

Washoe County



Health District

Washoe County District Board of Health Meeting Minutes March 22, 2012

PRESENT: Mr. Matt Smith, Chairman; Commissioner Kitty Jung, Vice Chair, George Furman, MD; George Hess, MD; Dr. Denis Humphreys, and Councilman Gustin

ABSENT: Councilwoman Julia Ratti

STAFF: Dr. Joseph Iser, District Health Officer
 Kevin Dick, Director, Air Quality Management
 Robert Sack, Director, Environmental Health Services
 Mary-Ann Brown, Director, Community and Clinical Health Services
 Lori Cooke, Fiscal Compliance Officer, AHS
 Dennis Cerfoglio, Senior Air Quality Specialist, AQM
 Peg Caldwell, RN1, EMS Program, EPHP
 Phil Ulibarri, Public Information Officer
 Bev Bayan, WIC Program Manager, CCHS
 Tina Burton, Plans/Permits Application Aid, AQM
 Leslie Admirand, Deputy District Attorney
 Peggy F. O'Neill, Recording Secretary

Eileen Stickney, Administrative Health Services Officer
 Randall Todd, DrPH, Director, Epidemiology and Public Health Preparedness
 Tony Macaluso, Environmental Health Specialist Supervisor, EHS
 Patsy Buxton, Fiscal Compliance Officer, AHS
 Stacey Akurosawa, EMS Coordinator, EMS Program, EPHP
 Steve Fisher, Department Computer Application Specialist
 Curtis Splan, Department Computer Application Specialist
 Kim Tran Franchie, Environmental Health Specialist, EHS
 Lei Chen, Senior Epidemiologist, EPHP
 Carmen Mendoza, Office Assistant II, AHS, WIC Program
 Bill Mullen, Disease Intervention Specialist, CCHS

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:08 pm 1, 2	Meeting Called to Order, Pledge of Allegiance and Roll Call	Chairman Smith called the meeting to order, followed by the Pledge of Allegiance led by Dr. Hess. Roll call was taken and a quorum noted. Councilwoman Ratti is excused.	
3.	Public Comment	<p>Norman Bessler of Fisher Industries, dba Fisher Sand & Gravel, presented comment regarding the recently negotiated \$10,000 fine issued by the Air Quality Management Division for a dust incident. Mr. Bessler was dissatisfied with the outcome of the negotiations, and although Fisher Sand & Gravel agreed to the \$10,000 fine in those negotiations, he wanted to make the District Board of Health members aware that it is his opinion that a \$10,000 fine for a \$5,000 permit is excessive.</p> <p>Chairman Smith began to question Mr. Bessler when Ms. Admirand stated that the "Public Comment" portion of the Agenda must be reserved for that purpose only. She stated that further discussion may be had under the Regular Agenda since this particular matter is on the Agenda for today's meeting.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Chairman Smith stated that further discussion will be had at that time, and then asked for any further public comment from other attendees.</p> <p>No further public comment was presented.</p>	
4.	Approval/Deletions – Agenda – March 22, 2012	<p>Chairman Smith called for any deletions to the Agenda of the March 22, 2012 DBOH Meeting.</p> <p>Dr. Iser recommended that Agenda Item Nos. 7.A.1.b, 7.A.1.c., and 7.A.1.d., under the Consent Agenda be moved to the Regular Agenda. Dr. Iser reported also that Bicentennial Apartments, has withdrawn its appeal noted in Agenda Item No. 8, as evidenced by their letter dated March 14, 2012, a copy of which is placed in the record. Dr. Iser therefore recommends that this Item be moved to the Consent portion of the Agenda.</p> <p>Commissioner Jung moved, seconded by Dr. Hess, that the DBOH Agenda be approved as amended.</p>	<p><u>MOTION CARRIED:</u> The agenda for the DBOH March 22, 2012 meeting is approved as amended.</p>
5.	Approval/Deletions – Minutes – Meeting of February 23, 2012 Board Comments	<p>Chairman Smith called for any additions or corrections to the minutes of the February 23, 2012 DBOH Meeting.</p> <p>Dr. Hess moved, seconded by Commissioner Jung, that the minutes be approved as presented.</p>	<p><u>MOTION CARRIED:</u> February 23, 2012 Minutes approved as presented.</p>
6.	Recognitions and Proclamations	<p>Chairman Smith and Dr. Iser introduced recognized employees and presented Certificates of Recognition for Years of Service.</p>	
7.	Consent Agenda	<p>A. <u>Air Quality Management Cases:</u></p> <p>1. Unappealed Citations to the Air Pollution Control Hearing Board:</p> <p>a. Pace & Associates, Case No. 1071, Unappealed Citation No. 4613 – Staff Reported Citation No. 4613, Case No. 1071, was issued for Pace and Associates on January 20, 2012, for failure to take asbestos samples, give notification, and dispose of possible asbestos containing materials in a proper manner on a mold abatement job located 11875 Ski Run Way in Incline Village, in violation of Section 030.107 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and</p>	<p><u>ACTION ITEM:</u> Letter to Pace and Associates regarding \$2,000.00 fine and due date.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>a fine in the amount of \$2,000.00 be levied as a negotiated settlement.</p> <p>b. First Centennial Title Company, Case No. 1072, Unappealed Citation No. 5008 – Staff Reported Citation No. 5008, Case No. 1072, was issued for First Centennial Title Company on January 24, 2012, for closing escrow on a property at 2558 Betsy Street in Sparks, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>c. First Centennial Title Company, Case No. 1073, Unappealed Citation No. 5009 – Staff Reported Citation No. 5009, Case No. 1073, was issued for First Centennial Title Company on January 24, 2012, for closing escrow on a property at 375 Wellington Way in Reno, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>d. Fisher Sand and Gravel Company, Case No. 1074, Unappealed Citation No. 4893 – Staff Reported Citation No. 4893, Case No. 1074, was issued for Fisher Sand and Gravel Company on February 1, 2012, for operating without a dust control permit for a period of 139 days in violation of Section 030.000 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$10,000.00 be levied as a negotiated settlement.