

**WASHOE COUNTY
DISTRICT BOARD OF HEALTH**

Matt Smith, Chairman
Vice Chairman
George Furman, MD
Councilman Dan Gustin
Denis Humphreys, OD
Commissioner Kitty Jung
Councilwoman Julia Ratti

ANNOTATED AGENDA

Meeting of the
DISTRICT BOARD OF HEALTH

Building B
South Auditorium
1001 East Ninth Street
Reno, Nevada

May 26, 2011
1:00 PM

NOTICE

PURSUANT TO NRS 241.020, PLEASE BE ADVISED THAT THE AGENDA FOR THE DISTRICT BOARD OF HEALTH MEETING HAS BEEN POSTED AT THE FOLLOWING LOCATIONS: WASHOE COUNTY HEALTH DISTRICT (1001 E. 9TH ST), RENO CITY HALL (1 E. 1ST ST), SPARKS CITY HALL (431 PRATER WAY), WASHOE COUNTY ADMINISTRATION BUILDING (1001 E. 9TH ST), AND ON THE WASHOE COUNTY HEALTH DISTRICT WEBSITE @ WWW.WASHOECOUNTY.US/HEALTH. PUBLIC COMMENT IS LIMITED TO THREE (3) MINUTES PER PERSON.

The Board of Health may take action on the items denoted as “(action)”.

Business Impact Statement – A Business Impact Statement is available at the Washoe County Health District for those items denoted with a \$

1. Call to Order, Pledge of Allegiance Led by Invitation	HELD
2. Roll Call	HELD
3. Public Comment (3 minute time limit per person)	NO COMMENTS PRESENTED
4. Approval/Deletions to the Agenda for the May 26, 2011 Meeting (action)	APPROVED
5. Approval/Additions/Deletions to the Minutes of the April 28, 2011 Meeting (action)	APPROVED

6.

NATIONAL GRANTS MANAGEMENT ASSOCIATION – CERTIFIED GRANTS MANAGEMENT SPECIALISTS
PATRICIA BUXTON
LORI COOKE

PRESENTATION OF TWO ABSTRACTS TO THE COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS – ADDRESSING THE INTEGRATION OF INFORMATION TECHNOLOGY INTO EPIDEMIOLOGY FOR LOCAL ANTI BIOGRAM DISSEMINATION IN THE LOCAL MEDICAL COMMUNITY; PROVIDING AN OVERVIEW OF LOCAL ANTIBIOTIC RESISTENT TRENDS IN WASHOECOUNTY
DR. LEI CHEN
STEVEN FISHER

RECOGNITION – SENATE FLOOR – ACKNOWLEDGEMENT – WORK IN HIV PREVENTION POLICY
JENNIFER HADAYIA

LETTER OF APPRECIATION – WASHOE COUNTY SCHOOL DISTRICT – WESTERN NEVADA REGIONAL SCIENCE & ENGINEERING FAIR
WASHOE COUNTY HEALTH DISTRICT

- 7. Employment Agreement Negotiations with Dr. Joseph Iser – New District Health Officer
 - A. Presentation and Discussion of Possible Employment Agreement with Possible Start Date and Salary Negotiations for the Washoe County District Health Officer with Possible Direction to Staff and Human Resources (action)
 - B. Possible Setting of Salary for the Washoe County District Health Officer (action)

APPROVED

APPROVED

- 8. Consent Agenda
Matters, which the District Board of Health may consider in one motion. Any item, however, may be discussed separately by Board member request. Any exceptions to the consent agenda must be stated prior to approval.

- A. Air Quality Management Cases
 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board
 - a. No Cases This Month
- B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board
 - 1. No Cases This Month
- C. Budget Amendments / Interlocal Agreements
 - 1. Ratification of Interlocal Agreement Between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. in the Total Amount of \$10,200 Per Year to Provide Physician Consultative Services for the Sexually Transmitted Disease Clinic for the Period of July 1, 2011 Through June 30, 2012 (action)

APPROVED

- | | | |
|-----|--|--|
| 2. | Ratification of Agreement Between the Washoe County Health District and Saint Mary's Regional Medical Center in the Amount of \$2,795 to Transfer Medical Surge Capacity Equipment to Saint Mary's Regional Medical Center Contingent Upon Approval of the Washoe County Risk Management and the District Attorney (action) | APPROVED |
| 3. | Ratification of Agreement Between the Washoe County Health District and Renown Regional Medical Center in the amount of \$2,795 to Transfer Medical Surge Capacity Equipment to Renown Regional Medical Center Contingent Upon Approval of the Washoe County Risk Manager and the District Attorney (action) | APPROVED |
| 4. | Ratification of Agreement Between the Washoe County Health District and Northern Nevada Medical Center in the Amount of \$1,195.00 to Transfer Medical Surge Capacity Equipment to Northern Nevada Medical Center Contingent Upon the Approval of the Washoe County Risk Manager and the District Attorney (action) | APPROVED |
| 5. | Ratification of Agreement Between the Washoe County Health District and Incline Village Community Hospital in the amount of \$1,195.00 to Transfer Medical Surge Capacity Equipment to Incline Village Community Hospital Contingent Upon Approval of the Washoe County Risk Manager and the District Attorney (action) | APPROVED |
| 6. | Approval of Subgrant Amendment #1 from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program in the Total Amount of \$1,191,109 in Support of Salaries and Benefits, Travel and Training, and Operating Expenditures for the Period of October 1, 2010 Through September 30, 2011 (action) | APPROVED |
| 7. | Ratification of Interlocal Agreement Between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc., dba MEDSchool Association North (MSAN), in the Total Amount of \$7,656 to Provide Physician Consultative Services for the Period of July 1, 2011 Through June 30, 2012 (action) | APPROVED |
| 9. | Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
A. No Cases This Month | |
| 10. | Regional Emergency Medical Services Authority
A. Review and Acceptance of the Operations and Financial Report for April 2011 (action)
B. Update of REMSA's Community Activities Since April 2011 | ACCEPTED
PRESENTED |
| 11. | Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for April 2011 (action) | ACCEPTED |
| 12. | Update – Fiscal Year 12 Budget with Possible Direction to Staff (action) | ACCEPTED |
| 13. | Update – Ending Fund Balance Policy | DISCUSSED |
| 14. | Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff (action) | ACCEPTED |
| 15. | Presentation of and Recommendation for Approval the Washoe County Health District's Participation in the Nevada Governor's Office Substance Abuse & Mental Health Service Administration (SAMHSA) – <i>Screening, Brief Intervention & Referral to Treatment with a Trauma Module</i> (SBIRT-TM) Program (action) | APPROVED WITH DIRECTION
TO STAFF TO PROCEED |
| 16. | Update – National Association of Local Boards of Health – September 7 – 9, 2011 – Coeur d'Alene, Idaho | MS JUNG TO ATTEND |
| 17. | Presentation of Washoe County, Nevada, Air Quality Trends Report (2001-2010) | PRESENTED |

18. Announcement of the Resignation of Dr. Amy Khan from the Washoe County District Board of Health Effective Immediately
 - A. Discussion and Possible Appointment of the District Board of Health Appointee of the At-Large Physician Member to the District Board of Health Replacing Dr. Khan **(action)**
 - B. Discussion of and Possible Election of a New Vice Chairman **(action)**

19. Staff Reports and Program Updates
 - A. **Director, Epidemiology and Public Health Preparedness** – Communicable Disease; Public Health Preparedness (PHP) Activities
 - B. **Director, Community and Clinical Health Services** – Washoe County Raises Awareness Regarding Teen Pregnancy Prevention Resources; UNSOM Study on Health Benefits of the Nevada Clean Indoor Air Act (NCIAA)
 - C. **Director, Environmental Health Services** – Recycling; Special Events; and Vector – Mosquito Spraying
 - D. **Director, Air Quality Management** - Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity
 - E. **Administrative Health Services Officer** – Washoe County District Health Emergency Medical Services Program
 - F. **District Health Officer** – Interim Health Officer's Plan Report on Progress to Date

20. Board Comment – Limited to Announcements or Issues for Future Agendas

21. Adjournment **(action)**

DISCUSSED WITH DIRECTION TO STAFF

MS KITTY JUNG ELECTED

PRESENTED

COMMENTS PRESENTED

ADJOURNED

NOTE: Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.
 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 11130 Reno, NV 89520-0027 or by calling (775) 328-2416.

**WASHOE COUNTY
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Councilman Dan Gustin
Denis Humphreys, OD
Commissioner Kitty Jung
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1:00 PM	1.	Call to Order, Pledge of Allegiance Led by Invitation	Mr. Smith
	2.	Roll Call	Ms. Smith
	3.	Public Comment (3 minute time limit per person)	Mr. Smith
	4.	Approval/Deletions to the Agenda for the May 26, 2011 Meeting (action)	Mr. Smith
	5.	Approval/Additions/Deletions to the Minutes of the April 28, 2011 Meeting (action)	Mr. Smith

6. Recognitions and Proclamations Mr. Smith
- A. Years-of-Service
 - 1. None This Month
 - B. National Grants Management Association – Certified Grants Management Specialists
 - 1. Patricia Buxton
 - 2. Lori Cooke
 - C. Presentation of Two Abstracts to the Council of State and Territorial Epidemiologists – Addressing the Integration of Information Technology into Epidemiology for Local Antibigram Dissemination in the Local Medical Community; Providing an Overview of Local Antibiotic Resistance Trends in Washoe County
 - 1. Written and Submitted by Dr. Lei Chen and Mr. Steve Fisher
 - D. Senate Floor Acknowledgment for Her Work in HIV Prevention Police – Senator Breeden
 - 1. Jennifer Hadayia
 - E. Presentation of a Letter of Appreciation and a Plaque from the Washoe County School District – Western Nevada Regional Science and Engineering Fair Mr. George Ochs,
Director of the
Science Fair
 - 1. Washoe County Health District
7. Employment Agreement Negotiations with Dr. Joseph Iser – New District Health Officer Mr. Smith
- A. Presentation and Discussion of Possible Employment Agreement with Possible Start Date and Salary Negotiations for the Washoe County District Health Officer with Possible Direction to Staff and Human Resources **(action)** Ms. Fox
Ms. Hart
 - B. Possible Setting of Salary for the Washoe County District Health Officer **(action)**
8. Consent Agenda Mr. Smith
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 - 1. Recommendation to Uphold Citations Unappealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - 2. Recommendations of Cases Appealed to the Air Pollution Control Hearing Board Mr. Bonderson
 - a. No Cases This Month
 - B. Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater & Sanitation Hearing Board Mr. Coulter
 - 1. No Cases This Month
 - C. Budget Amendments / Interlocal Agreements
 - 1. Ratification of Interlocal Agreement Between the Washoe County Health District and the University of Nevada School of Medicine Integrated Clinical Services, Inc. and the University of Nevada School of Medicine Multi-Specialty Group Practice North, Inc. in the Total Amount of \$10,200 Per Year to Provide Physician Consultative Services for the Sexually Transmitted Disease Clinic for the Period of July 1, 2011 Through June 30, 2012 **(action)**
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9. Air Pollution Control Hearing Board Cases – Appealed to the District Board of Health
 - A. No Cases This Month
 Mr. Bonderson
 10. Regional Emergency Medical Services Authority
 - A. Review and Acceptance of the Operations and Financial Report for April 2011 **(action)**
 - B. Update of REMSA's Community Activities Since April 2011
 Mr. Smith
 11. Review and Acceptance of the Monthly Public Health Fund Revenue and Expenditure for April 2011 **(action)** Ms. Coulombe
 12. Update – Fiscal Year 12 Budget with Possible Direction to Staff **(action)** Ms. Brown
Ms. Coulombe
 13. Update – Ending Fund Balance Policy Ms. Brown
 14. Washoe County Health District – 2011 Legislative Bill Tracking with Possible Direction to Staff **(action)** Ms. Brown
 15. Presentation of and Recommendation for Approval the Washoe County Health District's Participation in the Nevada Governor's Office Substance Abuse & Mental Health Service Administration (SAMHSA) – *Screening, Brief Intervention & Referral to Treatment with a Trauma Module (SBIRT-TM) Program* **(action)** Ms. Brown
Ms. Hadayia
 16. Update – National Association of Local Boards of Health – September 7 – 9, 2011 – Coeur d'Alene, Idaho Mr. Smith
 17. Presentation of Washoe County, Nevada, Air Quality Trends Report (2001-2010) Ms. Mendoza
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 - A. Discussion and Possible Appointment of the District Board of Health Appointee of the At-Large Physician Member to the District Board of Health Replacing Dr. Khan **(action)**
 - B. Discussion of and Possible Election of a New Vice Chairman **(action)**

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| 19. | Staff Reports and Program Updates | |
| | A. Director, Epidemiology and Public Health Preparedness – Communicable Disease; Public Health Preparedness (PHP) Activities | Dr. Todd |
| | B. Director, Community and Clinical Health Services – Washoe County Raises Awareness Regarding Teen Pregnancy Prevention Resources; UNSOM Study on Health Benefits of the Nevada Clean Indoor Air Act (NCIAA) | Ms. Hunter |
| | C. Director, Environmental Health Services – Recycling; Special Events; and Vector – Mosquito Spraying | Mr. Sack |
| | D. Director, Air Quality Management - Monthly Report of Air Quality Activities, Permitting Activities, Compliance/Inspection Activity, and Enforcement Activity | Mr. Dick |
| | E. Administrative Health Services Officer – Washoe County District Health Emergency Medical Services Program | Ms. Coulombe |
| | F. District Health Officer – Interim Health Officer's Plan Report on Progress to Date | Ms. Brown |
| 20. | Board Comment – Limited to Announcements or Issues for Future Agendas | Mr. Smith |
| 21. | Adjournment (action) | Mr. Smith |

NOTE: Items on the agenda without a time designation may not necessarily be considered in the order in which they appear on the agenda.
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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
Board Room - Health Department Building
Wells Avenue at Ninth Street

May 26, 2011

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WASHOE COUNTY DISTRICTBOARD OF HEALTH MEETING

May 26, 2011

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WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING
May 26, 2011

PRESENT: Mr. Matt Smith, Chairman; George Furman, MD; Denis Humphreys, OD;
Commissioner Kitty Jung; and Councilwoman Julia Ratti (arrived at 1:18 pm)

ABSENT: Councilman Dan Gustin

STAFF: Mary-Ann Brown, Interim District Health Officer; Eileen Coulombe, Administrative Health Services Officer; Bob Sack Director, Environmental Health Services; Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness; Kevin Dick, Director, Air Quality Management; Candy Hunter, Acting Division Director, Community and Clinical Health Services; Patsy Buxton, Fiscal Compliance Officer; Lori Cooke, Fiscal Compliance Officer; Noel Bonderson, Air Quality Specialist Supervisor; Stacey Akurosawa, EMS Coordinator; Dr. Lei Chen, Senior Epidemiologist; Steve Fisher, Department Computer Application Specialist; Laurie Griffey, Administrative Assistant; Jennifer Hadayia, Public Health Program Manager; Tony Macaluso, Environmental Health Specialist, Supervisor; Brenda Wickman, Environmental Health Specialist; Lauri Mendoza, Air Quality Specialist II; Daniel Inouye, Senior Air Quality Specialist; Amber English, Environmental Health Specialist; Peg Caldwell, RN; Curtis Splan, Department Computer Application Specialist; Jim English, Senior Environmental Health Specialist ; Bev Bayan, WIC Program Manager; Janet Smith, Recording Secretary; and Leslie Admirand, Deputy District Attorney

At 1:08 pm, Chairman Smith called the Washoe County District Board of Health meeting to order, followed by the Pledge of Allegiance, led by Dr. Denis Humphreys, member of the District Board of Health.

ROLL CALL

Roll call was taken and a quorum noted. Mrs. Janet Smith, Recording Secretary, advised that Councilman Gustin is excused.

PUBLIC COMMENT

There was no public comment presented.

APPROVAL/DELETIONS – AGENDA – MAY 26, 2011

Chairman Smith called for any additions or deletions to the agenda.

MOTION: Dr. Humphreys moved, seconded by Ms. Jung, that the agenda of the District Board of Health May 26, 2011 meeting be approved as presented. Motion carried unanimously.

APPROVAL/ADDITIONS/CORRECTIONS – MINUTES – APRIL 28, 2011

Chairman Smith called for any additions or corrections to the minutes of the April 28, 2011 District Board of Health meeting.

MOTION: Ms. Jung moved, seconded by Dr. Furman, that the minutes of the District Board of Health April 26, 2011 meeting be approved as received. Motion carried unanimously.

RECOGNITIONS

Ms. Eileen Coulombe, Administrative Health Services Officer'

Introduced Ms. Patricia Buxton, Fiscal Compliance Officer; and Ms. Lori Cooke, Fiscal Compliance Officer, advising, Ms. Buxton and Ms. Cooke are to be commended for achieving their Certified Grants Management Specialist status from the National Grants Management Association. Ms. Buxton and Ms. Cooke "are the first two (2) Certified Grants Management Specialists in the State of Nevada. To be certified both submitted an application demonstrating their extensive knowledge and experience in the field of grants management; that the applications had to pass a rigorous review and be accepted. Ms. Buxton and Ms. Cooke then attended the National Grants Management Association Certified Grants Management Specialist Grandfathered Provisional Certification Training Program."

Ms. Jung

Stated, she would "congratulate Ms. Buxton and Ms. Cooke; that this is another stellar performance"; that achieving this certification "is good for Ms. Buxton; Ms. Cooke; and the Health District – this is great."

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

Introduced Dr. Lei Chen, Senior Epidemiologist; and Mr. Steven Fisher, Department Computer Application Specialist, advising that Dr. Chen and Mr. Fisher recently submitted two (2) abstracts to the Council of State and Territorial Epidemiologists, of which Dr. Chen is a member, addressing the integration of Information Technology into Epidemiology for Local Antibigram Dissemination in the Local Medical Community, Providing an overview of 'Local Antibiotic Resistance Trends in Washoe County.' Advising "there is a tremendous problem nationwide with emerging drug-resistance bacteria; that a method for combating this is to monitor the resistance patterns of the various organisms, which are isolated in laboratories, and then to publish that information, which assists the medical community to select antibiotics wisely and not contribute further to the problem." Dr. Chen has been producing local antiobigrams for approximately seven (7) years; that this information is utilized by the local medical community; that the information "is very popular on the Health District website.

Ms. Jung

Questioned if this information corresponds with the recent article in the *Reno Gazette Journal* regarding hospital contracted infections; and if this information is provided to the area hospitals.

In response to Ms. Jung

Dr. Lei Chen, Senior Epidemiologist

Advised, this information is available to all the hospitals and all physician offices.

Ms. Jung

Questioned if the Health District's Public Information Officer (PIO) could develop a response to the article in the *Reno Gazette Journal*, indicating "the Health District is on top of the RGJ's recent article; placing this information in the *Good News* section; and various other media sources." Stated she has received numerous inquiries regarding "the perception that the hospitals are dirty and how to combat that." Stated, "all of the recognitions should be provided to the *Good News* section of the RGJ. It is important to get the Health District's story out and educate the public as to the benefits of the Health District."

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

May 26, 2011

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Ms. Mary-Ann Brown, Interim District Health Officer

Introduced Ms. Jennifer Hadayia, Public Health Program Manager, advising, Ms. Hadayia was recently recognized on the Senate Floor of the 2011 Nevada State Legislature, for her work in HIV Prevention Policy; and received a Senate Proclamation in her honor. Advised Ms. Hadayia is to be commended for her work in public health policy, and specifically her work in HIV Prevention Policy.

Ms. Jung

Stated, "this recognition should also be publicized, particularly considering the big issues the Health District has coming up for vote during this Legislative Session; that this is a 'big win' for Ms. Hadayia and the credibility she has developed at the Legislature in these issues."

In response to Ms. Jung

Ms. Brown advised the Health District "does issue press releases regarding all of these issues."

Mr. Noel Bonderson, Air Quality Specialist

Advised, as the Board is aware, the Washoe County District Board of Health levies fines for violations of the requirements of the Air Quality Management Regulations; that fines collected by the Health Department are forwarded to the Washoe County School District. These fines are now utilized to help fund the annual Western Nevada Regional Science and Engineering Fair; that in recognition of the Health District's support, Mr. George Ochs, Washoe County Science Fair Chairman/Director, presented a plaque to the Washoe County Health District in appreciation "of the Health District's monetary support in sponsoring this fair." Advised two (2) of the winners at this year's annual Western Nevada Regional Science and Engineering Fair received "several top honors at the INTEL International Science & Engineering Fair held in Los Angeles, California." Advised, "Mr. Taylor Wilson was named the Intel Foundation Young Scientist Award winner receiving a \$50,000; and Mr. Casey Acklin, received the Air Force Research Laboratory Award of \$3,000; that both attend the Davidson Academy in Reno."

Chairman Smith

Stated, it is "really good to know that, in keeping companies in-line with the requirements of the Regulations, the fines collected are used on such worthwhile projects producing positive impacts in the County."

EMPLOYMENT AGREEMENT NEGOTIATIONS – DR. JOSEPH ISER – NEW DISTRICT HEALTH OFFICER

A. Presentation and Discussion of Possible Employment Agreement – Possible Start Date and Salary Negotiations - Washoe County District Health Officer with Possible Direction to Staff and Human Resources

Ms. Katey Fox, Director, Washoe County Human Resources

Advised, per the direction of the District Board of Health last month, in which an offer of employment was extended to Dr. Joseph Iser; that Human Resources was requested "to work through the details of the Employment Agreement." Advised, the Board members have been provided with a copy of the Employment Agreement between Dr. Iser and the Board of Health (a copy of which was placed on file for the record).

B. Possible Setting of Salary for the Washoe County District Health Officer

Ms. Fox

Advised, the salary identified for Dr. Iser in the Employment Agreement does represent "it is a wage reduction, which all unclassified management Department Heads in the Fiscal Year 10/11 accepted." Stated, in discussions with Dr. Iser, "he understands and is agreeable that effective the beginning of the Fiscal Year 11/12, which begins July 1st, his wages will be reduced by 5%." Advised, Dr. Iser will not be eligible for longevity pay, "as the Board of County Commissioners will take action on June 14, 2011, to freeze Career Incentive pay for those employees in the Unclassified Management schedule at the County for 11/12." Advised, Dr. Iser is being hired "at the top of the salary range; therefore, he will not be eligible for merit consideration in a year." Advised, Dr. Iser "will participate in the health insurance cost-share of \$44.60 per pay period"; that although not specified in the Employment Agreement, these issues have been discussed with and agreed upon by Dr. Iser. Advised, Dr. Iser will accrue vacation leave at 120 hours (3 weeks) annually; that it is "within the Board's prerogative to consider and approve the vacation accrual."

Ms. Jung

Stated the County is reviewing "how longevity pay and merit increases compensation for employees are managed in an effort to attract and retain excellent staff." Stated, the County has not yet taken a vote on this issue; however, the Board of County Commissioners will be considering "a more competitive range for employees in which salary incentives are performance based."

Dr. Humphreys

Stated, he appreciates HR has "taken the current economic conditions into consideration; that based on Dr. Iser's educational and professional experience, "the top of the salary range as discussed is justified."

**MOTION: Dr. Humphreys moved, seconded by Dr. Furman, that the Employment Agreement between the Washoe County District Board of Health and Dr. Joseph Iser, MD, DrPH, MSc, as the Washoe County District Health Officer, be approved as presented.
Motion carried unanimously.**

Ms. Fox

Stated, "this has been a pleasurable experience for the staff of Human Resources; that HR looks forward to working with Dr. Iser. Stated, Dr. Iser did submit a "bio, which she will provide to the Health District." She and Ms. Kathy Hart will work with Health District Staff in "introducing Dr. Iser throughout the County."

Ms. Jung

Requested, Dr. Iser's bio is provided to the Board of County Commissioners.

Ms. Ratti

Requested, Dr. Iser's bio be forwarded to her electronically for presentation to the Sparks City Council.

Chairman Smith

Stated, the Board members did receive a copy of Dr. Iser's bio in the packet; that he would request HR forward to the Board members electronically. Stated, on behalf of the Board, he would thank Ms. Fox, Ms. Hart, and Mr. Kimura of Avery Associates for an excellent job in the recruitment of the District Health Officer. He has appreciated their assistance and professionalism.

Ms. Jung

Stated, she would "also thank the Personnel and Administrative Committee, for all of their efforts in the recruitment process." She would thank Ms. Brown for applying for the position, "as she is a big supporter of promoting from within." Stated, she "was rather blunt with Dr. Iser regarding the County's financial situation and he still accepted the position, which is a good sign." Stated, she would thank Ms. Brown for an excellent job as the Interim Health Officer.

Chairman Smith

Stated, he had lunch with Dr. Iser; that he would recommend each of the Board members schedule time to meet with Dr. Iser individually.

CONSENT AGENDA – BUDGET AMENDMENTS/INTERLOCAL AGREEMENTS

The Board was advised that Staff recommends **ratification** of the **Interlocal Agreement** between the **Washoe County Health District** and the **University of Nevada School of Medicine Integrated Clinical Services, Inc.**, and the **University of Nevada School of Medicine Multispecialty Group Practice North, Inc.**, in the amount of **\$10,200 per year** to provide **physician consultative services** for the **Sexually Transmitted Disease Clinic** for the period of July 1, 2011 through June 30, 2012.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Saint Mary's Regional Medical Center** in the amount of **\$2,795** to **transfer medical surge capacity equipment** to **Saint Mary's Regional Medical Center** contingent upon approval of the Washoe County Risk Manager and the District Attorney's office.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Renown Regional Medical Center** in the amount of **\$2,795** to **transfer medical surge capacity equipment** to **Renown Regional Medical Center** contingent upon approval of the Washoe County Risk Manager and the District Attorney's office.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Northern Nevada Medical Center** in the amount of **\$1,195** to **transfer medical surge capacity equipment** to **Northern Nevada Medical Center** contingent upon approval of the Washoe County Risk Manager and the District Attorney's office.

The Board was advised Staff recommends **ratification** of the **Agreement** between the **Washoe County Health District** and **Incline Village Community Hospital** in the amount of **\$1,195** to **transfer medical surge capacity equipment to Incline Village Community Hospital** contingent upon approval of the Washoe County Risk Manager and the District Attorney's office.

The Board was advised Staff recommends **approval** of the **Subgrant Amendment #1** from the **Nevada State Health Division** for the **Women, Infants and Children (WIC) Clinic Program**, in the **total amount of \$1,191,109** in **support of Salaries and Benefits, Travel and Training, and Operating Expenditures** for the period of October 1, 2010 through September 30, 2011.

The Board was advised Staff recommends **ratification** of the **Interlocal Agreement** between the **Washoe County Health District** and the **University of Nevada School of Medicine Integrated Clinical Services, Inc.**, and the **University of School of Medicine Multispecialty Group Practice North, Inc., dba MEDSchool Associates of North (MSAN)**, in the **total amount of \$7,650** to provide physician consultative services for the period of July 1, 2011 through June 30, 2012.

MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, that the Interlocal Agreements; the Agreements; and the Subgrant Amendment #1 be approved as presented and the Chairman authorized to execute on behalf of the Board.
Motion carried unanimously.

REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY

A. Review and Acceptance of the Operations and Financial Report – April 2011

Mr. Jim Gubbels, Vice President, REMSA

Advised the Board members have been provided with a copy of the April 2011 Operations and Financial Report; that the overall emergency response times for life-threatening calls in April 2011 was 92% and 96% for non-life threatening calls; that within the eight (8) minute zone it was 92%; within the fifteen (15) minute zone it was 96%; and within the twenty (20) minute zone it was 100%. The overall average bill for air ambulance service for April was \$6,108, with a year-to-date average of \$7,125. The overall average bill for ground ambulance service for April 2011 was \$905, with a year-to-date average of \$981.

MOTION: Dr. Humphreys moved, seconded by Ms. Jung, that the Operations and Financial Report for the month of April 2011 be accepted as presented.
Motion carried unanimously.

B. Update – REMSA's Community Activities Since April 2011

Mr. Gubbels

Stated REMSA received Proclamations from the City of Sparks, the City of Reno, and Washoe County for National EMS Week May 16 – May 20, 2011; that those Proclamations were shared with REMSA and Care Flight staff.

The Board members have been provided with a copy of the "*Congratulations Safe Kids Washoe County*", *Safe Kids USA*, which is an injury prevention program operated independently through its national organization; however, REMSA is a lead organization for that group; that he serves as Chairman for that group. Advised, *Safe Kids Washoe County in Reno, Nevada*, was selected as the 'Outstanding Non-Profit Agency' receiving the award from the *Alliance for Victims' Rights* for the *Cribs for Kids Program*. Advised the SKWC implemented the *Safe Sleep Program* with partnering agencies and programs, including the Health District's WIC Program; that SKWC will be working in conjunction with the State to present this Program to the rural counties.

Chairman Smith

Requested, Staff include a Proclamation in honor of REMSA recognizing National EMS Week retroactively, on the June 23, 2011 agenda.

REVIEW – ACCEPTANCE – MONTHLY PUBLIC HEALTH FUND REVENUE AND EXPENDITURE REPORT – APRIL 2011

Ms. Eileen Coulombe , Administrative Health Services Officer

Advised, the Board members have been provided with a copy of the Health Fund Revenue and Expenditure Report for the month of April 2011; that the percentages approximate 83% of the Fiscal Year. Advised, the amount of the Environmental Oversight Account for April is \$163,217.27; that Staff recommends the Board accept the Report as presented.

**MOTION: Ms. Jung moved, seconded by Ms. Ratti, that the District Health Department's Revenue and Expenditure Report for April 2011 be accepted as presented.
Motion carried unanimously.**

FISCAL YEAR 12 BUDGET UPDATE

Ms. Brown

Advised the Board members have been provided with a three (3) page handout, including: 1) an *Overview of Washoe County General Fund Budget Deficit Planning for Fiscal Year 2011/12*; 2) the *Interactive Budget Planning Model (IBPM) Personnel Cost Plan Version*; and 3) *Timeline for Achieving \$11.58M Labor Savings and Organizational Effectiveness Committee (OEC) Fundamental Review* (copies of which were placed on file for the record).

Advised the Overview indicates the current status of the County's budget; and "how the [County] will adjust" depending on the unknowns of the Legislature. The Interactive Budget Planning Model (IBPM) is the "budget planning tool utilized in the establishing the salary negotiations. The last page indicates the timeline for achieving the salary savings in the negotiation process; and the OEC fundamental review.

Advised, in her Board Report, she has provided the Board members with a copy of the '*Washoe County Fundamental Services Review Meeting Information for County Management and Staff Members*', from Management Partners, Incorporated (a copy of which was placed on file for the record). Advised Management Partners Incorporated is the company with which the County contracted to perform the fundamental review of County services. Advised, all of the Division Directors and Chairman Smith met with a representative of Management Partners at which time Division Directors were provided with the instructions as to "what Management Partners intends to do as a part of the fundamental review."

Ms. Coulombe

Advised she has provided the Board members with a copy of the '*Washoe County Health District Tentative State Doc Fund Health*' (a copy of which was placed on file for the record); that this copy should be inserted in the Budget Binders, in Tab 4. Advised, this document has the '*Final FY Approved*' amounts noted; that the Estimates to Complete have been adjusted. Advised, the Board's determination regarding the Department Fee Schedule have been incorporated in the dollar amounts listed; that Washoe County will be utilizing the Health Department's General Fund to calculate what the reductions will be. Advised, "the County's May 10th document was the expenditure portion"; that she conferred with Mr. Darin Conforti, who presented the concerns to County Manager, Ms. Katy Simon, "as the Health Fund is a Special Revenue Fund; that the resources outside of the grants are restricted revenues; therefore, there will be an adjustment. Ms. Simon was amenable to the concerns and indicated the General Fund Transfer would be utilized to calculate the 10%."

Advised, Staff anticipated a "\$400,000 reduction of the Fund Balance; that the County is utilizing the Risk Management Fund of \$7.5 million and \$2.25 million from the Stabilization Fund to achieve the Fund Balance of \$9.75 million. The \$400,000 is reflected in an increased FY 12 Ending Fund Balance."

Advised, the Health District "had the five (5) vacancies with a value of \$447,785; that this value has been slightly reduced; therefore, the current value of those five (5) positions is \$438,556." Stated, Staff has been advised of three (3) additional vacancies, two (2) of which are 100% local funding, with the third position being 91% local funding; that two (2) of the positions are retirements and one (1) is a resignation. Advised, after Dr. Iser starts the Leadership Team will discuss and present recommendations "as to how to address those targets."

Reviewed, other budgetary reductions, including health insurance, motor pool adjustments; and equipment service expenditures. Advised, during the May 10th meeting of the Board of County Commissioners the County Manager presented the recommended Budget for FY 2011/2011 (item #23); that Staff is aware "things will change with an amended budget." Advised, that as the budget is amended those revisions "can be made in the budget system; that the County will be flexible in making adjustments."

Ms. Brown

Advised she has forwarded the Board members an electronic copy of the County Commissioners' Board item.

Ms. Jung

Advised the County is very concerned regarding the Legislature's action specific to the Sunset Tax as a source of revenue; that "while this may not hurt the County there has been no definitive decision as to 'where' the revenue would actually go." Stated the County "sent a letter to Assemblywoman Smith to advise her [the County] does not support the \$.09 property tax diversion, which has been in effect since 2009; and requesting the diversion of those funds be discontinued."

Advised, today's Supreme Court ruled "the flood project monies the State diverted from Clark County was unconstitutional; that special taxes cannot be *cannibalized*." Stated, the State Constitution stipulates 'all counties must be treated equally'; therefore, the diversion of funds "from Clark and Washoe Counties, while the rural counties have remained whole is unconstitutional in our State." Stated, this issue will be on the Board of County Commissioners agenda; that she

"wants the employees to be aware the County isn't asking them to take all these cuts without putting up a decent fight." This Supreme Court decision "will put a large gap in the budget; that she doesn't see a solution, any new revenue creation, or tax structure."

MOTION: Chairman Smith moved, seconded by Dr. Humphreys, that the Fiscal Year 12 Budget update be accepted as presented.

Motion carried unanimously.

ENDING FUND BALANCE POLICY

Ms. Brown

Advised the Board has been discussing the development of an Ending Fund Balance Policy for the Health District; that the Board of County Commissioners recently adopted an Ending Fund Balance Policy for the County. Stated, pursuant to Ms. Jung's request for Staff to investigate the establishment of an Ending Fund Balance Policy for the Health District working in collaboration with Mr. John Sherman, Washoe County, she has been in discussion with Mr. Sherman regarding this issue. Stated, Mr. Sherman advised he will be reviewing the County's Ending Fund Policy and what the Health District's relationship is to that Policy." Stated, she anticipates some guidance from Mr. Sherman within the next few months to allow the Board of Health to establish guidelines or an Ending Fund Balance Policy. Stated, she will provide an update to Dr. Iser regarding this issue.

WASHOE COUNTY HEALTH DISTRICT – 2011 LEGISLATIVE BILL TRACKING REPORT – POSSIBLE DIRECTION TO STAFF

Ms. Brown

Stated, the Board members have been provided with a copy of the Health District's 2011 Legislative Bill Tracking Report for the period ending May 20, 2011 (a copy of which was placed on file for the record); that as the Board is aware there continues to be a lot of activity due to various deadlines and the end of the Session." Advised, she has provided updates to the Board of "documents or testimony, which Staff has presented in the interim since last month's meeting, to ensure the Board is aware of on-going issues." Stated, Staff will be providing an update regarding recent action on AB 571, which pertains to the Nevada Clean Indoor Air Act (NCIAA) and a lessening of the restrictions of the NCIAA. Stated, when Staff was advised of the parameters of AB 571, she sent a "pre-emptive letter to Assemblywoman Debbie Smith and other Legislators", delineating the Health District's rationale for opposing AB 571.

Ms. Jennifer Hadayia, Public Health Program Manager

Advised the Board, AB 571 is not listed in the Board of Health's Legislative Tracking document, as it had not been introduced when the Tracking document was prepared; however, Staff was anticipating "some type of Legislation specific to potential exemptions to the Nevada Clean Indoor Air Act (NCIAA). Advised, Assembly Bill 571 was introduced on the floor of the Assembly and immediately referred to the Assembly Ways and Means Committee; that the intent of the Bill is to "create an additional exemption to the list of exemptions in the Nevada Clean Indoor Air Act (NCIAA) where smoking would be allowed." Advised AB 571 would include stand alone bars, taverns and saloons to the exemptions; that the complication to the language of the Bill is there are two (2) definitions proposed as to what constitutes a stand alone bar, tavern or saloon; that one is a definition of what is an age restricted bar, tavern, or saloon; that the other is an amendment to the current definition to a bar, tavern, or saloon, which is not age restricted, and would allow food service to occur. Stated, the proponents of the Bill have indicated the intent is to allow the "traditional stand alone bar to re-open the kitchen and have food service; however, the ambiguity of the two (2) definitions proposed to be included, the concern is could allow for smoking in bar areas of larger facilities such a family friendly restaurant."

