3 calls implemented July 1, 2018.
- Alpha calls – Call for service that currently receive a non-lights/siren response an EMD as low acuity complaints. Alternative response model of utilizing the REMSA Nurse Health Line, aligning with the Omega process, implemented October 1, 2018.

A summary for each of the three call types is contained within this document. With the implementation of alternative responses for each of the three call types, it is estimated, based on current call volumes, Washoe County EMS agencies (Sparks Fire Department, Reno Fire Department, Truckee Meadows Fire Protection District and REMSA) combined can expect a total savings of 3,176 unit hours or approximately 3,500 calls for service.

Low Acuity Call Type	6-Month Savings (July- December 2017)			Estimated Annual Savings		
	# Approved Calls	Total Unit Hours	Approved Low Acuity / Total Reported Calls	# Approved Calls	Total Unit Hours	Approved Low Acuity / Total Reported Calls
ALPHA Calls	878	899.9	2.42%	1,756	1799.8	4.8%
OMEGA Calls	721	653.7	1.91%	1,442	1307.4	3.8%
Card 33	165	37.6	0.44%	330	75.2	0.9%
TOTAL*	1,763	1,588.2	4.77%	3,526	3,176.3	9.5%

*one call to a Card 33 facility was also an ALPHA call, and was NOT counted twice

The region is committed to a patient-centered system of care that consistently and safely delivers the right resources to patients. Providing alternative responses to low acuity calls is just one method in doing so. The subcommittee continues to discuss additional call types that may not require a two-tiered EMS response. Those calls are not able to be quantified in the same fashion as the above, due to data limitations. The calls include law enforcement requests for medical evaluations, lift assists and “no patient” standby calls.

Low Acuity Priority 3 Final Report

The Washoe County EMS 5-year Strategic Plan was originally approved by the EMS Advisory Board on October 6, 2016. The development of the strategic plan is a requirement of the Inter Local Agreement (ILA) for EMS Oversight, executed September 2014. The service area defined within the ILA is the City of Reno, City of Sparks and unincorporated Washoe County, excluding North Lake Tahoe Fire Protection District and Gerlach Volunteer Fire Department.

Within the strategic plan, goal 1 is to “enhance utilization of EMS resources by matching the appropriate service levels, as defined by the call for service, through alternative protocols, service and transportation options”. Within this goal, objective 1.2 states EMS partners will “implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls...”

To achieve this objective, a subcommittee was established, comprised of a representative the Sparks Fire Department, Truckee Meadows Fire Protection District, Reno Fire Department, REMSA, and the Washoe County Health District. The Emergency Medical Dispatch (EMD) process is recognized as an essential component of effective EMS systems. Through EMD interrogation, call priorities are quickly and properly determined to ensure the appropriate resources are dispatched. The subcommittee looked at calls for service within the region that currently receive a two-tier response, but could safely receive an alternative response.

The committee began meeting in February 2017 to identify and outline calls for service to be evaluated for the potential to receive an alternative response. By meeting monthly, the subcommittee systematically reviewed call types and discussed alternative response options. The intention of the committee recommendations is to safeguard the citizens’ needs while ensuring multiple response units are not unnecessarily committed to a call. There were three main subsets of calls reviewed by the committee. The three call types, as identified through the EMD process, were:

- Omega calls – Classified as low acuity calls that can be referred to REMSA’s Nurse Health Line for assessment and evaluation. Additional Omega determinants were activated February 1, 2018.
- Card 33 calls – Facilities identified as having a medical professional on-staff during all hours of operation and having access to an AED or crash cart. Recommendation of a two-tier response for Priority 1 calls with a REMSA only response for Priority 2 & 3 calls implemented July 1, 2018.
- Alpha calls – Call for service that currently receive a non-lights/siren response an EMD as low acuity complaints. Alternative response model of utilizing the REMSA Nurse Health Line, aligning with the Omega process, implemented October 1, 2018.

A summary for each of the three call types is contained within this document. With the implementation of alternative responses for each of the three call types, it is estimated, based on current call volumes, Washoe County EMS agencies (Sparks Fire Department, Reno Fire Department, Truckee Meadows Fire Protection District and REMSA) combined can expect a total savings of 3,176 unit hours.

Low Acuity Call Type	6-Month Savings (July- December 2017)			Estimated Annual Savings		
	# Approved Calls	Total Unit Hours	Approved Low Acuity / Total Reported Calls	# Approved Calls	Total Unit Hours	Approved Low Acuity / Total Reported Calls
ALPHA Calls	878	899.9	2.42%	1,756	1799.8	4.8%
OMEGA Calls	721	653.7	1.91%	1,442	1307.4	3.8%
Card 33	165	37.6	0.44%	330	75.2	0.9%
TOTAL*	1,763	1,588.2	4.77%	3,526	3,176.3	9.5%

*one call to a Card 33 facility was also an ALPHA call, and was NOT counted twice

The region is committed to a patient-centered system of care that consistently and safely delivers the right resources to patients. Providing alternative responses to low acuity calls is just one method in doing so. The subcommittee continues to discuss additional call types that may not require a two-tiered EMS response. Those calls are not able to be quantified in the same fashion as the above, due to data limitations. The calls include law enforcement requests for medical evaluations, lift assists and “no patient” standby calls.

OMEGA CALL SUMMARY & ANALYSIS

OMEGA Background

The International Academy Medical Priority Dispatch System designated and approved 200 EMD protocols as an “OMEGA” the lowest acuity EMS call type. The region first implemented an alternative response to 52 OMEGA call types in July of 2016. An additional set of OMEGAS were considered and 25 OMEGA EMD types were approved for an alternative response in February of 2018. The following analyses illustrates estimates for the total unit hours saved, as well as the jurisdictional snapshot of the estimated number of calls that would receive an alternative response for the additional 25 OMEGA EMDs that were approved as part of the low-acuity call review.

Total Unit Hours Saved

This section provides the estimated saving of unit hours with the implementation of an alternative response for the identified OMEGA EMD types. The data utilized for this section was the most current matched data for the region. Therefore, total unit hours saved was calculated using 6 months of matched calls from July 2017 to December 2017.

By utilizing current data, the data analysis provides a more recent estimation of the impact to the system, accounting for the continuing increase of call volume across all jurisdictions. For REMSA, unit hours were measured from time en route to call complete. For Fire, unit hours were measured from time dispatched to call complete. The first table identifies the median and average time spent by each partner on an identified Alpha call for service. This provides the framework for the estimated savings per regional partner.

Agency	Matched Call Data July-December 2017		
	# Approved OMEGAS	Median Time per Call	Average Time per Call
RFD	247	12:05	13:24
SFD	101	15:20	16:36
TMFPD	80	19:48	20:44
REMSA	721	49:37	46:21

Agency	6 Month Savings (July-December 2017)				Estimated Annual Savings		
	Total Calls	# Approved Card 33 Calls	Total Unit Hours	Approved OMEGAS / Total Reported Calls	Total Calls	Approved OMEGAS / Total Reported Calls	Total Unit Hours
RFD	19,153	247	54.3	1.29%	38,306	494	108.6
SFD	5,681	101	27.9	1.78%	11,362	202	55.9
TMFPD	3,947	80	24.5	2.03%	7,894	160	49.1
REMSA	36,308	721	546.9	1.99%	72,616	1,442	1,093.8
Region	37,715*	721	653.7	1.91%	75,430	1,442	1,307.3

*Number reflects both matched and unmatched EMS calls for service

- Regionally there were 37,715 calls for service and 721 (1.91%) were categorized as an EMD OMEGA call type from July to December 2017.
- From July to December 2017 a total of 653.7 unit hours were spent responding to OMEGA calls. If doubled, 1,422 calls would receive an alternative response resulting in a potential annual savings of 1,307.3 total unit hours regionally.

CARD 33 CALL SUMMARY & ANALYSIS

Card 33 Background

Card 33 is the International Academy Medical Priority Dispatch System EMD protocol for facilities identified as having a medical professional on-staff during all hours of operation and having access to an AED or crash cart. The process relies on the medical knowledge of the caller and bypasses some of the preliminary EMD questions the general public would receive. The facilities included in this card are hospitals, skilled nursing or assisted living facilities with 24 hour medical coverage, and Urgent Care centers. For Washoe County, at this time there are 28 facilities approved for the Card 33 EMD protocol.

The facilities are categorized as three facility types: Urgent Care, Psychiatric Facility or Skilled Nursing/Rehabilitation Centers. Through meetings, the workgroup has determined that REMSA will continue to respond to all Card 33 facilities; however fire partners will only respond to priority 1 calls and will be cancelled to a priority 2 or priority 3 calls to all of these facilities.

Total Unit Hours Saved

This section provides the estimated saving of unit hours with the implementation of the alternative response for the identified facilities. The data utilized for this section was the most current matched data for the region. Therefore, total unit hours saved was calculated using 6 months of matched calls from July 2017 to December 2017. True cost savings to a jurisdiction could be estimated utilizing the total unit hour provided in the below chart and multiplying that by the jurisdictional cost per hour of equipment/personnel.

By utilizing current data, the data analysis provides a more recent estimation of the impact to the system, accounting for the continuing increase of call volume across all jurisdictions. For REMSA, unit hours were measured from time en route to call complete. For Fire, unit hours were measured from time dispatched to call complete. The first table identifies the median and average time spent by each partner on an identified Alpha call for service. This provides the framework for the estimated savings per regional partner.

Agency	Matched Call Data July-December 2017		
	# Card 33 Calls	Median Unit Hours per Call	Average Unit Hours per Call
RFD	80	9:06	11:11
SFD	85	13:57	16:20
TMFPD	0	-	-
REMSA	0	-	-

CARD 33 CALL SUMMARY & ANALYSIS

Agency	6 Month Savings (July-December 2017)				Estimated Annual Savings		
	Total Calls	# Approved Card 33 Calls	Total Unit Hours	Approved Card 33 / Total Reported Calls	Total Calls	# Approved Card 33 Calls	Total Unit Hours
RFD	19,153	80	14.5	0.42%	38,306	160	29.0
SFD	5,681	85	23.1	1.50%	11,362	170	46.2
TMFPD	3,947	0	0.0	0.00%	7,894	0	-
REMSA	36,308	0	0.0	0.00%	72,616	0	-
Region	37,715*	165	37.6	0.44%	75,430	330	75.2

*Number reflects both matched and unmatched EMS calls for service

- Regionally there were 37,715 calls for service and 165 (0.44%) were priority 2 or priority 3 calls to Card 33 facilities from July to December 2017.
- From July to December 2017 a total of 37.6 unit hours were spent responding to Card 33 facilities. If doubled, 330 calls would receive an alternative response resulting in a potential annual savings of 75.2 total unit hours regionally.

ALPHA CALL SUMMARY AND ANALYSIS

Objective 1.2, under Goal 1, of the Regional 5-Year EMS Strategic Plan states that the region will “implement appropriate protocols to determine service level through EMD process to low acuity Priority 3 calls...” A workgroup was formed to address this strategic planning initiative. One of the call types reviewed was an Alpha Call, which is indicating a call that could receive a non-lights/siren BLS ambulance response.

The workgroup systematically reviewed the proposed Alpha determinates, utilizing data reports, to recommend alternative response protocols. In alignment with the strategic plan, employing a more appropriate response mechanism could potentially decrease emergency room visits as well as the medical costs to the patient. Additionally, it could assist a resident’s ability to access appropriate healthcare services that are more in line with their medical needs.

There were 52 Emergency Medical Determinants (EMDs) that REMSA originally requested to be considered to receive an alternate response.

- Total REMSA calls over 2 year time period was 132,002
- Priority 3 calls were 23,976 (18.16%) of overall REMSA calls
 - Requested Alpha calls were 9,034 (6.8%) of overall REMSA calls
- Among the requested Alpha calls (9,034), 60.93% (5,504) matched to fire. This accounts for 4.16% of the total REMSA calls for the two-year time period. The matched requested Alpha calls account for approximately 4-7% of fire calls, depending on the total EMS-related calls reported by those fire jurisdictions as follows:
 - Estimated 4.67% of RFD total EMS calls reported over a 2 year period
 - Estimated 7.55% of SFD total EMS calls reported over a 2 year period
 - Estimated 6.60% of TMFPD total EMS calls reported over a 2 year period

The workgroup reviewed the EMD code description and agreed to assess preliminary match data for 36 EMD types. A document was drafted for the 36 EMD codes and 24 were approved by the workgroup to receive a thorough data analysis and discussion. This took place over a four-month period of time. Data documents were produced for each of the 24 EMDs, to include chart review for a sample of each of the determinants. Among those 24 analyzed EMD types, 18 EMDs were approved for alternate response.

52 Alpha EMDs “Requested” → 36 Alpha EMDs “Considered”

24 Alpha EMDs “Analyzed/ discussed” → **18 EMDs “Approved” for alternate transport**

Call Type	# of Calls for Service	% of Total Calls Reported by REMSA	# Matched to Fire	% Matched to Fire	Matched / Total Matched Calls	# of EMD Types
Alpha calls requested by REMSA	9,166	6.94%	NA	NA	NA	52
Alpha calls considered by Work Group	9,034	6.84%	5,504	60.93%	5.68%	36
Alpha calls discussed by Work Group	4,797	3.63%	2,567	53.51%	2.65%	24
Alpha calls approved by Work Group	2,644	2.00%	1,318	49.85%	1.36%	18

The regional summary table splits out the Alpha EMDs as those requested, considered, discussed, and recommended for approval over the two-year period from July 2015 through June 2017.

Jurisdictional Summaries July 2015-June 2017

The jurisdictional summaries provide insight on the potential impact to each jurisdiction if the Alpha EMDs recommended by the Work Group were to receive an alternative response. The summary data in the tables were calculated using the same two-year time period that was utilized for the Alpha data analyses. It should be noted that TMFPD calls include only areas TMFPD indicated are within their jurisdiction. Because REMSA provides transportation to other partners within the region, the jurisdictional data for TMFPD, SFD, and RFD will not add up to the total calls in REMSA's jurisdictional table or the regional summary table.

There were a total of 16 Alpha EMDs recommended for an alternative response for both fire and REMSA. An additional Alpha EMD was recommended for an alternate REMSA response and one additional Alpha EMD recommended for an alternate Fire response. Therefore, each below chart includes 17 EMDs per agency, although a total of 18 were identified in total.

REMSA

Call Type	# of Calls for Service	% of Total Calls Reported by REMSA
Total calls reported by REMSA	132,002	100.00%
Priority 3 Calls	23,976	18.16%
Alpha calls approved by Work Group	2,601	1.97%

- If the recommendations had been implemented, it is estimated REMSA would not have responded to 2,601 calls, equivalent to 1.97% of the reported EMS calls for service over the two year period.

Reno Fire Department

Call Type	# of Calls for Service	% of Total Calls Reported by RFD	# Matched to REMSA	% Matched to REMSA / Total RFD Reported Calls
Total calls reported by RFD	65,669	100.00%	61,132	93.09%
REMSA Priority 3 Calls	NA	NA	7,864	11.98%
Alpha calls approved by Work Group	NA	2.73%	639	0.97%

- If the recommendations had been implemented, it is estimated that RFD would not have responded to 639 calls, equivalent to .97% of the reported EMS calls for service over the two-year period.

Sparks Fire Department

Call Type	# of Calls for Service	% of Total Calls Reported by SFD	# Matched to REMSA	% Matched to REMSA/ Total SFD Reported Calls
Total calls reported by SFD	22,205	100.00%	21,399	96.37%
REMSA Priority 3 Calls	NA	NA	3,632	16.36%
Alpha calls approved by Work Group	NA	2.22%	419	1.89%

- If the recommendations had been implemented, it is estimated SFD would not have respond to 419 calls, equivalent to 1.89% of the reported EMS calls for service over the two-year period.

Truckee Meadows Fire Protection District

Call Type	# of Calls for Service	% of Total Calls Reported by TMFPD	# Matched to REMSA	% Matched to REMSA / Total TMFPD Reported Calls
Total calls reported by TMFPD	14,621	100.00%	13,848	94.71%
REMSA Priority 3 Calls	NA	NA	2,335	15.97%
Alpha calls approved by Work Group	NA	2.67%	300	2.05%

- If the recommendations were implemented, it is estimated TMFPD would not have responded to 300 calls, equivalent to 2.05% of the reported EMS calls for service over the two-year period.