</p> <p>e. Recommendation to Deny Appeal of Paul Pries / Bicentennial Apartments and Uphold Citation and Fine of \$5000– Case Appealed to DBOH From Decision of Air Pollution Control Hearing Board Upholding Citation and Fine on February 21, 2012 - Case 1069, NOV 4986</p>	<p><u>ACTION:</u> Removed from Consent Agenda.</p> <p><u>ACTION:</u> Removed from Consent Agenda.</p> <p><u>ACTION:</u> Removed from Consent Agenda.</p> <p><u>ACTION:</u> Appeal withdrawn. Item removed from Regular Agenda and moved to Consent Agenda. <u>ACTION ITEM:</u> Letter to Paul Pries / Bicentennial Apartments regarding \$5,000 fine and due date.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>5. The Board was advised Staff recommends approval of Subgrant Amendment #1 from the Nevada State Health Division, for the period January 23, 2012 to June 30, 2012, in the amount of \$474,811 (with \$47,481 or 10% match), in support of the Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program; approval of amendments totaling an increase of \$70,767, in both revenue and expense to the FY 12 ASPR Hospital Preparedness Federal Grant Program, IO 10708; and requested Chairman to execute.</p> <p>Commissioner Gustin moved, seconded by Commissioner Jung, that Staff recommendations on the Consent Agenda be approved in one motion as presented.</p>	<p>Approval of Donation; Notices of Subgrant Award; and Subgrant Amendment #1; the Chairman authorized to execute on behalf of the Board where applicable.</p>
8.	<p>Air Pollution Control Hearing Board Cases</p>	<p>Agenda Item No. 8, Paul Pries/Bicentennial Apartments, Case No. 1069, Citation No. 4986 was moved to the Consent Agenda, since they withdrew their appeal.</p> <p><u>Items moved from the Consent Agenda to the Regular Agenda.</u></p> <p>7.A.1.b. First Centennial Title Company, Case No. 1072, Unappealed Citation No. 5008 – Staff Reported Citation No. 5008, Case No. 1072, was issued for First Centennial Title Company on January 24, 2012, for closing escrow on a property at 2558 Betsy Street in Sparks, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>7.A.1.c. First Centennial Title Company, Case No. 1073, Unappealed Citation No. 5009 – Staff Reported Citation No. 5009, Case No. 1073, was issued for First Centennial Title Company on January 24, 2012, for closing escrow on a property at 375 Wellington Way in Reno, with wood stove inspection paperwork marked “fail” in violation of Section 040.051 D 3B2 and E 3C of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$500.00 be levied.</p> <p>First Centennial Title Company, represented by Jim Lyon, President, and Marlene Kelly, Vice Present, appeared before the DBOH stating that they wished to appeal the citations and fines issued to First Centennial in Agenda Item Nos. 7.A.1.b and c.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Iser questioned whether First Centennial appealed to the Air Quality Hearing Board, and Ms. Kelly informed the DBOH that First Centennial did not appeal the citations.</p> <p>Chairman Smith informed Ms. Kelly that the DBOH and Air Quality Management Division have protocols, and that the initial step is to appeal any citation to the Air Quality Hearing Board (AQHB), and that the AQHB will render its decision, and First Centennial would then have the opportunity to appeal to the DBOH. The DBOH is the final appeal, but those interim steps must be taken first.</p> <p>Ms. Kelly informed the DBOH that the only notification First Centennial received was of today's meeting, which they assumed was the appeal process.</p> <p>Dr. Iser recommended that at this point the First Centennial cases be pulled from the Regular Agenda and sent back through the AQHB appeal process.</p> <p>Commissioner Jung requested that an Air Quality Management representative come to the podium and give an account of how notification was given to First Centennial and how these items came to be on the agenda for today's meeting.</p> <p>Kevin Dick, Director, Air Quality Management Division (AQMD), reported to the DBOH that the reason the First Centennial cases are on today's agenda is that the Citations were issued to First Centennial, and then the AQMD made numerous attempts to schedule a settlement meeting or to fill out the paperwork to file for an appeal, and the AQMD did not have any response from First Centennial. AQMD then put the paperwork through on the Consent Agenda as an unappealed case, since First Centennial was unresponsive to the AQMD regarding the Citations.</p> <p>Commissioner Jung questioned whether we should have a packet that is sent to the cited party which explains the entire process.</p> <p>Dennis Cerfoglio, Senior Air Quality Specialist, AQMD, reported that the process has been established and in place for over 25 years, and this issue has not happened before. When a citation is issued, the appeal process is part of the citation. The process is noted right on the form. So he affirmed that the Citation and notification were timely and properly given to First Centennial.