Advised, when the Bill was proposed Staff met to initiate the Health District's response; that the Health District's response to any additional exemptions to the NCIAA "is to oppose"; however, the Health District acknowledges there are restrictions regarding the enforcement of the NCIAA, as written. Advised, Staff further acknowledges the NCIAA will be "more difficult to enforce with the dual competing definitions of a stand-alone bar, tavern or saloon, which have proposed to be added." Advised, Staff prepared an amendment, which would strengthen the enforcement capabilities of the NCIAA within three (3) specific sections: 1) identifying the responsible party for ensuring a smoke-free work-place; 2) connecting compliance with the requirements of the NCIAA to the Annual Permit to Operate; and 3) granting health authorities local control to adopt additional or more stringent policies specific to smoking.

Advised, the amendment was submitted to the Chair of the Legislative Committee, Assemblywoman Debbie Smith; however, no response has yet been received regarding whether or not it will be considered in a work session; and whether the amendments would be accepted if considered.

Advised, Staff has been receiving conflicting information regarding "whether the Bill has enough votes to get out of Committee, as proposed to create the exemptions or if there are enough votes to kill the Bill in Committee, as proposed." Advised, Staff is "ready for when this Bill is presented during the work session; that Staff is prepared to explain the needs of the Health District specific to enforcement; and the Health District's opposition to any additional exemptions."

Advised Staff participating in these efforts are herself, Ms. Mary-Ann Brown, Mr. Bob Sack, Ms. Erin Dixon, Mr. Tony Macaluso; Mr. David McNinch and Ms. Leslie Admirand; that "all have come together multiple times to attempt to oppose AB 571; and to strengthen the Health District's enforcement authority." Stated, all are to be commended; that "Staff has been working very closely with Washoe County Government Affairs and Mr. John Slaughter, who has been extremely helpful" being at the Legislature and remaining in close contact with Staff for all the Bills.

Ms. Brown

Stated, Mr. Slaughter and the Washoe County Legislative Team "have been great in working with Staff; that she has keeping the Board apprised of what Staff was attempting to accomplish."

In response to Ms. Jung

Regarding an update on AB 128, which would have prohibited smoking on campuses of higher education, Ms. Hadayia advised, "this Bill has stalled remaining in Committee." The system of higher education proposed an amendment to mitigate the fiscal note attached to this Bill, for the implementation of this smoking ban on all areas of the campus, including the proper signage, authority for campus police to enforce the policy. The amendment proposed would be "to eliminate the language of the campus requiring enforcement by the campus police." Advised, AB 128 remains in the Assembly Ways and Means Committee awaiting another work session; however, it is an exempt Bill and therefore, did have to comply with any deadlines; therefore, it is not yet a failed Bill. Stated, Staff does anticipate it will fail. Stated, currently there are not enough votes "to move it out of Committee due to concerns as to whether or not it is an appropriate Bill to pass; how it would be enforced; and the fiscal note attached."

In response to Ms. Jung

Regarding requesting either the Chairman or other members of the Board testifying on behalf of the Health District, Ms. Hadayia advised, "as part of the process and policy", Staff has not requested assistance from either the Chairman of the Board members to testify; however, that "does not mean it couldn't be a possibility."

Ms. Jung

Stated, this could be a possibility, as the District Board of Health is responsible for the public health of the entire County; that she is the County's Legislative liaison and would recommend Staff consider this as an option.

Ms. Hadayia

Advised, "the Legislative matrix process is very helpful for that purpose as Staff has a greater authority in stating 'this is the position of the Health District and the District Board of Health' on a Bill; however, the additional testimony would also be of help."

In response to Ms. Ratti

Regarding the position of the Southern Nevada Health District, and the State Health Division specific to these Bills, Ms. Hadayia advised the Health District "did its due diligence in including all of the health jurisdictions" in the efforts to amend AB 571 to address the concerns as noted. Stated, she has remained in contact with Southern Nevada Health District; Carson City Health and Human Services; and the Nevada State Health Division; that all of the health authorities were in support of the District's attempt to strengthen the enforcement abilities. Stated, the other health authorities also have to approval from the respective governing boards; and have not been engaged in the same type of process as the Health District; therefore, "there was not the time to obtain approval from the respective Boards to 'sign-on' for the conceptual approval of the amendments proposed by the District." Advised, the Southern Nevada Health District did initially 'sign-on' to the amendment; however, "due to pressure from one (1) of its funders." Stated, "the concept and support for the Health District's efforts represents all of the health jurisdictions and what is believed needs to be strengthened in enforcement."

Ms. Brown

Stated, she, Dr. Sands, Southern Nevada; and Ms. Marena Works, Carson City Health and Human Services, have had regular conference calls regarding all of the Legislative issues; and are in alignment on these issues.

In response to Ms. Ratti

Regarding the members of the Sparks Legislative Team, Ms. Hadayia advised that "she relies on Mr. Slaughter for those contacts.

Ms. Ratti

Advised the City of Sparks has a rapid response process to address the issues; that she "is a member of the Government Affairs Team for Sparks, should the Staff have the need to contact the Sparks Government Affairs Team.

Ms. Brown

Stated the Health District's Legislative matrix is forwarded to Mr. Carey, Sparks City Manager, after it is accepted by the Board of Health. Advised, Staff "has not been at the Legislature very often other than in the capacity of content experts or in response to something urgent (i.e., AB 571).

Ms. Ratti

Stated, she would commend Staff "on doing a great job; that the partnerships make sense."

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

Stated, AB 98, "is an Uniform Act"; that the Uniform Commission reviews those issues, which should adopted by every state, to ensure consistency in how "things are managed from one state to the next." Advised the Uniform Act would ensure "a pre-registered health care provider from another state, who has previously been vetted in that state, and registered in an appropriate system in that state could respond to an incident in Nevada and practice within the scope of his/her license without a lot of bureaucratic process. The Act addresses liability concerns and workers' compensation for these volunteers." Stated, "former Senator Terry Care is active in the Uniform Commission and presented this to the Assembly Government Affairs Committee.

Advised, the State Medical Association had introduced some important amendments, including better defining "health care professional" consistent with existing Nevada Law as to what constitutes a "health care professional." Stated, "more importantly the Act delineates under what circumstances the out-of-state volunteers could respond and work in Nevada"; that, as originally drafted the Act stipulated 'if there is a declared emergency'; however, the concern was the volunteers participating in a drill or exercise in preparation for an emergency; and the provision of "the protections afforded by the Law under those circumstances." Advised the other concern was the length of time necessary for the declaration of an emergency when assistance is required immediately. Advised, provisions were included for a "reasonable expectation that an emergency declaration will be made the participant will be covered. AB 98 was amended with a do pass out of the Assembly; that on Monday, May 23, 2011, the Bill was heard in the Senate Government Affairs Committee; that there wasn't any opposition to the Bill; that he and a representative of DEM (Department of Emergency Management), testified on this Bill." Stated, in speaking with former Senator Care, he was advised "that unless the Legislature runs out of time he would anticipate it will pass." Stated, AB 98 "is a good Bill; and there hasn't been anyone indicating it isn't; that he anticipates it will pass."

Ms. Brown

Advised, SB 471, is the Bill "specific to the push-downs to local health authorities on which she testified"; that this included medical treatment of Tuberculosis (TB) patients; and food facility inspections for schools of higher education; that the EMS component for testing and certification of Emergency Medical Technicians and Paramedics was withdrawn from this Bill. Advised, after completion of the revisions the Statute was amended, which now requires the Health District to provide medical treatment for TB patients; and inspect the food service facilities on the campuses of higher education. Advised, in addition to providing testimony, all three (3) of the local jurisdictions have had discussions with the State regarding "mitigating some of the language to provide the flexibility in the relationship among the State and the local health authorities. Further, the three (3) local health authorities discussed the amending of some very important language from 'shall' to 'may' for inpatient TB treatment with the State, to ensure the costs associated with the medical treatment are somewhat controllable." Stated, she is "not sure as to the status of the revisions as proposed as the State has not responded; that Staff is attempting to mitigate the impact to the Health District, specifically in the TB Clinic.

Advised the remaining Legislative activity is noted in the Bill Tracking form; that as noted in the Bill Tracking form a number of Bills have already failed.

**MOTION: Ms. Ratti moved, seconded by Ms. Jung, that the May 2011 Legislative Tracking Report be accepted as presented.
Motion carried unanimously.**

Ms. Jung

Stated, she would commend Ms. Hadayia for her efforts and for being recognized on the Senate floor.

Later in the meeting in response to Ms. Ratti

Regarding the Legislative Bill specific "to the population cap", Ms. Hadayia advised the AB 545 was scheduled for hearing last Friday; however, "she does not believe it moved forward."

In response to Ms. Ratti

Mr. Bob Sack, Division Director, Environmental Health Services

Advised, AB 545 "made it out of the first house; that it was amended once to include issues specific to Deputy DA and the Sheriff; that it was then amended again to delete those provisions and forwarded to the next house late last week."

PRESENTATION – RECOMMENDATION – APPROVAL – WASHOE COUNTY HEALTH DISTRICT'S PARTICIPATION – NEVADA GOVERNOR'S OFFICE SUBSTANCE ABUSE & MENTAL HEALTH SERVICE ADMINISTRATION (SAMHSA) – SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT WITH A TRAUMA MODULE (SBIRT-TM) PROGRAM

Ms. Brown

Advised the Nevada Governor's Office of Substance Abuse and Mental Health Service Administration (SAMHSA) – *Screening Brief Intervention and Referral to Treatment with a Trauma Module* (SBIRT-TM) Program, is an effort of the State of Nevada Governor's office for substance abuse and mental health services. Advised the State contacted Washoe County due to the 'Health District's uniqueness of the HIV/STD Clinic "to be one (1) of the participants in this grant"; that the grant participants will include primary care providers.

Advised, the initial grant was for a screening, brief intervention and referral treatment (a SBIRT); however, the Governor's Grant office as unable to comply with the deadline. She did confer with Chairman Smith regarding this opportunity, as the grant application had to be submitted by yesterday. Advised, "because the Governor's Office could not submit this by the deadline, this grant will now be submitted conceptually; that the new grant has to be submitted in July; therefore, there is the opportunity for the review and approval by the Board and for the formal submission to participate in this grant.

Advised, Ms. Hadayia will be presenting an analysis of the grant proposal and what could be achieved through this grant.

Chairman Smith

Stated, that he was contacted by Ms. Brown, and as the deadline for submission was prior to the Board of Health meeting, he advised her to proceed with the application process. Advised, that it is the Board's determination whether to approve the Health District proceeding in the application process.

In response to Ms. Jung

Regarding the Governor's office preparing the grant application, Ms. Hadayia advised Staff was contacted approximately two (2) weeks ago to participate in the grant application process; that the RFA (Request for Applications), to which the State will respond is the exact same model with an additional "ad-on". Advised that she cannot respond to "why SAMHSA issued two (2) RFAs so comparable to each other back-to-back, she does not know; that it is her understanding the State did not have the time to complete the application for submission. The amount of the funding is slightly different between the two (2) grant applications; that there was more funding in the first grant and more grants being awarded for the first proposal." Stated, there is more time to prepare a more qualifying application for the second grant process.

Ms. Brown

Stated, Staff did advise the Governor's office that there was the possibility of the Board of Health voting not to participate in the grant application process.

Ms. Hadayia

Advised, the application is one "which only the executive offices of the State can apply; therefore, the Governor's office is applying in collaboration with the Substance Abuse Prevention and Treatment Agency (SAPTA) at the State Health Division. Stated, it will be a SAPTA Grant application to SAMHSA; however, it has to be from the Executive Branch."

Advised, this is a grant application being submitted by SAPTA and the Division of Mental Health and Developmental Services Administration (SAMHSA) for a *Screening, Brief Intervention, and Referral to treatment with a Trauma Module (SBIRT-TM)* project.

Advised the purpose of the grant is to provide a public health approach to the screening and identification of individuals who are practicing risky alcohol and drug (AOD) use; that the grant is to

integrate screening and intervention for exposure to trauma. Stated, there would be a strategic focus on the co-occurring risk factors of substance abuse, intimate partner violence and risk for HIV/AIDS. Advised SBIRT is a tested model for intervention of alcohol and drug misuse; and has been researched by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse. Advised the Trauma Module (TM) component of the SBIRT model integrates screening and brief intervention for misuse of alcohol and other drugs with the screening for exposure to trauma (i.e., intimate partner violence, abuse and neglect, loss, disaster, war experiences). Advised, "this represents a strategic approach by SAMHSA" providing grant funding for "three (3) co-occurring public health epidemics, which interrelate – substance abuse; HIV/AIDS; and violence; and identifying a model for intervention in various settings, including primary care, which include specialty clinics." Stated, "those individuals experiencing all three (3) of those epidemics would be referred to the services they require."

Reviewed the logistics, advising the applicant will be SAPTA; applications are due July 5, 2011; awards will begin on the Federal Fiscal Year and are provided to the State and then disseminated to the County through a grant or contract. Advised, the amount to the State is "up to \$1 million per year for up to five (5) years to each state agency receiving an award; that up to five (5) agency awards will be granted."

Advised, "there is no Statute or Regulation which would mandate these activities; however, there are three (3) of the ten (10) core public health essentials Staff has identified to which this grant would address: # 2 – Diagnosis and investigate health problems and health hazards in the community; #3 – inform, educate, and empower people regarding health issues; and #7 – link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Advised, the District Board of Health priorities identified with this grant are: 1) provides people with information needed to make health decisions; and 2) protects populations from health problems and health hazards. Advised the verifiable public health needs are: 1) alcohol misuse is a risk factor for hypertension, heart attack, HIV/AIDS, unintended pregnancy; fetal alcohol syndrome; SIDS, suicide, interpersonal violence, Motor Vehicle Accidents (MVA) and certain cancers (as identified in the County Health Rankings 2011); and 2) research has linked traumatic events with subsequent health risk behaviors; unaddressed trauma increases the risk of mental and substance use disorders, chronic physical diseases and early death (SAMHSA 2011).

Advised recent data indicated 21% of Washoe County's population are "excessive drinkers, which is greater than both the State at 19% and the national average of 15%; therefore, Washoe County is in the top percentile for abuse of alcohol nationwide (County Health Rankings, 2011). Advised,

recent data from the Youth Risk Behavior Survey (YRBS) the percent of teens in Washoe County reporting drug and alcohol use prior to having sexual intercourse has increased from 21% to 23%. Advised, STD Clinic Staff have noted an association between repeat STDs and drug and alcohol use; and substance abuse in special populations such as men having sex with men (MSM); that intravenous drug use is a significant risk factor for HIV and viral hepatitis. Stated, the rate of reported intimate partner violence per capita in Nevada is increasing; that Nevada's rate of sexual assault is greater than the national rate (UNLV 2010); that 11% of teens in Nevada have reported dating violence (YRBS) in their lives. Stated, Staff in the STD Clinic do question clients regarding the use of intravenous drugs; the use of drugs or alcohol prior to sexual activity, have they experienced intimate partner violence. Stated, "at this time, Staff does not have the advance training or capacity to address these underlying concerns; that, while Staff addresses the STD and HIV concerns, the Health District is not addressing the use of substances, which may be contributing to the transmission of STD/HIV." Stated, without the implementation of the program through this grant, the Health District would lose the opportunity "for additional Staff capacity to address these underlying risk factors; and the loss of the opportunity to implement a proven intervention, as this model has been tested and proven through research; and the loss of opportunity for additional training for Staff." Through the implementation of this model the District could achieve further reductions in HIV and STD rates.

Advised, in regard to "can the Health District do this?", first it would be necessary to identify the existing assets among Staff; that there are existing Staff members who are very skilled in expertise in alcohol and drug use screening, intimate partner violence screening, counseling on sexual risk-taking, and motivational interviewing; that Staff routinely questions clients regarding these issues. Advised, this would include current program Staff with an expertise in needs of high-risk populations (i.e., IDUs, MSM, re-entry and youth), which are the populations at-risk for substance misuse, exposure to violence, and those for STDs and HIV exposure. Advised, the Health District has an existing STD Clinic; that the Health District partners with the Jan Evans Juvenile Detention, the jails, in which Staff conducts the various outreach testing sites.

Stated, regarding other agencies/community partners providing these services, the Health District was contacted to participate as the STD Clinic would serve as a "Specialty Clinic" in the grant application, which grant writers have identified as a clinic which serves people at risk for HIV and other STDs; that the Washoe County Health District Clinic is the only one which meets this definition within Washoe County. Stated, the Health District "would be providing the 'specialty clinic' location for Washoe County for the implementation of this model program among these very high-risk populations.

Reviewed the list of the various community agencies, which would partner with the Health District, in the implementation of this grant program should the funding be awarded.

Stated, funding to implement this Program would be "resources sufficient for five (5) years, requiring a 1.0 Full Time Equivalent (FTE) Public Health Nurse; and a 0.5 FTE Biostatistician positions; that operating costs (i.e., telephone, supplies, etc); that there is no funding match required; and no equipment purchases necessary should the District be able to re-deploy." Stated, there would be no associated subcontracts associated with this grant.

Advised, that there are test-proven associated "evaluation tools to obtain data on the impact of the model with the high-risk populations; that in the SAMHSA Grant these are CSAT-GPRA tool for measuring the demographics, risk factors, etc. Advised, 100% of the clients in the STD/HIV Clinics would be screened with this tool; of the 100% of clients screened 80% who require further intervention or referral will receive follow-up; that data will be collected on 10% of the 80% receiving follow-up. Advised, there will be "clinic-level measures (e.g., sexual risk factors while under the influence of alcohol/drugs; repeat STDs, etc.; will those risk-factors change as the model program is implemented." Advised, there will be "community-level measures, monitoring the percentage of adults who are excessive drinkers; the percentage of teens reporting dating violence; that there will be performance and outcome measures required by SAMHSA with the implementation of the model program.

Advised, Staff would periodically report to the District Board of Health through the Divisional Director Reports, as necessary; and through the semi-annual reports to SAMHSA as required, which would be available to the Board.

Advised, "success would be measured through: 1) the screening of approximately 1,700 clients in the STD Clinic for substance misuse and trauma impact annually (All Clinic Stats, FY09-10); 2) there would be 80% of follow-up with clients requiring intervention and a referral to treatment; 3) this would increase the knowledge, skills and abilities of Staff; 4) an increased ability in referrals to substance use prevention and treatment and mental and behavioral health programs within the community; and an increased access to high-risk clients for STD/HIV prevention (e.g., IDUs, MSM, victims of violence, etc).

Stated, introducing this Program will reduce the underlying risk factors of the high-risk populations, which would result in improvements in the rates of HIV and STDs within the community, as the underlying risk factor will be addressed.

In response to Dr. Furman

Regarding the "guarantee of no indirect costs within the application; and whether the grant requires continuation of the Program", Ms. Brown advised this proposed grant is for five (5) years; therefore, the Staff either hired to work in this Program or assigned to this Program would be a time-limited employment agreement. Stated, this is an option the County is reviewing; that rather than continue the employment of Staff, who were initially hired through a grant there would be the understanding it would be for the grant period only. Advised, there is "no requirement in this grant that the Program be continued beyond the five (5) years; that the District would work with Human Resources to ensure the employees associated with this grant would have the understanding it would be based upon available funding."

Ms. Hadayia

Advised, there is nothing in the grant application (RFA), which prohibits the collection of indirect costs from the grantor; that this would be negotiated in the subcontracting process.

In response to Dr. Humphreys

Regarding the staffing requirements of the Program, and whether it would require additional Staff or if existing Staff would assume the duties of the Program, Ms. Brown advised it would require a review of the skill level of the current Staff and the time availability of current Staff. Stated, it is always the intent to review current staffing capabilities; however, the CCHS Division has "lost a number of Staff, and have not hired anyone new for years."

Chairman Smith

Stated, "with the current economic conditions, he would prefer being able to have existing Staff manage the Program if possible."

In response to Ms. Jung

Regarding "finance's review of the proposal; that there is the concern "of weighing if the grant dollars are worth the effort that would be necessary to administer the Program", Ms. Hadayia advised "it is her understanding Ms. Brown reviewed this application with the Administration Finance Team.

Ms. Brown

Reiterated this is not a grant for which the Health District is applying; that it is the State's grant application; that the Health District is requesting approval to partner with the State; that the Health District would not be obligated to participate in the grant should it "present problems fiscally or programmatically." Advised, should the State be awarded the grant Staff would then review the proposal from the State.

Ms. Coulombe

Stated Ms. Brown advised the Finance Team "there was the intent to bring this to the Board." Staff will review the specifics of the Program as a component of the grant application process; that, as Dr. Furman suggested, the indirect costs could be applied.

In response to Ms. Jung

Regarding Planned Parenthood partnering in this effort, Ms. Hadayia advised the Health Department partners with the Northern Nevada Outreach Team; that there are approximately twenty (20) partnering agencies participating in the Outreach Team, including Planned Parenthood.

Ms. Jung

Stated, it is important for the Board and the community "to be aware of the timeliness for the screening and brief intervention for the misuse of alcohol and other drugs, with screening for exposure to trauma, such as disaster and the wars. There are so many returning soldiers with physical and mental issues, these problems are going to become worse for the community." Stated, should this require Board of County Commission approval, she would recommend that component "be highlighted."

Ms. Hadayia

Advised, initially during the preparation of this application there was discussion regarding including "the Community Transformation Grant a second component to this funding application, which is a significant opportunity for funding for the State

MOTION: Ms. Ratti moved, seconded by Ms. Jung, that Staff be directed to submit an application to participate in the Nevada Governor's Office Substance Abuse & Mental Health Service Administration (SAMHSA – Screening, Brief Intervention & Referral to Treatment with a Trauma Module (SBIRT-TM) Program, as outlined.

Motion carried unanimously.

Ms. Ratti

Stated, "she appreciates this process; that the checklist is great."

Chairman Smith

Advised the Board, "this will be Ms. Hadayia's last meeting, as she has resigned her position at the Health District. On behalf of the Board he would commend Ms. Hadayia for her years of service and hard work to and for the Health District.

Ms. Hadayia

Thanked the Board, advising her leaving "is an emotional issue; that her decision was based upon a severe family illness; that her family is in Texas, and she has made the decision to move there."

Ms. Jung

Stated, she "hopes Staff and everyone are in contact with his/her State representatives regarding the loss of talented, young, upwardly mobile professionals in the workforce, and attracting retirees. She is a member of the Senior Services Advisory Board; however, it requires more than retirees to have a vibrant community." Stated, Ms. Hadayia's departure "is a terrible loss for the community in regard to commitment to HIV outreach, education, her excellent reputation at the State Legislature, which takes years to build, and to the other public health programs."

UPDATE – NATIONAL ASSOCIATION OF LOCAL BOARDS OF HEALTH – SEPTEMBER 7 – 9, 2011 – COEUR d'ALENE, IDAHO

Chairman Smith

Advised, the Board members have been provided with a copy of the flyer regarding the upcoming 19th Annual Conference of the National Association of Local Boards of Health (NALBOH), which will be in Coeur d'Alene, Idaho, September 7 – 9, 2011. Stated, he won't be able to attend, as he has conflicting plans; that it will be necessary for the Board to choose a member to attend.

Ms. Ratti

Stated, "while she does want to attend a NALBOH conference, she, too, has a conflict with those dates.

In the discussion that followed, Ms. Kitty Jung stated she will attend the Conference on behalf of the Washoe County District Board of Health.

PRESENTATION – WASHOE COUNTY, NEVADA – AIR QUALITY TRENDS REPORT (2001 – 2010)

Ms. Lauri Mendoza, Air Quality Specialist II

Advised, she will be providing an update to the 2010 Air Quality Trends Report (a copy of which was placed on file for the record). Stated, the "purpose of the Trends Report is to summarize the data collected from the Air Quality monitoring sites in Washoe County; that this Report summarizes the data collected between 2001 -- 2010."

Presented an overview of the various monitoring sites in operation within Washoe County between 2001 through 2010, advising the green dots represent the current operating locations; that the red dots indicate those sites, which are no longer in operation; however, the data from those sites is represented in the Report.

Advised, the Washoe County Air Quality Management Division is mandated by Federal and State Law to monitor and collect ambient air quality data for those pollutants deemed to be harmful by the United States Environmental Protection Agency (EPA). Advised, currently Washoe County Air Quality Management monitors for Carbon Monoxide (CO); Ozone (O₃); Nitrogen Dioxide (NO₂); and Particulate Matter (PM₁₀ and PM 2.5).

Advised, the Clean Air Act (CAA) mandates the US EPA to National Ambient Air Quality Standards (NAAQS) for those pollutants considered harmful to public health and the environment; that the table presented represents those pollutants for which Washoe County does monitor. Reviewed the table, advising there are "various averaging times for the different pollutants." Advised, "during 2010 the Washoe County Air Quality Management District did experience two (2) exceedances, one for the twenty-four (24) hour PM_{2.5} Standard; and one for the eight (8) hour Ozone Standard.

Reviewed the Ozone Trend (2001-2010) graph, advising it indicates "how the monitoring data has compared against the eight (8) hour Ozone NAAQS for the past ten (10) years." Advised, "from 1997 through 2007, the eight (8) hour Ozone Standard was .08 parts per million; however, in 2008, the US EPA strengthened the standard to .075 parts per million. Currently Washoe County is in attainment for the eight (8) hour Standard of .075 parts per million; however, on January 6, 2010, the EPA proposed to further strengthen the eight (8) hour Primary Ozone Standard to a level within a range of .067 and .070. When the new Standard is finalized in July 2011 (proposed), Washoe County's attainment status may change."

Advised the Code of Federal Regulations (CFR) requires metropolitan statistical areas, with populations of more than 350,000 to report the areas air quality to the public on a daily basis; that in Washoe County the Air Quality Index (AQI) values are calculated and reported for Ozone, Carbon Monoxide and Particulate Matter (PM₁₀ and PM_{2.5}) daily. The table summarizes the Air Quality Index (AQI) totals by month for 2010; that there were 256 days in which the air quality was in the good range; 106 days in which the air quality was in the moderate range; and three (3) days in which the air quality was "unhealthy for sensitive groups."

Stated, in reviewing the "air quality there are two (2) areas of concern – the winter months which result in higher PM levels and the summer months, specifically in August (the hottest month), when the Ozone levels increase. Washoe County experienced two 'unhealthy for sensitive groups' days – one in January and one in August."

Advised, "2010 began with several days of stable atmospheric conditions and strong temperature inversions, with the lowest temperature of 18° occurring on January 4th, which was a contributing factor to a twenty-four (24) hour PM_{2.5} exceedance of 38.8 micrograms per cubic meter, which occurred on January 5th." Stated, "July and August were very warm summer months, with the only Ozone exceedance of .077 parts per million occurring on August 20th."

Advised, the final graph summarizes the ten (10) year trend of the Air Quality Index (AQI) values in Washoe County. Advised, in 2008 the US EPA finalized the NAAQS revisions, which did result in changes to the Air Quality Index categories; that "during that summer [Washoe County] experienced a number of days in the 'unhealthy for sensitive groups', 'unhealthy', and 'very unhealthy' categories, which were a direct result of the Northern California wildfires." Advised, in 2009 [Washoe County] experienced a severe weather inversion resulting in high pollution levels, which did affect the air quality in the region. Advised, "overall during the past ten (10) years the air

quality was in the good or moderate range 99% of the time, with only 1% total was 'unhealthy for sensitive groups, unhealthy, or very unhealthy categories combined.'

Stated, "in summary, the Trends Report is an informative document outlining the highs and lows of the air quality in our community"; that the Board members can review the document on the Washoe County Health District Air Quality Management's website: <http://www.washoecounty.us/health/air/aqr.html>.

The Board thanked Ms. Mendoza for her presentation.

ANNOUNCEMENT – RESIGNATION – DR. AMY KHAN – WASHOE COUNTY DISTRICT BOARD OF HEALTH

A. Discussion and Possible Appointment of the District Board of Health Appointee of the At-Large Physician Member to the District Board of Health Replacing Dr. Khan

Chairman Smith

Advised, he has received a letter of resignation from Dr. Amy Khan as a member of the District Board of Health, effective immediately; that Dr. Khan has accepted a new position at the Veterans' Administration Hospital, and was advised that she would not be able to continue to serve as a member of the Board of Health. Stated, he requested Ms. Brown contact the Washoe County Medical Society regarding the names of physicians who may have an interest in serving on the Board of Health.

Ms. Brown

Stated, previously the Washoe County Medical Society had submitted a nomination for the physician member of the Board of Health; however, this position is "not a designee of the Washoe County Medical Society, it is the Board of Health's appointee. Advised, to accept only members of the Medical Society would limit the Board to potential applicants; that she has contacted the Medical Society and the physician community in general to potentially receive more interest. Advised, six (6) individual names were discussed: Dr. Trudy Larson who was interested; however, she has recently been appointed as the Dean of the Community and Clinical Sciences Department at the University and would not have the time. Stated, the Medical Society recommended Dr. George Hess; that Dr. Gareth Strand recently resigned from the Medical Society; however, he was recommended by another member. Stated, she has conferred with Dr. David Fiore and will be contacting Dr. Jason Crawford regarding their interest; that both are involved in public health at the

UNR School of Medicine. Stated, she and Chairman Smith discussed contacting these individuals requesting the submission of a letter of interest and resume, and then having the Board's two (2) physician members contacting these individuals to provide an overview as to the commitment necessary to serve on the Board. Stated, should those individuals indicate a continued interest the names will be submitted to the Board for consideration for possible appointment.

Dr. Furman

Stated, he is aware of another physician who has a Masters in Public Health and has indicated an interest in serving on the Board; that he would concur it is important not to limit the consideration to members of the Washoe County Medical Society.

In response to Ms. Jung

Regarding being required to publish a notification of the vacancy, Ms. Leslie Admirand, Deputy District Attorney, advised there is not a requirement to publish a notice.

Ms. Jung

Stated, Washoe County has a volunteer application website; that she would recommend this be utilized to solicit applications.

In response to Chairman Smith

Regarding a time limitation, Ms. Admirand advised the Interlocal Agreement stipulates should an appointment not be approved within thirty (30) days the State Board of Health can appoint an individual to fill the vacancy. Advised, Dr. Khan's original appointment expired on December 31, 2010; that there was not a formal action for her reappointment; that she would recommend the recruitment for a new physician member with an appointment agenda for the Board's June meeting.

Ms. Brown

Stated, she will conduct the outreach for physicians, with the qualifications of knowledge and an expertise in public health, requesting the submission of a letter of interest and resumes; that Dr. Furman and Dr. Humphreys would then contact those individuals to provide information regarding

serving on the Board of Health. Stated, the names of interested physicians would be submitted to the Board for consideration at the June meeting.

Chairman Smith

Stated, he "would not be requesting a recommendation for an appointment; that it is his intent for Dr. Humphreys and Dr. Furman to review the functions of the Board of Health and the time commitment necessary for a member of the Board." Stated, as physicians, Dr. Humphreys and Dr. Furman would better be able to answer the questions a physician may have regarding the Board of Health.

In response to Ms. Ratti

Regarding this being a forma "committee type process", Ms. Brown advised "this would not be an interview or recommendation process, as the appointment is the Board's decision. This would be a process of 'this is what you would be doing, this is the commitment, do you have any questions, and would you be interested?'"

In response to Ms. Ratti

Regarding the process, Ms. Admirand advised it is the Board's determination regarding requesting "applications or letters of interest", as there is not a legal issue specific to how the vacancy is referenced.

Ms. Jung

Stated, the County has "a generic application for individuals interested in volunteering to serve; that it is on the County's website.

MOTION: Ms. Ratti moved, seconded by Dr. Humphreys, that the vacant At-Large physician position on the District Board of Health be advertised publically through the Health District's website and the County's volunteer website. It was further ordered that the physician members of the Board contact the candidates to discuss the commitment and duties involved in being a member of the Board of Health. Further, it was ordered that the names of interested physicians be presented to the Board for review and consideration of appointment at the June 23, 2011 meeting.

Motion carried unanimously.

B. Discussion of and Possible Election of New Vice Chairman

Chairman Smith

Stated, with the resignation of Dr. Khan it is necessary to elect a new Vice Chairman.

Chairman Smith called for nominations for Vice Chair of the District Board of Health.

Dr. Furman nominated Ms. Kitty Jung as Vice Chair.

The nomination was seconded by Dr. Humphreys.

There being no further nominations, nominations were closed.

MOTION: Dr. Furman moved, seconded by Dr. Humphreys, that Ms. Kitty Jung be appointed as the Vice Chair to the Washoe County District Board of Health.

Motion carried unanimously.

STAFF REPORTS AND PROGRAM UPDATES

A. Director – Epidemiology and Public Health Preparedness

Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

Dr. Todd

Stated, last month the Board questioned "why the {Washoe County} pneumonia and Influenza death rate was higher than the epidemic threshold"; that he has provided the Board members with "the year-to-date data in the chart in his written report." Stated, as noted it fluctuates with rates significantly higher than the epidemic threshold and then drops significantly lower. Stated, both the

national data and the local data "are based on the date of the death being processed in Vital Records and not the date of occurrence in comparison to the national data", which is static; that in comparison "there are much higher numbers nationally than there are locally; therefore, it does not require very many extra deaths to result in a wide fluctuation."

Stated, he did review the "median age at death for those who died of pneumonia and Influenza", and determined during the past four (4) flu seasons it "has ranged from a low of 74 years (last year) to a high of 77 years (the 2007/2008 season). Stated for the 2010/2011 season the average age is 75 years. Stated the variation "isn't very significant statistically; that he would note last year's flu season is the lowest, which would be anticipated due to the H1N1 which attacked a younger population."

In response to Chairman Smith

Regarding the recently identified Equine Herpes virus being a public health risk, stated without researching it for the Board, he would state that it is not. Stated, there are a number of "animal viruses, which do not jump the species barrier; that to be a threat to individual it would have to jump the specified barrier, and this one has not."

B. Director – Community and Clinical Health Services

Ms. Candy Hunter, Acting Division Director, Community and Clinical Health Services, presented the monthly CCHS Division Director's Report, a copy of which was placed on file for the record.

C. Director – Environmental Health Services

Mr. Bob Sack, Director, Environmental Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record.

D. Director – Air Quality Management

Mr. Kevin Dick, Director, Air Quality Management presented his monthly Division Director's Report, a copy of which was placed on file for the record.

E. Administrative Health Services Officer

Ms. Eileen Coulombe, Administrative Health Services Officer, presented her monthly Administrative Health Service Officer Report, a copy of which was placed on file for the record.

Advised, Staff participated in the Reno Tahoe Airport Authority (RTAA) community-wide full scale disaster exercise yesterday; that the exercise "went very well."

F. Interim District Health Officer

Ms. Mary-Ann Brown, Interim District Health Officer, presented her monthly Interim District Health Officer's Report, a copy of which was placed on file for the record.

Stated, she has received a number of requests for the Health District to participate in a "community transformation grant; however, Washoe County is not eligible due to minimum 500,000 population requirement; however, the State will be applying for that grant as a Category A. Stated, Staff has participated in conference calls with the State related to the grant application; that the Health District will be participating with the State in a leadership role. Advised, the Health District will be participating with the State in Category A, as it "will be duplicative of the work the District has done in the ACHIEVE Grant Program, and the work Staff has done in conjunction with the Chronic Disease Coalition. Advised, Clark County will be applying individually, as it does meet the population requirement.

Advised, the Nevada Public Health Foundation has hired Ms. Emily Brown as the Performance Management Manager, who will be working with all of the public health jurisdictions to prepare for the accreditation process; that she will be meeting with Ms. Brown next week and will be introducing her to Dr. Iser.

Ms. Jung

Stated, she would recommend the Board members read the article in Ms. Brown's Interim Health Officer's Report, "*The Hand-off*" regarding the states "asking the cities and counties to take charge of more programs", without providing support. Stated, there is a photograph of Governor Rich Snyder, of Michigan; that there is currently a recall effort in Michigan because of "all the push downs to local government and the sweeping of local government monies."

Ms. Brown

Stated, she provides the Board members with information to aid in the understanding of public health; that "this is a very interesting and timely article."

BOARD COMMENT

Ms. Jung

Questioned if it possible to note on the Board items the initials of legal and finance "so the Board is aware that legal and the Finance Department have reviewed the items.

Ms. Ratti was excused at 3:08 pm.

Ms. Jung advised she attended the Hug High School's "unveiling of the year-round garden planted with the assistance of the Truckee Meadows Water Authority; that the landscaping is for the high desert and landscaping, which would function adjacent to the Truckee River; and a forest foraging area with foods that can be eaten in the forest." Stated, this effort could possibly function with the food security and sustainability of the ACHIEVE Grant Program; that she would encourage everyone to visit this project.

Requested, the Air Quality Management Division contact the two (2) local students who received the Intel International Science Awards to schedule a brief presentation to the Board regarding their projects. She further requested a presentation on the "*Safe Kids ~ Cribs for Kids Program.*"

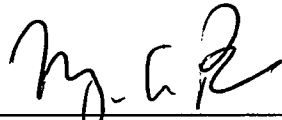
Chairman Smith requested Dr. Khan be recognized at next month's meeting for her years of service to the Board of Health.

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING

May 26, 2011

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There being no further business to come before the Board, the meeting was adjourned at 3:15 pm.