Total Hour Units Saved

At the request of the workgroup, this section attempts to identify the estimated saving of unit hours with the implementation of an alternative response for the identified EMDs. The data utilized for this section was the most current matched data for the region. Therefore, total unit hours saved was calculated using 6 months of matched calls from July 2017 to December 2017.

By utilizing current data, the data analysis is able to provide a more recent estimation of the impact to the system, accounting for the continuing increase of call volume across all jurisdictions. For REMSA, unit hours were measured from time en route to call complete. For Fire, unit hours were measured from time dispatched to call complete.

The first table identifies the median and average time spent by each partner on an identified Alpha call for service. This provides the framework for the estimated savings per regional partner.

Agency	Median & Average Time per Call Matched Data July-December 2017		
	# Alpha Approved Alpha Calls	Median Time per Call	Average Time per Call
RFD	263	6:20	10:52
SFD	105	15:54	17:01
TMFPD	93	19:33	20:41
REMSA	878	55:41	54:08

- Regionally, there were 36,308 calls for service, and 2.42% (878) were identified as one of the 18 recommended Alpha EMDs.

Agency	6 Month Savings (July-December 2017)				Estimated Annual Savings		
	Total Calls	# Approved Alpha Calls	Total Unit Hours	Approved Alphas / Total Reported Calls	Total Calls	# Approved Alpha Calls	Total Unit Hours
RFD	19,153	263	47.6	1.37%	38,306	526	95.2
SFD	5,681	105	29.8	1.85%	11,362	210	59.5
TMFPD	3,947	93	30.3	2.36%	7,894	186	60.7
REMSA	36,308	878	792.1	2.42%	72,616	1,756	1,584.1
Region	36,308	878	899.8	2.42%	72,616	1,756	1,799.5

- Over a 6 month period of time (July-December 2017), a total of 899.8 total unit hours were spent responding to approved Alpha calls. If doubled, the recommended 18 Alpha EMDs could result in an annual savings of 1,799.5 unit hours across the region.

iwaspoisoned.com

Online reporting for food poisoning



The iwaspoisoned.com webpage

iwaspoisoned.com

ABOUT FAQ WHY REPORT IT? LEARN BLOG

REPORTING YOUR CASE HELPS THOSE AROUND YOU

The leading consumer platform for reporting food poisoning.

STEP 1

Where did you eat?

What are your symptoms?

Diarrhea
 Fever
 Nausea
 Vomiting

STEP 2

Description

Tell your story: Please include when you ate, what you ate, and when the symptoms started. The more details, the better.

Rate the Business

☆☆☆☆☆

FINISH REPORT

Send My Report To :

Public Health The Business
 Detect Outbreaks

Get Alerts

Get notified if we receive other reports for your case

SUBMIT REPORT

Recent Reports

	DESCRIPTION
Sep 11 9:54am El Pollo Loco, Haun Rd, Menifee, California, USA Symptoms: Diarrhea Nausea Vomiting	My boyfriend and I got sick. My symptoms started shortly after I ate. I got a big migraine and throughout the night I've been nauseous and eventually started vomiting. My boyfriend's been stuck in the bathroom as well. Read More

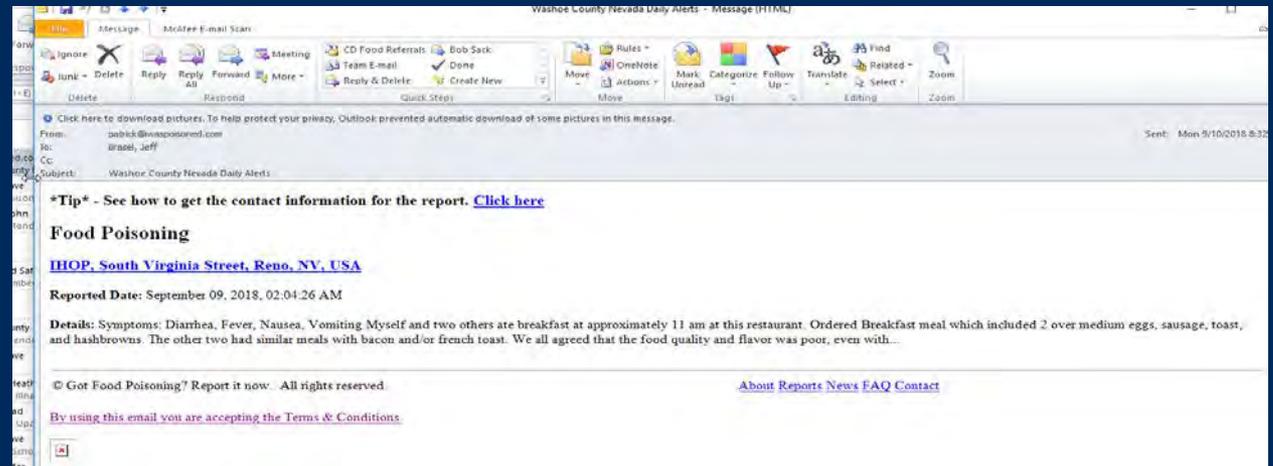
iwaspoisoned platform

- Simple process in which consumer enters information into a database by checking off symptoms, entering description of complaint and/or illness in a dialogue box and providing contact information.
- The complainant may elect by checking a box to contact Public Health.



The email path

- Emails provided on complaints in which public health is checked to:
 - EHS Epi Staff
 - EHS Front Desk Staff
 - Communicable Disease (CD) Program Staff



Contact initiated by WCHD EHS staff

- Staff from EHS review for information and contact if contact complainant via email and/or phone information is provided

IHOP, South Virginia Street, Reno, NV, USA

2018-09-09 02:04

User Email: japkrit@gmail.com

User Phone: 9093433446

Product: Myself and two others ate breakfast at approximately 11 am at this restaurant. Ordered Breakfast meal which included 2 over medium eggs, sausage, toast, and hashbrowns. The other two had similar meals with bacon and/or french toast. We all agreed that the food quality and flavor was poor, even with the consideration that we were eating at a cheap meal part of a multinational chain. I ate the most food by far and even ate portions of the other two. Immediately after the meal, one of us three departed on a flight to Georgia. Myself and the other continued on our travels together to southern California. Within 12 hours I started to experience very mild loss of appetite, this persisted until about 36 hours when I suddenly started to vomit and have diarrhea. Fever, vomiting and diarrhea persisted for about 14 hours. Vomiting and diarrhea were often uncontrollable and watery and resulted in a public incidence. 50 hours since the IHOP poisoning, the vomiting, diarrhea and fever have stopped after taking an adequate dose of Imodium. Stomach discomfort has persisted until today, the 6th day with gradual improvement.

Number of sick persons: 3

Symptoms: Diarrhea, Fever, Nausea, Vomiting

Diagnosis:

Area:

Street: 1800

Route: South Virginia Street

City: Reno

State: Nevada

Postcode: 89502

Country: United States

[Public Link](#)

WCHD experience with iwaspoisoned.com

- The WCHD has over a year of experience working with the webpage.
- Since January the email feeds have been streamlined to include our Communicable Disease staff and EHS Front Desk staff.
- The number of complaints has more than doubled since the site started contacting WCHD in early 2017.

WCHD experience with iwaspoisoned.com Pros

- Pros
 - Information provided for potential foodborne illness cases that did not contact WCHD.
 - Surveillance tool for potential outbreaks relevant to WCHD permitted food establishments.
 - Provides a means in some cases for interjurisdictional notification of complaints received in other locations that WCHD may not have received otherwise.
 - Provides citizens a simple platform in which to make a complaint.

WCHD experience with iwaspoisoned.com Cons

- Cons
 - Low rate of return call and report from complainant after messages left by WCHD.
 - Multiple sources receiving same complaint results in duplication of effort and assumptions of multiple complaints.
 - Privacy concerns over patient information provided on a public web-site and online.
 - Potential delays in reporting and thus response over taking the complaint directly.

Questions



DD	___	___
DHO	___	___

Staff Report
Board Meeting Date: October 25, 2018

TO: District Board of Health
FROM: Kevin Dick, District Health Officer
775-328-2416, kdick@washoecounty.us
THROUGH: Kitty Jung, DBOH Chair
SUBJECT: Possible appointment of Dr. Reka Danko to the District Board of Health for a term beginning January 2019 and ending December 2022.

SUMMARY

District Board of Health must appoint a physician licensed to practice medicine in the State of Nevada. Dr. Reka Danko is eligible for appointment and has indicated her willingness to serve on the Board.

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

Dr. Hess was originally appointed to the District Board of Health in June of 2011 to complete the unexpired term of Dr. Amy Khan, whose appointment expired December 31, 2014. Dr. Hess was reappointed on January 22, 2015 to serve a term that ends in December 2018.

BACKGROUND

The District Board of Health must appoint or reappoint a physician licensed to practice medicine in the State of Nevada.

Dr. George Hess serves as the Board's physician appointee in accordance with the requirements of Nevada Revised Statutes 439.390 and the Interlocal Agreement, Section 2, Subsection D. Dr. Hess was originally appointed to the District Board of Health in June of 2011, to complete the unexpired term of Dr. Amy Khan, whose appointment expired December 31, 2014. Dr. Hess was reappointed on January 22, 2015 to serve a term that ends in December 2018. Dr. Hess has indicated his desire to step down from the Board at the end of his current term.

Dr. Hess assisted the Health District in working with Dr. Kevin Murphy with the Washoe County Medical Society to recruit a physician engaged in the Society's Public Health Committee willing to serve on the District Board of Health. Dr. Murphy identified a Dr. Danko as a potential candidate who contacted Dr. Hess and the District Health Officer to discuss the Board position.

Subject: DBOH Appointment - Danko

Date: October 17, 2018

Page 2 of 2

Dr. Danko is a clinical assistant professor at the University of Nevada, Reno School of Medicine and works as a Hospitalist and Medical Director for the Hospitalist Group at Saint Mary's Hospital. Her schedule may prevent her from attending some Board meetings. She indicated her willingness to join the Board and desire to attend all meetings as she is able to. If she is unable to attend to the Board's satisfaction she is willing to step down so that another physician may be appointed.

FISCAL IMPACT

Should the Board appoint Dr. Danko, there is no fiscal impact to the FY19 budget.

RECOMMENDATION

Staff recommends the Board appoint Dr. Danko to the District Board of Health as a physician licensed to practice medicine in the State of Nevada

POSSIBLE MOTION

Should the Board wish to appoint Dr. Danko, a possible motion would be, "I move that Dr. Danko be appointed to the District Board of Health for a term, beginning January 2019 and ending December 2022."

Reka Danko, M.D., earned her medical degree at the University of Nevada, Reno School of Medicine, where she also completed her residency in Internal Medicine. Following board certification, Dr. Danko joined a hospitalist practice in Northern Nevada. In 2013, she also began working at Northern Nevada HOPES, a Federally Qualified Health Center in Reno, where she served as the Chief Medical Officer from 2014 to early 2017 and focused on building an integrated care model and developing an outpatient addiction treatment program to help those with substance use disorder. Dr. Danko became board certified in Addiction Medicine in 2018 and works with community programs to increase education, prevention, and treatment programs. Dr. Danko is a clinical assistant professor at the University of Nevada, Reno School of Medicine and works as a hospitalist at Saint Mary's hospital.

Reka Danko, M.D.

Employment and Professional Appointments

Reka Danko, M.D., Professional Corporation, 402 North Division Street, Carson City, NV 89703
Owner/President, July 2011- present

Saint Mary's Regional Medical Center, 235 West 6th Street, Reno, NV 89503
Intensive Care Unit Hospitalist in acute care hospital, February 2016 – present
Medical Director, Saint Mary's Hospitalist Group, April 2017 - present

University of Nevada, Reno School of Medicine, 1664 North Virginia Street, Reno, NV 89557
Clinical Assistant Professor, May 2011 – present
Course Coordinator, Practice of Medicine Year I curriculum, August 2012 – June 2014

Northern Nevada HOPES, 580 West 5th Street, Reno, NV 89503
Chief Medical Officer of Federally Qualified Health Center, January 2014 – March 2017
Medical Director and Primary Care Physician, July 2013 – March 2017
Addiction Program Director, March 2015 – March 2017

Rosewood Rehabilitation Center, 2045 Silverada Boulevard, Reno, NV 89512
Supervising Physician at Skilled Nursing Facility, December 2015 – May 2018

Northern Nevada Medical Center, 2375 East Prater Way, Sparks, NV 89434
Hospitalist at acute care hospital, July 2011- July 2016

Board Certifications

Internal Medicine 317409, American Board of Internal Medicine, August 24, 2011 (certified through 2021)
Addiction Medicine 61-2101, American Board of Preventive Medicine, January 1, 2018 (certified through 2027)

Licenses and Certifications

Nevada State Board of Medical Examiners, License Number 13935
Nevada State Board of Pharmacy, Controlled Substance Registration
Drug Enforcement Administration, Data 2000 waiver, March 24, 2015
Probuphine Prescriber and Inserter Certification, August 1, 2016
National Provider Identification number 1093987281
Advanced Cardiovascular Life Support (ACLS), American Heart Association, July 2008 - present

Education and postgraduate training

Postgraduate training

University of Nevada School of Medicine, Internal Medicine Residency, 2009-2011
University of Nevada School of Medicine, Internal Medicine Internship, 2008-2009

Graduate

University of Nevada School of Medicine, Doctor of Medicine, May 2008

Undergraduate

University of Nevada, Reno, Bachelor of Science Speech Pathology and Audiology, High Distinction, 2003

Committee Appointments

University of Nevada, Reno School of Medicine, Alumni Committee
Member, 2012 – present

Secretary/Treasurer, 2018 – present
 Vice President of Communication, 2017 – 2018
 University of Nevada, Reno School of Medicine, Office of Community Faculty
 Advisory Board, 2015 – present
 Anthem Blue Cross and Blue Shield Healthcare (previously Amerigroup Medicaid), Medical Advisory Committee
 Committee member, May 2016 – present
 Opioid Task Force, Nevada State Medical Association
 Member, June 2016 – present
 Join Together Northern Nevada, Substance Abuse Coalition
 Board of Directors, June 2017 – present
 Public Health Commission, Washoe County Medical Society
 Member, July 2017 – present
 Co-Chair, July 2017 – October 2018
 Allied Public Health Commission, Nevada State Medical Association
 Member, August 2016 – September 2018 when commission joined with WCMS Public Health Commission
 Community Opioid Response Alliance
 Participant, May 2016 – February 2018
 Government Affairs Commission, Washoe County Medical Society
 Member, October 2017 – October 2018
 Collaborative Opiate Treatment Initiative, Washoe County Sheriff's Office
 Participant, May 11, 2016- November 2016
 Antimicrobial Resistance Action Planning Summit
 Provider stakeholder, November 10, 2016
 State of Nevada, Governor's planning committee member
 June 21, 2016
 University of Nevada School of Medicine, Clinical Insight and Advisory Group
 Faculty group leader, 2010 – 2012
 University of Nevada School of Medicine
 Executive steering committee, academic education, resident member, 2010
 Curriculum Review Committee, Resident Member, Clinical Problem solving, 2010
 Curriculum Review Committee, Student Member, Human Behavior Course, 2005
 Student Executive Counsel, Class Historian, Academic years 2005-2008

Honors and Awards

Twenty under 40 Award recipient, Reno Gazette Journal and Reno-Tahoe Young Professionals Network, 2016
 Award of Excellence for commitment of time, support and inspiration to students, UNR Med, July 2015
 Physician of the Quarter, Northern Nevada Medical Center, Service Excellence, January - March 2015
 Physician of the Quarter, Northern Nevada Medical Center, Service Excellence, July -September 2013
 Outstanding Resident Nevada 2010, May 2010
 Outstanding Student in Internal Medicine, University of Nevada School of Medicine, 2008
 Frances Cafferata Brown Scholarship recipient, 2007
 Soroptimist International of Truckee Meadows, Jack Simon Scholarship for Graduate Students, 2007-2008
 Certificate of Special Congressional Recognition, April 26, 2007
 United States Senator Harry Reid, Certificate of Commendation, April 26, 2007
 Senatorial Certificate, United States Senator John Ensign, April 26, 2007
 Nevada Women's Fund, Scholarship recipient, 2007-2008
 Nevada Women's Fund, Scholarship recipient, 2006-2007
 Sanford Center for Aging, Medical Student Scholar - Nevada, 2005-2006
 Special Congressional Certificate of Recognition, May 2, 2005
 Senatorial Recognition, United States Senator John Ensign, May 2, 2005