</p> <p>There was discussion about the process and whether it is effective. Mr. Cerfoglio stated that when an AQMD citation is issued, the party is given an appeal form, and it states that they have ten (10) days to appeal. Then, when we receive the appeal form back from the person or entity who was cited, we set up the appeal hearing board, then we send out a packet ...</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Commission Jung stated that it sounds as though there was a communication breakdown. Maybe they just didn't understand it. They are here at the DBOH rather than the appeal board.</p> <p>Mr. Cerfoglio stated that may be the case, but the reason it is on today's agenda is because the AQMD did not receive an appeal from First Centennial, so the cases were placed on the DBOH's Consent Agenda, as is our practice.</p> <p>Dr. Iser confirmed that is the process. Dr. Humphreys questioned who from First Centennial signed the acceptance form, and Mr. Lyon stated that he did not know. The form was pulled, and it was assumed that Randi Bennett signed the form since it had "RB" on the form. Mr. Lyon stated that it was not Randi Bennett's signature. After closer review it was determined by First Centennial that it was signed for by their employee, Ranita Brown. Mr. Lyon further stated that it had not made it to his desk.</p> <p>Chairman Smith stated that we have not had this problem in the past with the process, so he would like to see First Centennial go back through the process, meet with Air Quality and see what you can come up with; go to the appeals board, and then if you are still dissatisfied, you can appeal to the DBOH.</p> <p>Mr. Lyon stated that he felt this was fair. All he was asking for was an opportunity to explain this transaction. They close 400 or 500 transactions a month, and have never had an issue such as this.</p> <p>Commissioner Gustin questioned whether the escrow closed before the 24th of January, 2012 (the date the Citations were issued) and it was stated that it did.</p> <p>Councilman Gustin moved, seconded by Commissioner Jung, that due to a lack of understanding, First Centennial Title Company be allowed to go back through the AQMD appeal process, beginning with a settlement conference, and progressing to the appeals board, if necessary, on Citation Nos. 5008 and 5009.</p> <p>7.A.1.d. Fisher Sand and Gravel Company, Case No. 1074, Unappealed Citation No. 4893 – Staff Reported Citation No. 4893, Case No. 1074, was issued for Fisher Sand and Gravel Company on February 1, 2012, for operating without a dust control permit for a period of 139 days in violation of Section 030.000 of the Washoe County DBOH Regulations Governing Air Quality Management. Staff recommends the citation be upheld and a fine in the amount of \$10,000.00 be levied as a negotiated settlement.</p>	<p><u>MOTION CARRIED:</u> First Centennial Title Company will go back through the AQMD process, beginning with a settlement conference.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Mr. Norman Bessler appeared for Fisher Sand and Gravel Company, and Chairman Smith questioned whether Fisher Sand and Gravel had been through the appeal process. Mr. Bessler stated that they had not. Mr. Bessler stated that he agreed to the negotiated fine and did not appeal because the thought of a \$1.3 Million fine hanging over his head was so ominous that he just wanted to finalize the matter. However, he wanted to go on record today stating that the felt a \$10,000 fine for a \$5,000 permit was excessive. He believes it is excessive for an administrative error.</p> <p>Chairman Smith clarified that the fine could have been \$1.3 Million dollars because it is calculated at \$10,000 for the 139 days that the permit was lapsed.</p> <p>Dr. Iser stated to Mr. Bessler that the process would have been to go to the appeals board if he was dissatisfied after the settlement conference.</p> <p>Councilman Gustin stated that he believes we are as culpable for the error as Fisher Sand and Gravel if the AQMD did in fact not have the records. Councilman Gustin asked Mr. Dick if it is true that the AQMD did not have the record of the dust permit. Mr. Dick reported that we did have the information that the permit was expired, but did not have a physical copy of the permit, but it had lapsed for a significant period of time. We determined the permit had expired after receiving complaints from citizens about the dust. As Mr. Bessler explained, they were not practicing dust control on the date the citation was issued. Mr. Dick reported that the time duration of the permit lapse, along with the size and scope of the project (\$425 Million Project) were the contributing factors to the determination of the amount of the fine.</p> <p>Councilman Gustin questioned the date of the incident, and Mr. Bessler explained that it occurred on December 27, and that they had no personnel on the ground, and that they hadn't had personnel on the ground all week. But, when the complaint was lodged, they had 4 water trucks on the ground within 2 hours. Mr. Bessler again expressed dissatisfaction in that it is his understanding that the citation was not for the dust event, but that it was for the 139 day lapse in the dust permit, what he feels is a purely administrative error. Councilman Gustin then asked staff if Fisher Sand and Gravel did indeed respond quickly after being notified of the dust event. Mr. Dick reported that it was actually Friday, December 30, and there was no one on the site except for a security guard. So we had complaints from a couple citizens, and we tried to contact NDOT also, because they are responsible also. There was only one woman in NDOT's office, and she couldn't reach anyone, so he ended up having to contact the Governor's Office, and they assisted me with getting someone from NDOT to respond, and NDOT was able to contact Fisher Sand and Gravel. Once we got in touch with</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>them, they rolled out there quickly, and they also quickly renewed their dust control permit. They had the renewed permit within 2 days.