MARY-ANN BROWN, RN, MSN
INTERIM DISTRICT HEALTH OFFICER/SECRETARY



JANET SMITH
RECORDER

JOSEPH P. ISER, MD, DrPH, MSc
May 2011

INTRODUCTORY PARAGRAPH:

Joe Iser received his medical degree from the University of Kansas and is Board Certified in Internal Medicine, General Preventive Medicine and Public Health, and Occupational Medicine, with a broad background in primary care, public health, and medical education. He has specific interests in indigent care, infectious diseases, disaster medicine, and international medicine, and he has worked in food outbreak investigations, pharmaceutical and device regulation, hepatitis program development, implementation, evaluation, and research. He is retired after 24 years active duty with the US Public Health Service, and he was the Director and Health Officer for two California counties.

He has a Doctorate in Public Health in health policy related to immunizations and services from the University of Michigan, and he has an MSc in infectious diseases from the University of London School of Hygiene and Tropical Medicine.

PRIOR POSITIONS:

- Director, Department of Public Health/Public Health Officer, Nevada County, California, and Yolo County.
Director of all aspects of public health for these California counties, including programs related to chronic diseases, communicable diseases, clinics providing services to county residents, indigent health programs, and environmental health programs.
- Medical Investigator and Federal/State Liaison, Food and Drug Administration. Inspect pharmaceutical companies and developers, clinical investigators, and preclinical facilities for compliance with FDA regulations related to research and development of pharmaceuticals. Work with states and local jurisdictions on food outbreaks, drug and device recalls, and other issues of public health importance.
- Regional Health Administrator, Region VI, DHHS/U.S. Public Health Service. Direct programs related to family planning, emergency preparedness, women's health, minority health, and HIV/AIDS in minority communities in Region VI. Director, Office of Pacific Health and Human Services, Region IX, DHHS/U.S. Public Health Service. September 1994 to July 1999. Coordinate work of the various components of DHHS with grant programs in the U.S.-affiliated Pacific Island Jurisdictions.
- Hepatitis Program Director, Centers for Disease Control and Health Resources and Services Administration, Region IX. August 1992 to September 1994. Direct clinical, professional, and program issues that impact hepatitis B education, prevention, and immunization activities nationwide.
- Prior assignments include Associate Bureau Director for Clinical Affairs, Bureau of Primary Health Care, Health Resources and Services Administration; Assistant Professor, Departments of Internal Medicine and Military and Emergency Medicine, USUHS; Associate Regional Health Administrator for Clinical Affairs in the Kansas City Regional Office; and as a Clinician in practice in Kansas City, Missouri.

PROFESSIONAL EDUCATION:

- 1979-MD, University of Kansas School of Medicine
- 2000-DrPH, University of Michigan
- 2004-MSc, Infectious Diseases, London School of Hygiene and Tropical Medicine
- 1992 to 1994-Pew Fellow at University of Michigan
- 1982-Internal Medicine Residency, University of Missouri at Kansas City Affiliated Program
- 1972-BA, Anthropology and Sociology, University of Colorado

REGISTRATION/CERTIFICATION:

- MD license: California, 02 January 2007 (); Missouri, 19 May 1981 (R3B57)
- Licensed Physician, Republic of Palau, 15 September 1995 (#9456), inactive
- Board Certified in Internal Medicine, 14 September 1983
- Board Certified in Occupational Medicine, 16 January 1995
- Board Certified in Public Health and General Preventive Medicine, 15 January 1996
- NOAA Dive Medical Officer, training completed August 1989
- US Air Force Flight Surgeon, training completed April 1988

PROFESSIONAL AFFILIATIONS:

- Fellow, American College of Physicians
- Fellow, American College of Preventive Medicine
- American Public Health Association
- National Medical Association
- Fellow, Royal Society of Tropical Medicine and Hygiene



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 5/26/11

DATE: May 16, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health 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. to provide physician consultative services for the Sexually Transmitted Disease clinic for the period July 1, 2011 through June 30, 2012 in the total amount of \$10,200 per year; and if approved, authorize Chairman to execute the Interlocal Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. A copy of the Interlocal Agreement is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

Approval of this Agreement supports the Sexual Health Program mission to provide coordinated and quality treatment, prevention and surveillance activities in Washoe County to reduce the transmission of sexually transmitted diseases (STDs). The STD Program emphasizes strategies that empower individuals to decrease risk-related behaviors, thereby decreasing the incidence of new STDs in the community.

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The Interlocal Agreement for the period July 1, 2009 through June 30, 2010 was approved by the District Board of Health on June 25, 2009. Amendment #1 which extended the contract period through June 30, 2011 was approved by the Board on April 22, 2010.

AGENDA ITEM 8.C.1.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

BACKGROUND

The Washoe County Health District proposes to renew the contract with the University of Nevada School of Medicine Integrated Clinical Services, Inc. and University of Nevada School of Medicine Multispecialty Group Practice North for the period July 1, 2011 through June 30, 2012 unless extended by the mutual agreement of the Parties. The contract rate is \$850 per month not to exceed a total amount of \$10,200 per year.

The Interlocal Agreement provides for a physician consultant for the Sexually Transmitted Disease clinic. The School will also review and approve treatment protocols and clinical evaluations performed by nurses; conduct clinical examination of clinic patients as requested by the District Program staff; provide STD in-services and updates two to four times per year; and discuss and review problem clinic patients as requested by District Program staff.

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.

Washoe County's Risk Manager and Deputy District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will no additional impact to the adopted FY 12 budget as expenses for this contract were anticipated and projected in the Sexually Transmitted Disease Program (cost centers 171300) under account 710108, MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health 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. to provide physician consultative services for the Sexually Transmitted Disease clinic for the period July 1, 2011 through June 30, 2012 in the total amount of \$10,200 per year; and if approved, authorize Chairman to execute the Interlocal Agreement.

POSSIBLE MOTION

Move to approve ratification of the Interlocal Agreement between the Washoe County Health 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. to provide physician consultative services for the Sexually Transmitted Disease clinic for the period July 1, 2011 through June 30, 2012 in the total amount of \$10,200 per year; and if approved, authorize Chairman to execute the Interlocal Agreement.

D. Zell

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 \$10,200.00 annually at the rate of \$850.00 per calendar 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. As hybrid entities, the parties acknowledge the applicability of the Health Insurance Portability and accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

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, 2011 through June 30, 2012 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

By: 
Chairman

Date: 5-26-11

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: _____
Cheryl Hug-English, MD, MPH, ICS President

Date: _____

By: _____
Nevin Wilson, MD, MSAN President

Date: _____

EXHIBIT A

**Washoe County Health District
OSHA Bloodborne Pathogen Requirements for
Independent Contractors**

Although the OSHA Standard for bloodborne pathogens covers employees, the Washoe County Health District (WCHD) wishes to insure that all individuals working on site (independent contractor) at risk for exposure will adhere to the recommendations outline in the WCDHD Bloodborne Pathogens Exposure Control Plan. Copies of the plan are available in the Divisions within the Department.

Your signature below indicates your agreement that:

You have reviewed a current copy of the WCHDH Bloodborne Pathogen Exposure Control Plan as of the date below.

You will abide by those policies.

You have designated a health care provider to provide you post exposure evaluation and prophylaxis at your own expense in the event you are exposed to blood or body fluids.

The WCDHD offers independent contractors initial and annual blood borne pathogen training. Should you decline this training, you agree to comply with any OSHA requirements for Bloodborne Pathogen training that might apply to you under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, enacted in December, 1991, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

NAME

DATE



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT BOARD MEETING DATE: 5/26/11

DATE: May 13, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Ratification of Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

District Board of Health strategic priority: Protect population from health problems and health hazards.

PREVIOUS ACTION

The Notice of Subgrant Award (#6U3REP090220-02-01) for the period July 1, 2010 through June 30, 2011 in the total amount of \$368,230 that provides Assistant Secretary for Preparedness and Response (ASPR) funding for this equipment was approved by the Board on November 18, 2010.

AGENDA ITEM 8.C.2.

The Board ratified two Agreements between the Washoe County Health District and Saint Mary's Regional Medical Center that transferred medical surge capacity equipment valued at \$17,983.16 on June 27, 2010.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds.

This is a standard Agreement and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the Agreement will be revised and brought back to the Board for approval.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to this contract was anticipated and projected in the appropriate Grant Program (Internal Order 10708) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

POSSIBLE MOTION

Move to ratify the Agreement between the Washoe County Health District and Saint Mary's Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Saint Mary's Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

Agreement
Between

Washoe County Health District
And
Saint Mary's Regional Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Saint Mary's Regional Medical Center (herein SMRMC) of a BioSeal unit, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the SMRMC using federal grant funds (#6 U3REP090220-02-01) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of SMRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and SMRMC agree as follows:

1. SMRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
BioSeal Facility System	BBSS	1	\$2,795.00	\$2,795.00

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. SMRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;
4. SMRMC agrees to hold harmless and indemnify WCHD, its officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$2,795.00.

Washoe County Health District

Saint Mary's Regional Medical Center


A. M. Smith III 5-26-11
Chairman, District Board of Health Date

Mike Uboldi, President Date
Chief Executive Officer



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: 5/26/11

DATE: May 13, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Ratification of Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Renown Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

District Board of Health strategic priority: Protect population from health problems and health hazards.

PREVIOUS ACTION

The Notice of Subgrant Award (#6U3REP090220-02-01) for the period July 1, 2010 through June 30, 2011 in the total amount of \$368,230 that provides Assistant Secretary for Preparedness and Response (ASPR) funding for this equipment was approved by the Board on November 18, 2010.

AGENDA ITEM 8.C.3.

The Board ratified two Agreements between the Washoe County Health District and Renown Regional Medical Center that transferred medical surge capacity equipment valued at \$25,855.36 on June 27, 2010.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds.

This is a standard Agreement and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the Agreement will be revised and brought back to the Board for approval.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to this contract was anticipated and projected in the appropriate Grant Program (Internal Order 10708) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Renown Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

POSSIBLE MOTION

Move to ratify the Agreement between the Washoe County Health District and Renown Regional Medical Center in the amount of \$2,795.00 to transfer medical surge capacity equipment to Renown Regional Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

Agreement
Between

Washoe County Health District
And
Renown Regional Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Renown Regional Medical Center (herein RRMC) of a BioSeal unit, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the RRMC using federal grant funds (#6 U3REP090220-02-01) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of RRMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and RRMC agree as follows:


1. RRMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
BioSeal Facility System	BBSS	1	\$2,795.00	\$2,795.00

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. RRMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;
4. RRMC agrees to hold harmless and indemnify WCHD, its officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$2,795.00.

Washoe County Health District

Renown Regional Medical Center


A. M. Smith III Date
Chairman, District Board of Health

Michael Munda Date
Emergency Manager



Washoe County Health District



Public Health
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STAFF REPORT BOARD MEETING DATE: 5/26/11

DATE: May 13, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County Health District, 775-328-2417, ecoulombe@washoecounty.us *EC*

SUBJECT: Ratification of Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$1,195.00 to transfer medical surge capacity equipment to Northern Nevada Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

District Board of Health strategic priority: Protect population from health problems and health hazards.

PREVIOUS ACTION

The Notice of Subgrant Award (#6U3REP090220-02-01) for the period July 1, 2010 through June 30, 2011 in the total amount of \$368,230 that provides Assistant Secretary for Preparedness and Response (ASPR) funding for this equipment was approved by the Board on November 18, 2010.

AGENDA ITEM 8.C.4.

The Board ratified two Agreements between the Washoe County Health District and Northern Nevada Medical Center that transferred medical surge capacity equipment valued at \$12,570.80 on June 27, 2010.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds.

This is a standard Agreement and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the Agreement will be revised and brought back to the Board for approval.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to this contract was anticipated and projected in the appropriate Grant Program (Internal Order 10708) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$1,195.00 to transfer medical surge capacity equipment to Northern Nevada Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

POSSIBLE MOTION

Move to ratify the Agreement between the Washoe County Health District and Northern Nevada Medical Center in the amount of \$1,195.00 to transfer medical surge capacity equipment to Northern Nevada Medical Center contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

Agreement
Between

Washoe County Health District
And
Northern Nevada Medical Center

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Northern Nevada Medical Center (herein NNMC) of a BioSeal unit, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the NNMC using federal grant funds (#6 U3REP090220-02-01) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of NNMC, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and NNMC agree as follows:

1. NNMC will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
BioSeal Mini System	BBSM	1	\$1,195.00	\$1,195.00

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. NNMC is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;
4. NNMC agrees to hold harmless and indemnify WCHD, its officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$1,195.00.

Washoe County Health District

Northern Nevada Medical Center


A. M. Smith III Date 5-26-11
Chairman, District Board of Health

Mark Crawford Date
Chief Executive Officer



Washoe County Health District



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STAFF REPORT BOARD MEETING DATE: 5/26/11

DATE: May 13, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe *EC*
County Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$1,195.00 to transfer medical surge capacity equipment to Incline Village Community Hospital contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget.

NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body.

District Board of Health strategic priority: Protect population from health problems and health hazards.

PREVIOUS ACTION

The Notice of Subgrant Award (#6U3REP090220-02-01) for the period July 1, 2010 through June 30, 2011 in the total amount of \$368,230 that provides Assistant Secretary for Preparedness and Response (ASPR) funding for this equipment was approved by the Board on November 18, 2010.

AGENDA ITEM 8.C.5.

The Board ratified two Agreements between the Washoe County Health District and Incline Village Community Hospital that transferred medical surge capacity equipment valued at \$6,537.95 on June 27, 2010.

BACKGROUND

The Washoe County Health District is addressing the surge capacity needs of our area hospitals, which are all members of the Inter-Hospital Coordinating Council. Staff has worked with the hospitals to obtain their equipment needs and have purchased necessary equipment on their behalf using ASPR federal funds.

This is a standard Agreement and is currently under review by Washoe County's Risk Manager and District Attorney. If there are changes required by the Risk Manager and/or District Attorney, the Agreement will be revised and brought back to the Board for approval.

FISCAL IMPACT

Should the Board ratify these Agreements, there will be no additional impact as expenses related to this contract was anticipated and projected in the appropriate Grant Program (Internal Order 10708) under account 711504, Equipment - NonCapital.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$1,195.00 to transfer medical surge capacity equipment to Incline Village Community Hospital contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

POSSIBLE MOTION

Move to ratify the Agreement between the Washoe County Health District and Incline Village Community Hospital in the amount of \$1,195.00 to transfer medical surge capacity equipment to Incline Village Community Hospital contingent upon Washoe County's Risk Manager and District Attorney approval; and if approved, authorize the Chairman to execute Agreement.

Agreement
Between

Washoe County Health District
And
Incline Village Community Hospital

This agreement contains the terms for the transfer between the Washoe County Health District (herein WCHD) and Incline Village Community Hospital (herein IVCH) of a BioSeal unit, detailed in table below.

WHEREAS, the WCHD purchased equipment on behalf of the IVCH using federal grant funds (#6 U3REP090220-02-01) and;

WHEREAS, this equipment is to be used to increase the emergency preparedness capabilities of IVCH, which will be of benefit to the people of Washoe County and;

WHEREAS, NRS 332.185 allows a local government to dispose of personal property by any manner if the governing body determines the property is no longer required for public use and deems the action desirable and in the best interest of the local governing body;

NOW, THEREFORE, WCHD and IVCH agree as follows:

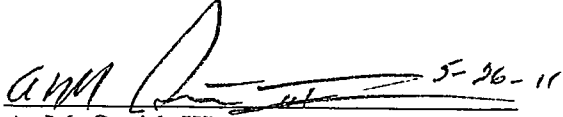
1. IVCH will send WCHD a copy of their received inventory, upon receipt of the following equipment:

Item Name	Item #	Quantity	Cost/Item	Total
BioSeal Mini System	BBSM	1	\$1,195.00	\$1,195.00

2. Upon receipt, WCHD thereby transfers ownership of the equipment and holds no interest in the equipment listed above and;
3. IVCH is solely responsible for the inspection, training, storage, use and upkeep of the equipment and;
4. IVCH agrees to hold harmless and indemnify WCHD, its officers and members from any liability related to the use, misuse or malfunction of this equipment, AND;
5. Both parties to this memorandum of understanding agree and acknowledge that the equipment is valued at a total of \$1,195.00.

Washoe County Health District

Incline Village Community Hospital


A. M. Smith III Date
Chairman, District Board of Health

Robert Schapper Date
Chief Executive Officer



Washoe County Health District



Public Health
Prevent. Promote. Protect.

STAFF REPORT
BOARD MEETING DATE: 5/26/11

DATE: May 17, 2011

TO: District Board of Health

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

THROUGH: Eileen Coulombe, Administrative Health Services Officer, Washoe County *EC*
Health District, 775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Approval of Subgrant Amendment #1 from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; and if approved authorize the Chairman to execute.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. The Washoe County Health District has received a Subgrant Amendment from the Nevada State Health Division that provides funding for the period October 1, 2010 through September 30, 2011 in the amount of \$1,191,109 in support of the Special Supplemental Nutrition Program for Women, Infants and Children. A copy of the Subgrant Amendment is attached.

District Board of Health strategic priority: Protect population from health problems and health hazards.

Approval of this Subgrant Amendment supports the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) mission. It is to provide supplemental nutritious foods, nutrition education and referrals to other health and social services to eligible pregnant and postpartum women, infants and children up to age five in Washoe County to prevent the occurrence of health problems and to improve the health status of these persons.

PREVIOUS ACTION

The District Board of Health approved this year's base Notice of Subgrant Award for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 on July 22, 2010.

AGENDA ITEM # 8.C.6.

BACKGROUND

The Washoe County Health District agrees to provide a level of service sufficient to provide WIC food instruments to an estimated 7,145 participants per month for a total of 85,753 participants per year during the term of this Subgrant Award.

This subgrant amendment changes the methodology used for reimbursement. The Washoe County Health District will no longer request reimbursement based on caseload served multiplied by the per participant rate of \$13.89. Reimbursement will be based on actual expenditures not to exceed the total award amount of \$1,191,109.

FISCAL IMPACT

There is no additional fiscal impact associated with this amendment as the FY 11 adjusted budget equals the award amount of \$1,191,109.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Subgrant Amendment #1 from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Subgrant Amendment #1 from the Nevada State Health Division for the Women, Infants and Children (WIC) Clinic Program for the period October 1, 2010 through September 30, 2011 in the total amount of \$1,191,109 in support of Salaries and Benefits, Travel and Training, and Operating Expenditures; and if approved authorize the Chairman to execute.

Nevada Department of Health and Human Services
HEALTH DIVISION
 (hereinafter referred to as the DIVISION)

HD Amendment #: 1
 HD Contract #: 11008
 Budget Account #: 3214
 Category #: 04
 GL #: 8516

SUBGRANT AMENDMENT #1

<u>Program Name:</u> Women, Infants and Children (WIC) Bureau of Public Health and Clinical Services Nevada State Health Division		<u>Subgrantee Name:</u> Washoe County District Health Department-WIC IO-10031	
<u>Address:</u> 4126 Technology Way, Suite #102 Carson City, NV 89706-2009		<u>Address:</u> 1009 East 9 th Street/PO Box 11130 Reno, NV 89520	
<u>Original Subgrant Period:</u> October 1, 2010 to September 30, 2011		<u>Subgrantee EIN#:</u> 88-6000138	
<u>Amended Subgrant Period:</u> October 1, 2010 to September 30, 2011		<u>Subgrantee Vendor#:</u> T41107900	
<u>Source of Funds:</u>	<u>% of Funds:</u>	<u>CFDA#:</u>	<u>Federal Grant #:</u>
1. WIC Nutrition Services/Administration	100	10-577	7NV700NV7

Amendment #1: The purpose of the subgrant amendment is to modify the language in the subgrant to outline the new methodology for making monthly reimbursements on actual expenses reported.

CASELOAD AND FUNDING

A. Assigned Caseload: Subgrantee agrees to provide the level of service sufficient to provide Electronic Benefit Transfer (EBT) benefits to an estimated 85,753 yearly participants at a maximum allowable reimbursement award of \$1,191,109. Subgrantee acknowledges that monthly reimbursements are to be based on actual costs to provide services.

1. NO CHANGES
2. Failure to Maintain Assigned Caseload: In the event of caseload changes, the WIC program office will coordinate with the subgrantee to make necessary award adjustments as appropriate.


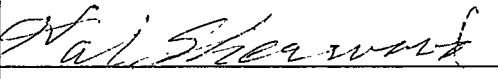
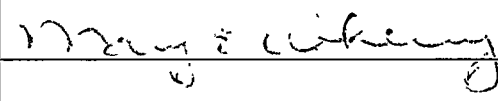
B. Funding: In consideration of subgrantee's performance of all required services and fulfillment of all obligations pursuant to this subgrant, the WIC program agrees to pay to subgrantee the actual costs of providing said services up to the established maximum amount as reflected in paragraph V., section A. The WIC program will provide subgrantee with EBT cards, specialty infant formula, when approved, certification and nutrition education materials and technical support as necessary. Subgrantee hereby acknowledges and agrees that the maximum subgrant amount is subject to approval by the Administrator of the Nevada State Health Division and that the maximum amount is based upon the amount contained in paragraph V, section A.

SUBGRANT BUDGET

1. Personnel	\$	
2. Travel	\$	
3. Operating	\$	
4. Equipment	\$	
5. Contractual/Consultant	\$	
6. Training	\$	
7. Other	\$1,191,109	85,753 Participants
Total Cost	\$1,191,109	

C. Reimbursement: The WIC program shall reimburse subgrantee monthly, based upon the actual cost to provide WIC services, and upon submission of a monthly Health Division Request for Reimbursement form with supporting documentation acceptable to the WIC program. Monthly reports shall be submitted by the 15th of the month following the month that services were provided. The final request for reimbursement report must be submitted no later than November 30th following the end of each federal fiscal year ending September 30.

By signing this Amendment, the Authorized Subgrantee Official or their designee, Program Manager, Bureau Chief, and Health Division 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.

Authorized Sub-grantee Official Title	Signature	Date
Hal Sherwood WIC Finance Manager		5-26-11
Mary Wherry Bureau Chief		5/19/11
Richard Whitley, MS Administrator, Health Division		5-9-11

CM



Washoe County Health District





Public Health
Prevent. Promote. Protect

STAFF REPORT
BOARD MEETING DATE: May 26, 2011

DATE: May 17, 2011

TO: District Board of Health

FROM: Lori Cooke, Fiscal Compliance Officer, Washoe County Health District
775-325-8068, lcooke@washoecounty.us 

THROUGH: Eileen Coulombe, Administrative Health Services Officer 
775-328-2417, ecoulombe@washoecounty.us

SUBJECT: Ratification of Interlocal Agreement between the Washoe County Health 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 (MSAN), to provide physician consultative services for the period July 1, 2011 through June 30, 2012 in the total amount of \$7,650; and direct the Chairman of the Board to sign.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$50,000, Interlocal Agreements and amendments to the adopted budget. A copy of the Interlocal Agreement is attached.

Goal supported by this item: Approval of this Interlocal Agreement supports the District Board of Health strategic priority: Protect population from health problems and health hazards. It also supports the Health District Immunization Program's mission to promote public health by reducing vaccine-preventable disease through immunization, with an emphasis on collaboration and cooperation with community partners.

PREVIOUS ACTION

This is an on-going Agreement that has been entered into annually for many years. The FY10 Interlocal Agreement was approved by the District Board of Health on June 25, 2009 and amendment #1, approving a one-year extension of the contract through June 30, 2011, was approved by the District Board of Health on April 22, 2010.

BACKGROUND

The Health District proposes to renew the contract with 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 (MSAN) for the period July 1, 2011 through June 30, 2012 unless extended by the mutual agreement of the Parties. The contract rate is \$637.50 per month, not to exceed a total amount of \$7,650.

AGENDA ITEM # 8.C.7.

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2400 FAX (775) 328-2279

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The Interlocal Agreement provides for a physician consultant for the Immunization Program, a physician preceptor for the District's Advanced Practitioner of Nursing, and to provide consultative and clinical services for designated District programs. The school will also: review and approve treatment protocols and clinical evaluations performed by nurses; discuss and review problem clinic patients with staff; conduct clinical examination of clinic patients as requested by the District; provide physician coverage for all programs listed above 52 weeks per year, including coverage when the assigned physician is unavailable; provide periodic in-service education to District staff upon request; review and comply with the 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; comply with OSHA blood borne pathogen requirements for medical service providers; require the physician(s) to submit documentation to the District prior to beginning services of required immunizations; and ensure that the physician consultant has submitted to a full background investigation pursuant to NRS 179.180 et seq.

The agreement will automatically be renewed for successive one-year periods for a total of three (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.

Washoe County's Risk Manager and District Attorney have reviewed and approved this Agreement.

FISCAL IMPACT

Should the Board approve this Interlocal Agreement, there will be no additional impact to the adopted FY12 budget as expenses for this contract were anticipated and projected in the Immunization Program (Cost Centers 173500 and Internal Order 10028) under General Ledger account 710108-MD Consulting.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health ratify the Interlocal Agreement between the Washoe County Health 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 (MSAN), to provide physician consultative services for the period July 1, 2011 through June 30, 2012 in the total amount of \$7,650; and direct the Chairman of the Board to sign.

POSSIBLE MOTION

Move to approve ratification of the Interlocal Agreement between the Washoe County Health 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 (MSAN), to provide physician consultative services for the period July 1, 2011 through June 30, 2012 in the total amount of \$7,650; and direct the Chairman of the Board to sign.

Dr. Larson

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 the clinical public health programs the Immunization Program, 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 specialize in pediatric medicine; and

WHEREAS, the School agrees to provide a physician preceptor for the District's Advanced Practitioners of Nursing, and to provide consultative and clinical services for designated District programs 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 the physician consultant to the District for the Immunization Programs including off-site clinic locations.
2. Review and approve treatment protocols and clinical evaluations performed by nurses.
3. Discuss and review problem clinic patients with staff on site and by telephone.
4. Conduct clinical examination of clinic patients as requested by the District Program staff.
5. Provide physician coverage for all programs listed above 52 weeks per year. Provide coverage when the assigned physician is on vacation, out of town or otherwise unavailable, and will notify the District who the back-up physician will be. School will also notify the back-up physician that he or she will be covering for the medical consultant during the time the medical consultant is unavailable.
6. Provide periodic in-service education to District staff upon request.
7. Bill the District each month for consultative/clinical services provided.
8. 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.
9. Comply with OSHA blood borne pathogen requirements for medical service providers. The requirements of Exhibit A are attached and included by reference.
10. Require the physician(s) to submit the following documentation 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. Ensure that the physician consultant has submitted 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 Interlocal Agreement.

The District agrees to:

1. Pay School \$7,650 per year in 12 monthly installments of \$637.50 for medical consultant services described herein. Pay 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 that month.
2. Reserve the right to withhold any payment if it is determined that the services described herein have not been provided.
3. Be responsible for all fiscal and program responsibilities, records and reports for patients provided services through District programs.
4. Provide physician(s) with appropriate forms to obtain fingerprints at the Washoe County Sheriff's Office.

HIPAA. As hybrid entities, the parties acknowledge the applicability of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191 ("HIPAA") to any covered functions, which may be performed pursuant to this Agreement.

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. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.360 and NRS 354.626.

TERM. The term of this Agreement is from July 1, 2011 through June 30, 2012 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 below.

TERMINATION. This Agreement and any amendments may be terminated by either party at any time, without cause or penalty upon 30 days written notice to the other party. The District shall reimburse School for any services still owing prior to the termination date of this Agreement but reserves the right to withhold payment if it is determined that the services were not provided.

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.

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.

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:

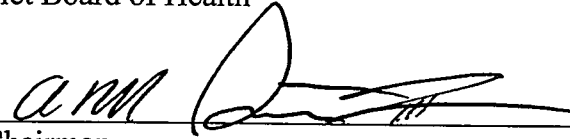
Gail Smith, Director of Contracting
UNR - UNSOM
1664 North Virginia Street
Penn Bldg, M/S 0332
Reno, Nevada 89557-0332

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

By:  Date: 5-26-11
Chairman

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: _____
Cheryl Hug-English, MD, MPH, ICS President

By: _____ Date: _____
Nevin Wilson, MD, MSAN President

EXHIBIT A

**Washoe County Health District
OSHA Bloodborne Pathogen Requirements for
Independent Contractors**

Although the OSHA Standard for bloodborne pathogens covers employees, the Washoe County Health District (WCHD) wishes to insure that all individuals working on site (independent contractor) at risk for exposure will adhere to the recommendations outline in the WCDHD Bloodborne Pathogens Exposure Control Plan. Copies of the plan are available in the Divisions within the Department.

Your signature below indicates your agreement that:

You have reviewed a current copy of the WCHDH Bloodborne Pathogen Exposure Control Plan as of the date below.

You will abide by those policies.

You have designated a health care provider to provide you post exposure evaluation and prophylaxis at your own expense in the event you are exposed to blood or body fluids.

The WCDHD offers independent contractors initial and annual blood borne pathogen training. Should you decline this training, you agree to comply with any OSHA requirements for Bloodborne Pathogen training that might apply to you under Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, enacted in December, 1991, to reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens.

NAME

DATE



Regional Emergency Medical Services Authority

REMSA

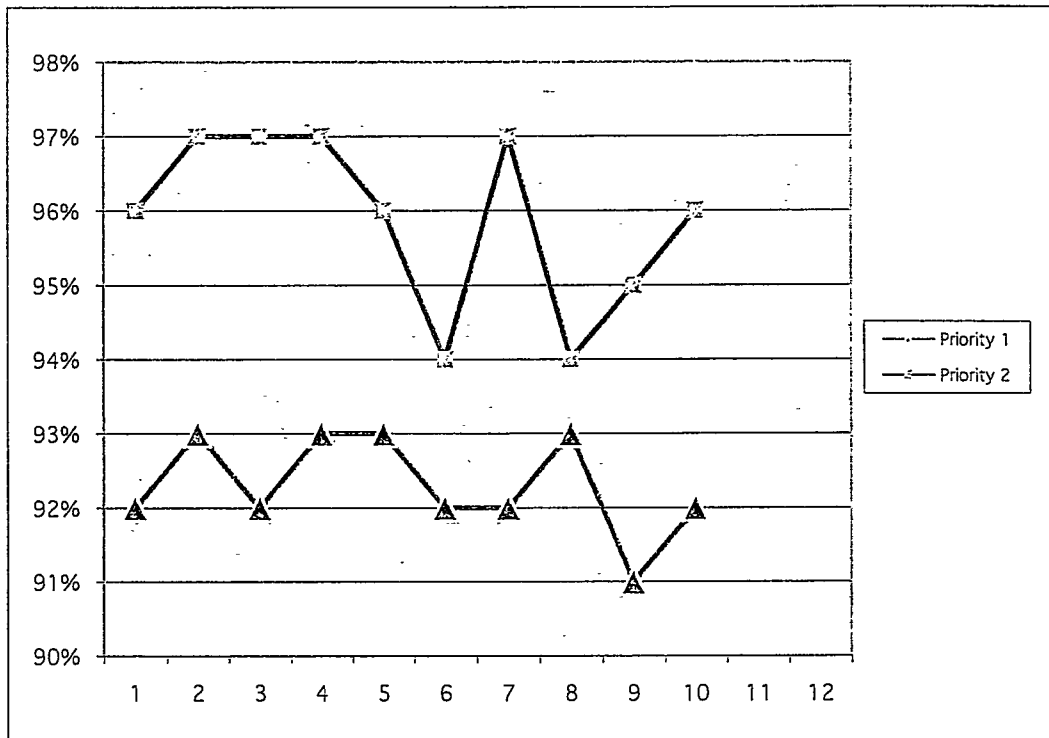
OPERATIONS REPORTS

FOR

APRIL 2011

Fiscal 2011

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul-10	6 mins. 2 secs.	4 mins. 45 secs.	92%	96%
Aug.	5 mins. 54 secs.	4 mins. 49 secs.	93%	97%
Sept.	6 mins. 5 secs.	4 mins. 52 secs.	92%	97%
Oct.	5 mins. 58 secs.	4 mins. 56 secs.	93%	97%
Nov.	6 mins. 9 secs.	5 mins. 4 secs.	93%	96%
Dec.	6 mins 3 secs.	4 mins. 58 secs.	92%	94%
Jan. 11	6 mins. 2 secs.	4 mins. 54 secs.	92%	97%
Feb.	6 mins. 13 secs.	5 mins. 7 secs.	93%	94%
Mar.	6 mins. 4 secs.	4 mins. 55 secs.	91%	95%
Apr.	5 mins. 52 secs.	4 mins. 40 secs.	92%	96%
May				
Jun-11				

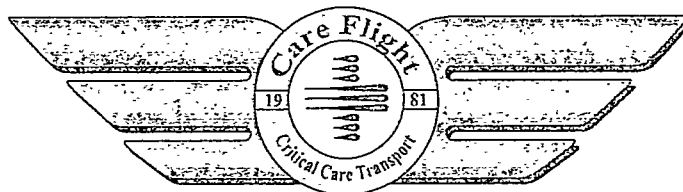


Care Flight		10-11 Sched of Fran Avg. Bill		
Month	#Patients	Gross Sales	Avg. Bill	YTD/Avg.
Jul-10	15	\$109,746	\$7,316	\$7,316
Aug.	9	\$58,163	\$6,463	\$6,996
Sept.	17	\$134,512	\$7,912	\$7,376
Oct.	11	\$76,615	\$6,965	\$7,289
Nov.	9	\$66,171	\$7,352	\$7,298
Dec.	9	\$60,165	\$6,685	\$7,220
Jan. 2011	16	\$117,532	\$7,346	\$7,243
Feb.	14	\$99,074	\$7,077	\$7,220
Mar.	8	\$54,604	\$6,826	\$7,191
Apr.	7	\$42,756	\$6,108	\$7,125
May			\$0	\$7,125
June			\$0	\$7,125
Totals	115	\$819,339	\$7,125	\$7,125
Adjusted Allowed Average Bill -				\$6,939.00
REMSA Ground				
Month	#Patients	Gross Sales	Avg. Bill	YTD/Avg.
Jul-10	3090	\$3,040,510	\$984	\$984
Aug.	3121	\$3,079,796	\$987	\$985
Sept.	2934	\$2,905,935	\$990	\$987
Oct.	2889	\$2,859,349	\$990	\$988
Nov.	2750	\$2,724,649	\$991	\$988
Dec.	3129	\$3,122,929	\$998	\$990
Jan. 2011	2990	\$2,962,491	\$991	\$990
Feb.	2904	\$2,866,558	\$987	\$990
Mar.	3085	\$3,046,993	\$988	\$989
Apr.	2860	\$2,589,677	\$905	\$981
May			\$0	\$981
June			\$0	\$981
Totals	29752	\$29,198,387	\$981	\$981
Allowed ground avg bill -				\$966.00



Regional Emergency Medical Services Authority

CARE FLIGHT
OPERATIONS REPORT
FOR
APRIL 2011



CARE FLIGHT OPERATIONS REPORT
 APRIL 2011
 WASHOE COUNTY

- ❖ In Town Transfer:
 - 3 Ground ITTs were completed
- ❖ Outreach, Education, & Marketing:
 - 1 Community Education & Public Events

4/5/11	Damonte Ranch HS Every Fifteen Minutes	❖ Flight Staff
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❖ Statistics

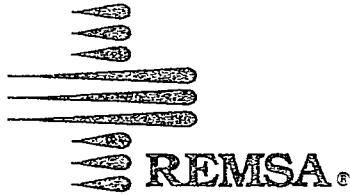
Washoe County Flights

	# patients
Total Flights:	7
Total Patients	7
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	5
Hospital Transports	2
Trauma	1
Medical	6
High Risk OB	0
Pediatrics	0
Newborn	0
Full Arrest	0
Total	7



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
APRIL 2011



GROUND AMBULANCE OPERATIONS REPORT

April 2011

1. OVERALL STATISTICS:

Total Number Of System Responses	4942
Total Number Of Responses In Which No Transport Resulted	2071
Total Number Of System Transports	2871

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests	2%
Medical	46%
OB	0%
Psychiatric/Behavioral	5%
Transfers	16%
Trauma	26%
Trauma – MVA	6%
Trauma – Non MVA	20%
Unknown/Other	5%
Total Number of System Responses	100%

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director reviewed:

- 100% Full Arrest Ground Charts
- 100% Pediatric ALS and BLS Ground Charts
- 100% All Ground Intubations

Review of the following patient care records (PCR) for accurate and complete documentation and appropriate use of protocol:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients both ALS and BLS transport and non-transport patients
- 100% of advanced airways (outside cardiac arrests)
 - ETCO2 use in cardiac arrests and advanced airway
- 100% of Phase 6 Paramedic and EMT PCRs
- 100% Pain/Sedation Management
- Total of 2428 PCRs

All follow-up deemed necessary resulting from Communication CQI was completed by Will Hehn, Interim Communications Education and CQI Coordinator.

