

## **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, July 26, 2018  
1:00 p.m.**

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

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### **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)**

July 26, 2018

**5. \*Recognitions**

**A. Years of Service**

- i. Molly Diaz, 15 years, Hired 7/28/2003 - AHS
- ii. Will Lumpkin, 10 years, Hired 7/21/2008 - EHS

**B. New Hires**

- i. Katherine Sullivan, Office Assistant II, 7/9/2018 - EHS
- ii. Kelly Parsons, Office Assistant II, 7/23/2018 - AQM

**C. Reassignments**

- i. Jessica Cabrales, from CCHS Office Support Specialist to Office Support Specialist, 7/9/2018, - AQM

**D. Resignations**

- i. Jan Houk, 7/27/2018, Public Health Nurse II, 22 years, CCHS
- ii. Ruth Soto-Castillo, 6/23/2018, Community Health Aide, 12 years, CCHS

- E. Shining Star
  - i. Carmen Mendoza - EPHP

**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. June 28, 2018

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

- i. Retroactively approve a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period of August 1, 2017 through July 31, 2018 [From \$170,522 to \$312,866] in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program IO #10984 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Jennifer Pierce

- C. Approve an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic retroactive to July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years for the terms in the agreement unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. – (For possible action)

Staff Representative: Nancy Kerns Cummins

- D. Approve Amendment #1 to the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide for vaccine storage retroactive to July 1, 2018. – (For possible action)

Staff Representative: Nancy Kerns Cummins

- E. Presentation, discussion, and possible approval of the donation of various pieces of obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations. - (For possible action)

Staff Representative: Charlene Albee

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

- i. Olympia Gaming CRS Sparks – Case No. 1200, NOV No. 5665
- ii. Woodsprings Suites Reno East Legends – Case No. 1201, NOV No. 5668

Staff Representative: Charlene Albee

- G. Acknowledge receipt of the Health Fund Financial Review for June, Fiscal Year 2018 – (For possible action)

Staff Representative: Anna Heenan

7. **PUBLIC HEARING: Presentation, discussion, and possible adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)” and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan. - (For possible action)**

Staff Representative: Charlene Albee

8. **Regional Emergency Medical Services Authority**

Presented by: JW Hodge

**A. Review and Acceptance of the REMSA Operations Report for June, 2018 – (For possible action)**

**B. \*Update of REMSA’s Public Relations during June 2018**

9. **Consideration and possible adoption of a policy for Environmental Health Services (EHS) and Air Quality Management fee relief or mitigation for entities affected by disasters and emergencies. - (For possible action)**

Staff Representative: Kevin Dick

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

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

Program Update, Divisional Update, Program Reports

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

Divisional Update – Changes to CCHS Programs; Medicaid Enrollment Assistance; Data & Metrics; Program Reports

**C. Environmental Health Services, Chad Westom, Director**

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

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

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

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

District Health Officer Report – REMSA Franchise Agreement, Plan Reviews, Washoe Behavioral Health Policy Board, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Workforce Development, Style Guide, New CCHS Fees, Other Events and Activities and Health District Media Contacts.

11. **\*Board Comment**

Limited to announcements or issues for future agendas.

12. **\*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.

13. **Adjournment – (For possible action)**

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

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

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

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

**Posting of Agenda; Location of Website:**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.



## Washoe County District Board of Health Meeting Minutes

**Members**

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

**Thursday, June 28, 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**

Chair Jung called the meeting to order at 1:00 p.m.

The following members and staff were present:

Members present: Kitty Jung, Chair  
Michael Brown  
Dr. George Hess  
Tom Young  
Oscar Delgado (Arrived at 1:01 p.m.)

Members absent: Dr. John Novak, Vice Chair  
Kristopher Dahir

**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  
Dr. Randall Todd  
Kelli Goatley-Seals  
Catrina Peters

**2. \*Pledge of Allegiance**

Mr. Delgado led the pledge to the flag.

**3. \*Public Comment**

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

**4. Approval of Agenda**

June 28, 2018

Chair Jung informed that the District Health Officer wished to have Item 6G pulled from the agenda. Chair Jung also explained that the amount on Item 6Bi had increased by \$1.00 to \$64,582.00, and, with the information on these two items, requested an approval of the agenda.

Mr. Brown moved to approve the agenda for the June 28, 2018, District Board of Health regular meeting. Dr. Hess seconded the motion which was approved five in favor and none against.

## **5. Recognitions**

### **A. Retirements**

- i. Diane Freedman, 7/6/2018, Public Health Nurse – 25+ years, CCHS

Mr. Dick informed that Ms. Freedman is retiring after over twenty-five years of service as a Public Health Nurse, most recently in the Health District's TB Clinic. He read the clock's inscription given on behalf of the Health District's appreciation of her service.

- ii. Christina (Tina) Burton, 7/13/2018. Office Support Specialist – 29+ years, AQM

Mr. Dick congratulated Ms. Burton on her retirement and informed that she is an Office Support Specialist with Air Quality Management with over twenty-nine years of service. He stated that he had the pleasure of working directly with Ms. Burton when he was in Air Quality, and that she will also be presented with the gift of a clock for her retirement.

Ms. Albee explained that Ms. Burton and she had started work in Air Quality Management about a month apart from one another; Ms. Albee as a new employee and Ms. Burton had transferred from Human Resources. She stated that they have gone through the learning curve from the very beginning in AQM and expressed that Ms. Burton has been her rock. She expressed her gratitude for the time they'd had to work together and for her knowledge, skills and abilities. Ms. Albee stated the entire AQM team will miss having Ms. Burton as part of their team.

### **B. Years of Service**

- i. Michael Lupan, 20 years, Hired 6/5/1998 – EHS

Mr. Dick congratulated Mr. Lupan on his twenty years of service and informed that he is an Environmental Health Specialist and a valuable contributor in that program.

### **C. Promotions**

- i. Maria Rodriguez, Community Health Aide to Human Services Support Specialist II in WIC – CCHS
- ii. Susan Hopkins, Office Assistant II to Office Support Specialist – EHS

Neither Ms. Rodriguez nor Ms. Hopkins was able to be present at this meeting. Mr. Dick extended congratulations to them both for their promotions.

### **D. New Hires**

- i. Steven Thalacker, 5/28/2018, Principal Account Clerk – AHS
- ii. Nennette Cano – 6/11/2018, Account Clerk I – AHS

Ms. Heenan expressed she was very happy to introduce Mr. Thalacker and Ms. Cano as new members of the Administrative Health Services team. She informed that Mr.

Thalacker had worked at the Treasurer's Office for nineteen and a half years and Ms. Cano had worked at Social Services for over eight years, and they are both bringing with them a wealth of knowledge to the Health District's Fiscal Team.

Ms. Heenan expressed her excitement to have the new members of the Fiscal Team on board, including Ms. Pierce, the new Fiscal Compliance Officer, who had been announced last month but hadn't been present for recognition.

Ms. Heenan stated that they are very happy about the great team they've assembled and excited to provide the best possible financial services to the Health District.

iii. Brittney Osborn – 5/29/2018, Air Quality Specialist Trainee – AQM

Ms. Albee stated she was very pleased to welcome Ms. Osborn, a local native Nevadan and UNR graduate with a degree in Forest Management. She informed that Ms. Osborn comes to the Health District most recently from the Nevada Division of Forestry.

E. Accomplishments

i. Linnie Shore, Silver Syringe Award from Immunize Nevada

Mr. Dick informed that Ms. Shore received a very prestigious award earlier in the year as the 2017 Silver Syringe Award winner for Outstanding Immunization Nurse from Immunize Nevada. He expressed he had been fortunate to attend the dinner the award had been presented to Ms. Shore, and recognized for her outstanding work. Mr. Dick congratulated her and thanked her for her work at the Health District.

F. Shining Star

- i. Janet Smith – AQM
- ii. Elena Varganova – EPHP
- iii. Diana Karlicek – EHS
- iv. Nick Florey – EHS
- v. Amy Santos – EHS
- vi. Susan Hopkins – EHS

Mr. Dick informed that Shining Star is a County program for employees who are recognized for providing excellent customer service, explaining that many of these recognitions come from the public the Health District services. He introduced those present and congratulated all those recognized for their excellent service.

G. 2018 Extra Mile Awards

- i. FacesNV
  - ii. Truckee Meadows Park Foundation
- Staff Representative: Kelli Goatley-Seals

Ms. Goatley-Seals informed that she is a Health Educator Coordinator with the Washoe County Health District's Chronic Disease Prevention Program. Ms. Goatley-Seals introduced Mr. Jordan Thomas, Public Service Intern with the Chronic Disease Prevention Program, who assisted in the process of this year's Extra Mile Awards and would help present the awards.

Ms. Goatley-Seals thanked the District Board of Health for helping award these community members. She informed that the Extra Mile Awards honors businesses that go above and beyond the requirements of the Nevada Clean Indoor Air Act who make the conscious decision to go smoke free when the law does not require them to. She

informed that these businesses were identified by our community for exemplifying a growing movement to increase smoke free venues and locations.

Ms. Goatley-Seals stated that 85% of the community in Washoe County does not smoke and these awardees provide smoke free environments to thousands of residents, visitors and employees each year.

Ms. Goatley-Seals informed that FacesNV is a nightclub in the downtown area which opened in 2017 as a smoke free location to provide a venue where people could enjoy their facility and not be exposed to secondhand smoke. There was no representative of FacesNV present to receive the award.

Ms. Goatley-Seals introduced the second awardee, the Truckee Meadows Park Foundation, and informed that the Truckee Meadows Park Foundation Programs and Events operate under the Healthy Parks Healthy People Truckee Meadows Initiative which is predicated upon the premise that the health of the environment is integrally related to the health of our citizens. She informed that they have designated all of their programs and events smoke free and vape free with the decision having been made by the organization which aligns with the Healthy Parks Healthy People ideals. Because the Truckee Meadows Parks Foundation Programs and Events are family friendly and park-based, she was excited to inform that all parks are also smoke free.

Ms. Goatley Seals introduced Ms. Geanette Orton, Development Officer on behalf of the Truckee Meadows Parks Foundation, who accepted the award.

At approximately 1:23 p.m., the emergency alarm sounded, causing those in attendance to evacuate the building. When the all clear signal was given, the meeting resumed and was called to order at 1:39 p.m. Chair Jung informed that it had been a false alarm caused by an alarm that had been pulled.

Chair Jung referred to the employees that were recognized at this meeting for achievements and dedication, and opined that even those public servants that are not law enforcement encounter personal risks from some of those citizens that they serve. She expressed her thanks for all public health employees' dedication and public service.

## 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. May 24, 2018

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

- i. Approve a Subgrant Award from the State of Nevada Department of Health and Human Services, Division of Public & Behavioral Health for the period July 1, 2018 through June 30, 2019 in the total amount of \$64,582.00 (no required match) in support of the Community and Clinical Health Services Division (CCHS) Fetal Infant Mortality Review (FIMR) Program IO# 11176 and authorize the District Health Officer to execute the Subgrant Award.

Staff Representative: Nancy Kerns Cummins

### C. Acceptance of the “Washoe County, Nevada Air Quality Trends (2008-2017)” Report - **(For possible action)**

Staff Representative: Charlene Albee

- D. Approval of authorization to travel and travel reimbursements for non-County employee Dr. John Novak for FY19 to include the approximate amount of \$1,763.29 to attend the NALBOH Annual Conference in Raleigh, North Carolina, August 8-10, 2018, and the Annual NALBOH Board Meeting in the approximate amount of \$1,600, date and location to be determined. - **(For possible action)**  
Staff Representative: Kevin Dick
- E. Approve an amendment to the partnership agreement with Keep Truckee Meadows Beautiful for an increase of \$11,111.00 in support of the Recycling and Solid Waste Management Plan program to cover activities retroactive to March 1, 2018 on behalf of the Environmental Health Services Division of the Washoe County Health District. - **(For possible action)**  
Staff Representative: Jim English
- F. Authorize the creation of a 1.0 FTE, fully benefitted, full-time Public Health Investigator position to be evaluated by the Job Evaluation Committee to be supported by the Ryan White Part B Program Grant IO# 11479 and to abolish vacant Public Health Nurse PC# 70002199. – **(For possible action)**  
Staff Representative: Nancy Kerns Cummins
- G. Presentation, discussion, and possible approval of a process to donate various obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations. – **(This item was pulled from the agenda)**  
Staff Representative: Charlene Albee
- H. Retroactive Approval of Assistance Amendment PM-00T56401-7 from the U.S. Environmental Protection Agency (EPA) for the period 4/1/18 through 3/31/19 for the Air Quality Management, EPA Air Pollution Control Program, IO 10021. – **(For possible action)**  
Staff Representative: Jennifer Pierce
- I. District Board of Health approval to increase the District Health Officer’s approval authority from a threshold of \$50,000 to \$100,000 for fiscal year cumulative purchases by vendor. - **(For possible action)**  
Staff Representative: Anna Heenan
- J. Acknowledge receipt of the Health Fund Financial Review for May, Fiscal Year 2018 – **(For possible action)**  
Staff Representative: Anna Heenan

**Chair Jung directed that, for approval of the Consent items, the record should show the amount of Item 6Bi as \$64,582.00 and that Item G has been pulled from the agenda.**

**Mr. Young moved to accept the Consent Agenda. Dr. Hess seconded the motion which was approved five in favor and none against.**

**7. \*National Weather Service presentation on the effects of climate in regards to local vector issues.**

Presented by: Mark Deutschendorf and John Mittlestadt of National Weather Service

Mr. Mittlestadt informed that he and Mr. Deutschendorf are meteorologists with the National Weather Service (NWS) office in Reno. He stated that there are 124 NWS offices

across the country.

Mr. Mittlestadt explained that the winter of 2017-2018 was termed as a “fake” winter due to the lack of precipitation, being the driest October through February on record. The effect of this winter was not as bad as it would have been due to the wet winter of the prior year and the precipitation received in March through May of 2018, the wettest spring on record.

Mr. Mittlestadt informed that soil moisture was high in the area in March of 2018 and now is in the average range for the current season. Regarding vector issues, he stated that the increased moisture from the spring along with the remaining waters left by the flood of the 2016-2017 winter were related to the higher vector activity.

Mr. Mittlestadt explained that, although the wet spring brought the precipitation levels up to 100%, the snow pack was approximately 60% of the average.

Mr. Deutschendorf stated that seasonal outlooks are more generalized, the level of predictability is not very high and that they are based on trends over the past few months. He informed that it will be very dry initially until the higher heat index is reached, which will trigger sporadic moisture from the southwest monsoon from July to August. It is forecast that this summer won't be much different than those experienced in the past several years.

Mr. Deutschendorf informed that the threat of fire is high this summer as in the recent past due to thunderstorms and those caused by people, and that the combination of recently burned land and thunderstorms create a flash flood risk.

Mr. Deutschendorf stated that the trend is leaning toward an El Niño which tends to favor above average precipitation over the southern United States, but can tend to leave the Northwest a bit dryer.

Mr. Mittlestadt informed that they are in constant communication during adverse air quality conditions with Air Quality Management and thanked them and the other Health District Divisions for their partnership.

In summary, Mr. Mittlestadt stated the future climate is forecast to be warmer with higher snow levels, fewer storms of greater intensity are predicted, and summer is forecast to have warmer than average temperatures with high wildfire risk across western Nevada.

Regarding vector issues, Mr. Mittlestadt opined that warmer weather and large amounts of standing water certainly do not decrease the threat for mosquito vectors, but stressed that he and Mr. Deutschendorf are not experts in this field.

Mr. Young inquired what the statistic accuracy of long term weather forecasts are. Mr. Deutschendorf explained that the forecast diminishes in accuracy the farther out that weather patterns are predicted, and that seasonal outlooks are based on recent years while considering the influence of patterns that are expected by indicators they observe.

Chair Jung thanked Mr. Deutschendorf and Mr. Mittlestadt for their presentation, and informed those present that the National Weather Service also provides information to the Fire Departments to predict fire hazard.

## **8. Resolution of Appreciation – (For possible action)**

- A. Michele C. Dennis, P.E. - 10/27/1999 - 10/23/2017, Sewage, Wastewater and Sanitation Hearing Board Member
  - B. Steven H. Brigman, P.E. - 10/27/1999 - 10/23/2017, Sewage, Wastewater and Sanitation Hearing Board Member
- Staff Representative: Kevin Dick

Mr. Dick read the Resolutions of Appreciation for Ms. Dennis and Mr. Brigman, and thanked them on behalf of the District Board of Health and the Health District, and extended his personal thanks for their nineteen years of service on the Sewage



Wastewater and Sanitation (SWS) Hearing Board. Ms. Dennis stated that it had been a privilege to serve on the SWS Hearing Board.

**Mr. Brown moved to accept the Resolutions of Appreciation. Dr. Hess seconded the motion, which was approved five in favor and none against.**

Chair Jung thanked Ms. Dennis for her service.

It was noted that Mr. Brigman had been in attendance, but regrettably had to leave due to the delay of meeting.

**9. PUBLIC HEARING: Review, discussion and possible adoption of Proposed Revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 020.040 (Civil Fines and Penalties) and 020.042 (Criminal Fines and Penalties). – (For possible action)**

Staff Representative: Charlene Albee

Ms. Albee informed that the proposed revisions to regulations before the Board were the result of an issue identified in the Strategic Plan, because it was discovered that the cost of the penalty was less expensive than compliance with the regulation. She informed that other agency's penalties had been reviewed, resulting in the level of penalties presented for consideration in this proposal.

Ms. Albee stated the Public Hearings had been completed as required, the Business Impact Statement was adopted at the May DBOH Meeting and she confirmed that Air Quality Management had not received any additional public comment in the period from the last DBOH Meeting to this current meeting.

Ms. Admirand requested Chair Jung to open the Public Hearing, and Chair Jung did so.

Chair Jung noted there was Public Comment, Ms. Cathy Brandhorst, and opened the Public Comment period.

Ms. Brandhorst expressed concern regarding air quality in Washoe County.

**Chair Jung closed the public comment period.**

**Mr. Brown moved to approve the Revisions to the District Board of Health Regulations Governing Air Quality Management, Sections 020.040 (Civil Fines and Penalties) and 020.042 (Criminal Fines and Penalties). Mr. Delgado seconded the motion which was approved five in favor and none against.**

**10. Regional Emergency Medical Services Authority**

Presented by: Adam Heinz

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

Mr. Heinz introduced himself as the Director of Clinical Communications at REMSA.

Chair Jung noted there was Public Comment, Ms. Cathy Brandhorst, and opened the Public Comment period.

Ms. Brandhorst expressed concern for those residents that lack health insurance.

**Chair Jung closed the public comment period.**

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

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

Mr. Heinz thanked the District Board of Health for their support and recognition of EMS Week at the end of May, stating that the Proclamation helps bring awareness to the great work being done in the community around Emergency Management Services. He thanked Chair Jung, Councilman Dahir, Councilman Delgado and District Health Officer Dick for attending the EMS Award Luncheon and stated that it meant a great deal to EMS Staff and Field Providers to have them there in support of their mission. In addition, Mr. Heinz thanked the Fire Chiefs and partners for attending that event as well, and for co-authoring and editing the Reno Gazette Journal article in celebration of EMS Week and recognizing the contributions of the first responders and pre-hospital providers in the community.

Mr. Heinz informed that Mr. Hodge represented REMSA at a roundtable discussion at the end of May, hosted by Senator Cortez Masto, in regards to technology in healthcare and upcoming legislation she will be presenting.

Mr. Heinz informed that REMSA has been working with Washoe County Health District on the "When to Call 911" Public Awareness Campaign, and have collaborated on RTC bus tails, interior ads and the Facebook portion of the campaign that were launched in March. He noted there is a television spot airing on KRNV that will run through July 2<sup>nd</sup>.

Mr. Heinz stated that a UNR Journalism student, Jazmin Orozco-Rodriguez, had participated in a week long fellowship program through NPR's Next Generation Radio program in a midnight ride-along with REMSA Paramedic Owen Shaw. He informed that the completed story is on REMSA's Facebook page and covers the highlights and challenges of working in EMS, and was shared with Reynold's Journalism School at the University of Nevada Reno.

Mr. Heinz informed that REMSA participated in the City of Reno's Health and Safety Expo on June 21<sup>st</sup>, stating their booth featured ambulance, Tactical, EMS, Paramedics, members of the Special Events Bike Team and Search and Rescue, and that facts about CPR and bleeding control were shared.

Mr. Heinz stated REMSA was proud to announce that they have earned the 2018 Mission Lifeline EMS Gold Recognition from the American Heart Association, and that the award recognizes Pre-Hospital Care Providers in collaboration with each other and with destination hospitals. He opined it is a testament to the quality of care that REMSA is providing to those patients experiencing heart attacks in this region, and that this level of recognition acknowledges REMSA's ongoing commitment to providing guideline-based care in the area. Mr. Heinz recognized Clinical Coordinator, Mr. Jason Hatfield, as the champion behind gathering and providing the data that brought the award to REMSA.

With the warmer weather and the upcoming Fourth of July, Mr. Heinz informed that REMSA has been sharing useful tips about avoiding heat, sun related illnesses and packing first aid kits.

Chair Jung thanked Mr. Heinz for the excellent report and opined it touching to have heard the stories from those who had received the benefit of care from Emergency Management Services, law enforcement and fire services at the EMS Awards barbeque, and thanked them all for their work and dedication.

**11. Presentation, discussion and possible approval of revisions to the Multi-Casualty Incident Plan (MCIP). – (For possible action)**

Staff Representative: Brittany Dayton

Ms. Dayton reminded the DBOH that she reviews Multi-Casualty Incident Plan (MCIP) or the Mutual Aid Evacuation Plan for possible revisions annually. She informed that this

fiscal year, EMS and Public Health Preparedness staff worked with regional partners to implement several updates including the new annex, the Alpha MCI Plan.

Ms. Dayton provided an overview of this fiscal year's proposed revisions to the MCIP, highlighting those individuals and entities that she collaborated with. She recognized Chief Reid and Chief McEvers from Sparks Fire for their assistance in developing the Activation Flow Chart, a flow chart for first responders that helps determine whether a Mass Casualty Incident (MCI) or pre-alert should be activated.

Ms. Dayton informed of a tabletop exercise she had organized in January 2018 for fire, law enforcement and EMS, with the primary discussion around on-scene coordination of agencies involved at an incident. The result of those conversations was the development of MCI Levels which provides responders with an approximate size of the incident in initial communications.

Changes to language within the MCIP were detailed and Ms. Dayton noted the Patient Tracking section had been added to define the role of the Health District for patient tracking to regional partners in an MCI.

Ms. Dayton reviewed the MCI Alpha Plan, informing the development of this plan began in 2015 when the EMS Program Manager attended a presentation on the Paris terrorist attacks and gained further momentum with the October 1 incident in Las Vegas. She explained it was specifically developed for large scale incidents and/or multi-location incidents, and that it provides a framework to manage 100+ patients.

Ms. Dayton recommended the Board approve the revisions with an effective date of the beginning of October 2018 to allow for training of personnel on the revisions and the Alpha Plan.

Ms. Dayton thanked all of the regional partners for their assistance in the revisions, expressing that she could not have done this work without their subject matter expertise.

Dr. Hess inquired if Carson City would be included in the partners who would provide hospital beds if needed in an MCI. Ms. Dayton confirmed that they have a Mutual Aid Agreement with REMSA for transport, and in the instance of an MCI would use the Mutual Aid Agreements to call in additional resources.

Chair Jung noted there was Public Comment, Ms. Cathy Brandhorst, and opened the Public Comment period.

Ms. Brandhorst stated she was glad for the work done to develop the MCIP.

**Chair Jung closed the public comment period**

**Dr. Hess moved to approve the revisions to the Multi-Casualty Incident Plan (MCIP) with an effective date of October 1, 2018. Mr. Delgado seconded the motion which was approved five in favor and none against.**

Chair Jung congratulated Ms. Dayton on a report well done.

**12. Presentation, discussion and possible direction regarding request for augmentation of budget and plans for FY19 mosquito abatement activities. – (For possible action)**

Staff Member: Chad Westom

Mr. Westom provided an overview of the item, beginning with the approval of the FY19 Budget by the District Board of Health on February 22, 2018 that included an above base request to increase the General Fund Transfer from Washoe County by \$192,750 for chemical and helicopter costs for increased mosquito abatement activity. Mr. Westom continued by stating that this above base request was not included in the County Manager's Budget which was approved by the Board of County Commissioners on May 22, 2018.

Mr. Westom referred to the National Weather Service's presentation that indicated higher temperatures and increased levels of standing water create a potential for increased vector activity. He detailed the areas remaining of waters left by the flood of the 2016/17 winter and informed that this increased acreage of water does require additional amounts of Vectolex FG and Altosid P35, as well as additional helicopter hours, to treat effectively, and stressed there could be an increased risk of West Nile Virus for residents and visitors if the additional supplies do not become available.

Given the current budget for FY19 for product costs of \$231,500 and contract services of \$45,000, Mr. Westom stated Environmental Health Services is suggesting that the District Board of Health request a Washoe County General Fund contingency transfer for the Health District budget for mosquito control in the amount of \$180,000; \$160,000 for product and \$20,000 for helicopter services, above the \$276,500 amount included in the Health District's budget adopted for FY19.

Ms. Admirand informed that Section 4D of the Interlocal Agreement requires approval by the Councils of Reno and Sparks prior to the County making any reduction, increase or amendment to the Health District's budget.

Chair Jung requested Ms. Admirand research and inform the DBOH of the amounts provided by the Cities of Reno and Sparks to Washoe County for the Health District in this Interlocal Agreement for public record, and whether this requirement for obtaining the above outlined approval from Reno and Sparks could be changed in the Agreement. She opined it unreasonable to expend staff time and have possible delays or issues moving forward with this type of request when each Council is represented on the District Board of Health, and that an increase in transfer to the Health District from both Cities should be investigated.

Chair Jung inquired the percentage amount of the Health District's budget provided by Washoe County's General Fund. Mr. Dick informed that it was 47%.

Chair Jung opined this to be an extremely important issue that could negatively affect the entire region for residents and tourism.

**Mr. Brown moved to approve requesting contingency General Fund transfer funding for mosquito abatement. Mr. Young seconded the motion which was approved five in favor and none against.**

**13. Review and possible approval of 2018-2020 Community Health Improvement Plan. – (For possible action)**

Staff Representative: Catrina Peters

Ms. Peters expressed she was excited to share the results of the roughly five month process to develop the Health District's second Community Health Improvement Plan (CHIP).

Ms. Peters outlined the steps in the process that were taken to develop the CHIP, and informed that the greatest lesson learned from the first CHIP was to narrow the focus of objectives to allow greater impact on those selected.

Ms. Peters informed that the Truckee Meadows Healthy Communities (TMHC) Steering Committee met twice to determine the priority focus areas of the CHIP, informing that TMHC is a cross sectoral coalition representing a whole variety of entities in the region.

Given the needs of the community, Ms. Peters informed that the difficult process to define health needs areas were ultimately decided by the community's capacity and desire to engage in an initiative.

Ms. Peters informed that the three focus areas chosen were Housing, Behavioral Health, and Nutrition and Physical Activity, and that the planning phase, with strong input from the

community, defined the goals, objectives and strategies.

Ms. Peters acknowledged J.D. Klippenstein for his fantastic job in leading the Housing Action Plan Committee. She informed that the housing initiative is focused on the regional strategy for housing affordability as well as homelessness, and detailed supporters of the effort.

Regarding Behavioral Health, Ms. Peters discussed the three action plans under this initiative including funding support for the severely mentally ill, assess and address the current status and need for services and reducing suicide and depression in adolescents. She informed that the Washoe County School District supports the Signs of Suicide Program, an educational program for all seventh graders.

Nutrition and Physical Activity is led by the Community Health Alliance, Renown, Health District and Family Health Festival Committee, and includes objectives to increase physical activity and improve nutrition among adults and youth using the 5210 framework, and also encompasses the continuation of the successful Family Health Festivals.

After the CHIP is approved, Ms. Peters informed that next steps will include implementation within the framework of owners and supporters for each objective with support from the Health District for these committees.

Ms. Peters stated she will return with reports on annual progress of the CHIP.

Mr. Delgado thanked Ms. Peters for her presentation and inquired how Renown's Community Benefit Plan aligns with the Health District's CHIP, and if Renown's involvement was limited to the CHIP's 5210 activities, how Renown's objectives differ from those of the Health District's. Ms. Peters informed that Renown embarked on a process to produce their Community Benefit Plan and were invited to participate in the CHIP, but have opted to take a leadership role to improve the nutritional quality of items offered in vending largely around the recreation facilities such as the Ace's Stadium.

Mr. Dick added that the Health District worked together with Renown on the Community Health Needs Assessment (CHNA), so both entities are working from the same data around public health and the priorities that were defined in the community. He informed the process the Health District has to fulfill for the CHNA to be considered and qualify for the National Accreditation Program involves engaging the community, while Renown Health has IRS requirements for a Community Benefits Plan but not the same requirement for community involvement. Because of this, Mr. Dick informed that Renown decided to pursue a different approach to develop their Community Benefits Plan.

Mr. Delgado thanked Ms. Peters for all of her hard work and expressed that he was looking forward to working together to move the dial on these important issues.

Chair Jung noted there was Public Comment, Ms. Cathy Brandhorst, and opened the Public Comment period.

Ms. Brandhorst expressed she was thankful for programs that help the improve conditions for community residents.

**Chair Jung closed the public comment period.**

Chair Jung requested Ms. Peters to reach out to the Business Improvement District and opined that this presentation would be beneficial to present to them to inform them of the goals and activities of the Community Health Improvement Plan.

**Mr. Brown moved to approve the 2018-2020 Community Health Improvement Plan. Mr. Delgado seconded the motion which was approved five in favor and none against.**



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

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

Program Update, Divisional Update, Program Reports

Ms. Albee informed that the Washoe County, Nevada Air Quality Trends (2008-2017) Report that had been adopted earlier in the meeting shows the trends in the County's ozone as Air Quality Management's largest concern, and stressed that the area is just barely meeting the standards. Referring to an article produced by Lime Bike, she informed their statistics for this region's first forty days of participation in their program show 21,000 riders, 36,000 trips and an estimated 35,000 miles travelled on these bikes which equates to avoided emissions.

Ms. Albee explained that strategies such as these will be critical to maintain the attainment of the ozone standard in light of the rate of development the area is experiencing.

Ms. Albee informed that funds collected for payment of Air Quality Management penalties go to the Washoe County School District and in turn, the School District funds a grant program for teachers to purchase classroom equipment. She presented a picture of Mrs. Lonkey's class enjoying the microscopes that were purchased through this grant, and informed that the students had written thank you letters to Air Quality Management.

Chair Jung informed that Lime Bike also has scooters available, and mentioned the newly released announcement from Lime Bike that this community is the most successful area for their campaign, even as compared to larger cities.

Mr. Delgado expressed his thanks to City of Reno Mayor Schieve for strongly backing this campaign, noting that the bikes are being used by tourists and locals as well. He informed he had seen students on their way to school on these bikes and opined it a wonderful opportunity for the community.

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

Divisional Update – New Third Party Payer; Data & Metrics; Program Reports

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

### **C. Environmental Health Services, Chad Westom, Director**

Environmental Health Services (EHS) Division and Program Updates –Training Program, Epidemiology Program, Community Development, Food, Special Events, Hotel/Motel, Land Development, Safe Drinking Water, Schools, Vector-Borne Diseases, Inspections

Mr. Westom stated that there was nothing further to add to his report but was available to answer questions.

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

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

Dr. Todd stated that a recent case of New Delhi Metallo-beta-lactamase Carbapenem-resistant Enterobacteriaceae klebsiella pneumonia is outlined in his report. He stated that this current case was not as resistant to antibiotics as the first case, reminding the Board that this was the topic of the paper written by Dr. Chen and himself that had received such a high level of attention over the past two years. He informed that Dr. Chen had recently been interviewed regarding the initial case by 60 Minutes.



Dr. Todd related that there had been an exercise downtown related to radiological health on June 21<sup>st</sup> that had taken place after his report was written. He presented a news report that explained the premise of the exercise involved a large amount of people exposed to radiation coming from the Sacramento area to Reno. More than one hundred people from Health, Emergency Response, Fire, Police, the Reno Sparks Indian Colony, Orvis School of Nursing and local government agencies trained together in the first exercise of its type in the region. Persons in the area unrelated to the exercise joined in. Mr. Shipman of the Health District stated for the news cast that the point of the exercise is to learn from mistakes made, analyze data, and become better prepared for an actual event.

Dr. Todd informed the consensus of the exercise was that it was a success, much was learned, and areas of improvement came to light, which he stated is the purpose of these exercises.

Chair Jung inquired how volunteers are recruited. Dr. Todd informed that the Medical Reserve Corp (MRC) is the formal volunteer program for EPHP and is a source for healthcare providers. He explained that some volunteers are sourced by word of mouth notice and those individuals receive training to participate in an active role for the exercise, while those who are the “victims” are recruited off the street. He stated that MRC is a much smaller program than the Sheriff’s CERT program.

Chair Jung informed that Sierra Nevada Job Corp Center has students available who would be willing to volunteer for these exercises and would benefit from the experience.

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

District Health Officer Report – Public Health Accreditation, Quality Improvement, Workforce Development, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Washoe Behavioral Health Policy Board, Plan Reviews, Other Events and Activities and Health District Media Contacts.

Mr. Dick highlighted trainings for staff provided by Dr. Mel Minarik as part of the Workforce Development Plan the Health District is implementing. He informed the Health District had partnered with Washoe County Human Resources to share costs and provide an opportunity for Washoe County staff to attend these trainings, as well.

Mr. Dick stated the presentation Dr. Minarik provided was excellent, with the focus on being a learning organization and staff creating a positive framework for their experience at work. He informed that there will be two follow up trainings in August.

Regarding Truckee Meadows Healthy Communities, Mr. Dick informed that Enterprise Community Partners have concluded Phase I of their work and are now beginning Phase II, and that he attended their presentation made to the Truckee Meadows Regional Planning Association (TMRPA) Regional Governing Board in a recent local meeting. He opined it exciting to see that TMRPA’s presentation on the development of the new Regional Plan and the presentation given by Enterprise were aligned so that the outcomes from the comprehensive regional Affordable Housing strategy will be able to be incorporated and help shape the Regional Plan.

Mr. Dick stated that the Behavioral Health Policy Board will be working to develop recommendation for a Bill Draft Request (BDR) for access to behavioral health services, aligning with the outcome of the Community Health Needs Assessment and the focus of the Community Health Improvement Plan as covered in Ms. Peter’s report.

In relation to this topic, Mr. Dick informed of a State workshop being held June 29<sup>th</sup> on a proposal to change Nevada’s Medicaid program to require prior authorization for neuropathy and psychotherapy services, and expressed concern that this measure would

be an additional barrier to access behavioral healthcare. Although he would not be able to attend this meeting, he stated that he and Ms. Peters would provide comments regarding their concerns to be included for the record of this meeting.

Mr. Dick informed that the State Environmental Commission had met on June 27<sup>th</sup> and had adopted the revisions developed and proposed by the statewide workgroup on water project plan review regulations under NAC 445(A). He stated that these revisions should be effective as of August 1<sup>st</sup>.

Mr. Dick stated that the Health District continues to meet with Nevada Division of Environmental Protection (NDEP) and Truckee Meadows Water Authority (TMWA) to develop an interlocal agreement that provides for TMWA to conduct plan review for water projects with the Health District providing an alternative oversight mechanism for periodic audit of plans. He explained that this is an effort in which NDEP is working with the Health District and TMWA locally and with the Southern Nevada Health District and Las Vegas Water Authority to have interlocal agreements in place, providing uniform processes for water plan review in both Northern and Southern Nevada.

## **15. \*Board Comment**

**Chair Jung closed the Board comment period.**

## **16. \*Public Comment**

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

## **17. Adjournment**

**Chair Jung adjourned the meeting at 3:09 p.m.**

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

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

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

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

**Posting of Agenda; Location of Website:**

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

Washoe County Health District, 1001 E. 9th St., Reno, NV  
Reno City Hall, 1 E. 1st St., Reno, NV  
Sparks City Hall, 431 Prater Way, Sparks, NV  
Washoe County Administration Building, 1001 E. 9th St, Reno, NV  
Downtown Reno Library, 301 S. Center St., Reno, NV  
Washoe County Health District Website [www.washoecounty.us/health](http://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. 9<sup>th</sup> 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](mailto:lrogers@washoecounty.us). Supporting materials are also available at the Washoe County Health District Website [www.washoecounty.us/health](http://www.washoecounty.us/health) pursuant to the requirements of NRS 241.020.

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**STAFF REPORT**  
**BOARD MEETING DATE: July 26, 2018**

**TO:** District Board of Health

**FROM:** Jennifer Pierce, Fiscal Compliance Officer  
775-328-2418, [jpierce@washoecounty.us](mailto:jpierce@washoecounty.us)

**SUBJECT:** Retroactively approve a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period of August 1, 2017 through July 31, 2018 [From \$170,522 to \$312,866] in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program IO #10984 and authorize the District Health Officer to execute the Subgrant Award.

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**SUMMARY**

The Washoe County District Board of Health must approve and execute Interlocal Agreements. 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 requires approval of the Board.

The Washoe County Health District received the Notice of Subgrant Award from the Division of Public and Behavioral Health for the period August 1, 2017 through July 31, 2018 in the total amount of \$312,866 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 Priority supported by this item:**

1. **Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.
2. **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**

On December 14, 2017 the Washoe County District Board of Health approved 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 of August 1, 2017 through July 31, 2018 in the amount of \$170,522 in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program.

## **BACKGROUND/GRANT AWARD SUMMARY**

**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 \$312,866, previously \$170,522, an increase of \$142,344 (\$137,842 direct/\$4502 indirect)

**Grant Period:** August 1, 2017 – July 31, 2018

**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(42%) and 93.521 (58%)

**Grant ID Number:** 5 NU50CK000419-03-00 and 6 NU50CK000419-03-01

**Match Amount and Type:** None

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

## **FISCAL IMPACT**

The District anticipated this award and included funding in the adopted FY18 budget in Internal Order #10984. As such, there is no fiscal impact to the FY18 adopted budget should the Board approve the Notice of Subgrant Award.

Subject: Retroactively approve a Subgrant Award – CDC ELC Program

Date: July 26, 2018

Page 3 of 3

### **RECOMMENDATION**

Staff recommends that the District Board of Health retroactively approve a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 [From \$170,522 to \$312,866] in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program IO #10984 and 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 a Subgrant Award from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, for the period August 1, 2017 through July 31, 2018 [From \$170,522 to \$312,866] in support of the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity Program IO #10984 and authorize the District Health Officer to execute the Subgrant Award.





State of Nevada  
 Department of Health and Human Services  
**Division of Public & Behavioral Health**

Original HD #: **16086**  
 Budget Account: 3219  
 Category: 16  
 GL: 8516  
 9332318/935211,  
 Job Number: 9332318HA

## SUBGRANT AMENDMENT #2

<b>Program Name:</b> Office of Public Health Informatics and Epidemiology	<b>Subgrantee Name:</b> Washoe County Health District (WCHD)
<b>Address:</b> 4126 Technology Way, Suite #200 Carson City, NV 89706-2009	<b>Address:</b> 1001 East Ninth Street Reno, NV 89502
<b>Subgrant Period:</b> August 1, 2017 through July 31, 2018.	<b>Amendment Effective Date:</b> Upon approval by all parties.

**This amendment reflects a change to:**

Scope of Work                     
  Term                                     
  Budget

**Reason for Amendment:** Increasing budget by \$142,344 to meet grant scope of work.

**Required Changes:**

**Current Language:**

	Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1.	Centers for Disease Control & Prevention	41%	93.323	U50CK000419	6 NU50CK000419-04-02
2.	Centers for Disease Control & Prevention	59%	93.521	U50CK000419	5 NU50CK000419-04-00

Total reimbursement will not exceed \$170,522 during the subgrant period. See Section C Budget and Financial Reporting Requirements of the original subgrant.

**Amended Language:**

	Source of Funds:	% Funds:	CFDA:	FAIN:	Federal Grant #:
1.	Centers for Disease Control & Prevention	68%	93.323	U50CK000419	6 NU50CK000419-04-02
2.	Centers for Disease Control & Prevention	32%	93.521	U50CK000419	5 NU50CK000419-04-00

Total reimbursement will not exceed **\$312,866** during the subgrant period. **See Section C** Budget and Financial Reporting Requirements **revised on 06/15/2018** and Section D: Request for Reimbursement **revised on 06/15/2018**.

Approved Budget Categories	Current Budget	Amended Adjustments	Revised Budget
1. Personnel	\$136,240.00	\$114,826.00	\$251,066.00
2. Travel	\$3,889.00	\$0.00	\$3,889.00
3. Operating	\$1,110.00	\$2,067.00	\$3,177.00
4. Equipment			
5. Contractual/Consultant			
6. Training			
7. Other	\$1,080.00	\$3,524.00	\$4,604.00
<b>TOTAL DIRECT COSTS</b>	<b>\$142,319.00</b>	<b>\$120,417.00</b>	<b>\$262,736.00</b>
8. Indirect Costs	\$28,203.00	\$21,927.00	\$50,130.00
<b>TOTAL APPROVED BUDGET</b>	<b>\$170,522.00</b>	<b>\$142,344.00</b>	<b>\$312,866.00</b>

**Incorporated Documents:**

Section C: Budget and Financial Reporting Requirements **revised on 06/15/2018**  
Section D: Request for Reimbursement **revised on 06/15/2018**  
Exhibit A: Original Notice of Subgrant Award and all previous amendments

***By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Division of Public and Behavioral Health Administrator acknowledge the above as the new standard of practice for the above referenced Subgrant. Further, the undersigned understand this amendment does not alter, in any substantial way, the non-referenced contents of the Original Subgrant Award and all of its Attachments.***

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

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**SECTION C**

**Budget and Financial Reporting Requirements  
Revised on 06/15/2018**

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, 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 NU50CK000419-04-00** and **6 NU50CK000419-04-02** from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Division nor the Centers for Disease Control and Prevention."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number **5 NU50CK000419-04-00** and **6 NU50CK000419-04-02** from the Centers for Disease Control and Prevention.

Subgrantee agrees to adhere to the following budget:

<b>Category</b>	<b>Total cost</b>	<b>Detailed cost</b>	<b>Details of expected expenses</b>
1. Personnel	\$ 251,066		
		\$ 251,066	Epidemiology Program Manager - <b>\$138,191</b>  Epidemiologist - <b>\$112,875.</b>  <b>Includes salaries and fringe (represents actual costs). Personnel not to exceed \$251,066.</b>
2. Travel	\$ 3,889		
		\$ 3,889	In-State Travel: Attend the ELC Governance Team meeting in Las Vegas, NV – Travel costs must follow SAM and Government per diem rates and not exceed a total of \$478  Out of State Travel: Attend the 2016 West Coast Epidemiologists Conference in Port Falls, ID, October 2017. Travel costs must follow SAM and Government per diem rates and not exceed a total of \$639  Attend the CDC's Antibiotic Resistant (HAI/AR) meeting in Atlanta, GA (date TBD). Travel costs must follow SAM and Government per diem rates and not exceed a total of \$1,302  Travel to ELC grantee meeting in Atlanta, GA. for 1 Governance team member. Travel costs must follow SAM and Government per diem rates and not exceed a total of \$1,470
3. Operating	\$ 3,177		
		\$ 3,177	Teleconference fees, general office supplies, Computer printing supplies
4. Equipment	\$ 0		
		\$	
5. Contractual Consultant	\$ 0		
		\$	
6. Training	\$ 0		
		\$	

7. Other	\$ 4,604		
		\$ 4,604	Annual cellular phone services, <b>membership due, program supplies.</b>
8. Indirect	\$ 50,130		
		\$ 50,130	<b>19.08% of direct costs \$262,736.</b>
Total Cost	\$ 312,866		

Subgrantee may make categorical funding adjustments up to ten percent (10%) of the total subgrant amount without amending the agreement, so long as the adjustment is reasonable to support the activities described within the Scope of Work and the adjustment does not alter the Scope of Work.

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 subgrant period.

Requests for Reimbursements will be submitted monthly and acquiesced no later than 15 days following the end of the month;

- **The maximum available for this subgrant is \$312,866;**
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred;
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT 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.

**The Division agrees:**

To provide reimbursements, not to exceed a total of **\$312,866**, for the entire subgrant period;

To provide technical assistance, upon request from the Subgrantee;

To provide prior approval of reports or documents to be developed;

The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**Both parties agree:**

Based on the bi-annual narrative progress and financial reporting forms, as well as site visit findings, if it appears to the Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other epidemiology or laboratory capacity priorities within the state. This includes but is not limited to:

- Reallocating funds between the subgrantee's categories; and
- Reallocating funds to another subgrantee or funding recipient to address other identified Division of Public and Behavioral Health priorities, by removing it from this agreement through a subgrant amendment

All reports of expenditures and requests for reimbursement processed by the Division are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, 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 or quarterly basis, based on the terms of the subgrant agreement, no later than the 15<sup>th</sup> 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 Subgrant Award.