</p> <p>Dr. Hess questioned what would be a typical fine for lack of dust control. Mr. Dick believes it would be up to \$2,500 per day, but he would have to research to be certain. Dr. Hess stated he was trying to determine for himself if that was a reasonable fine, and to him it seems very reasonable.</p> <p>Dr. Humphries questioned staff about what is the standard protocol for permit tracking? This permit had been lapsed for 139 days and it is on a huge project. Does staff check in on the projects? What normally happens?</p> <p>Mr. Cerfoglio reported that in the past, it has been the Division's practice if a permit is expiring within 60 days, administrative staff will pull those files, and give them to the investigator in that area, and then the investigator will give the permit holder a call within those 60 days just as a courtesy reminder. This one did slip through the cracks, and they did not get a courtesy call.</p> <p>Chairman Smith asked Mr. Bessler if they were indeed operating on an expired dust control permit, and Mr. Bessler confirmed that they were indeed operating on an expired permit. Chairman Smith then questioned what the permit says about water truck operation. Is it supposed to be a 24-hour per day operation? Mr. Bessler confirmed that the permit requires 24-hour a day water truck operation. Mr. Bessler then confirmed that not only did they not have water trucks in operation on that day; they did not have water trucks in operation all week because they had the week off, but they were readily available to deploy.</p> <p>Chairman Smith stated to Mr. Bessler that on 54 miles of construction if you have not been watering for 4 days, and the wind comes up, you are definitely going to have dust control problems. Mr. Bessler stated that they have been on the job for 5 years with only one incident of dust. We pride ourselves in keeping everything wet and keeping the dust down. Even though it is a \$425 Million project, we believe that a \$10,000 fine is excessive for a \$5,000 permit.</p> <p>Mr. Gustin suggested that due to all the extenuating circumstances, he believes a motion to reduce the fine to \$5,000 is appropriate, and Councilwoman Jung seconded that motion. Dr. Iser reminded the Board that Mr. Bessler did not appeal to the appeals board so we would be treating this case differently than the First Centennial case above. Councilman Gustin agreed with Dr. Iser that the parties should be treated equally and withdrew his motion. Dr. Hess stated that he believes the \$10,000 fine is reasonable.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Councilman Gustin moved, seconded by Commissioner Jung, that due to extenuating circumstances, Fisher Sand and Gravel Company will be allowed to go back through the AQMD appeal process, beginning with a settlement conference, and progressing to the appeals board, if necessary, on Citation No. 4893.</p>	<p><u>MOTION CARRIED:</u> Fisher Sand and Gravel Company shall go back through the AQMD process, beginning with a settlement conference.</p>
9.	<p>Regional Emergency Medical Services Authority</p> <p>A. <u>Review and Acceptance of the Operations and Financial Report – February 2012</u></p> <p>B. <u>Update of REMSA’s Community Activities Since December 2011</u></p>	<p>Mr. Jim Gubbels, Vice President, REMSA reported that the DBOH members have been provided with a copy of the February 2012 Operations and Financial Report; overall emergency response times for life-threatening calls in February 2012 was 91%, and 96% for non-life threatening calls; within the 8 minute zone, it was 91%; within the 15 minute zone, it was 96%; and within the 20 minute zone, it was 89%. Advised the overall average bill for air ambulance service for February 2012 was \$6,935.00, with a year-to-date average of \$7,099.00. The overall average bill for ground ambulance services for February was \$1,014.00, with a year-to-date average of \$1,004.00.</p> <p>Commissioner Jung moved, seconded by Dr. Humphreys, that the Operations and Financial Report for the Month of February 2012 be accepted as presented.</p> <p>Mr. Gubbels presented information regarding REMSA’s Point of Impact – Child Safety Seat Program. He informed the DBOH that last year REMSA held 13 community events in that program and reviewed 337 car seats for that period of time. Only 4 of those 337 car seats were installed correctly. We have over the last several years begun to change our model. In many past years, we simply installed the car seats for the parents. We have changed our model to be an instruction forum where we teach the caregiver how to properly install the car seat. We also donated 83 car seats to needy families who were not able to purchase seats for themselves. Funding for this program and others comes from our annual golf tournament, which is June 15. Please mark your calendars and join us. We also have a joint effort with St. Mary’s and Renown where we have a trailer stationed at one of the hospitals and citizens can make an appointment and your car seat will be installed for you. We’ve been doing this program for 7 years. It helps the hospitals and the community. They did about 15,000 appointments last year. The</p>	<p><u>MOTION CARRIED:</u> REMSA’s February 2012 Operations and Financial Report accepted as presented.