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
4/8/11	REMSA Education	12
4/26/11	REMSA Education	9
4/26/11	EMS CES 911	3

Advanced Cardiac Life Support Recert

Date	Course Location	Students
3/23/11	Humboldt General Hospital	3
3/31/11	Tahoe Pacific Hospital	3
4/1/11	EMS CES 911	1
4/1/11	Humboldt General Hospital	1
4/4/11	EMS CES 911	1
4/6/11	EMS CES 911	2
4/10/11	EMS CES 911	2
4/11/11	EMS CES 911	2
4/12/11	Riggs Ambulance Service	1
4/14/11	EMS CES 911	1
4/15/11	Eastern Plumas Healthcare	3
4/17/11	EMS CES 911	1
4/19/11	REMSA Education	17
4/19/11	Tahoe Forest Hospital	16
4/20/11	EMS CES 911	2

4/21/11	REMSA Education	25
4/23/11	EMS CES 911	1

Advanced Cardiac Life Support Skills

Date	Course Location	Students
4/15/11	REMSA Education	1
4/20/11	REMSA Education	1
4/28/11	REMSA Education	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
4/5/11	REMSA Education	1

Bloodborne Pathogen

Date	Course Location	Students
12/9/10	Silver Legacy Hotel Casino	2

Health Care Provider

Date	Course Location	Students
12/6/10	Silver Legacy Hotel Casino	2
1/29/11	Storey County Fire Department	2
3/6/11	Majen	3
3/16/11	Humboldt General Hospital	15
3/26/11	Nye County EMS	5
3/30/11	REMSA Education	2
3/30/11	Kenny Cohen	12
4/1/11	Career College of Northern Nevada	15
4/2/11	Small Mine Development	7

4/2/11	Career College of Northern Nevada	6
4/3/11	EMS CES 911	1
4/3/11	Storey County Fire Department	2
4/4/11	Humboldt General Hospital	9
4/5/11	REMSA Education	64
4/6/11	REMSA Education	8
4/7/11	REMSA Education	8
4/9/11	Riggs Ambulance Service	4
4/12/11	REMSA Education	9
4/13/11	Humboldt General Hospital	1
4/13/11	West Hills Hospital	8
4/15/11	Paula Green	6
4/15/11	Kenny Cohen	4
4/15/11	Great Basin College	4
4/16/11	REMSA Education	10
4/16/11	EMS CES 911	1
4/18/11	David Stepner	7
4/20/11	EMS CES 911	1
4/20/11	REMSA Education	10
4/23/11	Kenny Cohen	4
4/27/11	REMSA Education	7
4/27/11	EMS CES 911	3
4/28/11	NorCal EMS	2
4/28/11	REMSA Education	9

Health Care Provider, Employee

Date	Course Location	Students
4/8/11	REMSA Education	1
4/12/11	REMSA Education	2
4/15/11	REMSA Education	1
4/20/11	REMSA Education	1
4/22/11	REMSA Education	1
4/28/11	REMSA Education	1
4/29/11	REMSA Education	2

Health Care Provider, Recert

Date	Course Location	Students
2/28/11	Humboldt General Hospital	4
3/15/11	Humboldt General Hospital	5
4/1/11	EMS CES 911	1
4/3/11	EMS CES 911	1
4/4/11	REMSA Education	9
4/5/11	Tahoe Forest Hospital	3
4/5/11	Humboldt General Hospital	4
4/6/11	Willow Springs	10
4/9/11	EMS CES 911	1
4/9/11	Riggs Ambulance Service	3
4/10/11	EMS CES 911	1
4/12/11	Tahoe Forest Hospital	9
4/13/11	REMSA Education	10
4/14/11	REMSA Education	4
4/20/11	Nampa Fire Department	5

4/21/11	REMSA Education	8
4/25/11	Regent Care	6
4/26/11	REMSA Education	6
4/26/11	Jennifer Kraushaar	2
4/27/11	Sierra Surgery	1
4/29/11	REMSA Education	10
4/30/11	REMSA Education	10

Health Care Provider Skills

Date	Course Location	Students
4/1/11	REMSA Education	1
4/8/11	REMSA Education	1
4/9/11	EMS CES 911	1
4/12/11	Tahoe Forest Hospital	2
4/13/11	Paula Green	1
4/13/11	Riggs Ambulance Service	1
4/14/11	Tahoe Forest Hospital	1
4/19/11	UNR	1
4/20/11	Tahoe Forest Hospital	1
4/21/11	Tahoe Forest Hospital	1
4/26/11	Tahoe Forest Hospital	1
4/28/11	Tahoe Forest Hospital	1

Heart Saver AED

Date	Course Location	Students
2/22/11	Nampa Fire Department	12
2/23/11	Storey County Fire Department	7

2/24/11	Storey County Fire Department	4
3/2/11	Washoe County School District	7
3/3/11	Washoe County School District	6
3/5/11	Washoe County School District	4
3/7/11	Washoe County School District	3
3/9/11	Washoe County School District	2
3/10/11	Washoe County School District	5
3/12/11	Washoe County School District	3
3/14/11	Washoe County School District	20
3/15/11	Washoe County School District	5
3/16/11	Washoe County School District	6
3/17/11	Washoe County School District	6
3/21/11	Washoe County School District	6
3/22/11	Washoe County School District	5
3/24/11	Washoe County School District	4
3/26/11	Washoe County School District	2
3/30/11	Washoe County School District	2
3/31/11	Washoe County School District	2
4/3/11	Storey County Fire Department	1
4/4/11	EMS CES 911	2
4/7/11	UNR Police Department	2
4/7/11	Eldorado Hotel/Casino	5
4/9/11	Elizabeth Gameros	7
4/9/11	EMS CES 911	4
4/11/11	Randi Hunewill	2
4/13/11	REMSA Education	8

4/13/11	Elko County School District	4
4/19/11	Eldorado Hotel/Casino	5
4/21/11	Eldorado Hotel/Casino	4
4/21/11	Anthony Martinez	16
4/30/11	REMSA Education	8

Heart Saver CPR

Date	Course Location	Students
3/1/11	Elko County School District	2
3/7/11	Majen	9
3/31/11	Riggs Ambulance Service	9
4/15/11	Rave Family Center	1

Heart Saver CPR-Skills

Date	Course Location	Students
4/25/11	REMSA Education	1

Heart Saver First Aid

Date	Course Location	Students
12/7/11	Silver Legacy Hotel Casino	2
2/22/11	Majen	16
2/28/11	Majen	5
3/5/11	Majen	5
3/8/11	Majen	10
3/11/11	Sierra Nevada Job Corps	10
3/16/11	Majen	2
3/17/11	Majen	12
3/23/11	Storey County Fire Department	5

3/23/11	Washoe County School District	8
3/24/11	Majen	4
4/1/11	REMSA Education	17
4/1/11	Sierra Nevada Job Corps	4
4/2/11	Diamond Mountain Casino	1
4/4/11	Bonaventure Senior Living	3
4/5/11	Nevada Department of Corrections	21
4/5/11	Jennifer Kraushaar	22
4/5/11	Majen	10
4/8/11	Work of Heart	3
4/8/11	Join Inc	6
4/10/11	Storey County Fire Department	1
4/13/11	Nevada Department of Corrections	2
4/15/11	Join Inc	3
4/16/11	REMSA Education	3
4/16/11	Barrick Gold Strike	16
4/19/11	Majen	3
4/20/11	REMSA Education	5
4/22/11	Join Inc	4
4/26/11	Work of Heart	4
4/27/11	REMSA Education	14

Heart Saver Pediatric First Aid

Date	Course Location	Students
3/28/11	NorCal EMS	5
4/2/11	REMSA Education	2

4/9/11	Alex Maclennan	9
4/9/11	Jennifer Kraushaar	4

International Trauma Life Support

Date	Course Location	Students
4/12/11	REMSA Education	9

Neonatal Resuscitation Program

Date	Course Location	Students
4/15/11	REMSA Education	6

Pediatric Advanced Life Support

Date	Course Location	Students
3/10/11	Humboldt General Hospital	10
4/18/11	EMS CES 911	4
4/19/11	EMS CES 911	1

Pediatric Advanced Life Support Recert

Date	Course Location	Students
4/1/11	Nevada Department of Forestry	3
4/2/11	EMS CES 911	2
4/8/11	John Mohler & Company	13
4/15/11	Trent Waechter	5
4/18/11	REMSA Education	12
4/22/11	Stephen Fletcher	1
4/23/11	EMS CES 911	1
4/25/11	EMS CES 911	1

Pediatric Advanced Life Support Skills

Date	Course Location	Students
4/5/11	REMSA Education	1

Readyman

Date	Course Location	Students
4/4/11	REMSA Education	9

Ongoing Courses

Date	Course Description / Location	Students
1/4/11	Paramedic Program	9
7/6/10	Paramedic Program	11
1/3/11	EMT Basic	18
4/18/11	EMT Intermediate	18

Total Students This Report	1074
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5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
4/13/11	Volunteer Meeting and Breakfast in recognition of National Volunteer week	
4/23/11	Booth at Give Kids a Boost Health and Safety Fair, 37 Booster seats distributed	2 volunteers, 1 staff
4/25-4/28/11	Nationally Certified Child Passenger Safety Technician Course, 5 students passed	5 students

4/30/11	Child Safety Seat Checkpoint, Reno Fire Department Station 3 (Moana Lane), Reno. 27 cars and 30 seats inspected.	16 volunteers, 3 staff
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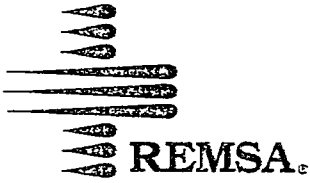
Northern Nevada Fitting Station Project

Date	Description	Attending
4/14/11	Northern Nevada Fitting Station quarterly partners meeting, Saint Mary's Foundation.	9 volunteers
4/27/11	Meeting with Chris Marlo, Child Birth Educator with Renown regarding outreach to prenatal classes and staff.	1 staff4/

Safe Kids Washoe County

Date	Description	Attending
4/1/11	Washoe County Child Death Review Team regular meeting, Washoe County Social Services.	18 volunteers
4/3/11	Sun Valley Give Kids A Boost Health and Safety Fair planning meeting, Sun Valley Family Resource Center.	8 volunteers
4/5/11	Nevada Public Health Association helmet safety event with Truckee Meadows Bicycle Alliance as part of National Public Health Week, UNR.	6 volunteers
4/5/11	Esther Bennett Safety Committee Home Alone classes with 5th and 6th grades, Sun Valley.	1 volunteer, 150 students
4/5/11	Truckee Meadows Bicycle Alliance Bike to School committee planning meeting.	7 volunteers
4/6/11	Safe Kids USA Advisory Council monthly conference call.	1 staff
4/7/11	Bicycle Education planning committee meeting, Carson.	3 people
4/11/11	Sun Valley Give Kids A Boost Health and Safety Fair planning meeting, Sun Valley Family Resource Center.	7 volunteers
4/12/11	Intermountain Region EMS for Children Coordinating Council Family Representative monthly teleconference.	6 volunteers
4/12/11	Safe Kids Washoe County monthly Coalition meeting,	17 volunteers
4/13/11	2011 National Crime Victims' Rights Week annual candlelight vigil. ** Safe Kids Washoe County was awarded the Outstanding Non-Profit Agency award for 2011 for the Cribs for Kids program.**	1 staff, 1 Board member

4/21/11	Sun Valley Give Kids A Boost Health and Safety Fair planning meeting, Sun Valley Family Resource Center.	6 volunteers
4/23/11	Sun Valley Give Kids A Boost Health and Safety Fair, Sun Valley Family Resource Center.	1500 attendees, 45 vendors, 100 volunteers
4/23/11	Booth at Give Kids a Boost Health and Safety Fair, focus: Not Even for a Minute	2 volunteers
4/23/11	Booth at Give Kids a Boost Health and Safety Fair, focus: Sports Injury Prevention	5 volunteers
4/25/11	Nevada State Legislature tour and PHOTOVOICE display with Esther Bennett Safety Patrol, Carson City.	19 students, 4 staff, 2 volunteers
4/28/11	Body Mass Index measurements with Esther Bennett Elementary School kindergartners, Sun Valley	3 volunteers
4/28/11	Nevada State Child Passenger Safety Task Force quarterly meeting, Reno.	10 volunteers
4/29/11	Body Mass Index measurements with Esther Bennett Elementary School 1st-6th graders, Sun Valley	6 volunteers



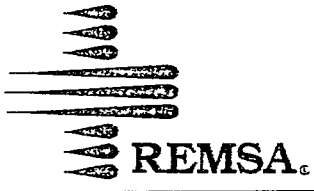
Regional Emergency Medical Services Authority

GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
APRIL 2011

INQUIRIES

April 2011

There were no inquiries in the month of April.



Regional Emergency Medical Services Authority

GROUND AMBULANCE
CUSTOMER SERVICE
FOR
APRIL 2011

GROUND AMBULANCE CUSTOMER COMMENTS APRIL 2011

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Excellent service.		
2	Transport showed good training- he knew how to deal with and ederly, hard of hearing lady with an instinct to grab onto things when he needed to lift me. Good job.		
3	This wasn't my first ride with Remsa. The crews were always thoughtful, considerate, kind and pleasant. And responded immediately to requests.	No change! Stay the same! I had injured my back and legs, I had asked the driver to go slow enough to avoid holes, she didn't hit any. No pain for me!	I try to maintain a friendly conversation to divert my attention from the pain. The person who was riding in back always tried to respond, or they'd say "Just a couple minutes". They were always aware of my comfort and the equipment and if everything was secured safely.
4	Got there fast.		Thanks.
5	Yes.		
6	Communication was good except when they put him in a chair, no warning of door jamb & he fell forward out of the chair. Advised patient had flu & 104 deg. temp & was dehydrated - No IV started. Just pain meds.		
7	Most times- timely.		
8	I felt safe.		
9	They guys in the ambulance were great. They made me comfortable and relaxed by making me laugh. great guys!	Nothing just keep doing what you do!	Thank you- you guys were super- made me feel everything would be ok!
10			I wish I could comment, but my mother was @ SMH when I was notified of the incident. You've been very helpful in the past.
11	Everything	Nothing	
12	Very courteous crew.		
13	I am very pleased with the help I got. Toyal care kindness and compassion	Thank you	
14	Everything.		
15	Explaining the process to my mother and grandfather- very polite and helpful.		
16	Paid attn to me on this second call to take husband to hospital. First time lady medic was "fooled" by my husband to believe he was OK to answer "no" to hospital transport. He died from Septis & he was diabetic - called you cause he was acting crazy & seeing things. You should pay more attn to person that has lived with sick person for 50 + years!		
17	You got me to where I needed to go quickly.	Any thing to be more calm and friendly. Make sure my family is informed.	Over all not very friendly at all.
18	All are very professional and the best teams.		
19	Transport to destination	Scheduling	
20	Everything.		Very good- pleased.
21	Everything	Nothing.	
22	Delivered my brother to Reno Hospital for further treatment.		
23	Everything - please tell the guys who came how grateful I am for their help and for saving my life - twice!		You were all great!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
24	I have no complaint at all. Every time we have used REMSA we have always been satisfied.	Thank you!!	
25	Everything.	Couldn't be better	Very comforting to my mother. Thank you.
26		The ground ambulance was called before the care flight landed and we waited 20 minutes.	
27	got me off the plane quickly		did not receive an IV; had near syncope episode-was dehydrated
28	-Transported me on a back and neck board - made sure I got attention once at hospital	Very good service	I was not able to help myself; they were wonderful and did everything well
29	Comfort, professional, communicated clearly	n/a	Although I hope never to ride in an ambulance again if I do I hope I am treated with the same kind of care and respect that I received.
30	Arrived in a timely manner		I am very happy with all that you did
31	Remembered Stella and made her feel comfortable despite uncomfortable circumstances.	Keep doing the excellent work you do.	
32	Everything. The crew made me feel very comfortable		
33	Prompt response and very efficient staff.	Nothing at all. Everything is the best as it is.	
34			I don't remember anything but sitting on the bench. I know that no supplies were used- no bleeding, oxygen, etc. So the \$934.00 bill seems crazy for the ride, especially with the extra \$20.00 mileage charge for a 2 block ride. I understand that these charges are related to maintenance, gas, training, staff costs, etc., but \$954.00 was an expensive ride.
35	Showed up quickly, were respectful of me, very kind and efficient. They took the time to ease some of my fear.		
36	Arrived fast and explained everything as it happened.		
37	They were very professional but friendly.		
38	Very helpful made me feel at ease.		
39	Responded quickly and transported me to St. Mary's Hospital.		
40	The medics treated me great!		
41	Excellent		
42	Care of mom-excellent		
43		They left my personal belongings on the ambulance- didn't get them for 2 weeks.	
44	Kind, helpful, considerate.	Pay closer attention to actual needed service.	911 was informed I was heavyset but wrong equipment sent and had to wait for correct.
45	Excellent		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
46		My daughter waited nearly 45 minutes after being loaded into ambulance before being left for the hospital because they were waiting for another injured skier. The economics of taking 2 patients in one trip seemed to be more important than getting my daughter the medical attention she needed. The billing does not reflect any discounts for taking two in one trip, so REMSA double profited while my daughter suffered.	
47	EMS staff quickly obtain baby heart beat to relieve patient's concerns.	Not much! Great service!	
48	Everything. Explained everything to my family, explaining what was happening to me.	You did fine. No complaint.	Very good.
49	Provide help at all time, even a translator was available.		
50	Handled the situation well. Took great care in transporting me.		
51	Very professional		
52	Speed on arriving to get pick me up and administer the help I needed.	Nothing. My experience with Remsa has always been very nice and professional.	It is wonderful. Fast and efficient.
53	All of the above.		All services are excellent.
54	Everything.		
55	I wish I could hug you all, if you ever need a grand ma - I'm available - cake, pies and cookies. May God bless you all. I'm doing pretty well now and would love to thank you all. Please know I pray for you all and all of your families.		
56	Everything I'm aware of.		
57	Excellent service		Everything was well taken care of.
58	Made me feel at ease.	Did a good job.	Very efficient crew.
59	I was strapped to a back board. But everyone was friendly. Sierra Life Flight crew was with me also. Everything went well		
60	The crew was friendly, professional, and reassuring during a scary situation		Thank you
61	The crew was friendly, professional, and reassuring during a scary situation		Thank you
62		Provide a blanket. It is quite cold in the back.	
63	You came.	Service was fine.	
64	Your personnel were warm, explained what they were going to do, and very professional.	Keep on with your good service.	
65	Extrodinarily well		
66	Everything- Thank you. Robert Holtzer did pass away. You all did a great job. Thank you.		
67	The crew were very supportive and did explain my condition.		
68	Everything- very helpful	Very good!	Very professional- I felt safe.
69	Calm, polite, reassuring.	Already very good.	Very satisfied with your service.
70	Attendant was most helpful. Gave me a shot for pain, I believe.	Nothing.	
71		Great	
72	Very professional and calming staff.	Nothing, job well done.	Excellent service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
73	Everything.	Nothing	
74	Care & transport.	Typically I ride in back with my daughter. Paramedics have always allowed. This time they didn't, why????	I had a copy of daughter's medicaid card ready for REMSA - they said they could not submit. Save some trees & billing time - allow medics to take insurance/Health care coverage info.
75	Everything they done helped.		
76	Excellent	Keep up the good work	
77	My first time, did excellent.		Thank you for the great service.
78	Well taken care of.		Haven't been killed yet.
79	Came quickly and quietly.		
80	Got me to the hospital and got me a bed very fast.	n/a	It was excellent care - thank you!
81	Efficient, compassionate care given me- I felt comfortable and secure.		
82	I can't say enough great words about the REMSA team. They convinced my father to accept care and effectively saved his life.		I have hue respect for the entire REMSA team. They evan came back to the ER twice to check on my dad and family. Thank you so much.
83	Never have a problem with Remsa employees. Wish Er's were as good.	Excellent.	
84	Very fine job.	No	It is hard to improve on a good system
85	Everything was done very well.	Keep up the excellent service.	As a retired paramedic/firefighter I was very impressed by your service and was also impressed when I was transfered from WNMCM to Renown with a triple A.
86	Everything, very pleased with your service.	All is good.	They were courteous and helpful in everything they did.
87	Made less afraid	Nothing. Everything was done to make me feel at ease	
88	The crew was reassuring and comforting as well as very professional.		
89	Uknown. My aunt's caregivers called you.		
90	Excellent service. Thank you		
91		Be polite, don't send the same driver.	I was very dissapointed. It was cold and they were very rude to me. I froze in the ambulance.
92	Talked with me, reassured me, and told me what they were doing.		
93	Everything right.	Give an animal or people treat.	
94	Everything	?	Good service
95			Thank you for taking such good care of me.
96	Just keep treating the patient kindly.	I was quite happy the way I was treated.	
97	Everything Thank you	Keep it up	At this timw 3/30/2011 have not heard from billing
98	Swift Arrival.		
99	Yes	You did your best	help was fast and efficient overall pleasant atmosphere. Many thanks.
100	Everyone was careful and patient with me. Good service	Good job.	
101	Everything, the men were very helpful in every way. They asked me how the fall happened, and what meds I was taking.	The care I recieved was excellent.	They looked at the wound and cleaned up the blood so they could see how bad the wound was.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
102	Without you taking him to the hospital, I don't know what would have happened to him.	Have someone contact his home that something happened.	I was very glad you were there to take him to the hospital. I didn't know anything happened until the next day when we called the hospital to see if he was admitted because he was missing.
103	Response time was unbelievable	I feel that I can't thank you enough for your help and service.	Your care and service for my son during this terrible incident was more than I could have asked for. I felt that he was in good hands and that I could trust your personnel to do what was best to ensure his well being during transport to the hospital.
104	Everything that I needed.		
105	Safe and taken care of.		
106	Everything!!		Fantastic service.
107	You arrived within three and a half minutes. EMT care was world class. Polite, respectful and courteous. Professional and well trained.	Be available if we need you again.	Wonderful assurance during panicky time.
108	Prompt and efficient- thank you!		
109	Service was excellent.		
110	You were very professional and prompt about the time.	Nothing.	I thought that it was all that it should be.
111	Great		
112	The ambulance was prompt and the crew was perfect and efficient.	I am unaware of any problems.	
113	Good services	Nothing! You all are angels!	Good. Thank you!
114	Gentle and kind in communicating with elderly patient		
115	Everything.		
116	You did what you were supposed to.	Some of the guys could work on their asking you questions.	Nothing to say.
117	Everything went well.		
118	I arrived in Reno very quickly	The plane ride was kinda bumpy. You could have the county pave the road.	The care and service were wonderful. The people all seemed to care. Thank you very much.
119	Kind, courteous, and professional	Keep up the great work	
120	Arrived fast.		
121	Excellent personnel, well trained, a nice experience all things considered.	No billing info received as of yet. Conflicting billing regarding Renown bill/Remsa	
122	I appreciate your patience	You are very helpful	Perfect service
123	This is the 2nd time I have used REMSA. I find your people to be friendly, polite and helpful.		
124	Helped me feel relaxed		Appreciate that they get there in a hurry when people need them.
125	Everything.	Keep doing the same thing.	
126	Everything		
127	Everything!	Can't think of anything, you were excellent.	All of the crew were polite, efficient and courteous. Great!
128	Brought me home safely.	Doing a great job.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
129	Everything. The transfer from Renown to St. Marys was very professional.	Nothing, the transfer went very well.	
130	Had patients with a sense of humor.		
131			Everyone was very helpful and courteous
132	Everything	Keep on!	
133	Professionalism of my EMT. Being in the medical field myself, I was very impressed with his patient care and demeanor!		
134	Everything	Nothing	No.
135	Everything	Yes, although it is hard to do	
136	Response was fast, treated me with respect, compassion and knew what to do. I would say on scale 1-10 your score would be 10!	Can't think of anything	Keep up the good work!
137	Yes		
138	Made me not so scared.		
139	Took such good care of me.		
140	Everything	n/a	
141	As far as I could tell, all of it. I wouldn't hesitate to call on you again if necessary.	Nothing that I know of.	the service was excellent.
142	Everything.		
143	You probably saved my husbands life.	Everything the men did was good.	I did have a question about the one women, the other one walked out of bedroom with men at end of line. The tall woman stayed back in bed room & got in my husbands pants and took out bill fold & when I saw her she said she needed ID information. I was so upset with her I ave her a card from Senior Care plus. I shouldn't have done that. I had a funny feeling about her, but maybe I was wrong - I guess having gone through what I did. I think your people do very good.
144	Care and compassion for the patient.	Service is stil on going- billing and insurance payments are yet to be completed.	
145	Keep up the good work!		
146	Very professional, fast responsive.		
147	Everything	Keep up the good work.	
148	Timeless		
149	Everything	I do not know	It was good
150	Polite and courteous. Very professional crew.		Thank you for taking such wonderful care of my mom.
151	All services.		
152	Everything was handled with care and professionalism.	Not a thing to improve the excellent service received.	Just want to thank each and every one involved.
153	Everything was handled professionally. Most of all they took good care of me till the emergency room.	With service given to me like they did nothing can be better.	Excellent service given to me with no complaints.
154	Service was fast.		
155	Your people are a godsend! caring and god bless them all!		
156	Everything that was needed	Just come when called	
157	Everything	Nothing	Very professional

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
158	Everyone was polite, caring and compassionate. Thank you!		
159	Everything.		
160	Everything.	Nothing.	All the staff was good, kind, and very helpful
161	My first trip in Remsa. Very efficient and helpful all around. Thank you!		
162	Everything.	Keep doing a good job	Everyone was professional and kind.
163	I was picked up and put on a stretcher and then into the ambulance, asked questions which would help the ER and about myself.	The care I had was excellent.	This was my first time in an ambulance and your firm was very good. It was great!
164	Everything		
165	Everything thank you!		
166	My ambulance people were very nice and kept me informed. This was my first ambulance ride and it was nice.		
167	Fair	Don't pass on symptoms to emergency room - results on wrong diagnosis.	Strong feelings about guessing symptoms.
168		When presented a signature pad I wasn't told what I was signing.	
169	The crew was wonderful, kind, professional and caring.	Nothing I can think of.	The crew made me comfortable and at ease.
170	Everything.	Nothing.	
171	Everything		
172	Were very careful in moving me.	Nothing.	
173	Were very thorough.	You were perfect.	Can't complain.
174	Prompt response time and very helpful immediately taking care of patient	Keep doing what you're doing	Thank you seems to be not enough for how grateful we are
175	Very patient with me and helpful.	Nothing.	Very professional.
176	everything was done well. Thank you so much for all your do. I'm very grateful.		Very professional and well trained.
177	Good job! thank you to everybody!		
178	Can't tell you. I came home, I went over there.		You only had one dr on the floor that night and he knew nothing about me.
179	Arrived promptly after call.		
180	Yes	Nothing.	All good.
181	The Remsa guys were polite and courteous to me and my father.		
182	Everything.		
183	Your crew was very helpful and courageous. Responded quickly. Thank you!		
184	Rapid response. Keeping hospital informed on my status.	The excellent service you provided is hard to improve.	Thank you to the crew who picked me up. They were great.
185	Very caring and polite.		
186	Everything.		Everyone who was involved in her case got her home and were very careful. Thanks so much.
187	Everything, I trust your staff.	Nothing.	
188	Help out with any information needed.	Be more polite and informative.	
189	Everything	Nothing really.	Great service.
190	Did a great job.		
191	Very prompt response to my doctor's office and transport to hospital.	Nothing and the crew was great very caring and considerate.	
192	Very good.		
193	Very professional		
194	Fast response- polite paramedics.	Nothing-very good.	
195	Quick response. Listened to me and my husband.		
196	Everything		Great- professional. Thanks!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
197	Care and service excellent!		
198	Everything they did was right. I think if not for them I would have lost my daughter.	Nothing.	
199	Responded quickly	Dispatcher can be more professional	Call taker was asking the caller to answer yes or no to some of the questions due to getting irrelevant information after asking the questions. Call taker was not out of line, unprofessional or rude, just trying to control the call.
200	All services were done well.		
201	Came quickly. Made sure I got the attention I needed quickly.		
202	Very fast.	Answer phones more quickly.	
203	Everything. The men were helpful and quick.	Nothing.	Everyone was nice and made sure I was taken care of.
204	Prompt, courteous, sympathetic, and efficient.		
205	All		Great people got me to the hospital quick and comfortable.
206	You did great. I was easily in a lot of pain.	Just always be there.	
207	Everything. Very professional		
208	Unknown at this time.	Service was exceptionally good.	
209	My mother was unable to communicate they were able to read her pain and assess the situation	You did very well	Outstanding!
210	Polite and efficient		
211	They got to the middle school really fast.		
212	Again thank you for your services.		
213	Everything! From dispatcher to quick arrival, excellent, observant care for patient and family(me).	Please express our deep thanks.	Even checked in on Alan later in the day at the hospital.
214	Very well-	None: keep up the good work. Thank you-	
215	Everything.	You're doing it!	
216	Everything	Nothing	Helpful, courteous and caring.
217	Everything	Nothing, you were great.	
218	courteous and professional.		
219	Consideration of my condition and age, handled me carefully.		
220	Service was excellent.		
221	Everything	Nothing	Outstanding!
222	Yes		The crew was awesome!
223	Good transport.		
224	Everything- They treated my mom with complete respect and dignity as though she was a part of their family.		
225	Everything. Bravo!	Nothing you all did a fine job.	
226	Very calm.		
227	Fast, thorough, and professional.		I had no contact with dispatcher.
228	Very nice and helpful crew		
229	Everything I said was yess	Nothing	This crew was wonderful

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
230	Everything was done well. The paramedics at the livestock event center and the ambulance crew were all pleasant, knowledgeable, understanding, and demonstrated excellent skills. Not a life threatening event, but extremely painful and frustrating. The crew was excellent with my adult daughter and 5 year old grand daughter.		
231	They helped coordinate the services I received at the hospital.	Better understanding/communicate with the deaf - had no interpreter.	
232	Well trained, helpful and caring.		
233	Made me feel safe - confident		
234	Everything.		
235	Thanks	Thanks	
236	You done everything like you should have.		
237	They made my mom feel that everything was going to be ok and they made her comfortable.		
238	Like always, everything.	Thanks	
239	All		
240	Everything was taken care of very well.		
241	I'm sorry I can't answer any of the questions because I don't remember but I'm sure I was well taken care of-		
242	Quick response. Professionalism was very high		Ambulance personnel were well trained.
243	Full examination of my problem, made suggestions as to what I should do.	All I can say is a job well done.	Continue same professional service. No complaints at all.
244	All of your services were wonderful.		
245	Speed and delivery to the hospital		
246	Communicated very well with me and my family.	Nothing.	The team helped explain the procedures to me very well.
247	Everything was very professional.		
248	Transport from VA hospital to Renown Hospital one mile away.		
249	Remsa always does a very good job, better than some emergency rooms I could name.	Nothing.	Good service, above and beyond.
250	I was very frightened and they were calm, assuring, and made me feel things would be ok	Stay just the way you are	Please convey my gratitude to my EMTs
251	Everything. The staff was knowledgeable caring and most of all friendly.	Nothing.	The staff did a great job, Thank you!
252	They arrived at a prompt time and was on scene and asked for meds and coordinated with proper procedure	The need for better service is hard to say when I was totally satisfied with your service the way it is now	The REMSA team is courteous, cooperative and professional
253	Everything	Great as ever	Excellent
254	The crew was very helpful and considerate and did everything they could to make me comfortable during transportation.		
255	Everything	Just keep doing what you are doing- everything was handled very well.	
256	Great!		
257	Everything!	Continue as you have always been treating your patients/clients such as my husband.	thank you!

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
258	Arrive as soon as possible. Began treatment right away. Kept me informed. Took very good care of my husband, thank you so much.		
259	Helpful		
260	Told me the easy way to do my payment.	Take better test and tell what is wrong with me.	Take a better look at th test and see if there was anything wrong.
261	Got it right the first time.	There is nothing to fix.	
262	You came quickly, your service is usually excellent.	No necessary to send 5 women.	One of the ladies seemed anoyed - it was 6 pm (dinnertime maybe?)
263	You got me to the hospital in a fast way.	You could of gone up Kietzke Lane instead of freeway, it would get to patient faster. Have been faster. It took 25 minutes to get to us. I have a pacemaker - time is inportant. Thank you.	
264	Everything was professional	Nothing	Outstanding in every way.
265	Response time was very fast, all were professional, caring and answered questions.		Thanks to all!
266	Drove slowly. Was careful in the transportation, answered all my questions. Was sophisticated	Couldn't do better	Thanks you do great work.
267	Very quick and very professional.	I appreciate all they did for me.	
268	Explanation of events.	Nothing.	Good job!
269	Very pleasant and caring.		
270	Your staff was wonderful.		
271	Everything.		
272	The guys on the ambulance were great		
273	Everything - Locked the doors, took care of my purse, explained al of my questions and did it in a professional manner.	We need a service like yours in Reno - Keep up the the good "job."	
274	Prompt and efficient - relieved pain		
275	Made me feel safe and calm.	Just continue to treat your patients the way you have been.	
276	Prompt, professional, caring, courteous, knowledgable and experienced.		
277	You were speedy offer advice which was helpful	I can't think of anything	Both Crew memberys checked with me to see how I was (apperciated that)
278	Yes they were very nice.	Keep up the good work	They were very calm and nice, made me feel better.
279	Everything.		
280	Everything was great and professional	Everything was fine.	You provided excellent service!
281	Polite helpful professional and made me very comfortablel felt safe.	Thank you for your help.	
282	Excellent care.	Would like to join silver savers.	
283	You all did everything well and professional. Could not have asked for a better group to have when you need help.		
284	All was done well		
285	Everything		Great as always
286	Everything	Keep hiring the professional, knowledgable courteous people like the ones who took care of me	Your staff is great, do whatever you need to do to keep them would be my only comment.
287			I have used REMSA several times and find them to be helpful and courteous all times.
288	Somehow they unlocked the dead bolt and handle on my front door.	Nothing. They were great.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
289	Responded very rapidly, staff was very caring and informative.	I have not been treated better by any other crew. The crew was a joy to talk to and be treated by. Thank you for all your help and God bless.	
290	Remsa arrived promptly	Service is satisfactory	Remsa overlooked to include my shoes going to St. Mary's Hospital.
291		Got me to the hospital with no shoes, socks, or jacket to wear home.	
292	Very professional, swift assessment and treatment at home. Kind approach to patient and family.		
293	EMT's good job!	?	Good!
294	Saved my life		
295	Everything	Keep it up!	Thank you very much!
296	Everything		
297	This was not my first use of Remsa. I have always been pleased with and impressed by the quality of your service.		
298	Your staff was great.	To my thinking, nothing.	
299	Brought me back twice after my heart and breathing stopped.	Just keep up your professional services.	Everything was done professionally.
300	Everything- you kept me alert for which I am thankful. Thank you very much.	Just keep doing what you do and being friendly.	Your staff was very helpful and polite. Thank you. I am definitely drinking more water.
301	Professional, friendly and caring.		
302		Bumpy ride.	
303	All of the above and paramedic followed up on ER at St. Mary's greatly appreciated.	Great care.	
304	Got me to hospital		
305	Everything. Excellent service.	Nothing	Everything was wonderful!
306	They knew I was in pain, they moved me very carefully.	All I can say is just thanks!	
307	Honestly I don't remember anything other than when I woke up and a paramedic visited me while I recovered.		
308	Very gentle.		
309	Everything	Nothing	Excellent.
310			Very professional and helpful.
311	Everything was good.	It would be more helpful if you had someone that was bilingual with Spanish.	Thank you for your good service, and efficiency.
312	Very understanding.		
313	Everything	Keep doing what you are doing	Thank you for your help and courtesy
314	Very courteous and efficient	No suggestions!	Excellent
315	Took me to the hospital very quickly.	Less payment.	
316	Everything.		
317	Very efficient and considerate.	Keep doing this service. Good job.	Ambulance was ordered by a Renown Dr. from Renown hospital.
318	All		Very good care
319	Everything	You are fine.	Perfect.
320	Polite and helpful and courteous to an elder person. Didn't treat her as a child.	Make it from the residence to the hospital before I do.	
321	Came quickly		
322	The entire Remsa staff was professional attentive and helpful.		
323	Everything.	Nothing.	Good.
324	Everything was very professional		Very good.
325	Everyone was professional and knew what to do. Responsibilities are carried out very well.		Everyone was kind and sympathetic. Thank you.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
326	Everything. The Remsa crew was very helpful and appreciated. Thank you.		
327	Staff was very efficient and pleasant.		
328	Yes, the service was attended to much prompter than previous rides.	Much improved!	
329	You listened to us.		
330	Got here in short time and started working on me.	I feel everything was done quickly to get me to the emergency room, where I was hospitalized for 5 days.	Everything was done in a timely manner and medical given.
331	Everything.	No suggestions.	
332	Personal communications.	Nothing comes to mind.	
333	Prompt assistance. Pleasant group.	Can't ask for more.	The team made you feel safe and secure.
334	I felt my son (the patient) and I were in good hands and safe Thank you!		Your staff communicated to me, were professional and took our incident seriously, were kind, and considerate
335	Everything	Keep up the good work	Could not have done better - Many thanks to all
336	The team arrived quickly and kept me calm and comfortable. They were skilled, professional and personable.		
337	Very kind and considerate	Very satisfied.	
338	Everyone was helpful.	We are grateful to this service.	We used them 18 months ago and found them competent.
339	Respond quickly when I was having serious seizure, thank you	n/a	n/a
340	Communication	Everything was good.	
341	Professional knowledge ; made patient feel at ease very good IV stick!	doing well each time for others and myself just like you did on this run.	Very, very, good service
342	Professional knowledge ; made patient feel at ease very good IV stick!	doing well each time for others and myself just like you did on this run.	Very, very, good service
343	The REMSA STAFF has been very responsive, professional and caring to my son every time I have called		Schizophrenia is a tough diese and it is obvious your staff has mental health training - Its huge for the person who has it to be treated with respect!
344	Everything! Good! Thanks for your support!		Excellent
345	The staff or responders were most helpful reassuring and very competent. They even cleaned up the blood on my floor from my fall. The gentlemen couldn't have been nicer or more professional. Thank you so much for your excellent staff and immediate response.		
346	Arrival time perfect! Everything!	I could not think of a single improvement.	Thank you for full-filling this call for help.
347	My first ambulance ride. all seemet good under the cirecumstances		
348	Took really good care of me.	Don't know of anything.	
349	Got me to the hospital.	Next time let the emergency personnel know that I am wanting a room and need assistance.	
350	Ambulance team was great. Thank you		
351	Everything	Nothing that I can think of	It was my first time in an airplane the crew made me feel safe and secure
352	Very professional, polite and the way they address/assess the situation.		Please extend my gratitude and job well done to your staff.
353	Everything	Keep up the good work.	Just keep up the good work.
354	It took my memory so I can't tell you yes.		I lost my memory, sorry.
355	The care was incredible	Your men are so competent and kind.	Thank you very much!!
356	I felt very well taken care of.	Just what you do.	
357	They were excellent and very caring	nothing	Thank you for hiring great people.