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ASHO	<u>AH</u>
DHO	_____ <i>KD</i>
DA	_____
Risk	_____

**Staff Report**  
**Board Meeting Date: July 26, 2018**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic retroactive to July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years for the terms in the agreement unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

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**SUMMARY**

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

**District Board of Health Strategic Priority:**

Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

There has been no previous action this fiscal year.

**BACKGROUND**

The District conducts several clinical public health programs including the Sexually Transmitted Disease (STD) Clinic which requires the services of a Medical Consultant. MEDSchool Associates North (MSAN) has agreed to provide consultative services to STD nursing staff onsite and via phone and to provide clinical services as necessary. Physicians review and approve clinical protocols and provide written evaluations of services and assist in staff training. Coverage is made available 52 weeks a year.

**FISCAL IMPACT**

Should the Board approve these Agreements, there is no impact to the adopted FY19 budget as the cost of this agreement was included in cost center 171300 – Sexual Health Program.

### **RECOMMENDATION**

It is recommended that the Washoe County District Board of Health approve an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic retroactive to July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years for the terms in the agreement unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve an Interlocal Agreement between Washoe County Health District and University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc., and University of Nevada, Reno School of Medicine MultiSpecialty Group Practice North, Inc., dba MEDSchool Associates North, to designate faculty member(s) to serve as Medical Consultant to the District for the Sexually Transmitted Disease Clinic retroactive to July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties, with automatic renewal for two successive one-year periods for a total of three years for the terms in the agreement unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year."

INTERLOCAL AGREEMENT

THIS AGREEMENT is made and entered into between the WASHOE COUNTY HEALTH DISTRICT, hereinafter referred to as "District," and the UNIVERSITY OF NEVADA SCHOOL OF MEDICINE INTEGRATED CLINICAL SERVICES, INC., AND UNIVERSITY OF NEVADA SCHOOL OF MEDICINE MULTISPECIALTY GROUP PRACTICE NORTH, INC., dba MEDSchool Associates North, hereinafter referred to as "School."

WITNESSETH:

WHEREAS, the District conducts several clinical public health programs including a Sexually Transmitted Disease (STD) Clinic which requires the services of a physician consultant; and

WHEREAS, the School has faculty physicians who are licensed to practice medicine in the State of Nevada; and

WHEREAS, the School agrees to provide consultative and clinical services to the District for the STD Clinic as described herein;

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

The School agrees to:

1. Designate a faculty member to serve as Medical Consultant to the District for the STD Clinic.
2. Review and approve the treatment protocols and clinical evaluations performed by District nurses.
3. Serve on District committees as requested.
4. Discuss and review problem clinic patients with District staff on site and by telephone.
5. Conduct clinical examination of clinic patients as requested by the District Program staff based on a schedule mutually agreed upon by both parties.
6. Provide STD in-services and updates two to four times per year, based on a schedule mutually agreed upon by both parties.
7. Provide physician coverage 52 weeks a year. The School will provide coverage when the assigned physician is on vacation, or out of town or otherwise unavailable and will advise the District of the process to contact the School's back-up physician.
8. Bill the District each month for consultative/clinical services provided.
9. Comply with all applicable laws, ordinances and regulations of governmental entities including but not limited to bloodborne pathogens, tuberculosis exposures, professional licensure, and confidentiality of District medical records.
10. Require the physician(s) to submit the following documentation to the program supervisor prior to beginning services at the District: proof of immunity to measles and rubella, proof of hepatitis B immunization or a declination form, and a negative two-step baseline Tuberculosis Skin Test (TST) within 30 days prior to beginning services at the District; or a negative TST within the last year with a second negative TST within 30

days prior to beginning services at the District; or other TB screening documentation as may be required by the District's TB program Coordinator.

11. Review and comply with District policies regarding infection control, blood borne pathogen exposures, TB exposure, confidentiality of records, and to practice standard precautions while on site at the District.
12. Comply with OSHA Blood borne Pathogen requirements for Medical Service Providers. The requirements of Exhibit A are attached and included by reference.
13. Have the medical consultants for the STD Clinic submit to a full background investigation pursuant to NRS 179.180 et seq., which includes a criminal history check and fingerprinting, and authorize the District to receive the records. The discovery of a) an undisclosed conviction for a sexual offense or a conviction based on an arrest or initial charge for a sexual offense, b) an undisclosed pending arrest or initial charge for a sexual offense, or c) two or more incidents resulting in arrest or initial charge of sexual offense which have not resulted in conviction and were not disclosed may be grounds for immediate termination of this Agreement without prior notice by the District, as may the arrest, initial charge or conviction of physician for a sexual offense during the term of this Agreement.

The District agrees to:

1. Pay School \$10,710.00 for FY 19 (July 1, 2018 through June 30, 2019) at the rate of \$892.50 per calendar month, pay School \$11,031.30; for FY 20 (July 1, 2019 through June 30, 2020) at a rate of \$919.28 per calendar month, pay School \$11,362.24; for FY 21 (July 1, 2020 through June 30, 2021) at a rate of \$946.85 per month for the administrative services provided as Medical Consultant of the STD Clinic.
2. Pay the School any sums still owing should this Agreement be terminated as provided hereafter and if such termination occurs during a month, School shall be paid a pro-rated amount for the fee for the month.
3. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
4. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
5. Refer patients to other health care providers should they require medical treatment outside of the STD protocol.
6. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

HIPAA. To the extent applicable to this Agreement, the parties agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 USC 1320d ("HIPAA") and any current and future regulations promulgated thereunder including without limitation the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 (the "Federal Privacy Regulations"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "HIPAA Requirements.", including the Health Information Technology for Economic and Clinical Health Act ("HITECH") that was adopted as part of the American Recovery and Reinvestment Act of 2009. It is agreed that in addition to maintaining such records and data in accordance with HIPAA and any more restrictive provisions of state law, including but not limited to, chapters 441A of the Nevada Revised

Statutes and the Nevada Administrative Code, the parties will require that all employees, contractors and agents with whom they share the records and data provide comparable protections to those provided by the parties. The parties agree not to use or further disclose any Protected Health Information (as defined in 42 USC 1320d), other than as permitted by HIPAA Requirements and the terms of this Agreement. The parties shall make their internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations.

#### INDEMNIFICATION.

- a. Consistent with the Limited Liability provision stated below, each party shall indemnify, hold harmless and defend, not excluding the other's right to participate, the other party 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.
- b. The indemnification obligation under this paragraph is conditioned upon receipt of written notice by the indemnifying party within 30 days of the indemnified party's actual notice of any actual or pending claim or cause of action. The indemnifying party shall not be liable to hold harmless any attorneys' fees and costs for the indemnified party's chosen right to participate with legal counsel.
- c. In the event that the provisions of NRS Chapter 41 do not apply to a party, the party not covered by Chapter 41 shall indemnify the other party for any amount of damages in excess of the capped amount contained in Chapter 41 that may be awarded.

LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages.

TERM. The term of this Agreement is from July 1, 2018 through June 30, 2019 unless extended by the mutual agreement of the Parties. The Agreement will automatically be renewed for successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Agreement as provided.

TERMINATION. Either party may terminate this Agreement by giving the other party written notice of the intent to terminate. The notice will specify a date upon which termination will be effective, which date may not be less than thirty (30) calendar days from the date of the termination notice.

SEVERABILITY. The provisions of this Agreement shall be deemed severable and if any portion shall be held invalid, illegal or unenforceable for any reason, the remainder of the Agreement shall be in effect and binding upon the parties.

NON APPROPRIATION. In the event funds are not appropriated for the purposes specified in this Agreement, contractor hereby consents to the termination of this Agreement. In such event, Health District will notify contractor in writing and the Agreement will terminate on the date specified in the notice. Both parties understand that this funding out provision is required by N.R.S. 354.626.

WAIVER OF PROVISION. Any waiver of any terms or conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms or conditions hereof shall not be construed as a waiver of any other terms of conditions hereof.

AMENDMENTS. This Agreement may be amended at any time by mutual agreement of the parties without additional consideration, provided that before any amendment shall be operative or valid it shall be reduced to writing and signed by the parties. Ratification by the governing bodies shall be a condition precedent to its entry into force. This Agreement may be reviewed at any time by both parties to determine whether the Agreement is appropriate as it relates to individuals referred from the District.

ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and shall be binding upon the parties and no other agreements, oral or written, have been entered into with respect to the subject of this Agreement.

ASSIGNMENT. Nothing contained in this Agreement shall be construed to permit assignment by School of any rights, duties or obligations under this Agreement and such assignment is expressly prohibited.

NOTICES. Official notices required under this Agreement shall be sent to the parties by certified or registered mail, return receipt requested, postage prepaid in the United States Postal Service to the addresses set forth below, or to such other addresses as the parties may designate in writing from time to time by notice given in accordance with the provisions of this section.

Notices to School shall be addressed to:

Gail Smith, Director of Contracting  
UNR - UNSOM  
1664 North Virginia Street  
Penn Bldg, M/S 0332  
Reno, Nevada 89557-0332

Notices to the District shall be addressed to:

District Health Officer  
Washoe County Health District  
P O Box 11130  
Reno NV 89520-0027



Witness whereof, the parties hereto or a representative of either have set their hands and subscribed their signatures as of the date and year indicated.

District Board of Health

DRAFT

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

University of Nevada School of Medicine Integrated Clinical Services, Inc., and University of Nevada school of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates North

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Daniel Spogen, MD, FAAFP Chairman  
Director of Medical Education/Professor  
Family Medicine Center

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Thomas Schwenk, MD  
Dean, University School of Medicine  
Vice President, University of Nevada, Reno Division of Health Sciences



ASHO	<u>A_H</u>
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DA	_____
Risk	_____

**Staff Report**  
**Board Meeting Date: July 26, 2018**

**TO:** District Board of Health

**FROM:** Nancy Kerns Cummins, Fiscal Compliance Officer  
775-328-2419, [nkcummins@washoecounty.us](mailto:nkcummins@washoecounty.us)

**SUBJECT:** Approve Amendment #1 to the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide for vaccine storage retroactive to July 1, 2018.

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**SUMMARY**

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

**District Board of Health Strategic Priority:**

Impactful Partnerships: Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

This is an on-going Agreement that has been entered into annually for many years. The District Board of Health ratified the current Agreement June 26, 2016.

**BACKGROUND**

The existing Interlocal Agreement provides for STD/TB treatment medications and tuberculosis testing solution; the County pays for minor acute care medications, laboratory consultant time, pharmacy costs and materials. This amendment provides for storage of vaccines for the County to access in emergency situations.

**FISCAL IMPACT**

Should the Board approve this Amendment there will be no fiscal impact to the adopted FY19 budget.

**RECOMMENDATION**

It is recommended that the Washoe County Health District approve Amendment #1 to the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide for vaccine storage retroactive to July 1, 2018.

Subject: Interlocal Agreement with Juvenile Services

Date: July 26, 2018

Page 2 of 2

**POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be: "Move to approve Amendment #1 to the Interlocal Agreement between the Washoe County Health District and Washoe County through its Department of Juvenile Services to provide for vaccine storage retroactive to July 1, 2018."

AMENDMENT #1 TO INTERLOCAL AGREEMENT

Between Washoe County Health District  
And  
Washoe County through its  
Department of Juvenile Services

**THIS AMENDMENT #1 TO THE ORIGINAL AGREEMENT** dated June 28, 2016 is made effective July 1, 2018 and amends the agreement by adding the following provisions:

- A. The District agrees to:
  - 1. Store vaccine for the County during emergency situations (dependent on refrigerator space availability).
  - 2. Provide County staff access to the vaccine during business hours.
  - 3. Maintain refrigerated vaccine at an acceptable temperature range of 36-46°F and frozen vaccine below 5°F in a secure location.
  
- B. The County agrees to:
  - 1. Transport vaccine to and from the District for storage.
  - 2. Maintain inventory of vaccine stored at the District.

All other terms and conditions of the Agreement attached hereto as Attachment A shall remain in full force and effect and are enforceable in accordance with their respective terms.

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By: \_\_\_\_\_  
Director of Juvenile Services

Date: \_\_\_\_\_

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

**Current Contract Language:**

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2018, unless extended by the mutual agreement of the Parties. The Interlocal Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Interlocal Agreement as provided below.

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

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

County: Frank Cervantes, Division Director  
Washoe County Department of Juvenile Services  
P.O. Box 11130  
Reno, Nevada 89520

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

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

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

This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral. This Agreement may be modified in writing signed by both parties.

**Amended Contract Language:**

This Amended Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2018, unless extended by the mutual agreement of the Parties. The Amended Interlocal Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Amended Interlocal Agreement as provided below.

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

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

County: Frank Cervantes, Division Director  
Washoe County Department of Juvenile Services  
P.O. Box 11130  
Reno, Nevada 89520

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

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

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

This Amended Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral. This Amended Agreement may be modified in writing signed by both parties.

DISTRICT BOARD OF HEALTH

By: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By: \_\_\_\_\_  
Director of Juvenile Services

Date: \_\_\_\_\_

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_

## ATTACHMENT A

### INTERLOCAL AGREEMENT

Between Washoe County Health District

And

Washoe County through its  
Department of Juvenile Services

A. The District agrees to:

1. Provide, at no charge to the County, PPD solution for Tuberculosis testing, and STD/TB treatment medications to be utilized per medical protocol to treat Wittenberg juveniles. (See Exhibit C for list of medications for chlamydia, gonorrhea, and syphilis and TB treatment).
2. Provide diagnostic services per medical protocol or consultant physician order when indicated to screen for active tuberculosis (Chest X-Rays, CT, or IGRA) for Wittenberg juveniles.
3. Provide the services of the District's contract pharmacist to prepare medications for APRN to administer and dispense per APRN protocol signed by collaborating physician.
4. Make available minor acute care medications, at the County's cost, which would include pharmacy time and materials.
5. Pay for chlamydia, gonorrhea, HIV and syphilis screening as itemized on the State Lab invoice.
6. Sterilize the County's medical equipment on an as-needed basis.
7. Community and Clinical Health staff will provide training or technical assistance for topics related to this agreement as indicated and deemed necessary by the District.
8. Submit a monthly invoice to the County itemizing the costs of minor acute care medications, laboratory consultant time and pharmacy time and materials.

B. The County agrees to:

1. Screen Wittenberg juveniles for tuberculosis, chlamydia, gonorrhea, HIV and syphilis and forward applicable tests to the Nevada State Lab.
2. Work with the District to obtain IGRA testing of Wittenberg juveniles that may have a suspected false positive Tuberculin Skin Test as a result of previous administration of the Bacillus Calmette-Guerin (BCG) vaccine.
3. Provide Medicaid information, if applicable, to allow for direct Medicaid billing by NSPHL and diagnostic facilities.
4. Complete and forward Sexually Transmitted Infection Survey forms (STIS) for every patient screened for chlamydia/gonorrhea and HIV. These forms and number of tested juveniles will also be utilized by the District to verify testing numbers billing accuracy.
5. Complete HIV/STD Outreach Testing Form for every HIV test provided.
6. Forward updated/revised APRN protocol to the District annually.
7. Reimburse the District upon receipt of invoice for minor acute care medications, laboratory consultant time and pharmacy costs and materials as per Journal Entry.



8. Pick-up medications from the District within mutually agreed time frame.

C. Terms

This Interlocal Agreement will take effect upon ratification by the governing parties and shall remain in effect until June 30, 2017, unless extended by the mutual agreement of the Parties. The Interlocal Agreement will automatically be renewed for two successive one-year periods for a total of 3 years on the same terms unless either party gives the other written notice of nonrenewal at least 60 days prior to June 30 of each year. The automatic renewal provision of this section shall not affect the right of the Health District to terminate the Interlocal Agreement as provided below.

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

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

County: Frank Cervantes, Division Director  
Washoe County Department of Juvenile Services  
P.O. Box 11130  
Reno, Nevada 89520

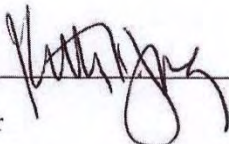
District: Kevin Dick, District Health Officer  
Washoe County Health District  
P.O. Box 11130  
Reno, NV 89520

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

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

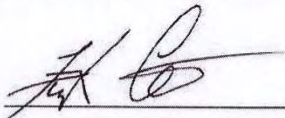
This Interlocal Agreement constitutes the entire agreement between the parties with regards to the subject matter herein and supersedes all prior agreements, both written and oral. This Agreement may be modified in writing signed by both parties.

DISTRICT BOARD OF HEALTH

By:   
Chair

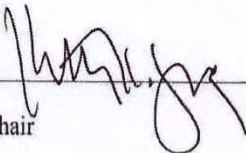
Date: 05.26.16

WASHOE COUNTY DEPARTMENT OF JUVENILE SERVICES

By:   
Director of Juvenile Services

Date: 6-13-16

WASHOE COUNTY BOARD OF COUNTY COMMISSIONERS

By:   
Chair

Date: 06.28.16

DD	CA	___
DHO	___	KD ___
DDA	___	___
AHSO	___	___

**STAFF REPORT**  
**BOARD MEETING DATE: June 28, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Presentation, discussion, and possible approval of the donation of various pieces of obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations.

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**SUMMARY**

The Washoe County District Board of Health must approve the donation of equipment and supplies to ensure there is a benefit to the citizens of Washoe County.

**District Health Strategic Priority supported by this item: Impactful Partnerships:** Extend our impact by leveraging partnerships to make meaningful progress on health issues.

**PREVIOUS ACTION**

September 28, 2017. The District Board of Health approved the donation of five pieces of obsolete equipment with a current market value estimated at \$-0- to other air monitoring agencies in need of such equipment coordinated by National Association of Clean Air Agencies (NACAA); and if no interest received from other air monitoring agencies, donate the equipment to the Atmospheric Sciences Program at the University of Nevada, Reno.

**BACKGROUND**

The U.S. Environmental Protection Agency (EPA) establishes the technical requirements for ambient air quality monitoring programs. Air quality management agencies are required to submit annual monitoring network plans, conduct network assessments every five (5) years, and perform quality assurance activities. AQMD currently operates and maintains a network of seven (7) monitoring sites located in Southern Washoe County. As a result of EPA's review of the monitoring program, AQMD established a 10-year replacement schedule for monitoring equipment. This schedule allows for the replacement of equipment that has reached a current market value of \$-0- and is considered obsolete for regulatory purposes.

Rather than disposing of the obsolete equipment, AQMD has established relationships with a number of organizations in the community that identified research and educational value in the equipment. Past donations of this type of equipment have enabled the University of Nevada, Reno Atmospheric Sciences Program to collaborate with the Orvis School of Nursing to provide an understanding of the linkage between air quality and public health.

Through the equipment replacement schedule, AQMD accumulates equipment on an annual basis that is considered eligible for donation. Over the past few years, a sizable amount of obsolete equipment and supplies has been stored along with tools and valuable equipment in a rented storage unit. With the EPA approval to discontinue monitoring at the Plumb-Kietzke site, the Monitoring Staff has proposed to relocate that shelter to the County Yard on Longley Lane and use it for storage as an alternative to paying rent on a storage unit. Elimination of the rented storage unit will result in an \$1800.00 per year savings.

The equipment identified in the following table has completed the process of notifying Washoe County Purchasing and Health District Administrative Health Services to confirm the \$-0- value and coordinated the removal of the equipment from the current inventory. This notification process includes complying with grant obligations for disposal of equipment. The equipment was initially offered to all Washoe County Departments. Equipment with no interest from within the County, was then offered to community organizations including the Washoe County School District, University of Nevada, Reno, Desert Research Institute, and Habitat for Humanity. The following is an itemized list of the \$-0- value equipment and proposed recipients:

Quantity	Description	Recipient
4	Hi-Vol PM10 Samplers	DRI
3	Hi-Vol TSP Samplers	DRI
7	Hi-Vol Motors	DRI
1	RAAS PM2.5 Samplers	DRI
2	Mini-Vol Samplers	DRI
5	Mini-Vol Batteries	DRI
1	Sibata BAM-102 PM10 Monitor	DRI
1	Met One BAM Enclosure	DRI
7	Scaffolding Sets	DRI
10	Tower Sections	UNR Seismology
5	Ladders	Washoe Co. Paint Shop

### **FISCAL IMPACT**

Should the Board approve these donations, there will be no fiscal impact to the adopted budgets as the eligible equipment has \$-0- value.

Subject: Process to Donate Obsolete Monitoring Equipment

Date: June 28, 2018

Page 3 of 3

### **RECOMMENDATION**

Staff recommends the District Board of Health approve the donation of the various pieces of obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations.

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to approve the donation of the various pieces of obsolete monitoring equipment and associated supplies with a current market value estimated at \$-0- that have exceeded the useful value for regulatory purposes but may still have value for educational, research and community organizations.."

DD	CA	—
DHO		—
DA		—
Risk		—

**Staff Report**  
**Board Meeting Date: July 26, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Recommendation for the Board to uphold an unappealed citation issued to Olympia Gaming CRS Sparks, Case No. 1200, Notice of Violation No. 5665, with a \$250.00 negotiated fine.

**SUMMARY**

Washoe County Air Quality Management Division staff recommends Notice of Violation-Citation No. 5665 be **upheld** and a fine of **\$250.00** be levied against Olympia Gaming CRS Sparks for failure to maintain a suitable trackout control device and failure to clean up when spillage, carry-out, erosion and/or trackout extend beyond the property boundaries. Failure to maintain a suitable trackout control device and failure to clean and remove trackout from a paved surface are minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C.4.

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

**PREVIOUS ACTION**

No previous actions.

**BACKGROUND**

On May 22, 2018 Air Quality Specialist (AQS) Suzanne Dugger completed a routine unannounced construction site dust control evaluation at Olympia Gaming CRS Sparks located on Legends Bay Drive in Sparks, Nevada. AQS Dugger arrived on site at approximately 10:15 a.m. and confirmed excessive soil was being tracked out onto Legends Bay Drive from a staging area used during the course of construction. AQS Dugger contacted and met with Lee Arnold, Superintendent with Rafael Construction Inc. and representative for Olympia Gaming CRS Sparks, to discuss the trackout and condition of the trackout control device (a rock apron). AQS Dugger documented the trackout and the condition of the trackout control device with a Construction Site Inspection Form and photographs.

During the course of the dust control evaluation, AQS Dugger issued Notice of Violation Citation (NOV) No. 5665 to Mr. Arnold for the poor state of the trackout control device, the quantity and length of trackout on the paved surface and the failure to clean-up trackout at the end of the day when

trackout is extended beyond the project boundaries. Mr. Arnold acknowledged the violations of the District Board of Health Regulations Governing Air Quality Management by signing NOV No. 5665.

On June 11, 2018, Senior Air Quality Specialist Joshua Restori conducted a negotiated settlement meeting attended by AQS Dugger and Mr. Arnold, representative of Olympia Gaming CRS Sparks, regarding NOV No. 5665. Senior AQS Restori explained to Mr. Arnold that Olympia Gaming CRS Sparks was issued NOV No. 5665 per Section 040.030, Section C.4.b for failure to maintain a suitable trackout control device to control and prevent trackout and failure to clean up when spillage, carry-out, erosion and/or trackout extend beyond the property boundaries. Mr. Arnold acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on June 11, 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 District Board of Health **uphold** Notice of Violation Citation No. 5665, Case No. 1200, and levy a fine in the amount of **\$250** as a negotiated settlement for a **minor violation**.

### **ALTERNATIVE**

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

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5665.
- Or
2. The Board may determine to uphold Citation No. 5665 and levy any fine in the range of \$0 to \$250 per day.

### **POSSIBLE MOTION(s)**

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

1. "Move to uphold Citation No. 5665, Case No. 1200, as recommended by Staff."
- Or
2. "Move to uphold Citation No. 5665, Case No. 1200, and levy a fine in the amount of *(range of \$0 to \$250)* per day for each violation, with the matter being continued to the next meeting to allow for Olympia Gaming CRS Sparks 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 5665

DATE ISSUED: 5-22-2018

ISSUED TO: OLYMPIA GAMING CRS SPARKS PHONE #: 702-917-5387

MAILING ADDRESS: 11411 S. HIGHLANDS PKWAY CITY/ST: LAS VEGAS ZIP: 89141

NAME/OPERATOR: DC BUILDERS #300 PHONE #: 702-277-2320

COMPLAINT NO. WCMP18-01708

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 5-22-2018 (DATE) AT 10:30 A.M. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> <b>MINOR VIOLATION OF SECTION:</b> | <input type="checkbox"/> <b>MAJOR VIOLATION OF SECTION:</b>     |
| <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: SEC. C, 4. b. TRACK-OUT  
1) TRACK-OUT DEVICE NEEDS MORE ROCK. 2) TRACK-OUT ON ROAD NEEDS CLEANING UP.

LOCATION OF VIOLATION: LEGENDS BAY DRIVE SPARKS NV

POINT OF OBSERVATION: ON SITE

Weather: PARTLY 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 5-22-2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 HOURS hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

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

Signature: [Signature] Date: 5-22-2018

Issued by: [Signature] Title: AQS DUGGER

**PETITION FOR APPEAL FORM PROVIDED**

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: June 11, 2018

Company Name: Olympia Gaming CRS Sparks

Address: 11411 S. Highlands Parkway #300 Las Vegas, Nevada 89141

Notice of Violation # 5665 Case # 1200

The staff of the Air Quality Management Division of the Washoe County Health District issued the above referenced citation for the violation of Regulation: 040.030 Section C.4.b - Install and maintain a suitable trackout control device that controls and prevents trackout...Clean-up when spillage, carry-out, erosion, and/or trackout extend beyond the project boundaries

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 250.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 26, 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.

*Le Arnold*

Signature of Company Representative

LE ARNOLD

Print Name

SUPERINTENDENT

Title

Witness

*J. Restori*

Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title

*Suzanne Dwyer*

Witness





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

Company Name Olympia Gaming CRS Sparks  
 Contact Name Lee Arnold

Case 1200 NOV 5665 WVIO-AQM WVIO-AQM18-0004

Violation of Section 040.030 Section C, 4. b. Track Out

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

**II. Severity of Violation**

**A. Public Health Impact**

**1. Degree of Violation**

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

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

Comment: Violation of 040.030 Section C constitutes a minor violation per 020.040 Section C

**2. Toxicity of Release**

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

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 1.0

Comment: There were negligible impacts to sensitive groups or the environment

Total Adjustment Factors (1 x 2 x 3) = 0.5

**B. Adjusted Base Penalty**

Base Penalty \$ 250 x Adjustment Factor 0.5 = \$ 125

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

Adjusted Penalty \$ 125 x Number of Days or Units 2 = \$ 250

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

**D. Economic Benefit**

Avoided Costs \$ \$0.00 + Delayed Costs \$ 0 = \$ 0

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

**Penalty Subtotal**

Adjusted Base Penalty \$ 250 + Economic Benefit \$ 0 = \$ 250

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

**III. Penalty Adjustment Consideration**

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

**IV. Recommended/Negotiated Fine**

<b>Penalty Adjustment:</b>		
\$ <u>250</u>	x	Total Adjustment Factors (From Section III) <u>0%</u>
Penalty Subtotal (From Section II)		= <u>0</u> Total Adjustment Value

Additional Credit for Environmental Investment/Training - \$ \_\_\_\_\_  
**Comment:** Truck on  
Adjusted Penalty:

\$ <u>250</u>	+/-	\$ <u>0</u>	=	\$ <u>250</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

*Syanne Buzze*  
Air Quality Specialist

6-11-18  
Date

*JCRal*  
Senior AQ Specialist/Supervisor

6-11-18  
Date

DD	CA	—
DHO		KD
DA		—
Risk		—

**Staff Report**  
**Board Meeting Date: July 26, 2018**

**TO:** District Board of Health

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

**SUBJECT:** Recommendation for the Board to uphold an unappealed citation issued to Woodspring Suites Reno East Legends, Case No. 1201, Notice of Violation No. 5668, with a \$500.00 negotiated fine.

**SUMMARY**

Washoe County Air Quality Management Division staff recommends Notice of Violation Citation No. 5668 be **upheld** and a fine of **\$500.00** be levied against Woodspring Suites Reno East Legends for failure to maintain a suitable trackout control device and for failing to maintain daily records of dust. Failing to maintain a suitable trackout control device and failing to maintain daily records of dust control are minor violations of the District Board of Health Regulations Governing Air Quality Management, specifically Sections 040.030 C.4.b and 040.030 E.2.a respectively.

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

**PREVIOUS ACTION**

No previous actions.

**BACKGROUND**

On June 6, 2018 Air Quality Specialist (AQS) Suzanne Dugger completed a routine unannounced construction site dust control evaluation at Woodspring Suites Reno East Legends located at Vista Boulevard and Interstate 80 in Sparks, Nevada. AQS Dugger arrived on site at approximately 2:00 p.m. and confirmed excessive soil was being tracked out onto Salomon Circle from the ingress/egress of the construction site. AQS Dugger did not observe any water trucks on site or recent application of water to the disturbed soil associated with the site and confirmed that the daily records of dust control were not being maintained. AQS Dugger documented the trackout and the condition of the trackout control device and the lack of daily records of dust control with a Construction Site Inspection Form and photographs.

During the course of the dust control evaluation, AQS Dugger issued Notice of Violation Citation (NOV) No. 5668 to Woodspring Suites Reno East Legends due to the lack of a trackout control device, the quantity and length of trackout on the paved surface, failure to clean-up trackout at the end of the day when trackout is extended beyond the project boundaries and for failing to maintain daily



records of dust control. There were no representatives for Woodspring Suites Reno East Legends onsite when the NOV was issued. AQS Dugger met with Roger Mersmann, Construction Manager with McPherson Contractors, on June 7, 2018, and discussed the violations observed and obtained a signature on NOV No. 5668.

On June 27, 2018, Senior Air Quality Specialist Joshua Restori conducted a negotiated settlement meeting attended by Washoe County Air Quality Management Division Director Charlene Albee and Mr. Mersmann, regarding NOV No. 5668. Senior AQS Restori explained to Mr. Mersmann that Woodspring Suites Reno East Legends was issued NOV No. 5668 per Section 040.030 C.4.b for failure to maintain a suitable trackout control device to control and prevent trackout and failure to clean up when spillage, carry-out, erosion and/or trackout extend beyond the property boundaries and Section 040.030 E.2.a for failing to maintain daily records of dust control. Mr. Mersmann acknowledged the violations and agreed to the terms of the negotiated settlement. A Memorandum of Understanding was signed by all parties on June 27, 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 District Board of Health **uphold** Notice of Violation Citation No. 5668, Case No. 1201, and levy a fine in the amount of **\$500** as a negotiated settlement for **minor violations**.

### **ALTERNATIVE**

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

1. The Board may determine no violation of the regulations has occurred and dismiss Citation No. 5668.
- Or
2. The Board may determine to uphold Citation No. 5668 and levy any fine in the range of \$0 to \$250 per day per violation.

### **POSSIBLE MOTION(s)**

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

1. "Move to uphold Citation No. 5668, Case No. 1201, as recommended by Staff."
- Or
2. "Move to uphold Citation No. 5668, Case No. 1201, and levy a fine in the amount of (*range of \$0 to \$250*) per day for each violation, with the matter being continued to the next meeting to allow for Woodspring Suites Reno East Legends to be properly noticed."





**NOTICE OF VIOLATION**

NOV 5668

DATE ISSUED: 6-5-2018

ISSUED TO: WOODSPRING SUITES PHONE #: 316-630-5541  
RENO EAST LEGENDS  
 MAILING ADDRESS: 8621 E. 21ST N. SUITE 250 CITY/ST: WICHITA, KS ZIP: 67206  
 NAME/OPERATOR: WOODSPRING SUITES PHONE #: 316-630-554  
ON SITE CONTRACTOR McPHERSON CONTRACTORS  
 COMPLAINT NO. WCMP18-01893

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 6-6-2018 (DATE) AT 2:00 P.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"/> <b>MINOR VIOLATION OF SECTION:</b> | <input type="checkbox"/> <b>MAJOR VIOLATION OF SECTION:</b>     |
| <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: NOT MAINTAINING DAILY DUST CONTROL LOGS  
 ① (040.030 SEC. E. 2. a.) FUGITIVE DUST ② (040.030 SEC. C. 2. a.) PARKING LOT  
 ③ DRY. NO H<sub>2</sub>O TRUCK ON SITE. NOR ON SITE FOR WEEKS PER SPARKS CITY INSPECTOR  
TRACK-OUT (040.030 SEC. C. 4. b.) BLAD ROWAN.  
 LOCATION OF VIOLATION: 140 SALOMON CIRCLE SPARKS NV

POINT OF OBSERVATION: ON SITE @ 140 SALOMON CIL. SPARKS, NV

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 6-6-2018 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 HRS. 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: NO PERSONNEL ON SITE Date: 6-6-2018

Issued by: Stephanne Dwyer Title: AQS

PETITION FOR APPEAL FORM PROVIDED

6-7-2018 Roger McManis

**MEMORANDUM OF UNDERSTANDING**

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT  
AIR QUALITY MANAGEMENT DIVISION

Date: June 27, 2018

Company Name: Woodspring Suites Reno East Legends

Address: 8621 E. 21st Street N. Suite 250 Wichita, KS 67206

Notice of Violation # 5668 Case # 1201

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.,4.,b.,(2),i. Standards and Work Practices for Controlling Trackout; 040.030 Sec. E.,2.,a.,(2) Compliance and Records - Recordkeeping of Daily Records of Dust Control

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 500. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on July 26, 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

Roger A. Mersmann

Print Name

Superintendent

Title

Witness



Signature of District Representative

Joshua C. Restori

Print Name

Sr. AQS

Title

Charlene Albee

Witness







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

**III. Penalty Adjustment Consideration**

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

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:

\$ <u>250</u>	x	<u>0%</u>	=	<u>0</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>250</u>	+/-	\$ <u>0</u>	=	\$ <u>250</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

*Shanne Buzzer*  
Air Quality Specialist

6-26-2018  
Date

*J.C. Reid*  
Senior AQ Specialist/Supervisor

6-26-18  
Date



**Washoe 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%) - 0%

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

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

**C. Compliance History**

No Previous Violations (0 – 10%) - 0%

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

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 0%

**IV. Recommended/Negotiated Fine**

Penalty Adjustment:

\$ <u>250</u>	x	<u>0%</u>	=	<u>0</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>250</u>	+/-	\$ <u>0</u>	=	\$ <u>250</u>
Penalty Subtotal (From Section II)		Total Adjustment Value (From Section III + Credit)		Recommended/Negotiated Fine

  
\_\_\_\_\_  
Air Quality Specialist

6-26-2018  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Senior AQ Specialist/Supervisor

6-26-18  
\_\_\_\_\_  
Date



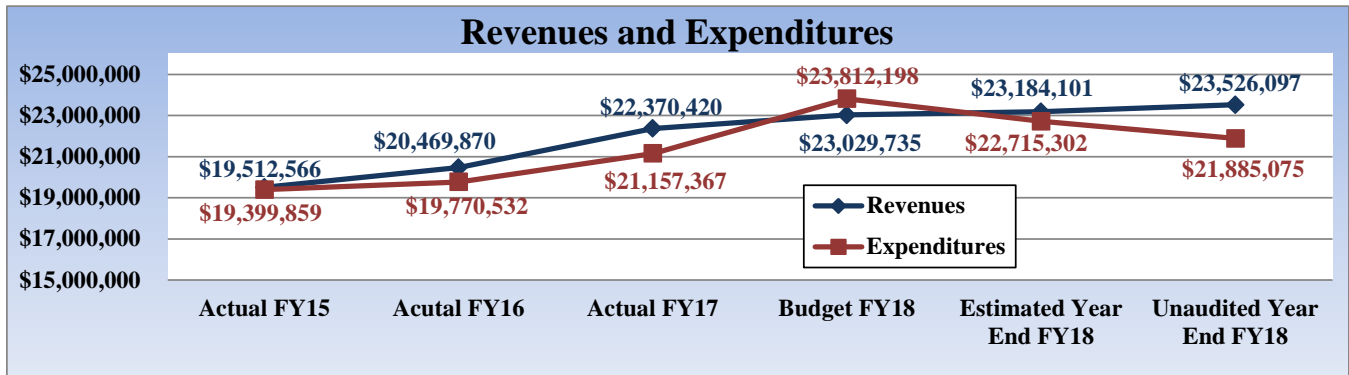
DD	NA	___
DHO	___	AD
DA	NA	___
Risk	NA	___

**STAFF REPORT**  
**BOARD MEETING DATE: July 26, 2018**

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

**SUMMARY**

The twelve months of fiscal year 2018, (FY18) ended with a cash balance of \$5,535,633. Total revenues were \$23,526,097 up \$1,155,677 or 5.2% over fiscal year 2017 (FY17) and were 102.2% of the FY18 budget. The total unaudited expenditures for the year were \$21,885,075 up \$727,707 or 3.4% compared to FY17 and 91.9% of budget. There is a deficit of \$782,463 budgeted for FY18 but the actual reflects a surplus of \$1,641,023 generating a fund balance of \$5,821,920 or 26.6% of total expenditures.



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

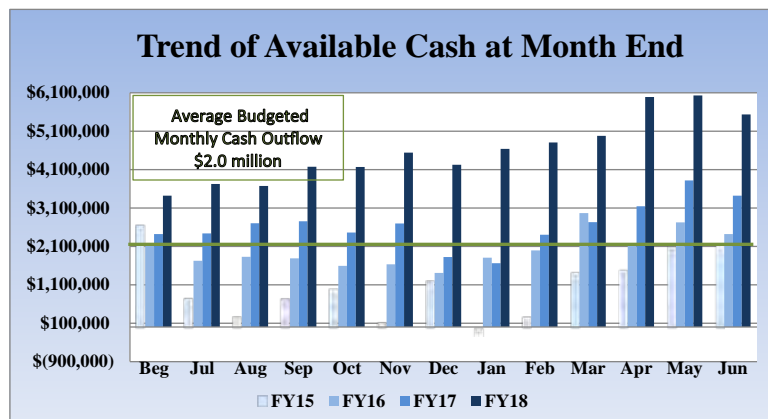
**PREVIOUS ACTION**

Fiscal Year 2018 Budget was adopted May 23, 2017.

**BACKGROUND**

**Review of Cash**

The available cash at the end of June, FY18, was \$5,535,633 which is enough to cover approximately three months of expenditures. The encumbrances and other liability portion of the cash balance totals \$1.0 million; the portion of cash restricted as to use is approximately \$1.2 million (e.g. Air Quality and the Solid Waste Management programs restricted cash); leaving a balance of approximately \$3.3 million.

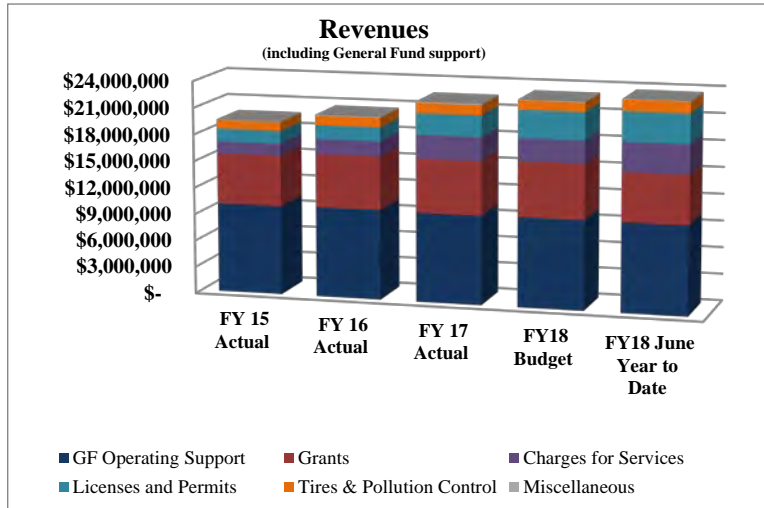


Note: January FY15 negative cash is due to no County General Fund support transferred to the Health Fund.



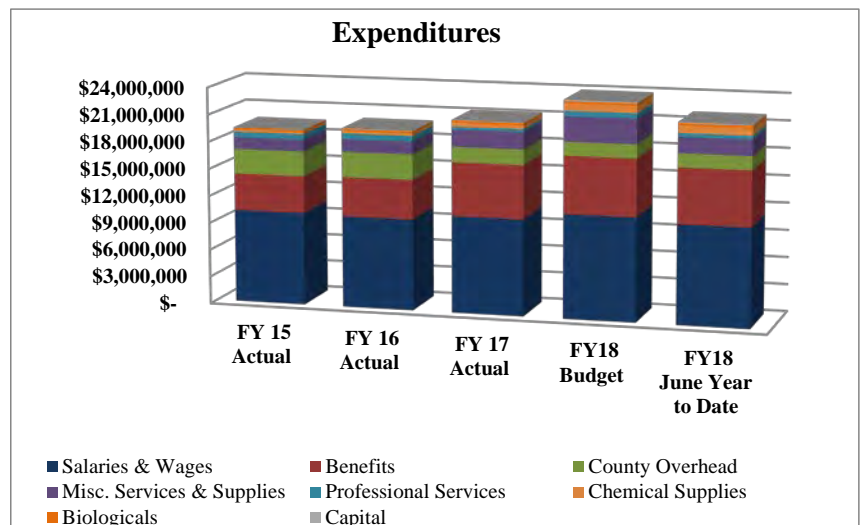


**Review of Revenues (including transfers from General Fund) and Expenditures by category**



The total **revenues** year to date were \$23,526,097 up \$1,155,677 or 5.2% compared to June FY17. The revenue categories up over last fiscal year include: licenses and permits of \$3,327,695 were up \$904,769 or 37.3% mainly due to fee increases and an increase in work load; charges for services of \$3,346,099 up \$719,239 or 27.4%; tire and pollution control revenues of \$1,250,714 up \$114,058 or 10.0%; and, the County General Fund transfer of \$10,051,691 up \$49,310 or 0.5%. The revenue categories down included: miscellaneous revenues of \$63,424 down \$53,241 or 45.6%; and, the state and federal grant reimbursements of \$5,486,475 down \$578,458 or 9.5%.

The total year to date **expenditures** of \$21,885,075 increased by \$727,707 or 3.4% compared to year-end FY17 and 91.9% of budget. Salaries and benefits expenditures for the fiscal year were \$17,052,317 up \$498,268 or 3.0% over the prior year and 95.8% of budget. The total services and supplies of \$4,737,351 were up over FY17 by \$194,747 or 4.3% and 80.4% of budget. The major expenditures included in the services and supplies are: the professional services which totaled \$415,280 and were up \$98,809 or 31.2% over the prior year; chemical supplies of \$767,103 were up 90.3% or \$364,063 over last year; the biologicals of \$281,701 were up \$34,618 or 14.0%; and, County overhead charges of \$1,520,621 were down \$180,175 or 10.6%. There has been \$95,406 in capital expenditures up \$34,693 or 57.1% compared to FY17.



**Review of Revenues and Expenditures by Division**

**ODHO** has received grant funding of \$3,365 for workforce development initiatives and spent \$937,978 up \$33,710 or 3.7% over FY17 mainly due to the support given for the Community Health Needs Assessment and Public Health Accreditation dues.

**AHS** has spent \$1,152,041 up \$32,675 or 2.9% compared to FY17 mainly due to \$34,990 paid out for accrued vacation time for employees that have left Health District employment.

**AQM** revenues were \$3,538,593 up \$558,873 with the largest year over year increase of \$172,345 in the air pollution permits and \$171,814 increase in the DMV pollution control funds. The Division spent \$2,848,522 down \$8,435 or 0.3% over FY17.

**CCHS** revenues were \$3,823,504 down \$49,394 over FY17 mainly due to a lag in receiving grant reimbursements. Excluding grant reimbursements, revenue is up \$183,742 or 40.6% over FY17 mainly in the Medicaid and Insurance reimbursements. The division spent \$7,523,944 or \$229,799 more than FY17 due to an increase in division salaries and benefits and biologicals for the Immunization Program.

**EHS** revenues were \$4,295,516 up \$858,565 over FY17 mainly in food service permits, pool and septic system permits and general/land development fees. EHS spent \$6,869,496, an increase of \$503,275, over last year due to \$364,063 increase in chemical costs for the Vector program, support to Keep Truckee Meadows Beautiful to assist with recycling and solid waste management education for the community and additional funds to Sloan Vazquez for the waste characterization study.

**EPHP** revenues were \$1,813,428 down \$213,814 over last year mainly due to loss of grant funding and spent \$2,553,095 down \$63,316 over FY17 with the majority of that decrease in the operating supplies due to grant funding that ended in FY17.