United States Senate, Certificate of Commendation, May 2, 2005
Nevada Women's Fund, Scholarship recipient, 2005-2006
Hungarian Reformed Federation of America, Graduate Scholarship recipient, 2004-2005
University of Nevada, Reno, Academic Scholarship recipient, 2002-2003
Undergraduate Funded Research Grant recipient, 2001, "Ski Physics"
President's Education Awards Program Outstanding Academic Achievement Award recipient, 1999
Western Nevada Regional Science Fair, Physical Science, First Place, 1999

Academic Appointments

Community Health: Case studies in underserved populations, UNR School of Medicine, Year III curriculum
Classroom lecture; May 17, 2018

Goodman Residence Research Competition, Competition Judge, University of Nevada, Reno School of Medicine
Renown Regional Medical Center; April 18, 2018

Addiction Medicine, University of Nevada, Reno School of Medicine, Year II curriculum
Classroom lecture and exam preparation; November 20, 2017

Opioids, Opioid Use Disorder and the Opioid Epidemic; Introduction to Public Health Course, University of NV Reno
Classroom lecture; November 17, 2017

Health Care Policy, Master of Public Health (MPH) program, University of Nevada, Reno
Classroom lecture; October 26, 2017

Community Health: Case studies in underserved populations, UNR School of Medicine, Year III curriculum
Classroom lecture; June 2, 2017

Goodman Residence Research Competition, Competition Judge, UNR School of Medicine
Renown Regional Medical Center; April 19, 2017

Health Care Policy, Master of Public Health (MPH) program, University of Nevada, Reno
Classroom lecture and exam preparation; February 2, 2017

Addiction Medicine, University of Nevada, Reno School of Medicine, Year II curriculum
Classroom lecture and exam preparation; November 21, 2016

Spirituality in Clinical Practice, University of Nevada, Reno School of Medicine, Year I curriculum
Classroom lecture and exam preparation; September 7, 2016

Clinical Preceptor, Internal Medicine, UNR School of Medicine, Year II curriculum Advanced Clinical Skills
Clinical practicum, 2 students; Fall Semester 2016

Clinical Preceptor, Addiction Medicine, UNR School of Medicine, Year II curriculum Practice of Medicine
Clinical practicum student; Academic Summer Semester 2016

Community Health: Case studies in underserved populations, UNR School of Medicine, Year III curriculum
Classroom lecture and exam preparation; June 3, 2016

Goodman Residence Research Competition, Competition Judge, UNR School of Medicine
Renown Regional Medical Center; April 21, 2016

Sexuality in Medical Practice, UNR School of Medicine, Year I curriculum
Classroom lecture and exam preparation; Academic Spring Semester 2016

Motivational Interviewing, UNR School of Medicine, Practice of Medicine I, Year I curriculum
Group facilitator with standardized patients; January 27, 2016

Clinical Preceptor, Internal Medicine, UNR School of Medicine, Year I curriculum Practice of Medicine I
Clinical practicum, 1 student; Academic Spring Semester 2016

Clinical Preceptor, Internal Medicine, UNR School of Medicine, Year II curriculum Advanced Clinical Skills
Clinical practicum, 1 student; Academic Fall Semester 2015

Spirituality in Clinical Practice, UNR School of Medicine, Year I curriculum
Classroom lecture and exam preparation; September 9, 2015

Clinical Preceptor, Internal Medicine, University of New England, Physician Assistant Program
Clinical practicum, 1 student; Academic Fall Semester 2015

Clinical Preceptor, Internal Medicine, UNR School of Medicine, Year I curriculum Practice of Medicine I

Clinical practicum, 1 student; Academic Summer Semester 2015
Clinical Preceptor, Internal Medicine, UNR School of Medicine, Year I curriculum Practice of Medicine I
Clinical practicum, 1 student; Academic Spring Semester 2015
Motivational Interviewing, UNR School of Medicine, Year I curriculum Practice of Medicine
Curriculum development and clinical case development; Academic Fall Semester 2014- Spring Semester 2015
Challenging Patient Cases, UNR School of Medicine, Year I curriculum Practice of Medicine
Curriculum and clinical case development; Academic Fall Semester 2014- Spring Semester 2015
Spirituality in Clinical Practice, UNR School of Medicine, Year I curriculum
Classroom lecture and exam preparation; September 3, 2014
Course director and clinical instructor, Practice of Medicine, UNR School of Medicine, Year I curriculum
Classroom and standardized patient instruction; Academic Spring Semester 2014
Course director and clinical instructor, Practice of Medicine, UNR School of Medicine, Year I curriculum
Classroom and standardized patient instruction; Academic Fall Semester 2013
Spirituality in Clinical Practice, UNR School of Medicine, Year I curriculum
Classroom lecture and exam preparation; September 4, 2013
Course director and clinical instructor, Practice of Medicine, UNR School of Medicine, Year I curriculum
Classroom and standardized patient instruction; Academic Spring Semester 2013
Course director and clinical instructor, Practice of Medicine, UNR School of Medicine, Year I curriculum
Classroom and standardized patient instruction; Academic Fall Semester 2012
Clinical instructor, Introduction to Patient Care, UNR School of Medicine, Year II curriculum
Musculoskeletal, Neurological, Genitourinary and Gynecological systems; Spring Semester 2012
Instructor for student remediation for USMLE Clinical Skills Examination, UNR School of Medicine
Exam preparation and clinical instruction; Academic Spring Semester 2012
Student Outreach Clinic, Preceptor, University of Nevada School of Medicine; 2009-2013
School of Medicine, Standardized patient orientation training; Fall 2009

Research

Research Assistant, University of Nevada, Reno, School of Medicine Physiology and Cell Biology, 2001-2006
Research Assistant, University of Nevada, Reno, Biology Department, 2000-2001

Publications

Ordog, T., Baldo, M., **Danko, R.**, Sanders, K.M. Plasticity of electrical pacemaking by interstitial cells of Cajal and gastric dysrhythmias in *W/W^v* mutant mice. *Gastroenterology* 123(6): 2028-2040, 2002.
Lorincz, A., Baker, S.A., **Danko, R.**, Sanders, K.M., Ördög, T. Functional uncoupling of corpus-to-antrum slow wave entrainment in a murine model of diabetic gastroparesis. (Abstract) *Neurogastroenterol Motil* 17:478, 2005. Presented at 2005 International EGG Society's meeting.
Danko, R. (2007, September 14). Back to School and Staying Healthy. *North Lake Tahoe Bonanza*. 31, A4.

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Presentations

"Opioid Safety Update"
Panelist, Opioid Safety Panel Discussion; Alteon Leadership Meeting
Renaissance Hotel Harborview; Baltimore, MD; September 12, 2018
"Caring for the Patient in the Opioid Epidemic" CME 1 hour
Conference Presenter; More than Opioids: Tools for your Practice, August 22, 2018
Harrah's Hotel and Casino, Reno, NV
"Opioids and Caring for the Patient During the Opioid Epidemic"
Presenter, Lunch and Learn CEU 1 hour, Saint Mary's Regional Medical Center, Reno NV; May 31, 2018
"Opioids, Addiction and Treatment Options"

Presenter, Nurse CEU 1 hr, Saint Mary's Regional Medical Center, Reno NV; May 7, 2018 and May 24, 2018

"Opioids, Addiction and Treatment Options" CME Ethics Series, 2 hours
 Presenter, Saint Mary's Regional Medical Center, Reno NV; May 14, 2018

"Tahoe Talks: Opioid Epidemic"
 Panelist, Incline Village Library, Incline Village, Lake Tahoe; April 26, 2018

"Pain and the Opioid Epidemic"
 Panelist, Nevada Humanities Salon; Sundance Bookstore, Reno NV; March 16, 2018

"Opioids, Addiction, and Treatment Options" CME, 1 hour
 Conference presenter; Pacific Coast College Health Association Annual Conference and Meeting: "Striking Gold! Mastering Emerging Trends in College Health"; Renaissance Reno Hotel, Reno NV; October 13, 2017

"Tahoe Talks: Opioid Epidemic"
 Panelist, Incline Village Library, Incline Village, Lake Tahoe; September 12, 2017

"Opioid Use Disorder and Medication Assisted Treatment" CME 2 hours
 Psychiatry Grand Rounds presenter; UNR School of Medicine, Reno, NV; September 6, 2017

"Opioid Use Disorder and Treatment Options" CME Series, 2.5 hours
 Presenter, Community Town Hall with Author Sam Quinones, author of *Dream Land*
 Saint Mary's Regional Medical Center, Reno NV; September 7, 2017

"Screening for Medication Assisted Treatment" CME, 1 hour
 Conference presenter; The Practical Application of Reducing Dependence on Opioid Prescribing: How CDC Guidelines, Alternative Therapies, and Community Partnerships Can Help Your Practice
 Panelist, How Primary Care and Treatment Can Work Together; Harrah's Reno Hotel, NV, May 17, 2017

"Overdose Prevention" CME 1 hour
 Presenter, Addressing Prescription Drug Abuse and Opioid Addiction in Nevada's Safety Net Health Centers, Veteran's Health Administration, Reno, NV, February 27, 2017

"Treatment of Opioid Use Disorder" CME 1 hour
 Presenter, Addressing Prescription Drug Abuse and Opioid Addiction in Nevada's Safety Net Health Centers, Veteran's Health Administration, Reno, NV, February 27, 2017

"Opioids: What you should know about pain management and Substance Abuse" CME 2 hours
 Presentation with Dr. Denis Patterson, Carson Tahoe Regional Medical Center
 1600 Medical Pkwy, Carson City, NV 89703, January 25, 2017

"Social Determinants of Health" CME 1 hour
 Distinguished speaker, Washoe County Healthy Living Forum, University of Nevada, Reno, Joe Crowley Student Union, Reno, NV, December 1, 2016

"The Opioid Epidemic and Treatment of Opioid Addiction"
 Guest speaker and presenter, Reno South Rotary, Atlantis Casino Resort, Reno, NV, December 1, 2016

"Opioids: What You Should Know About Pain Management and Substance Abuse" CME 2 hours
 Presentation with Dr. Denis Patterson, Alliance for the Washoe County Medical Society, 3700 Barron Way, Reno, NV, October 18, 2016

"Team Based Care Strategies in High Risk Patients" CME 1 hour
 Conference presenter, Nevada Cancer Control Summit, Nevada Cancer Coalition
 Spring Preserves, Las Vegas, NV, September 15, 2016

"Opioids: What You Should Know About Pain Management and Substance Abuse" CME 2 hours
 Presentation with Dr. Denis Patterson, Nevada State Medical Association, Saint Mary's Regional Medical Center, Reno, NV, August 9, 2016

"Opioid Use, Dependence and Treatment options"
 Presenter, Saint Mary's Medical Group, Saint Mary's Regional Medical Center, Reno, NV, July 21, 2016

"Opioid Use, Dependence and Medication Assisted Treatment"
 Presenter; State of Nevada, Governor's Planning Committee
 Legislative Building, Carson City, NV, June 21, 2016

"Opioid Dependence and Treatment Options"

- Presenter, Opioid Crisis Community Planning, Doors to Recovery, Reno, NV, May 16, 2016
 “Opioid Dependence and Treatment Options”
 Presenter, Crossroads Program, Washoe County, NV, May 5, 2016
 “Opioid Dependence and Treatment Options”
 Presenter, Northern Nevada HOPES, Reno, NV, April 29, 2016
 “Opioid Dependence and Treatment Options”
 Guest speaker, The Ridge House, Reno, NV, February 2016
 “Affordable Care Act and the Impact on Medical Practice”
 Presenter, Reno-Sparks Leadership Conference, Renown Regional Medical Center, NV, February 12, 2016
 “Clinical Perspective to Importance of Stable Housing”
 Presenter, Reno City Hall Meeting, City Hall Corporate Office, Reno, NV, October 27, 2015
 “Affordable Care Act, Utilizing Meaningful Use and the Patient Centered Medical Home”
 Presenter, Affordable Care Act Town Hall Conference; Whitney Peak Hotel, Reno, NV, Sept 29, 2015
 “Practice Transformation for the Future”
 Presenter, Medical Group Management Association, Saint Mary’s Medical Center, Reno, NV, Aug 17, 2015
 “Methicillin Resistant Staphylococcus Aureus (MRSA) Guidelines”
 Journal Club presenter, Sierra Hospitalists Association, Renown Regional Medical Center; NV, March 9, 2011
 “Metformin Mimicking Mesenteric Ischemia”
 Case Presentation, American College of Physicians Nevada Chapter, ACP Conference, Las Vegas, NV,
 January 16, 2010
 “Coccidioidomycosis” CME 1 hour
 Grand Rounds Presenter; Renown Regional Medical Center, Reno, NV, November 10, 2009

Other engagements

- Conference facilitator; Veteran’s Health Administration, Reno, NV; February 27, 2017
 Addressing Prescription Drug Abuse and Opioid Addiction in Nevada’s Community Health Centers
 Nevada Primary Care Association and Health Resources and Services Administration
 Expert interview and stakeholder, SAPTA Strategic Planning Interview, Social Entrepreneurs, Inc.; March 2, 2017
 Opioid dependence and addiction prevention and treatment services in Nevada; Reno, NV
 Panelist; Prescription Town Hall; July 12, 2016
 Join Together Northern Nevada; University of Nevada, Reno School of Medicine, Reno, NV
<http://www.kolotv.com/content/news/Prescription-drug-abuse-town-hall-held-in-Reno-386581391.html>
 Key Note Speaker; Clinician’s Ceremony, University of Nevada, Reno School of Medicine; Reno, NV, June 16, 2016
<http://med.unr.edu/news/videos/clinicians-ceremony-2016>
 Public Service Announcement Speaker; Nevada Tobacco Quitline Video, taping June 3, 2016
 State of Nevada, Reno, NV
 Nevada Newsmakers: Opioid Epidemic; Dr. Bret Frey and Reka Danko, taping May 26, 2016
nevadanewsmakers.com/video/default.asp?showID=2340,
 Ralston Live: Opioid Epidemic; live taping May 20, 2016
watch.knpb.org/video/2365761157; Anjeanette Damon, Catherine O’Mara, Reka Danko
 KOLO News Story, Heroin Addiction and Medication Assisted Treatment; March 25, 2016
<http://www.kolotv.com/content/news/Fighting-addiction-with-long-lasting-medication-373792841.html>
 Expert interview and stakeholder, American Lung Association, COPD initiative; Sept – October 2015
<http://www.lung.org/local-content/nevada/documents/Final-Draft-COPD-Plan-for-Nevada.pdf>
 Expert interview, NACHC development of “Recruitment, Onboarding, and Retention Toolkit for Health Centers”
<http://www.nachc.com/clinicalworkforcerecruitretain.cfm>; July 2014
 Distinguished speaker; Honor Court Celebration, September 5, 2008
 University of Nevada Reno, Reno, NV
 Distinguished speaker; Nevada Women’s Fund, Foundation Dinner
 Nevada Women’s Fund, Atlantis Casino, Reno, NV, 2008

Alumna highlight; Synapse Magazine, Fall 2016 issue

<http://med.unr.edu/synapse/fall-2016/dr-reka-danko>

Alumna Profile, Silver and Blue, Summer 2016 issue

http://www.unr.edu/silverandblue/archive/2016/summer/NSB_Summer_2016_36-47.pdf

Volunteer, Belfast, Northern Ireland, Hospice Care & Health Care Policy, Marie Curie Center, March 2004

Tutor, Clinical Psychology, University of Nevada Behavior Analysis Program in Autism, September 2001-May 2002

Conference attendance and additional Continuing Medical Education not included above

Alteon Leadership Meeting; Renaissance Hotel; Baltimore, MD; September 12, 2018

More than Opioids: Tools for Your Practice; Harrah's Reno, NV; August 22, 2018 (4 CME hours)

Case reviewer for the Nevada State Board of Medical Examiners; January 2018 (18 CME hours)

Pacific Coast College Health Association Annual Conference and Meeting: "Striking Gold! Mastering Emerging Trends in College Health"; Renaissance Reno Hotel, Reno, NV October 13, 2017 (4 CME hours)