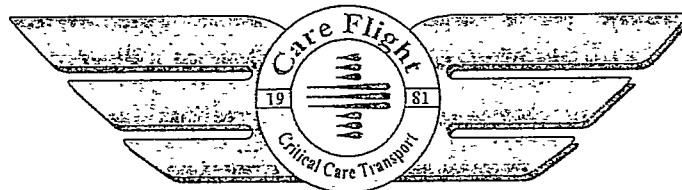
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
358	Very comforting and calm	Very good	
359	Great		
360	Everything		
361	All of your personnel were very helpful and acted professional people! Thank you so much.		
362	Handled me with care and seemed genuinely concerned for my well being. Advised me where to go.		I appreciate that they didn't judge me or the condition I was in. Many thanks for the help!
363	I think you guys are always great.		
364	Everything	Nothing	
365	Everything		
366	Everything	Keep up the good work.	Always good!
367	Everything	I think they do an excellent job.	I don't remember anything that happened.
368	I wasn't there but I'm sure everything was done well, my mother didn't complain. Atria didn't call me until an hour and 1/2 after being taken to the hospital. I needed to be called right away so I could be with her and hear what the doctors had to say.		
369	Everyone came promptly and took care of me in like manner		
370	Everything	Excellent service - The paramedics and fireman in Reno are as good as they get.	If the hospital staff could take lessons from you, there would be less trauma to the patients.
371	Fast. The two men were very professional	Everything was fine, no problem.	
372	The young men were very caring and careful	Not a thing	I felt very secure and sure of my choices
373	The staff came to assist me quickly and they reassured me that I would be fine. They calmed me down.	Nothing I can think of.	
374	Everything	Thanks to all of you who responded to my call to help my husband who was having a stroke.	
375	Every one was courteous and kind. Very willing to help and answer anything ask. Thank you so very much. Appreciated your help.		
376	Everybody was polite and very professional.		
377	Everything		
378	Everyone was very nice and caring and made me feel comfortable.	Make sure the equipment works!	
379	Your personnel were very friendly and easy to talk to in a very stressful situation - very calming		Thank you for professional and reliable service in the midst of other chaos
380	Very understanding and caring	Everything was great	
381	One of the young gentlemen walked me clear over to the other side of the hospital so I could get my husband's cane		
382	Be nice and friendly	Nothing	Just very nice
383	Everything went very smoothly. The crew was great! Thank you		
384	Arrived fast cleaned up after self. Calming to friends who were there. Stayed with Joe until he got a room	Would have liked oxygen at hospital sooner - would have helped calm Joe	They were great. Joe's glad he's still alive.
385	How well they treated me. Very reassuring. Kind! Explained every step of treatment. they care.	(give these guys a raise) otherwise everything was perfect.	I can't find the words to say how kind and professional they were. Simply put, these guys are awesome. Thank you.
386	Professional, helpful and polite		Excellent

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
387	Excellent paramedics very respectfull felt comfortable	nothing	Excellent
388	It was a very short time for them to get Jack on his way to the hospital	Their service was well done	
389	Prompt and professional, caring attitudes		Keep up the good work
390	You saved my life! What could have been done better	Nothing! Everything done was right on. I was given a 2nd chance!	I want to sein your membership in REMSA. Send your paperwork!
391	Courteous and professional	I was fully satisfied	
392	In reviving me and actually saving my life, and I am extrnaly greatfull.	Never change, it's really nice to see that there are still people that care.	Thank you, and God bless.
393	Everything!	Can't think of one thing	This is a very professional group of people!
394	You guyes were great	nothing	thank you for all your help my son is getting better he was in the hospital for 5 days
395	Everything was professional	We don't know	The patient was not involved in calling REMSA. We thank REMSA for being there.
396	Got her out instantly. Careful with patient. Knew what to do.	Give patient IV or any pain killer (probably told not to give anything to relieve her pain)	Excellent care
397	secured my son during his agitation and withdrawl from risperdal.	Nothing	Absolutely wonderful and brought peace of mind to the situation with my son.
398	Very prompt, courteous, and polite.		
399	Everything	Nothing at all	You have the most wonderful people I have ever met working for Remsa. We are so lucky to have all of you. May God bless all of you. Thank you.
400	Your two dispatchers were very kind and explained their prucedures to me and helped me calm down.	Keep up the good work	I had a double by pass on 10/13 and this is the first time I had sever chest pain after my surgery - I thought I was having a heart attack



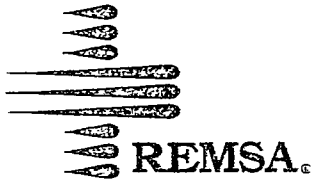
Regional Emergency Medical Services Authority

CARE FLIGHT
CUSTOMER SERVICE
FOR
APRIL 2011



CARE FLIGHT CUSTOMER COMMENTS APRIL 2011

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	Very comforting and professional.		
2	Very efficient.		
3	Everything. If anything could have been called "fun" that trip was it.	Keep up the good work! Wonderful personnel. Crew saw to everything.	
4	Reassuring my husband, and myself, he would be transported within a certain amount of time, which helped knowing when I could arrive at the hospital.	Care was outstanding according to my observation and my husband assessment. Thank you!	
5	Everything was great.		
6	Everything.		
7	Responded very quickly and efficiently.	Your service is already excellent. I can't think of anything you can do better. We are fortunate in this area to have available an organization like REMSA/Care Flight.	
8	Quick response.	I'm not sure because I thought that your people did an excellent job. Could not expect any better. Thanks and a big hug for us.	
9	Everything	Nothing	Excellent
10	They got me out of the Fallon hospital to a real hospital and real doctors. Tell them I said thank you.		
11	Felt comfortable, kept me calm about flying. Personnel super great.	Make basket bigger. I'm 360 lbs. 6'3". Crew very concerned.	



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
APRIL 2011

PUBLIC RELATIONS

April 2011

ACTIVITY	RESULTS
Wrote and Distributed "Community Advisor" regarding home improvement safety.	Multiple rural newspapers printed the Community Advisor verbatim with numerous references to REMSA, SEMSA and Care Flight.
Created marketing plan for CAAS presentation and press conference	TBD
Worked with Kurt on 30 th Anniversary mailer for Care Flight	Piece will be sent out in June
Worked with Kurt on story ideas for KOLO given the recent changes at Care Flight.	Story will be filmed in May.
Worked with Melissa Krall on finding a media partner for her Not Even For a Minute campaign.	TBD

Safe Kids USA

Volume 10 Extranotes, April 14, 2011

IN THIS ISSUE

Congratulations Safe Kids Washoe County

Safe Kids Washoe County in Reno, NV, was selected for the Outstanding Non-Profit Agency award from the *Alliance for Victims' Rights* for the Cribs for Kids program. SKWC was asked by the State of Nevada Health Division to lead a pilot project in Northern Nevada in 2010 to implement a Safe Sleep program based on the national Cribs for Kids model program. Since January 2011, the program has launched community-wide in Reno, and beyond our expectations, even expanded to Clark County (Las Vegas) and rural Nevada. Utilizing a train-the-trainer model, SKWC has brought on 11 partner agencies to provide one-on-one and small-group setting education, and an additional 250 professionals have been educated through conference and community presentations – all in six months!



Saturday at Sparks Florist Design Center, 1440 Hymer Ave., Sparks. Parents and children are invited to a design-it-yourself class where parents and children design an Easter floral arrangement and keep the finished product. Children also can decorate cookies and visit with the Easter Bunny. Cost: \$39.99 for both arrangements. Details: Peggy at 775-358-8500, ext. 105 or peggy@sparksflorist.com.

Egg-cellent Easter Bash: 10 a.m. Sunday, YMCA of the Sierra Sparks Family Center, 850 Baring Blvd., Sparks. Event features a bounce house, family art projects, cookie decorating and Easter egg hunts. Cost: \$2 per child or \$5 for the family. Details: Roxanne at 775-323-9622, ext. 1231.

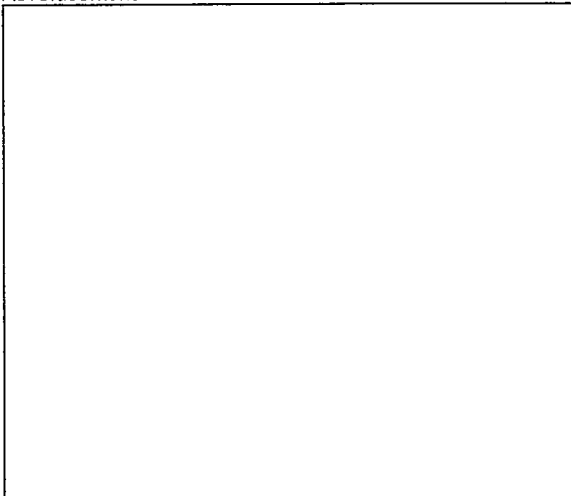
Scheels Easter Egg Scavenger Hunt: 6 p.m. Monday at Scheels, 1200 Scheels Drive, Sparks. Meet by the ferris wheel. Answer the clues to find the Easter eggs. Ages 4-12. Free. Details: 775- 331-2700.

Painted and be entered to win raffle prizes. Free. Details: Heidi at 775-770-6713 or heidi.hurst@chw.edu.

Easter Open Gym: 11 a.m. Saturday at Starz Gymnastics, Dance and Cheer, 895 E. Patriot Blvd., No. 103. The first session is from 11 a.m. to 12:30 p.m. and the second session is from 1:30-3 p.m. Bring your Easter basket. Includes a visit from the Easter Bunny who will be available for pictures from 11 to 11:30 a.m. and 1:30 to 2 p.m. Cost: \$10 children 11 and younger members, \$20 age 12 and older; \$15 age 11 and younger nonmembers. Details: 775-853-9494.

Give kids a boost -- health and safety fair -- and Easter Egg Hunt: 10 a.m. Saturday, Sun Valley Neighborhood Center & Community Park, 115 W. Sixth Ave. Families are provided with hands-on health, safety and educational activities offered by more than 30 community organizations. Free immunizations are available through the Washoe County Health District, as well as free booster seats from REMSA's Point of Impact program and other safety gear from Safe Kids Washoe County. Children are also able to participate in an Easter egg scavenger hunt with Big Shot Bunny, have their faces

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LOCAL LIFE

SECTION

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Tuesday, April 26, 2011 • RGJ.com/Living

LOCAL HEALTH NEWS

REMSA holds child safety seat inspection

The Regional Emergency Medical Services Authority will have a child safety seat inspection checkpoint at 10 a.m. Saturday at Reno Fire Department Station, 3580 W. Moana Lane.

According to the National Highway Traffic Safety Administration, car crashes are the No. 1 cause of death of all children. More than 75 percent of cars inspected at checkpoints arrive with seats improperly installed.

Each seat will be checked by Nationally Certified Child Passenger Safety Technicians to ensure that it is properly installed in the vehicle, is the appropriate seat for the age and weight of

the child riding in it and that the seat has not been recalled. The inspection is limited to 30 cars, and early arrival is recommended.

MERGING PHARMACIES ADOPT NEW NAME

Three pharmacies in Reno and Lake Tahoe are uniting. Don's Pharmacy in downtown Reno, Sierra Compounding Pharmacy in south Reno and Village Pharmacy in Incline Village will become Sierra Health Mart Pharmacy on Sunday.

The names change, but there won't be changes in ownership or service. Sierra Health Mart invites the community to celebrate the

new name and meet its staff. A ribbon-cutting reception will be from 11:45 a.m. to 1 p.m. May 4 at Sierra Health Mart Pharmacy-South Reno, 8040 S. Virginia St. Open houses will be from 9 a.m. to 6 p.m. May 6 at Sierra Health Mart Pharmacy-Downtown Reno, 501 Ralston St., and Sierra Health Mart Pharmacy-Incline Village, 898 Tanager St.

GROUPS CHALLENGES PEOPLE TO AVOID WHEAT

May is Celiac Awareness Month. Pamela's Products and the Gluten Intolerance Group are planning the Gluten-Free Challenge, which is May 21-22.

They are challenging everyone to spend one weekend living gluten-free.

Sign up at www.goGFchallenge.com to participate and receive daily tips and recipes.

EATING HEALTHY LECTURE IS MAY 5

The Nevada Health Forum is offering a free lecture, "How to Eat to be Healthy," from 6:30 to 7:30 p.m. May 5. Harish Aggarwal will speak in Council Chambers at Reno City Hall, at the corner of Virginia and First streets.

Details: 775-324-7382.

Geralda Miller, RGJ



Washoe County Health District



Public Health
Prevent. Promote. Protect

May 13, 2011

To: Members District Board of Health
 From: Eileen Coulombe
 Subject: Public Health Fund Expenditure and Revenue Report for April 2011
 Agenda Item No. -

Recommendation

Staff recommends that the District Board of Health accept the attached report of revenues and expenditures for the Public Health Fund for April 2011 of fiscal year 11.

Background

The attached reports are for the accounting period 10/11 and the percentages should approximate 83% of the year. Our total revenues and expenditures for the current year (FY11) compared to last year (FY10) are as follows:

April 2011	FY11 – REV	FY10 – REV	FY11 – EXP	FY10 – EXP
Transfer	50%	64%		
AHS	65%	67%	65%	69%
AQM	85%	83%	72%	71%
CCHS	66%	66%	74%	70%
EHS	90%	79%	74%	69%
EPHP	53%	44%	54%	43%
TOTAL	71%	64%	70%	65%

The Environmental Oversight Account for April 2011 is \$163,217.27.

I will be happy to any questions of the Board during the meeting or you may contact me at 328-2417.

Administrative Health Services Officer

Enclosure

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	45,068.00-	2,069.00	105	69,000.00-	38,801.00-	30,199.00-	56
422504 Pool Permits	63,000.00-	55,792.00-	7,208.00-	89	33,000.00-	56,358.00-	23,358.00-	171
422505 RV Permits	10,500.00-	8,434.00-	2,066.00-	80	10,500.00-	8,653.00-	1,847.00-	82
422507 Food Service Permits	342,000.00-	298,454.00-	43,546.00-	87	355,000.00-	297,392.00-	57,608.00-	84
422508 Wat Well Const Perm	34,500.00-	18,368.00-	16,132.00-	53	44,000.00-	24,784.00-	19,216.00-	56
422509 Water Company Permits	4,000.00-	2,567.00-	1,433.00-	64	12,000.00-	4,387.00-	7,613.00-	37
422510 Air Pollution Permits	391,000.00-	293,345.75-	97,654.25-	75	402,399.00-	307,656.50-	94,742.50-	76
422511 ISDS Permits	47,000.00-	45,815.00-	1,185.00-	97	90,000.00-	36,358.85-	53,641.15-	40
422513 Special Event Permits	70,500.00-	51,485.00-	19,015.00-	73	75,000.00-	60,347.20-	14,652.80-	80
422514 Initial Applic Fee	35,000.00-	27,539.00-	7,461.00-	79	38,000.00-	25,637.00-	12,363.00-	67
* Licenses and Permits	1,040,500.00-	846,868.75-	193,631.25-	81	1,128,899.00-	860,374.55-	268,524.45-	76
431100 Federal Grants	6,286,250.54-	3,815,778.40-	2,470,472.14-	61	8,060,346.66-	4,560,256.05-	3,500,090.61-	57
431105 Federal Grants - Indirect	32,599.00-	59,816.97-	27,217.97	183	31,540.00-	41,083.55-	9,543.55	130
432100 State Grants	470,737.42-	303,199.24-	167,538.18-	64	627,556.00-	373,277.26-	254,278.74-	59
432310 Tire Fee NRS 444A.090	370,535.00-	450,911.35-	80,376.35	122	370,534.52-	395,702.34-	25,167.82	107
432311 Pol Crl 455B.830	290,140.86-	306,945.00-	16,804.14	106	280,000.00-	228,975.00-	51,025.00-	82
* Intergovernmental	7,450,262.82-	4,936,650.96-	2,513,611.86-	66	9,369,977.18-	5,599,294.20-	3,770,682.98-	60
460162 Services to Other Agencies					63,657.69-	23,909.21-	39,748.48-	38
460500 Other Immunizations	85,000.00-	74,075.44-	10,924.56-	87	110,000.00-	76,250.69-	33,749.31-	69
460501 Medicaid Clinical Services	32,000.00-	39,940.94-	7,940.94	125	36,500.00-	23,864.14-	12,635.86-	65
460503 Childhood Immunizations	140,000.00-	42,551.40-	97,448.60-	30	190,000.00-	112,734.15-	77,265.85-	59
460505 Non Title X Revenue						1,369.00-	1,369.00-	70
↳ 508 Tuberculosis	7,000.00-	5,276.27-	1,723.73-	75	10,000.00-	6,961.48-	3,038.52-	
↳ 509 Water Quality		432.00-	432.00					
460510 IT Overlay	111,000.00-	79,550.00-	31,450.00-	72	121,001.00-	93,256.00-	27,745.00-	77
460511 Birth and Death Certificates	210,000.00-	282,018.00-	72,018.00-	134	215,000.00-	184,746.00-	30,254.00-	86
460512 Duplication Service Fees	115.00-	1,129.43-	1,014.43	982	200.00-	121.50-	78.50-	61
460513 Other Health Service Charges	2,700.00-	8,684.25-	5,984.25	322	8,000.00-	4,081.00-	3,919.00-	51
460514 Food Service Certification	8,000.00-	11,930.00-	3,930.00-	149	8,000.00-	12,991.00-	4,991.00-	162
460515 Medicare Reimbursement	500.00-	310.23-	189.77-	62	500.00-	672.90-	172.90-	135
460516 Pgm Inc-3rd Prty Rec	6,500.00-	18,779.91-	12,279.91	289	9,000.00-	5,802.47-	3,197.53-	64
460517 Influenza Immunization	12,000.00-	6,757.99-	5,242.01-	56	5,000.00-	25,602.06-	20,602.06	512
460518 STD Fees	30,000.00-	25,931.60-	4,068.40-	86	30,000.00-	25,344.84-	4,655.16-	84
460519 Outpatient Services					12,500.00-			
460520 Eng Serv Health	55,000.00-	32,007.00-	22,993.00-	58	90,500.00-	49,088.00-	12,500.00-	54
460521 Plan Review - Pools & Spas	2,500.00-	4,945.00-	2,445.00	198	5,000.00-	5,643.00-	643.00	113
460523 Plan Review - Food Services	17,000.00-	19,757.15-	2,757.15	116	30,000.00-	17,401.15-	12,598.85-	58
460524 Family Planning	66,000.00-	36,868.41-	29,131.59-	56	100,000.00-	57,859.90-	42,140.10-	58
460525 Plan Review - Vector	24,000.00-	29,772.00-	5,772.00	124	64,000.00-	25,981.00-	38,019.00-	41
460526 Plan Review-Air Quality	11,270.00-	23,420.00-	12,150.00-	208	15,500.00-	25,645.00-	10,145.00-	165
460527 NOE-AQM	40,000.00-	59,819.00-	19,819.00-	150	32,900.00-	68,564.00-	35,664.00	208
460528 NESHAP-AQM	62,000.00-	57,638.00-	4,362.00-	93	62,000.00-	67,792.00-	5,792.00	109
460529 Assessments-AQM	21,000.00-	24,486.00-	3,486.00	117	22,000.00-	25,583.00-	3,583.00	116
460530 Inspector Registr-AQ	1,900.00-	3,395.00-	1,495.00	179	1,900.00-	3,735.00-	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00-	103,824.00-	61,176.00-	63	178,333.00-	195,750.00-	17,417.00	110

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
460532 Plan Rvw Hotel/Motel		69.00-	69.00			414.00-	414.00	
460533 Quick Start		87.00-	87.00			344.00-	344.00	
460534 Child Care Inspection	8,300.00-	5,881.00-	2,419.00-	71	9,000.00-	6,775.00-	2,225.00-	75
460535 Pub Accomod Inspectn	17,000.00-	12,671.00-	4,329.00-	75	21,000.00-	12,981.00-	8,019.00-	62
460570 Education Revenue	13,400.00-	9,327.00-	4,073.00-	70		17,139.00-	17,139.00	
* Charges for Services	1,149,185.00-	1,021,334.02-	127,850.98-	89	1,451,491.69-	1,178,401.49-	273,090.20-	81
484000 Donations,Contributions						3,360.00-	3,360.00	
484050 Donations Federal Pgm Income		36,837.61-	36,837.61			100.00-	100.00	
485100 Reimbursements		150.00-	150.00			150.00-	150.00	
485300 Other Misc Govt Rev		80.50-	80.50		450.00-	564.00-	114.00	125
* Miscellaneous		37,068.11-	37,068.11		450.00-	4,174.00-	3,724.00	928
** Revenue	9,639,947.82-	6,841,921.84-	2,798,025.98-	71	11,950,817.87-	7,642,244.24-	4,308,573.63-	64

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
701110 Base Salaries	10,299,441.92	7,569,336.85	2,730,105.07	73	10,661,133.97	7,629,160.24	3,031,973.73	72
701120 Part Time	654,044.80	485,445.22	168,599.58	74	700,249.99	561,873.55	138,376.44	80
701130 Pooled Positions	398,252.66	311,805.49	86,447.17	78	325,364.33	197,401.03	127,963.30	61
701140 Holiday Work	1,200.00	1,969.91	769.91-	164	1,500.00	1,691.46	191.46-	113
701150 xcContractual Wages					255,500.00	92,658.97	162,841.03	36
701200 Incentive Longevity	162,000.00	80,444.26	81,555.74	50	167,094.00	76,877.73	90,216.27	46
701300 Overtime	43,664.26	82,293.76	38,629.50-	188	301,520.21	145,223.92	156,296.29	48
701406 Standby Pay	30,000.00	29,160.36	839.64	97	30,000.00	27,742.15	2,257.85	92
701408 Call Back	3,000.00	1,898.86	1,101.14	63	3,000.00	3,595.47	595.47-	120
701412 Salary Adjustment	48,368.57-	84,627.01	48,368.57-		185,747.75	87,082.68	185,747.75	
701413 Vac Payoff/Sick Pay-Term		17,002.32	84,627.01-			87,082.68	87,082.68-	
701417 Comp Time		17,002.32	17,002.32-			32,846.58	32,846.58-	
701500 Merit Awards	120,175.23-		120,175.23-					
* Salaries and Wages	11,423,059.84	8,663,984.04	2,759,075.80	76	12,301,464.86	8,856,153.78	3,445,311.08	72
705110 Group Insurance	1,598,298.03	1,173,288.09	425,009.94	73	1,570,574.85	1,150,756.20	419,818.65	73
705210 Retirement	2,377,608.28	1,749,590.83	628,017.45	74	2,467,024.18	1,773,579.35	693,444.83	72
705215 Retirement Calculation	410,797.00	2,982.18	407,814.82	1	200,000.00		200,000.00	
705230 Medicare April 1986	148,666.06	114,419.01	34,247.05	77	151,277.42	115,671.38	35,606.04	76
705320 Workmens Comp	54,530.00	45,441.70	9,088.30	83	64,271.45	51,111.30	13,160.15	80
705330 Unemply Comp	33,440.00	33,440.01	0.01-	100	12,350.00	12,330.00	20.00	100
705360 Benefit Adjustment	8,471.00		8,471.00		9,504.31		9,504.31	
* Employee Benefits	4,631,810.37	3,119,161.82	1,512,648.55	67	4,475,002.21	3,103,448.23	1,371,553.98	69
7100 Professional Services	774,940.94	137,963.92	636,977.02	18	2,031,672.72	346,150.57	1,685,522.15	17
7105 Medical Services	7,248.00	2,621.00	4,627.00	36	13,600.00	13,688.00	88.00-	101
710108 MD Consultants	60,900.00	44,225.00	16,675.00	73	55,382.00	37,137.50	18,244.50	67
710110 Contracted/Temp Services	115,801.22	58,452.53	57,348.69	50				
710119 Subrecipient Payments	186,242.00	152,967.61	33,274.39	82	147,602.00	105,519.57	42,082.43	71
710200 Service Contract	66,915.00	46,370.28	20,544.72	69	102,210.00	69,483.89	32,726.11	68
710205 Repairs and Maintenance	16,864.00	15,855.58	1,008.42	94	15,505.00	26,334.29	10,829.29-	170
710210 Software Maintenance	12,000.00	10,550.00	1,450.00	88	350.00	26,802.29	26,452.29-	7,658
710300 Operating Supplies	178,347.14	84,020.29	94,326.85	47	270,541.22	123,332.72	147,208.50	46
710302 Small Tools & Allow	2,185.00	325.50	1,859.50	15	1,385.00	750.33	634.67	54
710308 Animal Supplies	2,000.00		2,000.00		2,000.00		2,000.00	
710319 Chemical Supplies	321,741.00	321,721.84	19.16	100	560,707.00	360,810.19	199,896.81	64
710334 Copy Machine Expense	32,011.00	22,116.24	9,894.76	69	36,024.50	21,206.42	14,818.08	59
710350 Office Supplies	49,948.43	34,437.08	15,511.35	69	62,342.26	37,093.04	25,249.22	59
710355 Books and Subscriptions	11,084.00	4,645.30	6,438.70	42	7,587.00	5,991.16	1,595.84	79
710360 Postage	19,538.00	18,063.22	1,474.78	92	26,958.44	18,999.81	7,958.63	70
710361 Express and Courier	815.00	391.47	423.53	48	1,135.00	385.05	749.95	34
710391 Fuel & Lube	100.00		100.00		100.00		100.00	
710500 Other Expense	34,355.88	55,318.38	20,962.50-	161	94,550.30	20,593.85	73,956.45	22
710502 Printing	31,886.72	11,106.98	20,779.74	35	49,651.24	21,311.69	28,339.55	43
710503 Licenses & Permits	6,875.00	6,766.25	108.75	98	8,625.00	6,242.67	2,382.33	72
710504 Registration					900.00-		900.00-	
710505 Rental Equipment	1,800.00	2,315.00	515.00-	129	2,800.00	2,669.00	131.00	95

Washoe County Health District
EXPENSE
Pds 1-10, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710506 Dept Insurance Deductible		358.92	358.92-		273.40	450.00	176.60-	165
710507 Network and Data Lines	5,460.00	6,967.10	1,507.10-	128	4,705.00	4,535.25	169.75	96
710508 Telephone Land Lines	53,739.92	33,916.09	19,823.83	63	60,808.05	38,032.11	22,775.94	63
710509 Seminars and Meetings	38,033.00	31,291.18	6,741.82	82	29,770.00	17,571.00	12,199.00	59
710512 Auto Expense	16,457.00	9,912.55	6,544.45	60	20,954.14	11,101.15	9,852.99	53
710514 Regulatory Assessments		27.99	27.99-					
710519 Cellular Phone	13,410.00	12,645.31	764.69	94	13,597.00	11,805.37	1,791.63	87
710529 Dues	6,961.00	8,916.00	1,955.00-	128	4,476.00	7,134.00	2,658.00-	159
710535 Credit Card Fees	10,545.00	8,110.85	2,434.15	77	12,394.78	8,430.48	3,964.30	68
710546 Advertising	20,394.70	29,386.58	8,991.88-	144	37,047.00	31,205.92	5,841.08	84
710577 Uniforms & Special Clothing	3,450.00	695.73	2,754.27	20	3,150.00	1,094.08	2,055.92	35
710585 Undesignated Budget	3,155.00-		3,155.00-		31,540.05		31,540.05	
710590 Bad Debt Expense						1,293.40	1,293.40-	
710600 LT Lease-Office Space	120,932.89	99,233.36	21,699.53	82	195,423.01	136,320.98	59,102.03	70
710703 Biologicals	313,025.68	111,856.19	201,169.49	36	291,252.68	93,247.44	198,005.24	32
710714 Referral Services	11,300.00	3,400.00	7,900.00	30	11,300.00	570.76-	11,870.76	5-
710721 Outpatient	122,249.97	64,471.44	57,778.53	53	119,940.00	82,367.28	37,572.72	69
710872 Food Purchases	3,001.00	1,907.03	1,093.97	64	2,695.00	1,072.10	1,622.90	40
711010 Utilities	1,100.00	1,212.00	112.00-	110		1,362.00	1,362.00-	
711100 ESD Asset Management	21,600.00	16,650.00	4,950.00	77				
711113 Equip Srv Replace	41,946.18	37,151.53	4,794.65	89	101,823.48	91,465.73	10,357.75	90
711114 Equip Srv O & M	58,538.39	40,009.22	18,529.17	68	71,986.43	40,125.94	31,860.49	56
711115 Equip Srv Motor Pool	2,325.00	5,547.20	3,222.20-	239	12,070.00	6,475.00	5,595.00	54
711117 ESD Fuel Charge	41,646.75	39,248.30	2,398.45	94	54,173.64	34,158.05	20,015.59	63
711119 Prop & Liab Billings	72,200.00	60,166.60	12,033.40	83	66,930.00	54,941.60	11,988.40	82
711210 Travel	203,618.25	66,830.28	136,787.97	33	194,849.02	42,527.98	152,321.04	22
711213 Travel-Non Cnty Pers			24.27		1,942.00	656.27	1,285.73	34
711300 Cash Over Short								
711504 Equipment nonCapital	83,660.37	61,681.22	21,979.15	74	76,536.11	195,564.74	119,028.63-	256
* Services and Supplies	3,196,038.43	1,781,801.87	1,414,236.56	56	4,909,465.47	2,156,869.15	2,752,596.32	44
781004 Equipment Capital	323,318.72	43,283.58	280,035.14	13	371,424.85	142,513.80	228,911.05	38
* Capital Outlay	323,318.72	43,283.58	280,035.14	13	371,424.85	142,513.80	228,911.05	38
** Expenses	19,574,227.36	13,608,231.31	5,965,996.05	70	22,057,357.39	14,258,994.96	7,798,372.43	65
485192 Surplus Equipment Sales						12.60-	12.60	
* Other Fin. Sources						12.60-	12.60	
621001 Transfer From General	8,192,500.00-	4,096,248.00-	4,096,252.00-	50	8,795,500.00-	5,665,503.67-	3,129,996.33-	64
* Transfers In	8,192,500.00-	4,096,248.00-	4,096,252.00-	50	8,795,500.00-	5,665,503.67-	3,129,996.33-	64
** Other Financing Src/Use	8,192,500.00-	4,096,248.00-	4,096,252.00-	50	8,795,500.00-	5,665,516.27-	3,129,983.73-	64
*** Total	1,741,779.54	2,670,061.47	928,281.93-	153	1,311,039.52	951,224.45	359,815.07	73

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,191,109.00-	771,297.81-	419,811.19-	65	1,205,291.00-	813,453.96-	391,837.04-	67
* Intergovernmental	1,191,109.00-	771,297.81-	419,811.19-	65	1,205,291.00-	813,453.96-	391,837.04-	67
460512 Duplication Service Fees	115.00-		115.00-		200.00-	121.50-	78.50-	61
* Charges for Services	115.00-		115.00-		200.00-	121.50-	78.50-	61
485300 Other Misc Govt Rev					450.00-	205.00-	245.00-	46
* Miscellaneous					450.00-	205.00-	245.00-	46
** Revenue	1,191,224.00-	771,297.81-	419,926.19-	65	1,205,941.00-	813,780.46-	392,160.54-	67
701110 Base Salaries	1,806,128.35	1,361,102.26	445,026.09	75	1,748,051.93	1,362,064.16	395,987.77	77
701120 Part Time	24,427.89	18,380.52	6,047.37	75	24,553.03	18,121.85	6,431.18	74
701130 Pooled Positions	83,483.00	23,242.69	60,240.31	28	68,296.19		68,296.19	
701140 Holiday Work		484.11	484.11-			844.97	844.97-	
701200 Incentive Longevity	29,800.00	14,559.62	15,240.38	49	31,000.00	13,003.10	17,996.90	42
701300 Overtime	1,000.00	11,320.42	10,320.42-	1,132	6,000.00	8,296.93	2,296.93-	138
701412 Salary Adjustment	5,347.52-		5,347.52-		7,104.00		7,104.00	
701413 Vac Payoff/Sick Pay-Term		10,715.38	10,715.38-			7,335.40	7,335.40-	
701417 Comp Time						26.23	26.23-	
* Salaries and Wages	1,939,491.72	1,439,805.00	499,686.72	74	1,885,005.15	1,399,692.64	485,312.51	74
705110 Group Insurance	288,679.65	223,084.63	65,595.02	77	268,699.06	212,986.30	55,712.76	79
705210 Retirement	394,720.53	294,675.05	100,045.48	75	381,561.51	292,768.89	88,792.62	77
705215 Retirement Calculation	410,797.00		410,797.00		200,000.00		200,000.00	
705230 Medicare April 1986	26,138.11	20,054.26	6,083.85	77	24,601.66	19,192.54	5,409.12	78
705320 Workmens Comp	10,332.00	8,609.90	1,722.10	83	11,458.00	9,548.30	1,909.70	83
* 330 Unemply Comp	6,336.00	6,335.97	0.03	100	2,210.00	2,210.00		100
* Employee Benefits	1,137,003.29	552,759.81	584,243.48	49	888,530.23	536,706.03	351,824.20	60
710100 Professional Services	2,300.00	3,255.00	955.00-	142	3,300.00	870.00	2,430.00	26
710105 Medical Services		377.00	377.00-			74.50	74.50-	
710200 Service Contract	750.00	856.53	106.53-	114	750.00	794.38	44.38-	106
710205 Repairs and Maintenance	700.00	43.16	656.84	6	800.00	152.57	647.43	19
710300 Operating Supplies	26,100.00	9,440.52	16,659.48	36	52,049.29	12,740.10	39,309.19	24
710334 Copy Machine Expense	11,594.00	4,193.92	7,400.08	36	11,594.00	5,977.91	5,616.09	52
710350 Office Supplies	16,200.00	7,568.27	8,631.73	47	16,185.00	9,003.54	7,181.46	56
710355 Books and Subscriptions	1,350.00	1,420.85	70.85-	105	1,370.00	1,898.95	528.95-	139
710360 Postage	1,550.00	926.51	623.49	60	1,600.00	1,264.33	335.67	79
710361 Express and Courier	100.00	14.56	85.44	15	100.00	31.77	68.23	32
710500 Other Expense	1,100.00	907.55	192.45	83	1,100.00	846.60	253.40	77
710502 Printing	9,050.00	789.93	8,260.07	9	9,550.00	2,153.06	7,396.94	23
710503 Licenses & Permits	2,300.00	905.00	1,395.00	39	2,400.00	400.00	2,000.00	17
710507 Network and Data Lines	480.00	363.66	116.34	76		243.60	243.60-	
710508 Telephone Land Lines	11,380.00	7,042.50	4,337.50	62	11,800.00	8,528.64	3,271.36	72
710509 Seminars and Meetings	5,300.00	2,997.18	2,302.82	57	5,100.00	2,491.00	2,609.00	49
710512 Auto Expense	3,900.00	1,204.05	2,695.95	31	4,350.00	1,376.79	2,973.21	32
710519 Cellular Phone	250.00	1,069.56	819.56-	428	350.00	91.44	258.56	26
710529 Dues	2,850.00	826.00	2,024.00	29	955.00	2,866.00	1,911.00-	300
710546 Advertising	150.00	80.69	69.31	54	150.00	126.39	23.61	84
710600 LT Lease-Office Space	80,296.00	65,526.76	14,769.24	82	80,296.00	74,555.72	5,740.28	93