Washoe County Health District								
Summary of Revenues and Expenditures								
Fiscal Year 2014/2015 through June Year to Date Fiscal Year 2017/2018 (FY18)								
	Actual Fiscal Year			Fiscal Year 2017/2018 (unaudited)				
	2014/2015	2015/2016	2016/2017	Adjusted Budget	June Year to Date	Percent of Budget	FY18 Increase over FY17	
<b>Revenues (all sources of funds)</b>								
ODHO	-	15,000	51,228	6,639	3,365	50.7%	-93.4%	
AHS	151	-	-	-	-	-	-	-
AQM	2,427,471	2,520,452	2,979,720	3,197,645	3,538,593	110.7%	18.8%	
CCHS	3,520,945	3,506,968	3,872,898	4,058,933	3,823,504	94.2%	-1.3%	
EHS	2,008,299	2,209,259	3,436,951	3,868,937	4,295,516	111.0%	25.0%	
EPHP	1,555,508	2,141,334	2,027,242	1,845,890	1,813,428	98.2%	-10.5%	
GF support	10,000,192	10,076,856	10,002,381	10,051,691	10,051,691	100.0%	0.5%	
<b>Total Revenues</b>	<b>\$ 19,512,566</b>	<b>\$ 20,469,870</b>	<b>\$ 22,370,420</b>	<b>\$ 23,029,735</b>	<b>\$ 23,526,097</b>	<b>102.2%</b>	<b>5.2%</b>	
<b>Expenditures (all uses of funds)</b>								
ODHO	481,886	594,672	904,268	1,099,290	937,978	85.3%	3.7%	
AHS	1,096,568	996,021	1,119,366	1,191,232	1,152,041	96.7%	2.9%	
AQM	2,587,196	2,670,636	2,856,957	3,439,932	2,848,522	82.8%	-0.3%	
CCHS	6,967,501	6,880,583	7,294,144	7,953,744	7,523,944	94.6%	3.2%	
EHS	5,954,567	5,939,960	6,366,220	7,535,145	6,869,496	91.2%	7.9%	
EPHP	2,312,142	2,688,659	2,616,411	2,592,855	2,553,095	98.5%	-2.4%	
<b>Total Expenditures</b>	<b>\$ 19,399,859</b>	<b>\$ 19,770,532</b>	<b>\$ 21,157,367</b>	<b>\$ 23,812,198</b>	<b>\$ 21,885,075</b>	<b>91.9%</b>	<b>3.4%</b>	
<b>Revenues (sources of funds) less Expenditures (uses of funds):</b>								
ODHO	(481,886)	(579,672)	(853,040)	(1,092,651)	(934,612)			
AHS	(1,096,417)	(996,021)	(1,119,366)	(1,191,232)	(1,152,041)			
AQM	(159,725)	(150,184)	122,763	(242,288)	690,071			
CCHS	(3,446,556)	(3,373,615)	(3,421,246)	(3,894,811)	(3,700,440)			
EHS	(3,946,268)	(3,730,701)	(2,929,269)	(3,666,208)	(2,573,980)			
EPHP	(756,634)	(547,325)	(589,169)	(746,965)	(739,667)			
GF Operating	10,000,192	10,076,856	10,002,381	10,051,691	10,051,691			
<b>Surplus (deficit)</b>	<b>\$ 112,707</b>	<b>\$ 699,338</b>	<b>\$ 1,213,053</b>	<b>\$ (782,463)</b>	<b>\$ 1,641,023</b>			
<b>Fund Balance (FB)</b>	<b>\$ 2,268,506</b>	<b>\$ 2,967,844</b>	<b>\$ 4,180,897</b>	<b>\$ 4,611,487</b>	<b>\$ 5,821,920</b>			
FB as a % of Expenditures	11.7%	15.0%	19.8%	19.4%	26.6%			
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 June, Fiscal Year 2018.

**POSSIBLE MOTION**

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

Attachment:  
Health District Fund financial system summary report

Period: 1 thru 13 2018  
 Accounts: GO-P-L P&L Accounts  
 Business Area: \*  
 Fund: 202 Health Fund  
 Fund Center: 000 Default Washoe County  
 Functional Area: 000 Standard Functional Area Hiera

Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
422503 Environ Permits	79,990-	97,772-	17,782	122	56,527-	83,496-	26,969	148
422504 Pool Permits	245,334	262,264-	16,930	107	169,246-	176,922-	7,676	105
422505 RV Permits	25,783-	34,028-	8,245	132	18,590-	21,734-	3,144	117
422507 Food Serv Permit	1,263,372-	1,340,496-	77,124	106	805,632-	905,849-	100,217	112
422508 Wat Well Const P	146,747-	133,200-	13,547-	91	78,840-	111,791-	32,951	142
422509 Water Co Permits	29,941-	90,811-	60,870	303	21,850-	59,672-	37,822	273
422510 Air Pol Permits	766,406-	726,902-	39,504-	95	608,864-	554,557-	54,307-	91
422511 ISDS Permits	234,031-	313,306-	79,275	134	165,195-	247,461-	82,266	150
422513 Special Event Pe	208,827-	206,911-	1,916-	99	168,108-	165,923-	2,186-	99
422514 Initial Applic F	104,711-	122,004-	17,293	117	55,800-	39,722	39,722	171
* Licenses and Permits	3,105,142-	3,327,695-	222,553	107	2,148,652-	2,422,926-	274,274	113
431100 Federal Grants	5,340,594	4,860,656-	479,938-	91	5,651,096-	5,310,976-	340,120-	94
431105 Fed. Grants-Indi	472,592-	453,605-	18,988-	96	461,750-	486,175-	24,425	105
432100 State Grants	373,951-	158,896-	215,055-	42	211,364-	246,838-	35,474	117
432105 State Grants-Ind	17,396-	13,318-	4,078-	77	16,597-	20,943-	4,346	126
432310 Tire Fee 444A.09	450,000-	504,990	54,990	112	475,000-	562,745-	87,745	118
432311 Pol Ctr 445B.83	587,828-	745,724-	157,896	127	550,000-	573,910-	23,910	104
* Intergovernmental	7,242,361-	6,737,188-	505,172-	93	7,365,806-	7,201,588-	164,218-	98
460162 Services O Agenc	19,000-	22,826-	3,826	120	39,417-	27,676-	11,741-	70
460173 Reimb Rano								
460500 Other Immunizati	20,000-	66,329-	46,329	332	42,150-	46,213-	4,063	110
460501 Medicaid Clinic	85,500-	205,262-	119,762	240	59,935-	146,149-	86,214	244
460503 Child Immunizati	200-	22-	178-	11	13,024-	174-	12,850-	1
460507 Medicaid Admin C								
460508 Tuberculosis	6,580-	6,610-	30	100	7,000-	7,270-	270	104
460509 Water Quality	500-	500-	500-	100	500-	710-	210	142
460510 IF Overlay	48,435-	38,063-	10,372-	79	39,025-	42,478-	3,453	109
460511 Birth Death Cert	515,000-	532,982-	17,982	103	490,000-	548,064-	58,064	112
460512 Duplication Serv		1,368-	1,368			911-	911	
460513 Other Health Ser	75,753-	137,133-	61,380	181	60,908-	90,058-	29,150	148
460514 Food Service Cer						1,176-	1,176	
460515 Medicare Reimbur								
460516 Pgm Inc-3rd Prty	66,000-	200,220-	134,220	303	16,394-	114,299-	97,905	697
460517 Influenza immuni								
460518 STD Fees	25,000-	38,055-	13,055	152	17,200-	33,810-	16,610	197
460519 Outpatient Serv	500-	40-	460-	8	1,200-	41-	1,159-	3
460520 Eng Serv Health	168,844-	316,414-	147,570	187	120,960-	157,152-	36,192	130
460521 Plan Review - Po	1,179-	18,472-	17,293	1,567	8,470-	18,379-	9,909	217
460523 Plan Review - Fo	81,584-	95,403-	13,819	117	56,150-	54,587-	1,563-	97
460524 Family Planning	40,000-	77,824-	37,824	195	35,000-	50,200-	15,200	143
460525 Plan Review - Va	99,179-	95,176-	4,003-	96	82,842-	86,433-	3,591	104
460526 Plan Review-AQM	122,695-	91,192-	31,503-	74	79,589-	72,299-	7,290-	91
460527 NOE-AQM	238,433-	307,530-	69,097	129	176,103-	182,856-	6,753	104

Period: 1 thru 13 2018  
 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	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
460528 NESHAP-AQM	225,847-	210,538-	15,309-	93	153,862-	189,021-	35,159	123
460529 Assessments-AQM	106,866-	122,377-	15,511	115	81,614-	89,889-	8,275	110
460530 Inspector Regist	6,750-	3,200-	3,550-	47	4,608-	4,536-	72-	98
460531 Dust Plan-AQM	334,771-	545,740-	210,969	163	257,784-	504,360-	246,576	196
460532 Plan Rvw Hotel/M		6,279-	6,279		2,530-	1,026-	1,504-	41
460533 Quick Start						251-	251	
460534 Child Care Inspe	21,169-	21,131-	38-	100	14,904-	17,036-	2,132	114
460535 Pub Accomod Insp	46,666-	45,421-	1,245-	97	33,060-	41,636-	8,576	126
460570 Education Revenu		140,494-	57,034-	71	97,142-	98,171-	1,029	101
460723 Other Fees	197,528-	3,346,100-	792,121	131	1,991,371-	2,626,860-	635,489	132
* Charges for Services	2,553,979-	16-	16			41-	41	
481150 Interest-Non Poo		5,000-	5,000		4,000-	4,000-		100
484000 Donation,Contrib		11,641-	4,409-	73	24,201-	15,775-	8,426-	65
484050 Donation Fed Pgm	16,050-	12,997-	1,431-	90	11,367-	18,151-	6,784	160
484197 Non-Gov. Grants-	14,428-	33,516-	12,568-	73	42,576-	41,627-	949-	98
485100 Reimbursements	46,084-	255-	255		35,000-	37,071-	2,071	106
485300 Other Misc Govt	76,562-	63,424-	13,138-	83	117,144-	116,665-	479-	100
* Miscellaneous	12,978,044-	13,474,406-	496,363	104	11,622,973-	12,368,039-	745,066	106
** Revenue	10,324,398	9,905,718	418,680	96	9,864,879	9,559,207	305,671	97
701110 Base Salaries	230,388	259,145	28,757-	112	314,723	225,332	89,391	72
701120 Part Time	419,740	424,108	4,368-	101	475,463	386,579	88,885	81
701130 Pooled Positions	4,319	1,595	2,724	37	4,319	1,748	2,571	40
701140 Holiday Work								
701150 xcContractual Wa								
701199 Lab Cost Sav-Wag	164,408	158,570	5,838	96	165,730	163,022	2,708	98
701200 Incentive Longev	68,241	79,757	11,516-	117	80,479	92,244	11,765-	115
701300 Overtime	300	414	114-	138	287	246	40	86
701403 Shift Differenti	38,000	32,109	5,891	84	38,000	30,574	7,426	80
701406 Standby Pay	5,000	1,539	3,461	31	5,000	3,822	1,178	76
701408 Call Back								
701410 Detective Pay								
701412 Salary Adjustmen	100,893	58,830	100,893	80	84,557	161,254	84,557	191
701413 Vac Payoff Sick	73,676	1,101	14,846	100	84,423	3,744	76,831-	191
701414 Vac Denied-Payof	2,069	4,292	2,222-	207	0	9,356	3,744-	*5256
701417 Comp Time	7,194	7,194		100		6,930	6,930-	
701419 Comp Time - Tran								
701500 Merit Awards								
* Salaries and wages	11,439,728	10,934,373	505,355	96	11,117,860	10,644,058	473,802	96
705110 Group Insurance	1,648,117	1,560,331	87,787	95	1,755,795	1,607,689	148,107	92
705115 ER HSA Contribs	66,000	94,947	28,947-	144	529	74,875	74,347-	14158
705190 OPEB Contributio	1,305,189	1,305,189	0-	100	1,181,460	1,181,460	0-	100
705199 Lab Cost Sav-Ben								
705210 Retirement	3,001,406	2,898,884	102,522	97	2,907,355	2,793,067	114,288	96



Period: 1 thru 13 2018  
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Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
710514 Reg Assessments	20,000	14,885	5,115	74	20,000	13,672	6,328	68
710519 Cellular Phone	14,821	12,612	2,209	85	14,833	12,986	1,847	88
710529 Dues	32,129	34,890	2,761-	109	8,362	32,858	24,496-	393
710535 Credit Card Fees	51,157	53,747	2,590-	105	52,157	29,577	22,580	57
710546 Advertising	173,119	180,955	7,836-	105	149,712	263,000	113,289-	176
710551 Cash Discounts L		6	6-			13	13-	
710563 Recruitment		771	771-					
710571 Safety Expense	57,891	35,481	22,410	61	55,000	69,891	14,891-	127
710577 Uniforms & Speci	4,200	7,017	2,817-	167	5,657	10,500	4,843-	186
710585 Undesig Budget	794,954		794,954		450,000		450,000	
710594 Insurance Premiu	5,815	5,605	210	96	5,815	5,605	210	96
710600 LT Lease-Office	76,607	76,607	76,607	100	76,607	73,034	3,573	95
710620 LT Lease-Equip								
710703 Biologicals	277,612	281,701	4,088-	101	302,681	247,083	55,598	82
710714 Referral Serv	6,780	6,328	452	93	6,780	6,780	6,780	
710721 Outpatient	124,693	76,732	47,961	62	108,555	89,470	19,085	82
710872 Food Purchases	2,744	1,119	1,625	41	2,994	1,504	1,490	50
711008 Combined Utiliti	90,800	90,800	0	100	90,800	90,800	0	100
711010 Utilities								
711100 ESD Asset Mgmt	40,091	42,336	2,245-	106	47,382	45,675	1,707	96
711113 Equip Srv Replac	55,159	49,567	5,591	90	44,876	40,924	3,952	91
711114 Equip Srv O & M	64,486	74,231	9,745-	115	66,315	59,100	7,215	89
711115 Equip Srv Motor	5,000		5,000		5,000	3,874	1,126	77
711116 ESD Vehicle Leas								
711117 ESD Fuel Charge	27,852	29,765	1,913-	107	34,167	25,953	8,214	76
711119 Prop & Liab Bill	82,007	82,007	0	100	82,007	78,708	3,299	96
711210 Travel	172,135	101,330	70,805	59	183,341	80,246	103,094	44
711213 Travel-Non Cnty		3,296	3,296-			2,148	2,148-	
711300 Cash Over Short		22	22-			42-	42	
711399 ProCard in Proce								
711400 Overhead - GenFu	1,520,621	1,520,621		100	1,700,797	1,700,797		100
711504 Equipment nonCap	83,270	79,642	3,627	96	75,392	215,606	140,215-	286
711508 Computers nonCap	20,000	3,172	16,828	16		1,973-	1,973-	
711509 Comp Sftw nonCap	2,631	5,812	3,181-	221		4,394	4,394-	
* Services and Supplies	5,792,533	4,737,351	1,055,182	82	5,494,596	4,484,523	1,010,073	82
781004 Equipment Capita	100,000	70,032	29,968	70	40,472	35,340	5,132	87
781007 Vehicles Capital								
781009 Comp Sftw Capita	25,000	25,374	374-	101	25,000	25,374	374-	101
* Capital Outlay	125,000	95,406	29,594	76	65,472	60,714	4,758	93
** Expenses	23,711,926	21,885,075	1,826,852	92	22,794,942	21,099,286	1,695,656	93
621001 TF General	10,051,691-	10,051,691-		100	10,002,381-	10,002,381-		100
* Transfers In	10,051,691-	10,051,691-		100	10,002,381-	10,002,381-		100
812230 To Reg Permits-2	100,271		100,271		58,081	58,081		100



Period: 1 thru 13 2018  
 Accounts: GO-P-L  
 Business Area: \*  
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 Fund: 202  
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Accounts	2018 Plan	2018 Actuals	Balance	Act%	2017 Plan	2017 Actual	Balance	Act%
81430 To Reg Permits C								
* Transfers Out	100,271		100,271		58,081	58,081		100
** Other Financing Src/Use	9,951,420-	10,051,691-	100,271	101	9,944,300-	9,944,300-		100
*** Total	782,463	1,541,023-	2,423,486	210-	1,227,669	1,213,053-	2,440,722	99-



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

**STAFF REPORT**  
**BOARD MEETING DATE:** July 26, 2018

**TO:** District Board of Health

**FROM:** Daniel Inouye, Branch Chief  
(775) 784-7214, dinouye@washoecounty.us

**THROUGH:** Charlene Albee, Director  
(775) 784-7211, calbee@washoecounty.us

**SUBJECT:** Presentation, discussion, and possible adoption of “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)” and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan.

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**SUMMARY**

The Clean Air Act (CAA) requires state and local air quality management agencies to demonstrate the ability to implement, maintain, and enforce National Ambient Air Quality Standards (NAAQS). This Infrastructure State Implementation Plan (I-SIP) is the formal plan demonstrating that the Washoe County Health District, Air Quality Management Division can meet those requirements.

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

**PREVIOUS ACTION**

Feb 28, 2013      The DBOH adopted the “Washoe County Portion of the Nevada Ozone Infrastructure State Implementation Plan for the 2008 Ozone NAAQS: Demonstration of Adequacy”.

Various Dates      The DBOH has also adopted similar I-SIP’s to address revisions to the PM<sub>2.5</sub>, SO<sub>2</sub>, and NO<sub>2</sub> NAAQS.

**BACKGROUND**

The U.S. Environmental Protection Agency (EPA) establishes health based national ambient air quality standards (NAAQS) for six criteria pollutants including ozone. The CAA directs states to address basic State Implementation Plan (SIP) requirements to implement, maintain, and enforce the NAAQS. Many of the CAA Section 110(a)(2) SIP elements relate to the general

information and authorities that constitute the “infrastructure” of a state’s air quality management program. States are required to submit an Infrastructure SIP (I-SIP) within three years after promulgation of a new or revised standard. In 2015, EPA strengthened the ozone NAAQS from 0.075 to 0.070 ppm averaged over 8-hours.

This I-SIP was prepared in coordination with the Nevada Division of Environmental Protection (NDEP) and Clark County Department of Air Quality.

The first notice of the July 26, 2018 public hearing was published in the Reno Gazette-Journal on June 20, 2018. The I-SIP has been available for public inspection at the AQMD website (OurCleanAir.com) and office since June 20, 2018.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY 2018-19 budget should the DBOH adopt this I-SIP.

### **RECOMMENDATION**

Staff recommends that the DBOH adopt “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)” and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan.

### **POSSIBLE MOTION**

Should the Board concur with Staff’s recommendation, a possible motion would be:

“Move to adopt “The Washoe County Portion of the Nevada State Implementation Plan to Meet the Ozone Infrastructure SIP Requirements of Clean Air Act Section 110(a)(2)” and direct Staff to forward it to EPA via NDEP as an amendment to the Washoe County portion of the Nevada Ozone State Implementation Plan.”

# WASHOE COUNTY HEALTH DISTRICT

ENHANCING QUALITY OF LIFE

The Washoe County Portion of the  
Nevada State Implementation Plan to  
Meet the Ozone Infrastructure SIP  
Requirements of Clean Air Act Section  
110(a)(2)

Adopted by the Washoe County District Board of  
Health on July 26, 2018



**Public Health**  
Prevent. Promote. Protect.

## Table of Contents

Acronyms and Abbreviations .....	i
Acknowledgments .....	ii
Introduction and Background.....	1
Table 1 .....	2

### Attachments

- A: Letter from Gwen Yoshimura (EPA Region 9) to Daniel Inouye (AQMD) Regarding the “2017 Annual Monitoring Network Plan” (October 30, 2017)
- B: Washoe County District Board of Health Regulations Governing Air Quality Management Not Included in the Washoe County Portion of the Nevada Ozone Infrastructure SIP But Further Support CAA 110(a)(2)(A)-(M) Requirements
- C: Nevada Division of Environmental Protection “Interstate Transport Analysis for the 2015 8-Hour Primary Ozone National Ambient Air Quality Standard”

## Acronyms and Abbreviations

AQMD	Washoe County Health District, Air Quality Management Division
AQS	Air Quality System
CAA	Clean Air Act
CFR	Code of Federal Regulations
CO	Carbon Monoxide
DMV	Nevada Department of Motor Vehicles
EPA	U.S. Environmental Protection Agency
FR	Federal Register
HA	Hydrographic Area
I-SIP	Infrastructure State Implementation Plan
NAAQS	National Ambient Air Quality Standard
NDEP	Nevada Division of Environmental Protection
NO <sub>2</sub>	Nitrogen Dioxide
NRS <sup>2</sup>	Nevada Revised Statute
NSR	New Source Review
O <sub>3</sub>	Ozone
Pb	Lead
PM <sub>2.5</sub>	Particulate Matter less than or equal to a nominal 2.5 microns in aerodynamic diameter
PM <sub>10</sub>	Particulate Matter less than or equal to a nominal 10 microns in aerodynamic diameter
PSD	Prevention of Significant Deterioration
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO <sub>2</sub>	Sulfur Dioxide
USC <sup>2</sup>	United States Code
WCDBOH	Washoe County District Board of Health

## Acknowledgments

### **Washoe County District Board Health**

Kitty Jung, Chair  
John Novak, DMD, Vice-Chair  
Michael D. Brown  
Kristopher Dahir  
Oscar Delgado  
George Hess, MD  
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### **Washoe County Health District, Air Quality Management Division**

Charlene Albee, Director  
Daniel Inouye, Branch Chief  
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## Introduction and Background

Sections 110(a)(1) and (2) of the federal Clean Air Act (CAA), 42 USC § 7410(a)(1) and (2) hereafter referred to as the “Infrastructure” State Implementation Plan (I-SIP) requirements, requires states and delegated local agencies to submit an implementation plan to the U.S. Environmental Protection Agency (EPA) demonstrating their ability and authority to implement, maintain, and enforce each National Ambient Air Quality Standard (NAAQS). Section 110(a)(1) addresses the timing requirement for the submissions of the I-SIP. Washoe County is required to submit an I-SIP to EPA not later than three years after promulgation of a new or revised NAAQS regardless of whether or not the local jurisdiction has any nonattainment areas.

Section 110(a)(2) lists the required elements that cover the I-SIP. These elements include: enforceable emission limitations, air quality modeling, enforcement programs, ambient air monitoring programs, and confirmation of adequate personnel, resources and legal authorities. The following elements are addressed in this I-SIP:

- Enforceable Emission Limitations and Other Control Measures (Element A)
- Air Quality Monitoring, Compilation, Data Analysis, and Reporting (Element B)
- Enforcement and Stationary Source Permitting (Element C)
- Interstate Transport (Element D)
- Resources, Conflict of Interest, and Emergency Backstop (Element E)
- Stationary Source Emissions Monitoring and Reporting (Element F)
- Emergency Powers and Contingency Plans (Element G)
- SIP Revision For Revised Air Quality Standards or New Attainment Methods (Element H)
- SIP Revisions for New Nonattainment Areas (Element I)
- Consultation and Public Notification (Element J)
- Air Quality Modeling and Reporting (Element K)
- Major Stationary Source Permitting Fees (Element L)
- Consultation with Local Entities (Element M)

This I-SIP addresses Washoe County’s portion of the State of Nevada’s requirements for the 2015 Ozone NAAQS.

Table 1  
Existing SIP Elements Meeting Current CAA 110(a)(2)(A)-(M) Requirements for  
the Washoe County Portion of the Nevada Infrastructure SIP for the  
2015 Ozone NAAQS, Unless Otherwise Noted

Element (A)	<p><u>Enforceable emission limits and other control measures</u>: Requires SIPs to include enforceable emission limits and other control measures, means, or techniques, and schedules for compliance.</p> <p>WCDBOH Regulations Governing Air Quality Management (Regulation) Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:  030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).</p> <p>The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):  020.0051 (Board of Health - Powers and Duties); and  020.020 (Control Officer - Powers and Duties).</p>
Element (B)	<p><u>Ambient air quality monitoring/data system</u>: Requires SIPs to provide for establishment and operation of ambient air quality monitors, collection and analysis of ambient air quality data, and to make these data available to EPA upon request.</p> <p>The AQMD operates an ambient air monitoring network in accordance with 40 CFR 58. The network is reviewed annually pursuant to 40 CFR 58.10 to ensure it meets ambient air monitoring objectives (See Attachment A).</p>



Element (C)	Program for enforcement of control measures: Requires SIPs to include a program providing for enforcement of all SIP measures and the regulation of construction of new and modified stationary sources as necessary to assure that the NAAQS are achieved, including a permit program as required in Parts C and D.
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WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections:

030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201;030.205; 030.215; 030.245; 030.250 (See 46 FR 21758); 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141); 030.218, 030.230, and 030.970A (See 77 FR 60915); 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and 050.001 (See 72 FR 33397).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

010.1303 (Regulated Air Pollutant);  
020.0051 (Board of Health - Powers and Duties);  
020.020 (Control Officer - Powers and Duties);  
030.002 (Construction or Modification of Permitted Operations);  
030.500 (New Source Review (NSR) Applicability);  
030.502 (Review for Emission Limitation Compliance);  
030.503 (Conditions for Approval);  
030.504 (Emission Offset Ratios);  
030.505 (Completeness of Application);  
030.506 (Requirements for Public Notice);  
030.507 (Comments);  
030.508 (Final Action); and  
030.905 (Sources Requiring Part 70 Permits).

On March 13, 2008, the AQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).

Element (D)	Interstate transport provisions: Requires SIPs to contain adequate provisions prohibiting emissions generated within the state from contributing significantly to nonattainment in, or interfering with maintenance by, any other state with respect to the NAAQS, or from interfering with measures required to be included in the SIP of any other state to prevent significant deterioration or to protect visibility.
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(D)(i)

Emissions activities from within Nevada do not contribute significantly to nonattainment in, or interfere with maintenance by, any other state with respect to the 2015 ozone NAAQS. Based on recently released EPA contribution modeling, Nevada's expected contribution of 2023 anthropogenic nitrogen oxides (NOx) and volatile organic compound (VOC) emissions from the State do not contribute greater than one percent of the 2015 ozone NAAQS to any EPA-identified nonattainment or maintenance receptor in any other state. Nevada commits to continue to review new air quality information as it becomes available to ensure that this negative declaration is still supported by such information. The analysis is included in Attachment C.

(D)(ii) CAA section 126

The following WCDBOH Regulations address the CAA section 126(a) requirements regarding notification to affected nearby states of major proposed new or modified sources. [see also elements (J) and (M)]:

- 030.000; 030.005; 030.010; 030.015; 030.025; 030.030; 030.110; 030.115(1), (5), and Subsection B; 030.1201; 030.205; 030.215; 030.245; 030.250 (See 46 FR 21758);
- 030.300; 030.305; 030.310; 030.3101-3105; 030.3107; 030.3108 (See 46 FR 43141);
- 030.218, 030.230, and 030.970A (See 77 FR 60915);
- 040.070; 040.075; 040.080; 040.085; 040.090 (See 46 FR 21758); and
- 050.001 (See 72 FR 33397).

The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):

- 010.1303 (Regulated Air Pollutant);
- 020.0051 (Board of Health - Powers and Duties);
- 020.020 (Control Officer - Powers and Duties);
- 030.002 (Construction or Modification of Permitted Operations);
- 030.500 (New Source Review (NSR) Applicability);
- 030.502 (Review for Emission Limitation Compliance);
- 030.503 (Conditions for Approval);
- 030.504 (Emission Offset Ratios);

030.505 (Completeness of Application);  
 030.506 (Requirements for Public Notice);  
 030.507 (Comments);  
 030.508 (Final Action); and  
 030.905 (Sources Requiring Part 70 Permits).

On March 13, 2008, the AQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).

The requirements of section 126 (b) and (c) do not apply, because no source or sources within the state are the subject of an active finding under section 126 of the CAA with respect to the particular NAAQS at issue.

(D)(ii) CAA section 115

The requirements of section 115 do not apply, because there are no final findings under section 115 of the CAA against this state with respect to the particular NAAQS at issue.

Element (E)	<u>Adequate resources:</u> Requires SIPs to provide necessary assurances for adequate personnel, funding, and authority under state law to carry out its SIP, to contain requirements addressing potential conflicts of interest, and to provide necessary assurances that the state retains responsibility for ensuring adequate implementation of the SIP where the state relies on a local or regional government for implementation of any SIP provision.
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NRS 445B.500 authorizes the WCDBOH to implement and administer air quality management programs within the geographic boundaries of Washoe County. These programs are managed through the AQMD. For the most recent fiscal year (2018-19), the AQMD consisted of 19.4 allocated full-time equivalents. Primary funding sources are: 1) Operating permit fees; 2) EPA grants; 3) Nevada DMV funds; and 4) the City of Reno, City of Sparks, and County of Washoe via an inter-local agreement with the Washoe County Health District (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009).

Element (F)	<p><u>Stationary source monitoring system</u>: Requires SIPs to establish a system to monitor emissions from stationary sources, to submit periodic emissions reports, to correlate the emissions reports with the corresponding SIP emission limits and standards, and to make emissions reports available to the public.</p>
<p>WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce all SIP measures including the following previously submitted Sections related to authority for stationary source monitoring and reporting:  030.210; 030.250 (See 46 FR 21758); and  030.218, 030.230; 030.235, and 030.970A (See 77 FR 60915).</p> <p>The following Sections have not been submitted as part of the SIP, but have been adopted by the WCDBOH and further support this element requirement (See Attachment B):  020.0051 (Board of Health - Powers and Duties); and  020.060 (Sampling and Testing).</p>	
Element (G)	<p><u>Emergency episodes</u>: Requires SIPs to provide for authority to address activities causing imminent and substantial endangerment to public health and to provide for adequate contingency plans to implement such authority.</p>
<p>Emergency powers are authorized under WCDBOH Regulation 050.001 (Emergency Episode Plan) (See 72 FR 33397). In addition, general emergency powers are provided in Nevada's SIP in NRS 445B.560.</p>	
Element (H)	<p><u>Future SIP revisions</u>: Requires SIPs to provide for SIP revisions in response to changes in the NAAQS, or availability of improved methods for attaining the NAAQS, and in response to an EPA finding that the SIP is substantially inadequate.</p>
<p>WCDBOH Regulation Section 020.005 (See 38 FR 12702) authorizes the Control Officer to enforce Section 020.0051 (Board of Health - Powers and Duties) which provides the WCDBOH the authority to revise a SIP "to achieve and maintain levels of air quality to protect human health".</p>	

Element (I)	<u>SIP revisions for new non-attainment areas</u> : Requires SIP revisions to meet the applicable Part D requirements relating to non-attainment areas.
The AQMD commits to submit SIP revisions whenever the county, or portions of the county, are newly designated non-attainment for any federal NAAQS.	
Element (J) [§121]	<u>Consultation with government officials, public notification, PSD and visibility protection</u> : Requires states to provide a process for consultation with local governments and Federal Land Managers carrying out NAAQS implementation requirements; . . .
All SIP elements are adopted by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM <sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County. The AQMD is committed to include all stakeholders, such as local governments and federal land managers, in the SIP development process.	
Element (J) [§127]	. . . requires SIPs to notify the public if NAAQS are exceeded in an area and to enhance public awareness of measures that can be taken to prevent exceedances; and . . .
WCDBOH Regulation Section 050.001 (See 72 FR 33397) authorizes the AQMD to advise the public on measures that are taken to reduce their exposure during elevated air pollutant concentrations. Near-time ambient air monitoring data are posted on the AQMD website (OurCleanAir.com) and are also available at AirNow (AirNow.gov). An Air Quality Trends report, which summarizes monitored ambient air quality in Washoe County, is prepared annually and posted on the AQMD website.	
Element (J) [Part C PSD / Visibility]	. . . requires SIPs to meet applicable requirements of Part C related to prevention of significant deterioration and visibility protection.
On July 31, 2007, EPA's approval of Nevada's interstate transport SIP (CAA 110(a)(2)(D)(i)) for the 8-hour O <sub>3</sub> and PM <sub>2.5</sub> NAAQS promulgated in July 1997 was published in the Federal Register (See 72 FR 41629). Also, Article 13 of Nevada's SIP, "General Provisions for the Review of New Sources," requires an environmental evaluation before a registration certificate may be issued.	

<p>Finally, on March 13, 2008, the AQMD received full delegation of the federal PSD program (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment C, submitted December 4, 2009) and is incorporated into Nevada's SIP (40 CFR 52.1485).</p>	
<p>Element (K)</p>	<p><u>Air quality modeling/data</u>: Requires SIPs to provide for the performance of air quality modeling for predicting effects on air quality of emissions of any NAAQS pollutant and the submission of such data to EPA upon request.</p>
<p>WCDBOH Regulation Section 030.235 (Requirements for Source Sampling and Testing) (See 77 FR 60915) authorizes the Control Officer to require operators to provide source stack testing or other types of testing to determine the quantity and effect of emissions produced by a stationary source.</p> <p>In addition, the following Section has not been submitted as part of the SIP, but has been adopted by the WCDBOH and further support this element requirement (See Attachment B): 030.503 (Conditions for Approval).</p>	
<p>Element (L)</p>	<p><u>Permitting fees</u>: Requires SIPs to require each major stationary source to pay permitting fees to cover the cost of reviewing, acting upon, implementing and enforcing a permit until such fee requirement is superseded by EPA approval of a fee program under Title V of the CAA.</p>
<p>Permitting fees are authorized under WCDBOH Regulation Sections 030.210 (See 46 FR 21758) and 030.310 (See 46 FR 43141).</p>	
<p>Element (M)</p>	<p><u>Consultation/participation by affected local entities</u>: Requires SIPs to provide for consultation and participation in SIP development by local political subdivisions affected by the SIP.</p>
<p>All SIP elements are adopted in a public hearing by the WCDBOH before being formally submitted as the Washoe County portion of the Nevada SIP. Participation by local political subdivisions is authorized by WCDBOH Regulation Section 020.005 (See 38 FR 12702) and an inter-local agreement between the City of Reno, City of Sparks, and the County of Washoe, Nevada (See Washoe County 2006 PM<sub>2.5</sub> NAAQS I-SIP, Attachment D, submitted December 4, 2009). This inter-local agreement requires that the WCDBOH include one elected official from each of the three political subdivisions in Washoe County.</p>	

Attachment A

Letter from Gwen Yoshimura (EPA Region 9) to Daniel Inouye (AQMD) Regarding  
the “2017 Annual Monitoring Network Plan” (October 30, 2017)

FINAL DRAFT  
June 20, 2018





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

75 Hawthorne Street

San Francisco, CA 94105-3901

OCT 30 2017

Mr. Daniel K. Inouye  
Chief, Monitoring and Planning Branch  
Air Quality Management Division  
Washoe County Health District  
P.O. Box 11130  
Reno, Nevada 89520-0027

Dear Mr. Inouye:

Thank you for your submission of the Washoe County Health District Air Quality Management Division's (AQMD's) *2017 Ambient Air Monitoring Network Plan* on June 30, 2017. We have reviewed the submitted document based on the requirements set forth under 40 CFR 58. Based on the information provided in the plan, the U.S. Environmental Protection Agency (EPA) approves all portions of the network plan except those specifically identified below.

Please note that we cannot approve portions of the annual network plan for which the information in the plan is insufficient to judge whether the requirement has been met, or for which the information, as described, does not meet the requirements as specified in 40 CFR 58.10 and the associated appendices. EPA Region 9 also cannot approve portions of the plan for which the EPA Administrator has not delegated approval authority to the regional offices. Accordingly, the first enclosure (*A. Annual Monitoring Network Plan Items where EPA is Not Taking Action*) provides a listing of specific items of your agency's annual monitoring network plan where EPA is not taking action. The second enclosure (*B. Additional Items Requiring Attention*) is a listing of additional items in the plan that EPA wishes to bring to your agency's attention.

The third enclosure (*C. Annual Monitoring Network Plan Checklist*) is the checklist EPA used to review your plan for overall items that are required to be included in the annual network plan along with our assessment of whether the plan submitted by your agency addresses those requirements.

The first two enclosures highlight a subset of the more extensive list of items reviewed in the third enclosure. All comments conveyed via this letter (and enclosures) should be addressed (through corrections within the plan, additional information being included, or discussion) in next year's annual monitoring network plan.



If you have any questions regarding this letter or the enclosed comments, please feel free to contact me at (415) 947-4134 or Anna Mebust at (415) 972-3265.

Sincerely,



Gwen Yoshimura, Manager  
Air Quality Analysis Office

Enclosures:

- A. Annual Monitoring Network Plan Items where EPA is Not Taking Action
- B. Additional Items Requiring Attention
- C. Annual Monitoring Network Plan Checklist

cc (via email): Craig Petersen, AQMD

FINAL DRAFT  
June 20, 2018

## A. Annual Monitoring Network Plan Items where EPA is Not Taking Action

We are not acting on the portions of annual network plans where either EPA Region 9 lacks the authority to approve specific items of the plan, or EPA has determined that a requirement is either not met or information in the plan is insufficient to judge whether the requirement has been met.

- System modifications (e.g., site closures or moves) are subject to approval per 40 CFR 58.14(c). Information provided in the plan was insufficient for EPA to approve the system modifications listed in the plan per the applicable requirement. Therefore, we are not acting on the following items as part of this year's annual network plan (see Checklist Row 4):
  - Shutdown of Plumb Kit SLAMS (PM<sub>10</sub> and meteorology)
  - Discontinuation of PM<sub>10</sub> SLAMS monitoring at South Reno
  - Initiation of a new monitoring site at West Reno/Verdi
- EPA identified items in your agency's annual monitoring network plan where a requirement was not being met or information in the plan was insufficient to judge whether the requirement was being met based on 40 CFR 58.10 and the associated appendices. Therefore, we are not acting on the following items:

Item	Checklist Row	Issue
PM <sub>10</sub> collocation	30	Insufficient to judge
Traffic count of nearest road	74	Insufficient to judge in some instances
Statement of whether the operation of each monitor meets Appendices requirements	3	Insufficient to judge
POC for each monitor	65	Incorrect in one instance

Additional information for each of these items may be found for the row listed in column 2, in the third enclosure (*C. Annual Monitoring Network Plan Checklist*).

## B. Additional Items Requiring Attention

- [Item 7] The detailed site table entry for “Proposed modifications within the next 18 months?” for South Reno PM<sub>10</sub> is “None.” AQMD discusses a planned request to terminate this monitor on Page 10, and EPA is currently reviewing a formal request for this termination as submitted by AQMD. Please update this table entry to reflect this proposed change in next year’s plan.
- [Item 10] Please note that no statement was provided for the Spanish Springs SPMs. Since these monitors did not begin operation until 2017, AQMD is meeting the requirement for this network plan, however, please address this checklist item for the Spanish Springs SPMs in next year’s plan. Note that if checklist item #3 is addressed, that may meet the requirement for this checklist item as well.
- [Item 17] While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year’s plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.

Also, please note that based on 2016 design values, the number of required sites for PM<sub>2.5</sub> is 0, not 1 as given in the table. Please update this as needed in next year’s plan, based on updated design values.

- [Item 18] While meeting the requirement, please note that based on 2016 design values, the number of required continuous PM<sub>2.5</sub> monitors is 0, not 1 as given in the table. Please update this as needed in next year’s plan, based on updated design values.
- [Item 29] While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year’s plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.

Also, please note that the maximum concentration provided in Table 5 should be the maximum observed over the last 3 years, not the maximum observed in 2016. Based on the maximum concentration observed over the last 3 years, the number of required sites for PM<sub>10</sub> should be 1-2, not 0-1 as given in the table. Please update this as needed in next year’s plan based on updated concentrations.



- [Item 44] While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year's plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.
- [Item 66] NAAQS Comparison should not be the monitoring objective for NO and NO<sub>x</sub> monitors at Reno3, or for PM<sub>10-2.5</sub> at Spanish Springs and Sparks. Please update this in next year's plan.
- [Item 69] While meeting the requirement, for Toll, the plan states that "Due to the distance from the probe to the nearest roadway, this is a middle scale site for CO." Based on the distance to road and traffic count provided, this site would be characterized as neighborhood scale for CO. AQMD may choose to continue to characterize it as middle scale if it is impacted by other CO sources, but if not, AQMD may want to consider changing the scale provided for this monitor.
- [Item 73] While meeting the requirement, please provide the traffic count for and distance to nearby local roads for the Spanish Springs SPM site. These roads are closer than the road for which the traffic count was provided.

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FINAL DRAFT  
June 20, 2018

## C. ANNUAL MONITORING NETWORK PLAN CHECKLIST

(Updated February 9, 2017)

Year: 2017

Agency: Washoe County Health District – Air Quality Management Division (AQMD)

40 CFR 58.10(a)(1) requires that each Annual Network Plan (ANP) shall provide for the documentation of the establishment and maintenance of an air quality surveillance system that consists of a network of SLAMS monitoring stations that can include FRM, FEM, and ARM monitors that are part of SLAMS, NCore, CSN, PAMS, and SPM stations.

40 CFR 58.10(a)(1) further directs that, “The plan shall include a statement of whether the operation of each monitor meets the requirements of appendices A, B, C, D, and E of this part, where applicable. The Regional Administrator may require additional information in support of this statement.” On this basis, review of the ANPs is based on the requirements listed in 58.10 along with those in Appendices A, C, D, and E.

EPA Region 9 will not take action to approve or disapprove any item for which Part 58 grants approval authority to the Administrator rather than the Regional Administrators, but we will do a check to see if the required information is included and correct. The items requiring approval by the Administrator are: PAMS, NCore, and Speciation (STN/CSN).

Please note that this checklist summarizes many of the requirements of 40 CFR Part 58, but does not substitute for those requirements, nor do its contents provide a binding determination of compliance with those requirements. The checklist is subject to revision in the future and we welcome comments on its contents and structure.

Key:

White	meets the requirement
Yellow	requirement is not met, or information is insufficient to make a determination. Action requested in next year’s plan or outside the ANP process (items listed in Enclosure A).
Green	item requires attention in order to improve next year’s plan (items listed in Enclosure B).



	ANP requirement	Citation within 40 CFR 58 <sup>1</sup>	Was the information submitted? <sup>2</sup> If yes, page #s.	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
<b>GENERAL PLAN REQUIREMENTS</b>					
1.	Submit plan by July 1 <sup>st</sup>	58.10 (a)(1)	Yes, cover letter	Yes	Plan was submitted June 30, 2017.
2.	30-day public comment / inspection period	58.10 (a)(1); 58.10 (c)	Yes, cover letter	Yes	No comments were received.
3.	Statement of whether the operation of each monitor meets the requirements of appendices A, B, C, D, and E, where applicable	58.10 (a)(1)	No	Insufficient to judge	No statement was provided to meet this requirement.  This checklist item is newly required as part of the 2016 Monitoring Rule Revisions. In future plans, please address this requirement. If the plan already discusses all deviations of the monitors from requirements in the 40 CFR 58 Appendices, the addition of the following sentence is sufficient: "Except where otherwise noted, each monitor meets the requirements of appendices A, B, C, D, and E, where applicable."
4.	Modifications to SLAMS network – case when we are not approving system modifications	58.10 (a)(2); 58.10 (b)(5); 58.10 (e); 58.14	Yes, pages 9-10	Yes	AQMD indicated their intent to submit proposals to discontinue all monitoring (PM <sub>10</sub> and meteorology) at Plumb Kit, discontinue PM <sub>10</sub> monitoring at South Reno, and initiate a new site in West Reno/Verdi.  In order for EPA to act on these modifications, AQMD must submit a formal proposal indicating whether the modifications meet the criteria provided in 40 CFR 58.14. EPA has received such requests for discontinuing all monitoring at Plumb Kit and PM <sub>10</sub> monitoring at South Reno. These requests are under review by EPA. We will send separate letters communicating the results of our review. If approved, please include copies of the approval letters in next year's plan.

<sup>1</sup> Unless otherwise noted.

<sup>2</sup> Response options: NA (Not Applicable), Yes, No, or Incomplete.

<sup>3</sup> Assuming the information is correct.