Medical Malpractice Trending Topics; Hudson Medical Group, Reno, NV, October 12, 2017 (2 CME hours)

American Society of Addiction Medicine: The Review Course in Addiction Medicine (22 CME hours)

Gaylord Texan Resort, Dallas, TX, July 26 – July 29, 2017

Achieving Optimal Physician Profiles and Quality Metrics, Prime Healthcare; Reno, NV; April 28, 2017 (2.5 hours)

The Practical Application of Reducing Dependence on Opioid Prescribing (5 CME hours)

Harrah's Reno, NV, University of Nevada, Reno, May 17, 2017

Addressing Prescription Drug Abuse and Opioid Addiction in Nevada's Safety Net Health Centers (8 CME hours)

Veteran's Health Administration, Reno, NV, February 27, 2017

Washoe County Healthy Living Forum (4.5 CME hours)

UNR Student Union, Reno, NV, December 1, 2016

Antimicrobial Resistance Action Planning Summit

UNR Redfield Campus, November 10, 2016

Medical Malpractice Trending Topics; Hudson Medical Group, October 13, 2016 (2 CME hours)

Nevada Cancer Control Summit (6.75 CME hours)

Spring Preserves, Las Vegas, NV, September 15, 2016

Nevada Governor's Prescription Opioid Summit

MGM Grand, Las Vegas, NV – August 30 – September 1, 2016

Nevada State Board of Medical Examiners, Board Processes, September 22, 2016 (2 CME hours)

Probuphine Training; Braeburn Pharmaceuticals, Las Vegas, NV – August 2016

American Society of Addiction Medicine Conference (21.5 CME hours)

Baltimore, MD – April 2016

American Psychiatric Association, Buprenorphine and Office-based Treatment of Opioid Dependence

March 2018 (8 CME hours)

Medical Director training, NACHC P&I Forum (10 CME hours); Washington D.C. -March 22-23, 2014

Community Health Institute, NACHC Conference; San Diego, CA – August 2014 (20 CME hours)

Other Employment and interests

Model, *Stitch Mountain Book*, Soho publishing; Zander, L. 2013. *Stitch Mountain*. New York, NY; sixth & spring books

Teacher, Kaplan Test Preparation, 2003-2004

Ski Instructor, Mount Rose Ski Resort, 2000-2002

Bella Voce Choir, Reno Philharmonic, 2003-2004

University Women's Chorus, 2001-2003

Sierra Nevada Youth Chorale, Leader, 1996-1998

Languages:

Hungarian, fluent written and conversational

Spanish, basic conversational

DD	AH	.
DHO		KD
DA		
Risk		

Staff Report
Board Meeting Date: October 25, 2018

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

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 2018 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 has reached the top of the District Health Officer pay range.

District Health Strategic Objective supported by this item:

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

Washoe County Strategic Objective supported by this item: Valued, engaged employee workforce.

PREVIOUS ACTION

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; 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 increased his compensation to the top of the District Health Officer 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.

On December 15, 2016, the Washoe County District Board of Health conducted the Washoe County District Health Officer's (Mr. Dick) annual performance evaluation; reviewing the results of the 360 survey conducted in September/October 2016. The Board accepted the performance evaluation as presented, and approved a two percent (2%) wage increase retroactive to October 24, 2016.

On September 22, 2016, the District Board of Health approved the use of the electronic 360 evaluation process for the District Health Officer's 2016 Performance Evaluation, as well as the questions to be used and the list of 30 individuals to be invited to participate in the District Health Officer's annual performance evaluation.

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.

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.

Kevin Dick
District Health Officer

Health District Accomplishments: October 2017 – October 2018

- 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 FY18 Fiscal Year budget surplus of revenues exceeding expenditures by \$2,155,505.
- Provide up-to-date information and public health advisories regarding the impacts of the 2018 wildfire season through AirNow forecasts, EnviroFlash health alerts, Twitter, Facebook and media interviews.
- Worked to streamline Water Project review procedures and timeframes by: reinstating the TMWA waiver, participating in the workgroup to revise NAC water project requirements and working with TMWA and NDEP to develop an interlocal agreement to provide for an alternative oversight approach for TMWA approval of Water Projects.
- Reduced average Health District review times for water projects, commercial plans and wells and septic systems to seven calendar days or less.
- Responded to the first measles case in the community since 1999 and conducted prophylaxis and non-pharmaceutical interventions to prevent the spread of the disease.
- Worked with regional partners to update the Mass Casualty Incident Plan and develop an Alpha Plan designed to respond to multi-location mass casualties or large scale events resulting in non-ambulance transports and multiple triage areas.
- Worked with regional partners to identify alternative protocols and EMS service delivery for low acuity calls that are estimated to save 3,176 unit hours or 3,500 calls for service based on current call volumes.
- Conducted preparedness planning exercises for mass casualties, hospital evacuations, points of dispensing (PODs), radiological attack, and isolation and quarantine.
- Implemented the FY17-20 Health District Strategic Plan with significant progress occurring through FY18; 158 of 171 initiatives were achieved or on track.
- Compiled, reviewed, and submitted full documentation required to achieve national accreditation from the Public Health Accreditation Board (PHAB).
- Worked with Nevada Health Authorities, the Nevada Public Health Association and the Legislative Committee on Healthcare for the Committee to approve a BDR to provide \$5 per capita of State funding for Public Health.
- Implemented the 2016-2018 Washoe County Community Health Improvement Plan in conjunction with over forty community partners and Truckee Meadows Healthy Communities (TMHC). 48% of objectives in the priority areas of Access to Healthcare, Behavioral Health, K-12 Education, and Food Security were achieved in year two of the three-year plan.

- In collaboration with Renown Health and TMHC, completed and published the 2018-2020 Community Health Needs Assessment.
- Developed the 2018-2020 Community Health Improvement Plan in conjunction with TMHC and numerous community partners, addressing priorities of Housing and Homelessness, Behavioral Health and Physical Activity/Nutrition.
- Participated on the TMHC Steering Committee and Board of Directors, providing leadership as Co-Chair with Dr. Tony Slonim, CEO of Renown Health, and served as President of the Board.
- Worked with TMHC, Enterprise Community Partners, and the Truckee Meadows Regional Planning Agency to develop a Regional Affordable Housing Roadmap. Phase I work and II work completed.
- Served on the Washoe Regional Behavioral Health Policy Board and supported the development of a BDR to provide Crisis Stabilization Services.
- Worked with the Cities of Reno, Sparks and Sun Valley GID to establish vape and smoke-free park ordinances and establish a resolution for such an ordinance in Washoe County Parks.
- Prepared and published a 2017 Annual Report, a Communicable Disease Annual Report, a Chronic Disease Report Card, Weekly Influenza Report, an Antibiogram Report, an Air Quality Trends Report, a Community Health Improvement Plan Progress Report, and held forums for the release of the Robert Wood Johnson Foundation County Health Rankings and the 2018-2020 Community Health Improvement Plan.
- Communicated public health messaging to the public through 2,266 media interviews, press releases, social media postings and emergency radio messages in FY17 and directed nine advertising campaigns.
- Implemented a Workforce Development Plan for the professional development of Health District staff. Held in-house professional development and training on Learning Organizations and Customer Service.
- 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
 - Regional EMS Advisory Board
 - Nevada Association of Local Health Officials (Vice-President)
 - Nevada Public Health Foundation Board of Directors (Vice President)
 - Regional Business License and Permits Project Management Oversight Group
 - REMSA Board of Directors (ex-officio)
 - Truckee Meadows Healthy Communities (President and Co-Chair)
 - UNR School of Community Health Sciences Community Advisory Board
 - Washoe Behavioral Health Policy Board



2018 District Health Officer's Annual Performance Evaluation

Mr. Kevin Dick

**Presented by the District Board of Health (DBOH)
Thursday, October 25, 2018**

Summary
2018 District Health Officer Performance Evaluation - Mr. Kevin Dick

Question	1	Relationship to DHO	Answer Options	Response Percent	Response Count
			District Board of Health Member	21.1%	4
			Division Director or Admin Health	31.6%	6
			Peer from an Outside Agency	47.4%	9

19 people accessed the survey-18 completed it.
1 person did not answer Question #2 - 6

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	12	6	0	0	18
			Inspires trust and confidence with	11	5	0	2	18
			Functions as an effective leader	11	7	0	0	18
			Values staff, helps staff develop	9	5	0	4	18
			Develops a talented team and	11	5	0	2	18

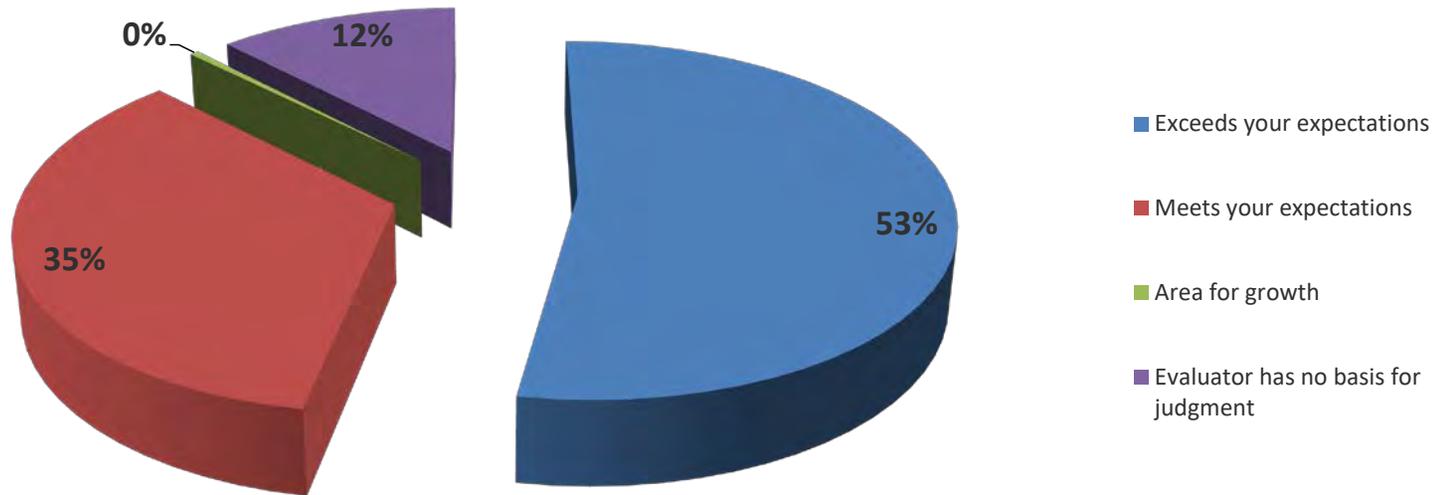
Question	3	COMMUNICATION	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Practices timely and effective	11	4	0	3	18
			Listens attentively and	11	7	0	0	18
			Speaks and writes logically,	12	6	0	0	18
			Delivers logical and well-	8	8	0	2	18
			Encourages and uses feedback	10	8	0	0	18

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	12	5	0	0	17
			Has a successful working	7	6	0	4	17
			Has a successful working	8	9	0	0	17
			Encourages and considers	13	4	0	0	17
			Strives to maintain citizen	8	9	0	0	17

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	7	10	0	1	18
			Effectively represents and	10	7	0	1	18
			Effectively communicates and	9	6	1	2	18
			Appropriately considers the	8	10	0	0	18
			Ensures that the Health District is	13	4	1	0	18

Question	6	DISTRICT BOARD OF HEALTH RELATIONS	Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
			Effectively implements the	7	4	0	7	18
			Disseminates complete and	5	5	0	8	18
			Responds well to requests,	11	5	0	2	18
			Provides support to the board's	6	4	0	8	18
			Facilitates the board's decision	5	5	0	8	18

Kevin Dick's 2018 Overall Performance Evaluation Results

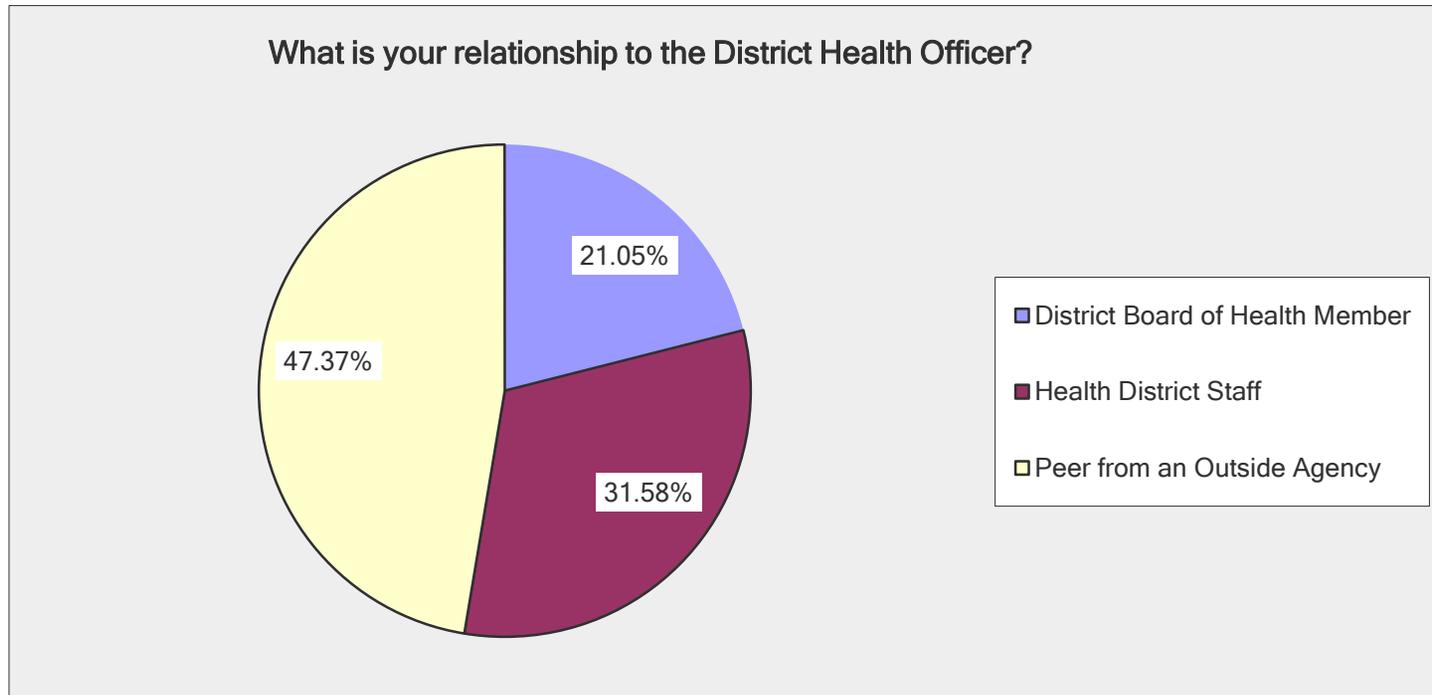


AVERAGE RESULTS FOR QUESTIONS 2-6		SUMMARY	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment
		Avg. # of Participants	9.40	6.16	0.08	2.16
87.42%	Rated Mr. Dick as Meets or Exceeds Expectations.	Percentage %	52.81%	34.61%	0.45%	12.13%

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Kevin Dick's 2018 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	21.05%	4
Health District Staff	31.58%	6
Peer from an Outside Agency	47.37%	9
<i>answered question</i>		19
<i>skipped question</i>		0