Washoe County Health District
 Administrative Health Services
 Pds 1-10, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710872 Food Purchases	150.00		150.00		150.00		150.00	
711010 Utilities	100.00	330.00	230.00-	330		63.00	63.00-	
711100 ESD Asset Management	360.00	300.00	60.00	83				
711113 Equip Srv Replace		567.60	134.70	81	2,122.20	2,218.50	96.30-	105
711114 Equip Srv O & M	702.30	782.50	217.50	78	1,043.60	859.24	184.36	82
711115 Equip Srv Motor Pool	1,000.00	520.36	10.90-	102		515.00	515.00-	
711117 ESD Fuel Charge	509.46	11,399.90	2,280.10	83	636.64	435.38	201.26	68
711119 Prop & Liab Billings	13,680.00	9,357.92	8,142.08	53	11,798.00	9,831.70	1,966.30	83
711210 Travel	17,500.00	0.68	0.68-		16,500.00	6,768.62	9,731.38	41
711300 Cash Over Short	1,700.00	5,678.11	3,978.11-	334	1,700.00	4,847.32	3,147.32-	285
711504 Equipment nonCapital	213,401.76	138,746.27	74,655.49	65	237,749.73	152,026.05	85,723.68	64
* Services and Supplies	3,289,896.77	2,131,311.08	1,158,585.69	65	3,011,285.11	2,088,424.72	922,860.39	69
** Expenses	2,098,672.77	1,360,013.27	738,659.50	65	1,805,344.11	1,274,644.26	530,699.85	71
*** Total								

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422510 Air Pollution Permits	391,000.00	293,345.75	97,654.25	75	402,399.00	307,656.50	94,742.50	76
* Licenses and Permits	391,000.00	293,345.75	97,654.25	75	402,399.00	307,656.50	94,742.50	76
431100 Federal Grants	686,099.00	510,168.99	175,930.01	74	681,349.00	440,030.95	241,318.05	65
431105 Federal Grants - Indirect		20,068.01	20,068.01	100		18,473.05	18,473.05	
432100 State Grants	140,000.00	140,000.00		100				
432311 Pol Ctrl 455B.830	290,140.86	306,945.00	16,804.14	106	280,000.00	228,975.00	51,025.00	82
* Intergovernmental	1,116,239.86	977,182.00	139,057.86	88	961,349.00	687,479.00	273,870.00	72
460513 Other Health Service Charges		701.00	701.00			992.00	992.00	
460526 Plan Review-Air Quality	11,270.00	23,420.00	12,150.00	208	15,500.00	25,645.00	10,145.00	165
460527 NOE-AQM	40,000.00	59,819.00	19,819.00	150	32,900.00	68,564.00	35,664.00	208
460528 NESHAP-AQM	62,000.00	57,638.00	4,362.00	93	62,000.00	67,792.00	5,792.00	109
460529 Assessments-AQM	21,000.00	24,486.00	3,486.00	117	22,000.00	25,583.00	3,583.00	116
460530 Inspector Registr-AQ	1,900.00	3,395.00	1,495.00	179	1,900.00	3,735.00	1,835.00	197
460531 Dust Plan-Air Quality	165,000.00	103,824.00	61,176.00	63	178,333.00	195,750.00	17,417.00	110
* Charges for Services	301,170.00	273,283.00	27,887.00	91	312,633.00	388,061.00	75,428.00	124
485300 Other Misc Govt Rev		55.50	55.50			90.00	90.00	
* Miscellaneous		55.50	55.50			90.00	90.00	
** Revenue	1,808,409.86	1,543,866.25	264,543.61	85	1,676,381.00	1,383,286.50	293,094.50	83
701110 Base Salaries	1,368,978.42	1,055,124.60	313,853.82	77	1,311,733.43	1,031,744.91	279,988.52	79
701130 Pooled Positions	18,000.00	14,502.75	3,497.25	81	8,000.00	7,226.41	773.59	90
701150 xcContractual Wages					50,000.00		50,000.00	
701200 Incentive Longevity	23,000.00	10,575.02	12,424.98	46	21,150.00	10,400.00	10,750.00	49
* 300 Overtime	6,576.10	3,869.86	2,706.24	59	6,057.21	2,004.07	4,053.14	33
* 408 Call Back		101.02	101.02			409.82	409.82	
701413 Vac Payoff/Sick Pay-Term		42,911.41	42,911.41					
701417 Comp Time		11,850.01	11,850.01					
* Salaries and Wages	1,416,554.52	1,138,934.67	277,619.85	80	1,396,940.64	1,051,785.21	345,155.43	75
705110 Group Insurance	175,898.81	138,350.21	37,548.60	79	156,554.89	124,099.61	32,455.28	79
705210 Retirement	299,272.94	228,827.97	70,444.97	76	285,871.82	223,139.25	62,732.57	78
705230 Medicare April 1986	18,558.58	15,081.79	3,476.79	81	17,726.98	13,801.43	3,925.55	78
705320 Workmens Comp	5,740.00	4,783.30	956.70	83	6,740.00	5,616.70	1,123.30	83
705330 Unemploy Comp	3,520.00	3,519.99	0.01	100	1,300.00	1,300.00		100
* Employee Benefits	502,990.33	390,563.26	112,427.07	78	468,193.69	367,956.99	100,236.70	79
710100 Professional Services	205,628.23	31,664.91	173,963.32	15	176,599.41	19,082.60	157,516.81	11
710105 Medical Services		628.00	628.00					
710110 Contracted/Temp Services	40,000.00		40,000.00					
710200 Service Contract	350.00	252.92	97.08	72	350.00	363.00	13.00	104
710205 Repairs and Maintenance	7,000.00	11,592.76	4,592.76	166	7,000.00	3,755.10	3,244.90	54
710210 Software Maintenance		1,550.00	1,550.00					
710300 Operating Supplies	9,100.00	8,588.23	511.77	94	4,100.00	9,996.71	5,896.71	244
710334 Copy Machine Expense	4,400.00	3,989.68	410.32	91	4,387.20	3,505.94	881.26	80
710350 Office Supplies	4,000.00	4,739.10	739.10	118	3,500.00	3,717.84	217.84	106
710355 Books and Subscriptions	224.00	242.82	18.82	108	224.00	250.86	26.86	112
710360 Postage	2,200.00	2,226.03	26.03	101	2,200.00	3,324.15	1,124.15	151
710361 Express and Courier	200.00	87.37	112.63	44	200.00	65.77	134.23	33

Washoe County Health District
 Air Quality Management
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Actf%
710500 Other Expense	200.00	57.00	143.00	29	200.00	567.77	367.77	284
710502 Printing	1,000.00	902.45	97.55	90	1,000.00	783.89	216.11	78
710503 Licenses & Permits	90.00		90.00		90.00	2,372.67	2,282.67	2,636
710505 Rental Equipment	1,800.00	1,800.00		100	1,800.00	1,800.00		100
710506 Dept Insurance Deductible		150.00	150.00					
710507 Network and Data Lines		1,840.00	1,840.00					
710508 Telephone Land Lines	7,000.00	4,781.88	2,218.12	68	9,000.00	5,419.10	3,580.90	60
710509 Seminars and Meetings	5,000.00	2,820.00	2,180.00	56	4,200.00	1,655.00	2,545.00	39
710512 Auto Expense	1,200.00	164.12	1,035.88	14	1,200.00	384.27	815.73	32
710519 Cellular Phone	3,800.00	3,927.97	127.97	103	3,800.00	3,007.72	792.28	79
710529 Dues	435.00	3,451.00	3,016.00	793	435.00	2,185.00	1,750.00	502
710535 Credit Card Fees	1,500.00	933.41	566.59	62	1,500.00	1,401.05	98.95	93
710546 Advertising	1,000.00	406.50	593.50	41	5,700.00	731.63	4,968.37	13
710577 Uniforms & Special Clothing	1,100.00		1,100.00		1,100.00		1,100.00	
710600 LT Lease-Office Space					74,490.12	24,688.00	49,802.12	33
710721 Outpatient	1,316.00		1,316.00		1,316.00		1,316.00	
711100 ESD Asset Management	2,880.00	2,730.00	150.00	95				
711113 Equip Srv Replace	7,677.51	11,523.03	3,845.52	150	30,340.92	16,139.99	14,200.93	53
711114 Equip Srv O & M	13,966.50	8,833.06	5,133.44	63	13,520.37	8,573.25	4,947.12	63
711115 Equip Srv Motor Pool		325.00	325.00			262.50	262.50	
711117 ESD Fuel Charge	11,125.62	9,278.53	1,847.09	83	12,187.68	9,153.48	3,034.20	75
711119 Prop & Liab Billings	7,600.00	6,333.30	1,266.70	83	7,940.00	5,783.30	2,156.70	73
210 Travel	28,500.00	9,873.83	18,626.17	35	40,227.52	7,933.92	32,293.60	20
504 Equipment nonCapital	14,000.00	15,623.02	1,623.02	112	4,000.00	65,157.93	61,157.93	1,629
Services and Supplies	384,292.86	151,315.92	232,976.94	39	412,608.22	202,062.44	210,545.78	49
781004 Equipment Capital	92,697.72	43,283.58	49,414.14	47	91,708.35	54,809.68	36,898.67	60
* Capital Outlay	92,697.72	43,283.58	49,414.14	47	91,708.35	54,809.68	36,898.67	60
** Expenses	2,396,535.43	1,724,097.43	672,438.00	72	2,369,450.90	1,676,614.32	692,836.58	71
485192 Surplus Equipment Sales						12.60	12.60	
** Other Financing Src/Use						12.60	12.60	
*** Total	588,125.57	180,231.18	407,894.39	31	693,069.90	293,315.22	399,754.68	42

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	2,350,640.70	1,551,712.73	798,927.97	66	2,482,580.00	1,695,668.03	786,911.97	68
431105 Federal Grants - Indirect		17,106.62	17,106.62			5,640.42	5,640.42	
432100 State Grants	255,737.42	106,949.24	148,788.18	42	552,556.00	316,777.26	235,778.74	57
* Intergovernmental	2,606,378.12	1,675,768.59	930,609.53	64	3,035,136.00	2,018,085.71	1,017,050.29	66
460162 Services to Other Agencies					63,657.69	23,909.21	39,748.48	38
460500 Other Immunizations	85,000.00	74,075.44	10,924.56	87	110,000.00	76,250.69	33,749.31	69
460501 Medicaid Clinical Services	32,000.00	39,940.94	7,940.94	125	36,500.00	23,864.14	12,635.86	65
460503 Childhood Immunizations	140,000.00	42,551.40	97,448.60	30	190,000.00	112,734.15	77,265.85	59
460505 Non Title X Revenue					1,369.00	1,369.00	1,369.00	
460508 Tuberculosis	7,000.00	5,276.27	1,723.73	75	10,000.00	6,961.48	3,038.52	70
460515 Medicare Reimbursement	500.00	310.23	189.77	62	500.00	672.90	172.90	135
460516 Pgm Inc-3rd Pty Rec	6,500.00	18,779.91	12,279.91	289	9,000.00	5,802.47	3,197.53	64
460517 Influenza Immunization	12,000.00	6,757.99	5,242.01	56	5,000.00	25,602.06	20,602.06	512
460518 STD Fees	30,000.00	25,931.60	4,068.40	86	30,000.00	25,344.84	4,655.16	84
460519 Outpatient Services					12,500.00		12,500.00	
460524 Family Planning	66,000.00	36,868.41	29,131.59	56	100,000.00	57,859.90	42,140.10	58
460570 Education Revenue	11,000.00	7,561.00	3,439.00	69		13,361.00	13,361.00	
* Charges for Services	390,000.00	258,053.19	131,946.81	66	567,157.69	373,731.84	193,425.85	66
484000 Donations, Contributions						3,360.00	3,360.00	
484050 Donations Federal Pgm Income						100.00	100.00	
485300 Other Misc Govt Rev						6.00	6.00	
* Miscellaneous						3,466.00	3,466.00	
** Total	2,996,378.12	1,970,659.39	1,025,718.73	66	3,602,293.69	2,395,283.55	1,207,010.14	66
701100 Base Salaries	2,613,654.20	1,907,584.59	706,069.61	73	3,078,262.37	2,071,884.46	1,006,377.91	67
701120 Part Time	573,266.06	445,769.85	127,496.21	78	640,119.02	481,491.73	158,627.29	75
701130 Pooled Positions	153,345.03	158,071.75	4,726.72	103	120,571.14	82,396.40	38,174.74	68
701200 Incentive Longevity	52,628.00	28,123.63	24,504.37	53	54,703.00	27,332.98	27,370.02	50
701300 Overtime	300.00	9,786.14	9,486.14	3,262	2,175.00	4,902.19	2,727.19	225
701412 Salary Adjustment	175,244.98		175,244.98		114,541.03		114,541.03	
701413 Vac Payoff/Sick Pay-Term		10,684.89	10,684.89			52,337.82	52,337.82	
701417 Comp Time		194.12	194.12			7,925.32	7,925.32	
701500 Merit Awards	53,002.53		53,002.53		329,645.39		329,645.39	
* Salaries and Wages	3,270,950.84	2,560,214.97	710,735.87	78	3,680,726.17	2,728,270.90	982,455.27	74
705110 Group Insurance	473,252.59	322,046.95	151,205.64	68	524,221.04	363,637.20	160,583.84	69
705210 Retirement	695,312.38	512,388.89	182,923.49	74	808,950.04	563,651.93	245,298.11	70
705230 Medicare April 1986	42,923.94	33,014.24	9,909.70	77	49,212.59	35,949.62	13,262.97	73
705320 Workmens Comp	17,220.00	14,350.10	2,869.90	83	21,231.00	17,692.30	3,538.70	83
705330 Unemply Comp	10,560.00	10,560.03	0.03	100	4,095.00	4,085.00	10.00	100
705360 Benefit Adjustment					1,505.00		1,505.00	
* Employee Benefits	1,239,268.91	892,360.21	346,998.70	72	1,406,204.67	985,016.05	421,188.62	70
710100 Professional Services	95,586.00	65,428.28	30,157.72	68	305,393.00	193,323.14	112,069.86	63
710105 Medical Services	600.00	858.00	258.00	143	13,000.00	11,123.00	1,877.00	86
710108 MD Consultants	48,900.00	36,225.00	12,675.00	74	43,382.00	27,137.50	16,244.50	63
710110 Contracted/Temp Services	3,355.00		3,355.00					
710119 Subrecipient Payments	186,242.00	152,967.61	33,274.39	82	147,602.00	105,519.57	42,082.43	71

Washoe County Health District
 Community and Clinical Health Services
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Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710200 Service Contract	4,395.00	4,926.54	531.54-	112	12,200.00	9,559.69	2,640.31	78
710205 Repairs and Maintenance	6,786.00	2,704.22	4,081.78	40	6,105.00	20,301.31	14,196.31-	333
710210 Software Maintenance			350.00		350.00		350.00	
710300 Operating Supplies	61,200.00	41,519.83	19,680.17	68	97,132.00	76,928.45	20,203.55	79
710334 Copy Machine Expense	12,310.00	9,932.29	2,377.71	81	16,463.00	9,214.35	7,248.65	56
710350 Office Supplies	9,720.01	8,772.52	947.49	90	14,405.00	7,419.61	6,985.39	52
710355 Books and Subscriptions	1,900.00	982.06	917.94	52	1,730.00	4,519.82	822.38	52
710360 Postage	4,840.00	4,312.06	527.94	89	4,858.00	4,519.82	338.18	93
710361 Express and Courier	290.00	142.18	147.82	49	535.00	194.13	340.87	36
710500 Other Expense	19,131.67	10,123.51	9,008.16	53	60,624.30	19,166.72	41,457.58	32
710502 Printing	6,060.00	4,271.07	1,788.93	70	11,303.24	4,253.25	7,049.99	38
710503 Licenses & Permits	2,150.00	3,381.25	1,231.25-	157	3,800.00	1,505.00	2,295.00	40
710504 Registration			900.00-		900.00-		900.00-	
710506 Dept Insurance Deductible			273.40		273.40		273.40	
710507 Network and Data Lines	2,280.00	2,017.30	262.70	88	1,505.00	1,950.75	445.75-	130
710508 Telephone Land Lines	14,580.00	10,983.41	3,596.59	75	18,459.00	12,373.19	6,085.81	67
710509 Seminars and Meetings	7,350.00	6,465.00	885.00	88	8,050.00	4,318.00	3,732.00	54
710512 Auto Expense	11,057.00	8,086.77	2,970.23	73	14,793.00	8,027.33	6,765.67	54
710519 Cellular Phone	505.00	504.32	0.68	100	462.00	635.72	173.72-	138
710529 Dues	1,100.00	2,294.00	1,194.00-	209	1,550.00	819.00	731.00	53
710535 Credit Card Fees	4,245.00	3,193.64	1,051.36	75	5,935.00	3,118.06	2,816.94	53
710546 Advertising	17,124.70	24,958.44	7,833.74-	146	29,997.00	29,014.72	982.28	97
710577 Uniforms & Special Clothing	650.00		650.00		350.00		350.00	
710590 Bad Debt Expense						459.00	459.00-	
710593 Biologicals	308,879.00	111,464.19	197,414.81	36	286,952.00	93,023.22	193,928.78	32
710714 Referral Services	11,300.00	3,400.00	7,900.00	30	11,300.00	570.76-	11,870.76	5-
710721 Outpatient	117,933.97	63,703.20	54,230.77	54	109,576.00	81,836.00	27,740.00	75
710872 Food Purchases	2,851.00	1,415.15	1,435.85	50	2,545.00	1,072.10	1,472.90	42
711010 Utilities	1,000.00	702.00	298.00	70		228.00	228.00-	
711100 ESD Asset Management	360.00	30.00	330.00	8				
711113 Equip Srv Replace	1,047.46	28.65	1,018.81	3	1,397.28	1,467.90	70.62-	105
711114 Equip Srv O & M	472.80		472.80		904.60	252.16	652.44	28
711115 Equip Srv Motor Pool	1,125.00	625.00	500.00	56	4,870.00	345.00	4,525.00	7
711117 ESD Fuel Charge		413.55	413.55-		538.69		538.69	
711119 Prop & Liab Billings	22,800.00	19,000.00	3,800.00	83	21,861.00	18,217.40	3,643.60	83
711210 Travel	34,016.53	11,564.13	22,452.40	34	48,190.50	8,918.18	39,272.32	19
711213 Travel-Non Cnty Pers					1,942.00	656.27	1,285.73	34
711300 Cash Over Short		4.95-	4.95					
711504 Equipment non-Capital	4,876.00	2,936.69	1,939.31	60	6,828.00	5,323.05	1,504.95	78
* Services and Supplies	1,029,019.14	620,326.91	408,692.23	60	1,316,262.01	762,557.45	553,704.56	58
** Expenses	5,539,238.89	4,072,902.09	1,466,336.80	74	6,403,192.85	4,475,844.40	1,927,348.45	70
*** Total	2,542,860.77	2,102,242.70	440,618.07	83	2,800,899.16	2,080,560.85	720,338.31	74

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
422503 Environmental Permits	43,000.00-	45,069.00-	2,069.00	105	69,000.00-	38,801.00-	30,199.00-	56
422504 Pool Permits	63,000.00-	55,792.00-	7,208.00-	89	33,000.00-	56,358.00-	23,358.00-	171
422505 RV Permits	10,500.00-	8,434.00-	2,066.00-	80	10,500.00-	8,653.00-	1,847.00-	82
422507 Food Service Permits	342,000.00-	298,454.00-	43,546.00-	87	355,000.00-	297,392.00-	57,608.00-	84
422508 Wat Well Const Perm	34,500.00-	18,368.00-	16,132.00-	53	44,000.00-	24,784.00-	19,216.00-	56
422509 Water Company Permits	4,000.00-	2,567.00-	1,433.00-	64	12,000.00-	4,387.00-	7,613.00-	37
422511 ISDS Permits	47,000.00-	45,815.00-	1,185.00-	97	90,000.00-	36,358.85-	53,641.15-	40
422513 Special Event Permits	70,500.00-	51,485.00-	19,015.00-	73	75,000.00-	60,347.20-	14,652.80-	80
422514 Initial Applic Fee	35,000.00-	27,539.00-	7,461.00-	79	38,000.00-	25,637.00-	12,363.00-	67
* Licenses and Permits	649,500.00-	553,523.00-	95,977.00-	85	726,500.00-	552,718.05-	173,781.95-	76
* 431100 Federal Grants	311,029.78-	225,404.62-	85,625.16-	72	277,000.00-	189,239.46-	87,760.54-	68
432100 State Grants	75,000.00-	56,250.00-	18,750.00-	75	75,000.00-	56,500.00-	18,500.00-	75
432310 Tire Fee NRS 444A.090	370,535.00-	450,911.35-	80,376.35	122	370,534.52-	395,702.34-	25,167.82	107
* Intergovernmental	756,564.78-	732,565.97-	23,998.81-	97	722,534.52-	641,441.80-	81,092.72-	89
460509 Water Quality		432.00-	432.00-					
460510 IT Overlay	111,000.00-	79,550.00-	31,450.00-	72	121,001.00-	93,256.00-	27,745.00-	77
460512 Duplication Service Fees		583.22-	583.22-					
460513 Other Health Service Charges	2,700.00-	7,983.25-	5,283.25	296	8,000.00-	3,089.00-	4,911.00-	39
460514 Food Service Certification	8,000.00-	11,930.00-	3,930.00-	149	8,000.00-	12,991.00-	4,991.00	162
460520 Eng Serv Health	55,000.00-	32,007.00-	22,993.00-	58	90,500.00-	49,088.00-	41,412.00-	54
460521 Plan Review - Pools & Spas	2,500.00-	4,945.00-	2,445.00-	198	5,000.00-	5,643.00-	643.00	113
460523 Plan Review - Food Services	17,000.00-	19,757.15-	2,757.15	116	30,000.00-	17,401.15-	12,598.85-	58
460525 Plan Review - Vector	24,000.00-	29,772.00-	5,772.00-	124	64,000.00-	25,981.00-	38,019.00-	41
460532 Plan Rvw Hotel/Motel		69.00-	69.00			414.00-	414.00	
460533 Quick Start		87.00-	87.00			344.00-	344.00	
460534 Child Care Inspection	8,300.00-	5,881.00-	2,419.00-	71	9,000.00-	6,775.00-	2,225.00-	75
460535 Pub Accomod Inspectn	17,000.00-	12,671.00-	4,329.00-	75	21,000.00-	12,981.00-	8,019.00-	62
460570 Education Revenue	2,400.00-	1,766.00-	634.00-	74		3,778.00-	3,778.00	
* Charges for Services	247,900.00-	207,433.62-	40,466.38-	84	356,501.00-	231,741.15-	124,759.85-	65
485100 Reimbursements		150.00-	150.00			150.00-	150.00	
485300 Other Misc Govt Rev						173.00-	173.00	
* Miscellaneous		150.00-	150.00			323.00-	323.00	
** Revenue	1,653,964.78-	1,493,672.59-	160,292.19-	90	1,805,535.52-	1,426,224.00-	379,311.52-	79
701110 Base Salaries	3,313,782.63	2,403,079.55	910,703.08	73	3,399,403.84	2,370,764.63	1,028,639.21	70
701130 Pooled Positions	113,422.64	115,816.54	2,393.90-	102	90,097.00	72,519.81	17,577.19	80
701140 Holiday Work	1,200.00	671.28	528.72	56	1,500.00	846.49	653.51	56
701150 xcContractual Wages					9,500.00	6,121.44	3,378.56	64
701200 Incentive Longevity	48,750.00	23,100.00	25,650.00	47	52,100.00	23,246.17	28,853.83	45
701300 Overtime	33,788.00	32,236.96	1,551.04	95	34,288.00	21,681.65	12,606.35	63
701406 Standby Pay	30,000.00	29,160.36	839.64	97	30,000.00	27,742.15	2,257.85	92
701408 Call Back	3,000.00	1,797.84	1,202.16	60	3,000.00	3,185.65	185.65-	106
701412 Salary Adjustment					304.20-		304.20-	
701413 Vac Payoff/Sick Pay-Term						21,031.55	21,031.55-	
701417 Comp Time						10,046.59	10,046.59-	
701500 Merit Awards	173,177.76-	173,177.76-	173,177.76-	77				
* Salaries and Wages	3,370,765.51	2,605,862.53	764,902.98	77	3,619,584.64	2,557,186.13	1,062,398.51	71
705110 Group Insurance	496,011.19	371,669.57	124,341.62	75	480,654.08	339,425.34	141,228.74	71
705210 Retirement	724,004.28	527,686.80	196,317.48	73	740,272.62	519,675.60	220,597.02	70
705230 Medicare April 1986	43,660.48	33,371.83	10,288.65	76	43,911.91	32,365.79	11,546.12	74
705320 Workmens Comp	16,072.00	13,393.40	2,678.60	83	18,535.00	15,445.70	3,089.30	83
705330 Unemply Comp	9,856.00	9,856.02	0.02-	100	3,575.00	3,575.00		100

Washoe County Health District
 Environmental Health Services
 Pds 1-10, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
* Employee Benefits	1,289,603.95	955,977.62	333,626.33	74	1,286,948.61	910,487.43	376,461.18	71
710100 Professional Services	257,890.90	8,120.50	249,770.40	3	179,930.29	76,575.00	103,355.29	43
710105 Medical Services	6,548.00	758.00	5,790.00	12	500.00	1,758.50	1,258.50	352
710110 Contracted/Temp Services	29,194.00	22,402.99	6,791.01	77	87,300.00	54,164.63	33,135.37	62
710200 Service Contract	59,800.00	38,090.46	21,709.54	64	1,000.00	1,183.31	183.31	118
710205 Repairs and Maintenance	1,000.00	1,255.54	255.54	126	23,593.05	17,802.29	17,802.29	75
710210 Software Maintenance	22,225.00	5,599.22	16,625.78	25	1,385.00	5,337.89	18,255.16	23
710300 Operating Supplies	2,185.00	325.50	1,859.50	15	2,000.00	750.33	634.67	54
710302 Small Tools & Allow	2,000.00		2,000.00		560,707.00	360,810.19	2,000.00	64
710308 Animal Supplies	321,741.00	321,721.84	19.16	100	1,280.00	456.65	199,896.81	36
710334 Copy Machine Expense	930.00	1,460.93	530.93	157	9,150.00	8,711.09	823.35	95
710350 Office Supplies	10,000.00	6,976.41	3,023.59	70	1,600.00	1,233.24	438.91	77
710355 Books and Subscriptions	5,400.00	1,229.47	4,170.53	23	5,900.00	7,954.96	2,054.96	135
710360 Postage	7,800.00	8,638.82	838.82	111	300.00	93.38	206.62	31
710361 Express and Courier	225.00	114.92	110.08	51	100.00	100.00	100.00	100
710391 Fuel & Lube	100.00		100.00		800.00	12.76	787.24	2
710500 Other Expense	5,800.00	37,632.82	31,832.82	649	3,225.00	1,588.01	1,636.99	49
710502 Printing	3,925.00	3,025.44	899.56	77	2,335.00	1,965.00	370.00	84
710503 Licenses & Permits	2,335.00	2,480.00	145.00	106	208.92	450.00	450.00	219
710506 Dept Insurance Deductible		208.92	208.92		3,200.00	1,950.75	1,249.25	61
710507 Network and Data Lines	2,700.00	2,307.30	392.70	85	11,425.00	8,079.92	3,345.08	71
710508 Telephone Land Lines	10,800.00	7,528.51	3,271.49	70	11,200.00	5,732.00	5,468.00	51
710509 Seminars and Meetings	16,585.00	14,120.00	2,465.00	85	375.00	60.78	314.22	16
710512 Auto Expense	200.00	8.29	191.71	4				
710514 Regulatory Assessments		27.99	27.99					
710519 Cellular Phone	8,455.00	5,380.04	3,074.96	64	8,405.00	5,901.67	2,503.33	70
710529 Dues	1,726.00	1,385.00	341.00	80	896.00	1,214.00	318.00	135
710535 Credit Card Fees	4,000.00	2,775.37	1,224.63	69	4,959.78	3,366.51	1,593.27	68
710546 Advertising	1,050.00	551.61	498.39	53	500.00	206.79	293.21	41
710577 Uniforms & Special Clothing	1,700.00	695.73	1,004.27	41	1,700.00	1,094.08	605.92	64
710590 Bad Debt Expense						444.40	444.40	
710600 LT Lease-Office Space	40,636.89	33,706.60	6,930.29	83	40,636.89	37,077.26	3,559.63	91
710721 Outpatient					6,048.00		6,048.00	
711100 ESD Asset Management	18,000.00	11,550.00	6,450.00	64	67,963.08	71,639.34	3,676.26	105
711113 Equip Srv Replace	33,221.21	25,047.43	8,173.78	75	56,517.86	29,936.54	26,581.32	53
711114 Equip Srv O & M	43,396.79	30,142.14	13,254.65	69	7,000.00	5,290.00	1,710.00	76
711115 Equip Srv Motor Pool		3,537.20	3,537.20		39,610.63	24,569.19	15,041.44	62
711117 ESD Fuel Charge	30,011.67	28,957.28	1,054.39	96	19,085.00	15,904.20	3,180.80	83
711119 Prop & Liab Billings	21,280.00	17,733.40	3,546.60	83	35,650.00	11,360.64	23,789.36	33
711210 Travel	54,677.48	20,453.42	34,224.06	37				
711300 Cash Over Short		20.00	20.00		2,643.97		2,643.97	
711504 Equipment nonCapital	12,652.00	12,311.08	340.92	97				
* Services and Supplies	1,040,190.94	678,240.17	361,950.77	65	1,198,921.55	765,175.30	433,746.25	64
** Expenses	5,700,560.40	4,240,080.32	1,460,480.08	74	6,105,454.80	4,232,848.86	1,872,605.94	69
621001 Transfer From General					350,000.00	89,711.67	260,288.33	26
** Other Financing Svc/Use					350,000.00	89,711.67	260,288.33	26
**** Total	4,046,595.62	2,746,407.73	1,300,187.89	68	3,949,919.28	2,716,913.19	1,233,006.09	69

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
431100 Federal Grants	1,747,372.06-	757,194.25-	990,177.81-	43	3,414,126.66-	1,421,863.65-	1,992,263.01-	42
431105 Federal Grants - Indirect	32,599.00-	22,642.34-	9,956.66-	69	31,540.00-	16,970.08-	14,569.92-	54
* Intergovernmental	1,779,971.06-	779,836.59-	1,000,134.47-	44	3,445,666.66-	1,438,833.73-	2,006,832.93-	42
460511 Birth and Death Certificates	210,000.00-	282,018.00-	72,018.00	134	215,000.00-	184,746.00-	30,254.00-	86
460512 Duplication Service Fees		546.21-	546.21					
* Charges for Services	210,000.00-	282,564.21-	72,564.21	135	215,000.00-	184,746.00-	30,254.00-	86
485300 Other Misc Govt Rev		25.00-	25.00			90.00-	90.00	
* Miscellaneous		25.00-	25.00			90.00-	90.00	
** Revenue	1,989,971.06-	1,062,425.80-	927,545.26-	53	3,660,666.66-	1,623,669.73-	2,036,996.93-	44
701110 Base Salaries	1,196,898.32	842,445.85	354,452.47	70	1,123,682.40	802,702.08	320,980.32	71
701120 Part Time	56,350.85	21,294.85	35,056.00	38	35,577.94	62,259.97	26,682.03-	175
701130 Pooled Positions	30,001.99	171.76	29,830.23	1	38,400.00	35,258.41	3,141.59	92
701140 Holiday Work		814.52	814.52-					
701150 xcContractual Wages					196,000.00	86,537.53	109,462.47	44
701200 Incentive Longevity	7,822.00	4,085.99	3,736.01	52	8,141.00	2,895.48	5,245.52	36
701300 Overtime	2,000.16	25,080.38	23,080.22-	1,254	253,000.00	108,339.08	144,660.92	43
701412 Salary Adjustment	132,223.93		132,223.93		64,406.92		64,406.92	
701413 Vac Payoff/Sick Pay-Term		20,315.33	20,315.33-			6,377.91	6,377.91-	
701417 Comp Time		4,958.19	4,958.19-			14,848.44	14,848.44-	
* Salaries and Wages	1,425,297.25	919,166.87	506,130.38	64	1,719,208.26	1,119,218.90	599,989.36	65
705110 Group Insurance	164,455.79	118,136.73	46,319.06	72	140,445.78	110,607.75	29,838.03	79
705110 Retirement	264,298.15	186,012.12	78,286.03	70	250,368.19	174,343.68	76,024.51	70
705115 Retirement Calculation		2,982.18	2,982.18-					
705230 Medicare April 1986	17,384.95	12,896.89	4,488.06	74	15,824.28	14,362.00	1,462.28	91
705320 Workmens Comp	5,166.00	4,305.00	861.00	83	6,307.45	2,808.30	3,499.15	45
705330 Unemply Comp	3,168.00	3,168.00	3,168.00	100	1,170.00	1,160.00	10.00	99
705360 Benefit Adjustment	8,471.00		8,471.00		11,009.31	11,009.31	11,009.31	
* Employee Benefits	462,943.89	327,500.92	135,442.97	71	425,125.01	303,281.73	121,843.28	71
710100 Professional Services	213,535.81	29,495.23	184,040.58	14	1,366,450.02	56,299.83	1,310,150.19	4
710105 Medical Services	100.00		100.00		100.00	732.00	632.00-	732
710108 MD Consultants	12,000.00	8,000.00	4,000.00	67	12,000.00	10,000.00	2,000.00	83
710110 Contracted/Temp Services	43,252.22	36,049.54	7,202.68	83				
710200 Service Contract	1,620.00	2,243.83	623.83-	139				
710205 Repairs and Maintenance	1,378.00	259.90	1,118.10	19	600.00	4,602.19	2,992.19-	286
710210 Software Maintenance	12,000.00	9,000.00	3,000.00	75	9,000.00	9,000.00	9,000.00-	157
710300 Operating Supplies	59,722.14	18,872.49	40,849.65	32	93,666.88	18,329.57	75,337.31	20
710334 Copy Machine Expense	2,777.00	2,539.42	237.58	91	2,300.30	2,051.57	342.00-	89
710350 Office Supplies	10,028.42	6,380.78	3,647.64	64	19,102.26	8,240.96	248.73	43
710355 Books and Subscriptions	2,210.00	770.10	1,439.90	35	2,663.00	1,700.49	10,861.30	64
710360 Postage	3,148.00	1,959.80	1,188.20	62	12,400.44	1,936.55	962.51	16
710361 Express and Courier		32.44	32.44-				10,463.89	
710500 Other Expense	8,124.21	6,597.50	1,526.71	81	31,826.00	12,533.48	31,826.00	51
710502 Printing	11,851.72	2,118.09	9,733.63	18	24,573.00	869.00	12,039.52	87
710505 Rental Equipment		515.00	515.00-		1,000.00	390.15	131.00	
710507 Network and Data Lines		438.84	438.84-				390.15-	

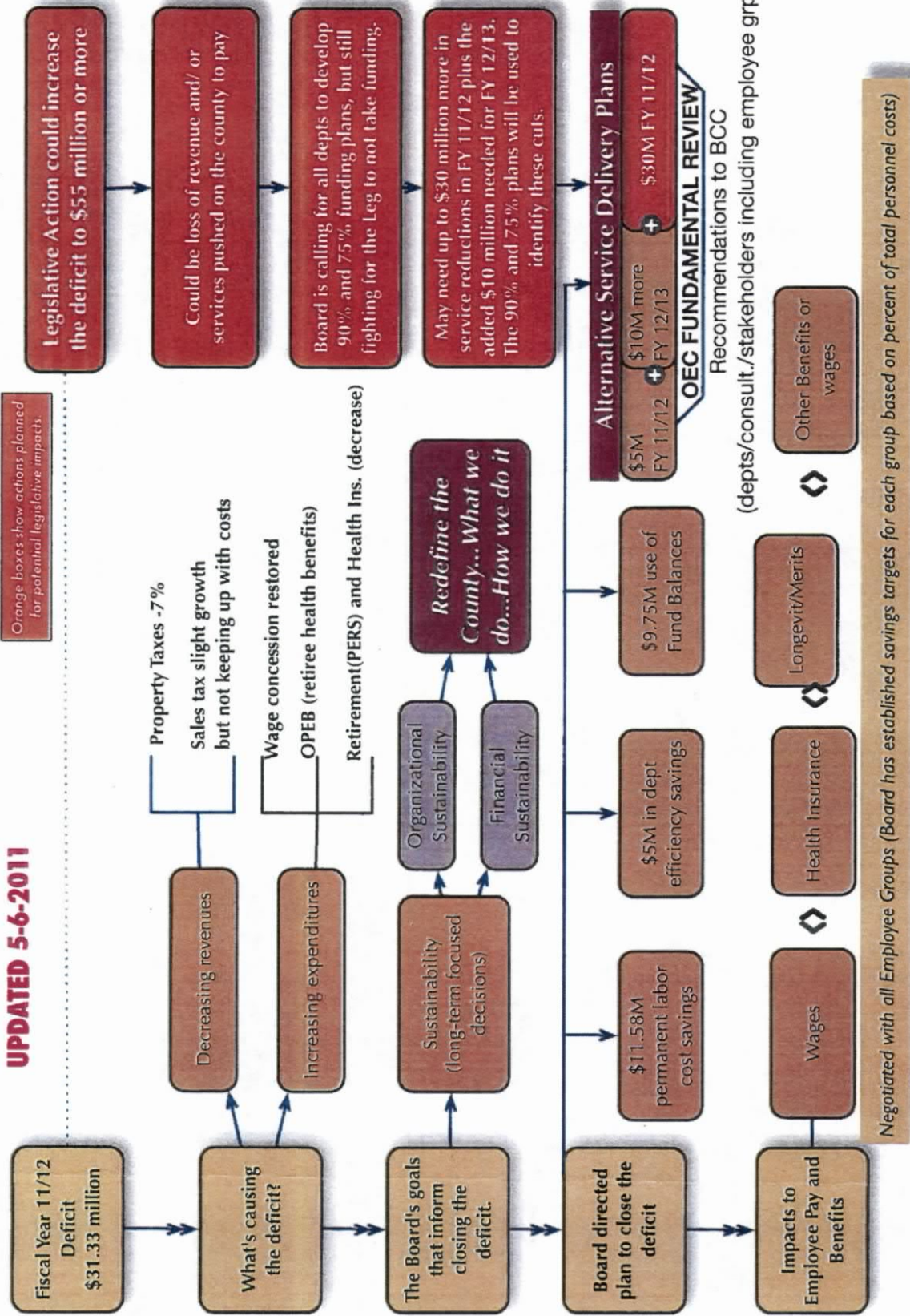
Washoe County Health District
 Epidemiology and Public Health Preparedness
 Pds 1-10, FY2011