<sup>4</sup> Response options: NA (Not Applicable) – [reason], Yes, No, Insufficient to Judge, or Incorrect

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
5.	Modifications to SLAMS network – case when we are approving system modifications per 58.14	58.10 (a)(2); 58.10 (b)(5); 58.10 (e); 58.14	NA	NA	
6.	Does plan include documentation (e.g., attached approval letter) for system modifications that have been approved since last ANP approval?		Yes, Appendix B	Yes	AQMD included documentation of EPA approval of closure of CO monitors at Lemmon Valley and Toll, which was approved by EPA on January 10, 2017. AQMD also included documentation of a previous approval by EPA for initialization of new monitoring at Spanish Springs, which was approved prior to the last annual network plan submission.
7.	Any proposals to remove or move a monitoring station within a period of 18 months following plan submittal	58.10 (b)(5)	Yes, pages 9-10, Detailed Site Information	Yes	The detailed site table entry for “Proposed modifications within the next 18 months?” for South Reno PM <sub>10</sub> is “None.” AQMD discusses a planned request to terminate this monitor on Page 10, and EPA is currently reviewing a formal request for this termination as submitted by AQMD. Please update this table entry to reflect this proposed change in next year’s plan.
8.	Precision/Accuracy reports submitted to AQS	58.16 (a)	Yes, page 11	Yes	
9.	Annual data certification submitted	58.15	Yes, page 11	Yes	
10.	Statement that SPMs operating an FRM/FEM/ARM that meet Appendix E also meet either Appendix A or an approved alternative. Documentation for any Appendix A approved alternative should be included. <sup>5</sup>	58.11 (a)(2)	NA	NA	Please note that no statement was provided for the Spanish Springs SPMs. Since these monitors did not begin operation until 2017, AQMD is meeting the requirement for this network plan, however, please address this checklist item for the Spanish Springs SPMs in next year’s plan. Note that if checklist item #3 is addressed, that may meet the requirement for this checklist item as well.
11.	SPMs operating FRM/FEM/ARM monitors for over 24 months are listed as comparable to the NAAQS or the agency provided documentation that requirements from Appendices A, C, or E were not met. <sup>6</sup>	58.20 (c)	NA	NA	AQMD has not operated any SPMs for over 24 months.

<sup>5</sup> Alternatives to the requirements of appendix A may be approved for an SPM site as part of the approval of the annual monitoring plan, or separately.

<sup>6</sup> This requirement only applies to monitors that are eligible for comparison to the NAAQS per 40 CFR §§58.11(e) and 58.30.



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
12.	For agencies that share monitoring responsibilities in an MSA/CSA: this agency meets full monitoring requirements or an agreement between the affected agencies and the EPA Regional Administrator is in place	App D 2(e)	NA	NA	

**GENERAL PARTICULATE MONITORING REQUIREMENTS (PM<sub>10</sub>, PM<sub>2.5</sub>, Pb-TSP, Pb-PM<sub>10</sub>)**

13.	Designation of a primary monitor if there is more than one monitor for a pollutant at a site.	App. A 3.2.3	Yes, Detailed Site Information	Yes	
14.	Distance between QA collocated monitors. For low volume PM instruments (flow rate < 200 liters/minute) > 1 m. For high volume PM instruments (flow rate > 200 liters/minute) > 2m. [Note: waiver request or the date of previous waiver approval must be included if the distance deviates from requirement.]	App. A 3.2.3.4 (c) and 3.3.4.2 (c)	Yes, Detailed Site Information	Yes	

**PM<sub>2.5</sub> –SPECIFIC MONITORING REQUIREMENTS**

15.	Document how states and local agencies provide for the review of changes to a PM <sub>2.5</sub> monitoring network that impact the location of a violating PM <sub>2.5</sub> monitor.	58.10 (c)	Yes, page 11	Yes	
16.	Identification of any PM <sub>2.5</sub> FEMs and/or ARMs not eligible to be compared to the NAAQS due to poor comparability to FRM(s) [Note 1: must include required data assessment.] [Note 2: Required SLAMS must monitor PM <sub>2.5</sub> with NAAQS-comparable monitor at the required sample frequency.]	58.10 (b)(13) 58.11 (e)	NA	NA	

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
17.	Minimum # of monitoring sites for PM <sub>2.5</sub> [Note 1: should be supported by MSA ID, MSA population, DV, # monitoring sites, and # required monitoring sites] [Note 2: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App. D 4.7.1(a) and Table D-5	Yes, page 4	Yes	While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year's plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.  Also, please note that based on 2016 design values, the number of required sites for PM <sub>2.5</sub> is 0, not 1 as given in the table. Please update this as needed in next year's plan, based on updated design values.
18.	Requirements for continuous PM <sub>2.5</sub> monitoring (number of monitors and collocation)	App. D 4.7.2	Yes, page 5	Yes	While meeting the requirement, please note that based on 2016 design values, the number of required continuous PM <sub>2.5</sub> monitors is 0, not 1 as given in the table. Please update this as needed in next year's plan, based on updated design values.
19.	FRM/FEM/ARM PM <sub>2.5</sub> QA collocation	App. A 3.2.3	Yes, page 8	Yes	The PM <sub>2.5</sub> SPM at Spanish Springs was not included in calculations of the number of required QA collocation monitors. Please note that if PM <sub>2.5</sub> SPMs operate for more than 24 months or are converted to SLAMS, they must be included in this calculation, as QA collocation is an Appendix A requirement; this may affect future network plans.
20.	PM <sub>2.5</sub> Chemical Speciation requirements for official STN sites	App. D 4.7.4	Yes, page 26	Yes	
21.	Identification of sites suitable and sites not suitable for comparison to the annual PM <sub>2.5</sub> NAAQS as described in Part 58.30	58.10 (b)(7)	Yes, Detailed Site Information	Yes	
22.	Required PM <sub>2.5</sub> sites represent area-wide air quality	App. D 4.7.1(b)	Yes, Detailed Site Information	Yes	



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
23.	For PM <sub>2.5</sub> , within each MSA, at least one site at neighborhood or larger scale in an area of expected maximum concentration	App. D 4.7.1(b)(1)	Yes, page 4, Detailed Site Information	Yes	Sparks is listed as the maximum PM <sub>2.5</sub> site.
24.	If additional SLAMS PM <sub>2.5</sub> is required, there is a site in an area of poor air quality	App. D 4.7.1(b)(3)	NA	NA	
25.	States must have at least one PM <sub>2.5</sub> regional background and one PM <sub>2.5</sub> regional transport site.	App. D 4.7.3	NA	NA	This requirement is met by other agencies in the state.
26.	Sampling schedule for PM <sub>2.5</sub> - applies to year-round and seasonal sampling schedules (note: date of waiver approval must be included if the sampling season deviates from requirement)	58.10 (b)(4); 58.12(d); App. D 4.7	Yes, Detailed Site Information	Yes	
27.	Frequency of flow rate verification for automated and manual PM <sub>2.5</sub> monitors	App. A 3.2.1	Yes, Detailed Site Information	Yes	
28.	Dates of two semi-annual flow rate audits conducted in <b>CY2016</b> for PM <sub>2.5</sub> monitors [Note: 5 -7 month interval is recommended but not a requirement.]	App. A 3.2.2	Yes, Detailed Site Information	Yes	

FINAL  
June 20, 2018

	ANP requirement	Citation within 40 CFR 58 <sup>1</sup>	Was the information submitted? <sup>2</sup> If yes, page #s.	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
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**PM<sub>10</sub> –SPECIFIC MONITORING REQUIREMENTS**

29.	Minimum # of monitoring sites for PM <sub>10</sub> [Note: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App. D, 4.6 (a) and Table D-4	Yes, page 5	Yes	<p>While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year's plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.</p> <p>Also, please note that the maximum concentration provided in Table 5 should be the maximum observed over the last 3 years, not the maximum observed in 2016. Based on the maximum concentration observed over the last 3 years, the number of required sites for PM<sub>10</sub> should be 1-2, not 0-1 as given in the table. Please update this as needed in next year's plan based on updated concentrations.</p>
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FINAL DRAFT  
June 20, 2017



	ANP requirement	Citation within 40 CFR 58 <sup>1</sup>	Was the information submitted? <sup>2</sup> If yes, page #s.	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
30.	Manual PM <sub>10</sub> method collocation (note: continuous PM <sub>10</sub> does not have this requirement)	App. A 3.3.4	Yes, Detailed Site Information	Insufficient to judge	AQMD operates a manual PM <sub>10</sub> monitor at Reno3. AQMD's plan includes the following statement: "The PM <sub>10</sub> manual method monitor at NCore is for PM <sub>coarse</sub> calculation only and is not submitted to AQS for data to be used in comparison to the NAAQS." However, the detailed site table for the manual PM <sub>10</sub> monitor indicates that the data is submitted to both the regulatory, NAAQS-comparable parameter code 81102 as well as the nonregulatory code for PM <sub>10</sub> in local conditions, 85101. EPA has confirmed that this data is loaded to AQS under 81102. If these data are being used for NAAQS comparison, there is a requirement for a collocated PM <sub>10</sub> monitor at this site. Please work with EPA to determine a path forward with respect to the reporting and use of data from the manual PM <sub>10</sub> monitor.
31.	Sampling schedule for PM <sub>10</sub>	58.10 (b)(4); 58.12(e); App. D 4.6	Yes, Detailed Site Information	Yes	
32.	Frequency of flow rate verification for automated and manual PM <sub>10</sub> monitors	App. A 3.3.1 and 3.3.2	Yes, Detailed Site Information	Yes	
33.	Dates of two semi-annual flow rate audits conducted in CY2016 for PM <sub>10</sub> monitors [Note: 5 -7 month interval is recommended but not a requirement.]	App. A 3.3.3	Yes, Detailed Site Information	Yes	
<b>Pb –SPECIFIC MONITORING REQUIREMENTS</b>					
34.	Minimum # of monitors for non-NCore Pb [Note: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App D 4.5	Yes, page 7	Yes	None required.
35.	Pb collocation: for non-NCore sites	App A 3.4.4 and 3.4.5	NA	NA	
36.	Any source-oriented Pb site for which a waiver has been granted by EPA Regional Administrator	58.10 (b)(10)	NA	NA	
37.	Any Pb monitor for which a waiver has been requested or granted by EPA Regional Administrator for use of Pb-PM <sub>10</sub> in lieu of Pb-TSP	58.10 (b)(11)	NA	NA	



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
38.	Designation of any Pb monitors as either source-oriented or non-source-oriented	58.10 (b)(9)	NA	NA	
39.	Sampling schedule for Pb	58.10 (b)(4); 58.12(b); App A 3.4.4.2 (c) and 3.4.5.3 (c)	NA	NA	
40.	Frequency of flow rate verification for Pb monitors audit	App A 3.4.1 and 3.4.2	NA	NA	
41.	Dates of two semi-annual flow rate audits conducted in <b>CY2016</b> for Pb monitors [Note: 5 -7 month interval is recommended but not a requirement.]	App A 3.4.3	NA	NA	
<b>GENERAL GASEOUS MONITORING REQUIREMENTS</b>					
42.	Frequency of one-point QC check (gaseous)	App. A 3.1.1	Yes, Detailed Site Information	Yes	
43.	Date of Annual Performance Evaluation (gaseous) conducted in <b>CY2016</b>	App. A 3.1.2	Yes, Detailed Site Information	Yes	
<b>O<sub>3</sub> -SPECIFIC MONITORING REQUIREMENTS</b>					
44.	Minimum # of monitoring sites for O <sub>3</sub> [Note 1: should be supported by MSA ID, MSA population, DV, # monitoring sites, and # required monitoring sites] [Note 2: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.] [Note 3: monitors that do not meet traffic count/distance requirements to be neighborhood or urban scale (40 CFR Appendix E, Table E-1) cannot be counted towards meeting minimum monitoring requirements]	App D 4.1(a) and Table D-2	Yes, page 4	Yes	While AQMD is meeting the requirement, note that the count of the total number of sites includes the SPM operating at Spanish Springs. This monitor is an SPM that has been operating for fewer than 24 months, and did not begin monitoring until 2017. This monitor therefore should not be counted towards meeting minimum monitoring requirements in this plan or next year's plan. The intent is to convert this monitor to a SLAMS monitor after 18 months of operation, which EPA has approved; once converted to a SLAMS monitor, it is eligible to be counted towards minimum monitoring requirements.
45.	Identification of maximum concentration O <sub>3</sub> site(s)	App D 4.1 (b)	Yes, page 4, Detailed Site Information	Yes	Reno3 is listed as the maximum concentration site for O <sub>3</sub> .

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
46.	Sampling season for O <sub>3</sub> (Note: Waivers must be renewed annually. EPA expects agencies to submit re-evaluations of the relevant data each year with the ANP. EPA will then respond as part of the ANP response.)	58.10 (b)(4); App D 4.1(i)	Yes, Detailed Site Information	Yes	

**NO<sub>2</sub> – SPECIFIC MONITORING REQUIREMENTS**

47.	Minimum monitoring requirements for area-wide NO <sub>2</sub> monitor in location of expected highest NO <sub>2</sub> concentrations representing neighborhood or larger scale (operation required by 1/1/13)	App D 4.3.3	Yes, page 5	Yes	None required.
48.	Minimum monitoring requirements for susceptible and vulnerable populations monitoring (aka RA40) NO <sub>2</sub> (operation required by January 1, 2013)	App D 4.3.4	NA	NA	None required.
49.	Identification of required NO <sub>2</sub> monitors as either near-road, area-wide, or vulnerable and susceptible population (aka RA40)	58.10 (b)(12)	NA	NA	

**NEAR ROADWAY – SPECIFIC MONITORING REQUIREMENTS**

In CBSAs ≥ 2.5 million, the following near-roadway minimum monitoring requirements apply:

50.	Two NO <sub>2</sub> monitors	App. D 4.3.2(a); 58.13(c)(3) and (4)	NA	NA	
51.	One CO monitor	App. D 4.2.1(a); 58.13(e)(2)	NA	NA	
52.	One PM <sub>2.5</sub> monitor	App. D 4.7.1(b)(2); 58.13(f)(2)	NA	NA	

In CBSAs ≥ 1 million and AADT ≥ 250K, the following near-roadway minimum monitoring requirements apply:

53.	Two NO <sub>2</sub> monitors	App. D 4.3.2(a); 58.13(c)(3) and (4)	NA	NA	
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	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
54.	One CO monitor (by 1/1/2017)	App. D 4.2.1(a); 58.13(e)(2)	NA	NA	
55.	One PM <sub>2.5</sub> monitor (by 1/1/2017)	App. D 4.7.1(b)(2); 58.13(f)(2)	NA	NA	
<b>In CBSAs ≥ 1 million and &lt; 2.5 million AND AADT &lt; 250K, the following near-roadway minimum monitoring requirements apply:</b>					
56.	One NO <sub>2</sub> monitors	App. D 4.3.2(a); 58.13(c)(3)	NA	NA	
57.	One CO monitor (by 1/1/2017)	App. D 4.2.1(a); 58.13(e)(2)	NA	NA	
58.	One PM <sub>2.5</sub> monitor (by 1/1/2017)	App. D 4.7.1(b)(2); 58.13(f)(2)	NA	NA	
<b>SO<sub>2</sub> –SPECIFIC MONITORING REQUIREMENTS</b>					
59.	Minimum monitoring requirements for SO <sub>2</sub> based on PWEI and/or RA required monitors under Appendix D 4.4.3 [Note: Only monitors considered to be required SLAMs are eligible to be counted towards meeting minimum monitoring requirements.]	App D 4.4	Yes, page 6	Yes	None required.
60.	Monitors used to meet Data Requirements Rule (operational no later than January 1, 2017.)	51.1203(c)	NA	NA	None required.
<b>NCORE –SPECIFIC MONITORING REQUIREMENTS</b>					
61.	NCore site and all required parameters operational: year-round O <sub>3</sub> , SO <sub>2</sub> , CO, NO <sub>y</sub> , NO, PM <sub>2.5</sub> mass, PM <sub>2.5</sub> continuous, PM <sub>2.5</sub> speciation, PM <sub>10-2.5</sub> mass, resultant wind speed at 10m, resultant wind direction at 10m, ambient temperature, relative humidity. NO <sub>y</sub> waiver, if applicable.	App. D 3(b)	Yes, pages 24-30	Yes	
<b>SITE OR MONITOR - SPECIFIC REQUIREMENTS (OFTEN INCLUDED IN DETAILED SITE INFORMATION TABLES)</b>					
62.	AQS site identification number for each site	58.10 (b)(1)	Yes, Detailed Site Information	Yes	



	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
63.	Location of each site: street address and geographic coordinates	58.10 (b)(2)	Yes, Detailed Site Information	Yes	
64.	MSA, CBSA, CSA or other area represented by the monitor	58.10 (b)(8)	Yes, Detailed Site Information	Yes	
65.	Parameter occurrence code for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed Site Information	Incorrect in one instance	Both NO monitors (from NO <sub>x</sub> and NO <sub>y</sub> instruments) at Reno3 are listed as POC 1. Please clarify which monitor is POC 1 for NO and provide the correct POC for the other instrument.
66.	Basic monitoring objective for each monitor	App D 1.1; 58.10 (b)(6)	Yes, Detailed Site Information	Yes	NAAQS Comparison should not be the monitoring objective for NO and NO <sub>x</sub> monitors at Reno3, or for PM <sub>10-2.5</sub> at Spanish Springs and Sparks. Please update this in next year's plan.  Note that NAAQS Comparison is listed as an objective for PM <sub>10</sub> , PM <sub>2.5</sub> , and O <sub>3</sub> monitors at Spanish Springs. While these monitors are currently SPMs operating fewer than 24 months and are therefore not eligible for comparison to the NAAQS, AQMD intends to convert these to SLAMS after 18 months of operation, and therefore this monitoring objective is appropriate.
67.	Site type for each monitor	App D 1.1.1	Yes, Detailed Site Information	Yes	
68.	Monitor type for each monitor, and Network Affiliation(s) as appropriate	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed Site Information	Yes	

	<b>ANP requirement</b>	<b>Citation within 40 CFR 58<sup>1</sup></b>	<b>Was the information submitted?<sup>2</sup> If yes, page #s.</b>	<b>Does the information provided<sup>3</sup> meet the requirement?<sup>4</sup></b>	<b>Notes</b>
69.	Scale of representativeness for each monitor as defined in Appendix D	58.10(b)(6); App D	Yes, Detailed Site Information	Yes	For Toll, the plan states that "Due to the distance from the probe to the nearest roadway, this is a middle scale site for CO." Based on the distance to road and traffic count provided, this site would be characterized as neighborhood scale for CO. AQMD may choose to continue to characterize it as middle scale if it is impacted by other CO sources, but if not, AQMD may want to consider changing the scale provided for this monitor.
70.	Parameter code for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed Site Information	Yes	
71.	Method code and description (e.g., manufacturer & model) for each monitor	58.10 (b)(3); App C 2.4.1.2	Yes, Detailed Site Information	Yes	
72.	Sampling start date for each monitor	Needed to determine if other requirements (e.g., min # and collocation) are met	Yes, Detailed Site Information	Yes	
73.	Distance of monitor from nearest road	App E 6	Yes, Detailed Site Information	Yes	While meeting the requirement, please provide the traffic count for and distance to nearby local roads for the Spanish Springs SPM site. These roads are closer than the road for which the traffic count was provided.



	ANP requirement	Citation within 40 CFR 58 <sup>1</sup>	Was the information submitted? <sup>2</sup> If yes, page #s.	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
74.	Traffic count of nearest road	App E	Yes, Detailed Site Information	Insufficient to judge in some instances	<p>A traffic count estimate is needed for Mill St. near the Reno3 site. This site is listed as 13.1m away from the street, so a traffic count is required to be able to assess siting requirements.</p> <p>Traffic count estimates are also needed for the following roads at the following sites, although based on other information in the plan including distances, these roads are unlikely to affect the provided scale of representativeness:</p> <ul style="list-style-type: none"> <li>• 4<sup>th</sup> Street (at the Sparks site)</li> <li>• Delucchi Lane (at the South Reno site)</li> </ul>
75.	Groundcover	App E 3(a)	Yes, Detailed Site Information	Yes	
76.	Probe height	App E 2	Yes, Detailed Site Information	Yes	
77.	Distance from supporting structure (vertical and horizontal, if applicable, should be provided)	App E 2	Yes, Detailed Site Information	Yes	
78.	Distance from obstructions on roof (horizontal distance to the obstruction and vertical height of the obstruction above the probe should be provided)	App E 4(b)	Yes, Detailed Site Information	Yes	
79.	Distance from obstructions not on roof (horizontal distance to the obstruction and vertical height of the obstruction above the probe should be provided)	App E 4(a)	Yes, Detailed Site Information	Yes	
80.	Distance from the drip line of closest tree(s)	App E 5	Yes, Detailed Site Information	Yes	The Incline O <sub>3</sub> monitor is listed as less than 10m from trees, but includes the following statement: "Trees are not of sufficient height and leaf canopy density to interfere with the normal unrestricted airflow or pollutant scavenging around the monitoring path."
81.	Distance to furnace or incinerator flue	App E 3(b)	Yes, Detailed Site Information	Yes	Distances from flues are included in the plan. Without any indication in the plan otherwise, EPA assumes that the distance to the flue and fuel burned does not constitute an inappropriate source at these sites.
82.	Unrestricted airflow (expressed as degrees around probe/inlet or percentage of monitoring path)	App E, 4(a) and 4(b)	Yes, Detailed Site Information	Yes	

	ANP requirement	Citation within 40 CFR 58 <sup>1</sup>	Was the information submitted? <sup>2</sup> If yes, page #s.	Does the information provided <sup>3</sup> meet the requirement? <sup>4</sup>	Notes
83.	Probe material (NO/NO <sub>2</sub> /NO <sub>y</sub> , SO <sub>2</sub> , O <sub>3</sub> ; For PAMS: VOCs, Carbonyls)	App E 9	Yes, Detailed Site Information	Yes	
84.	Residence time (NO/NO <sub>2</sub> /NO <sub>y</sub> , SO <sub>2</sub> , O <sub>3</sub> ; For PAMS: VOCs, Carbonyls)	App E 9	Yes, Detailed Site Information	Yes	

### Public Comments on Annual Network Plan

Were comments submitted to the S/L/T agency during the public comment period?	No
Were comments included in ANP submittal?	NA
Were any of the comments substantive? If yes, which ones? If comments were not substantive provide rationale.	NA
Were S/L/T responses to substantive comments included in ANP submittal?	NA
Were the S/L/T responses to substantive comments adequate?	NA
Do the substantive comments require separate EPA response (i.e., agency response wasn't adequate)?	NA
Are the sections of the annual network plan that received substantive comments approvable after consideration of comments? If yes, provide rationale	NA

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June 20, 2018

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Attachment B

Washoe County District Board of Health Regulations Governing Air Quality Management Not Included in the Washoe County Portion of the Nevada Ozone Infrastructure SIP But Further Support CAA 110(a)(2)(A)-(M) Requirements

FINAL DRAFT  
June 20, 2018

010.1303

"REGULATED AIR POLLUTANT" shall mean the following:

1. Nitrogen oxides or any volatile organic compounds;
2. Any pollutant for which a national ambient air quality standard has been promulgated.
3. Any pollutant that is subject to any standard promulgated under section 111 of the Act.
4. Any class I or II substance subject to a standard promulgated under or established by title VI of the Act.
5. Any pollutant subject to a standard promulgated under section 112 or other requirements established under section 112 of the Act, including the following:
  - a. Any pollutant subject to requirements under section 112(j) of the Act. If the administrator fails to promulgate a standard pursuant to section 112(e) of the Act, any pollutant for which a subject source would be major shall be considered to be regulated on the date 18 months after the applicable date established pursuant to section 112(e) of the Act; and
  - b. Any pollutant for which the requirements of section 112(g)(2) of the Act have been met, but only with respect to the individual source subject to section 112(g)(2) requirement.

(Adopted 10/20/93)

020.0051

**BOARD OF HEALTH - POWERS AND DUTIES**

Pursuant to the powers and responsibilities that have inured to the benefit of the Board of Health, said Board shall, without excluding any other powers, responsibilities, and authority conferred on said Board in the Nevada Revised Statutes, have the following powers and/or responsibilities:

- A. To adopt and enforce rules and regulations to reduce the release into the atmosphere of any air contaminants originating within the territorial limits of the Washoe County Health District in order to achieve and maintain levels of air quality which will protect human health and safety, prevent injury to plant and animal life, prevent damage to property, and preserve visibility and scenic, aesthetic and historic value within said Health District.
- B. To establish ambient air quality standards in accordance with law.
- C. To make such determinations and issue such orders as may be necessary to implement the provisions of these regulations and to achieve air quality standards in accordance with law.
- D. To institute proceedings to prevent continued violation of any order issued by the Board of Health, Hearing Board, or Control Officer, and to enforce these regulations.
- E. To require access to records relating to emissions which cause or contribute to air pollution.
- F. To apply or and receive grants or other funds or gifts from public or private agencies.
- G. To cooperate and contract with other governmental agencies including the State of Nevada, other states, and the federal government.



- H. To conduct investigations, research and technical studies consistent with the general purposes of the Nevada Revised Statutes.
- I. To establish such emission control requirements, as may be necessary to prevent, abate, or control air pollution.
- J. To require the registration of air pollution sources together with a description of the processes employed, fuels used, nature of emissions and other information considered necessary to evaluate the pollution potential of a source.
- K. To prohibit, regulate or control, as specifically provided in **Section 030.000** through **030.260**, the installation, alteration or establishment of any source capable of causing air pollution.
- L. To issue or deny all requests or applications for a variance or waiver from any of the requirements of these regulations after due consideration of the recommendations of the Hearing Board and Control Officer.
- M. To require the submission of preliminary plans and specifications and other information as the Board deems necessary to process permits required by these regulations.
- N. To enter into and inspect, at any reasonable time, any premises containing an air contaminant source or a source under construction for purposes of ascertaining the state of compliance with these regulations.
- O. To hold any hearing as authorized in Chapter 445 of the Nevada Revised Statutes.
- P. To review recommendations of the Hearing Board and to take such additional evidence as the Board of Health deems necessary or to remand to the Hearing Board for such evidence as the Board of Health may direct on any matters arising under these regulations.
- Q. To require elimination of devices or practices which cannot be reasonably allowed without generation of undue amounts of contaminants.
- R. To specify the manner in which incinerators may be constructed and operated.
- S. To delegate all above powers, except **Subsections A, B, F, O, and P**, to the Control Officer or his representatives as may be necessary to implement these regulations.
- T. To appoint by resolution, or other appropriate action of the Board of Health, a Hearing Board consisting of seven (7) members who are not employees of the State of Nevada or any political subdivision of the State of Nevada, or which one (1) member must be an attorney admitted to practice law in the State of Nevada, or which one (1) member must be a professional engineer registered in the State of Nevada and one (1) member shall be licensed in Nevada as a general engineering contractor or a general building contractor as defined by NRS 624.215. All members of said Hearing Board shall be appointed to the terms as specified in NRS 445.481.
- U. To institute, in any court of competent jurisdiction, legal proceedings to compel compliance

with these regulations and the Nevada Revised Statutes pertaining to the emission of air contaminants into the atmosphere within the territorial limits of the Washoe County Health District.

**020.020 CONTROL OFFICER - POWER AND DUTIES**

The Control Officer, or his designated agent or representative, shall enforce the provisions of these regulations in his name, or in the name of the Board of Health, in any one or combination of the following ways:

- A. By issuing a written notice of violation, delivered personally or by registered or certified mail, to any person if reasonable cause exists to believe said person is violating these regulations.
- B. By issuing a warning to any person suspected of violating these regulations and by giving said person an opportunity to correct the cause of said violation prior to issuing a notice of violation or citation and referring the matter to the Board of Health or proper prosecuting authority in the Washoe County Health District;
- C. By requesting the District Attorney of the County of Washoe, or other proper agency, person or prosecuting authority in the Washoe County Health District, to institute appropriate criminal, civil or administrative proceedings against the person or persons responsible for violation of any of these regulations.
- D. By requesting the Board of Health to levy an appropriate administrative fine against any person found to have violated any of these regulations.
- E. By reviewing each variance to ascertain if the variance holder is meeting all provisions of the variance or dates set forth in the compliance schedule; if they are not met, the Control Officer may notify the variance holder personally or by registered or certified mail to this effect and may suspend or revoke any variances or reject any schedule of compliance involved with said infractions.
- F. By requesting the Board of Health to institute all necessary and proper legal proceedings authorized by law to carry out the purposes of these regulations and purposes of Chapter 445 of the Nevada Revised Statutes, including injunctive relief.

**020.060 SAMPLING AND TESTING**

In addition to any other testing requirements provided for in these regulations, the Control Officer or the Board of Health may require any person to conduct or make arrangements to conduct testing of any source to determine compliance with these regulations. In the event such testing is required, the Control Officer may do any of the following:

- A. Witness all tests as required by this Section.
- B. Determine whether or not generally recognized methods of measurement have been used to determine the quantity of emissions from the source being tested and if not additional testing may be required.

- C. Determine the point or points at or within the source where testing shall be done, to determine the actual discharge into the atmosphere.
- D. Make any modifications or adjustments in the testing requirements so as to be compatible with specific sampling conditions or needs as shown by good practice, judgement and experience.
- E. Require the cost of any testing to be paid by the owner or person responsible for any source of air contaminants.
- F. Require additional tests of any source of air contaminants tested in accordance with this Section, provided such separate or additional tests shall be conducted on behalf of the Board of Health and at said Board's expense.
- G. Require in writing the construction or creation of sampling holes, safe scaffolding and related facilities, to be provided at the expense of the owner or person responsible for any source of air contaminants being tested in accordance with this section.
- H. Require the owner or person responsible for any source of any air contaminants being tested pursuant to this section to provide a suitable power source to the point of testing, so that sampling instruments can be operated as required.
- I. All information gathered during any testing operation conducted pursuant to this Section will be provided to both the Control Officer or the Board of Health and the person or persons who own or control or are responsible for any source of air contaminants that are tested pursuant to this Section. All such information obtained pursuant to any testing required under this Section will be treated as confidential in accordance with the requirements of Section 020.055 of these regulations.

**030.002 CONSTRUCTION OR MODIFICATION OF PERMITTED OPERATIONS (Amended 4/89, 10/20/93)**

A written Authority to Construct shall be required to construct, erect, alter or replace any equipment which may cause, potentially cause, reduce, control or eliminate the issuance of air contaminants. A single Authority to Construct may be issued for all components of an integrated system or process. Plans and specifications drawn in accordance with acceptable engineering practices shall be required before issuance of an Authority to Construct. The applicant for any Authority to Construct must notify the Control Officer in the application of any source which is or will become subject to 40 CFR Part 70 upon completion of the proposed construction. An Authority to Construct is not needed for routine operation and maintenance. This includes maintenance prescribed by the manufacturer, replacement of worn or broken components with like equipment, etc.

**030.500 NEW SOURCE REVIEW (NSR) APPLICABILITY**

A major new source or major modification which would locate in an area designated as nonattainment for a pollutant for which the source or modification would be major shall not be allowed to construct unless the stringent conditions set forth below are met. These conditions are designed to insure that the new source's or modification's emission will be controlled to the greatest degree possible, that more than equivalent offsetting emission reductions ("emission offsets") will be progress toward achievement of the national ambient air quality standards. For

the purposes of this part, a reconstructed source shall be treated as a new stationary source. Since major facility definition and requirements vary upon State and EPA area designations, a map (Figure 1) is included to facilitate the determination of which requirements must be met.

**030.502 REVIEW FOR EMISSION LIMITATION COMPLIANCE**

Authority to construct any new source or modification shall be denied unless the new source or modification meets all applicable emission requirements in the Nevada State Implementation Plan (SIP), all applicable Federal New Source Performance Standards, and all applicable National Emission Standards For Hazardous Air Pollutants.

**030.503 CONDITIONS FOR APPROVAL (Amended 7/28/93, Revised 10/25/95)**

If a major stationary source or major modification would be constructed in an area designated as nonattainment for a pollutant for which the stationary source or modification is major, an Authority to Construct shall be denied unless the following conditions are met:

- Condition 1 The new source or modification is required to meet an emission limitation which specifies lowest achievable emission rate for such source.
- Condition 2 The applicant must certify that all existing major sources owned or operated by the applicant for any entity controlling, controlled by, or under common control of the applicant in the State of Nevada are in compliance with all applicable emission limitations and standards under the Clean Air Act (or are in compliance with an expeditious schedule which is federally enforceable or contained in a court decree).
- Condition 3 Emission reductions ("offsets") from existing sources in the same nonattainment area as the proposed new source or modification (whether or not under the same ownership) are required such that they shall not interfere with or contribute to the interference with the attainment of the applicable National Ambient Air Quality Standards. Only intrapollutant emission offsets will be acceptable (e.g. hydrocarbon increases may not be offset against SO<sub>2</sub> reductions). All emission reductions for the purpose of offsets shall be enforceable under the Clean Air Act.

The terms of the offset emission reductions shall be specified and federally enforceable prior to permit issuance.

All offset emissions reductions shall be, by the time a new or modified source commences operation, in effect and enforceable and shall assure that the total tonnage of increased emissions of the air pollutant from the new or modified source shall be offset by an equal or greater reduction.

All offset emissions reductions must be obtained from decreases in actual emissions from the same or other sources in the area. No emissions reductions otherwise required by the Clean Air Act or other regulatory action may be credited for the purpose of meeting offset requirements.

- Condition 4 The emission offsets will provide a positive net air quality benefit in the affected area. Atmospheric simulation modeling is not necessary for volatile organic compounds and NOX. Fulfillment of **Condition 3** and **Section 030.504** of these regulations will be considered adequate to meet this condition.
- Condition 5 The applicant must perform an analysis of at least two (2) alternative sites for the facility, production processes, and environmental control techniques. This analysis must demonstrate that the benefits of the proposed source significantly outweigh the environmental and social costs imposed as a result of its location, construction or modification.
- Condition 6 The Control Officer shall also require the review of any Major Stationary Source or Major Modification subject to New Source Review under this section that may have an impact on visibility in any mandatory Class I Federal area. Such visibility review will ensure the source's emissions will be consistent with making reasonable progress toward State and National visibility goals.
- Condition 7 The Administrator has not made a determination that the applicable implementation plan is not being adequately implemented for the attainment area in which the proposed source is to be constructed or modified.
- Condition 8 The proposed major source or major modification shall not contribute to nonattainment in, or interfere with maintenance by, any other State with respect to any national ambient air quality standard, or interfere with measures required to be included in the applicable implementation plan for any other State with respect to prevention of significant deterioration of air quality or to protect visibility.

All emission limitations shall be assessed in light of the limits of "good engineering practice" on stack heights as specified in **Section 030.614**.

Any major stationary source or major modification commencing construction without an Authority to Construct shall be subject to an enforcement action. Obtaining an Authority To Construct does not relieve the owner from complying with any applicable local, state or federal regulation.

At such time that a particular source or modification becomes a major stationary source or major modification solely by virtue of a relaxation in any enforcement limitation which was established after August 7, 1980, on the capacity of the source or modification otherwise to emit a pollutant, such as a restriction on hours of operation, then the requirements of regulations approved pursuant to this section shall apply to the source or modification as though construction had not yet commenced on the source or modification. All permits issued by the Control officer shall comply with all applicable terms of the State Implementation Plan for the non-attainment area in which the source is to be constructed.

#### 030.504

#### **EMISSION OFFSET RATIOS** (Amended 7/28/93)

Emission reductions required under **Section 030.503** shall be offset at a ratio of 1.2 to 1 when the offset sources are five (5) miles or less from the new source or modification. For offset

sources that are greater than five (5) miles from the new source or modification, the applicant shall determine an offset ratio based on atmospheric simulation modeling or an equivalent method to ensure a positive net air quality benefit. In no case shall the offset ratio for source located greater than five miles from the proposed project be less than 1.2 to 1. Non-reactive organic compounds (those which are listed in 40 CFR 51.100(s)) cannot be used for offsets.

030.505

#### COMPLETENESS OF APPLICATION

Following submittal by the applicant, the Control Officer shall determine whether the application for permit to construct is complete not later than thirty (30) calendar days after receipt of the application, or after such longer time as both the applicant and the Control Officer may agree. Such determination shall be transmitted in writing immediately to the applicant at the address indicated on the application if it is determined to be incomplete, the determination shall specify which parts of the application are incomplete and how they can be made complete. Upon receipt by the Control Officer of any re-submittal of the application, a new thirty (30) day period in which the Control Officer must determine completeness shall begin. Completeness of an application or resubmitted application shall be evaluated on the basis of the guideline for such, published by the Control Officer. After acceptance of an application as complete, the Control Officer shall not subsequently request of an applicant any new or additional information which was not specified in the Control Officer's list of items to be included within such applications. However, the Control Officer may, during the processing of the application, request an applicant to clarify, amplify, correct or otherwise supplement the information required in such list in effect at the time the complete application was received. Making any such request does not waive, extend, or delay the time limits in this section for decision on the completed application, except as the applicant and Control Officer may both agree.

030.506

#### REQUIREMENTS FOR PUBLIC NOTICE (Amended 7/28/93, Revised 10/25/95)

For those sources subject to Section 030.500, following acceptance of an application as complete, the Control Officer shall:

- A. Perform the evaluations required to determine compliance with this section and make a preliminary written decision as to whether an Authority to Construct should be approved, conditionally approved, or disapproved. The decision shall be supported by a succinct written analysis;
- B. Within ten (10) calendar days following such decision, publish a notice by prominent advertisement in at least one (1) newspaper of general circulation in the County, stating the preliminary decision of the Control Officer and where the public may inspect the information required to be made available. The notice shall provide thirty (30) days from the date of publication for the publication for the public to submit written comments on the preliminary decision;
- C. At the time notice of the preliminary decision is published, make available for public inspection at the District office the information submitted by the applicant, the supporting analysis for the preliminary decision to grant or deny the Authority to Construct, including any proposed permit conditions, and the reasons therefore. The confidentiality of trade secrets shall be considered in accordance with **Section 020.055** of these regulations;
- D. No later than the date of publication of the notice, a copy of said notice and any appropriate data is to be sent to the Nevada Department of Conservation and Natural



Resources Division of Environmental Protection, the regional planning authority of Washoe County, local government offices, any Indian governing body whose lands may be affected by facility emissions, any Federal Land Manager whose lands may be affected (including visibility effects) and the Regional Office of the U.S. Environmental Protection Agency; and

- E. Applicant to bear cost of all public notices under this section and **Section 030.508**.
- F. The Control Officer shall contact any Federal Land Manager whose lands may be affected for comments on the proposed project within 30 days after the application has been deemed complete. This shall be for the purpose of obtaining comments on the proposed scope of review for affected lands and species.

**030.507 COMMENTS**

The Control Officer shall consider all written comments submitted during the thirty (30) day public comment period.

**030.508 FINAL ACTION** (Amended 7/28/93)

Within 180 days after acceptance of the application as complete and the completion of all required preconstruction monitoring and public notice periods (including those required under the District's Part 70 Permit regulations), the Control Officer shall take final action on the application after considering all written comments. The Control Officer shall provide written notice of the final action to the applicant, the U.S. Environmental Protection Agency, other Affected States and the Nevada Department of Conservation and Natural Resources and shall publish such notice in a newspaper of general circulation. The notice and all supporting documents shall be made available for public inspection during normal business hours.

**030.905 SOURCES REQUIRING PART 70 PERMITS** (Adopted 10/20/93, Revised 10/25/95)

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.



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.

Attachment C

Nevada Division of Environmental Protection, Appendix E “Interstate Transport Analysis for the 2015 8-Hour Primary Ozone National Ambient Air Quality Standard”

FINAL DRAFT  
June 20, 2018

**APPENDIX E**

**Interstate Transport Analysis for the 2015 8-Hour Primary  
Ozone National Ambient Air Quality Standard**

## **NOTE TO READERS**

Nevada has chosen to link to websites on the internet for many references cited in this appendix. We have backed up these links by putting electronic copies of reference documents on the Nevada Division of Environmental Protection's (NDEP) server. If any of the links in this document do not work for you, you may contact the NDEP Bureau of Air Quality Planning at 901 South Stewart Street, Suite 4001, Carson City, Nevada 89701 or by telephone at 775-687-9349 for assistance.

## APPENDIX E

### Interstate Transport Analysis for the 2015 8-Hour Primary Ozone National Ambient Air Quality Standard

#### E.1 INTRODUCTION

Section 110(a)(2)(D)(i)(I) of the Clean Air Act (CAA), also called the “good neighbor” provision, requires each state to prohibit emissions that contribute significantly to nonattainment in, or interfere with maintenance by, any other state with respect to any primary or secondary national ambient air quality standard (NAAQS). The Nevada Division of Environmental Protection (NDEP) analyzed the impact of transport of anthropogenic ozone and ozone precursor emissions from Nevada sources to nonattainment and maintenance receptor areas in nearby states, other western states and eastern states. The NDEP used the following U.S. Environmental Protection Agency (EPA) resources to conduct this analysis.

- *Information on the Interstate Transport State Implementation Plan Submissions for the 2015 Ozone National Ambient Air Quality Standards under Clean Air Act Section 110(a)(2)(D)(i)(I)*. Memorandum from Peter Tsirigotis, Director, U.S. EPA Office of Air Quality Planning and Standards, to Regional Air Division Directors, Regions 1-10. March 27, 2018. Available at: [https://www.epa.gov/sites/production/files/2018-03/documents/transport\\_memo\\_03\\_27\\_18\\_1.pdf](https://www.epa.gov/sites/production/files/2018-03/documents/transport_memo_03_27_18_1.pdf).
- *2015 Ozone NAAQS Interstate Transport Assessment Design Values and Contributions*. This file contains projected 2023 design values and 2023 ozone contributions at individual monitoring sites. Available at: <https://www.epa.gov/airmarkets/march-2018-memo-and-supplemental-information-regarding-interstate-transport-sips-2015>
- *Notice of Availability of the Environmental Protection Agency’s Preliminary Interstate Ozone Transport Modeling Data for the 2015 Ozone National Ambient Air Quality Standard (NAAQS)*, 82 FR 1733 (January 6, 2017). Available at: <https://www.regulations.gov/document?D=EPA-HQ-OAR-2016-0751-0001>
- *Supplemental Information on the Interstate Transport State Implementation Plan Submissions for the 2008 Ozone National Ambient Air Quality Standards under Clean Air Act Section 110(a)(2)(D)(i)(I)*. Memorandum from Stephen D. Page, Director, U.S. EPA Office of Air Quality Planning and Standards, to Regional Air Division Directors, Regions 1-10. October 27, 2017. Available at: [https://www.epa.gov/sites/production/files/2017-10/documents/final\\_2008\\_o3\\_naaqs\\_transport\\_memo\\_10-27-17b.pdf](https://www.epa.gov/sites/production/files/2017-10/documents/final_2008_o3_naaqs_transport_memo_10-27-17b.pdf). This memorandum includes links to all supporting documentation, including modeling and emissions technical support documents.



The NDEP followed EPA's four-step framework<sup>1</sup> (also referred to as the CSAPR [Cross-State Air Pollution Rule] framework) to address the requirements of the good neighbor provision for ozone. The framework consists of:

- 1) identify downwind air quality problems;
- 2) identify upwind states that contribute enough to those downwind air quality problems to warrant further review and analysis;
- 3) identify the emissions reduction necessary (if any), considering cost and air quality factors, to prevent an identified upwind state from contributing significantly to those downwind air quality problems; and
- 4) adopt permanent and enforceable measures needed to achieve those emissions reductions.

The following sections address the four-step framework, beginning with the identification of 2023 nonattainment and maintenance monitors.

## E.2 IDENTIFICATION OF DOWNWIND AIR QUALITY PROBLEMS

Step 1 of the CSAPR framework is identify downwind air quality problems. The EPA uses modeling to identify potential future downwind air quality problems. For the 2015 ozone NAAQS, EPA selected 2023 as the analytic year in their modeling analysis, primarily because it aligns with the attainment year for Moderate ozone nonattainment areas. On March 27, 2018, EPA provided newly available contribution modeling results. EPA's goal in providing this information is to assist states' efforts to develop good neighbor SIPs for the 2015 ozone NAAQS to address their interstate transport obligations.<sup>2</sup>

"EPA identified nonattainment receptors as those monitoring sites with current measured values exceeding the NAAQS that also have projected (i.e., in 2023) average design values exceeding the NAAQS. EPA identified maintenance receptors as those monitoring sites with maximum design values exceeding the NAAQS, This included sites with current measured values below the NAAQS with projected average and maximum design values exceeding the NAAQS, and monitoring sites with projected average design values below the NAAQS but with projected maximum design values exceeding the NAAQS."<sup>3</sup>

The EPA contribution modeling identified 12 (the Tsirigotis memo mis-identifies the number of nonattainment receptors as 11) monitoring sites outside of California as 2023 potential nonattainment receptors and 14 monitoring sites outside of California as potential maintenance receptors scattered among eight states. The contribution modeling also identified a combination

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<sup>1</sup> Information on the Interstate Transport State Implementation Plan Submissions for the 2015 Ozone National Ambient Air Quality Standards under Clean Air Act Section 110(a)(2)(D)(i)(I). Memorandum from Peter Tsirigotis, Direction, U.S.EPA Office of Air Quality Planning and Standards, to Regional Air Division Directors, Regions 1-10. March 27, 2018. Available at: [https://www.epa.gov/sites/production/files/2018-03/documents/transport\\_memo\\_03\\_27\\_18\\_1.pdf](https://www.epa.gov/sites/production/files/2018-03/documents/transport_memo_03_27_18_1.pdf). Pages 2-3.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid, page 4

of 43 nonattainment receptors and 6 maintenance receptors scattered across 13 counties of California.<sup>4</sup> See Table E1 and Table E2.