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>minimum charge is \$10 and maximum \$25. This program was actually started by one of our paramedics who became so frustrated in responding to accidents in which children were injured because they were not restrained properly. Again, we are very proud of the program.</p> <p>The article in your packet speaks about speed loading ambulances, which is a practice we have used for about 15 years. We are mentioned in this article about 3 or 4 times. It used to take us about an hour and a half; we can restock an ambulance now in less than 30 minutes using this speed loading technique.</p> <p>Chairman Smith asked about the Drug Roundup Program, and Mr. Gubbels explained that this is a program sponsored by the law enforcement and some of the local pharmacies, where they develop a safe place to dispose of prescription drugs rather than filling our sewer system or allowing them to become a part of the prescription drug abuse epidemic.</p>	
10.	<p>Review – Acceptance – Monthly Public Health Fund Revenue and Expenditure Report – February 2012</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, reported that the DBOH members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of February 2012. Staff recommends the Board accept the Report as presented. Staff highlighted “Pool Permits,” the budget is \$63,000 and currently, the actual is \$17,275.85. Revenues are on track, it’s a timing issue and we do expect to receive the entire \$63,000. “Childhood Immunizations” are tracking low. Budget is \$59,000, and the actual is at \$19,050.54. FY 13 budgeted revenue has been adjusted downward in this line item \$23,000. “Death Certificates” revenues, both in ETCs and FY 13, have been adjusted up to \$400,000 versus budgeted at \$280,000. This positive variance is a result in the change in the fee. Fees for birth and death records used to be about \$13, and they are now at \$20 each.</p> <p>On page 4, at the bottom, Equipment Non-Capital is at 174%, and Equipment Capital is at 53%. Capital Equipment must have budget appropriations if you are going to buy capital equipment. Sometimes when we purchase equipment, you are expecting it to be a capital purchase, and it may be below the capital equipment threshold when you actually purchase it. It’s okay to overspend or under spend a line item in the Services and Supplies, other than Travel, but when you combine the two appropriations (capital equipment and non-capital equipment), and look at the two actuals, the percentage is at 65%, which is within tolerance of 67%.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Commissioner Jung questioned the low numbers in Childhood Immunizations concerned about it being a low number of children being immunized. Ms. Stickney stated that she would drill down into the numbers to determine if it is a third party billing issue or, if in fact, fewer children are being immunized.</p> <p>Dr. Humphries questioned Account No. 710585 titled, "Undesignated Budget." He wanted to know what items are included in this category. Ms. Stickney replied that the Undesignated Budget item is in direct relation to the indirect costs that come in on the revenue side. The offset for those dollars are under the Federal Grants/Intergovernmental line item, so when we have indirect costs, we recoup that when we don't have a specific line item for those expenses to tie to. So they are related. When we have indirect, we can spend it in the other categories.</p> <p>Councilman Gustin questioned the "Advertising" line item. He stated that when you look at the Advertising budget, even though they are not large numbers, they are significantly 200% of budget. He wanted to know what precipitated such a large variance.</p> <p>Kevin Dick, Director, Air Quality Management, addressed Councilman Gustin's questions by reporting that the AQMD has a 105 Grant funded by the EPA, and due to the timing of the budget process, and when Congress approves the allocation, it plays a role in our budget variance. It is a timing issue, and we used part of that money to put the SMOG phone number for smoking vehicles on the RTC vehicles.</p> <p>Dr. Humphries asked of Ms. Stickney what items are included in Account No. 710100, "Professional Services." This category shows quite an increase from last year. Ms. Stickney reported that this account is used to capture all services for professionals with whom we contract. We do not have a breakdown, but will supply that to the DBOH.</p> <p>Ms. Brown, Director, Community and Clinical Health Services, stated that when her department has lost employees, she is now using short term staffing solutions for soft funding. So if we have grant funding that we don't have the expertise for, but we have the dollars for, we will hire contract employees to fill those needs. We are moving to those Intermittent-Hourly employees to use that soft funding. That could represent some of those dollars. In our department, we have eliminated any secretarial support, and we undertook a huge revision of our policy and procedures manual, and we contracted that out to a service where it is very cost effective for this task to be accomplished.</p>	<p><u>ACTION ITEM:</u> DBOH asked for more detail and clarification on the low numbers for immunization.</p> <p><u>ACTION ITEM:</u> DBOH asked for more detail and clarification on increase in spending in the "Professional Services" budget item.</p>