Kevin Dick's 2018 District Health Officer Evaluation Question 2

LEADERSHIP

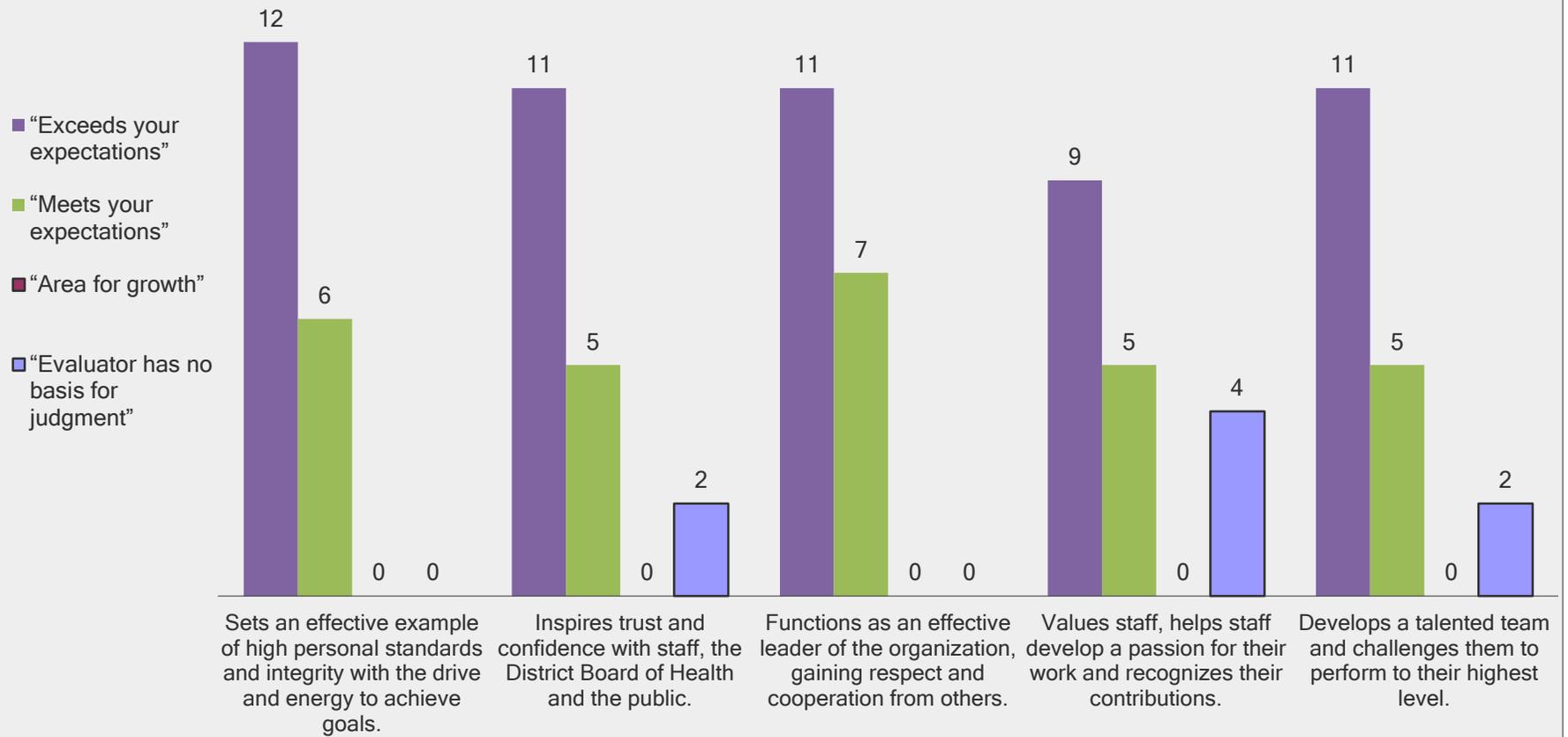
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Sets an effective example of high personal standards and integrity with the drive and energy to achieve goals.	12	6	0	0	18
Inspires trust and confidence with staff, the District Board of Health and the public.	11	5	0	2	18
Functions as an effective leader of the organization, gaining respect and cooperation from others.	11	7	0	0	18
Values staff, helps staff develop a passion for their work and recognizes their contributions.	9	5	0	4	18
Develops a talented team and challenges them to perform to their highest level.	11	5	0	2	18
Additional comments regarding Leadership:					2
<i>answered question</i>					18
<i>skipped question</i>					1

Additional comments regarding Leadership:

Only see continued growth in Mr. Dick's Leadership skills.

Kevin leads with integrity and had a good view of the larger picture.

LEADERSHIP

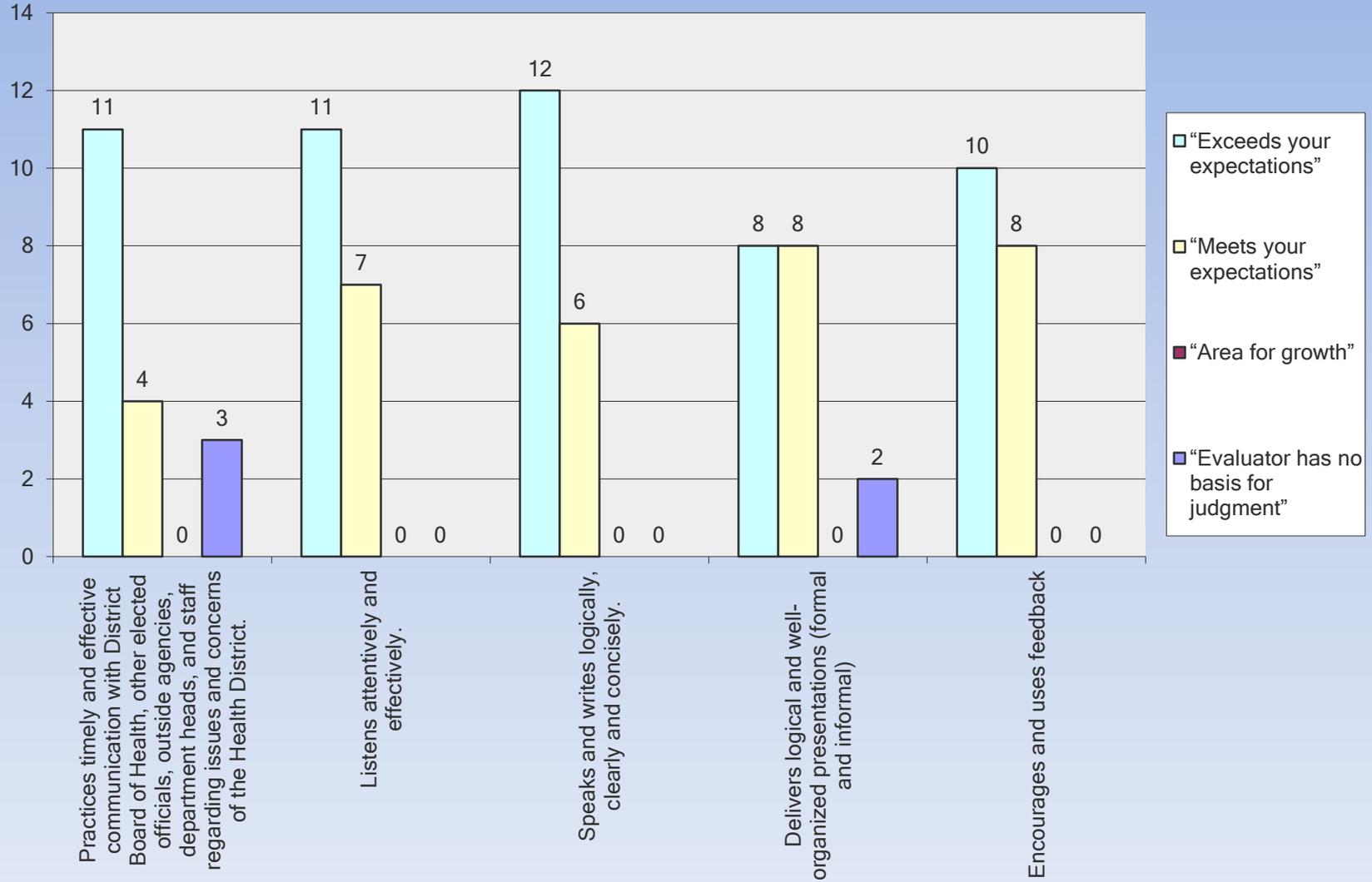


Kevin Dick's 2018 District Health Officer Evaluation Question 3

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.	11	4	0	3	18	
Listens attentively and effectively.	11	7	0	0	18	
Speaks and writes logically, clearly and concisely.	12	6	0	0	18	
Delivers logical and well-organized presentations (formal and informal)	8	8	0	2	18	
Encourages and uses feedback	10	8	0	0	18	
Additional comments regarding Communication:					2	
					<i>answered question</i>	18
					<i>skipped question</i>	1

Additional comments regarding Communication:
This is an area that I think must always be growing and to stay focused on. We can never communicate enough our values to our employees and our customer service to the entities we work with.
Terrific communicator.

COMMUNICATION



Kevin Dick's 2018 District Health Officer Evaluation Question 4

COMMUNITY RELATIONS

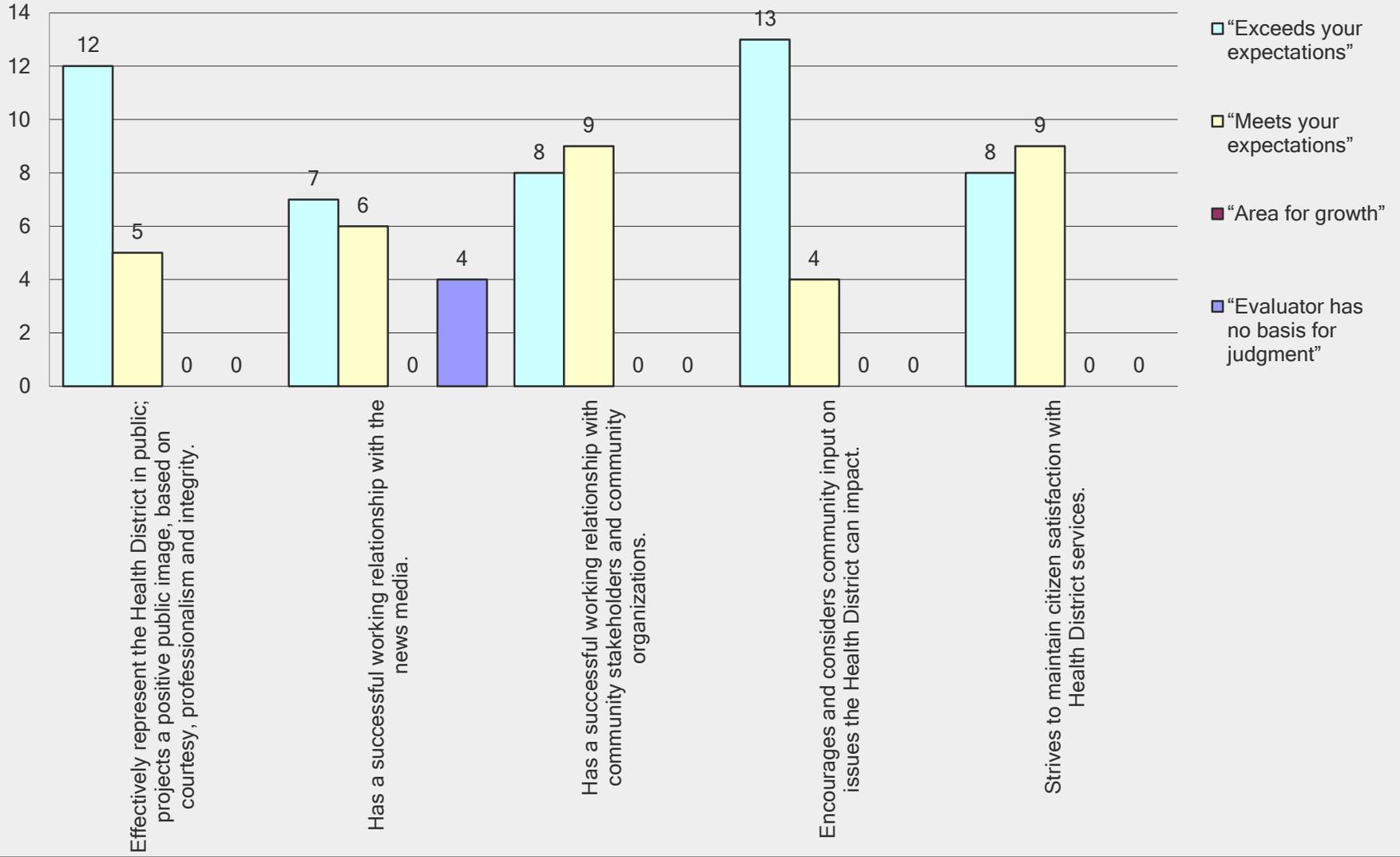
Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively represent the Health District in public; projects a positive public image, based on courtesy, professionalism and integrity.	12	5	0	0	17
Has a successful working relationship with the news media.	7	6	0	4	17
Has a successful working relationship with community stakeholders and community organizations.	8	9	0	0	17
Encourages and considers community input on issues the Health District can impact.	13	4	0	0	17
Strives to maintain citizen satisfaction with Health District services.	8	9	0	0	17
Additional comments regarding Community Relations:					2
<i>answered question</i>					17
<i>skipped question</i>					2

Additional comments regarding Community Relations:

Kevin Dick has done a great job representing the Health District and public health concerns in a variety of community forums.

I would like to see new ideas and efforts made to work with our stake holders. What we do is satisfactory but I believe we can do more and be proactive.

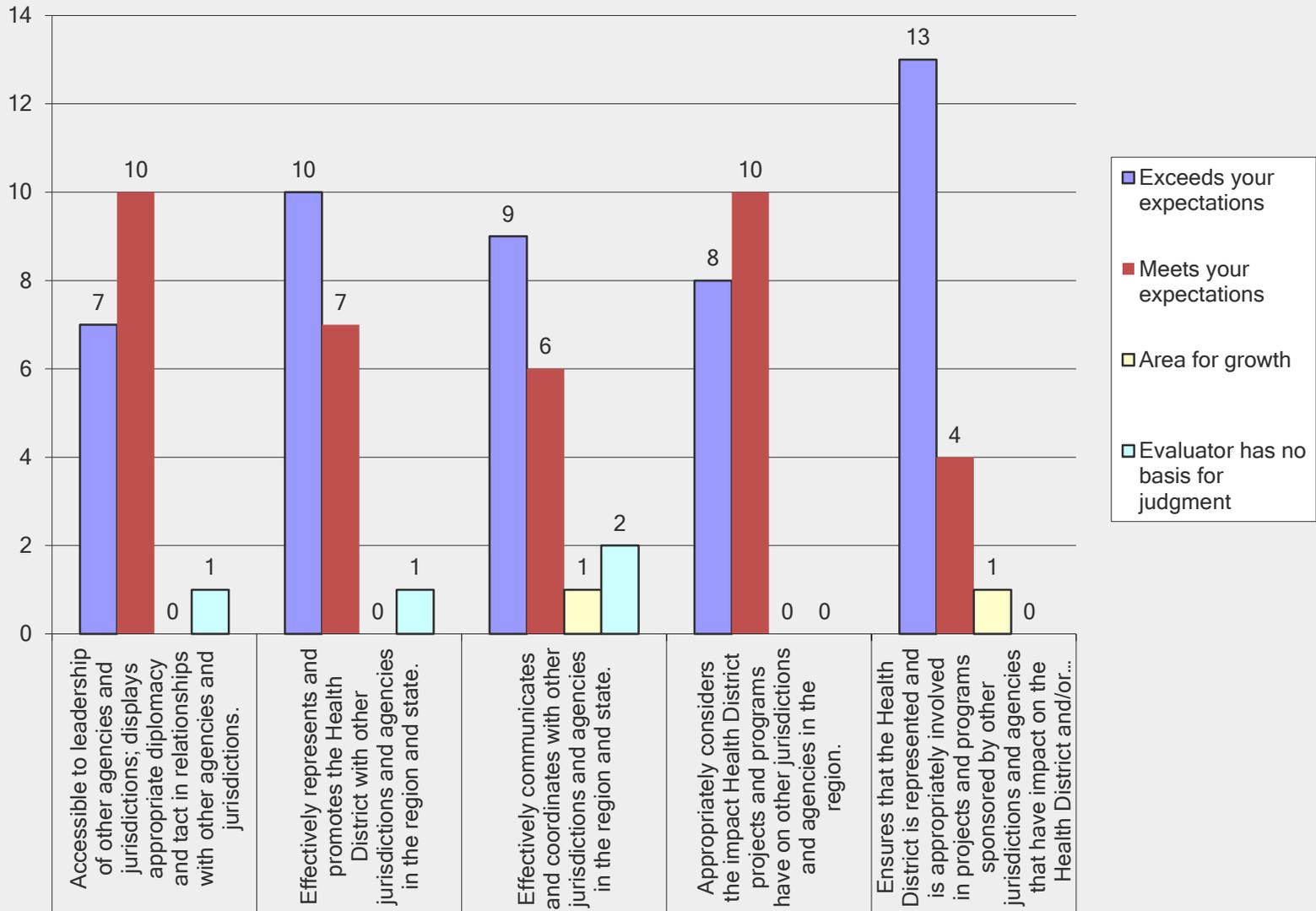
COMMUNITY RELATIONS



Kevin Dick's 2018 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.	7	10	0	1	18
Effectively represents and promotes the Health District with other jurisdictions and agencies in the region and state.	10	7	0	1	18
Effectively communicates and coordinates with other jurisdictions and agencies in the region and state.	9	6	1	2	18
Appropriately considers the impact Health District projects and programs have on other jurisdictions and agencies in the region.	8	10	0	0	18
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.	13	4	1	0	18
Additional comments regarding Community Relations:					1
					<i>answered question</i>
					<i>skipped question</i>
					18
					1
Additional comments regarding Community Relations:					
I want to see the Health District lead our community in our areas of expertise but always keeping in mind we are serving those who are being touched by our decisions.					