**Table E1. Nonattainment and Maintenance Receptors Outside of California.**

State	County	Site ID	Nonattainment	Maintenance
Arizona	Maricopa	40130019		X
	Maricopa	40131004		X
Colorado	Arapahoe	80050002		X
	Douglas	80350004	X	
	Jefferson	80590006	X	
	Jefferson	80590011		X
	Larimer	80690011	X	
	Weld	81230009		X
Connecticut	Fairfield	90010017		X
	Fairfield	90013007	X	
	Fairfield	90019003	X	
	New Haven	90099002	X	
Maryland	Harford	240251001	X	
Michigan	Allegan	260050003		X
	Wayne	261630019		X
New York	Queens	360810124		X
	Richmond	360850067	X	
	Suffolk	361030002	X	
Texas	Brazoria	480391004	X	
	Denton	481210034		X
	Harris	482010024		X
	Harris	48011034		X
	Harris	482011039	X	
	Tarrant	484392003	X	
Wisconsin	Milwaukee	550790085		X
	Sheboygan	551170006		X

In summary, EPA's modeling has identified fifty-five 2023 nonattainment monitors, 43 in California and 12 in other states, and twenty 2023 maintenance monitors, 6 in California and 14 in other states. The following section identifies upwind states contributing to 2023 nonattainment and maintenance receptors.

### E.3 IDENTIFICATION OF UPWIND CONTRIBUTING STATES

Step 2 of the CSAPR framework is identify upwind states that contribute enough to those downwind air quality problems to warrant further review and analysis. In this analysis, Nevada has used EPA contribution modeling to identify and quantify contributions greater than 0.5

<sup>4</sup> Ibid, Attachment B.

percent of the 2015 ozone NAAQS resulting from Nevada’s anthropogenic emissions to: all receptors in Nevada, non-violating (attainment) receptors in other states, and nonattainment and maintenance receptors in other states. Although Nevada has analyzed contributions greater than 0.5 percent, neither EPA nor Nevada has identified a contribution threshold to define contribute enough to warrant further review and analysis for the 2015 ozone NAAQS.

**Table E2. Nonattainment and Maintenance Receptors in California.**

County	Nonattainment	Maintenance
Fresno	5	--
Imperial	2	--
Kern	5	1
Kings	1	--
Los Angeles	7	--
Madera	1	--
Merced	--	1
Riverside	9	--
Sacramento	1	1
San Bernardino	9	--
Stanislaus	1	--
Tulare	2	2
Ventura	--	1

### E.3.1 Contribution Threshold

Although Nevada does not support its use in the western US, CSAPR used a screening threshold (1 percent of the NAAQS) to identify contributing upwind states warranting further review and analysis. States whose air quality impact (for ozone the impacts would include those from VOCs and NO<sub>x</sub> and from all sectors) to at least one downwind problem receptor was greater than or equal to the threshold were identified as needing further evaluation for action to address transport. States whose air quality impacts to all downwind problem receptors were below this threshold were identified as states not requiring further evaluation for actions to address transport—that is, these states had no emissions reduction obligation under the “Good Neighbor” Provision.<sup>5</sup>

EPA recently released guidance on significant impact levels (SILs) for ozone, identified at 1.0 ppb, in the Prevention of Significant Deterioration (PSD) permitting program. The EPA believes that the application of this SIL in the manner described in the guidance would be sufficient in most situation for a permitting authority to conclude that a proposed source will not cause or contribute to a violation of an ozone NAAQS, while noting that the document is guidance and not a final determination. EPA also notes a permitting authority can reasonably conclude that

<sup>5</sup> Information on the Interstate Transport “Good Neighbor” Provision for the 2008 Ozone NAAQS under the CAA Section 110(a)(2)(D)(i)(I). Memorandum from Steven D. Page, Director, Office of Air Quality Planning and Standards, to Regional Air Division Directors, Regions 1-10. January 22, 2015. Available at: <http://www.epa.gov/sites/production/files/2015-11/documents/goodneighborprovision2008naaqs.pdf>.

emission of a proposed sources that have a projected impact below the SIL are not the reason for, responsible for, or the “but for” cause of a NAAQS violation.<sup>6</sup>

Nevada believes the application of the CSAPR threshold to the western United States is a very conservative approach since interstate contributions in the West are relatively small, especially given the large contributions from background and intrastate emissions. The ozone SIL, as a compliance demonstration tool in the PSD program, provides further evidence that the CSAPR screening threshold is a conservative approach to identify contributing upwind states.

### **E.3.2 Reliance on U.S. EPA Contribution Modeling**

Nevada’s transport analysis utilized EPA’s 2023 contribution modeling results to determine Nevada’s contributions to nonattainment and maintenance receptors in other states. Nevada has previously commented on EPA’s ozone NAAQS rulemaking, characterization of ozone background, modeling platforms, and implementation guidance, as well as supporting comments from the WESTAR Council. See Attachment A, Table E-A4.

Although models can always be refined and there may be differences in certain approaches to technical issues as Nevada has commented, it is NDEP’s position that the U.S.EPA’s modeling is state-of-the-science given U.S. EPA constraints. It is also NDEP’s position that U.S.EPA’s contribution modeling is the best available data with which to conduct Nevada’s transport analysis.

### **E.3.3 Contribution Analysis**

EPA has identified 2023 nonattainment and maintenance receptors in three western states, Arizona, California, and Colorado based on observational data and modeling. Nevada has analyzed the contribution of 2023 base case anthropogenic NO<sub>x</sub> and VOC emissions from sources within Nevada to projected 2023 ozone concentrations at each air quality receptor site. See Tables E-A1, E-A2, and E-A3 in Attachment A, which are based on *2015 Ozone NAAQS Interstate Transport Assessment Design Values and Contributions* (see page E-1).

These tables show:

- the monitor identifier;
- state and county of the monitor location;
- 2009-2013 average and maximum design values in parts per billion (ppb) based on observational data;
- 2023 modeled average and maximum design values in ppb (the monitor and model design values are used to determine which monitors are nonattainment and which are maintenance);

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<sup>6</sup> Guidance on Significant Impact Levels for Ozone and Fine Particles in the Prevention of Significant Deterioration Permitting Program. Memorandum from Peter Tsirigotis, Director, U.S. EPA Office of Air Quality Planning and Standards, to Regional Air Division Directors, Regions 1-10. April 17, 2018. Available at: <https://www.epa.gov/nsr/significant-impact-levels-ozone-and-fine-particles>.

- the percentage contribution (as percentage of the NAAQS) to 2023 design values resulting from Nevada's anthropogenic emissions (sorted from most to least contribution); and
- the intrastate (from within the state), interstate (from other states), and background contribution (the sum of contributions from Canada and Mexico, Offshore, Fire, Initial and Boundary Conditions, and Biogenic) in ppb and percentage of the NAAQS.

The contribution modeling reveals Nevada emissions contribute from approximately 1 to 15 percent to 2023 design values for monitors located in Nevada (Table E-A1), while contributing a maximum of 1.7 percent to 2023 design values for non-violating (attainment) monitors located outside of Nevada (Table E-A2). Nevada's largest contribution to a 2023 nonattainment or maintenance receptor located outside of Nevada is 0.9 percent (Table E-A3). Tables E-A2 and E-A3 show contributions to any nonattainment or maintenance receptor resulting from Nevada emissions greater than 0.5 percent of the 2015 ozone NAAQS.

Table E-A3 shows Nevada's contributions to nonattainment and maintenance receptors located outside the State greater than 0.5 percent. These contributions are limited to receptors located only in California and Colorado.

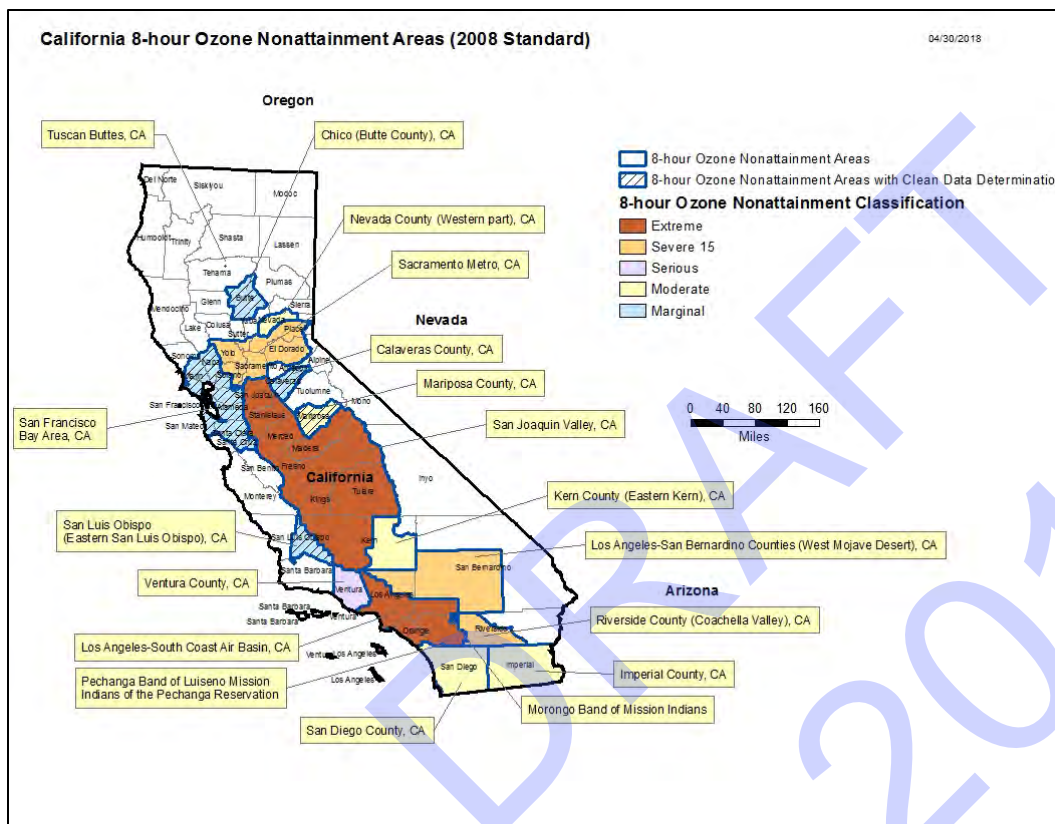
Nevada's contributions to 2023 nonattainment and maintenance receptors in California ranges from 0.5 to 0.9 percent, while intrastate contributions to these monitors ranges from 41 to 51 percent. Interstate contributions to these California monitors range from 1 to 2 percent, with background contributing from 49 to 65 percent. These data confirm that local California sources and background each contribute about half to these nonattainment and maintenance monitors with very little contribution resulting from the transport of out-of-state anthropogenic precursor emissions.

All but one of these California nonattainment and maintenance monitors, 60675003 in Sacramento County, are located in the San Joaquin Valley. The monitor in Sacramento is located in the Sacramento Metro area. Figure E-1 shows the location and classification of 2008 ozone nonattainment areas in California. The Sacramento Metro area is classified as a Severe-15 Nonattainment Area and the San Joaquin Valley is classified as an Extreme Nonattainment Area for the 2008 ozone NAAQS. Figure E-2 shows both of these areas are designated nonattainment for the 2015 ozone NAAQS, with the San Joaquin Valley classified as Extreme and the Sacramento Metro area classified as Moderate<sup>7</sup>.

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<sup>7</sup> *Nonattainment and Unclassifiable Area Designations for the 2015 Ozone Standards – April 30, 2018*. Available at: [https://www.epa.gov/sites/production/files/2018-04/documents/placeholder\\_1.pdf](https://www.epa.gov/sites/production/files/2018-04/documents/placeholder_1.pdf)



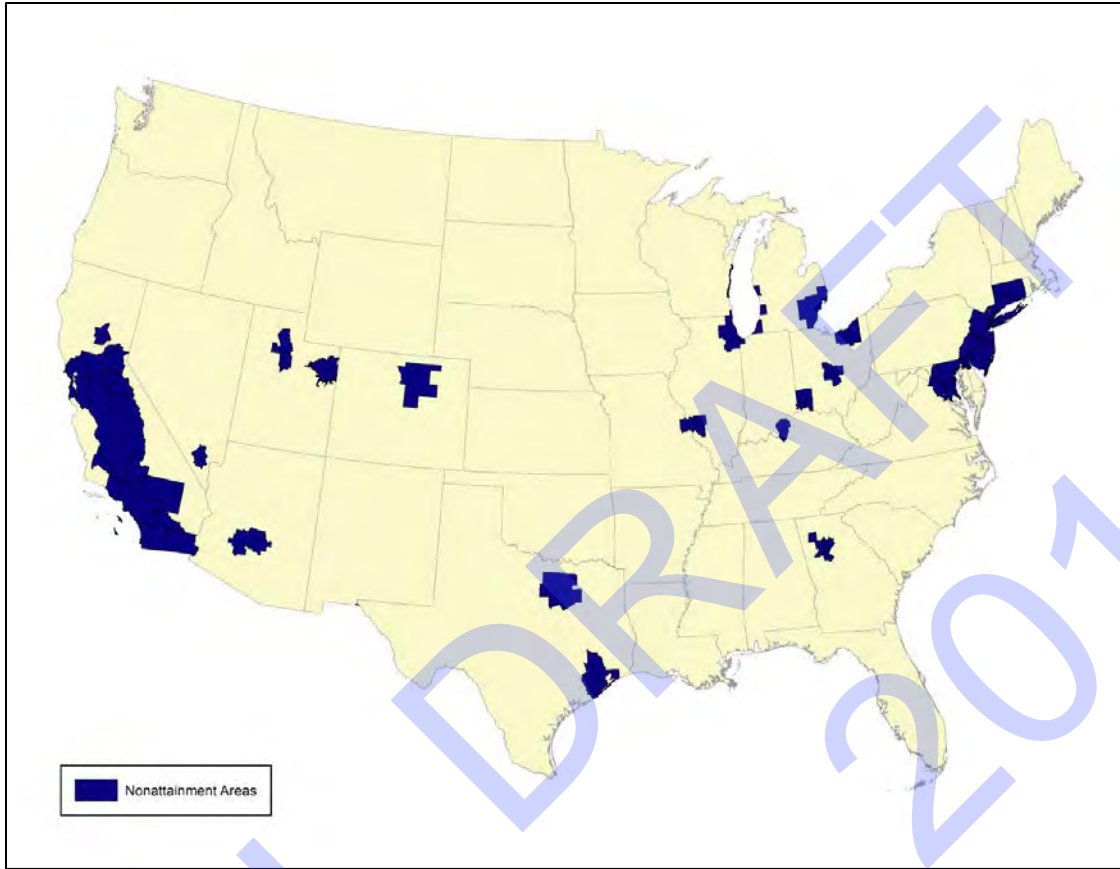


**Figure E-1. 8-Hour Ozone (2008) California Nonattainment Area Map.**

Available from: [https://www3.epa.gov/airquality/greenbook/ca8\\_2008.html](https://www3.epa.gov/airquality/greenbook/ca8_2008.html).

Nevada’s contributions to 2023 nonattainment and maintenance receptors in Colorado is 0.5 percent, while intrastate contributions to these monitors ranges from 31 to 35 percent. Interstate contributions to these Colorado monitors range from 9 to 10 percent, with background contributing from 56 to 61 percent. These data show that local Colorado sources contribute roughly a third while background contributes from half to nearly two thirds to these nonattainment and maintenance monitors. However, interstate contributions, resulting from the transport of out-of-state anthropogenic precursor emissions, are nearly 10 percent, representing contributions greater than 0.1 percent from 17 (Larimer County receptor) to 21 (Jefferson County receptor) states. Notably, California, Utah, and Wyoming all contribute greater than 1 percent of the NAAQS to both of these Colorado receptors. Texas contributes greater than 1 percent only to the Jefferson County receptor. See Table E3.





**Figure E-2. Nonattainment Area Designations for the 2015 Ozone Standards**  
**April 30, 2018.**

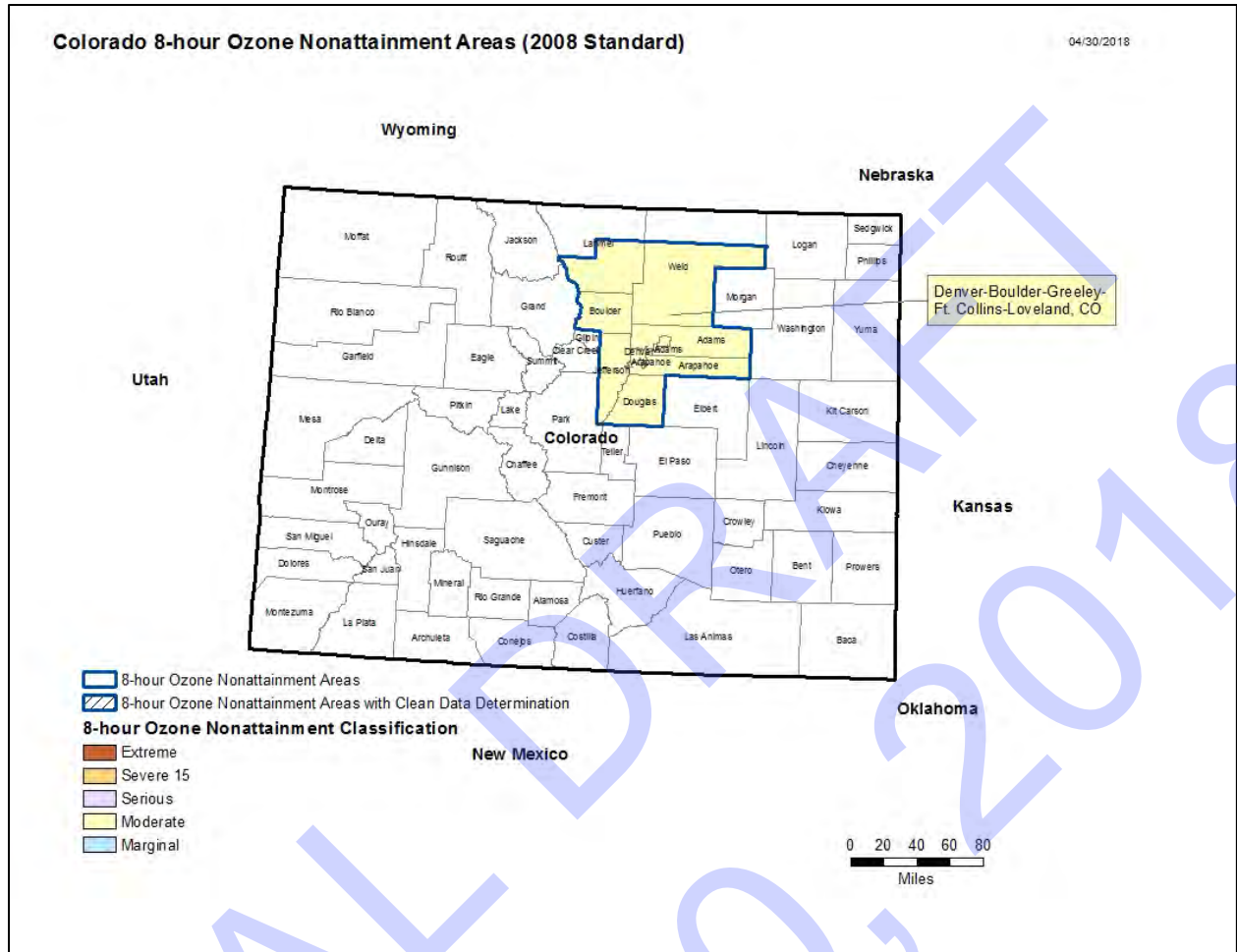
Available at: [https://www.epa.gov/sites/production/files/2018-04/documents/placeholder\\_3.pdf](https://www.epa.gov/sites/production/files/2018-04/documents/placeholder_3.pdf).

These Colorado monitors are located in the Denver-Boulder-Greeley-Ft. Collins-Loveland Moderate Nonattainment Area for the 2008 ozone NAAQS (Figure E-3) and Denver Metro/North Front Range Marginal Nonattainment Area for the 2015 ozone NAAQS<sup>8</sup> (see Figure E-2).

<sup>8</sup> Ibid.

**Table E3. Interstate Contributions to Nonattainment and Maintenance Monitors in Colorado.**

State	80590011		80690011		State	80590011		80690011	
	Jefferson		Larimer			Jefferson		Larimer	
	ppb	%	ppb	%		ppb	%	ppb	%
AL	0.01	0.01%	--	--	NC	--	--	--	--
AR	0.02	0.03%	--	--	ND	--	--	--	--
AZ	0.30	0.43%	0.46	0.66%	NE	0.36	0.51%	0.25	0.36%
CA	1.50	2.14%	1.55	2.21%	NH	--	--	--	--
CO	24.72	35.31%	21.74	31.06%	NJ	--	--	--	--
CT	--	--	--	--	NM	0.38	0.54%	0.52	0.74%
DC	--	--	--	--	NV	0.38	0.54%	0.37	0.53%
DE	--	--	--	--	NY	--	--	--	--
FL	--	--	--	--	OH	--	--	--	--
GA	--	--	--	--	OK	0.18	0.26%	0.05	0.07%
IA	--	--	--	--	OR	0.10	0.14%	0.10	0.14%
ID	0.12	0.17%	0.13	0.19%	PA	--	--	--	--
IL	--	--	--	--	RI	--	--	--	--
IN	--	--	--	--	SC	--	--	--	--
KS	0.32	0.46%	0.10	0.14%	SD	0.02	0.03%	0.03	0.04%
KY	--	--	--	--	TN	--	--	--	--
LA	0.04	0.06%	0.02	0.03%	Tribal	0.16	0.23%	0.25	0.36%
MA	--	--	--	--	TX	0.94	1.34%	0.40	0.57%
MD	--	--	--	--	UT	1.04	1.49%	1.05	1.50%
ME	--	--	--	--	VA	--	--	--	--
MI	--	--	--	--	VT	--	--	--	--
MN	--	--	--	--	WA	0.03	0.04%	0.10	0.14%
MO	0.02	0.03%	--	--	WI	--	--	--	--
MS	0.01	0.01%	--	--	WV	--	--	--	--
MT	0.02	0.03%	0.07	0.10%	WY	1.03	1.47%	0.88	1.26%



**Figure E-3. 8-Hour Ozone (2008) California Nonattainment Area Map.**  
 Available from: [https://www3.epa.gov/airquality/greenbook/co8\\_2008.html](https://www3.epa.gov/airquality/greenbook/co8_2008.html).

In summary, the contribution of 2023 base case anthropogenic NO<sub>x</sub> and VOC emissions from sources within Nevada to any projected 2023 nonattainment or maintenance receptor at greater than 0.5 percent of the NAAQS is limited to two states, California and Colorado. Nevada’s contribution to these receptors is less than one percent of the 2015 ozone NAAQS. This section has addressed Step 2 of the CSAPR framework, identify upwind states that contribute enough to those downwind air quality problems to warrant further review and analysis.

The following section identifies the emissions reductions necessary (if any), considering cost and air quality factors, to prevent an identified upwind state from contributing significantly to those downwind air quality problems.

## **E.4 IDENTIFICATION OF NECESSARY EMISSIONS REDUCTIONS**

Step 3 of the CSAPR framework is to identify the emissions reduction necessary (if any), considering cost and air quality factors, to prevent an identified upwind state from contributing significantly to those downwind air quality problems. EPA contribution modeling has quantified the contribution to nonattainment and maintenance receptors resulting from 2023 base case anthropogenic NO<sub>x</sub> and VOC emissions from sources within Nevada to projected 2023 ozone concentrations at each air quality receptor site.

The analysis of Nevada's contributions above demonstrate that Nevada's emissions do not contribute significantly to any 2023 nonattainment or maintenance receptor for 2015 ozone NAAQS. Contributions to nonattainment and maintenance receptors where Nevada has the largest contributions (less than 1 percent of the NAAQS), intrastate and background contributions are sub-equal with maximum interstate contributions of approximately 2 percent. At the Colorado nonattainment and maintenance receptors the interstate contribution is nearly 10 percent but Nevada's contribution is just over 0.5 percent.

The EPA's quantification of the 2023 contributions resulting from Nevada's emissions to nonattainment and maintenance receptors documents that the emissions from Nevada do not contribute significantly to nonattainment areas, or interfere with maintenance, in any other state. Therefore, Nevada has determined the identification of emissions reductions necessary to prevent Nevada from contributing significantly to downwind air quality problems is moot.

## **E.5 CONCLUSION**

In conclusion, no emissions reductions are needed from Nevada sources to prevent significant contributions to downwind air quality problems. Therefore, Nevada will not address Step 4 of the CSAPR framework, adopt permanent and enforceable measures needed to achieve those emissions reductions, as no emissions reductions are needed from Nevada based on analysis of all relevant information.

**Attachment A**

FINAL DRAFT  
June 20, 2018

**Table E-A1. Nevada’s Contributions to 2023 Ozone Design Values for Monitors in Nevada.**

Site ID	State	County	2009-2013 Avg DV	2009-2013 Max DV	2023 Avg DV	2023 Max DV	Nevada Contributions as % of NAAQS	Intrastate Contributions	Intrastate Contributions as % of NAAQS	Interstate Contributions	Interstate Contributions as % of NAAQS	Background Contributions	Background Contributions as % of NAAQS
320032002	Nevada	Clark	71.7	73.0	63.4	64.5	14.87%	10.41	14.87%	7.34	10.49%	45.52	65.03%
320030075	Nevada	Clark	76.0	77.0	67.4	68.3	14.09%	9.86	14.09%	7.60	10.86%	49.81	71.16%
320030071	Nevada	Clark	75.3	76.0	68.7	69.4	13.34%	9.34	13.34%	7.09	10.13%	52.12	74.46%
320030073	Nevada	Clark	74.7	76.0	68.2	69.4	13.24%	9.27	13.24%	7.05	10.07%	51.73	73.90%
320030043	Nevada	Clark	74.7	76.0	67.7	68.8	12.19%	8.53	12.19%	6.91	9.87%	52.12	74.46%
320030538	Nevada	Clark	71.0	72.0	62.9	63.8	12.19%	8.53	12.19%	7.61	10.87%	46.63	66.61%
320030540	Nevada	Clark	71.0	71.0	62.9	62.9	12.19%	8.53	12.19%	7.61	10.87%	46.63	66.61%
320190006	Nevada	Lyon	68.5	69.0	62.1	62.5	5.90%	4.13	5.90%	3.56	5.09%	54.33	77.61%
320311005	Nevada	Washoe	67.3	68.0	59.9	60.5	5.49%	3.84	5.49%	4.28	6.11%	51.71	73.87%
320030601	Nevada	Clark	72.0	72.0	65.7	65.7	3.21%	2.25	3.21%	7.37	10.53%	55.93	79.90%
320310020	Nevada	Washoe	67.0	68.0	60.1	61.0	3.04%	2.13	3.04%	3.83	5.47%	54.08	77.26%
320310016	Nevada	Washoe	66.0	67.0	59.2	60.1	3.00%	2.10	3.00%	3.77	5.39%	53.26	76.09%
320312009	Nevada	Washoe	67.0	68.0	60.1	61.0	2.89%	2.02	2.89%	4.18	5.97%	53.84	76.91%
320312002	Nevada	Washoe	61.7	62.0	55.2	55.5	1.96%	1.37	1.96%	5.45	7.79%	48.30	69.00%
320310025	Nevada	Washoe	66.3	67.0	60.0	60.6	1.57%	1.10	1.57%	3.72	5.31%	55.12	78.74%
325100002	Nevada	Carson City	66.0	66.0	60.2	60.2	1.53%	1.07	1.53%	3.90	5.57%	55.15	78.79%
320330101	Nevada	White Pine	72.0	74.0	65.8	67.7	1.50%	1.05	1.50%	4.74	6.77%	59.86	85.51%
320031019	Nevada	Clark	74.3	75.0	66.8	67.4	1.11%	0.78	1.11%	9.28	13.26%	56.58	80.83%



**Table E-A2. Nevada’s Contributions to 2023 Ozone Design Values for Attainment Monitors Outside of Nevada.**

Site ID	State	County	2009-2013 Avg DV	2009-2013 Max DV	2023 Avg DV	2023 Max DV	Nevada Contributions as % of NAAQS	Intrastate Contributions	Intrastate Contributions as % of NAAQS	Interstate Contributions	Interstate Contributions as % of NAAQS	Background Contributions	Background Contributions as % of NAAQS
490352004	Utah	Salt Lake	74.0	76.0	65.4	67.1	1.71%	14.70	21.00%	5.51	7.87%	45.04	64.34%
490530006	Utah	Washington	67.0	67.0	61.4	61.4	1.57%	0.99	1.41%	8.06	11.51%	52.21	74.59%
490353006	Utah	Salt Lake	76.0	76.0	65.8	65.8	1.56%	11.23	16.04%	5.94	8.49%	48.49	69.27%
490570002	Utah	Weber	71.7	72.0	64.0	64.3	1.39%	10.07	14.39%	4.90	7.00%	48.90	69.86%
490110004	Utah	Davis	69.3	71.0	60.0	61.5	1.31%	11.17	15.96%	4.48	6.40%	44.21	63.16%
490571003	Utah	Weber	72.7	74.0	65.3	66.5	1.20%	8.80	12.57%	4.85	6.93%	51.50	73.57%
490490002	Utah	Utah	70.0	73.0	62.7	65.4	1.16%	4.59	6.56%	5.49	7.84%	52.50	75.00%
490530130	Utah	Washington	71.7	73.0	65.8	67.0	0.97%	0.63	0.90%	7.96	11.37%	57.06	81.51%
60390004	California	Madera	79.3	81.0	68.6	70.1	0.80%	27.63	39.47%	1.27	1.81%	39.59	56.56%
490131001	Utah	Duchesne	68.0	68.0	62.0	62.0	0.80%	1.50	2.14%	4.22	6.03%	56.12	80.17%
490071003	Utah	Carbon	69.0	69.0	61.1	61.1	0.79%	2.54	3.63%	3.99	5.70%	54.48	77.83%
560370300	Wyoming	Sweetwater	66.0	66.0	60.0	60.0	0.79%	1.77	2.53%	6.50	9.29%	51.58	73.69%
60570005	California	Nevada	77.7	79.0	62.3	63.3	0.69%	21.10	30.14%	1.27	1.81%	39.86	56.94%
60570007	California	Nevada	76.0	78.0	60.7	62.3	0.60%	21.41	30.59%	1.25	1.79%	37.97	54.24%
60610004	California	Placer	74.0	75.0	58.9	59.7	0.57%	23.36	33.37%	1.18	1.69%	34.30	49.00%
490370101	Utah	San Juan	68.7	69.0	63.6	63.9	0.57%	0.65	0.93%	6.43	9.19%	56.38	80.54%
60610006	California	Placer	84.0	86.0	68.6	70.2	0.54%	31.66	45.23%	1.32	1.89%	35.53	50.76%
60670002	California	Sacramento	76.7	77.0	64.8	65.0	0.53%	28.01	40.01%	1.39	1.99%	35.30	50.43%
80013001	Colorado	Adams	76.0	76.0	70.8	70.8	0.51%	24.78	35.40%	6.84	9.77%	38.99	55.70%
80590002	Colorado	Jefferson	74.0	74.0	66.7	66.7	0.51%	23.25	33.21%	6.58	9.40%	36.70	52.43%

**Table E-A3. Nevada’s Contributions to 2023 Ozone Design Values for Nonattainment and Maintenance Monitors Outside of Nevada.**

Site ID	State	County	2009-2013 Avg DV	2009-2013 Max DV	2023 Avg DV	2023 Max DV	Nevada Contributions as % of NAAQS	Instate Contributions	Intrastate Contributions as % of NAAQS	Interstate Contributions	Interstate Contributions as % of NAAQS	Background Contributions	Background Contributions as % of NAAQS
60392010	California	Madera	85.0	86.0	72.1	72.9	0.93%	28.39	40.56%	1.44	2.06%	42.17	60.24%
60190242	California	Fresno	91.7	95.0	79.4	82.2	0.91%	31.98	45.69%	1.47	2.10%	45.83	65.47%
60296001	California	Kern	84.3	86.0	70.9	72.4	0.83%	28.50	40.71%	1.07	1.53%	41.25	58.93%
60190007	California	Fresno	94.7	95.0	79.2	79.4	0.73%	35.68	50.97%	1.17	1.67%	42.24	60.34%
60190011	California	Fresno	93.0	96.0	78.6	81.2	0.63%	35.20	50.29%	1.10	1.57%	42.20	60.29%
60675003	California	Sacramento	86.3	88.0	69.9	71.3	0.63%	34.18	48.83%	1.03	1.47%	34.62	49.46%
60470003	California	Merced	82.7	84.0	69.9	71.0	0.56%	28.52	40.74%	0.98	1.40%	40.32	57.60%
60195001	California	Fresno	97.0	99.0	79.6	81.2	0.54%	35.79	51.13%	0.88	1.26%	42.83	61.19%
60290014	California	Kern	87.7	89.0	74.1	75.2	0.54%	31.54	45.06%	0.94	1.34%	41.52	59.31%
80590011	Colorado	Jefferson	78.7	82.0	70.9	73.9	0.54%	24.72	35.31%	6.98	9.97%	39.01	55.73%
80690011	Colorado	Larimer	78.0	80.0	71.2	73.0	0.53%	21.74	31.06%	6.33	9.04%	42.96	61.37%

**Table E-A4. Summary of NDEP Comment Letters Applicable to Ozone NAAQS, 2014-2017.**

Federal Register Notice	Rule Description	Subject	Docket and Document ID (link to comments)
<b>2017</b>			
81 FR 391894	Implementation of the 2015 National Ambient Air Quality Standards for Ozone: Nonattainment Area Classifications and State Implementation Plan Requirements	2/9/2017 NDEP comments on EPA's Implementation of the 2015 National Ambient Air Quality Standards for Ozone: Nonattainment Area Classifications and State Implementation Plan Requirements	<a href="#">EPA-HQ-OAR-2016-0202-0069</a>
81 FR 391894	Implementation of the 2015 National Ambient Air Quality Standards for Ozone: Nonattainment Area Classifications and State Implementation Plan Requirements	2/13/2017 WESTAR comments on EPA's Implementation of the 2015 National Ambient Air Quality Standards for Ozone: Nonattainment Area Classifications and State Implementation Plan Requirements	<a href="#">EPA-HQ-OAR-2016-0202-0080</a>
<b>2016</b>			
NA	Modeling Guidance for Demonstrating Attainment of Air Quality Goals for Ozone, PM2.5 & Regional Haze	3/12/2016 NDEP comments on Modeling Guidance for Demonstrating Attainment of Air Quality Goals for Ozone, PM2.5 & Regional Haze	submitted to Brian Timin, USEPA, AQMG
NA	Implementation of the 2015 Primary Ozone NAAQS: Issues Associated with Background Ozone	5/11/2016 WESTAR comments on EPA's Implementation of the 2015 Primary Ozone NAAQS: Issues Associated with Background Ozone White Paper for Discussion	<a href="#">EPA-HQ-OAR-2016-0097-0034</a>

**Table E-A4. Summary of NDEP Comment Letters Applicable to Ozone NAAQS, 2014-2017 (continued).**

Federal Register Notice	Rule Description	Subject	Docket and Document ID (link to comments)
2015			
79 FR 75234	National Ambient Air Quality Standards for Ozone	3/12/2015 NDEP comments on National Ambient Air Quality Standards for Ozone	<a href="#">EPA-HQ-OAR-2008-0699-1741</a>
79 FR 75234	National Ambient Air Quality Standards for Ozone	3/16/2015 WESTAR comments on National Ambient Air Quality Standards for Ozone	<a href="#">EPA-HQ-OAR-2008-0699-1990</a>
80 FR 45340	Revisions to the Guideline on Air Quality Models: Enhancement to the AERMOD Dispersion Modeling System and Incorporation of Approches to Address Ozone and Fine Particulate Matter	10/16/2015 NDEP comments on USEPA’s Proposed Rule Regarding AERMOD	<a href="#">EPA-HQ-OAR-2015-0310-0080</a>
2014			
78 FR 70935	Notice of Availability of the Environmental Protection Agency’s 2011 Emissions Modeling Platform	3/31/2014 NDEP comments on EPA’s 2011 NEI emissions modeling platform (for use in ozone transport modeling and more)	<a href="#">EPA-HQ-OAR-2013-0743-0047</a>
78 FR 70935	Notice of Availability of the Environmental Protection Agency’s 2011 Emissions Modeling Platform	4/9/2014 WESTAR comments on EPA’s 2011 and 2018 Modeling Platforms	<a href="#">Comment Letter</a>
79 FR 6330	Standards of Performance for New Residential Wood Heaters, New Residential Hydronic Heaters and Forced-Air Furnaces, and New Residential Masonry Heaters	5/1/2014 WESTAR comments on Standards of Performance for New Residential Wood Heaters, New Residential Hydronic Heaters and Forced-Air Furnaces, and New Residential Masonry Heaters	<a href="#">EPA-HQ-OAR-2009-0734-1423</a>
78 FR 70935	Notice of Availability of the Environmental Protection Agency’s 2011 Emissions Modeling Platform	6/11/2014 WESTAR comments on EPA’s	<a href="#">Comment Letter</a>



# REMSA

## FRANCHISE COMPLIANCE REPORT

### JUNE 2018

Compliance Report Review and Approval		
Reviewer	Approve	Date
Dow		
Hodge		
Watanabe		
Boe		
Burton		
Green		
Heinz		
Jobson		
Kitts		
Strand		



**REMSA Accounts Receivable Summary  
Fiscal 2018**

Month	#Patients	Total Billed	Average Bill	YTD Average	Average Collected (35%)
July	3986	\$4,530,081.40	\$1,136.50	\$1,136.50	\$409.14
August	4101	\$4,669,433.60	\$1,138.61	\$1,137.57	\$409.52
September	4059	\$4,631,774.80	\$1,141.11	\$1,138.75	\$409.95
October	3812	\$4,346,731.00	\$1,140.28	\$1,139.12	\$410.08
November	4026	\$4,580,696.00	\$1,137.78	\$1,138.85	\$409.98
December	4428	\$5,139,837.20	\$1,160.76	\$1,142.82	\$411.42
January	4239	\$4,948,942.20	\$1,167.48	\$1,146.47	\$412.73
February	3844	\$4,582,675.00	\$1,192.16	\$1,151.87	\$414.67
March	4157	\$4,953,807.00	\$1,191.68	\$1,156.39	\$416.30
April	3718	\$4,419,460.40	\$1,188.67	\$1,159.36	\$417.37
May	4059	\$4,818,179.20	\$1,187.04	\$1,161.89	\$418.28
<b>Totals</b>	<b>44429</b>	<b>\$51,621,618</b>	<b>\$1,161.89</b>		

Prior Allowed Ground Average Bill: \$1,161.23

Current Allowed Ground Average Bill: \$1,196.04 (Rate Increase 1/1/18 3%)

**Fiscal Year 2017-2018**

<b>COMPLIANCE</b>			
Month	Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul-17	5 Minutes 43 Seconds	93%	91%
Aug-17	5 Minutes 38 Seconds	93%	93%
Sep-17	5 Minutes 43 Seconds	92%	97%
Oct-17	5 Minutes 45 Seconds	92%	92%
Nov-17	5 Minutes 38 Seconds	92%	96%
Dec-17	5 Minutes 52 Seconds	91%	93%
Jan-18	5 Minutes 39 Seconds	93%	95%
Feb-18	5 Minutes 48 Seconds	92%	96%
Mar-18	5 Minutes 53 Seconds	91%	93%
Apr-18	5 Minutes 41 Seconds	93%	96%
May-18	5 Minutes 47 Seconds	91%	92%
Jun-18	5 Minutes 51 Seconds	91%	93%





**Year to Date: July 2017 thru June 2018**

Priority 1 System - Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
5 Minutes 45 Seconds	92%	94%

**Year to Date: July 2017 through June 2018**

AVERAGE RESPONSE TIMES BY ENTITY				
Month/Year	Priority	Reno	Sparks	Washoe County
Jul-17	P-1	4:56	5:49	7:48
	P-2	5:06	6:08	8:23
Aug-17	P-1	4:55	5:48	8:09
	P-2	5:03	6:03	7:59
Sep-17	P-1	5:01	5:45	8:06
	P-2	5:21	6:25	6:06
Oct-17	P-1	5:09	5:53	8:05
	P-2	5:22	6:14	8:01
Nov-17	P-1	5:09	5:39	7:34
	P-2	5:13	6:49	8:05
Dec-17	P-1	5:02	6:01	8:30
	P-2	5:23	6:02	8:38
Jan-18	P-1	5:03	5:47	7:56
	P-2	5:06	5:59	7:28
Feb-18	P-1	5:07	5:52	8:03
	P-2	5:24	6:27	8:14
Mar-18	P-1	5:13	6:15	8:06
	P-2	5:32	6:11	8:20
Apr-18	P-1	5:08	5:49	7:52
	P-2	5:07	6:00	8:00
May-18	P-1	5:05	5:59	8:18
	P-2	5:15	6:29	8:21
Jun-18	P-1	5:14	6:04	8:07
	P-2	5:31	6:35	8:42

**Year to Date: July 2017 through June 2018**

Priority	Reno	Sparks	Washoe County
P-1	5:06	5:53	8:03
P2	5:17	6:17	8:16



**REMSA OCU INCIDENT DETAIL REPORT  
PERIOD: 01/01/2018 THRU 06/30/2018**

<b>CORRECTIONS REQUESTED</b>					
<b>Zone</b>	<b>Clock Start</b>	<b>Clock Stop</b>	<b>Unit</b>	<b>Response Time Original</b>	<b>Response Time Correct</b>
Zone A	6/1/2018 8:30	6/1/2018 8:33	1C37	0:09:03	0:03:03
Zone A	6/1/2018 20:04	6/1/2018 20:05	1C17	23:59:57	0:00:39
Zone A	6/3/2018 0:32	6/3/2018 0:35	1C30	0:02:56	0:02:56
Zone A	6/3/2018 18:31	6/3/2018 18:34	1C21	0:03:15	0:03:15
Zone A	6/4/2018 10:01	6/4/2018 10:00	1C20	23:59:42	23:59:42
Zone A	6/4/2018 11:50	6/4/2018 11:51	1C09	23:59:58	0:01:14
Zone A	6/5/2018 10:38	6/5/2018 10:39	1C43	23:59:26	0:00:33
Zone A	6/5/2018 21:51	6/5/2018 21:54	1C11	0:03:15	0:03:15
Zone A	6/7/2018 18:16	6/7/2018 18:21	1C22	23:59:47	0:04:53
Zone A	6/7/2018 23:44	6/7/2018 23:51	1C42	0:00:00	0:06:57
Zone A	6/9/2018 18:51	6/9/2018 18:54	1C31	0:02:46	0:02:46
Zone A	6/13/2018 16:21	6/13/2018 16:22	1C07	23:59:06	0:01:05
Zone A	6/14/2018 8:29	6/14/2018 8:35	1T39	0:06:18	0:06:03
Zone A	6/17/2018 16:41	6/17/2018 16:42	1C42	23:59:58	0:00:25
Zone A	6/17/2018 20:34	6/17/2018 20:38	1C17	0:03:25	0:03:25
Zone A	6/17/2018 22:16	6/17/2018 22:17	1C38	0:00:58	0:00:58
Zone A	6/18/2018 17:49	6/18/2018 17:52	1C38	0:02:53	0:02:53
Zone A	6/24/2018 12:28	6/24/2018 12:34	1C36	23:58:19	0:05:40
Zone A	6/24/2018 18:24	6/24/2018 18:33	1C33	0:08:43	0:08:43
Zone A	6/26/2018 1:35	6/26/2018 1:35	1C33	0:00:13	0:00:13
Zone A	6/26/2018 15:58	6/26/2018 15:58	1C31	23:59:49	0:00:20
Zone A	6/28/2018 14:10	6/28/2018 14:10	1C29	23:59:29	0:00:31
Zone A	6/28/2018 16:44	6/28/2018 16:44	1C24	23:59:30	0:00:12
Zone A	6/30/2018 20:48	6/30/2018 20:48	1C31	23:59:35	0:00:24



UPGRADE REQUESTED						
Response Area	Zone	Clock Start	Clock Stop	Unit	Threshold	Response Time.
<b>None</b>						

EXEMPTIONS REQUESTED					
Incident Date	Approval	Exemption Reason	Zone	Response Time	Overage
<b>No Exemptions</b>					



## GROUND AMBULANCE OPERATIONS REPORT JUNE 2018

### 1. Overall Statics

- a) Total number of system responses:6652
- b) Total number of responses in which no transports resulted: 2418
- c) Total number of System Transports (including transports to out of county): 4132

### 2. Call Classification

- a) Cardiopulmonary Arrests: 1.40%
- b) Medical: 40.10%
- c) Obstetrics (OB): 0.60%
- d) Psychiatric/Behavioral: 8.90%
- e) Transfers: 22.10%
- f) Trauma – MVA: 6.40%
- g) Trauma – Non MVA:16.80 %
- h) Unknown:3.70 %

### 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: 2146

Total number of above calls receiving QA Reviews: 402

Percentage of charts reviewed from the above transports: 18%



**REMSA EDUCATION  
JUNE 2018 MONTHLY COURSE AND STUDENT REPORT**

Discipline	Total Classes	Total Students	REMSA Classes	REMSA Students	Site Classes	Site Students
ACLS	3	26	3	26	0	0
ACLS EP	0	0	0	0	0	0
ACLS EP I	0	0	0	0	0	0
ACLS I	0	0	0	0	0	0
ACLS P	0	0	0	0	0	0
ACLS R	6	42	6	42	0	0
ACLS S	0	0	0	0	0	0
AEMT	0	0	0	0		
BLS	66	239	14	42	52	197
BLS I	1	18	1	18	0	0
BLS R	36	164	26	144	10	20
BLS S	0	0	0	0	0	0
B-CON	2	4	2	4	0	0
CE	4	4	4	4	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	1	2	1	2	0	0
FF CPR FA	0	0	0	0	0	0
FF FA	0	0	0	0	0	0
HS BBP	3	25	2	18	1	7
HS CPR	30	170	3	16	27	154
HS CPR FA	49	384	7	61	42	323
HS CPR FA S	1	1	1	1	0	0
HS CPR PFA	3	18	0	0	3	18
HS PFA S	0	0	0	0	0	0
HS CPR S	0	0	0	0	0	0
HS FA	7	38	2	4	5	34
HS FA S	0	0	0	0	0	0
HS K-12 CPR AED	22	144	0	0	22	144
HS K-12 CPR, AED, FA	2	5	0	0	2	5
HS PFA	1	1	0	0	1	1
HS Primeros	0	0	0	0	0	0



Auxilios, RCP y DEA						
HS Spanish RCP y DEA	1	2	1	2	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	5	27	3	22	2	5
PALS I	0	0	0	0	0	0
PALS R	9	23	4	16	5	7
PALS S	3	9	0	0	3	9
PHTLS	1	1	1	1	0	0
PHTLS R	0	0	0	0	0	0
PM	1	15	1	15		
PM R	0	0	0	0		
Classes w/CPR		REMSA CPR Classes		REMSA CPR Students		CPR Students
213		55		301		1146





### COMMUNITY OUTREACH JUNE 2018

Point of Impact		
6/12/18-6/15/18	Child Passenger Safety Technician Certification training course. Nine students attended and passed the course.	2 Instructors, 1 Instructor Candidate, 1 Technician Assistant, 9 students.
6/16/18	Child car seat checkpoint hosted by REMSA; 12 cars and 13 seats inspected.	17 volunteers; 2 staff
6/21/18-6/22/18	Henry Schein Employee Safety Fair	1 volunteer; 1 staff
6-2018	Twelve office installation appointments; 13 cars and 14 seats inspected.	
Cribs for Kids/Community		
06/01/18	C4K held booth at Community Service Alliance- Family Health Fair.	100+ Participants
06/02/18	C4K held booth for Family Fun Fest- San Rafael Park.	300+ Participants
06/06/18	Attended Justin Hope Training at REMSA.	
6/12/18-6/16/18	Assisted in Child Passenger Safety Technician class at REMSA and attended POI checkpoint also held at REMSA as a technician.	
06/19/18	C4K held Train-the-Trainer for Lyon County Human Services staff in Silver Springs.	7 Participants
06/21/18	Held a booth at Henry Schein`s Safety Day.	50 Participants stopped by booth
06/26/18	C4K held Train-the-Trainer at REMSA.	3 Participants
06/28/18	C4K had phone conference with a Little People`s Head Start in Ely Nevada. Making sure they are up to date with data entry system.	