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Ms. Stickney stated that there are numerous areas where we are contracting services at the moment, so she will prepare a reconciliation, and bring it to the Board for its review so the Board has a better sense of what those projects are.</p> <p>Dr. Humphries moved, seconded by Dr. Hess, that the Health Fund Revenue and Expenditure Report for February 2012 be accepted as presented.</p>	<p><u>MOTION CARRIED:</u> Health Fund Revenue and Expenditure Report for February 2012 accepted as presented.</p>
11.	<p>Presentation of FY 13 Budget Update</p>	<p>Ms. Eileen Stickney, Administrative Health Services Officer, stated that last week, we presented the Proposed FY 13 Budget to the DBOH, so at this time, we don't have any specific updates to the Budget. The Board requested more detailed information regarding the impacts on the Divisions and programs that the budget cuts will have. To answer those questions, we will utilize the County's Budget Reduction template and bring this information to the Board. We are preparing a FTE count by program, which will give you greater insight to how each program is being affected.</p> <p>We are preparing the comments and working with the Budget Presentation team to prepare for Dr. Iser's presentation of the Proposed FY 13 Budget to the Washoe County Board of County Commissioners, which will be on April 9, 2012.</p>	
12.	<p>Staff Reports and Program Updates</p> <p>A. <u>Director – Epidemiology and Public Health Preparedness</u></p>	<p>Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>Dr. Todd reported that there was an outbreak of a Hand, Foot, and Mouth Disease (HFMD) at a local day care facility. Normally, HFMD is not reportable, but when it manifests as an outbreak, it becomes an extraordinary occurrence of illness, and that makes it reportable. When it was brought to the Health District's attention on the 24th of February, there had been cases going on since the 2nd of February. There were 12 cases when we found out about it. We immediately made recommendations to the child care facility regarding cleaning and exclusions. We looked a week later, and had no abatement to the onset of new cases. We had as many new cases as the week before we did any intervention, and we were also seeing secondary cases in adult family members of these kids.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	<p>Board Comments</p>	<p>The clinical presentation of HFMD is a fever and lesions on the hands, feet, and mouth of the patient. This strain was presenting lesions in other areas of the body (groin, buttocks, trunk, and arms) and some of them were what we would term as “impressive,” rather severe. One picture from a California case looked like Small Pox. Not all of them were that severe, but certainly up to and including that. So, on March 8, we implemented some enhanced control measures. We asked the day care to exclude children until they: (1) had been fever-free for 24 hours, (2) had had no new lesions in the past 48 hours, and (3) all lesions had scabbed over. We noticed an immediate drop off in cases. The following week, we only had 3 cases in the day care and one secondary case, and no cases in the last 8 days. We haven’t yet closed this case. We are going to wait out two full incubation periods before we close this out, but we do think we have it under control now.</p> <p>Because of the unusual clinical presentation, staff suspected an unusual strain of Coxsackievirus. Most US cases are caused by Coxsackievirus A 16. Outbreaks with similar presentations have been reported in Europe and Asia that were due to Coxsackievirus A6 (CVA6). More recently, an outbreak due to CVA6 was reported in Alabama, and sporadic cases were reported in California and Connecticut. Information about our investigation here will be published in the CDC's Morbidity and Mortality Weekly Report.</p> <p>Our nursing staff collected specimens to confirm CVA6, and Public Health Laboratories in California and at CDC confirmed CVA6 as the causal agent for this outbreak. We have put out physician alerts to notify the public.</p> <p>Councilman Gustin questioned what caused the CVA6. Dr. Todd reported that CV is generally passed through the fecal/oral route. They are not all that common, but we do see outbreaks of them. This particular one was HFMD and happens to present in certain instances in a spectacular way.</p> <p>General hygiene and cleaning of high touch surfaces in the facility is what stopped it. Bleach is the best cleaning agent. Up until the Alabama outbreak occurred, CV A6 was unheard of in the United States.</p> <p>If untreated or uncontrolled, CVA6 is self-limiting, but it is pretty miserable for those who suffer from it. The most serious issue would be Encephalitis. One of our cases presented to the ER with a febrile seizure. Both of these are rare complications. Dr. Iser added that any skin eruption can result in a bacterial superinfection, but none of these cases progressed in that manner, and the febrile seizure Dr. Todd spoke of may very well have been due to the fever, which would</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>be his clinical guess. We did notice in some of the pictures strong evidence of scratching that can lead to other secondary infections.