Accounts	2011 Plan	2011 Actuals	Balance	Act%	2010 Plan	2010 Actual	Balance	Act%
710508 Telephone Land Lines	9,979.92	3,579.79	6,400.13	36	10,124.05	3,631.26	6,492.79	36
710509 Seminars and Meetings	3,798.00	4,889.00	1,091.00-	129	1,220.00	3,375.00	2,155.00-	277
710512 Auto Expense	100.00	449.32	349.32-	449	236.14	1,251.98	1,015.84-	530
710519 Cellular Phone	400.00	1,763.42	1,363.42-	441	580.00	2,168.82	1,588.82-	374
710529 Dues	850.00	960.00	110.00-	113	640.00	50.00	590.00	8
710535 Credit Card Fees	800.00	1,208.43	408.43-	151	700.00	544.86	544.86-	161
710546 Advertising	1,070.00	3,389.34	2,319.34-	317	31,540.05	1,126.39	426.39-	161
710585 Undesignated Budget	3,155.00-		3,155.00-				31,540.05	
710590 Bad Debt Expense								
710703 Biologicals	4,146.68	392.00	3,754.68	9	4,300.68	390.00	390.00-	5
710721 Outpatient	3,000.00	768.24	2,231.76	26	3,000.00	224.22	4,076.46	5
710872 Food Purchases		491.88	491.88-			531.28	2,468.72	18
711010 Utilities		180.00	180.00-			1,071.00	1,071.00-	
711100 ESD Asset Management		2,040.00-	2,040.00-					
711113 Equip Srv Replace		552.42	552.42-					
711114 Equip Srv O & M		466.42	466.42-					
711115 Equip Srv Motor Pool	200.00	277.50	77.50-	139	200.00	504.75	504.75-	31
711117 ESD Fuel Charge		78.58	78.58-		1,200.00	62.50	137.50	
711119 Prop & Liab Billings	6,840.00	5,700.00	1,140.00	83	6,246.00	5,205.00	1,200.00	83
711210 Travel	68,924.24	15,580.98	53,343.26	23	54,281.00	7,046.62	1,041.00	13
711504 Equipment nonCapital	50,432.37	25,132.32	25,300.05	50	61,364.14	120,236.44	47,234.38	196
* Services and Supplies	529,133.73	193,172.60	335,961.13	37	1,743,923.96	275,047.91	58,872.30-	16
* Capital Equipment Capital	230,621.00		230,621.00		279,716.50	87,704.12	1,468,876.05	31
* Capital Outlay	230,621.00		230,621.00		279,716.50	87,704.12	192,012.38	31
** Expenses	2,647,995.87	1,439,840.39	1,208,155.48	54	4,167,973.73	1,785,252.66	2,382,721.07	43
*** Total	658,024.81	377,414.59	280,610.22	57	507,307.07	161,582.93	345,724.14	32

OVERVIEW OF WASHOE COUNTY GENERAL FUND BUDGET DEFICIT PLANNING FOR FISCAL YEAR 2011/12

UPDATED 5-6-2011

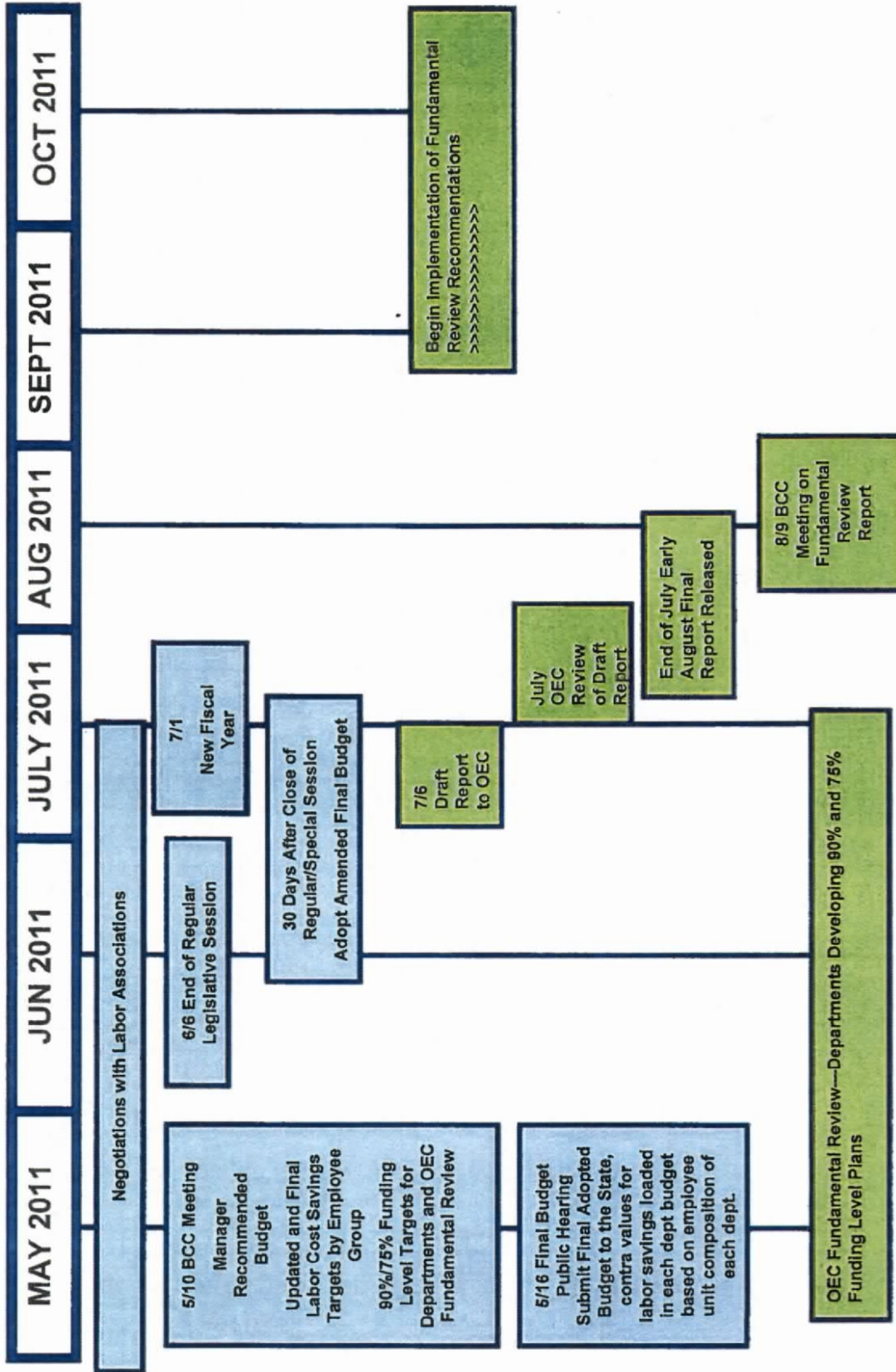
Orange boxes show actions planned for potential legislative impacts.

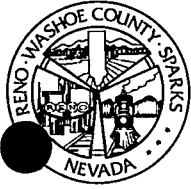


**Washoe County Budget Division
INTERACTIVE BUDGET PLANNING MODEL (IBPM)
Personnel Cost Plan Version**

Proportional Allocation of Sustainable Labor Cost Plan Reduction and Comparison to Savings Generated by Each Employee Unit	(a)	(b)	(c)	(d)	(e)	(negatives= amount target exceeded, positive= amount not met)	
	FY 11/12 Estimated Personnel Costs 4.28.11 Final PCP	% of Total GF Personnel Costs and % Used to Allocate Savings Needed	Allocation of Current Compensation Savings Needed to Meet Target	Total Labor Cost Savings Needed Including Retiree Health	Estimated Savings Based on Modeled Strategy	Current Compensation Savings Generated	Allocation of Total Labor Cost Savings Needed
Attorneys	10,901,221	5.8%	671,667	-	-	671,667	-
Attorneys Confidential	2,855,802	1.5%	175,957	-	-	175,957	-
Deputies NonSupervisory	37,821,013	20.1%	2,330,301	-	-	2,330,301	-
Chief Deputies	606,258	0.3%	37,354	-	-	37,354	-
Deputies Supervisory	10,270,217	5.5%	632,788	-	-	632,788	-
District Court/Law Library	13,217,721	7.0%	814,396	-	-	814,396	-
Elected Officials	1,721,758	0.9%	106,084	-	-	106,084	-
DA Chief Investigator	150,913	0.1%	9,298	-	-	9,298	-
DA Investigators	1,239,617	0.7%	76,378	-	-	76,378	-
Inline Justice Court	346,279	0.2%	21,336	-	-	21,336	-
Reno Justice Court	4,264,453	2.3%	262,750	-	-	262,750	-
Sparks Justice Court	2,062,989	1.1%	127,109	-	-	127,109	-
Wadsworth Justice Court	250,279	0.1%	15,421	-	-	15,421	-
Juvenile Services	11,497,796	6.1%	708,424	-	-	708,424	-
Nurses NonSupervisory (GF only)	113,189	0.1%	6,974	-	-	6,974	-
WCEA NonSupervisory	54,328,841	28.9%	3,347,413	-	-	3,347,413	-
WCEA Supervisory	27,881,899	14.8%	1,717,913	-	-	1,717,913	-
Management	3,610,642	1.9%	222,466	-	-	222,466	-
Confidential	4,943,356	2.6%	304,580	-	-	304,580	-
Totals	188,084,243	100.0%	11,588,607	-	-	11,588,607	-
							Savings Target >>>

Timeline for Achieving \$11.58M Labor Savings and OEC Fundamental Review





Washoe County Health District



Public Health
Prevent. Promote. Protect.

May 19, 2011

TO: District Board of Health Members
FROM: Mary-Ann Brown, RN, MSN
SUBJECT: Legislative Bill Tracking for 2011 Session

Recommendation

Staff recommends the Board accept the April update to the Legislative Bill Tracking for the 2011 Session.

Background

Attached is the update to the current report of Bills the Health District Staff have reviewed, are tracking or monitoring; and for which Staff has provided testimony. Staff continues to review these various Bills for the 2011 Legislative Session.

Respectfully,

Interim District Health Officer

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
AB-2	Assemblywoman Kirkpatrick	<p>Introduced in the Assembly. Referred to the Committee on Transportation</p> <p>Read first time to Committee 02/07/11</p> <p>Transportation Committee Hearings on 2/24, 3/3, amend and do pass as amended.</p> <p>Passed Assembly 04/08/11</p> <p>Referred to Senate Committee on Transportation Hearing Scheduled 4/28/11</p>	<p>Provides for the exemption of older motor vehicles that have applied for antique vehicle, street rod, classic rod or classic vehicle license plates from emissions testing requirements if the owner of the motor vehicle certifies that the motor vehicle has not been driven more than 2,500 miles the previous year. Imposes a one time \$6 fee payable to the Department of Motor Vehicles. Amendment: Increase annual mileage to 5,000.</p>	<p>Background/Analysis/Fiscal Impact</p> <p>1) The bill allows for the elimination of the initial emissions control testing requirement for vehicles issued special license plates including antique vehicles, street rods, classic rods and classic vehicles. Rather than passing an initial "smog check" when the vehicle is registered for the special plates, the vehicle owner is merely required to pay a fee equivalent to the \$6 emissions control compliance certificate fee, and certify that the vehicle is driven less than 2,500 miles per year to be exempted from the emissions control testing requirements.</p> <p>2) Washoe County Health District is delegated implementation of the Federal Clean Air Act by U.S. EPA. This is conditioned upon adherence to State Implementation Plans and associated regulations which were submitted to U.S. EPA and approved by them. The emissions testing requirements are included in the State Implementation Plans (SIP) for PM10, Ozone and Carbon Monoxide (CO) and are accounted for in the emissions budgeting as the basis for the SIP's approach to meet federal National Ambient Air Quality Standards (NAAQS) for CO. If this regulation is enacted, Washoe County District Health would need to determine that the change in emissions that would result from the change to this regulation is not significant. If it is a significant change, a SIP amendment will need to be prepared by Washoe County Health District AQMD and submitted to EPA to seek their approval. In addition, the CO emissions budget which is the basis for EPA's determination of whether to approve the CO SIP will need to be reviewed</p>	<p>Recommendation & Staff Assignment</p> <ul style="list-style-type: none"> • Priority: Low • Action: Tracking • Testify: Testimony provided 2/24. • Position: Neutral with Concerns • Ordinance: No • Policy: If it is determined that the legislation results in significant increases in vehicle emissions this would require SIP amendments to be prepared for EPA, revision of the CO emissions budget. • Fiscal Impact: If emissions impacts are determined to be significant, cost of preparing SIP amendments, (Kevin Dick)

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<p>19--288 AB 59</p>	<p>Attorney General</p>	<p>Referred to Committee on Gov't Affairs Amend, do pass (03-25-11)</p>	<p>Makes various changes to the Open Meeting Law.</p>	<p>for any significant impacts from this change to the statute.</p> <p>Background: If the Attorney General finds that a public body has taken an action which violates the Open Meeting Law, this bill requires the public body to include an item on the next agenda posted for a meeting of the public body acknowledging the finding of the Attorney General regarding such a violation. Existing law makes each member of a public body who attends a meeting where action is taken in violation of the Open Meeting Law with knowledge of the fact that the meeting is in violation guilty of a misdemeanor. This bill further makes each such member who attends such a meeting subject to a civil penalty in an amount not to exceed \$500 regardless of knowledge of the violation.</p> <p>Analysis: Various meetings conducted by the Health District that fall under the Open Meeting Law. Potential impacts if any violations to the Open Meeting Law occur.</p> <p>Fiscal Impact: None Amendment:</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: No • Ordinance: No • Policy: No • Fiscal Impact: None (S. Akurosawa)
<p>AB 73</p>	<p>Government Affairs</p>	<p>Assembly</p>	<p>Revises provisions governing beneficial use of water</p>	<p>Proposed changes will affect the State Engineers Office and the local Public Water Systems. These will have no effect on the Health District</p> <p>Fiscal Impact: None Amendment:</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: Maybe • Ordinance: No • Policy: No • Fiscal Impact: No (Bob Sack)
<p>AB 92</p>		<p>Read first time. To committee on Judiciary</p>	<p>This bill would require the Washoe County Health District's Vital Records Office to waive the fee for issuance of a birth</p>	<p>Although passage of this legislation would have a negative impact on fee revenues, it is not possible to estimate how large this impact would be. Anecdotally, the number of homeless individuals taking advantage of the</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Neutral • Ordinance: No

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			<p>certificate for persons released from prison within the immediately preceding 6 months. Existing law already requires such a waiver for a homeless person who submits a signed affidavit stating they are homeless. Under the provisions of this bill a person released from prison would need to submit documentation from the Department of Corrections verifying that the person was released from prison within the immediately preceding 6 months.</p>	<p>existing waiver has not been large in Washoe County. Any fiscal impact would be significantly greater if the language of the bill is interpreted to also apply to persons released from jails.</p> <p>With respect to released prisoners, the primary problem they encounter in obtaining a birth certificate is lack of acceptable identification. This bill will not and should not solve that problem because strict enforcement of identification requirements is an important deterrent to identify theft.</p> <p>Current and proposed language is ambiguous with regard to whether the fee waiver applies only to the individual or any family member certificates they may wish to obtain.</p>	<ul style="list-style-type: none"> • Policy: No • Fiscal Impact: Uncertain • (R Todd)
<p>AB 98</p>		<p>Read first time. To committee on Government Affairs</p> <p>Heard in Committee on March 1.</p>	<p><i>Enacts the Uniform Emergency Volunteer Health Practitioners Act.</i></p> <p>Allows out-of-state healthcare providers to volunteer their services in Nevada under certain conditions and circumstances</p>	<p>This bill relates to how volunteer healthcare providers from other states may practice legally in Nevada during an emergency. It requires such volunteers to be registered in a system that includes information about the licensure and standing of the healthcare provider. The bill specifically identifies the Emergency System for Advance Registration of Volunteer Healthcare Practitioners (ESARVHP) as one such system that would be acceptable. The Nevada State Health Division under a Public Health Preparedness grant requirement has already established an ESARVHP into which Washoe County Medical Reserve Corps volunteers are registered. MRC volunteers from other states who are registered in ESARVHP would be allowed under the provisions of this bill to provide services in Nevada that are within their scope of practice.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Track • Testify: Yes • Position: Support • Ordinance: No • Policy: Yes • Fiscal Impact: Uncertain • (R Todd)

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				<p>Section 28 of the bill offers protection from civil liability for volunteer healthcare providers and in subsection 2 appears to protect the County as well by prohibiting vicarious liability for acts or omissions of volunteers who are not otherwise liable. This section does appear to leave open the possibility that a host entity could still file a claim against a volunteer. (Section 28 Subsection 3(d)) It may be appropriate to ask for a legal interpretation of this section to determine if there are any potential amendments that would better protect Washoe County interests while still promoting volunteerism.</p> <p>Section 29 of the bill defines these volunteers as employees for the purpose of receiving benefits for death or injury pursuant to NRS 616A to 616D and 617.</p> <p>As submitted this bill does not appear to offer any liability protection to the County for deployment of volunteers during exercises or other situations during which there is not an emergency declaration.</p> <p>Amendments offered by the Nevada State Medical Association add definition per NRS for healthcare workers and extend application to training and exercises as well as pre-declaration deployments. If approved, these amendments along with the existing prohibition on vicarious liability would seem to add liability protection to the County for deployment of volunteers during exercises and other situations during which there is not an emergency declaration.</p>	
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AB 114	Government Affairs	Assembly	Revises provisions governing water rights for irrigation purposes	No effect on us	Priority: Low Action: No (Bob Sack)
AB 115	Government Affairs	Assembly	Revises provisions governing beneficial use of water	No effect on us	Priority: Low Action: No (Bob Sack)
AB123	Health and Human Services	Assembly	Requires State Health Division to inspect health care facilities 4X/year	No effect on us	Priority: Low Action: No (Bob Sack)
AB128 Exempt	Assemblyman (Dr.) Aizley	Assembly Ways & Means <i>No action (5-14-11)</i>	Prohibits smoking on buildings and grounds of the facilities of the Nevada System of Higher Education (BDR 15-911)	<p><u>Analysis.</u> This bill seeks to include the Nevada System of Higher Education (NSHE) in the list of locations where smoking is prohibited, including in outdoor spaces of all properties leased, owned, or occupied for the System's purposes. Currently, smoking is prohibited only indoors per the Nevada Clean Indoor Air Act. In addition, UNR has banned smoking within 25' of all doors and entrances and has relegated smoking at outdoor sporting events to designated smoking areas.</p> <p>The amended version of the bill allows (but does not mandate) individual campuses to create designated smoking areas and establishes campus police as the enforcement mechanism. Concerns have been raised about the cost of producing and placing signage regarding campus smoking prohibitions. In testimony, staff offered to assist with signage as resources allow as is currently offered to all Washoe County businesses adopting tobacco policies.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (2-28-11; written) & (5-14-11; verbal) • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia)
AB 129	Health and Human Services	Assembly	Requires certain training of employees in health care facilities	No effect on us	Priority: Low Action: No (Bob Sack)
AB137	Assembly Committee on Education	Assembly Education and Ways and Means	Revises provisions governing programs of nutrition in public schools.	<p><u>Analysis.</u> This bill would require breakfast in the classroom for all students in those schools that have been designated as low-performing</p>	<ul style="list-style-type: none"> • Priority: Moderate • Action: Track • Testify: No

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		(BDR 34-191)	<p>for 3 consecutive years. In addition, the Nevada Department of Education would be required to prepare a report on school breakfast participation.</p> <p>According to the Washoe County School District (WSCD) Director of Nutrition Services, 62% of Washoe County schools currently offer breakfast in their food program (including 100% of at-risk schools), and 13 schools are implementing breakfast in the classroom. The WSCSD has placed a \$104,000/year Fiscal Note on this bill.</p> <p>There is some indication that school breakfast programs and breakfast in the classroom contribute to preventing childhood obesity. At a minimum, if pupils eat breakfast provided by school nutrition services, which by definition meet federal nutrition standards, then there is improved nutrition.</p>	<ul style="list-style-type: none"> • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia, K. Seals)</p>
<p>AB170</p>	<p>Do pass as amended (5-14-11)</p>	<p>Establishes provisions relating to warnings about the health hazards of smoking during pregnancy. (BDR 40-884)</p>	<p>Senate Health and Human Services Amend, do pass (5-12-11)</p> <p><u>Background.</u> This bill was also introduced in the 2009 Session. The DHD was in support but did not provide testimony.</p> <p><u>Analysis.</u> This bill requires each retail establishment in which cigarettes are sold or offered for sale to post at the point-of-sale at least one sign (in English and Spanish) regarding the dangers of smoking tobacco during pregnancy. An owner who fails to post the sign is subject to a civil fine. The bill further outlines what must be printed on the sign and its required dimensions.</p> <p>The bill also allows (but does not require) the Health Division to promulgate regulations that could include alternate language for signage. It also empowers the Health Division to solicit</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia)</p>

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>AB227</p>	<p>Assemblyman Hambrick (primary)</p>	<p>Senate Education Amend, do pass (5-13-11)</p>	<p>Requires schools to provide access to their athletic fields to nonprofit youth sport programs</p>	<p>donations off for signs and to distribute signs received or developed via donations. The bill does not appear to require the Health Division to produce signage for all impacted establishments.</p> <p>Staff were contacted by bill proponents about DHD capacity for making signage available to affected facilities. Staff have offered to place signage in a downloadable form on relevant DHD and other programmatic web pages.</p> <p><u>Background.</u> This bill aims to create "joint-use" agreements in which schools grant the use of facilities (including athletic fields) to non-profit organizations (including youth sports associations) for the purpose of physical activity. CDC and other national organizations consider this good practice for increasing physical activity opportunities for children.</p> <p>This version of the bill requires school districts to grant the use of athletic fields (except for high schools) to non-profit organizations that provide programs for youth sports; and requires those organizations to comply with the insurance coverage and indemnification provisions required by the school district. If a school district has in place contracts outlining a "joint-use" agreement with such organizations, they would not be subject to the bill.</p> <p>The Washoe County School District Administrative Regulations (Sec. 1330) includes guidelines for "Community Use Of School Facilities." In general, principals may grant the use of school facilities (incl. buildings, gyms, cafeterias, and day/night fields) by non-school organizations through an application process. Organizations are subject to fees and</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: Yes (4-8-11); verbal & written • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia)
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			<p>insurance requirements.</p> <p>As currently written, AB227 would have no direct impact on Washoe County schools. However, it could create "joint use" programs in other school districts. Joint use agreements are considered a best practice in increasing children's physical activity by the CDC, the American Heart Association, and other national groups. Staff recommend supporting this bill, but at a low priority level.</p> <p>In 2009, a similar bill [AB145] was passed by Assembly Education and referred to Ways and Means (with no further action taken); the DHD was in support of the bill, and staff provided testimony.</p>	
<p>19-107 AB 257</p>	<p>Ellison, Goicoechea, Hickey, Livermore and Segerblom</p>	<p>Referred to Committee on Government Affairs</p> <p>Amended, do pass</p>	<p>Revises periods devoted to public comment</p> <p>Background: This bill revises provision to the Open Meeting Law pertaining to period devoted to public comment.</p> <p>Analysis: The District Board of Health and related agenda that are governed under the Open Meeting Law would have to be amended to allow for public comment before taking action on an agenda item that is denoted as such, and also require one additional public comment period immediately before the adjournment of the meeting.</p> <p>Fiscal Impact: None</p> <p>Amendment: None</p>	<ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None <p>(S. Akurosawa)</p>
<p>AB 295</p>	<p>Bobzien, Anderson, Bustamante, Adams, Hogan, Kirkpatric, Mastroluca, Smith</p>	<p>Revises provisions governing the disposition of the human remains of certain deceased military personnel</p>	<p>Background: This bill allows military personnel to designate an individual who can order disposition of their remains in the event of their death. Existing law provides a prioritized list of who can do this. This bill would add the individual so designated to the top of this list.</p> <p>Analysis: This bill would appear to have</p>	<ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None <p>(R Todd)</p>

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<p>AB 298</p>	<p>Assemblyman Atkinson</p>	<p>Introduced 03/17/11 Referred to Assembly Committee on Transportation Bill not heard, Dead Bill 4/15/11</p>	<p>Revises the circumstances under which a person may operate an off-highway vehicle on a highway</p>	<p>minimal impact on the Health District <u>Fiscal Impact:</u> None <u>Amendment:</u> None Off-highway vehicles as defined in NRS 490.060 generally includes, but is not limited to, all-terrain vehicles; all-terrain motorcycles; dune buggies; snowmobiles; and any motor vehicle used on public lands for the purpose of recreation. Many of these vehicles do not have emissions control equipment and they are not subject to the Inspection and Maintenance (I/M) program. This bill proposes to: 1) Allow the city or county to designate any portion of a highway other than an interstate highway, as permissible for the operation of off-highway vehicles for any purpose, and 2) remove the prohibition against operating an off-highway vehicle on a paved highway for more than 2 miles. The proposed bill may potentially affect Washoe County by increasing air pollutant emissions from off-highway vehicles as they travel on paved highways. The increased use of OHVs on paved roadways that could be anticipated from passage of this bill would increase emissions of Ozone precursors which could negatively impact ambient air quality and attainment of EPA's health based National Ambient Air Quality Standards (NAAQS). EPA will be lowering the Ozone NAAQS by July 28, 2011. Washoe County may be out of attainment with the new standard. Ozone issues can be regional and extend beyond the boundaries of the Truckee Meadows. If the bill</p>	<ul style="list-style-type: none"> • Priority: High • Action: Tracking • Testify: No • Position: Opposed • Ordinance: None • Policy: Would require Air Quality Management to monitor proposed changes to allow OHV use on paved roadways and oppose them. May limit effectiveness of air pollution control measures that may be required by EPA. • Fiscal Impact: Staff time. (K. Dick)
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<p>AB314 Exempt</p>	<p>Assemblyman Bobzien, Senator Leslie</p>	<p>Assembly Education Without recommendation, and referer (4-14-11)</p>	<p>Revises provisions governing a course of instruction on sexual education. (BDR 34-143)</p>	<p>is adopted it could complicate the establishment and maintenance of control measures for Ozone precursors that would be required by U.S. EPA. AQMD might be required to monitor off-road vehicle use proposals of cities and counties in the Region potentially impacting ambient air ozone levels and convince each jurisdiction not to allow increases in usage of these vehicles that could impact air quality.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (4-8-11); verbal & written • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No <p>(S. Hardie, J. Hadayia)</p>
<p><i>Analysis.</i> This bill standardizes school-based sexuality education curricula statewide. In addition, it changes the parental consent model for the program to an "opt out" option (rather than the current "opt in"), expands the definition of instructors to include "other qualified instructors" (in addition to the previously identified teacher and school nurse), requires dating violence be included as a course topic, and puts forth a definition of a "medically accurate" curriculum. The bill also amends the membership of the Board of Trustee's sexuality education advisory committee, but does not include a public health representative (see amendment proposed below). All of the proposed changes would make the current sexuality education course more comprehensive and reach more youth.</p> <p>The Health District supports comprehensive abstinence-based education for all Washoe County youth. The clarification of a "medically accurate" curriculum helps ensure that current and scientifically based information is presented. The "opt out" option and expanded definition of qualified instructors may help to increase access to sexuality education by students. It may also allow for greater involvement by Health District staff in providing</p>					

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				<p>education to Washoe County youth, a priority population for the Sexual Health program.</p> <p><u>Proposed Amendment.</u> To strengthen the partnership between the Health District and the School District in regards to this bill, staff propose an amendment to add a public health representative to the bill's list of potential advisory committee members as follows:</p> <p>2. (c) (1) <i>Medicine nursing; or a public health representative.</i></p> <p>The public health representative would provide expertise related to STD investigations, epidemiological data, and observed trends in STD risk factors.</p> <p><u>Background.</u> The State AIDS Task Force Ad Hoc Policy Committee voted on November 3, 2010 to formally support this bill as a legislative priority for the Session. Staff serve as the Chair of this committee.</p>
<p>AB 319</p>	<p>Diaz</p>	<p>Referred to Committee on Health and Human Services</p>	<p>Revises provisions governing the final disposition of human remains</p>	<p><u>Background:</u> This bill allows any individual over the age of 18 years to order the disposition of human remains if they are willing to accept legal and fiscal responsibility.</p> <p><u>Analysis:</u> This bill would appear to have minimal impact on the Health District</p> <p><u>Fiscal Impact:</u> None</p> <p><u>Amendment:</u> None</p> <ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None • (R Todd)
<p>AB 466</p>	<p>Committee on Government Affairs</p>	<p>Introduced 03/28/11 Referred to Assembly Committee on Government Affairs Amend, Do Pass 04/12/11</p>	<p>Requires the State Engineer to define, by regulation, the term "environmentally sound" for the purpose of making certain determinations relating to interbasin transfers of groundwater.</p> <p>Defining "environmentally sound" would</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Support • Ordinance: No • Policy: No

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			<p>provide an opportunity to ensure that by regulation the State Engineer considers potential air quality impacts that could result from soils drying up and becoming sources of particulate pollution.</p> <p>Proposed amendment establishes schedule for developing regulations and process to report back to legislature.</p>	<ul style="list-style-type: none"> Fiscal Impact: No (K. Dick)
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
SB-12	Natural Resources	Passed Senate 3/17, in Assembly 3/18. Natural Resources, Ag and Mining Hearing 4/19/11	Repeals certain reporting requirements for the emission of greenhouse gases	This bill merely removes the state law requiring reporting of greenhouse gas emissions from the largest sources (power plants) because the EPA now has federal greenhouse gas reporting requirements for these facilities and the state law is now unnecessary.	<ul style="list-style-type: none"> Priority: Low Action: Monitoring Testify: No Position: Support Ordinance: No Policy: No Fiscal Impact: No (Kevin Dick)
SB27	Senator Wiener	Assembly Final passage (5-18-11)	Requires employees of certain child care facilities to complete training each year relating to the lifelong wellness, health and safety of children. (BDR 38-24)	<u>Analysis.</u> The amended version of SB27 requires licensed childcare providers to complete at least 2 hours of continuing education "related to <i>childhood obesity, nutrition and physical activity</i> " annually as part of current continuing education requirements. The intent of this bill is to ensure that licensed childcare providers have training in childhood obesity prevention strategies in the early childcare setting. Preliminary data from Washoe County show that 11% of preschoolers are overweight and 16% are obese. Obesity prevention interventions targeting the early childcare setting is considered a national best practice. DCFS, NSHD, NSMA, SNHD, and AHA are also in support of the bill.	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes (2-15-11; written & verbal); & (4-20-11; written) Position: Support, As Amended Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
SB53	Committee on Health and Human Services	Senate Health and Human Services Mentioned, not agendaized (5-12-11)	Excludes locations where programs are operated by a local government to supervise children from certain licensing requirements. (BDR 38-242)	<u>Analysis.</u> This bill seeks to amend the definition of a "child care facility" in NRS 432A.024 to exclude non-full-day childcare facilities (a.k.a., after-school programs, camps, etc.) that are also "operated by a local government." Staff have conducted additional research on this impact of this bill since the prior report, and, contrarily to prior analysis, there are currently no government-run after-school programs (ASP) licensed in Washoe County to which these changes would apply. Currently, Washoe	<ul style="list-style-type: none"> Priority: Moderate Action: Track Testify: No Position: Neutral Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia, R. Gonzales)

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<p>SB79</p>	<p>Senate Committee on Revenue</p>	<p>Assembly Taxation No action (5-12-11)</p>	<p>Makes various changes relating to the Tobacco Master Settlement Agreement. (BDR 32-291)</p>	<p>County does not license any ASPs; should this bill pass, licensing of government-run ASPs would be prohibited by statute. There is some concern in the community that, should this bill fail, state regulatory bodies will require local entities to begin licensing these types of programs. This could have a policy and fiscal impact on the DHD. However, this outcome is uncertain at this time and is not directly related to the legislation. <u>Analysis.</u> This bill clarifies a process and structure for the collection of non-Master tobacco Settlement Agreement (MSA) tobacco manufacturers' and wholesalers' contribution to the Nevada settlement fund. It also allows the Attorney General's office to apply for FDA enforcement grants.</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Neutral • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia, E. Dixon)</p>
<p>SB-81</p>	<p>Government Affairs</p>	<p>Introduced in Senate Referred to Committee on Government Affairs Meeting 3/9 recommended No Action</p>	<p>Makes various changes relating to state financial administration. Requires occupational licensing agencies to deny the issuance or renewal of licenses possessed by certain persons who owe debts to the State</p>	<p>This bill could affect the Neutral Inspectors Registration for the Air Quality Management Division's Woodstove Program and the Environmental Health Services Division's Certified Food Managers Program. There are approximately 35 Registered Neutral Inspectors, and approximately 2900 Certified Food Managers. If passed, the Divisions would be required to review the State's database of persons that owed a debt to a state agency. The Health District would not be allowed to issue the Neutral Inspector Registration or the Food Manager Certification until such time as the persons name was removed from the State list. The amount of additional work for the Divisions might be minimal or more substantial depending on the quality and timeliness of the State's list development efforts. Will require us to review the database to determine if individual owes money. If the</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitoring • Testify: No • Position: Neutral • Ordinance: No • Policy: No • Fiscal Impact: Anticipated to be small, additional review of the State list by staff prior to granting certification/registration. <p>(Kevin Dick, Bob Sack)</p>
<p>SB 81</p>	<p>Government Affairs</p>	<p>Requires agencies who issue licenses or</p>	<p>Will require us to review the database to determine if individual owes money. If the</p>	<p>Priority: Low Action: Monitor</p>	

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		Senate	certifications to check a State database to check if an individual owes the State money. If they owe money then the license or certification can not be issued	database is easy to use and access it will not add much effort to the process. No fiscal impact	Testify: No Position: Neutral Ordinance: No Policy: Yes Fiscal Impact: No (Bob Sack)
SB 119	Natural Resources	Senate	Revises Agency for Nuclear Projects	No effect on us	Priority: Low Action: No (Bob Sack)
SB120	Natural Resources	Senate	Revises scope of review for the legislative Committee On High Level Nuclear Waste to include hazardous waste disposal sites	No effect but NDEP is looking into the circumstances to see if there are hidden effects	Priority: Low Action: No (Bob Sack)
SB 121	Natural Resources	Senate	Revises definition of radioactive waste	No effect on us	Priority: Low Action: No (Bob Sack)
40--642 SB 138	Senator Lee	Referred to Committee on Health & Human Services Amend, do pass (04-11-11)	Makes various changes concerning emergency medical services.	Background: This bill authorizes the holder of a permit for the operation of an ambulance or a vehicle of a fire-fighting agency to use a person other than a licensed attendant or firefighter to provide certain emergency care and assistance in a county whose population is less than 15,000. Analysis: Pertains only to counties whose population is less than 15,000. Does not affect Washoe County Health District. Fiscal Impact: None Amendment:	<ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None (S. Akurosawa)
SB-158 (BDR 40-	Senator Gustavson	Introduced in Senate Referred to Committee on	Reduces the frequency of smog checks for new motor vehicles and vehicles that have not previously failed a	Extend the requirement for an initial emissions control test for new vehicles by one year, and limits emissions control test frequency to every two years for vehicles which pass the emissions	<ul style="list-style-type: none"> • Priority: High • Action: Tracking • Testify: Yes, 04/06/11 • Position: Oppose