REMSA

Reno, NV  
Client 7299



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Lansing, Mi 48096  
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## EMS System Report

June 1, 2018 to June 30, 2018

Your Score

**95.04**

Number of Your Patients in this Report

**151**

Number of Patients in this Report

**6,876**

Number of Transport Services in All EMS DB

**147**



REMSA  
June 1, 2018 to June 30, 2018

### Executive Summary

This report contains data from **151 REMSA** patients who returned a questionnaire between **06/01/2018** and **06/30/2018**.

The overall mean score for the standard questions was **95.04**; this is a difference of **2.22** points from the overall EMS database score of **92.82**.

The current score of **95.04** is a change of **2.26** points from last period's score of **92.78**. This was the **23rd** highest overall score for all companies in the database.

You are ranked **6th** for comparably sized companies in the system.

**85.64%** of responses to standard questions had a rating of Very Good, the highest rating. **98.92%** of all responses were positive.

#### 5 Highest Scores



#### 5 Lowest Scores

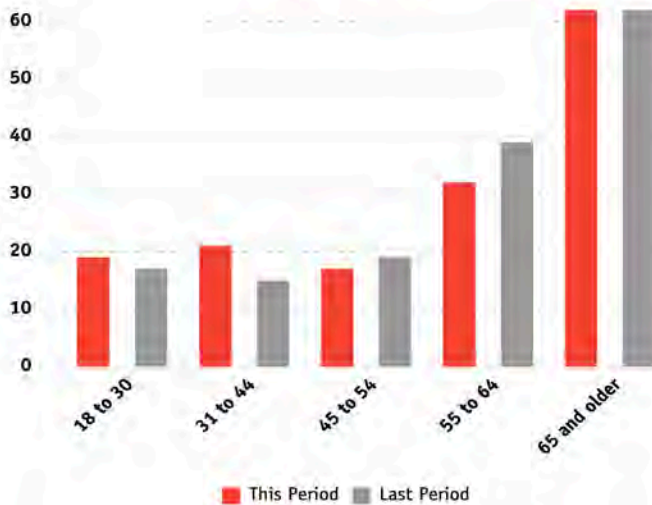


REMSA  
June 1, 2018 to June 30, 2018

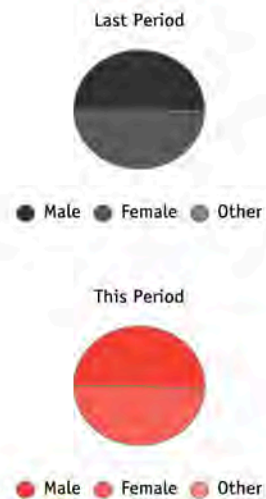
**Demographics** — This section provides demographic information about the patients who responded to the survey for the current and the previous periods. The information comes from the data you submitted. Compare this demographic data to your eligible population. Generally, the demographic profile will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

	Last Period				This Period			
	Total	Male	Female	Other	Total	Male	Female	Other
18 to 30	17	9	8	0	19	12	7	0
31 to 44	15	3	12	0	21	9	12	0
45 to 54	19	9	10	0	17	7	10	0
55 to 64	39	25	14	0	32	19	13	0
65 and older	62	31	31	0	62	30	32	0
<b>Total</b>	<b>152</b>	<b>77</b>	<b>75</b>	<b>0</b>	<b>151</b>	<b>77</b>	<b>74</b>	<b>0</b>

**Age Ranges**



**Gender**





REMSA  
**June 1, 2018 to June 30, 2018**



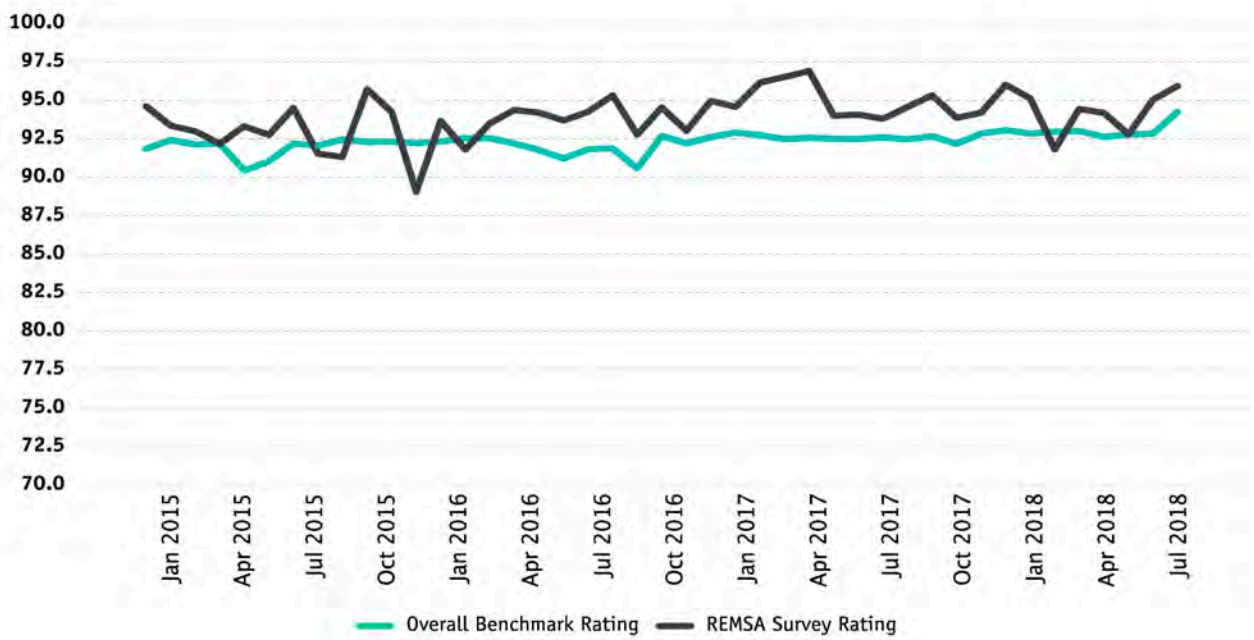
### Monthly Breakdown

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.

	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018
Helpfulness of the person you called for ambulance service	91.69	95.21	95.21	93.13	90.58	93.13	97.56	93.55	90.95	92.53	99.42	96.67	96.25
Extent to which you were told what to do until the ambulance	92.10	91.48	96.02	89.89	92.33	94.59	95.65	93.77	90.52	92.97	99.39	96.59	96.05
Extent to which the ambulance arrived in a timely manner	93.40	92.01	95.01	95.44	92.37	92.87	95.84	95.36	92.30	95.11	93.55	90.28	95.58
Cleanliness of the ambulance	97.11	96.04	96.57	99.09	96.82	96.12	98.26	96.49	93.00	96.01	94.53	93.72	97.17
Skill of the person driving the ambulance	95.42	95.49	96.40	96.44	96.82	95.26	96.96	96.12	93.93	95.43	95.63	93.77	96.17
Care shown by the medics who arrived with the ambulance	94.74	95.12	93.90	96.19	93.68	95.49	95.45	95.78	92.94	95.59	94.37	92.91	94.51
Degree to which the medics took your problem seriously	95.88	94.73	94.70	95.90	93.59	95.21	95.93	95.61	91.99	93.97	94.85	92.30	94.60
Degree to which the medics listened to you and/or your family	93.63	93.77	94.52	96.88	94.22	94.75	96.11	95.60	92.11	94.80	95.44	92.65	95.04
Extent to which the medics kept you informed about your	92.92	91.76	92.33	92.75	92.56	93.81	94.98	94.69	91.33	94.04	94.26	92.27	93.56
Extent to which medics included you in the treatment decisions	92.86	92.01	93.16	91.71	93.93	91.47	96.68	93.34	89.66	93.44	92.69	91.80	93.54
Degree to which the medics relieved your pain or discomfort	87.94	87.43	92.54	90.17	86.22	92.90	91.13	91.12	89.07	90.92	90.45	91.24	92.12
Medics' concern for your privacy	95.39	97.16	96.00	96.73	94.72	93.45	95.85	94.40	92.26	95.53	94.51	93.74	96.00
Extent to which medics cared for you as a person	95.74	95.40	95.20	96.95	94.54	94.51	96.41	95.85	92.30	94.24	95.28	94.11	95.74
Professionalism of the staff in our ambulance service billing	95.00	81.25	93.18	96.43	100.00	87.50	97.22	96.88	94.44	100.00	94.57	88.46	98.08
Willingness of the staff in our billing office to address your	87.50	84.50	87.50	100.00	98.08	87.50	96.88	96.43	93.75	100.00	95.24	89.32	98.08
How well did our staff work together to care for you	96.22	96.25	95.72	96.68	95.92	95.98	97.79	96.46	93.02	95.22	94.78	93.73	95.52
Extent to which the services received were worth the fees	78.61	87.92	88.24	83.63	85.47	89.39	91.20	91.67	84.95	89.98	85.38	90.19	86.88
Overall rating of the care provided by our Emergency Medical	94.78	94.94	94.54	95.94	94.97	94.82	97.66	96.10	92.23	94.55	93.82	93.50	95.28
Likelihood of recommending this ambulance service to others	94.93	93.55	96.46	97.34	96.87	95.29	97.68	96.78	93.44	95.47	94.92	93.83	97.37
Your Master Score	94.07	93.80	94.57	95.33	93.86	94.19	96.02	95.12	91.82	94.44	94.18	92.78	95.04
Your Total Responses	150	144	150	150	150	150	150	150	150	150	150	153	151



Monthly tracking of Overall Survey Score







## REMSA GROUND AMBULANCE JUNE 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	04/16/18	"They treated me like a king."				
2	04/16/18	"PT stated the medics showed consideration for her children as they were at the scene as well."				
3	04/16/18	"no comment"				
4	04/16/18	"Very happy with the service."				
5	04/16/18	"The ambulance service was fast, quick and efficient."				
6	04/17/18			"Everything went great!"		
7	04/17/18		"well, I had REMSA people come twice in one day- the 2nd time they grilled my like I was a prisoner, which I didn't care for - but other than that they need to listen to the person better and not judge as harsh."		7.9.18 Ticket #5900	See follow up below
8	04/17/18	"they were very professional, and took very good care of me"				
9	04/17/18	"they were respectful, even though I don't think every medic was taking my problem seriously, they still gave me respect/ understanding, they also respected and my wishes to go in, they were kind, one of the emt guys stayed with me while I waited to be checked in, and I thought that was really nice because I've never had that happen before, you guys are really good and caring, I never feel silly of small for calling for help."	"maybe take me more seriously - I suffer from anxiety- like I've been diagnosed- and I just feel like there is asilgnatizm surrounding anxiety, to were some medics think I'm just freaking out because of the anxiety when really there was something wrong, and I was glad I ended up going to the hospital."		7.9.18 ticket #5901	See follow up below
10	04/17/18	"they responded to me in a timely matter and treated me very well- they also tried to keep me calm, the team was already waiting for me when I got there and was preformed on right away- and back to work 3 days after, I have a very open heart for REMSA."				
11	04/22/18	"They were really good."				
12	04/22/18	"very thing went very well."	"Smoother ride."			
13	04/22/18	"they were very attentive to my care and addressing my needs"	"just take me to the hospital they were taking me forever to go."		7.9.18 Ticket#5902	At scene: 19:36 04-22-18 At patient: 19:43 04-22-18 Transport: 20:02 04-22-18 At dest: 20:20 04-22-18 Due to PT's complaint and condition PT was treated on scene according to protocols and had multiple interventions prior to transport. See PT follow up below
14	04/22/18	"umm everything was done very well- it was done number 5"	"The only thing that I can think of, was that the ride was too cold for me, if they could have warm blankets that would be nice."			
15	04/23/18	"no comment"				
16	04/23/18	"They were really great, they took really good care of me, and I'm really happy with the care"				
17	04/23/18	"Fives for all of them! They were the best!!"				
18	04/23/18	"They got me there fast- took really good care of me- and got me home quick as well, they probably saved my life."				
19	04/23/18	"they knew how to work things in the ambulance and knew how to get to the hospital."	"Ask about pain, and more questions in general, treat people more human like- one on one- some more attention would have been nice. I would have liked to, not be treated just as the next victim or patient on the list."	"if I could recommend a different service I would, but because we don't have that option here I can't. The service with you has been very nice and I'm am happy that REMSA does care to know how we are treated, thank you."	7.9.18 Ticket# 5903	See follow up below
20	04/23/18	"He's gone in twice once in Dec. and another time in April. And they are always really good to him, the people at REMSA are fantastic"				
21	04/23/18			"yes I recommend them all the time"		



#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
22	04/23/18			"Tonya in the billing office is amazing!"		
23	04/23/18	"They were excellent! very personable- they took 3 people at once from the car crash which was a little unusual, but then made sure to prioritize who needed to be seen 1st at the hospital, which was also nice."				
24	04/24/18	"They were understanding- most of the time I can walk to the ambulance- but sometimes I am in so much pain that I can't and they do a good job with helping me get in the ambulance and help with my puppy."	"just because a patient keeps calling for help doesn't mean that their problem isn't serious. I should be treated the same way every time I'm seen."		7.9.18 Ticket # 5905	7.10.18 Called patient and her mailbox was full and I was unable to leave a message. 7/12/18 1428, called pt, unable to leave a message, mailbox full.
25	04/24/18	"I'd have to say I didn't see anything that was wrong so it was all done right, nothing that was upsetting and"				
26	04/24/18	"I had no complaints everything was done well."				
27	04/24/18	"I just want to say that sandy and Brandon are very nice people, - very kind and compassionate- they helped calm me down while I was very upset about something and it was just very nice to have someone be so kind and caring to me in my time of need."				
28	04/24/18	"everything was alright"				
29	04/25/18	"The nurses took care of me was awesome care- but when I checked in - and I know I've gone a couple times."	"they wouldn't push me in my wheel and people were rude."		7.9.18 Ticket #5904	See follow up below
30	04/25/18	"just everything- I mean right from the time they got- they took me into consideration- I was from out of state and they really made the effort to make me feel comfortable. let them know they did excellent!"				
31	04/25/18	"everything was great. they were very professional and knew what they were doing"				
32	04/25/18	"they got me to the hospital fast and knew what they were doing"				
33	04/26/18	"they just communicated with me and helped me - they made sure I was comfortable- it was excellent they all just did their jobs well"				
34	04/26/18	"just what they are doing"				
35	04/26/18	"they were able to get in my IV in when I'm a hard stick and got it in smoothly even though the roads were bumpy. they also kept me comfortable"				
36	04/26/18	"everything! they got me on oxygen right away- and stood right with me all the way thru- they're always professional"				
37	04/26/18	"they got here quick, got all the info, took care of me, gave me comfort and made me feel safe"				
38	04/26/18	"everything about them was great. they really knew what they were doing and took really good care of me."				
39	04/26/18	"well ya know they were just so good about my pain and gentle and when they tried to move me the 1st time which was too much the pain they tried to move me a different way- which was really nice, because they could have just moved me fast and got on the road, but they actually took the time to figure out a different way."		"They were very nice and set me up with a nice payment plan which was better for me"		
40	04/26/18	"they just kept me clam and comfortable"				

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
41	04/26/18	"well they were very good. they knew what they were doing and kept me very calm- which was nice because I was very sick and was getting worried. they were just excellent and stayed with me even waiting in the ER"				
42	04/27/18	"I don't know"	"I don't know it was my 1st ambulance ride"			
43	04/27/18	"I was highly satisfied with the whole thing"				
44	04/27/18	"the iv they did it really quickly and no pain- they also took good care of my mother who went in a couple weeks before I did"				
45	04/27/18	"Everything was really great with them"				
46	04/27/18	"I don't want to get into it"				
47	04/28/18	"everything they did was well, for sure"				
48	04/28/18	"everything as far as I know"				
49	04/28/18	"just the care that they showed"				
50	4/29/2008	"they listened to my husband and did everything that they were supposed to"				
51	4/29/2008	"I think that they were attentive to my need and friendly"				
52	04/30/18	"they were caring for me the whole time. they were wonderful"				
53	04/30/18	"I let them know I didn't have my phone. and they didn't help me get my phone. stranded"	"When a patient asks for help getting their phone from inside, go the extra mile to help. Otherwise ppl are left stranded with no way to contact family."		7.9.18 Ticket #5906	7/12/18, I contacted the pt and told her I was following up on her complaint about her cell phone. PT was not interested in talking to me at all. I thanked her for her time, no further
54	04/30/18	"They all did very well."				
55	04/30/18	"They comforted me. It was very helpful. I am grateful."	"They did everything great."			
56	04/30/18		"lower costs."			
57	05/01/18	"You People saved me life so THANK YOU VERY MUCH!"				
58	05/01/18	"everyone was so helpful and caring. Everybody did an excellent job!"				
59	05/01/18	"Everything was very good, except for the 19 minutes it took the ambulance to arrive."	"Arrive in a timely manner."		7.9.18 Ticket #5907	See follow up below
60	05/01/18		"Nothing I can think of."			
61	05/01/18	"They were the best!"				
62	05/01/18	"I think you all do an excellent job! The medics were courteous and took their time with her. They considered her age and fear and conversed with her very well."				
63	05/01/18	"I fell down a flight of stairs and the medics took very good care of me. Thank you!"	"Nothing I can think of."			
64	05/01/18	"They have always been very helpful. I have used them a few times and they are always very nice."				
65	05/01/18	"the medics name was victory she was the only thing that made it right"	"I was illegally transferred from Renown in a remsa ambulance- to Renown behavior center where tested on and put on a legal hold for 20 days"			PT was already on a legal hold secondary to hospital evaluation when crew arrived for transport. Per chart the PT was transported to Reno Behavioral Health due to "Insurance Status/Requirements"
66	05/01/18	"everything was fine. they did a good job"				
67	05/02/18	"they were nice and caring"				
68	05/02/18	"they treated me well and everything was good"				
69	05/02/18	"let them know everything was great- they did a good job"				
70	05/03/18	"um everything in general- they way they treated me and talked to me"	"just keep doing what you're doing"			
71	05/03/18	"my oxygen was really low- they got me oxygen- then got me to the hospital real quick. everything was great and very professional!"	"nothing just keep doing what your doing"			





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
72	05/03/18	"they were just careful with me and concerned and got me to the hospital- it was only a block a way so it was a quick ride"	"nothing really they did everything right"			
73	05/03/18		"Nothing really, they were great!"			
74	05/03/18	"They did very well. I say thank you!"				
75	05/05/18	"Pt said she was refusing to answer this question, she felt the previous answers were enough information."				
76	05/04/18	"Pt stated that everything was well done and she is very happy with the service."				
77	05/04/18		"Pt hung up after he discovered that I couldn't "fix" his bill for him. He stated that the only reason he had stayed on the phone as long as he did was to get me to take care of his bill and that he was disappointed with the billing staff."		7.9.18 Ticket#5908	I called and spoke with the patient who was very pleasant about the situation and verified the address. He is in the process of moving and gave his parents address as an interim place to send inf but will move again in August. He gave me State Farm and reported he has auto med pay. Verified State farm mailing address and Med Pay. Pt also has Blue Cross but did not have his card with him. I told him we will bill Medical BX if med pay is exhausted
78	05/05/18	"Pt stated the medics were able to joke and maintain levity which helped calm her down. She felt that the medics truly cared and were professional."				
79	05/05/18		"Pt stated that the medics need to listen to her regarding her medical condition. She stated that due to the medics not taking action her she had an extended hospital stay. She felt that the medics had no regard for her well being and left her in a wheelchair in the waiting room with paralysis."		7.9.18 Ticket #6909	See follow up below
80	05/04/18	"They were very quick and professional"	"nothing they were great"			
81	05/05/2018	"Just everything- I had no problem with the service or the medics- everyone did what they were supposed to and got me there on time."				
82	05/06/18	"They got here quick, and did everything they could to help me"				
83	05/06/18	"Just everything, the service was good"				
84	05/06/18	"got here quick, were professional and caring"		"they were really good"		
85	05/07/18		"not from my standpoint. They did really well with me."			
86	05/07/18	"S11 operated was wonderful with me and she calmed me down. My husband wasn't breathing."				
87	05/15/18	"Everything went well. It was a short ride."				
88	05/15/18	"Medics did not help me or take my condition serious, I had a heart attack."			7.9.18 Ticket# 5910	See follow up below
89	05/15/18	"Everything was fine for a three minute drive."	"Your fees are too high!"			
90	05/16/18	"just the professionalism of the medics and how they handle everything, they also did a good job with informing my wife and kids with what was going on."				
91	05/16/18	"starting an IV in the ambulance"	"they didn't put a blanket over my leg and I had a skirt on- I had to ask for one and don't think I should have had to ask for one- ya know, when every one is watching you. I just think it makes sense to get covered up"			
92	05/16/18	"I can say on of the medics was very good and the other not so much."	"Make sure medics are trained properly before turning them loose on the public. Medic really botched my arm when trying to stick me with the needle."		7.9.18 Ticket#5911	See follow up below
93	05/19/18	"Zackery helped me out a lot! He is very caring! Compassion was highly"	"They relieved me of my concern a lot!"			
94	05/19/18	"I was overall very pleased with the service."				

#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
95	05/19/18		"Finger slick training."			
96	05/18/18	"That was my first time in an ambulance and I couldn't have asked for better service! Thank you!"				
97	05/19/18		"I can't think of anything, I don't live in the area."			
98	05/19/18	"Everything was awesome!"	"Ask what hospital patient would like to go to."			PT was flown in from Tonopah by fixed wing secondary to a traumatic injury to upper extremity. All care was performed by flight crew. Flight crew agency was not noted in chart. PT was transported to RRMC for definitive care per PT's ERP in Tonopah.
99	05/19/18		"Lower your rates. It's too expensive."			
100	05/20/18	"the overall care was very good"				
101	05/20/18	"they took well care of me and took me to the hospital and look care of my problem"		"I'm an ex EMT so I know what's supposed to go on, and if I didn't like it they would have been given ones not fives"		
102	05/20/18	"well had to go thru the casino to get to me and they got to me within a timely matter when I needed them.. and then took me to the hospital it was great."				
103	05/18/18	"everything was just wonderful, really knew what they were doing and cared for me."				
104	05/20/18	"I was in so much pain I can't remember"				
105	05/18/18	"well everything- they were able to get me up off the floor and to the hospital"		"well with a broken back, there wasn't much they could do for my pain, but overall they were great."		
106	05/20/18	"they were just very cautious and concerned. At the time I was 8 month pregnant and they did a good job letting me know the baby was going to be okay and that I was going to be ok. I also had my other kids with me at the time of the car accident and we had to be separated. I was begging them to let them ride with me, and the kept there calm and tried their best to keep me calm."	"nothing really besides the ride being very cold- but I do understand that they have to be cold for germ reasons"			
107	05/18/18	"when I woke up I was iffy, because there were a lot of people around me .. I don't know if I was in shock or what, but I started to throw my hands at them because I didn't know what was going on - but like I said they were really good with talking to me and getting me to calm down. they made me feel comfortable."	"nothing you guys n"	"once I woke up or four minutes later to EMTs making me feel comfortable, so they really worked together to help me"		
108	05/20/18	"everything they did was great, they really treated me well"				
109	05/20/18	"everything!"				
110	05/19/18	"well they checked my heart because I had pains- so they gave me an IV and also gave me f[da] they were really good they did there job well!"	"get better blankets they are rough!! besides that everything is fine!"			
111	05/21/18	"they did terrific pain management and made sure I was comfortable-kept me alert and aware of everything that what was going on- if they had a card id go shake their hands and buy them lunch or something haha . but no they are honestly the best and I am very thankful"				
112	05/21/18	"just the overall interactions they had with me- they made me feel comfortable about being in the ambulance when they could tell I didn't want to be in there. I think that both medics need a raise they were great."	"hire more people like them"			
113	05/21/18	"I guess the service- they where nice and professional"				





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
114	05/21/18	"they were able to get me out of my apartment really quickly and smooth. they didn't bump me or anything. they were really professional. i expected to hear sirens, but they didn't go off which was nice because i do live in apartments. it was all done quickly- they were very good- they gave me a blanket and they were just really good to me."				
115	05/21/18	"they just look good care of me- keep doing what you're doing"				
116	05/20/18	"they were very caring and nice. they were also quick. got here in 5 minutes"				
117	05/22/18	"uhh they just did really well with everything and with caring for me"				
118	05/22/18	"they were real good to me."				
119	05/22/18	"I have had great experiences in the past with REMSA, but this last time was really bad. typically everyone that has taken care of me is really nice and caring."	"The medic that drove, was a real smart ass. he was trying to make a joke about me with the fire department, but the fire department wasn't having it, because they know me and have been here for me. A nurse also mentioned that Cody was making fun of me and telling the staff I was there just for drugs."	"The medic that drove was very rude to me- and if he comes again to my house I will refuse the service- I don't want him around me" "The medic that was in the back with me- was very nice, it was the driver that was rude and unprofessional."	7.9.18 Ticket#5913	See follow up below
120	05/22/18	"Just about everything. They were very nice, took care of me, and got here in a timely manner"				
121	05/22/18	"They got here quick, got me into the ambulance and to the hospital fast- they were true professionals"				
122	05/22/18	"they kept me informed- were very caring, and had a great attitude overall"	"just with the driver he was pushy with the brake- there was one point where he pushed on the breaks so hard that, the medic that was with me, got sent flying up towards the front"			
123	05/22/18	"the medics were very kind and helpful- they took very good care of me and talked to my husband"				
124	05/22/18	"they listen to me about being a hard stick- they didn't try to stab me a bunch- and they listen to me- they made sure i got around instead of being pushed around"				
125	05/23/18	"pretty much everything"	"Just be taken seriously- I was really panicking and I just didn't feel the concern- they asked me a lot of questions and I was having a hard time breathing- they had to take the treatment off of me so I could answer the questions"		7.9.18 Ticket #5914	7/12/18, I called the pl, while I was talking to her she hung up. No further
126	05/22/18	"well they were real nice and they gave me all the attention I needed and got here when I needed."				
127	05/22/18	"They took care of me"		"they really tried their best with my pain"		
128	05/22/18	"they were very professional, courteous, and helpful. they took really good care of me."				
129	05/22/18	"they just took really good care of me, and got me to the hospital quickly"				
130	05/02/18	"the thoughtfulness- and how they took my problem seriously"	"I don't live in reno- so there probably wont be a next time"			
131	05/23/18	"They were professional, got to my house fast- and were very professional"		"oh yes! they were very nice"		
132	05/23/18	"everything."	"I do not know of anything that could be done"	"a definite 5"		
<b>RESULTS AFTER FOLLOW UP</b>						
7	Called and spoke with the patient over the phone. She reports that the first crew that came out was very friendly and nice, but the second crew was grouchy and grumpy. She states that the male with the beard asked her too many questions and grilled her. She felt judged and felt like he was trying to make her feel stupid. She felt like his questions were unnecessary. (The questions that she remember were related to her history and the history of the event). I apologized and told her that we would follow up with the crew to express her concerns. (she requested that we do not use her name or let the crew know that she was the one who complained). I invited her to call the office in real time if she ever has a problem like this again and that we will have someone take care of it right away. She thanked me for the follow up.					





#	Date of Service	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments	Assigned	Results After Follow-Up
9	7/12/18 0833.	I contacted the pt., she was very nice and confused by the phone calls about her complaints. PT told me a survey company called her about her transport a few months ago and she had good things to say about the crew, she also said in general medical staff everywhere jump to conclusions when someone has anxiety. PT had no problems with the crew, I thanked her for talking with me and we would not be calling her anymore. No further.				
13		I spoke with the patient over the phone and he reported that he felt like there was a delay in transport due to him just being right across the hospital. The pt. was at the Circus Circus and he was transported to St. Mary's. He said "It was literally right across the street and I could have walked there faster." I apologized and explained to the patient that we work under standard protocols with the expectation that we perform some interventions no matter how close or far away from the destination. He said he was an old military guy and he is used to moving faster when someone is injured. I validated his concern and empathized with his frustration. The crew has been emailed for a response and we will follow up with them regarding PT's concerns.				
19	7/12/18.	I spoke to the pt., she was very nice and told me if they could have had a little more compassion during her bad day. I agreed and apologized to PT. (told her I was writing up a report, she thanked me for calling her. I will counsel the crew regarding patient's concerns and remind them of STAR CARE and REMSA's customer service standards. No further.				
29	7/12/18 0904.	I contacted the pt. about her complaint that was an AMA, she was assisted into her car. PT was very nice, talked for approx. 20 mins on all of her 13 transports this year from the REMSA crews who she liked yesterday to all of her problems with RRMCC and all the problems with Urgent Care Centers. I attempted to pinpoint which transport she had problems with, she could only tell me the AMA and yesterday was good. PT told me she has seizures all the time and the RN's at RRMCC do not believe her but she stills get medications from them even though they think she is a "drug seeker". PT is all over the place just trying to talk to her and find out if she has a complaint and when I was. I thanked her for her time, she was very glad I called. 0920. PT called me right back and told me her husband called early this year as the medic's broke her ribs when they were moving her around. I asked if she knew when this occurred and she told me this year. PT started to tell me about all of her seizures again in and out of the hospitals. again I thanked her and told her I would try and find out about her broken ribs. 0927. PT called and left a message about her broken fingers on both hands from hitting the walls at RRMCC during her seizures the last few times she was at RRMCC. I am closing this ticket out at this time. I will go through all of PT's charts and in Team Support in an attempt to find any injuries to this pt. 7/12/18. I reviewed all of PT's charts for 2018 and found the following for rib pain: 4/18/18 #108244-18. pt. complained of lower left chest wall pain that began approx. one hour ago. She described pain as "like some one kicked me in the ribs" (transported to RRMCC). 4/20/18 #110142-18. pt. stated she had fallen in her bathroom after tripping on a rug. Pt complained of left rib pain (transported to RRMCC). No occurrence reports were found for PT injured by REMSA crew's. I also spoke to Health and Safety no reports. No further.				
59		This was the third call within 1 mile of each other. One was a medical the other a multi patient trauma incident that required two resources. Second unit was requested as a priority 2 but not diverted due to the condition of one of the patients and remote location of the incident. Responding unit from the downtown Reno area with good routing. Unit advised of a traffic delays on I-80 and again at Pyramid and Prater. The following is the detailed time. It shows that the crew took 17 minutes to get on scene. Call was EMD and coded as a non life threatening emergency and the crew responded code 2. Dispatch: 09:10 05-01-18 End route: 09:10 05-01-18 At scene: 09:27 05-01-18 At patient: 09:28 05-01-18 Transport: 09:41 05-01-18 At dest.: 10:07 05-01-18				
79		Spoke with patient on the phone. She reports that she has had several complaints and negative interactions with EMS and hospital staff. He believes that we do not listen to her and take her seriously. She reports that the crew in question told the hospital that she had anxiety and left her in a wheelchair. She states that her condition worsened to where she was paralyzed because the crew did not treat her with IV Benadryl and Versed. Patient could not remember a specific date or month of her complaint. There are several dozen transports of this patient and she could only remember that it was two men. She reports that her husband already called and spoke with a supervisor who dealt with the complaint. She stated, "a male called him back and already took care of it." I apologized for her experience and invited her or her husband to call the office to speak with a supervisor any time they have a problem, complaint, or issue with one of our crews. She thanked me for the follow up.				
88		I spoke with this patient today. His responses to my queries about his treatment were brief, but he reiterated that he felt the crew did not take his complaints seriously. He was unable to cite specific actions on our crew's part that he felt were inappropriate. I asked him if he had experienced substandard care during any of the other times we responded to his home, he stated he had always had good care in the past. I told the patient I would follow up with the crew, he thanked me, I told him to please call me back with further concerns.				
92		I spoke with the patient who stated her arm was bruised from her wrist to her elbow after an IV was placed by our crew member. The pt. states she told "the other female" on the crew that our crew member needed more training. I explained that after extensive classroom training our employees are placed on the ambulance under direct supervision of an experienced provider to further hone their skills. She said she understood, and that the care otherwise was excellent, and has been on previous occasions. I apologized for her experience and asked her to call me personally should she have problems in the future.				
119		I spoke with the patient on 7-9, she reiterated what was in her original complaint, that Medic was disrespectful and appeared to be "making fun of me". She states Medic has responded to her home twice, and that both times he was "rude and uncaring", and that he implied she was seeking drugs for her chronic pain. She stated he told the ER staff after arrival that she was a "drug seeker", and that he was joking with ER staff about her. She stated the fire department that is close to her home has seen her numerous times, and that they are always professional and patient with her. She also stated that the only person she has ever come into contact with from REMSA that was unprofessional was this Medic. She said that AEMT, who was the attendant on this call, was very nice. She asked that I make sure Medic does not respond to her house in the future. I informed her that if she calls 911 and he happens to be in the closest unit, he may indeed respond. She stated she would not allow him to enter her house and will request someone else be sent.				



# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Summer Jobs for Kids

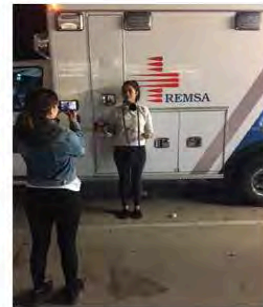
High school student Bridgette Cenac teaches CPR, first aid and babysitting classes at REMSA. She was highlighted on KOLO.



### NPR's Next Gen Radio Program Ridealong

A UNR journalism student who participated in NPR's Next Generation Radio program, did a midnight ridealong with REMSA paramedic Owen Shaw. She spoke to him about the highlights and struggles of working in EMS.

Find the story on [www.reno2018.nextgenerationradio.org](http://www.reno2018.nextgenerationradio.org).





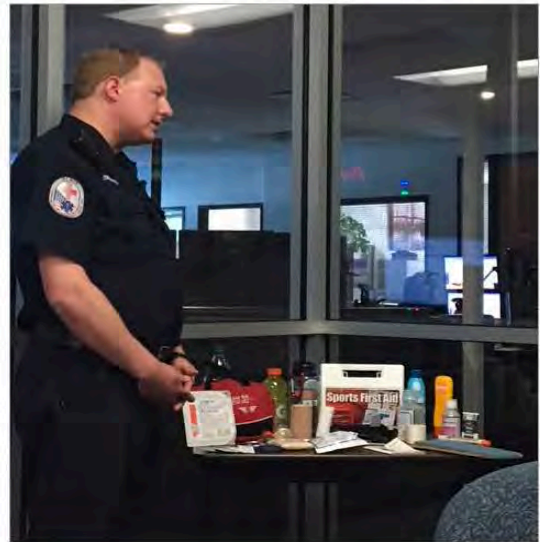
# June 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

## PUBLIC RELATIONS

### Univision First Aid and Summer Safety Stories

Adam Heinz, Director of the Clinical Communications Center, participated in two separate interviews with Univision. The first was about preparing a first aid kit for summer outings and the second was about the dangers of a hot car and water safety.



2

# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Zoll - Billing Management Video on YouTube

Chris Watanabe, Vice President of Business Services, participated in a video interview with Zoll. It was posted on their YouTube channel.



### Promoting Innovation in EMS (PIE) project

The PIE project used broad stakeholder involvement over four years to identify and develop guidance to overcome common barriers to innovation at the local and state levels and foster development of new, innovative models of healthcare delivery within EMS. EMS World mentioned REMSA regarding Medicaid policy changes.



The Catalyst for Payment Reform is an active advocacy group for large employers such as AT&T, Boeing, Google, Walmart, and others that is pushing for changes in healthcare payment policy.<sup>8</sup> The National Governors Association has been promoting Medicaid policy changes and has worked with agencies such as MedStar, REMSA, and others to promote payment for new models of EMS service delivery.<sup>9</sup> The National Association of ACOs (part of the Patient-Centered Primary Care Collaborative) would also be a logical partner.<sup>10</sup> ACOs have recently shown a keen interest in alternative destination/treat-and-no-transport EMS models and may be another logical partner to help decouple payment from transport.

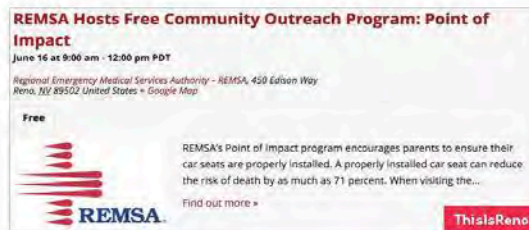
# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## PUBLIC RELATIONS

### Point of Impact

REMSA continues to be on calendar listings on ThisIsReno, KOLO and *Reno News & Review* for Point of Impact.



**REMSA Hosts Free Community Outreach Program: Point of Impact**  
 June 16 at 9:00 am - 12:00 pm PDT  
 Regional Emergency Medical Services Authority - REMSA, 450 Edison Way  
 Reno, NV 89502 United States • Google Map

**Free**

REMSA's Point of Impact program encourages parents to ensure their car seats are properly installed. A properly installed car seat can reduce the risk of death by as much as 71 percent. When visiting the...

Find out more >

**ThisIsReno**



**REMSA Hosts Free Community Outreach Program: Point of Impact**  
 Saturday, June 16, 2018  
 9:00 am - 12:00 pm

**REMSA**  
 450 Edison Way  
 Reno, NV  
 Directions

Price: Free - Free

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

This outreach program encourages parents to check the car seat to make sure it has all its parts, labels and instructions. It should also never have been involved in a crash. REMSA will help people register their car seat with the manufacturer if they have not done so already. Registration makes it easy for the manufacturer to contact the consumer in the event of a recall.

For additional information about this program and/or child safety seats, call 858-KIDS (858-5437) or visit our website at [remahealth.com](http://remahealth.com).

**RN&R**



**REMSA Hosts Free Community Outreach Program: Point of Impact**  
 SAT, JUN 16, 2018 9:00 AM - 12:00 PM

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

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For additional information about this program and/or child safety seats, call 858-KIDS (858-5437) or visit our website at [remahealth.com](http://remahealth.com).

**KOLO**

### Save a Heart CPR Community Course

REMSA's Save a Heart CPR Community Course can be found on ThisIsReno's calendar listing.

### Save a Heart CPR Community Course

June 23 at 9:00 am - 11:00 am PDT

REMSA Center for Prehospital Education, 400 Edison Way  
 Reno, 89502 United States • Google Map

\$25.00



This an awareness video-based, classroom course intended for anyone who wants to learn CPR and prefers to learn in an instructor-led or facilitated group environment. This course is for people who do not need a...

Find out more >



# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## STRATEGIC INITIATIVES

### REMSA Partners with Humboldt General Hospital to Provide Nurse Health Line services

The Business Development department continues to form contractual partnerships with rural hospitals through the Nurse Health Line program. The latest partner to join is Humboldt General Hospital. They enthusiastically embraced the program and committed marketing resources to give the program a robust community launch.



**HGH**  
Humboldt General Hospital

(770) 623-5222

FIND A PROVIDER SERVICES

### Humboldt General Hospital Partners With REMSA to Provide Access to Registered Nurses 24/7

Posted by Humboldt General Hospital

**JUNE 12, 2018**

Local residents who have a medical problem or question now have the option to speak to a registered nurse 24 hours a day, seven days a week.

Humboldt General Hospital will launch a Nurse Health Line on June 15 in partnership with REMSA, the Regional Emergency Medical Services Authority.

The free service will improve access to care for individuals and families in Humboldt County, Nevada. Registered nurses are available to provide assessment, care recommendations and/or referrals to appropriate health care or community services. Through a contract agreement, Humboldt General Hospital will launch the program specifically for residents within its service area, and residents will be referred to local health resources for any recommended medical treatment unless more appropriate care is available out of area.

Local residents are encouraged to call the Nurse Health Line for illnesses, injuries and symptoms that include sore throat, minor burns, arm or leg pain/injury, cough/cold/flu symptoms, falls, vomiting, rash, low fever, minor pains, sprains/strains, earaches and nosebleeds.



It's 12:35 a.m. She's running a fever and you're **NOT SURE** what to do.

Humboldt General Hospital  
**NURSEHEALTHLINE**  
in partnership with REMSA

There are **HUNDREDS** of reasons to call the Humboldt General Hospital Nurse Health Line, but the best one is **PEACE OF MIND**.

Humboldt General Hospital  
**NURSEHEALTHLINE**  
in partnership with REMSA

**What is the HGH Nurse Health Line?**

When you have a medical problem or question, you now have the option to speak to a registered nurse free of charge simply by calling the HGH Nurse Health Line.

Nurses with special training and experience are available 24 hours a day, 7 days a week to provide assessment, care recommendations and/or referral to the appropriate health care or community service.

**FEVERS, COLDS, FLU, strains, allergies, bug bites, earaches and minor burns** — these are just a few of the reasons to call the HGH Nurse Health Line. This non-emergency service is available to all Humboldt County, Nevada, residents free of charge regardless of insurance status. You can even call while traveling in other parts of Nevada and California.