</p> <p>Dr. Furman expressed his concern about international influx of disease and our immunization rate. Dr. Todd reported that with school age children and up, we have a high rate of immunization. We have more difficulty with the pre-school aged kids. We have a pretty big stick when it comes to school age kids, without a high number of exclusions.</p> <p>We have a fairly robust syndromic surveillance system in place. Syndromic surveillance looks for a cluster of symptoms as opposed to a firm diagnosis. Our syndromic surveillance includes information that we receive from REMSA. REMSA logs a reason or chief complaint for every ambulance run. This information is fed into a computer, and it looks for any aberration. When treated in an ER for any reason, the chief complaint is again logged into a computer, and it looks for aberrations, and that data is sent to us. We also have pharmacy surveillance, so that when purchases are scanned, aberrations in data are forwarded to us. We also have school absentee monitoring. We look at all of these things on a daily and weekly basis to see if there is something unusual going on that requires further investigation.</p> <p>Dr. Iser stated that it is “syndromic,” so we look for a syndrome of symptoms, rather than a diagnosis, which is separate from our active surveillance of influenza for example, where we have six community providers who try to sample everyone with an influenza-like illness.</p> <p>Commissioner Jung questioned when Vital Check would be ready. Dr. Todd stated that he’s not sure, but we are targeting the 1st of July. We have some preparations that have to be done and coordination with the company that provides that service, and then we will be ready to go live.</p>	
	<p>B. <u>Director – Community and Clinical Health Preparedness</u></p> <p>Board Comments</p>	<p>Ms. Mary-Ann Brown, Director, Community and Clinical Health Preparedness, presented her monthly Division Director’s Report, a copy of which was placed on file for the record.</p> <p>Commissioner Jung congratulated Ms. Brown and her team on putting together the Washoe County Food Policy Council which will bring together representatives that will determine ways to make it easier for our population to have access to healthy foods, and everyone in the Health District should be proud since it is the first in the State, and it is also not funded in any way by the Health District. This idea came directly out of the ACHIEVE grant.</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Furman congratulated the team also, and stated that he had been reviewing planning and zoning of restaurants near schools and suggested healthy eating establishments in school areas should be a consideration. Ms. Brown stated that that was brought to the discussion in the development of the Council, but business interests could be affected by this standard. A discussion of open versus closed campuses to affect healthy eating ensued. Commissioner Jung suggested that one thing we should explore is the District Health Officer's influence and power to institute closed school campuses in order to address nutritional behaviors.</p> <p>Ms. Brown stated we could certainly pursue these ideas with our ACHIEVE partners. They have been an active partner in the obesity forum that we have every year.</p> <p>Dr. Humphreys questioned the cause of low immunization numbers. Is it because we have citizens who can't pay for them, or are the numbers actually just down? Ms. Brown reported that she will give a full analysis of the trend in her April DBOH staff report. We have seen that we are doing better with our school aged children, and we have had some billing issues, so I do believe it is multi-faceted.</p> <p>Councilman Gustin also congratulated the team on the formation of the Food Policy Council and questioned Ms. Brown about how frequently they will meet. Ms. Brown reported that the Council has just been formed, and that the first meeting will come in the next few weeks. They are setting up their own governance; we just helped kick them off, and we anticipate that they will set ground rules and a process for how they will continue to meet. We will have a participatory role with them, but they report back to the ACHIEVE group on how and what they are doing, but they are self-governed.</p>	<p><u>ACTION ITEM:</u> Investigate HO's influence and power to institute closed school campuses.</p>
	<p>C. <u>Director – Environmental Health Services</u></p>	<p>Mr. Robert Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.</p> <p>We have actually approved four subdivisions recently, so this indicates a slight uptick in construction in the County.</p>	
	<p>D. <u>Director – Air Quality Management</u></p>	<p>Mr. Kevin Dick, Director, Air Quality Management, presented his monthly Division Director's Report, a copy of which was placed on file for the record. Charlene Albee has been promoted to Chief, Permitting and Enforcement Branch. She will be recognized at next month's DBOH meeting.