INTERGOVERNMENTAL RELATIONS



Kevin Dick's 2018 District Health Officer Evaluation Question 6

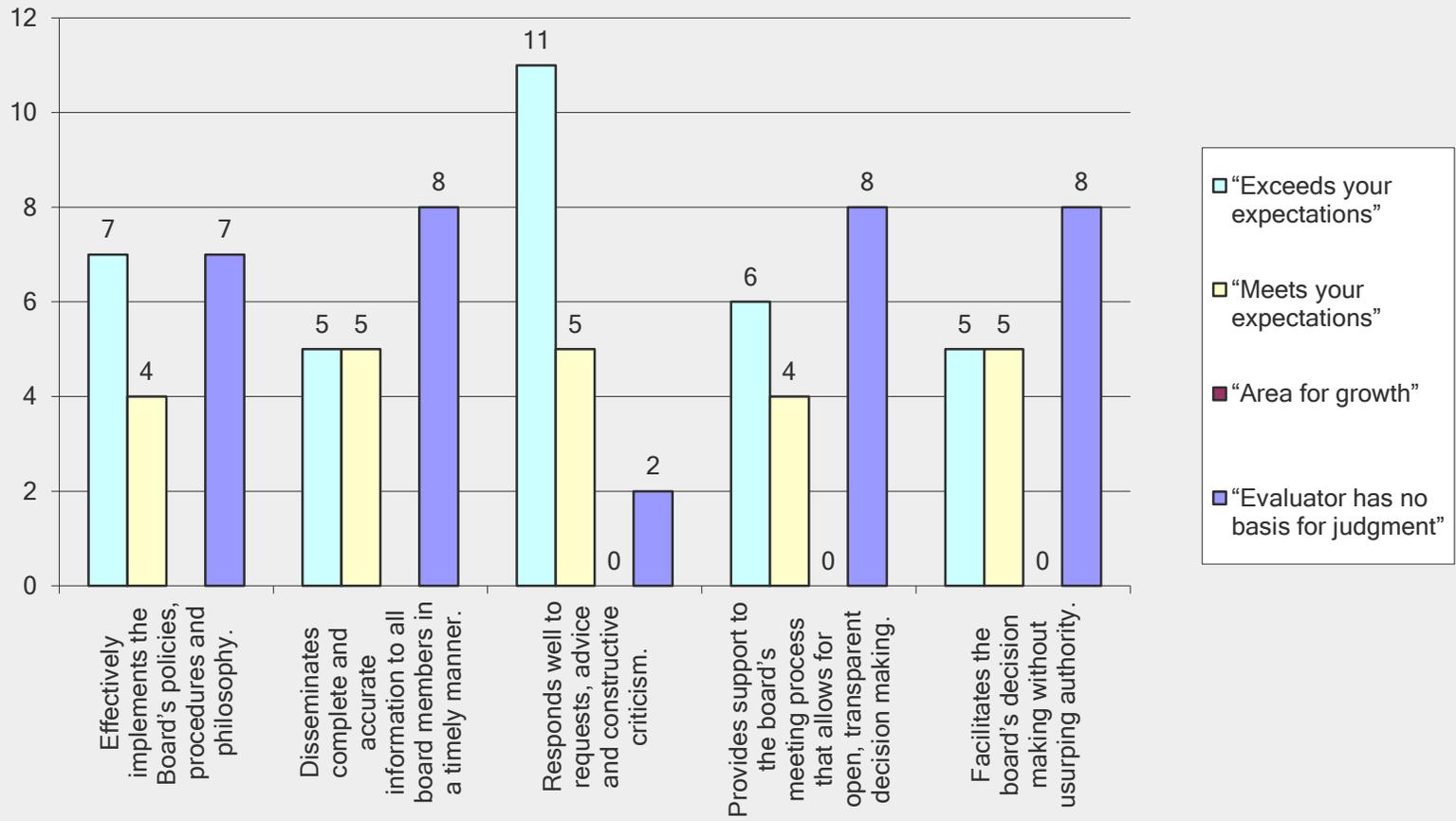
DISTRICT BOARD OF HEALTH RELATIONS

Answer Options	Exceeds your expectations	Meets your expectations	Area for growth	Evaluator has no basis for judgment	Response Count
Effectively implements the Board's policies, procedures and philosophy.	7	4	0	7	18
Disseminates complete and accurate information to all board members in a timely manner.	5	5	0	8	18
Responds well to requests, advice and constructive criticism.	11	5	0	2	18
Provides support to the board's meeting process that allows for open, transparent decision making.	6	4	0	8	18
Facilitates the board's decision making without usurping authority.	5	5	0	8	18
Additional comments regarding District Board of Health Relations:					0
<i>answered question</i>					18
<i>skipped question</i>					1

Additional comments regarding District Board of Health Relations:

No Comments for this question.

DISTRICT BOARD OF HEALTH RELATIONS



**Air Quality Management
Division Director Staff Report
Board Meeting Date: October 25, 2018**

DATE: October 12, 2018

TO: District Board of Health

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

SUBJECT: Program Update, Know the Code, Wintertime PM2.5, Divisional Update, Monitoring and Planning and Permitting and Enforcement

1. Program Update

- a. Know the Code Season Begins November 1st



Fireplaces, woodstoves, and pellet stoves are the largest sources of wintertime air pollution in the Truckee Meadows. When temperature inversions trap wood smoke in the valley, stoves account for more than half of the fine particulate pollution. The annual Know the Code program begins on November 1st and continues through the end of February. This program has been in place since the late 1980's and consists of a color coded system to inform the public when air pollution from wood burning may reach harmful levels.

The importance of the woodstove program is especially significant this year as a result of Senate Bill 1857 (S.1857) which proposes to delay by three (3) years the date manufacturers of wood heaters must comply with emissions standards promulgated under the Clean Air Act. The development of the New Source Performance Standards (NSPS) for wood heaters began in 1997 as a nationwide effort led by the U.S. Environmental Protection Agency (EPA) with participating state/local air agencies and industry stakeholders. In 2012, the NSPS was promulgated as a compromise between all parties with a 2-Step implementation schedule. Step 1 became effective in 2015 with an emission standard of 4.5 grams of particulate matter (PM) per hour. Step 2 is scheduled to take effect in May of 2020 with a reduced emission rate of 2.0 to 2.5 grams per hour depending on the test method used to certify the device.

Today, there are currently 77 certified wood heaters available that are in compliance with the Step 2 emission standards. Unfortunately, there are a number of manufacturers that have not made the investment to meet the Step 2 standards. The Hearth Patio and Barbeque Association (HPBA) is lobbying for a 3-year extension of the Step 2 effective date in addition to a 2-year sell down of inventory. This proposal effectively pushes out the emission reduction benefits of the NSPS to 2025. When considering the useful life of a wood heater is approximately 30 years, this postponement will have negative effects on public health for decades.

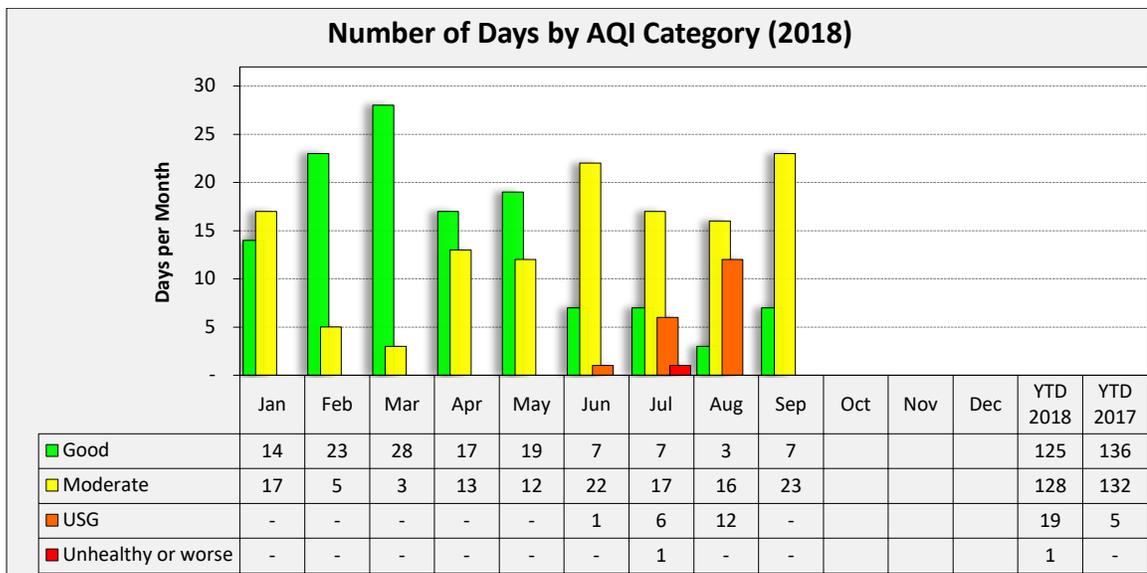
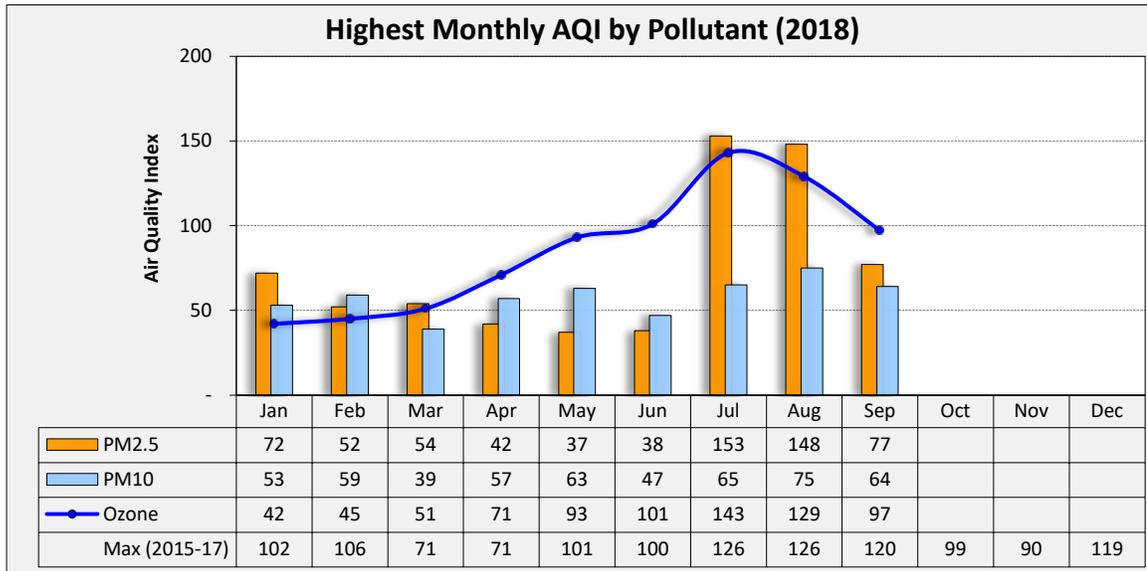
In an attempt to prevent the passage of S.1857, AQMD will be joining forces with air agencies across the country to urge members of the Senate to support public health and vote "NO" when the bill is presented on the Senate floor. Voting against the passage of this bill will also enable the manufacturers that invested in the development of new technologies to realize an economic benefit with a return on their investment. The implementation of Step 2 emission standards should also reduce the number of burn bans experienced across the country, effectively addressing the perception of intrusive government programs by allowing people to use the devices in their homes.

Here in Washoe County, citizens will continue to benefit from the Know the Code program as it applies to most areas in Southern Washoe County. Check OurCleanAir.com for a map of ZIP codes where the code applies. There are several options available to Know the Code: 1) Watch the local television news, 2) listen to local radio, 3) signup for daily EnviroFlash updates, 4) follow AQMD on social media, 5) check the website (OurCleanAir.com), or 6) call the 24-hour recorded hotline (775-785-4110). Additional information about Know the Code is available on the AQMD website.

Charlene Albee, Director
Air Quality Management Division

2. Divisional Update

- a. Below are two charts detailing the 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

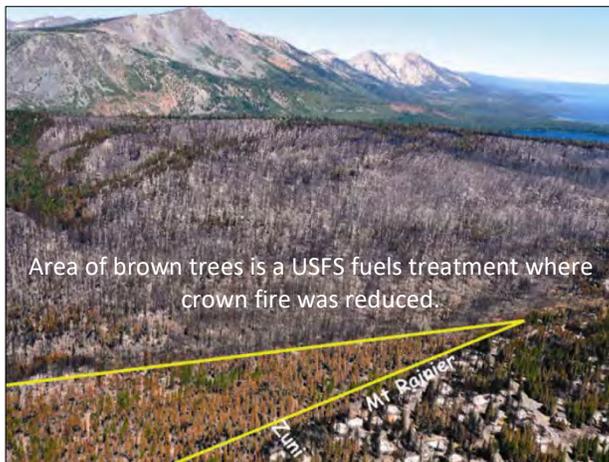
September Air Quality: There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during the month of September.

Wintertime PM_{2.5} Season (Part 1): Cooler fall temperatures mean the beginning of residential woodburning (i.e., woodstoves, pellet stoves, and fireplaces) season. Pollution from woodburning 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.

Wintertime PM_{2.5} Season (Part 2): Fall begins our local prescribed fire season. Prescribed fire is an important forest management tool to restore forest health. Treated areas also serve as fuel breaks that slow the spread and reduce the intensity of wildfires. Eyewitness accounts, firefighter interviews and post fire on-site inspections indicated a significant reduction in fire intensity when fire entered treated urban lots during the 2007



Angora Fire in South Lake Tahoe (see image)¹. Land managers spend months to years planning for prescribed fire projects. These proposed projects must prepare a smoke management plan that meets Washoe County air quality goals. Fires are only allowed when favorable weather conditions are forecasted for good smoke dispersion. PM_{2.5} levels may temporarily increase during prescribed fires, but these impacts are just a small fraction in comparison to pollution levels during wildfires.

Daniel K. Inouye
Chief, Monitoring and Planning

¹ "The Emergency California-Nevada Tahoe Basin Fire Commission Report"; California Office of State Publishing; Sacramento, California; May 2008.

b. Permitting and Enforcement

Staff reviewed forty-six (46) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- Enforcement staff is working with EPA Region 9 Enforcement to identify businesses within Washoe County who sell and install vehicle emissions control defeat devices. These types of devices are popular with diesel truck enthusiasts, but disabling the emissions control device on any vehicle is a violation of the Clean Air Act.

Staff conducted fifty-two (52) stationary source inspections, fifteen (15) gasoline stations and three (3) initial compliance inspections in September 2018. Staff was also assigned twenty-one (21) new asbestos abatement projects, overseeing the removal of 82,000 square feet of asbestos-containing materials. Staff received seventeen (17) new building demolition projects to monitor. Further, there were nine (9) new construction/dust projects to monitor, totaling approximately 100 new acres of land being worked for various projects. Staff performed seventy-six (76) 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 twenty-eight (28) complaints, all but three (3) of which were for excessive dust. Of the twenty-four (24) dust complaints received three (3) citations were issued.