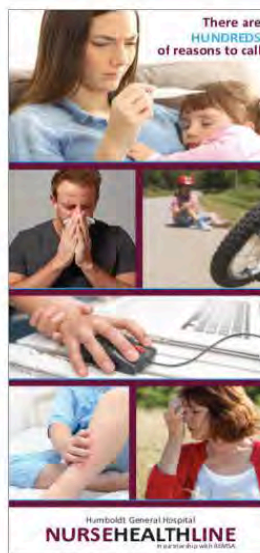
**NURSE HEALTH LINE** nurses will recommend a level of care including seeking immediate care through the 9-1-1 system, visiting a clinic location, or staying at home with self-care instructions.

**BUT REMEMBER** ... you should always call 9-1-1 for chest pain, severe burns, seizures, severe allergic reaction, sudden loss of consciousness, weakness on one side or trauma.

**775-621-0105**

**HGH** **REMSA**

Postcard



There are **HUNDREDS** of reasons to call

Humboldt General Hospital  
**NURSEHEALTHLINE**  
in partnership with REMSA

There are **HUNDREDS** of reasons to call the Humboldt General Hospital Nurse Health Line, but the best one is **PEACE OF MIND**.

**FEVERS, COLDS, FLU, strains, allergies, bug bites, earaches and minor burns** — these are just a few of the reasons to call the HGH Nurse Health Line. This non-emergency service is available to all Humboldt County, Nevada, residents free of charge regardless of insurance status. You can even call while traveling in other parts of Nevada and California.

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**BUT REMEMBER** ... you should always call 9-1-1 for chest pain, severe burns, seizures, severe allergic reaction, sudden loss of consciousness, weakness on one side or trauma.

Nurses can help you:

- By asking a series of questions about your symptoms to assess the level of care needed.
- Decide if you should be seen by a medical provider right away, if you can wait a few days, or if you can provide self-care.
- Reach your medical provider or suggest other choices like urgent care or clinics.
- Find other community resources to help you such as clinics, community agencies or assistance programs.

Humboldt General Hospital  
**NURSEHEALTHLINE**  
in partnership with REMSA

**775-621-0105**

**HGH** **REMSA**

Rack Card



# June 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

## COMMUNITY RELATIONS

### CPR Week

CPR Week was June 1 - 7. The REMSA Education team participated in events across the community from a Reno Aces Game to a farmers market to an elementary school field day. They trained more than 290 people on how to provide hands-only CPR.



## June 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

### COMMUNITY RELATIONS

#### City of Reno Safety Expo

REMSA participated in the City of Reno's annual Safety Expo. The bike team, TEMS, Search and Rescue and hands-only CPR were all on display.



#### FAA Tours REMSA

REMSA welcomed members of the FAA along with our Flirtey partners for a tour of the Clinical Communications Center on Friday, June 29. The participants gathered as progress continues to be made on the AED drone delivery program.

## June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

### COMMUNITY RELATIONS

#### Reno Big Dig

The American Cancer Society hosted the Reno Big Dig on June 2, an event to help raise money for local patient services and cancer research. Children had a chance to explore static exhibits from the Sheriff's Department, REMSA, and the US Forest Service.





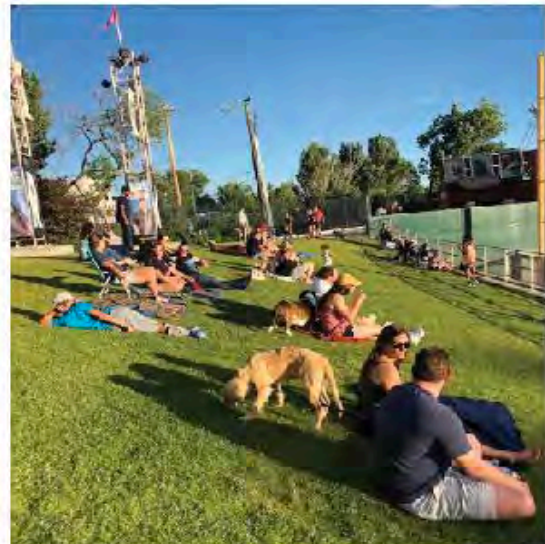
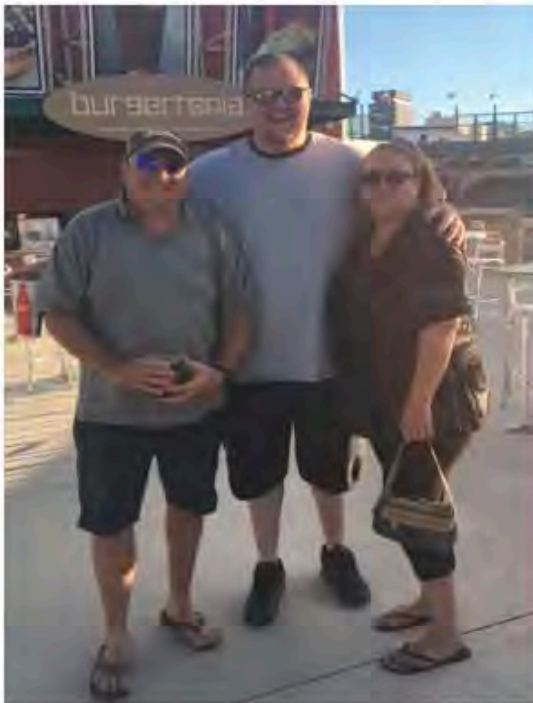
## June 2018 Public Relations + Digital Media Highlights Report

*District Board of Health*

### INTERNAL INITIATIVES

#### Employee Appreciation

On Wednesday, June 27, REMSA - Care Flight hosted a quarterly employee appreciation event. Employees from across the organization and their families gathered at a Reno Aces Game. We had a fantastic turn-out! Employees were treated to complimentary game tickets and credit for food and drinks.



# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### REMSA Social Media

Social media engagement is an important element of a robust public relations program, and we plan to continue the momentum with engaging content and new ways of telling the REMSA story through these social channels, while exploring others.

### Facebook

- **Likes to-date:** 2,575
- **Followers to-date:** 2,554
- **June posts:** 24
- **June post comments:** 15
- **June post shares:** 116
- **June post reactions:** 550

### Top Posts By Reach

- ▼ **1. Emergency Care Communication Job Openings in Northern NV & CA**
  - 2,942 people reached
  - 70 reactions, comments and shares





# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### Top Posts By Reach

#### 2. Students Experience Impaired Driving Lesson Through Mock Fatal DUI Crash

- 1,424 people reached
- 49 reactions, comments and shares

Regional Emergency Medical Services Authority - REMSA \*\*\*  
Published by KPS3 [?] · June 27 at 9:15 AM ·

Students at Incline Village High School learned about the dangers of driving under the influence during "Every 15 Minutes," a school-based, alcohol prevention program. Our Care Flight team, along with other local agencies, participated in this simulated two-day program meant to reduce and eliminate alcohol use among adolescents. Learn more about the impacts of this program from KTVN Channel 2 News.



KTVN.COM

**Students Experience Impaired Driving Lesson Through Mock Fatal DUI Crash**

#### 3. Free Hands-Only CPR Training

- 1,220 people reached
- 42 reactions, comments and shares

Regional Emergency Medical Services Authority - REMSA \*\*\*  
Published by KPS3 [?] · June 2 ·

June 1-7 is National CPR and AED Awareness Week. We're pleased to support the American Heart Association and its mission to increase survival from cardiac arrest.

Please join us at the following events this week. #CPRsavesLives



**FREE Hands-Only CPR TRAINING**

June 1-7 is National CPR and AED Awareness Week

We're pleased to support the American Heart Association and its important mission to increase survival from cardiac arrest. We're asking all members within our community to please take one minute of your day to learn the lifesaving skills of Hands-Only CPR.

**Please join us:**

<b>June 1 6:30am – 10:30am</b> RTO Race Start Wingfield Park	<b>June 1 4:30pm – 6:30pm</b> Reno Aces Greater Nevada Field	<b>June 2 9am – 3pm</b> Family Health Festival Rancho San Rafael
<b>June 3 8am – 11:30am</b> Squeeze In South Reno	<b>June 4 9am – 11am</b> Sparks Senior Center	<b>June 4 11am – 12pm</b> Reno Senior Center
<b>June 5 8am – 1pm</b> Sparks Farmer's Market Sparks United Methodist Church	<b>June 6 5pm – 6:30pm</b> Feed the Camel McKinley Arts & Culture Center	<b>June 7 pm – 2:40pm</b> Libby Booth Field Day Libby Booth Elementary (Libby Booth Elementary students only)

Please contact [amarin@remsa-cf.com](mailto:amarin@remsa-cf.com) or call 775-353-0780 with event questions.

*We'll see you there!*



# June 2018 Public Relations + Digital Media Highlights Report

District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### LinkedIn

- **Followers to-date:** 930 +43 likes from January 2018
- **June Posts:** 3
- **June Impressions:** 1,055
- **June Clicks:** 37
- **June Social Actions:** 18

### Top Post By Impressions



# June 2018 Public Relations + Digital Media Highlights Report

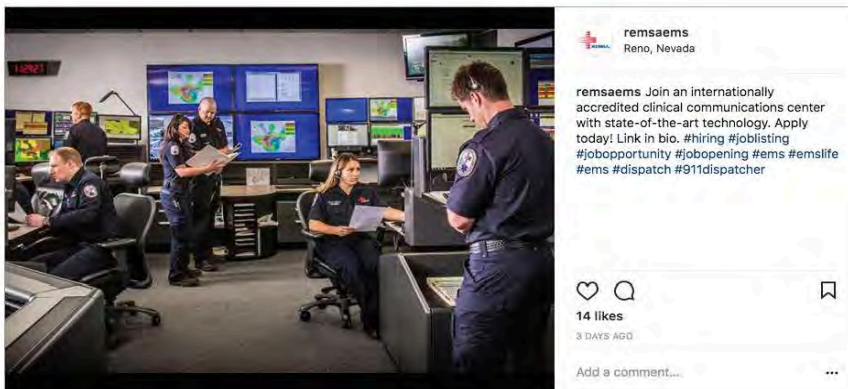
District Board of Health

## SOCIAL MEDIA HIGHLIGHTS

### Instagram

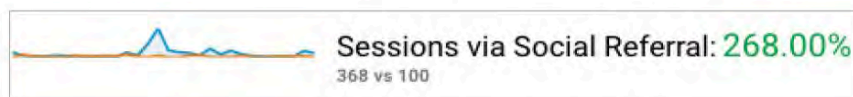
This past month, we started using Instagram for paid media recruitment efforts. We also posted one job-related post about the Communications Specialists positions.

- **Followers to-date:** 76
- **June Posts:** 1



### June Website Referral Sessions from Social Media

Website referral sessions from social media have increased 268% year over year. The increase in sessions in June can be attributed to Facebook and LinkedIn efforts.





## REMSA 2017- 2018 PENALTY FUND RECONCILIATION AS OF MAY 31, 2018

### REMSA 2017-18 PENALTY FUND RECONCILIATION AS MAY 31, 2018

#### 2017-18 Penalty Fund dollars accrued by month

Month	Amount
July 2017	\$6,510.60
August 2017	6,275.80
September 2017	9,269.04
October 2017	7,060.72
November 2017	6,271.88
December 2017	8,733.88
January 2018	7,279.84
February 2018	8,018.44
March 2018	8,407.16
April 2018	5,633.04
May 2018	8,711.08
June 2018	
<b>Total accrued as of 5/31/2018</b>	<b>\$82,171.48</b>

#### 2017-18 Penalty Fund dollars encumbered by month

Program	Amount	Description	Submitted
Child Safety	\$5,965.00	500 First Aid Kits for children's league sports	January-18
PulsePoint Respond CPR/AED Phone Application	\$10,000.00	PulsePoint Respond Implementation Services - License will be billed upon installation	April-18
CTO Poweredge R330	2,824.69	Computer for PulsePoint Respond	May-18
PulsePoint Respond Annual Subscription	13,000.00	PulsePoint Respond annual license, maintenance and support	May-18
<b>Total encumbered as of 5/31/2018</b>	<b>\$31,789.69</b>		
<b>Penalty Fund Balance at 5/31/2018</b>	<b>\$50,381.79</b>		



**REMSA INQUIRIES**

**JUNE 2018**

No inquiries for June 2018



**Staff Report**  
**Board Meeting Date: July 26, 2018**

**TO:** District Board of Health

**FROM:** Kevin Dick, District Health Officer  
775-328-2416, kdick@washoecounty.us

**SUBJECT:** Consideration and possible adoption of a policy for Environmental Health Services and Air Quality Management fee relief or mitigation for entities affected by disasters and emergencies.

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**SUMMARY**

It is proposed that the District Board of Health adopt a policy that any relief or mitigation of payment for Environmental Health Services (EHS) and Air Quality Management (AQM) fees only be provided if the costs of the fee relief or mitigation is reimbursed to the Health District by the jurisdiction in which the entity subject to the fee is located, or is otherwise reimbursed by a third party to recover the cost of the fee relief or mitigation.

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

**PREVIOUS ACTION**

In February, 2014 the DBOH accepted a Fundamental Review of the Health District prepared by the Public Health Foundation that recommended that the Health District seek to fully recover the costs of services provided by the EHS and AQM programs.

On March 27, 2014 the DBOH directed staff to implement the fundamental review recommendations to include the full cost of these services and adjust the fee accordingly.

In December, 2015 the DBOH adopted adjusted fee schedules to fully recover the costs of services provided through EHS and AQM.

The DBOH took action in May 2017 to provide a temporary program in which septic repair and well abandonment permit and building plan review fees were not collected for single family homes affected by Swan Lake (and the immediate vicinity) flooding in Lemmon Valley where verification was provided in writing by the insurance carrier that the cost of permits for repairs was not covered by the applicable insurance policy, and, approved a temporary program of not collecting permit and plan review fees for these homes provided that building permit application was submitted by July 1, 2020 or WCHD permit application submitted by September 30, 2017.: with all associated costs to be covered through the Health Fund Account.. In January, 2018 the DBOH took action to provide a 60 day continuance from January 25, 2018 to March 25, 2018.

During the May 25, 2017 Board meeting the DBOH directed that a Health District policy be developed for consideration regarding mitigation of fees for those impacted by disasters and declared emergencies.

### **BACKGROUND**

When residences, businesses, or other entities are impacted by disasters and emergencies they may require services and/or permits from the Health District for which fees are assessed to recover the costs of the services. The location and number of entities impacted may vary based upon the magnitude of the disaster or emergency and the geographic area affected. A disaster or emergency may only affect entities in one jurisdiction, or they may affect several jurisdictions or the entire region. The Health District budget does not include funds allocated for expenditures required to provide relief or mitigation of EHS and AQM fees.

### **PROPOSED POLICY**

It is proposed that the Washoe County Health District policy be that relief or mitigation of EHS and AQM fees for entities affected by disasters or emergencies will only be provided if the Health District is reimbursed for the cost of the fee relief or mitigation by the jurisdiction in which an entity subject to the fee is located, or the Health District is otherwise reimbursed by a third party to recover the cost of the fee relief or mitigation.

### **FISCAL IMPACT**

There is no additional fiscal impact to the FY19 budget should the Board adopt the proposed policy for EHS and AQM fee relief or mitigation for entities affected by disasters and emergencies.

### **RECOMMENDATION**

Staff recommends that the DBOH adopt the proposed policy as stated, or with modification, as desired by the Board

### **POSSIBLE MOTION**

Should the Board agree with staff's recommendation, a possible motion would be "Move to adopt the proposed policy for EHS and AQM fee relief or mitigation for entities affected by disasters and emergencies."

**AIR QUALITY MANAGEMENT  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: July 26, 2018**

**DATE:** July 13, 2018  
**TO:** District Board of Health  
**FROM:** Charlene Albee, Director  
775-784-7211, calbee@washoecounty.us  
**SUBJECT:** Program Update, Divisional Update, Program Reports

---

**1. Program Update**

a. Ozone Advance Efforts



On July 27, 2017, a report was presented to the District Board of Health identifying efforts by the AQMD to support a national initiative to petition the EPA to adopt ultra-low emission standards for heavy-duty trucks. Even though EPA indicated they would proceed with the initiative, there have been no further measurable actions. Unfortunately, the exact opposite has occurred. EPA is now reconsidering vehicle fuel efficiency standards which equates to fewer miles per gallon, more fuel consumption, and subsequently higher emissions. Additionally, the EPA Office of Enforcement and Compliance Assurance (OECA) has committed to a “No Action Assurance”, through June 6, 2019, or until the effective date of a new rule can be promulgated, to allow manufacturers of glider trucks to continue to supply heavy duty trucks that emit up to 55 times higher emissions than new trucks. The reconsideration of standards is not limited to vehicles. EPA is also considering extending the effective date, from 2020 to 2023, of phase 2 of the residential wood heater regulations.

The cumulative impact of all of these actions highlights the importance of the implementation of the Ozone Advance Program. AQMD staff has begun providing detailed comments on proposed development projects to identify specific opportunities available for emission reductions. Incorporating Ozone Advance elements in development projects also supports a healthy community. For example, a centrally located school with active transportation (walking and biking) infrastructure can also improve chronic diseases such as obesity and diabetes. Another example is investing energy efficiency into new residential construction. This will reduce monthly utility bills which means extra dollars for citizens to spend in the community. Lower utility bills also make affordable housing more affordable.

In addition to written comments, the AQMD will be more visible by providing public comment during planning commission and city council meetings. The goal of commenting on proposed development projects is to begin or continue discussions about the connections between the built environment and public health. To date, the Ozone Advance Program has been well received at the elected official's level as demonstrated by adopted resolutions of support by all the local governing boards. The intent was for these resolutions to provide direction to community development departments, planning commissions, and governing boards to encourage "better than business as usual" growth. We are seeing minimal success with Ozone Advance-type initiatives being implemented in the community. Today's land use decisions will directly affect our region's vehicle miles traveled which is the most important determinate for our ozone concentrations.

With the loss of federal control measures and minimal voluntary reductions from the Ozone Advance Program, the future attainment of the ozone ambient air quality standard is in jeopardy. Recognizing the emission reductions being relied upon may not be available, AQMD is in the early stages of developing additional control strategies to reduce ozone emissions. The NASA DEVELOP project is the first step in identifying areas that are contributing to the heating of the region and will be used to develop policies moving forward. The project was recently featured in the Nevada Planner Summer 2018 publication.

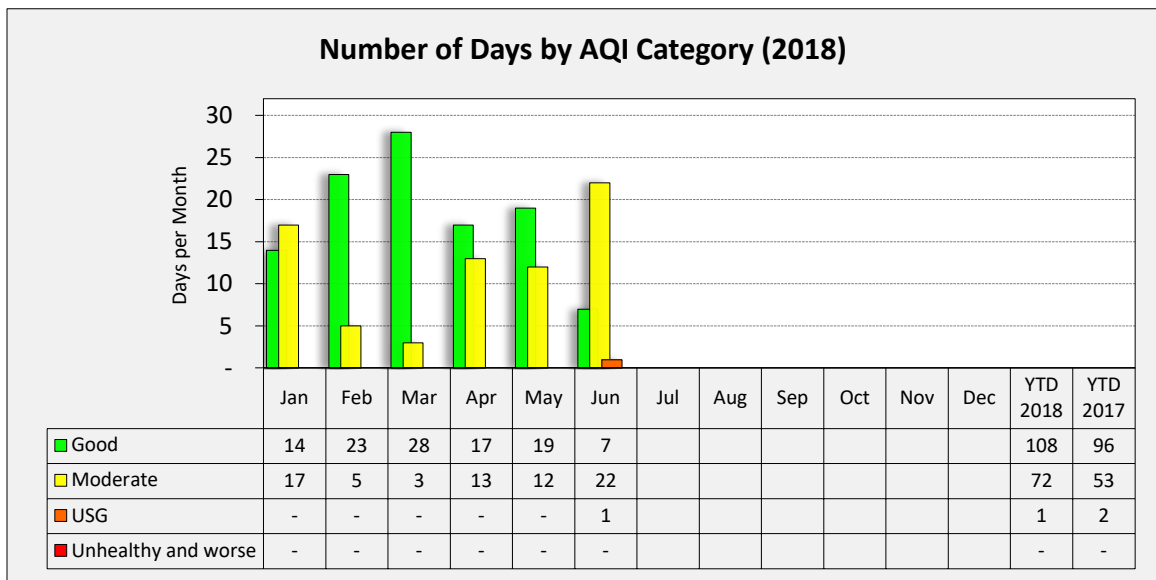
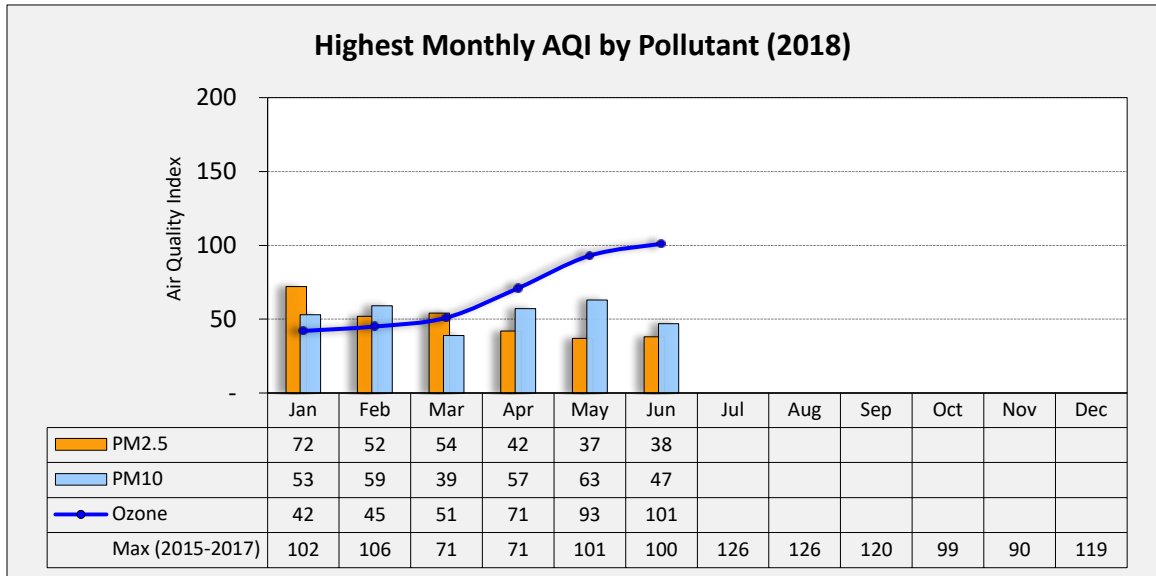
b. Air Resource Advisor Training Completed

At the March 22, 2018 meeting, the District Board of Health approved the commitment to support the Wildland Fire Air Quality Response Program. As a result of this approval, Julie Hunter, Senior Air Quality Specialist, completed the initial 40-hour classroom training in Boise, Idaho. The final training involved her deployment by the U.S. Forest Service to fires in New Mexico and Colorado to serve as a trainee under a current Air Resource Advisor (ARA). Ms. Hunter left Reno on June 6th and returned on June 21st with a wealth of knowledge and experience. She is now fully trained and available to apply her skills as an ARA throughout the region providing critical support for the protection of public health during wildfires.

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](http://OurCleanAir.com).



### 3. Program Reports

#### a. Monitoring and Planning

June Air Quality: There was one exceedance of the ozone National Ambient Air Quality Standard (NAAQS) during the month of June. There were no other exceedances of any other NAAQS.

Wildfire Smoke: Compared to as recent as ten years ago, wildfire season starts earlier, ends later, and is more intense. For example,

the largest fire in California's history began in December 2017 and wasn't contained until January 2018. Depending on weather conditions, smoke from fires anywhere between the Canadian and Mexican borders can impact air quality in Washoe County. Air pollution concentrations can change rapidly during wildfire season. Fine particulate matter (PM<sub>2.5</sub>) concentrations can worsen and reach harmful levels in just a few hours. AQM developed the "Keep it Clean, Be Smoke Smart" campaign to provide current wildfire and smoke information for the community. "Be Smoke Smart" is a great resource to answer basic questions about wildfires such as: Where is the fire? Where is the smoke going to be? What is the current air quality? What should I do to protect myself? AQM partners with the National Weather Service and local media to educate the public on how to make good decisions when wildfire smoke affects Northern Nevada.



Ozone Infrastructure State Implementation Plan (I-SIP): An I-SIP is required to be submitted to EPA when a NAAQS is established or revised. This plan is a demonstration that the AQMD has the authority and resources to implement the NAAQS. The proposed Ozone I-SIP for the July 2018 DBOH meeting is in response to the strengthening of the 2015 NAAQS from 0.075 to 0.070 ppm.

Daniel K. Inouye  
Chief, Monitoring and Planning

b. Permitting and Enforcement

Staff reviewed eighty-eight (88) 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 Reno code enforcement and the owners of The Eddy and Firetrail Pizza to mitigate odor issues at the Washoe County Justice building on Second Street in Reno. The odors are from a wood-fired pizza oven that was installed near the Justice Building air inlets.

Staff conducted forty-one (41) stationary source inspections, twenty-two (22) gasoline stations and four (4) initial compliance inspections in June 2018. Staff was also assigned twenty-two (22) new asbestos abatement projects, overseeing the removal of 50,000 square feet of asbestos containing materials. Staff received six (6) new building demolition projects to monitor. Further, there were twenty-two (22) new construction/dust projects to monitor, totaling 350 new acres of land being worked for various projects. Staff performed thirty-six (36) 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 eleven (11) complaints.

Type of Permit	2018		2017	
	June	YTD	June	Annual Total
<b>Renewal of Existing Air Permits</b>	109	602	115	1055
<b>New Authorities to Construct</b>	6	32	6	60
<b>Dust Control Permits</b>	22 (351 acres)	105 (1645 acres)	24 (715 acres)	173 (2653 acres)
<b>Wood Stove (WS) Certificates</b>	40	214	50	474
<b>WS Dealers Affidavit of Sale</b>	0 (0 replacements)	44 (29 replacements)	0 (0 replacements)	54 (40 replacements)
<b>WS Notice of Exemptions</b>	721 (5 stoves removed)	4154 (51 stoves removed)	1043 (7 stoves removed)	9722 (88 stoves removed)
<b>Asbestos Assessments</b>	103	593	108	1029
<b>Asbestos Demo and Removal (NESHAP)</b>	29	147	28	241

COMPLAINTS	2018		2017	
	June	YTD	June	Annual Total
Asbestos	1	5	0	13
Burning	0	1	2	10
Construction Dust	7	25	4	42
Dust Control Permit	0	0	0	2
General Dust	2	18	6	54
Diesel Idling	0	6	0	0
Odor	1	16	1	15
Spray Painting	0	4	0	11
Permit to Operate	0	4	2	3
Woodstove	0	3	0	7
<b>TOTAL</b>	<b>11</b>	<b>82</b>	<b>15</b>	<b>157</b>
NOV's	June	YTD	June	Annual Total
Warnings	3	13	0	10
Citations	1	2	2	7
<b>TOTAL</b>	<b>4</b>	<b>15</b>	<b>2</b>	<b>17</b>

\*Discrepancies in totals between monthly reports can occur due to data entry delays.

Mike Wolf  
 Chief, Permitting and Enforcement



# Ute and 416 Fire Assignment June 2018

**Julie Hunter, Senior Air Quality Specialist**  
Washoe County Health District, Air Quality Management Division  
District Board of Health  
July 26, 2018

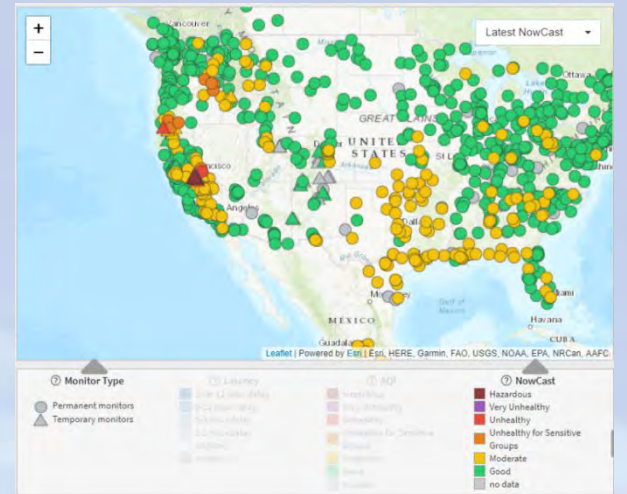
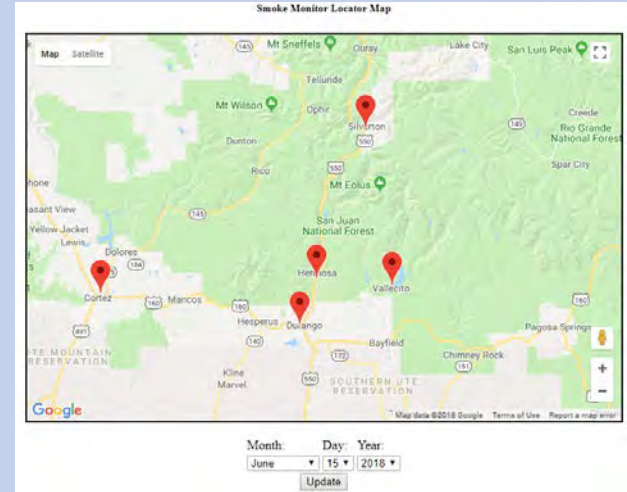


# Wildland Fire Air Quality Response Program

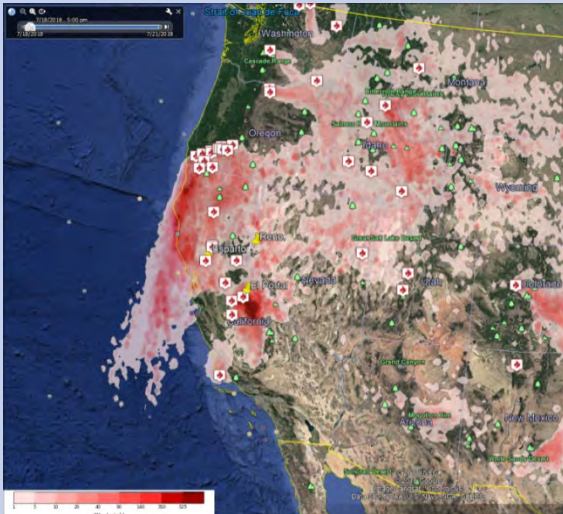
- Led by USDA – US Forest Service
- Assess, communicate and address smoke risks
- Four components
  - Trained personnel – Air Resource Advisors
  - Air quality monitoring
  - Air quality modeling
  - Coordination/cooperation
- Air Resource Advisors (ARA)
  - Analyze and predict smoke impacts
  - Communicate impacts



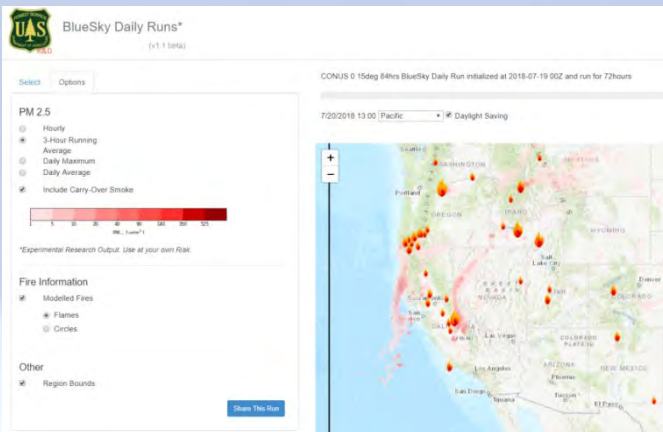
# Monitoring



# Modeling



- Incident Command
  - Planning Section
    - IMET
    - FBAN
    - GIS
  - Operations Section
    - Ground
    - Air



# Forecasting

**Smoke Outlook for 6/15 - 6/16**  
**SW Colorado 416 and Burro Fires**  
 Issued at: 2018-06-15 14:38 UTC

Outlook for SW Colorado

**Fire**  
 416 Fire is at about 32,959 acres, 18% containment. Burro Fire is about 3,485 acres at 0% containment. There is a Red Flag warning again today, with predicted dry lightening. Gustly outflow winds may lead to extreme fire behavior.

**Smoke**  
 Durango and Bondad will see heavy smoke impacts again this morning clearing mid to late morning with good air quality this afternoon. Smoke will settle back into Durango again early tomorrow morning. Hermosa will see smoke impacts at varying levels throughout today with heaviest levels overnight. Similar to yesterday, Silverton and Lake City will see greater smoke impacts late this afternoon and throughout the evening today and early tomorrow. Vallecito will be clear this morning and may see smoke drifting in late this afternoon. Aztec may see morning impacts but should be clear most of the day. Dolores and Cortez should not see much smoke impacts today.

**Should I wear a mask?**  
 N95 masks may help some people reduce their exposure to smoke but it is not appropriate for everyone and may make symptoms worse. For more information on whether or not you should consider a mask go to this website:  
<https://tinyurl.com/smoke416>

Daily AQI Forecast for Jun 15, 2018

Station	Yesterday hourly	Thu 6/14	Forecast Comment for Today -- Fri, Jun 15	Fri 6/15	Sat 6/16
Bondad			Smoke impacts greatest in the mornings, clearing after noon.		
Cortez			Light to little smoke impacts today and tomorrow morning.		
Hermosa			Moderate to heavy smoke impacts throughout the day, lingering throughout the evening and early morning.		
Vallecito			Light to little smoke impacts today and tomorrow morning.		
Durango			Heaviest smoke impacts this morning, with clearing during the day and returning early tomorrow morning.		
Aztec			Heaviest smoke impacts in the morning, clearing by early afternoon.		
Silverton			Smoke impacts early this afternoon, with heaviest impacts early this evening, lingering throughout the evening, lifting tomorrow morning.		

Issued 2018-06-15 14:38 UTC by Andrea Holland, Julie Hunter (t)

Air Quality Index (AQI)	Actions to Protect Yourself
Good	None
Moderate	Unusually sensitive individuals should consider limiting prolonged or heavy exertion.
USG	People within Sensitive Groups* should <b>reduce</b> prolonged or heavy outdoor exertion.
Unhealthy	People within Sensitive Groups* should <b>avoid all</b> physical outdoor activity.
Very Unhealthy	Everyone should avoid prolonged or heavy exertion.
Hazardous	Everyone should avoid any outdoor activity.

**Disclaimer:** Forecasts may be wrong; use at own risk. Use caution as conditions can change quickly. \*See your health professional as needed. Smoke sensitive groups should take appropriate precautions.

by USFS Wildland Fire Air Quality Response Program -- [www.wildlandfiresmoke.net](http://www.wildlandfiresmoke.net)  
 SW Colorado Updates -- [tools.airfire.org/production-outlooks/SWColorado](http://tools.airfire.org/production-outlooks/SWColorado)  
 Smoke and Health Info -- [www.airnow.gov/index.cfm?action=smoke.index](http://www.airnow.gov/index.cfm?action=smoke.index)

- Air Quality Index
  - Previous day
  - Two day forecast
- Fire behavior
- Smoke impacts
- Special statements



# Communication



- Traplines
- Public meeting
- Disaster relief
- IC briefings



# Coordination/Cooperation

- Incident Command
  - PIO
  - Logistics
- State and Local Agencies
  - Public Health
  - Emergency Operations

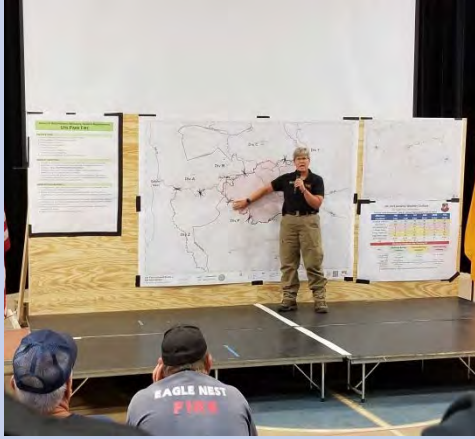




# AQMD Benefits

- Incident Command
- Training and tools
- Outlook products
- Portable monitoring instruments
- Consistent messaging
- Supports and supplements planning
  - Exceptional Event Demonstrations
  - Mitigation Plan
  - Smoke Management Program

# Thank You



DD	SK
DHO	AD

**Community and Clinical Health Services  
Director Staff Report  
Board Meeting Date: July 26, 2018**

**DATE:** July 13, 2018  
**TO:** District Board of Health  
**FROM:** Steve Kutz, RN, MPH  
775-328-6159; skutz@washoecounty.us  
**SUBJECT:** Divisional Update – Changes to CCHS Programs; Medicaid Enrollment Assistance;  
Data & Metrics; Program Reports

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**1. Divisional Update**

- a. **Changes to CCHS Programs** – As part of the Division’s Strategic Plan, CCHS management periodically reviews the plan and what is on the horizon for the Division. In the review of our programs and associated workloads, it became clear that we needed to make some tough decisions with respect to our current activities, especially in light of what else may be available in the community as well as increasing demands in other areas. Cases of reportable STDs (Chlamydia up 9.6%, Gonorrhea up 19.8% and infectious Syphilis up 75%, from 2016 to 2017) in Washoe County and the increased burden of required data entry and management have necessitated additional resources for the Sexual Health program. To meet this demand we are adding management and staff time/resources to our Sexual Health Program, program management will be split into clinical and disease investigation components, and additional hours of Public Health Nurse time will be added to clinic and disease investigation.

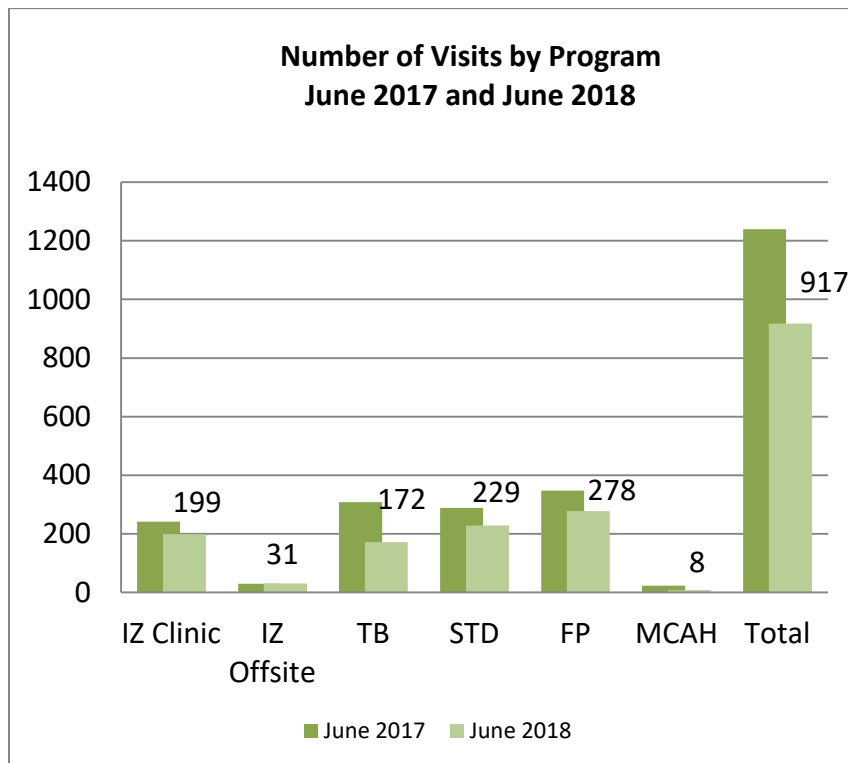
The added resources will be from reassigning Infection Control activities, a TB clinic assignment, and changes to our Maternal Child Health (MCH) program. Clinic MCH visits will be discontinued; these included referral to community resources and services such as healthcare, food access, WIC, etc. It should be noted that our MCH clinic did not provide primary care to children. Approximately 88% of our population is covered by healthcare insurance, and primary care services are available through our two FQHCs for people who do not have health insurance. Some services, such as follow up newborn screening tests for suspected metabolic disorders and elevated lead levels will be continued with CCHS staff. Safe sleep education and crib

distribution will continue as well, as CCHS was responsible for approximately 50% of cribs distributed in Washoe County this past fiscal year through the Cribs for Kids program.

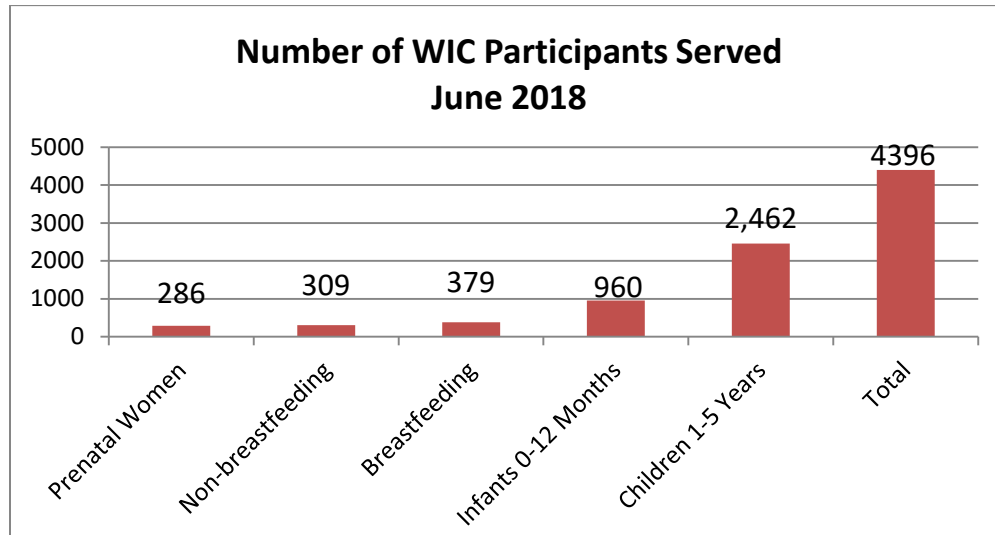
CCHS remains committed to the health and well-being of our individuals and families through the many services we offer, addressing both chronic and acute diseases through our Chronic Disease Prevention, Family Planning, Sexual Health (STD & HIV), Immunization and WIC programs. Clients will continue to be offered referrals to the myriad of resources available throughout Washoe County.

b. **Medicaid Enrollment Assistance** – our partnership with the Enrollment Assister from HOPES ended in June, as the grant funding ended with the close of fiscal year 2018. During the 13 months we had the Enrollment Assister at the Health District, she enrolled close to 100 individuals in Medicaid. Talks are currently underway with Nevada DHHS to secure a Medicaid enrollment assister at the Health District a minimum of two days a week.

c. **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** – Staff welcome Ashley Evans and Rachel Contreras, Public Service Interns. Ashley and Rachel will be assisting with NEDSS Base System (NBS) data entry.
- b. **Immunizations** – Staff are planning two Back to School immunization events – Family Health Festival on July 25, 2018 and Give Kids a Boost on August 4, 2018.
- c. **Tuberculosis Prevention and Control Program** – TB program received final approval and arrangements to add T-Spot, an additional Interferon Gamma Release Assay (IGRA) blood test, to the arsenal of methods available to diagnose TB infection and TB disease. T-spot method corrects for immunocompromised status by counting white blood cells and evaluating a standard number of white cells with each test. CDC sent out new recommendations for Treatment of LTBI (latent tuberculosis infection) allowing patients to self-administer the once weekly for 12 weeks medication regimen without requiring direct observation by staff. This will allow primary care providers to more confidently treat their own patients thereby removing some of the burden from our TB staff. TB program will write an interim protocol for our overseeing physician, Dr. Krasner, to review and sign allowing implementation of the new recommendation. No new active cases of TB have been diagnosed since last month although there is one highly suspicious case currently under evaluation.
- d. **Family Planning/Teen Health Mall** – On June 13, 2018, staff provided reproductive health education to 67 female inmates. On June 20, 2018, birth control was provided to seven inmates. The reproductive health education segment was recorded and is being viewed by other female



housing units. There are currently 15 females signed up to receive birth control, and staff will be returning to the jail on July 11<sup>th</sup>, July 27<sup>th</sup>, and August 1<sup>st</sup> to provide birth control services.

Staff attended the National Reproductive Health Title X Conference July 15<sup>th</sup> – July 18<sup>th</sup>, 2018 in Kansas City.

- e. **Chronic Disease Prevention Program (CDPP)** – The CDPP team hosted the Chronic Disease Annual Coalition meeting on June 7<sup>th</sup>. The meeting was a huge success with 43 attendees who engaged in active conversations, and heard from guest speakers who shared their work and progress in healthy food efforts in Washoe County and smoke-free efforts in Nevada.

Multiple media campaigns ran recently including, a four-week advertising campaign for W.O.W! (We Order Well!), including TV, radio and social media components. A tobacco campaign promoting smoke-free environments ran on TV, radio and Facebook and a four-week billboard campaign regarding secondhand marijuana smoke ran with an estimated 938,912 impressions.