</p> <p>Mr. Dick stated that he would like to report on our Green, Yellow, Red Burn Code season that runs from November through February. He placed in front of the Board a corrected 2011-2012 calendar of the Burn Code. The one in the packet only</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>showed half of February. He directed attention to the 2009 and 2010 Burn Code data. Mr. Dick stated that he had briefed the Board during the May DBOH meeting on the Air Quality Trends Report. The report showed that there were more inversion days in 2009, with more Red Code burn days, than we had experienced in the last 10 years. The AQMD had DRI (Desert Research Institute) do a study to look at the speciation of the PM 2.5 particles that were collected to try and help us understand why these levels exist and what the origin is. The information that the DRI developed noted that we had particularly bad air quality conditions when we had inversions during cold and damp weather with snow on the ground. Mr. Dick stated that those were expected to be the days when we experience particularly bad air quality. Then in 2010 and 2011, we didn't experience those conditions as much, and we had a pretty good season. We only had one stretch over a weekend where we went from Yellow to Red for the Burn Code days. The 2011-2012 winter season was an unusual season all over the country. In addition to the weather conditions, we had the new PM 2.5 monitor in operation at the 4th Street monitoring station in Sparks. The region experienced persistent inversion conditions through December, and so in December we have a lot of Yellow and Red Burn Code days that occurred, even, unfortunately, a Red on Christmas and Yellow on New Year's Eve. Fortunately, things have improved since then.</p> <p>Mr. Dick reported that the Health District has contracted with the DRI to investigate spatially what we are experiencing for concentrations around that monitor in Sparks. The contract with DRI was finalized in December, and since then they haven't had good inversion conditions to drive around with monitoring equipment, so the contract has been extended through next winter, and hopefully we will get a better understanding of what the situation is around that monitor in Sparks so we know what we are dealing with and what steps we might be able to take to improve that.</p>	
	E. <u>Administrative Health Services Officer</u>	The Administrative Health Services Officer's Reports were delivered in Agenda Item Nos. 10 and 11.	
	F. <u>District Health Officer</u>	<p>Dr. Joseph Iser, District Health Officer, presented his monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Dr. Iser stated that he has been experimenting with using an electronic version of the DBOH packet and following along on his iPad through the Health District wireless network, and it is working fairly well for him. He is getting accustomed to it. Dr. Todd has an iPad application that allows him to take notes and write on the electronic copy (PDF Notes).</p>	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
		<p>Dr. Iser addressed Mr. Gustin's questions about the diagnosis on CVA6. Dr. Iser stated that we all prepare and submit our reports at least a week prior to the DBOH meetings, and a lot of things have happened in the last week, so that is why the confirmation of diagnosis is not mentioned in our reports.</p> <p>As to immunization rates, Dr. Furman, I am not sure that we fully answered your question. As we all said, we have a good handle on school-aged children with our authority there. It's the two year old population where we have poorer rates of immunization. We have reported that the rates have risen, but they are still at a fairly low level in that age group. I would guess around 70% or so; so it's our youngest population who are most susceptible to vaccine preventable diseases, as are our oldest as immunity wanes, and the younger children visit grandparents. It is a critical stage.</p> <p>As to budget issues, I reported that I met with Mr. Whitley, actually yesterday, and we were at least able to forge an agreement so that part of the funds in the Tobacco Grant that would have been decreased on April 1 will remain stable for six months. I will be meeting with federal partners, in particular, Family Planning, and other groups at the Regional Office of the Administrator, HSRA, and the Air Quality Division of the US EPA. When I meet with HRSA, it will be not only about this, but primarily on the School Based Health Center grant in coalition with the school district in looking at developing a grant request and getting money in to support school-based health centers. The coalition being form is led by the schools. We are looking at three schools right now. It all depends on what all we can get, and whether we can get a planning grant. Those are the kinds of things we will be discussing.</p> <p>As Dr. Todd mentioned, the CDC is putting together a report for the MMWR (Morbidity and Mortality Weekly Report), which is like a continuing revelation Bible for us. So, we (health officers, epidemiologists, division directors) use this publication frequently. The subjects are different every week, and we look at what the trends are. That is why it is important that this report come out quickly, so that if other jurisdictions see a syndrome as we have described, they will have an understanding that instead of looking for other causes, they can focus on this Cocksackie A6.</p> <p>Next week is National Public Health Week, and you will be seeing press releases regarding our programs for the week.</p>	
13.	Board Comment	No Board comment was presented.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
14.	Public Comment	No public comment was presented.	
15.	Motion to Adjourn	<p>There being no further business to come before the Board, the meeting was adjourned.</p> <p>Councilman Gustin moved, seconded by Dr. Hess, that the meeting be adjourned.</p>	<p><u>MOTION CARRIED:</u> The meeting was adjourned at 2:34 p.m.</p>

JOSEPH P. ISER, MD, DrPH, MSc
DISTRICT HEALTH OFFICER

PEGGY F. O'NEILL,
RECORDING SECRETARY