Type of Permit	2018		2017	
	September	YTD	September	Annual Total
Renewal of Existing Air Permits	66	837	70	1055
New Authorities to Construct	3	41	2	60
Dust Control Permits	12 (102 acres)	166 (2245 acres)	13 (186 acres)	173 (2653 acres)
Wood Stove (WS) Certificates	25	317	47	474
WS Dealers Affidavit of Sale	16 (9 replacements)	63 (38 replacements)	8 (7 replacements)	54 (40 replacements)
WS Notice of Exemptions	535 (2 stoves removed)	6444 (69 stoves removed)	892 (3 stoves removed)	9722 (88 stoves removed)
Asbestos Assessments	97	887	77	1029
Asbestos Demo and Removal (NESHAP)	40	250	12	241

COMPLAINTS	2018		2017	
	September	YTD	September	Annual Total
Asbestos	0	11	1	13
Burning	0	8	1	10
Construction Dust	13	45	8	42
Dust Control Permit	1	2	1	2
General Dust	10	52	5	54
Diesel Idling	0	0	0	0
Odor	3	11	1	15
Spray Painting	1	6	2	11
Permit to Operate	0	2	0	3
Woodstove	0	0	0	7
TOTAL	28	137	19	157
NOV's	September	YTD	September	Annual Total
Warnings	4	13	2	10
Citations	4	12	2	7
TOTAL	8	25	4	17

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf
 Chief, Permitting and Enforcement

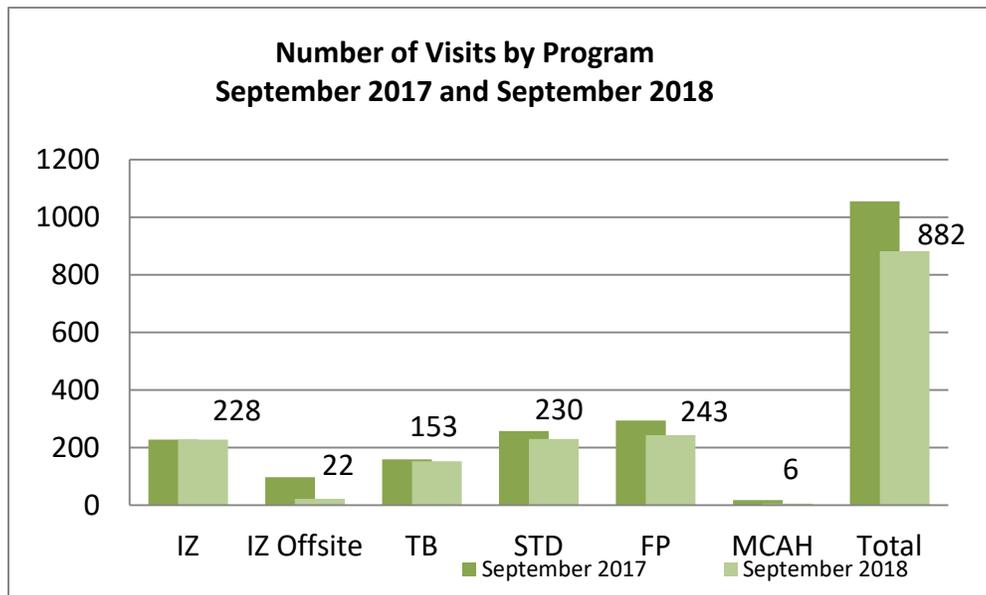
DD	SK	
DHO		AD

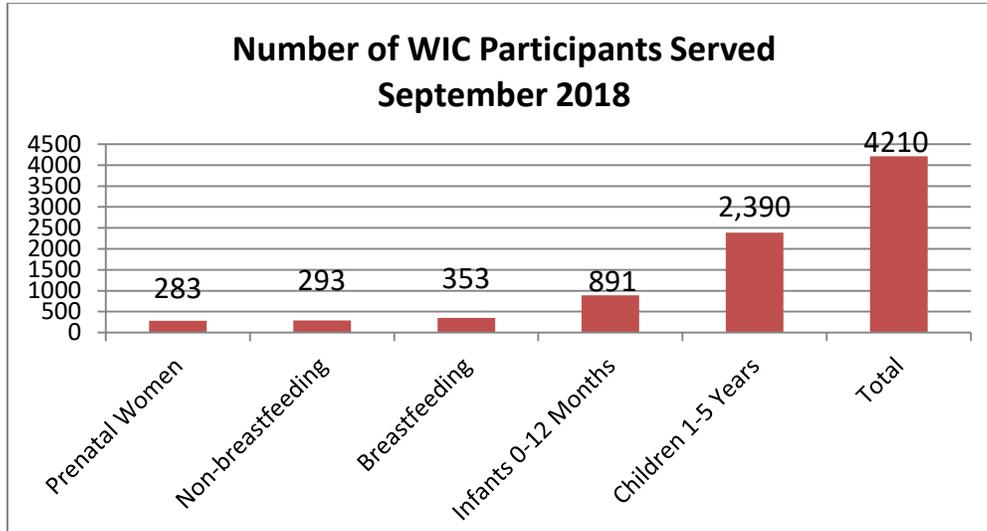
**Community and Clinical Health Services
Director Staff Report
Board Meeting Date: October 25, 2018**

DATE: October 12, 2018
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@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** – On October 1, 2018, the Sexual Health Clinic implemented a policy that a chaperone must be in attendance for pelvic examinations and male genital examinations, as this has become the standard in the health care community. This clinic policy provides reassurance to patients of the professional character of the exam, provides a witness to support the provider's innocence should a misunderstanding or false accusation be made by the patient, and the added convenience and time efficiency when a health professional can assist with procedures such as gynecologic exams. The Sexual Health program will utilize an Intermittent Hourly Community Health Aide for chaperoning.

The Sexual Health team met with staff from Nevada Division of Public and Behavioral Health (DPBH) regarding issues with entering STD partner information into the NEDSS Base System (NBS). DPBH will provide technical assistance to ensure information is entered correctly and to confirm abstraction of necessary data.

- b. **Immunizations** – A community flu vaccine event was held at the Northern Nevada Children's Cancer Foundation on October 3, 2018 in partnership with Immunize Nevada with a total of 62 participants. A Point of Dispensing (POD) exercise was carried out in partnership with EPHP and the Family Health Festival, where 201 flu shots were administered.
- c. **Tuberculosis Prevention and Control Program** – Cory Sobrio attended the TB Education and Training Network (ETN) and TB Program Evaluation Network (PEN) Breaking Through

Barriers to Achieve TB Elimination September 18-20, 2018 in Decatur, Georgia. Staff continue to work on a large multi-agency investigation as well as a new pediatric case.

- d. **Family Planning/Teen Health Mall** – The Family Planning program had a medical student complete a two week clinical rotation in October. The student focused on history-taking and physical exams. The student also received instruction on taking a sexual history and sexually transmitted disease reporting requirements.

Staff continues to work closely with the Washoe County Sheriff's Office (WCSO) to determine the safest and most efficient process for providing reproductive health services to female inmates. As of October 17, 2018, reproductive health services will resume at the WCSO. Family Planning staff was provided an alternate location at the detention center to conduct services and services will be provided on a day that does not impact routine Family Planning clinic services at the Health District.

Lisa Lottritz will attend the National Family Planning and Reproductive Health Association meeting in Atlanta at the end of October.

- e. **Chronic Disease Prevention Program (CDPP)** – Through work with the Nevada Tobacco Prevention Coalition (NTPC), staff helped to introduce the community to new smoke free workplace efforts, which will continue with grant support over the next three years. The first community meeting was held on September 7th and periodic meetings will continue throughout the grant period.

During the month of September significant work was done on healthy parks activities, including painting of activity spaces such as long jump on the concrete floor at Yori Park and the development of an interactive parks directory in collaboration with Washoe County GIS. The CDPP team is confident the community will enjoy the newly added features at Yori Park and looks forward to announcing the go-live date for the parks directory in October.



- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff provided three safe sleep trainings for Cribs For Kids in September, including one group class in partnership with WIC. Staff also assisted in locating three children with abnormal newborn screening tests.

- g. **Women, Infants and Children (WIC)** – The WIC team is excited to welcome Shawn Saladen to the team. Shawn has over 10 years experience working with WIC and has a demonstrated passion and commitment to serving the community.

DD	CW
DHO	KD

**Environmental Health Services
Division Director Staff Report
Board Meeting Date: October 25, 2018**

DATE: October 12, 2018
TO: District Board of Health
FROM: Chad Warren Westom, Division Director
775-328-2644; cwestom@washoecounty.us
SUBJECT: Environmental Health Services (EHS) Division and Program Updates – Community Development, Epidemiology, Food, Special Events, Land Development, Safe Drinking Water, Schools, Vector-Borne Disease and Waste Management and Inspections.

Division Updates

- Managers and staff continue to work on refining the updated and extra 2019 inspection areas, based on recommendations from an EHS work group. Washoe County GIS will then start mapping out the areas prior to 2019.
- EHS field staff completed testing of several tablet models for inputting routine inspection findings into Accela Mobile Office (AMO) and emailing them to permitted operators. Based on the top two recommended, we are working through the price quotes. Management is working with TS and District Fiscal to acquire these for all our field staff. We are on track to utilize AMO for most, if not all, record types by January 2019 (with staff training to be held in December).

Program Updates

Community Development

- Staff is currently reviewing all commercial plans in an average of 6 calendar days, and all water projects are reviewed within an average of 7 calendar days.
- The Community Development program completed a QI project to evaluate and find efficiencies with the plan review process. This has aided in the ability to review projects in a timely manner and meet the Division goals. The information was presented at the Division Director and Supervisor meeting with Catrina Peters. The beneficial outcomes of the project were demonstrated to the group, and it was noted that additional long-term planning will also be required in the future.

- Washoe County Health District (WCHD) is an active participant in regional pre-development groups. This helps future customers of Washoe County, City of Reno, and City of Sparks to ensure their projects are as successful as possible.
- The table below 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 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	YTD 2018	2017 TOTAL
Development Reviews	44	49	44	41	47	44	25	27	26	347	426
Commercial Plans Received	76	78	87	91	141	127	87	114	103	905	780
Commercial Plan Inspections	23	16	26	23	25	23	26	34	33	229	407
Water Projects Received	27	26	24	20	23	14	10	25	27	196	287
Lots/Units Approved for Construction	975	970	582	445	403	72	313	1,056	235	5,051	4,117

Epidemiology

- Program staff worked with the Communicable Disease (CD) program on gastrointestinal outbreaks at three elementary schools and a childcare facility in September. EHS staff made calls to parents of ill children to conduct interviews and submitted two stool samples from children to the Nevada State Public Health Lab, one of which was positive for Norovirus GII. Additionally, a site visit was made by staff to the childcare facility to identify and mitigate factors that may contribute to spread of illness. There was only one school still on outbreak status at the end of September and it was subsequently closed due to closing of the school for fall break.
- In mid-September, program staff investigated two food establishments that were on the food history for a fatal case with *Vibrio vulnificus*. The case had eaten raw oysters at one of the establishments. While no direct causal link was discovered, violations were noted at one of the facilities on record keeping for oysters. Washoe County also had three cases related to a nationwide outbreak of *Salmonella* Newport that were identified by lab results in mid-to-late September. Staff from EHS collected grocery store shopper card information on two of the cases and continues to work with CD staff on the outbreak.

Food

- Staff operated an educational booth at the Pack the Park DogFest Walk 'N Roll event hosted by Canine Companions for Independence, City of Reno and University of Nevada. Educational outreach activities focused on the health risks associated with animals inside food establishments and information about the difference between service animals, therapy animals and companion animals. Additionally, staff provided information on how food establishments can apply for a waiver to allow dogs on outdoor patios. Participation in educational outreach for the consumers and industry meets criteria of Standard 7 – Industry and Community Relations.
- Four staff members have been chosen to participate on the following 2018-2020 Biennial Conference for Food Protection (CFP) committees as voting members: Food Allergen Committee, Product Assessment Committee, Produce Wash Water Committee, and Program Standards Committee. CFP committees are comprised of regulatory, industry, academia, and consumer representatives and study specific food safety issues and submit recommendations back to the next biennial meeting for possible inclusion into food safety laws and regulations at the national level. Participation in forums that foster two-way communication and information exchange among regulators, industry and consumers meets criteria of Standard 7 – Industry and

Community Relations.

- The State of Nevada is intending to adopt, by reference, regulations covering manufactured food products later this year. They will be holding public workshops later this month. EHS management will be meeting with them to determine how this affects our district.
- Staff continues to conduct second routine inspections on Risk Level III Food Establishments for this calendar year. Risk level III food establishments present a significant relative risk of causing foodborne disease based on the large number of food handling operations typically implicated in foodborne disease outbreaks and/or the population they are serving. Critical violations have been noted in a number of facilities requiring permit suspension (Antojitos Colibri and Carmelita’s Taqueria) and three facilities were issued a cease and desist for conducting special processes without an approved Hazard Analysis Critical Control Point (HACCP) plan. As a result of these second routine inspections, we have seen direct intervention and immediate correction of out-of-compliance foodborne illness risk factors that are essential to protecting the health of our community.
- **Special Events** – September kicked off with the biggest special event of the year in the Best of the West Nugget Rib Cook-off and each week of the month followed with a major event. These included the Great Reno Balloon Race, the National Championship Air Races, and the Street Vibrations Fall Rally. The planning stages of these large-scale events overlaps with the execution of others as the events occur one after the other over the course of the month. October will mark the end of the major outdoor event season with a handful of large events. This will include the 37th Annual Eldorado Italian Festival, the Grand Sierra Beer and Chili Festival, and the Southern Fare on the Square which is a new event hosted by the Nugget.

Land Development

- Staff has been communicating with the Washoe County Planning Department (Planning) to ensure that the two groups are working consistently with regards to second dwellings. One of the most frequently asked question is in regards to second dwellings (e.g., granny flats, etc.). Septic regulations can impact the ability of property owners to build second dwellings. Planning has its own requirements which can be confusing for property owners, but as the two groups come together to work toward providing consistent information for the public, it will improve customer service.
- Two appeals were received and heard at the Sewage, Wastewater and Sanitation Hearing (SWS) Board meeting on October 10, 2018. Staff are working with the District Attorney’s office to process and implement the guidance provided by the Board.

Land Development	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	YTD 2018	2017 TOTAL
Plans Received (Residential/Septic)	75	52	68	74	67	61	113	86	60	656	816
Residential Septic/Well Inspections	65	57	69	105	96	99	73	95	60	719	1,056
Well Permits	7	7	4	9	7	14	19	5	4	76	146

Safe Drinking Water

- Approximately 74% of required sanitary surveys for the calendar year have been completed to date. With only seven surveys remaining, the team is on track to complete their work by the end of November.
- Staff continues to coordinate with Bureau of Safe Drinking Water (BSDW) on developing enforcement techniques to improve compliance. Drafts of violation letters were reviewed and a meeting was held with the State to determine which systems should be issued violations. Staff continues to reconcile old deficiencies within the State database. According to the BSDW statistics, overall deficiencies are down by at least 15%.

Schools

- As of October 1, staff completed 93 of 130 school inspections, accounting for 71.5% of all school facility and school kitchen inspections for the 2018 fall semester. EHS is on target to finish all school inspections before November and are compiling a list of violations to submit to the Washoe County School District that need to be addressed. The violations are primarily from worn concrete and asphalt surfaces, many with large voids or cracks that result in trip hazards on playgrounds and around school buildings.