- f. **Maternal, Child and Adolescent Health (MCAH)** – Staff distributed 95 Pack N Play cribs with safe sleep education during fiscal year 2018. Fetal Infant Mortality Review (FIMR) staff are preparing their annual program report.

Jan Houk resigned from her Public Health Nurse position to return to her former job with Washoe County School District. She will continue to be an intermittent hourly Registered Nurse for the Immunization Clinic.

- g. **Women, Infants and Children (WIC)** – The Farmers Market Nutrition Program started again in June with a large focus on increasing the redemption rate of coupons. Staff has partnered with

Subject: CCHS Division Director's Report

Date: July 13, 2018

Page 5 of 5

Minton Family Farms to be onsite at the county complex June through September on the 1<sup>st</sup> and 3<sup>rd</sup> Thursdays from 7 am – 1 pm. The program is also collaborating with the State office and Community Health Alliance for the July 18<sup>th</sup> on site Market.

DD	CW
DHO	KD

**Environmental Health Services  
Division Director Staff Report  
Board Meeting Date: July 26, 2018**

**DATE:** July 11, 2018  
**TO:** District Board of Health  
**FROM:** Chad Warren Westom, Division Director  
775-328-2644; [cwestom@washoecounty.us](mailto:cwestom@washoecounty.us)  
**SUBJECT:** Environmental Health Services (EHS) Division and Program Updates – Community Development, Food, Special Events, Land Development, Safe Drinking Water, Vector-Borne Diseases, Waste Management, Inspections

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**Division Updates**

- Environmental Health Services (EHS) Epidemiology program staff investigated an outbreak of Clostridium perfringens foodborne intoxication at a company picnic in June. Staff made contact with patients, provided stool sample kits, picked up the kits, submitted the kits to the Nevada State Public Health Laboratory and had the results all within a week’s time. Although there was a food establishment that partially catered the event, it is believed that food that was provided by company employees is the likely source of exposure.
- Two trainees that have been through the EHS training program took their National Environmental Health Association (NEHA) exam for Registered Environmental Health Specialist (REHS) at the NEHA conference in June. Additionally, EHS has two new trainees who have started on the established training regimen.

**Program Updates**

**Community Development**

- Commercial plan submittals have continued to increase every month for the same time period the previous year.
- Commercial plan review is averaging 6 (calendar) days for all plan review for the past 30 days.
- Water projects are averaging 7 days for all review for the past 30 days.
- A total of 3,447 housing units have been approved through water projects since January 2018.
- Please see the table below for the specific number of plans per program, inspections and the number of lots or units that were approved for construction within Washoe County:

<b>Community Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>APR 2018</b>	<b>MAY 2018</b>	<b>JUN 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Development Reviews	44	49	44	41	47	44	269	426
Commercial Plans Received	76	78	87	91	141	127	600	780
Commercial Plan Inspections	23	16	26	23	25	23	136	407
Water Projects Received	27	26	24	20	23	14	134	287
Lots/Units Approved for Construction	975	970	582	445	403	72	3,447	4,117

**Food**

- Staff collaborated with a language translation firm to translate existing food safety documents and resources into Spanish and Cantonese. These documents can be found on the [Health District's Food Safety Resources](#) website and are available for food establishment operators to download. Funding for the project was provided by an FDA Voluntary National Retail Food Regulatory Program Standards grant. The development of outreach materials to increase awareness of the foodborne illness risk factors and control methods to prevent foodborne illness meets the criteria of Standard 7 – Industry and Community Relations.
- One staff member completed their field standardization training using FDA Standardization Procedures. The standardization procedures evaluate the inspector's ability to apply knowledge and skills obtained from the training curriculum. This reinforces a risk based inspection approach that focuses on factors that contribute to foodborne illness. Field Standardization of staff conducting food establishment inspections meets the criteria of Standard 2 – Trained Regulatory Staff.
- **Special Events** – The Street Vibrations Spring Rally, Reno Rodeo, and Eldorado BBQ, Brews and Blues took place during the month of June. Staff performed approximately 130 inspections at these large events alone and over 200 during the course of the entire month. July started out with a demanding schedule for staff that included Star Spangled Sparks, The Biggest Little Wingfest, and various activities associated with Red, White, and Tahoe Blue at Incline Village occurring the first week of the month. The Barracuda Championship golf tournament takes place later in July.

**Land Development**

- Plan review turnaround times continue to come down. A new trainee has been assigned full time to the program and the bulk of new plans have been assigned to him for training purposes, which also helps to alleviate pressure on other team members.
- Inspections continue to stay relatively busy, though slower than expected. Plan review submittals may also increase during the winter months.

<b>Land Development</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>APR 2018</b>	<b>MAY 2018</b>	<b>JUN 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Plans Received (Residential/Septic)	75	52	68	74	67	61	397	816
Residential Septic/Well Inspections	65	57	69	105	96	99	491	1,056
Well Permits	7	7	4	9	7	14	48	146

**Safe Drinking Water**

- Consumer confidence reports are being finalized and delivered to customers. The team is processing and entering this data into the state database and working with water systems to ensure accurate reporting.

- Surveys are beginning to be scheduled. Currently 25% of the required surveys for 2018 are completed.

**Vector-Borne Diseases**

- The Vector Borne Diseases Program conducted their third helicopter application on July 11, larviciding 800 acres. Areas treated were Lemmon Valley, Kiley Ranch, Wingfield Springs, Butler Ranch, Rosewood Lakes, South Meadows and Damonte Ranch. Staff trapped large numbers of Culex tarsalis and Aedes dorsalis at the University farm and fogged the area last week to knock down adult mosquitoes. With student camps beginning at Sky Tavern, staff fogged the area at the request of the manager due to adult mosquito activity.
- The stationery New Jersey light traps are collecting high numbers of Culex tarsalis, the primary vector of mosquito borne viruses, at Wingfield Springs, Kiley Ranch and Washoe Valley. Average daily temperatures are supporting mosquito disease virus transmission. A song bird, the second bird in South Lake Tahoe, tested positive for West Nile Virus on June 22. This data indicates West Nile virus and adult female mosquitoes are active in this cycle of transmission. Over 3,000 mosquitoes have been collected, identified and sent to the Animal Diseases laboratory with all submittals being negative for mosquito viruses.
- Twelve bats were submitted to the Animal Diseases, all testing negative for rabies. As a high risk mammal, approximately 10-12% test positive for rabies annually. Dogs and/or cats current with their rabies that interact with bats are subject to a 10-day quarantine. Unvaccinated dogs and cats are quarantined in a facility for six months to observe for signs of rabies or are euthanized.
- Staff reviewed 16 building projects in the Truckee Meadows Community.
- Vector Responses to Public Requests:

<b>Vector Responses</b>	<b>JAN 2018</b>	<b>FEB 2018</b>	<b>MAR 2018</b>	<b>APR 2018</b>	<b>MAY 2018</b>	<b>JUN 2018</b>	<b>YTD 2018</b>	<b>2017 TOTAL</b>
Mosquito	0	0	3	20	20	16	59	289
Mosquito Fish – Gambusia	0	0	0	5	23	33	61	124
Gambusia Delivered	0	0	0	0	0	469	469	807
Hantavirus	7	0	6	9	11	11	44	126
Plague	0	0	0	0	4	3	7	17
Rabies	3	4	1	4	2	13	7	104
Planning Calls	8	14	9	15	16	4	66	163
Lyme Disease/Ticks	1	0	1	4	13	3	22	26
Media	0	0	2	2	2	2	8	47
Outreach / Education / Misc.	9	11	13	28	23	21	105	442
Cockroach / Bedbug	3	7	9	9	15	15	58	227
West Nile Virus	0	0	0	0	0	0	0	55
Zika	0	0	0	0	0	0	0	12
<b>TOTAL</b>	<b>31</b>	<b>36</b>	<b>44</b>	<b>96</b>	<b>129</b>	<b>590</b>	<b>926</b>	<b>2,439</b>
<b>Planning Projects Reviewed by Vector</b>	<b>6</b>	<b>15</b>	<b>13</b>	<b>16</b>	<b>12</b>	<b>16</b>	<b>79</b>	<b>149</b>

**Waste Management**

- The Program received the second phase report of the Waste Characterization Study and submitted corrections to the contractor.



**EHS 2018 Inspections**

	JAN 2018	FEB 2018	MAR 2018	APR 2018	MAY 2018	JUN 2018	YTD 2018	2017 TOTAL
Child Care	11	11	4	6	15	6	53	115
Complaints	70	57	53	68	52	66	366	883
Food	650	724	709	625	471	602	3781	4,997
General*	120	100	71	116	476	212	1095	2,032
Temporary Foods/Special Events	17	19	25	59	105	210	435	1,686
Temporary IBD Events	2	0	1	85	0	0	88	96
Waste Management		29	14	16	5	13	83	286
<b>TOTAL</b>	<b>876</b>	<b>940</b>	<b>877</b>	<b>975</b>	<b>1,124</b>	<b>1,109</b>	<b>5,901</b>	<b>10,095</b>

\* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

**EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS  
DIVISION DIRECTOR STAFF REPORT  
BOARD MEETING DATE: JULY 26, 2018**

**DATE:** July 16, 2018  
**TO:** District Board of Health  
**FROM:** Randall Todd, DrPH, EPHP Director  
775-328-2443, [rtodd@washoecounty.us](mailto:rtodd@washoecounty.us)  
**Subject:** Program Updates for Communicable Disease, Public Health Preparedness, and  
Emergency Medical Services

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**Communicable Disease (CD)**

**Outbreaks** – Since the last District Board of Health meeting in June, the Communicable Disease Program has opened five outbreak investigations. Of these, four were Hand Foot and Mouth Disease (HFMD) in childcare facilities. One was a foodborne outbreak caused by *clostridium perfringens* enterotoxin associated with a workplace potluck. As of July 11, four of these outbreak investigations were still open.

**Staffing** - On June 15, the Public Health Investigator (PHI) resigned to take a position at Yale University in Connecticut. As this was the only PHI in the CD Program it created a significant staffing problem. Fortunately, we were able to bring a former PHI back as a temporary worker on a part-time basis to help during the recruitment of a replacement.

**Public Health Preparedness (PHP)**

On June 6, the Healthcare Public Health Emergency Response Coordinator (PHERC) facilitated the No-Notice CMS Data Collection exercise. Fifteen of nineteen dialysis, home health and hospice agencies participated in the exercise, demonstrating an increased preparedness level among these healthcare providers in Washoe County.

On June 12 and 13, the Healthcare PHERC was asked to participate in the Health and Human Services (HHS) emPOWER Futures Workshop in Washington D.C. The WCHD PHERC was one of only two local staff nationwide who were invited to participate and was one of only 21 participants overall. The purpose of the workshop was to share varied perspectives with ASPR for the opportunity to innovate and improve the HHS emPOWER Program, developing best practices nationwide.

On June 14, the Healthcare PHERC participated in the Reno Air Races tabletop exercise among several community partners. The purpose of the exercise was to evaluate the response time and coordination of first responders during a mass casualty event.

PHP staff facilitated an isolation and quarantine tabletop exercise on June 26 to test the WCHD Isolation and Quarantine Bench Book and Plan. The exercise brought together 37 individuals from 19 agencies.

The Healthcare PHERC continues to participate in the weekly Hospital Net, an amateur radio communications test among hospital in Northern Nevada and Eastern California. The purpose of the net is to improve redundant communications during a disaster.

PHP staff facilitated a Community Reception Center (CRC) Exercise in conjunction with the 2018 City of Reno Preparedness Expo. This exercise was a full scale nuclear/radiological response exercise that brought together a variety of community providers to test radiological detection, decontamination, medical services, civilian registration and the provision of medical countermeasures. The exercise brought together over 20 agencies with over 100 participants. The Medical Reserve Corps Volunteer Program (MRC) was charged with the responsibility to register all of the exercise participants. This provided an opportunity to test the Volunteer Reception Center plan. MRC volunteers also staffed a first aid station inside WCHD's inflatable mobile medical unit.

In conjunction with the Washoe County Sheriff's Office (WCSO) PHP staff facilitated an active shooter training during the morning all staff meeting on July 10. There were 120 staff that attended the training and it was generally well received. Later in the day, representatives from the WCSO SWAT team walked the Health District to speak directly with staff. These activities are in preparation for an active shooter drill that will take place later this year with the WCSO.

### **Emergency Medical Services (EMS)**

On June 21 the EMS Coordinator and EMS Statistician participated in a full-scale Community Reception Center exercise. The EMS Coordinator participated as the event Public Information Officer (PIO) and worked with other PIOs in the Joint Information Center (JIC). The EMS Statistician was Volunteer Reception Center (VRC) Support and facilitated standing-up the VRC, checking-in volunteers and demobilizing operations.

The EMS Coordinator facilitated a tabletop exercise at Advance Health Care of Reno on June 26. The tabletop exercise was for 8 of the facility's administrative personnel to discuss their roles should their facility need to evacuate during a disaster. After the tabletop the facility became a member of the Mutual Aid Evacuation Annex (MAEA). Advanced Health Care of Reno is the tenth non-acute care facility to sign onto the plan.

On July 1 revisions to the Regional EMS Protocols were implemented. The updates were made by the task force and signed off by the Medical Directors. EMS staff worked to revise the protocols and the phone application throughout June to ensure that Fire/EMS personnel have the resources needed to train prior to implementation.

The EMS Coordinator continues to work on the grant deliverables for the Nevada Governor's Council on Developmental Disabilities (NGCDD) and is finalizing the two training videos on responding to individuals with intellectual and/or developmental disabilities (I/DD). The videos are anticipated to be distributed to first responders and healthcare personnel in mid-July.

The EMS Coordinator and EMS Program Manager continue to facilitate the low acuity subcommittee meetings and held one on July 10. The group finished the discussion of alpha level calls and reviewed the final 8 determinants for alternative response. The subcommittee will meet in August to determine the implementation process for alpha level calls. The group will also review a comprehensive summary of changes (omegas, alphas and card 33) and the potential impact to the EMS system with the accepted alternative responses to select call types.

The EMS Coordinator attended the National Counter-Terrorism Center workshop on July 11. The workshop was organized by Nevada Division of Emergency Management (DEM). DEM intends to develop a Terrorism Annex to be part of the Statewide Comprehensive Emergency Management Plan (SCEMP). This workshop was focused on terrorist threat scenarios and discussion that would assist establishing a quality annex.

**REMSA Percentage of Compliant Responses  
 FY 2017 -2018**

Month	Zone A	Zone B	Zone C	Zone D	Zones B, C and D	All Zones
July 2017	93%	88%	100%	100%	91%	93%
August 2017	93%	94%	91%	100%	93%	93%
September 2017	92%	96%	100%	100%	97%	92%
October 2017	92%	92%	91%	100%	92%	92%
November 2017	92%	93%	100%	100%	96%	92%
December 2017	92%	95%	87%	100%	93%	92%
January 2018	93%	94%	96%	100%	95%	93%
February 2018	92%	96%	97%	100%	96%	92%
March 2018	91%	90%	97%	100%	93%	91%
April 2018	93%	98%	91%	100%	96%	93%
May 2018	91%	90%	97%	100%	92%	92%
June 2018	91%	92%	96%	100%	93%	91%
<b>YTD</b>	<b>92%</b>	<b>93%</b>	<b>95%</b>	<b>100%</b>	<b>94%</b>	<b>92%</b>

**REMSA 90<sup>th</sup> Percentile Responses**

Month	Zone A 8:59	Zone B 15:59	Zone C 20:59	Zone D 30:59
July 2017	8:18	16:56	18:14	N/A*
August 2017	8:29	14:51	15:28	N/A*
September 2017	8:32	13:06	18:30	N/A*
October 2017	8:31	14:15	19:32	N/A*
November 2017	8:33	13:01	17:42	N/A*
December 2017	8:41	14:06	21:43	N/A*
January 2018	8:31	14:51	16:02	N/A*
February 2018	8:39	14:37	15:28	N/A*
March 2018	8:50	15:15	19:29	N/A*
April 2018	8:28	13:01	19:41	N/A*
May 2018	8:38	15:45	16:25	N/A*
June 2018	8:54	14:03	16:36	N/A*

\*There were 5 or less calls per month in Zone D, therefore a statistically meaningful 90<sup>th</sup> percentile analysis cannot be conducted. However, no calls in Zone D exceeded the 30:59 time requirement.

**Office of the District Health Officer  
District Health Officer Staff Report  
Board Meeting Date: July 26, 2018**

**DATE:** July 26, 2018  
**TO:** District Board of Health  
**FROM:** Kevin Dick, District Health Officer  
775-328-2416; [kdick@washoecounty.us](mailto:kdick@washoecounty.us)  
**SUBJECT:** District Health Officer Report – REMSA Franchise Agreement, Plan Reviews, Washoe Behavioral Health Policy Board, Public Health Accreditation, Community Health Improvement Plan, Truckee Meadows Healthy Communities, Quality Improvement, Workforce Development, Style Guide, New CCHS Fees, Other Events and Activities and Health District Media Contacts.

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REMSA Franchise Agreement

An agreement for ground ambulance transport services between the City of Reno, on behalf of the Reno Fire Department, and MedXAirOne, LLC for RFD to provide ground ambulance services in Washoe County was placed on the July 18, 2018 Reno City Council Agenda. The item was pulled from the agenda during the meeting. I received a copy of a letter sent from REMSA’s legal counsel to the Reno City Attorney informing the City that this agreement would violate REMSA’s Franchise Agreement and the City of Reno’s Mutual Aid Agreement with REMSA. That letter and the City of Reno Staff report and proposed agreement are attached.

Plan Reviews

Mr. Westom met with several Board of Health members and City of Reno representatives on July 9 to discuss the proposed City of Reno Enterprise Funding to support Health District review of plans for construction within the City. The Health District is continuing to work with the City to develop an agreement that will support staff time and improve coordination with the City for plan review activities. EHS is currently posting average plan review times over the previous thirty-days on the website each Friday.

NDEP, WCHD, and TMWA continue to work to develop an Interlocal Agreement to allow an alternative oversight approach for TMWA water project reviews. A meeting of the parties is scheduled on July 24 to address remaining issues for the agreement.



### Washoe Behavioral Health Policy Board

The Washoe Behavioral Health Policy Board met on July 16. Lauren Williams, a Health District MPH intern, provided a Washoe Region Behavioral Health Profile. Sheila Leslie provided results from stakeholder surveys and focus groups and also provided an update on the Triage Center planning. I provided a presentation regarding the proposed role and scope of public health activities related to Nonmedical Marijuana that the Health District would engage in if funding support was provided for this activity by the State. Jennifer Delett-Snyder and Julia Peak also presented on their organizations proposed approaches.

The Board decided to focus discussions regarding a BDR request on Crisis Stabilization Units/Systems during the August 20, 2018 meeting. The Board also decided to submit a letter in opposition to the proposed State Medicaid requirement for prior authorization for psychotherapy which the Nevada Division of Healthcare Financing and Policy intends to act upon during an August 14 meeting.

### Public Health Accreditation

The Accreditation team is nearing the finishing line of gathering all required documents. Out of the required 213 documents, we now have 200 of the required documents gathered, and 97 documents finalized and uploaded into the online submission system. The balance of documents between what has been submitted and what has been uploaded is comprised of documents that are being reviewed for full conformity. We are well on track for meeting our submission due date.

### Community Health Improvement Plan

The 2018-2020 CHIP implementation activity has begun now that the document has been approved. We are planning an August 2<sup>nd</sup> unveiling event beginning at 9:30am at the County Commission Chambers with speakers from around the community to increase engagement and knowledge of the plan.

### Truckee Meadows Healthy Communities

A Family Health Festival was held on July 25 in Miguel Ribera Park. ODHO staff participated in organizing the event. IZ staff provided back to school immunizations and sexual health provided education and testing services.

Work continues with TMRPA and Enterprise Community Partners to develop a comprehensive regional strategy for affordable housing. TMHC is fundraising for Phase III of the project.

### Quality Improvement

The QI team continues to meet every other month to support implementation of Quality Improvement Projects. Five QI projects are currently being worked on ranging in size from rapid (very small) to big QI projects.

### Workforce Development

Two follow-up training sessions will be conducted in mid-August to further expand on the June sessions previously offered by Dr. Mel Minarik. The trainings focus on the pillars of a learning organization and

how to utilize a method called appreciative inquiry to think positively about the future. These trainings also support measures needed for Accreditation.

Rayona Dixon attended the Public Health Improvement Training (PHIT) conference in Atlanta in mid-June. Catrina Peters and Kevin Dick attended the National Association of City and County Health Officials in New Orleans in mid-July. Both conferences provided great learning opportunities for best practices for pursuing accreditation, performance management and community health improvement planning among other topics.

### Style Guide

The style guide was presented at an all staff meeting and a revised version will be released following some slight revisions based on the feedback given from staff.

### New CCHS Fees

I have approved the TB program's new test, T-Spot, which is an additional Interferon Gamma Release Assay (IGRA) blood test. T-spot method corrects for immunocompromised status by counting white blood cells and evaluating a standard number of white cells with each test. The fee is \$22.96 per test.

### Other Events and Activities

7/5/18	NV Health Authority Conference Call
7/6/18	Monthly Meeting w/ Dave Solaro
7/9-7/12/18	NACCHO Conference
7/16/18	Washoe Behavioral Health Policy Board Meeting
7/16/16	Meeting with Community Foundation re: Sage Street and affordable housing initiatives
7/16/18	NPHA Advocacy and Policy Meeting
7/17/18	AQM – DHO/DD/Board Member Meeting
7/19/18	Monthly Meeting with DBOH Chair
7/25/18	CCHS – DHO/DD/Board Member Meeting
7/25/18	NALHO Advancing Rural Board of Health Capacity Conference Call
7/26/18	TMHC Board of Director's Meeting
7/26/18	EPHP – DHO/DD/Board Member Meeting

**Health District Media Contacts: June 2018**

<u>DATE</u>	<u>MEDIA</u>	<u>REPORTER</u>	<u>STORY</u>
6/27/2018	CBS News/60 Minutes	Megan Kelty	New Delhi Metallo-Beta-Lactamase-Producing Klebsiella pneumoniae - Chen
6/27/2018	KRNV CH4 - NBC Reno	Cameraman	National HIV Testing Day - Howell
6/21/2018	KRNV CH4 - NBC Reno	Cameraman	Black Rain CRC - Shipman/Todd
6/21/2018	KTVN CH2 - CBS Reno	Cameraman	Black Rain CRC - Shipman/Todd
6/21/2018	KOLO CH8 - ABC Reno	Terri Russell	Black Rain CRC - Shipman/Todd
6/15/2018	Reno Gazette-Journal	Marcella Corona	Smoke near Mt. Rose - Schnieder
6/13/2018	KRNV CH4 - NBC Reno	Sanaz Tahernia	Ozone Impacts - Albee
6/12/2018	Hunter College New York City Food Policy Center	Chuck Platkin	Food Safety - A. English
6/12/2018	Reno Gazette-Journal	Anjeanette Damon	Ponderosa Motel - Ulibarri
6/8/2018	Mosaic (UK-based publication)	Srinat Perur	New Delhi Metallo-Beta-Lactamase-Producing Klebsiella pneumoniae - Chen
6/8/2018	Fortune Magazine Associated	Sony Salzman	New Delhi Metallo-Beta-Lactamase-Producing Klebsiella pneumoniae - Chen
6/8/2018	BBC/HBO	Kate McCormick	New Delhi Metallo-Beta-Lactamase-Producing Klebsiella pneumoniae - Chen
6/7/2018	Reno Gazette-Journal	Ben Spillman	Air pollution trends - Schnieder
6/4/2018	KKOH 780AM - CNN Reno	Daniela Sonnino	Mosquitos - Ulibarri
6/1/2018	KRNV CH4 - NBC Reno	Miles Buergin	Hanta Virus - Todd

**Press Releases/Media Advisories/Editorials/Talking Points**

6/29/2017	Risk Level III Food Establishments - 2nd annual inspections	Valentin
6/27/2018	Local businesses to be recognized for smoke-free environments	Ulibarri
6/26/2018	National HIV Testing Day is June 27	Ulibarri
6/18/2018	Disaster response tested at Regional Safety Expo	Ulibarri
6/5/2018	Health District to conduct second mosquito larviciding of 2018	Ulibarri
5/10/2018	May is Teen Pregnancy Month	Ulibarri

**Social Media Postings****Facebook**

AQMD/CCHS/ODHC 123 (CCHS 29 EHS 11 ODHO 10 AQM 73)  
EHS

**Twitter**

AQMD/CCHS 53 (AQM 53 CCHS 0)

## STAFF REPORT

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**Date:** July 18, 2018

**To:** Mayor and City Council

**Thru:** Sabra Newby, City Manager

**Subject:** **B.9. Staff Report (For Possible Action): Approval of Agreement for Ground Ambulance Transportation Services between the City of Reno, on behalf of the Reno Fire Department, and MedX Air One, LLC (MedX) to provide ground ambulance transportation services within Washoe County for MedX patients transported into Washoe County from locations outside Washoe County.**

**From:** Dave Cochran, Fire Chief

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**Summary:** Staff requests approval of an Agreement for Ground Ambulance Transportation Services between the City of Reno, on behalf of the Reno Fire Department, and MedX Air One, LLC (MedX) to provide ambulance transportation services within Washoe County for MedX patients transported into Washoe County from locations outside Washoe County.

**Discussion:** In spring 2018, the Reno Fire Department was approached by MedX to request the use of the Department's ambulances and operators to provide patient transfer services for transports originating outside Washoe County.

When requested by MedX, the Reno Fire Department shall provide a certified and licensed ground ambulance unit for ground ambulance transportation of the patient or patients, MedX flight team and care equipment, from the point of landing to the transferring/receiving facility for the return trip from the transferring/receiving facility to the original point of landing. MedX agrees to pay a flat fee of \$500 per patient, plus medical supplies (if applicable), for each completed ground transfer.

Staff anticipates approximately 15 to 20 transports per month at the start of this agreement, utilizing existing Reno Fire Department equipment and staffing. The Reno Fire Department will have the non-exclusive right to transport, as REMSA will still be an option for them. This Agreement with MedX will not have an impact on the existing mutual aid agreement with REMSA for patient transport services. Additionally, long distance, inter-facility patient transports which originate outside the REMSA Franchise Service Area and terminate within the REMSA service area are authorized pursuant to Section 2.1(a) of the Amended And Restated

Franchise Agreement for Ambulance Service that was entered into between the Washoe County Health District and REMSA on May 22, 2014.

Fees generated from this Agreement will be utilized to offset staffing costs, including any staffing overtime resulting from the program. Any additional revenue gained after reimbursing staffing costs will be used to fund the dedicated Fire Equipment Replacement Fund.

The term of the Agreement shall be for two years from the date of execution by all parties. It shall automatically and continuously renew after the initial term. Either party may terminate this Agreement for any reason or no reason within 60 days written notice to the other party.

**Financial Implications:** None. Any additional costs incurred by the Agreement shall be offset/reimbursed by the flat fee per patient paid by MedX for services rendered. There is a potential for additional revenue to be generated by this Agreement, however, at this time cannot be estimated.

**Legal Implications:** Legal review completed for compliance with City procedures and Nevada Law.

**Recommendation:** Staff recommends the approval of the Agreement for Ground Ambulance Transportation Services between the City of Reno, on behalf of the Reno Fire Department, and MedX Air One, LLC. (MedX) to provide ambulance transportation services within Washoe County for MedX patients transported into Washoe County from locations outside Washoe County.

**Proposed Motion:** I move to approve staff recommendation and authorize the Mayor to sign the Agreement.

**Attachments:**

- Agreement for Ground Ambulance Transportation Services - City of Reno and MedX Air One 7.18.18 (PDF)



## **AGREEMENT FOR GROUND AMBULANCE TRANSPORTATION SERVICES**

THIS AGREEMENT is entered into by and between the CITY OF RENO, on behalf of the Reno Fire Department, hereinafter referred to as Fire and MedXAirOne, LLC, hereinafter referred to as MedX and collectively referred to as the Parties. It becomes effective when fully executed by both parties.

### **Witnesseth:**

WHEREAS, MedX does not have the resources to provide ground ambulance transportation services within Washoe County;

WHEREAS, Reno Fire Department ("Fire") has such resources and desires to provide ground ambulance transportation services within Washoe County for MedX patients transported into Washoe County from locations outside Washoe County;

NOW, THEREFORE, in consideration of the mutual promises by and between the parties hereto set forth hereinafter and other good and sufficient consideration, the receipt of which is hereby acknowledged, it is agreed as follows:

#### **1. Term of agreement.**

The term of this Agreement shall be for two years from execution by all parties. It shall automatically and continuously renew after the initial two year term. Either party may terminate this Agreement for any reason or no reason with 60 days written notice to the other party.

#### **2. Services to be provided by Fire.**

When requested by MedX, Fire agrees to provide a certified and licensed ground ambulance unit staffed with a minimum of a certified and licensed single attendant driver for ground ambulance transportation of the patient or patients, MedX flight team, and care equipment, or any combination thereof, from the point of landing to the transferring/receiving facility and for the return trip from the transferring/receiving facility to the original point of landing.

#### **3. Responsibilities of MedX.**

MedX agrees to pay Fire a flat fee of Five Hundred Dollars (\$500.00) per patient, plus medical supplies (if applicable), for each completed ground ambulance transportation as described above for the transportation of the patient or patients, MedX flight team, and care equipment, or any combination thereof, from the point of landing to the transferring/receiving facility.

MedX and Fire agree that this payment is fair market value for the indicated service/expense only and the parties agree and acknowledge that nothing contained in the Agreement shall require either party to refer any patients to, or order any goods or services from the other party.

Fire will invoice MedX on a monthly basis for all ground ambulance transportations

conducted the previous month. MedX shall remit its total payment within 30 days from the date of Fire's invoice. Interest at a rate of 10% shall apply to all invoices 30 days past due.

**4. Dispute resolution.**

- a. The Parties agree to act in good faith to resolve all disputes arising under this Agreement.
- b. If the Fire EMS Division Chief and the MedX Vice President cannot resolve an issue, the AMGR President will meet with the Fire Chief to resolve the issue.

**5. Indemnification.**

To the furthest extent allowed by law and without limiting the foregoing, MedX shall indemnify, hold harmless and defend Fire (City) and each of its officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage), and from any and all claims, demands and actions in law or equity (including reasonable attorneys fees and litigation expenses or costs) that arise out of or pertain to, or relate to the negligence, recklessness or willful acts, omissions, or misconduct of MedX, its principals, officers, employees, agents, sub-contractors, or volunteers in the performance of this Agreement.

Fire will not waive and intends to assert available NRS Chapter 41 liability limitations and other available statutory or legal defenses in all cases. Agreement liability of both parties shall not be subject to punitive damages.

**6. Insurance.**

At all times during the Agreement term, MedX shall procure and maintain, at its sole expense, Commercial General Liability insurance coverage (unless waived in writing by the Fire). This Commercial General Liability Insurance shall be at least as broad as Insurance Services Office Commercial General Liability Coverage "occurrence" form CG 00 01 04/13 or an equivalent form. The Comprehensive General Liability Coverage shall include, but is not limited to, liability coverage arising from premises, operations, independent contractors and subcontractors, products and completed operations, errors and omissions, personal and advertising, injury, blanket contractual liability and broad form property damage. Fire, its officers, officials, employees and volunteers are to be covered as additional insureds for liability arising out of activities performed by or on behalf of MedX. This coverage shall contain no special limitations on the scope of protection afforded to the additional insureds. The Commercial General Liability policy limits for the items described above shall be no less than \$2 million minimum or the amount customarily carried by MedX, whichever is greater, combined single limit per occurrence and \$4 million annual aggregate. The insurance(s) shall be endorsed to provide primary and non-contributing liability coverage. All insurance held by Fire shall be excess, secondary and non-contributory. This insurance is to include an endorsement waiving the insurer's rights of subrogation against the Lead Applicant (City of Reno). The Additional Insured Endorsements for General Liability shall be at least as broad as the unmodified ISO CG 20 10 04 13 and ISA CG 20 37 04 13 endorsements, or equivalent. The certificate(s) shall confirm Excess Liability.

MedX shall furnish the City of Reno a policy(ies) or certificate(s) of such insurance issued by an authorized representative of the insurance carrier including policy forms and endorsements confirming the required coverage. The contract number and name of the contract shall be included on the certificate. Additionally, MedX shall provide, when required by state law, for all workers' compensation coverage for its employees.

The fact that insurance is obtained by MedX shall not be deemed to release or diminish the liability of MedX, including, without limitation, liability under the indemnity provisions of this Agreement. The duty to indemnify Fire shall apply to all claims and liability regardless of whether any insurance policies are applicable. The policy limits do not act as a limitation upon the amount of indemnification to be provided by MedX. Approval or purchase of any insurance contracts or policies shall in no way relieve from liability nor limit the liability of MedX, its principals, officers, agents, employees, persons under the supervision of MedX, vendors, suppliers, invitees, consultants, sub-consultants, subcontractors, or Team Members or anyone employed directly or indirectly by any of them.

**7. Complete agreement.**

This Agreement is the entire agreement between the parties. It supersedes all prior or contemporaneous communications, representations or agreements, whether written or oral, with respect to the subject matter hereof.

**8. Amendments to this Agreement.**

This Agreement may be modified or amended only by a writing with mutual consent of both parties.

**9. Severability.**

Should any provisions in this Agreement be judicially declared invalid, the party asserting the validity will have the option of continuing this Agreement without such provision or terminating the entire Agreement.

**10. Governing Law.**

This Agreement is made in, and shall be governed, enforced and construed under the laws of the State of Nevada. If a dispute is not resolved pursuant to this Agreement, it shall only be litigated in the appropriate court located in the County of Washoe, State of Nevada. The Parties hereby expressly consent to said jurisdiction.

**11. Notices.**

All notices, demands or other communications required or permitted to be given in connection with this Agreement, shall be in writing, and shall be deemed delivered when personally delivered to a party (by personal delivery to an officer or authorized representative or a corporate party) or, if

mailed, three (3) business days after deposit in the United States mail, postage prepaid, certified or registered mail, addressed to the Parties as follows:

If Reno:

City of Reno  
Attention Fire Chief  
1 East 1<sup>st</sup> Street – 4<sup>th</sup> Floor (if by personal service)  
P.O. Box 1900 (if by mail)  
Reno, NV 89505

If MedX:

MedX AirOne, LLC  
Joel Hochhalter  
2705 Cyrano Street  
Henderson, NV 89044

Any person may change its address for notice by written notice given in accordance with foregoing provisions.

## **12. Independent Agencies.**

The parties are associated with each other only for the purposes and to the extent set forth in this Agreement, and in respect to performance of services pursuant to this Agreement, each Party is and shall be an agency separate and distinct from the other party. Nothing contained in this Agreement shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for any agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other agency.

## **13. Compliance with Law, Legal Obligations and Insurance Requirements.**

MedX warrants and represents that it is a Nevada Limited Liability Company in good standing and qualified to do business in Nevada. MedX shall at all times comply with all applicable federal, state and local laws now in force or as they may be enacted, issued, or amended during the term of this Agreement. Additionally, MedX shall procure and maintain for the duration of this Agreement any state of Nevada, Washoe County, City of Reno, or any federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by MedX to provide the goods or services required by this Agreement. Unless expressly waived in writing by the City, MedX, must also carry all necessary policies of insurance and pay all taxes and fees incident hereunto.

## **14. Assignment.**

Neither Party shall assign nor in any manner transfer its interest, or any part thereof, in this Agreement without the prior written consent of the other Party which consent shall not unreasonably withheld. Any transfer or assignment without the appropriate consent shall be void.

## **15. Miscellaneous.**



Fire waives its right to bill any patient transported for ground ambulance services under the provisions of this Agreement and MedX full rights to bill for ground ambulance transportation services provided. MedX intends to bill for the ground ambulance services and transportation rendered during these transports and will at all times comply with applicable Medicare, Medicaid or other applicable billing rules and regulations.

Notwithstanding any unanticipated effect of any provision of the agreement, neither party will knowingly or intentionally conduct itself in such a manner to violate the prohibition against fraud and abuse in connection with the Medicare and Medicaid programs (42 USC 1320a-7b).

Both parties represent and warrant they are not currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs.

**16. Execution.**

The Agreement may be executed in one or more counterpart copies, and each of which so executed, irrespective of the date of execution and delivery, shall be deemed to be an original, and all such counterparts together shall constitute one and the same instrument.

The parties hereto represent and warrant that the person executing this Agreement on behalf of each party has full power and authority to enter into this Agreement and that the parties are authorized by law to perform the services set forth herein.

\_\_\_\_\_  
**CITY OF RENO**

ATTEST:

\_\_\_\_\_  
Hillary Schieve, Mayor

\_\_\_\_\_  
Ashley Turney, City Clerk

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

APPROVED AS TO LEGAL FORM:

\_\_\_\_\_  
Robert F. Bony  
Deputy City Attorney

MedX

  
\_\_\_\_\_  
Joel Hochhalter, Managing Member

Dated: 4/19/18



# McDONALD CARANO

Michael A. T. Pagni, Esq.  
[mpagni@mcdonaldcarano.com](mailto:mpagni@mcdonaldcarano.com)

Reply to: Reno  
Our File No.: 5-25

July 12, 2018

***Via Hand Delivery***

Karl Hall, Esq.  
Reno City Attorney  
1 E. First Street  
Third Floor  
Reno, Nevada 89505

Re: Agreement for Ground Ambulance Transportation Services  
Between City of Reno and MedX Air One, LLC  
July 18, 2018 Agenda Item B.9.a

Dear Karl:

Our firm serves as general counsel to the Regional Emergency Medical Services Authority (“REMSA”), the exclusive ambulance transport service provider in the Reno-Sparks metropolitan area. This letter is written in connection with Item B.9.a on the July 18, 2018 Reno City Council Agenda and the City’s proposal to enter an Agreement for Ground Ambulance Transportation Services within the REMSA Franchise Area with MedX AirOne, LLC (“Local Transportation Contract”). This proposed Local Transportation Contract follows closely on the City’s acquisition of ambulance medical rescue units and other EMS equipment, the combination of which activities are causing growing uncertainty and concern with respect to the City’s intentions and implications with respect to REMSA’s exclusive franchise rights.

REMSA is a nonprofit organization created by the Washoe County District Board of Health in 1986 to resolve the chaos that had resulted from multiple ambulance providers competing for patient transports in the Truckee Meadows. A blue ribbon commission concluded that competing jurisdictional ambulance operations are highly inefficient and expensive, and result in poorer patient care, poorer response times, poorer quality, higher costs and ineffective accountability. To avoid these issues, Reno, Sparks and Washoe County conferred upon the Washoe County Health District exclusive jurisdiction over public health matters in the district, including all powers and duties regarding ambulance services within the district and the power to displace competition and grant an exclusive franchise for the operation of ambulance service under NRS 268.081, 268.083, 244.187 and 244.188.

[mcdonaldcarano.com](http://mcdonaldcarano.com)

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McDONALD CARANO

Karl Hall  
July 12, 2018  
Page 2

REMSA is the product of those efforts and the new regional emergency medical care system created in 1986, which provides multiple accountabilities to assure excellent patient care, medical quality and financial performance. REMSA is a private, financially independent non-profit entity that operates under a Franchise Agreement with the District Board of Health. The medical transport industry is a highly-specialized, critically important component of emergency medicine, and REMSA is nationally and internationally recognized as an accredited, award winning, and fully integrated pre-hospital healthcare provider, having received the Accredited Center of Excellence from the National Academy of Emergency Medical Dispatch and the Health Care Innovation Award from the Federal Department of Health and Human Services, and is just one of three Accredited Telecommunications Center of Excellence in Nevada.

We understand the City of Reno is proposing to enter an agreement with MedX AirOne, LLC for ground ambulance transportation services within Washoe County, which is scheduled for approval under the City's "Consent Agenda" on July 18, 2018. Under the Local Transportation Contract, the City of Reno proposes to provide non-emergency ambulance transport services "from the point of landing" at the Reno Tahoe Airport to receiving facilities inside Washoe County, and from facilities inside Washoe County to the Reno Tahoe Airport. The ground ambulance services the City of Reno proposes to provide under the Local Transportation Contract directly violate REMSA's Franchise Agreement and the City of Reno's Mutual Aid Agreement with REMSA, and constitute an impairment of REMSA's vested contractual rights and a breach of the City's covenant of good faith and fair dealing.

REMSA's Franchise Agreement vests in REMSA the exclusive market rights to contract for and provide emergency and non-emergency ground ambulance service "on an exclusive basis within the Franchise Service Area regardless of whether the patient's destination is inside or outside Washoe County". *Sec. 2.1, Amended and Restated Franchise Agreement, May 22, 2014. As your office has repeatedly opined, REMSA has "vested contractual and property rights which cannot legally be impaired by the City of Reno", and "unless the Interlocal Agreement was amended and the REMSA franchise modified, the City of Reno could not contract for or provide ambulance service itself." December 9, 1994 Letter from City Attorney; February 22, 1995 City Attorney Memorandum.*<sup>1</sup>

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<sup>1</sup> To the extent the City believes Section 2.1(a) of the Franchise Agreement is applicable, it is clear that section does not authorize the services proposed under the Local Transportation Contract. Section 2.1(a) of the Franchise Agreement allows "other firms" to compete with REMSA on a retail basis for the sale of inter-facility transports that originate outside the Franchise Service Area. The clear language and intent of this provision is to recognize that *third party private organizations* may compete with REMSA for *continuous* extra-territorial interfacility transports which originate outside REMSA's Franchise Service Area; it does not, however, grant any local agency (such as the City of Reno) any authority to compete against

Karl Hall  
July 12, 2018  
Page 3

Notwithstanding these limitations, REMSA has granted the City of Reno limited abilities to operate ambulances within REMSA's Franchise Service Area as set forth in that certain Mutual Aid Agreement entered between REMSA and the City of Reno dated October 16, 2016. Pursuant to the Mutual Aid Agreement, the City of Reno and the Reno Fire Department are granted limited authority to operate RFD Ambulances solely in response to declared emergencies or mass casualty incidents or for the transport of RFD firefighters. The Mutual Aid Agreement is clear the City of Reno cannot operate ambulances for any other purpose unless authorized by REMSA in its sole and absolute discretion. To be clear, REMSA has not and does not consent to the City entering or providing services under the Local Transportation Contract. Contrary to the City staff report which incorrectly asserts the Local Transportation Agreement "will not have an impact on the existing mutual aid agreement", any approval of the Local Transportation Contract or provision of services thereunder will directly violate the Mutual Aid Agreement.

REMSA's healthcare professionals are committed to regional cooperation with fire protection agencies and police as part of the triad of public safety. However, REMSA is equally committed to patient interests, compliance with law and regulation, and protecting the comprehensive, consolidated public health ambulatory system created over thirty years ago through the Franchise Agreement. As the public expects and the City should support, REMSA must be vigilant in ensuring compliance with the Franchise Agreement and aggressively protecting the interests of public health and oversight guarded by the Franchise Agreement. Moreover, as a private non-profit entity that does not rely on taxpayer funding, any infringement on REMSA's franchise rights impairs revenues and threatens REMSA's ability to operate in accordance with the Franchise.

Given these legal restrictions and the public interest in protecting the Franchise Agreement, and the City of Reno's ongoing obligations to protecting the District Board of Health's commitments in the Franchise Agreement, the City of Reno is not in a position to pursue nor may it legally enter the Local Transportation Contract.

We respectfully request the agenda item be pulled and discussions on the Local Transportation Contract be discontinued immediately to avoid any potential damages and further legal issues. As the Franchise Agreement requires, REMSA is ready, willing and able to provide these Local Transportation services, and in fact has been in ongoing discussions with MedX Air One for these exact services. REMSA pursuit of such

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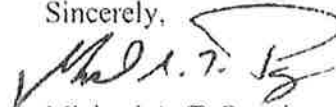
REMSA for any purpose nor does it allow any entity to transport segments of non-emergency transports where such segments originate within the Franchise Service Area as the Local Transportation Agreement proposes. Again, the purpose and intent of the Franchise Agreement and conferring upon the Health District the power to displace competition was *to consolidate* ground ambulance services and *to prevent* local governments from competing against each other and REMSA for ground ambulance services.

*Karl Hall*  
*July 12, 2018*  
*Page 4*

contracts should not be impaired, as REMSA is in the best position to readily assure that ground ambulance services are provided and patient care not be adversely impacted.

Please confirm the City of Reno is pulling this item and will not pursue the Local Transportation Contract further. We appreciate your anticipated cooperation.

Sincerely,



Michael A. T. Pagni

MATP:ma

cc: Dean Dow  
Washoe County District Health Officer  
Mayor Hillary Schieve

4841-8431-3197, v. 1