Vector-Borne Diseases

- Vector Responses to Public Requests:

Vector Responses	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	YTD 2018	2017 TOTAL
Mosquito	0	0	3	20	20	16	37	31	7	134	289
Mosquito Fish Requests (Gambusia)	0	0	0	5	23	33	7	2	0	70	124
Hantavirus	7	0	6	9	11	11	13	9	6	72	126
Plague	0	0	0	0	4	4	5	1	0	14	17
Rabies	3	4	1	4	2	15	9	10	4	52	104
Planning Calls	8	14	9	15	16	4	4	2	1	73	163
Lyme Disease/Ticks	1	0	1	4	16	7	15	1	2	47	26
Media	0	0	2	2	2	2	9	3	1	21	47
Outreach / Education / Misc.	9	11	13	28	23	21	27	21	14	167	442
Cockroach / Bedbug	3	7	9	9	15	15	23	31	11	123	227
West Nile Virus	0	0	0	0	0	0	7	4	5	16	55
Zika	0	0	0	0	0	0	2	0	0	2	12
TOTAL	31	36	44	96	132	128	158	115	51	791	1,632

Waste Management

- Waste Management Company (WM) is hosting a household hazardous waste collection event from 8am-4:30pm on Saturday, November 3, at 1455 East Greg Street in Sparks. Customers must be in good standing with WM in order to participate. The first 50 pounds are free and anything over that will be charged \$1 per pound.
- The Washoe County Waste Management program provided sharps containers to Keep Truckee Meadows Beautiful (KTMB) for the Truckee River Clean up scheduled from 9am-12pm on October 13.
- Staff responded to a housing complaint with Reno Code Enforcement and the Reno Police Department. The complaint of sewage in the back yard was found to be valid. The property was

equipped with a pump that pumps sewage to the Reno City sewer system. The lines connecting the pump to the City Sewer were blocked or broken, and sewage was found surfacing in the yard. The inside of the home had severe solid waste and animal waste accumulation as well. City of Reno Code Enforcement posted a Condemned Notice, prohibiting occupation. EHS staff provided written notification that the residence cannot be occupied until all solid waste and sewage, indoors and outdoors, is removed and properly disposed, and disinfection occurs.

EHS 2018 Inspections

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	JUL 2018	AUG 2018	SEP 2018	YTD 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	15	8	13	89	115
Complaints	70	57	53	68	52	66	92	82	76	616	883
Food	650	724	709	625	471	602	354	481	458	5074	4,997
General*	120	100	71	116	476	212	495	307	176	2073	2,032
Temporary Foods/Special Events	17	19	25	59	105	210	153	545	326	1459	1,686
Temporary IBD Events	2	0	1	85	0	0	0	3	8	99	96
Waste Management	6	29	14	16	5	13	7	8	11	109	286
TOTAL	876	940	877	975	1,124	1,109	1,116	1,433	1,068	9,519	10,095
EHS Public Record Requests	138	124	164	149	234	115	131	167	226	1,448	437

**Epidemiology and Public Health Preparedness
Division Director Staff Report
Board Meeting Date: October 25, 2018**

DATE: October 12, 2018
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Outbreaks, Unusual Illness, Seasonal Influenza Surveillance, Public Health Preparedness, Medical Reserve Corps, Inter-Hospital Coordinating Council, Points of Dispensing, Fire Vaccination Video, Emergency Medical Services, American Red Cross Presentation, Reclamation Truckee River Dam Exercise, Training Videos

Communicable Disease (CD)

Outbreaks – Since the last District Board of Health meeting in September, the Communicable Disease Program has opened five outbreak investigations. Of these, two were norovirus outbreaks in schools. One was a pink eye outbreak associated with a daycare. Another was an outbreak of upper respiratory infections including cold and strep associated with a school. There was also an outbreak *Klebsiella pneumoniae* Carbapenemase producing E. coli associated with a group care home affecting four persons. As of October 10, 2018, four of these outbreaks are still open and under investigation.

Unusual illness – The Communicable Disease (CD) Program is investigating four unusual illnesses. They are:

- A probable Tularemia case in a teenager with naturally occurring exposures
- A suspected case of Rubella in a young child
- A measles case in an adult that was acquired and diagnosed in a foreign country
- A suspected cluster of chickenpox in a household

As of October 10, all four of these investigations are still open and no more specific information can be provided at this time.

Seasonal Influenza Surveillance – The 2018-2019 Influenza Season began on September 30. The CD Program staff worked with 12 sentinel providers. Also, Washoe County Technology Services modified the reporting system and improved reporting data elements. This is a collaborative work between WCHD and community partners. The CD Program also modified the weekly flu report to reflect changes. Here is the summary of changes.

Past Seasons	2018-2019 Season	Rational for this change
Count each lab-confirmed influenza case	No more counting each lab-confirmed influenza case	Lab-confirmed influenza is not the best indicator to assess flu activity because many ill persons do not seek medical care or have a lab test done.
Influenza Like Illness (ILI) percentage is reported for all patients visiting sentinel sites	ILI percentage is reported for all patients visiting sentinel sites with the addition of a breakdown by age groups	Better assessment of ILI activities in different population by age groups using sentinel surveillance and provide better data justification for intervention.
Types of influenza in all lab-confirmed influenza patients	Types of influenza in hospitalized patients or in patients using the state lab for testing	Many outpatient offices use rapid tests. Rapid tests may include many unknown types and sub-type cannot be determined. Hospitalized patients or patients using the state lab for testing are more likely to be tested using the PCR method, therefore, providing better type or subtype information.
Cumulative hospitalization rate per 100,000 population was not available	Cumulative hospitalization rate per 100,000 population by CDC week for the three seasons (2016-2019) is now available	This new indicator provides a better assessment of the severity of influenza in each season. The chart provides a visual comparison.

The CD Program will begin producing Weekly Flu Report beginning the week of October 15, 2018.

Public Health Preparedness (PHP)

Medical Reserve Corps - The Medical Reserve Corps Volunteer program coordinated training for Washoe County personnel on the “Stop the Bleed” program. The training occurred on Monday, October 1st, here at the Washoe County Health District. “Stop the Bleed” is a national awareness campaign and call-to-action. “Stop the Bleed” is intended to cultivate grassroots efforts that encourage bystanders to become trained, equipped, and empowered to help in a bleeding emergency before professional help arrives. The training emphasized that no matter how rapid the arrival of professional emergency responders, you may be first on the scene. Attendees were trained on how to apply a dressing and pressure. They also learned how to apply tourniquets to help stop the bleed. The training was well attended with representation from a cross section of many different Washoe County offices and departments.

Inter-Hospital Coordinating Council (IHCC) - The IHCC has been working on the Alternate Care Site Plan. This is a plan to bridge the gap between the Mutual Aid Evacuation Annex and the Federal Medical Stations when one or more facilities need to be evacuated or a non-traditional facility is required to care for patients within the region. The plan is anticipated to be completed by and voted upon in the December IHCC meeting.

The IHCC Visitation Policy is completed and will be presented to IHCC in October for approval. This policy addresses the need to provide information to the healthcare system regarding visitors of patients. It would be activated through a discussion between WCHD and the IHCC, depending on the communicable disease incident.

The Hazard Vulnerability Assessment and Resource and Gap analysis survey have been sent out to the IHCC members. These are anticipated to be completed and returned by October 18, to be reviewed and updated in the Preparedness Plan and Response Plan. These will identify the items with the highest vulnerability and the gaps within the region. Identification will allow the IHCC members to work on and address these items during the next year.

PHP and EMS program staff assisted with the Carson City Community Assessment for Public Health Emergency Response (CASPER). This will allow the experience and lessons learned to benefit Washoe County when we do our CASPER in the new year.

Points of Dispensing (POD) - A series of POD events were held throughout Washoe County to test partner agencies readiness to respond in a public health emergency. On October 8, in conjunction with the family health festival, PHEP staff coordinated an open public POD at O'Brien Middle School and provided 201 flu shots to the public. Others involved in running this POD included members of CERT, MRC, REMSA, CCHS, and AQM.

The following closed POD partners also ran exercises to test for their readiness:

- Renown Regional Medical Center
- Northern Nevada Adult Mental Health
- Reno-Sparks Indian Colony
- Pyramid Lake Paiute Tribe
- NV Energy
- Community Health Alliance

Additionally, the 152 Air National Guard is planning to conduct a POD exercise in early November.

Fire Vaccination Video - The PHEP Program partnered with CCHS to develop a fire vaccination video to replace the on-site trainings for fire personnel. Once complete the training will allow eligible fire personnel an easy to access video training they can review on their schedule, which will meet the training requirements for an EMS vaccination endorsement.

Emergency Medical Services (EMS)

American Red Cross Presentation - EMS and PHP program staff co-presented to American Red Cross volunteers and personnel on September 17 to expand awareness on public health preparedness and disaster response efforts of the county. The presentation included general information on emergency preparedness and response, but with a specific focus on the plans maintained by the Washoe County Health District.

Reclamation Truckee River Dam Exercise - The EMS Coordinator attended the Reclamation Truckee River Dam Functional exercise on September 26. The exercise scenario included the eminent failure of the Boca Dam and how that could have a severe impact on the Truckee Meadows area. This exercise also provided a unique opportunity to meet and work with personnel for response agencies in California, which greatly assisted during this complex exercise.

Training Videos - The Nevada Governor’s Council on Developmental Disabilities grant ended September 30 and the EMS Program distributed the two training videos to first responders throughout Nevada. To ensure agencies throughout Nevada are familiar with the new trainings, the EMS Coordinator presented to several groups about the grant activities, including the Reno Access Advisory Committee and the Northern Nevada Fire Chiefs Association.

**REMSA Percentage of Compliant Responses
 FY 2018 -2019**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2018	91%	97%	100%	100%	97%	91%
August 2018	90%	96%	93%	N/A	95%	91%
September 2018	92%	96%	97%	100%	97%	92%
YTD	91%	96%	96%	100%	96%	91%

REMSA 90th Percentile Responses

Month	Zone A	Zone B	Zone C	Zone D
	8:59	15:59	20:59	30:59
July 2018	8:45	14:56	14:42	N/A*
August 2018	8:49	13:42	19:07	N/A*
September 2018	8:33	13:50	15:40	17:45

*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 25, 2018**

DATE: October 25, 2018
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), Quality Improvement, Strategic Plan, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, State Funding for Public Health, Government Affairs Liaison, Other Events and Activities and Health District Media Contacts.

Public Health Accreditation (PHAB)

All required documents were submitted on September 27th, 2018. Our assigned Public Health Accreditation Board Specialist is currently doing the “Completeness Review” from which we will receive a written request for any additional documentation needed and will be given 30 days to respond to that request. We anticipate receiving the results of the Completeness Review by mid-November.

Quality Improvement

Several QI projects have been completed or are in the post-implementation monitoring stage. The EHS Division is currently working on a large QI project to improve the management of electronic plan records to increase staff efficiencies and better serve the public.

Strategic Plan

Preparations for the November 1, 2018 Strategic Planning Retreat are underway.

Staff is currently researching other performance management software to assess options for improving the ability to electronically monitor progress.

Community Health Improvement Plan

Implementation of the Community Health Improvement Plan continues. Each CHIP goal committee will be meeting no less than quarterly to provide updates on progress to all committee members and foster further collaboration with community partners. Smaller workgroups are actively working on CHIP action plan items with communications on progress being shared at the larger quarterly meetings.

Several items included in the CHIP, such as the 1915(i) change to the state Medicaid plan and increased requirements for medical providers to submit data during licensure renewal, have been put forward for State Legislation Bill Draft Requests.

WCHD has awarded \$100,000 to Children's Cabinet to support the Signs of Suicide Program, which brings suicide prevention education to all 7th grade students in Washoe County and provides screening to students with parental permission.

A very successful Family Health Festival was conducted on October 8th at O'Brien Middle School, providing immunizations, health screenings and food distribution to North Valley residents. It was our second Family Health Festival in FY19.

Truckee Meadows Healthy Communities (TMHC)

The TMHC Steering Committee met on October 3 and were provided updates on the Regional Strategy for Housing Affordability, and the TMHC Board Retreat. Funds have been raised for Phase 3 of Enterprise's work on the Strategy which will be completed in early 2019. The Steering Committee received presentations from Lynne Barker, City of Reno, regarding projects and initiatives that Reno is promoting to create/sustain a healthy community, and from JD Klippenstein of ACTIONN regarding public advocacy work to establish an affordable housing trust fund.

Washoe Behavioral Health Policy Board

The Washoe Behavioral Health Policy Board met on October 16. The meeting included discussions of regional priorities and strategies, as well as recommendations to the State for inclusion in an annual report being drafted for submittal to the State by November 1, 2018.

State Funding for Public Health

Carson City Health and Human Services, Southern Nevada Health District, Nevada Public Health Association and I met with the Executive Director and Deputy Director of the Nevada Association of Counties on October 2 to brief them on the BDR proposed by the Health Care Committee to establish a Public Health Fund and \$5 per capita of funding annually. We had an excellent discussion and they will further discuss the BDR and their position with their legislative committee and board.

Government Affairs Liaison

The application period has closed and a number of applications were received. Scoring of the training and evaluation questions will occur the week of October 22 and interviews will then be scheduled.

Other Events and Activities

- | | |
|---------|--------------------------------------------------------------------|
| 9/28/18 | REMSA Board Meeting |
| 9/28/18 | Meeting with City of Reno re: Interlocal Agreement for Plan Review |
| 10/2/18 | Health District General Staff Meeting |
| 10/2/18 | NACO Meeting on Per Capita Funding for Public Health |
| 10/3/18 | TMHC Steering Committee Meeting |

- 10/3/18 Division Directors Meeting
- 10/4/18 9th Street Master Plan Steering Committee Work Shop
- 10/4/18 NV Health Authority Conference Call
- 10/5/18 Monthly Meeting w/ John Slaughter
- 10/5/18 TMHC Steering Committee Meeting
- 10/8-12 Kevin Dick – Leave
- 10/15/18 Substance Abuse Task Force Meeting
- 10/16/18 Washoe Regional Behavioral Health Policy Board Meeting
- 10/17/18 TMWA Board Meeting
- 10/17/18 Division Directors Meeting
- 10/18/18 DBOH Monthly Meeting with Chair Jung
- 10/18/18 2018 Washoe Impact Awards
- 10/19/18 NPHA Advocacy Call

Health District Media Contacts: September 2018

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
9/27/2018	KTVN CH2 - CBS Reno	Paul Nelson	Flu Shots - Shore/Ulibarri
9/27/2018	KOLO CH8 - ABC Reno	Ed Pierce	Flu Shots - Shore/Ulibarri
9/27/2018	KRNV CH4 - NBC Reno	John Lynn	Flu Shots - Shore/Ulibarri
9/26/2018	KUNR Radio 88.7FM - NPR Reno	Anh Gray	Flu Shots - Ulibarri
9/26/2018	KRNV CH4 - NBC Reno	Anna Kenser	Hazmat Cleanup - Ulibarri
9/17/2018	KRNV CH4 - NBC Reno	Liz Olveda	Norovirus at Caughlin Ranch - Ulibarri
9/17/2018	KRNV CH4 - NBC Reno	Kristen Edwards	Flu Shots - Shore
9/12/2018	KTVN CH2 - CBS Reno	Paul Nelson	Vaping - Ulibarri
9/12/2018	KKOH Radio 780AM-CNN Reno	Daniela Sonnino	West Nile Virus - Ulibarri
9/11/2018	KTVN CH2 - CBS Reno	Liz Olveda	Norovirus at Caughlin Ranch - Ulibarri
9/11/2018	Reno Gazette-Journal	Yvonne Beasley	Norovirus at Caughlin Ranch - Ulibarri
9/10/2018	Reno Gazette-Journal	Joe Purtell	West Nile Virus - Ulibarri
9/10/2018	KOLO CH8 - ABC Reno	Ben Deitz	Norovirus at Caughlin Ranch - Chalkley
9/7/2018	KKOH Radio 780AM-CNN Reno	Daniela Sonnino	Syphilis Rates - Ulibarri
9/6/2018	KOLO CH8 - ABC Reno	Terri Russell	Burning Man Trash - Ulibarri
9/6/2018	Tahoe Daily Tribune	Ryan Hoffman	Dogs in Food Establishments - A. English
9/5/2018	Reno Gazette-Journal	Steve Timko	West Nile Virus - Ulibarri
9/4/2018	KOLO CH8 - ABC Reno	Terri Russell	Burning Man Trash - Ulibarri
9/4/2018	New York Times	Rachel Abrams	Food Inspections - Ulibarri
9/4/2018	Las Vegas Review Journal	Todd Prince	Marijuana Regulations - Ulibarri

Press Releases/Media Advisories/Editorials/Talking Points

9/17/2018	2017/2018 flu season highlights	Ulibarri
9/13/2018	Human West Nile case most likely acquired locally	Ulibarri

Social Media Postings**Facebook**

AQMD/CCHS/ODHO 59 (CCHS 19 EHS 13 ODHO 10 AQM 17)
EHS

Twitter

AQMD/CCHS 39 (AQM 38 CCHS 1)