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310)	Natural Resources Hearing Scheduled 04/06/11 Amend and do pass as amended 4/15/11 Read second time, amended 4/25/11. Referred to Committee on Finance, exemption effective 4/26/11.	test.	control test. Will result in increased emissions from these vehicles. Will decrease the revenue received by AQM from the DMV Pollution Control Account (\$1 per emissions testing certificate in Washoe County) and excess reserve grant funding. Revenue loss projected at \$360,000 FY 12, and \$367,000 FY13. Will require CO SIP, and Ozone Maintenance Plan amendments to U.S. EPA, revisions of emissions budget/emissions inventories. May require additional control measures (might include stationary sources and consumer products) to offset vehicle emission increases. Makes non-attainment with July 2011 revised Ozone NAAQS more probable. Revenue reductions will impact AQM's ability to conduct monitoring and planning activities required for implementation of the Clean Air Act. Proposed Amendment No. 423 will remove the fiscal impact of revenue reduction to AQMD, however the staff time cost associated with revisions that will be required for EPA approval of State Implementation and Maintenance Plans remains.	<ul style="list-style-type: none"> Fiscal Impact: Amendment removes revenue impact. Additional costs of plan amendment preparation, and potential for costs of additional control measures by Washoe County residents. Additional Action: Testimony and additional information provided to Senator Lee who voted in favor but reserved the right to reverse his vote due to missing Air Quality testimony 04/06/11. (Kevin Dick)
SB177 Exempt	Senators Gustavson, Halseth, and Ellison (primaries)	Senate Transportation Amend, do pass (4-14-11)	Revises provisions governing the wearing of protective headgear when operating motorcycles. (BDR 43-571)	<ul style="list-style-type: none"> Priority: Low Action: Monitor Testify: No Position: Oppose Ordinance: No Policy: No Fiscal Impact: No

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				<p>from wearing protective headgear.</p> <p>There is no known research to support exempting certain categories of motorcycle riders from the wearing of safety equipment. Creating such exemptions will expose certain riders to injuries that could result from motorcycle crashes. Motor vehicle and motorcycle crashes remain among the top 5 leading causes of minor and major trauma in Washoe County.</p> <p>No negative impact. It will provide more tools to use in working with manufacturing facilities.</p>	(J. Hadayia)
SB 210	Senator Wiener	Requires food manufacturers to comply with federal standards for food safety as adopted by state or local health jurisdictions. Also requires manufacturers to test food when required by health authority at the facilities cost	Establishes provisions relating to the designation of certain hospitals as primary stroke centers. (BDR 40-938)	<p>Analysis. This bill would require the State Health Division to compile and promote a list of hospitals that are designated as primary stroke centers; it also authorizes the State Board of Health to adopt regulations relating to primary stroke center designations. The bill would not prohibit any hospital from providing stroke care.</p> <p>The intent of the bill is to promote public awareness of the value of primary stroke centers and stroke center certification as part of an ongoing process of building a stroke system of care in Nevada that adheres to national guidelines. This is a high priority bill for community partners.</p> <p><u>Analysis.</u> This bill would comprehensively ban industrially produced trans fats from all public and charter schools; trans fats may also not be</p>	<p>Priority: Low Action: Monitor Testify: if needed Position: Support Ordinance: uncertain Policy: Uncertain Fiscal impact: None (Bob Sack)</p>
SB225	Senator Cegavske	Assembly Health and Human Services <i>Do pass (5-4-11)</i>		<p>Analysis. This bill would require the State Health Division to compile and promote a list of hospitals that are designated as primary stroke centers; it also authorizes the State Board of Health to adopt regulations relating to primary stroke center designations. The bill would not prohibit any hospital from providing stroke care.</p> <p>The intent of the bill is to promote public awareness of the value of primary stroke centers and stroke center certification as part of an ongoing process of building a stroke system of care in Nevada that adheres to national guidelines. This is a high priority bill for community partners.</p> <p><u>Analysis.</u> This bill would comprehensively ban industrially produced trans fats from all public and charter schools; trans fats may also not be</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: Sign-In Only (3-10-11); (4-27-11) verbal • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia)
SB230	Senators Denis, Wiener, Breedon, Bobzien	Assembly Education		<p>Analysis. This bill would comprehensively ban industrially produced trans fats from all public and charter schools; trans fats may also not be</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (3-23-11) &

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

(primaries)	No action (5-13-11)	public schools within this State. (BDR 34-666)	used in the production of food and beverage intended for student consumption. The ban would apply to school nutrition services, vending, fundraising, and school stores; and to all activities conducted on school grounds, including before and after school activities, even if the activity is not sponsored by the school. It would not apply to foods and beverages in federal food programs. A Quick Poll conducted by LCB in 2010 showed that both Washoe and Clark County School District Nutrition Services do not purchase products containing trans fats; however, neither has an official policy. They stated they would "support a policy banning trans fats from school meals." Washoe County School District as an entity has stated they will be neutral on the bill. <u>Background.</u> The scientific research has shown a definitive link between artificial trans fat intake and increased high cholesterol and increased coronary heart disease. One study showed that a 2% increase in trans fat intake increases a woman's risk of heart disease by 23%. National organizations have called for a ban of artificial trans fats in restaurants and schools, including the American Heart Association and the American Medical Association. 29 states have considered legislation to limit or ban artificial trans fats in restaurants and schools.	(5-13-11); written & verbal Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia)
Senator Parks, Assemblywoman Pierce (primaries)	Assembly Health and Human Services No action (5-13-11)	Revises provisions governing hypodermic devices. (BDR 40-795)	Analysis. The intent of this bill is allow individuals to purchase or possess sterile syringes in order to prevent the spread of HIV, hepatitis C, and other blood borne diseases associated with sharing injection drug-using equipment. The mechanism for achieving this goal is to "de-regulate" needles and syringes by	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (4-5-11) (5-13-11); written & verbal • Position: Support • Ordinance: No • Policy: No

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

			<p>removing them from the Nevada drug paraphernalia statute. This makes it legal for individuals to possess sterile syringes as well as for community-based organizations to provide safe injecting supplies. This is the recommended approach to syringe access and is currently in place in 11 states. In addition, the ban on the use of federal funds for syringe access was lifted in 2009. Affirmative legislation would make it possible for community-based organizations to begin clean syringe distribution in their communities using existing funding.</p> <p>The national Harm Reduction Coalition has been providing subject matter expertise and technical assistance on this bill. A community coalition (called the Public Health Alliance for Syringe Access) has also been formed to garner community support.</p>	<ul style="list-style-type: none"> Fiscal Impact: No (J. Hadayia)
SB421 Exempt	Division of Budget and Planning/DHHS	Senate Finance Amend, do pass (5-12-11)	<p><u>Background.</u> This bill was "by request" of the State AIDS Task Force (SATF). Staff serve as Chair of their Ad Hoc Policy Committee.</p> <p><u>Analysis.</u> This bill would permanently eliminate the tobacco prevention and control allocation of the Master Tobacco Settlement Agreement.</p>	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes (5-12-11); written Position: Oppose Ordinance: No Policy: No Fiscal Impact: Yes (- to Health District) (J. Hadayia)
SB 471	Committee on Finance on behalf of the Division of Budget and Planning	Senate Finance No action (5-13-11)	<p><u>Analysis.</u> Would require counties to reimburse the Health Division of the Department of Health and Human Services for various services; transferring the powers and duties of the Health Division regarding communicable diseases to a health authority in a county; authorizing the</p>	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes (3-31-11 & 5-12-11); verbal Position: Oppose Ordinance: No

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

619	Senator Breeden (Senator Parks, Assemblyman Segerblom)	Proclamation Issued (5-13-11)	SCR: Encourages health care providers to offer routine screening for Human Immunodeficiency Virus (HIV) in all health care settings.	<p>Health Division to impose administrative penalties for violations of certain provisions governing emergency medical services; and providing other matters properly relating thereto.</p> <p>Language in the Bill transfers the powers and duties of the State Health Division to the Health Authority concerning control prevention, treatment and cur of communicable disease(s) without limitation.</p> <p><u>Background:</u> Transfers responsibilities of programs provided by the State Health Division to local governing authorities. CONTAINS UNFUNDED MANDATES (Not Requested by Affected Local Governments)</p> <p><u>Fiscal Impact:</u> Discussion with the Nevada State Health Division indicates three (3) areas of fiscal impact related to SVB 471 for the Washoe County Health District, including: Food Inspections for higher education facilities (\$-14,000); Tuberculosis (TB) medical treatment (inpatient and outpatient) (-\$128,000); and Emergency Medical Services Authority (EMS) standards, training and licensing program (-\$311,000). It is unclear what additional services this transfer of power and duties will require; therefore, the total fiscal impact is unknown.</p> <p><u>Background:</u> BDR was a placeholder for a resolution on behalf of the State AIDS Task Force to encourage health care providers to implement federal recommendations for universal HIV testing. Staff has been informed that this will now be a Senate proclamation only.</p>	<ul style="list-style-type: none"> • Policy: No • Fiscal Impact: Yes (-\$128,000 to Health District) (MA. Brown, C. Hunter, J. Hadayia)
TBD	TBD	TBD	Nevada Clean Indoor Air	<u>Background:</u> Efforts to weaken the Nevada	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: N/A • Position: N/A • Ordinance: No • Policy: No • Fiscal Impact: No (J. Hadayia) • Priority: High

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

		Act (NCIAA)	<p>Clean Indoor Air Act are expected and will likely take the form of a bill amendment that would exempt additional locations from the smoking ban. In anticipation of this occurring on May 18, 2011 in Assembly, a letter urging Assembly members not to weaken the ban was sent by the Interim DHO.</p>	<ul style="list-style-type: none"> • Action: Attention • Testify: Yes (5-18-11); written • Position: Oppose • Ordinance: No • Policy: No • Fiscal Impact: No <p>(J. Hadayia, MA Brown, E. Dixon)</p>
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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

BDR or Bill #	Primary Sponsor	Status	Summary	Background/Analysis/Fiscal Impact	Recommendation & Staff Assignment
AB 35	Committee On Natural Resources, Agriculture, And Mining	Assembly Failed 4 / 15 – No further action allowed	Revises provisions governing custom application of pesticides	This bill makes various changes regarding businesses and farms which apply pesticides. Does not affect our operations	<ul style="list-style-type: none"> Priority: Low Action: None Testify: No Ordinance: No Policy: No Fiscal Impact: No <p>(Bob Sack)</p>
40--447 AB 51	Health Division- Health and Human Services	Failed April 15 th Deadline – No further action allowed	Revises provisions to provide consistency with national educational standards for emergency medical service providers.	<p>Background: Existing law provides for the training and certification of three types of emergency medical technicians based upon the level of care provided. This bill revise the terms used to refer to those three types of emergency medical technicians for consistency with the terms used in the National Emergency Medical Services Education Standards released by the National Highway Traffic Safety Administration in 2009. That publication establishes the minimum education competencies required for persons who provide emergency medical services and will replace the National Standard Curriculum of the United States Department of Transportation. The term "emergency medical technician" in existing law continues to refer to the basic level of emergency medical technician. However, this bill replaces the term "intermediate emergency medical technician" with "advanced emergency medical technician" and replaces the term "advanced emergency medical technician" with "paramedic." In addition, the training for certification as an emergency medical technician, advanced emergency medical technician and paramedic to follow the curriculum or educational standards prepared by the United States Department of Transportation which are now set forth in the</p>	<ul style="list-style-type: none"> Priority: Low Action: Monitor Testify: No Position: None Ordinance: No Policy: No Fiscal Impact: None <p>(S. Akurosawa)</p>

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<p>40-624 AB 139</p>	<p>Goicochea, Ellison, Hansen</p>	<p>Failed April 15th Deadline – No further action allowed</p>	<p>Revises provisions relating to emergency medical services.</p>	<p>National Emergency Medical Services Education Standards. Analysis: Brings NRS into alignment with NHTSA's new National EMS Education Standards and provider levels. Will not affect the Washoe County Health District directly but may affect REMSA. Fiscal Impact: None</p> <p>Background: This bill authorizes the holder of a permit for the operation of an ambulance or a vehicle of a fire-fighting agency to use a person other than a licensed attendant or firefighter to provide certain emergency care and assistance in a county whose population is less than 15,000 if the county health officer or any other person designated by the board of county commissioners of the county has determined that an insufficient number of attendants and firefighters are available and the health or safety of the public is in danger as a result of that insufficiency. Analysis: Pertains only to counties whose population is less than 15,000. Does not affect Washoe County Health District. Fiscal Impact: None</p>	<ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None (S. Akurosawa)
<p>AB153</p>	<p>Segerblom, Ohrenschaal, Diaz, Aizley</p>	<p>Failed 4/15 – No further action allowed</p>	<p>Requires agencies not use a criminal arrest record as a reason for denying a permit</p>	<p>None. We do not review (and do not have access to) arrest records for determination as to permit issuance</p>	<p>Priority: Low Action: None Testify: No (Bob Sack)</p>
<p>AB165 Pursuant to Joint Standing Rule No. 14.3.1, no</p>	<p>Assembly Committee on Taxation</p>	<p>Assembly Taxation</p>	<p>Revises the manner in which to determine the tax imposed on moist snuff. (BDR 32-605)</p>	<p>Background: This bill is boilerplate legislation introduced in both 2007 and 2009 that proposed to revise the rate of taxation on smokeless tobacco products from a percent of wholesale price to a weight-based tax (specifically 58 cents per ounce based upon the net weight of the product, per BDR language.)</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: No • Position: Oppose • Ordinance: No • Policy: No • Fiscal Impact: No

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<p>further action allowed</p>	<p>Assemblyman Segerblom</p>	<p>Assembly Taxation</p>	<p>Revises provisions governing the application of sales and use taxes to bottled water. (BDR 32-542)</p>	<p>Research shows that applying a weight-based tax on smokeless tobacco results in lighter-weight products from tobacco manufacturers. This then leads to a lower cost to the consumer and, therefore, increased sales, which equates to increased consumption of tobacco.</p> <p>The DHD was in opposition to this bill in both prior sessions and provided testimony.</p> <p><u>Analysis.</u> This bill would exempt bottled water from the state and local sales and use tax; and offers a "bottled water" definition. The bill sponsor has requested "sugar-sweetened beverages" be added via amendment to the legislation, making this bill relevant to DHD goals. Staff is working with community partners to provide research on sugar-sweetened beverage taxes and model legislation.</p> <p><u>Background.</u> The American Heart Association (AHA) has recommended increasing the price of sugar-sweetened beverages (i.e., those that contain added sugars and caloric sweeteners) as a policy solution for overweight/obesity, citing data that shows: (1) sugar-sweetened beverages are the largest single source of added sugars in the US diet, (2) sugar-sweetened beverage consumption is increasing in all ages, and, as consumption increases, there is a concurrent rise in "empty calorie energy intake," and (3) soda consumption is associated with lower intakes of milk, calcium, and other nutrients as well as an increased risk of diabetes and other chronic health conditions.</p> <p><i>They do acknowledge that there is limited research on the consumption impact of such a tax; however, there is strong evidence on the</i></p>	<p>(J. Hadayia)</p> <ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: No • Position: Support • Amendment: Only • Ordinance: No • Policy: No • Fiscal Impact: No for DHD; Yes to County (+) <p>(J. Hadayia)</p>
<p>AB218 Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed.</p>					

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			<p>impact of tobacco and alcohol taxes on consumption of these products. There also appears to be a 1:1 impact of price to consumption in regards to sugar-sweetened beverages (a 10% increase in price results in a 10% decrease in demand, etc.). To date, 19 states have imposed taxes on soda in excess of the overall sales tax rate.</p> <p>Exempting sugar-sweetened beverages from state and local sales and use taxes would increase the price of these items by the amount of the total tax in each county. In Washoe County, the price of these beverages would increase 7.725%. Per the research, this should reduce consumption commensurately. An evaluation of consumption impact should be conducted if this bill passes.</p>	
<p>530 AB278</p>	<p>Assemblyman Segeberblom</p>	<p>Failed April 15th Deadline – No further action allowed</p>	<p>Provides for consolidation of fire departments by county.</p> <p>Background: Authorizes the consolidation of county and city fire departments into county-wide metropolitan fire departments. Analysis: Would require any county whose population is 100,000 or more to only merge city and county fire departments pursuant to the provisions of this chapter. Would affect Washoe County as consolidation of fire departments is currently in discussion at the BCC level. Fiscal Impact: None</p>	<ul style="list-style-type: none"> • Priority: Low • Action: None • Testify: No • Position: None • Ordinance: No • Policy: No • Fiscal Impact: None (S. Akurosawa)
<p>AB 302</p>	<p>Assemblyman Goedhart</p>	<p>March 17, 2011 - First reading. Referred to Assembly Committee on Transportation. Hearing scheduled 04/05/11.</p>	<p>This bill authorizes the off-highway vehicles to be operated on highways under certain circumstances.</p> <p>Off-highway vehicles as defined in NRS 490.060 generally includes, but is not limited to, all-terrain vehicles; all-terrain motorcycles; dune buggies; snowmobiles; and any motor vehicle used on public lands for the purpose of recreation. These vehicles do not have emissions control equipment and are not subject to the Inspection and Maintenance (I/M) program.</p>	<ul style="list-style-type: none"> • Priority: High • Action: Tracking • Testify: No • Position: Opposed • Ordinance: None • Policy: Increased emissions from OHVs may require

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<p>AB333 Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed</p>	<p>Assemblywoman Pierce</p>	<p>Assembly Taxation</p>	<p>Revises taxes on intoxicating liquors and tobacco products (BDR 32-881).</p>	<p>This bill proposes to eliminate the general prohibition against operating an off-highway vehicle on a paved highway (Section 1), and under certain circumstances, does not prohibit operating an off-highway vehicle on a controlled access freeway (Section 2). Highway is defined as a paved roadway. So this bill would allow Off-highway vehicles to travel on all roadways in Washoe County that are not interstate highways or controlled access highways. The Bill removes the previous limitations of OHV use on highways which included unloading from trailers, crossing roadways, and a two mile limitation on allowed travel on roadways between trails.</p> <p>The increased use of OHVs on Washoe County roadways that could be anticipated from passage of this bill would increase emissions of Ozone precursors, and might increase particulate emissions which could negatively impact ambient air quality and attainment of EPA's health based National Ambient Air Quality Standards.</p>	<p>amendment of AQM Emission Inventories, and Maintenance Plans and SIPs for EPA.</p> <ul style="list-style-type: none"> Fiscal Impact: Staff time required to prepare revisions to PM10 SIP. (K. Dick)
<p>AB333 Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed</p>	<p>Assembly Taxation</p>	<p>Revises taxes on intoxicating liquors and tobacco products (BDR 32-881).</p>	<p>Analysis. This bill would increase the excise tax on cigarettes by \$0.90 and by \$0.55 for "other tobacco products" (OTP) such as smokeless tobacco. According to research from the Campaign for Tobacco-Free Kids, this increase will produce the following public health impacts in Nevada:</p> <ul style="list-style-type: none"> A 12.6% reduction in youth smoking 12,200 adult smokers who would quit 8,400 fewer smoking-related deaths \$401.2 million in long-term health savings from smoking declines <p>The bill does <u>not</u> include earmarks for the revenue generated by the increase nor does it</p>	<ul style="list-style-type: none"> Priority: High Action: Attention Testify: Yes (4-5-11); written & verbal Position: Support Ordinance: No Policy: No Fiscal Impact: No (J. Hadayia) 	

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<p>19-271 AB342</p>	<p>Assemblyman Aizley</p>	<p>Failed April 15th Deadline – No further action allowed</p>	<p>Authorizes local governments to publish material electronically in lieu of the newspaper.</p>	<p>adjust the local government allocation.</p> <p>Staff have no position on the liquor tax increase also proposed in the bill.</p> <p><u>Background.</u> A statewide coalition (called the Health Investment Partnership) has been formed to advocate for an increase to the Nevada tobacco excise tax as was sought in the 2009 Session. Research shows that increases in the price of tobacco products lead to the most predictable improvements in tobacco rates. The DHD was in support of this bill in 2009 and provided testimony, and is a formal member of the 2011 coalition. The coalition also recommends a partial earmark of the new revenue to tobacco prevention, cessation, and research programs in Nevada as well as clarification of the definition of OTP.</p> <p><u>Analysis:</u> Currently legal notices are published for public hearings and workshops on both the Health District Website and in the Reno Gazette Journal. This would enable the Health District to eliminate one step in publication and save funds.</p> <p><u>Fiscal Impact:</u> Would save several thousand dollars per year in not publishing legal notices of public workshops and hearings for fees and regulation changes. Direct mailing would still be done to affected parties as well as web publishing.</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Attention • Testify: No • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: Savings – Amt. TBD (S. Akurosawa)
<p>AB547</p> <p>Pursuant to Joint Standing Rule No. 14.3.1, no further</p>	<p>Assembly Education behalf of the Legislative Committee on Health Care)</p>	<p>Assembly Education</p>	<p>Prescribes provisions relating to school wellness policies. (BDR 34-188)</p>	<p>Analysis. This bill directs the Department of Education (in collaboration with the Nevada State Health Division) to mandate by regulation a School Wellness Policy for each school district and charter school. It also outlines the minimum components of such as policy, lists the individuals with whom school districts will consult when developing the policy, assigns</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (4-8-11); verbal • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: No

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>action allowed</p>				<p>responsibility for policy implementation at the District level, and outlines a mechanism for evaluating the policy. The outcome of the bill will be that School Wellness Policies are mandated in Nevada. As a result, multiple national recommendations regarding child nutrition and physical activity in the school-based setting will have greater assurance of implementation and evaluation.</p> <p>Staff remain in communication with the Committee Chair/Bill Sponsor on next steps related to the bill. This bill has been identified as a priority by several community coalitions and groups on which staff serve in a leadership capacity, including the Nevada Childhood Obesity Workgroup, Washoe County K-8 Wellness Committee, Washoe County Chronic Disease Coalition, Fitness and Wellness Council, and Nevada Public Health Association.</p>	<p>(J. Hadayia)</p>
<p>BDR or Bill # SB 52</p>	<p>Primary Sponsor</p>	<p>Status Read first time. To committee on Health and Human Services Failed – 4/27/11 – No further action allowed</p>	<p>Summary Revises provisions relating to vital statistics</p>	<p>Background/Analysis/Fiscal Impact This bill provides some much needed cleanup and updating to NRS 440 covering registration of births and deaths. As written the bill would require a change in how death certificates are issued. Specifically it requires that they be issued by default without a specific cause of death listed. The bill goes on to specify the conditions under which a certificate can be issued with the specific cause of death. This will require a procedural change in Washoe County and the rest of the state. Currently the computer system used statewide will not allow us to print a death certificate without a specific cause of death. This will need to be modified if the bill passes as written. The</p>	<p>Recommendation & Staff Assignment</p> <ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Neutral • Ordinance: No • Policy: No • Fiscal Impact: Uncertain • (R. Todd)

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>SB 69</p>	<p>Government affairs</p>	<p>Senate Failed - 4/19 - No further action allowed</p>	<p>Revises provisions governing the issuance of city business licenses</p>	<p>Nevada State Health Division will need to make this modification. This bill would disconnect the requirement that a health permit must be issued before a business license is issued. This would apply in the cities only. We believe the present process works well and does not need to change. We have discussions on a periodic basis with the cities and county on these processes. Changes are made on an as needed basis to help streamline the process.</p>	<p>Priority: Low Action: Monitor Testify: Yes Ordinance: Uncertain Policy: Uncertain Fiscal Impact: No (Bob Sack)</p>
<p>SB172 Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed</p>	<p>Senator Parks</p>	<p>Senate Health and Human Services</p>	<p>Establishes the Statewide Program for Public Education and the Prevention of Sudden Infant Death Syndrome. (BDR 40-826)</p>	<p><u>Analysis</u>. The bill creates a state education program for prevention of SIDS through the Nevada State Health Division. It will require certain providers of health care and certain medical facilities to distribute information concerning SIDS and sudden unexpected infant death to certain persons, and requires the Advisory Board on Maternal and Child Health to assist the Health Division in developing the Program. In the years 2005-2009, 47 infants less than 1 year old died of SIDS in Washoe County. An additional 37 infants died due to accidents in the sleep environment. Education provided at birth would increase the knowledge of safe sleep practices, additional resources would be necessary to translate the knowledge into action and overcome barriers related to psycho-social and economic factors. Public Health Nurses in the Home Visitation Program routinely screen and educate families on safe sleep; Washoe County Safe Kids (REMSA) also trains facilitators to promote safe sleep practices through Cribs for Kids.</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No • Position: Neutral • Ordinance: No • Policy: No • Fiscal Impact: No (C. Hunter)
<p>40-368 SB 173</p>	<p>Senator Parks</p>	<p>Failed April 15th Deadline - No further action</p>	<p>Authorizes reorganization of public health function of district health departments</p>	<p><u>Background</u>: Currently only applies to Clark County (over 400,000 in population). Authorizes the board of county commissioners to authorize</p>	<ul style="list-style-type: none"> • Priority: Low • Action: Monitor • Testify: No

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

		allowed	in larger counties.	the board of health to maintain an integrated system to provide comprehensive health and social services including; adoption; alcohol & drug abuse prevention; child abuse prevention; child welfare; delinquency prevention; foster care, and mental health services. Analysis: Does not affect Washoe County or Washoe County Health District Fiscal Impact: None	<ul style="list-style-type: none"> • Position: Oppose • Ordinance: No • Policy: No • Fiscal Impact: No (S. Akurosawa)
SB 183	Senator Schnieder	Failed April 15 – No further action allowed	Requires common interest communities to allow residents to place recycling containers in same places and timing as trash containers	No impact	<ul style="list-style-type: none"> • Priority: Low • Action: Low • Testify: None • Position: Neutral (Bob Sack)
40-1114	Natural resources	Failed – April 19 – No further action allowed	Enacts provisions requiring the payment of certain beverage containers sold in the state		<ul style="list-style-type: none"> • Priority: Low • Action: Neutral • Testify: No • Position: Neutral • Ordinance: No • Policy: No • Fiscal Impact: No (Environmental)
SB 240	Senator McGinniss	Introduced March 16, 2011 Referred to Committee on Natural Resources Bill not heard, Failed - Dead Bill 4/15/11	Makes changes to NRS defining small exploration and mining projects, exempts these projects from being sources or indirect sources of air emissions in regard to particulate matter, air contaminants from combustion of low sulfur diesel, and natural gas used for drying of earthen materials. The bill allows for automatic renewal of operating permits for these projects upon payment if	AQMD is not certain that the proposed changes to the NRS has any impact to our authorities and our regulations since under NRS 445B.500 (c) ordinances or local regulations may be established which are stricter than those established by statute and regulation. However, the Clark County Department of Air Quality and Environmental Management believes that there is the potential for local programs to be affected by the proposed NRS changes. Therefore, AQMD is concerned about the proposed changes because they create conflict and inconsistency between the State Air Pollution Statutes and the Federal Clean Air Act, and conflicts between the State Statutes regulations contained in our State Implementation Plans	<ul style="list-style-type: none"> • Priority: High • Action: Monitor • Testify: No • Position: Oppose • Ordinance: No • Policy: No • Fiscal Impact: No (K Dick)

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT 2011 LEGISLATIVE BILL TRACKING

		<p>Department of Conservation and Natural Resources is informed that no changes are contemplated. It also allows for alterations of any existing source to occur before plans are submitted and approval is received for such alterations, if the alterations do not allow the source to exceed its allowable limits and the permitted source processes less than 80,000 tons of earthen material consisting primarily of industrial mineral during any calendar year. If the alterations exceed allowable limits the source is required to comply with permit emissions limits within thirty days of notice.</p>	<p>which are federally enforceable.</p> <p>This bill provides special treatment for "small exploration projects" and "small mining operations" without any real regard for the actual or potential amount of pollution that they may add to the air. The bill could exempt from regulation sources of pollution that AQMD must have the ability to regulate to fulfill its air quality responsibilities under its EPA delegation and the approved State Implementation Plans.</p> <p>If the bill passes, the language may conflict with federally approved regulations, placing the County in the untenable position of violating either state law or federal law. The language allowing any alteration at an existing source does not limit this to a minor source. It appears that it would allow even a major source, subject to federal Title V Operating Permit program(40 CFR Part 70) requirements, to avoid going through New Source Review if "During any calendar year, the existing permitted source processes not more than 80,000 tons of earthen material consisting primarily of industrial mineral". This appears to allow an existing permitted source to violate federal law by avoiding New Source Review and also may have the effect of allowing a source at least 30 days to exceed its allowable emissions of air pollutants, before it faces any enforcement consequences.</p>	
<p>SB247 Pursuant to Joint</p>	<p>Senator Wiener</p>	<p>Senate Education</p>	<p>Analysis. This bill would establish the Office of School-Based Health Centers at the State Health Division and charge that office with the development of statewide standards for School-</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Sign-In Only • Position: Support

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

<p>Standing Rule No. 14.3.1, no further action allowed</p>			<p>Based Health Centers, seek grants and other funds to establish Centers, and provide technical assistance. The bill further outlines the parameters of School-Based Health Centers, including liability, staffing, use of school facilities, and services to be provided.</p> <p>While a medical home is the ideal, it is acknowledged that many individuals in Washoe County do not have access to a medical home. Children could have access through school-based health centers. In particular, school-based health centers could provide easy access to immunizations as they become required, such as Tdap, meningococcal, and HPV vaccines. Some children may also need to "catch up" on certain immunizations, such as Varicella and Hepatitis A and B, in order to be fully protected. In a Washoe County School District 10th grade immunization assessment, 32% of students had two doses of Varicella vaccine; 51% had a dose of meningococcal vaccine; and only 11% had completed the HPV vaccine series. Low coverage rates for these immunizations leaves these students at risk for disease. School based health centers would give these students an opportunity to receive these recommended vaccinations, better protecting them from various diseases.</p>	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: No (S. Kutz, S. Hardie, J. Hadayia)
<p>SB253 Pursuant to Joint Standing Rule No. 14.3.1, no further action allowed</p>	<p>Senator Hardy</p>	<p>Senate Committee on Commerce, Labor and Energy</p>	<p>Requires certain policies of health insurance and health care plans to provide coverage for tobacco cessation treatments. (BDR 57-1052)</p> <p><i>Analysis:</i> This bill requires all public and private health care plans and policies of insurance in Nevada to include smoking cessation services in their benefits coverage for employees in accordance with guidelines outlined by the U.S. Public Health Service. Minimum coverage would be: two courses of treatment within a one year period, including not less than four sessions of counseling (group or individual; in-person or telephone) and any FDA-approved cessation</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: No • Position: Support • Ordinance: No • Policy: No • Fiscal Impact: Yes (to County as employer; per WC HR, it would be minimal)

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				<p>drug, not subject to prior authorization or co-payments, etc.</p> <p>Currently, Nevada Medicaid provides cessation coverage to enrollees according to these guidelines; S.B. 253 is attempting to create a consistent cessation benefit in the state regardless of the coverage provider. Eight states currently have legislation mandating minimum cessation coverage levels.</p> <p>The benefits of comprehensive tobacco cessation coverage have been estimated in both health and economic terms. Tobacco use remains the leading cause of preventable death in the world and is proven to contribute to all chronic health conditions (U.S. Surgeon General). However, most smokers want to quit (recent estimates place that percentage at about 80%). Research shows that making cessation counseling available to smokers directly correlates to lives saved from decreased tobacco use. In addition, a 2010 study by the American Lung Association showed that, for every \$1 spent on cessation benefits coverage to employees, \$1.10-\$1.40 in health care expenditures and lost productivity are saved as a result of decreased tobacco use and associated chronic illnesses.</p> <p>State funding for tobacco cessation services in Nevada was eliminated in the 2009 Special Session, creating gaps in available tobacco treatment that S.B. 253 would help to fill.</p>	(J. Hadayia)
<p>SB386 Pursuant to Joint Standing</p>	<p>Senate Committee on Revenue (Leslie)</p>	<p>Senate Revenue</p>	<p>Makes various changes concerning the taxation of certain tobacco products. (BDR 32-869)</p>	<p><u>Analysis.</u> This bill would increase the excise tax on cigarettes by \$1.20 and to 60% of the wholesale price for "other tobacco products" (OTP) such as smokeless tobacco. According to research from the Campaign for Tobacco-Free</p>	<ul style="list-style-type: none"> • Priority: High • Action: Attention • Testify: Yes (4-5-11); written & verbal • Position: Support

(Bills that are no longer active are located at the end of the document and identified in italics).

WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

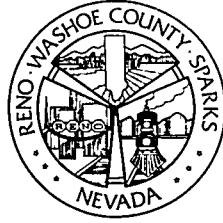
<p>Rule No. 14.3.1, no further action allowed.</p>		<p>Kids, these increases will produce the following public health impacts in Nevada:</p> <ul style="list-style-type: none"> • A 16.8% reduction in youth smoking • 16,300 adult smokers who would quit • 11,200 fewer smoking-related deaths • \$536.4 million in long-term health savings from smoking declines <p>The bill also includes an earmark for a portion of the additional revenue generated by the tax to “the district board of health in each county whose population is 100,000 or more for expenditure for [tobacco prevention and cessation] programs in the county” It does <u>not</u> adjust the local government allocation.</p> <p>The bill also clarifies the definitions of cigarettes and OTP to meet current standards.</p> <p><u>Background.</u> A statewide coalition (called the Health Investment Partnership) has been formed to advocate for an increase to the Nevada tobacco excise tax as was sought in the 2009 Session. Research shows that increases in the price of tobacco products lead to the most predictable improvements in tobacco rates. The DHD was in support of this bill in 2009 and provided testimony, and is a formal member of the 2011 coalition. The coalition also recommends a partial earmark of the new revenue to tobacco prevention, cessation, and research programs in Nevada as well as clarification of the definition of OTP.</p>	<ul style="list-style-type: none"> • Ordinance: No • Policy: No • Fiscal Impact: Yes for DHD (+) (J. Hadayia)
<p>20-1140 SB 398</p>	<p>Government Affairs</p>	<p>Authorized certain persons to request that personal information contained in certain public records be kept confidential</p>	<ul style="list-style-type: none"> • Priority: High • Action: Supported • Testify: No • Position: Oppose • Ordinance: No • Policy: No

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WASHOE COUNTY HEALTH DISTRICT - 2011 LEGISLATIVE BILL TRACKING

				<ul style="list-style-type: none"> • <i>administrative enforcement and less criminal enforcement; however, the results of administrative enforcement will also "irritate" some people to seek retribution.</i> 	<ul style="list-style-type: none"> • Fiscal Impact: No • (K Dick & B Sack)
--	--	--	--	---	--


(Bills that are no longer active are located at the end of the document and identified in italics).




DISTRICT HEALTH DEPARTMENT

May 18, 2011

TO: District Board of Health

FROM: Jennifer M. Hadayia, MPA, Public Health Program Manager
Community and Clinical Health Services (CCHS) 

THROUGH: Mary-Ann Brown, RN, MSN, Interim Health Officer 

SUBJECT: Request for Board Approval to Participate in the Following Funding Opportunity:

1. Substance Abuse and Mental Health Services Administration (SAMHSA) *Screening, Brief Intervention, and Referral to Treatment with a Trauma Module (SBIRT-TM)*

The Substance Abuse Prevention and Treatment Agency (SAPTA) at the Nevada Division of Mental Health and Developmental Services is responding to Request for Applications (RFA) No. TI-11-014 from the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled *Screening, Brief Intervention, and Referral to Treatment with a Trauma Module (SBIRT-TM)*.

The purpose of the announcement is provide a “public health approach to the screening and identification of individuals who are practicing risky alcohol and drug use” (AOD) with an emphasis on populations at risk of co-occurring health conditions such as sexually transmitted diseases and HIV/AIDS. SBIRT is a model intervention supported by research by the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse.

The SBIRT-TM intervention integrates screening and brief intervention for misuse of AOD with screening for exposure to trauma, such as violence, abuse, neglect, loss, disaster, and war. The integration of trauma screening with AOD intervention in the HIV/STD sector reflects a unique effort by SAMHSA to address the co-occurring risk factors of substance abuse, intimate partner violence, and risk for HIV/AIDS.

The source of funds for this announcement is the Affordable Care Act, Prevention Fund. Awards will be up to \$1 million per state agency awarded per year for up to five years beginning Federal Fiscal 2011 (October 1, 2011). Applications are due July 5, 2011.

Details about this funding opportunity are provided in the attached presentation utilizing the District Board of Health checklist for newly-proposed programs/initiatives.

Checklist – Overview

□ Title

- RFA No. TI-11-014 from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- *Screening, Brief Intervention, and Referral to Treatment with a Trauma Module (SBIRT-TM)*

□ Purpose

- Provide a public health approach to the screening and identification of individuals who are practicing risky alcohol and drug (AOD) use
- Integrate screening and intervention for exposure to trauma
- Realize SAMSHA's strategic focus on the co-occurring risk factors of substance abuse, intimate partner violence, and risk for HIV/AIDS

Checklist – Overview

□ Logistics

- Applicant is SAPTA
- Applications are due July 5, 2011
- Awards to begin on the FFY
- Up to \$1 million per year for up to five years to each state agency awarded
- Up to five agency awards will be made

Checklist – Do we need this?

- Identify statute or regulation which mandates program
 - None
- Identify which of the “Ten Essential Services” is addressed
 - #2 – Diagnose and investigate health problems and health hazards in the community
 - #3 – Inform, educate, and empower people about health issues
 - #7 – Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Checklist – Do we need this?

- List District Board of Health priority
 - Give people information they need to make healthy decisions
 - Protect populations from health problems and health hazards

(WCHD Strategic Plan, 2011-2012)
- Describe verifiable public health need
 - Alcohol misuse is a risk factor for hypertension, heart attack, HIV/STDs, unintended pregnancy, fetal alcohol syndrome, SIDS, suicide, interpersonal violence, MVA, and certain cancers (County Health Rankings, 2011)
 - Research has linked traumatic events with subsequent health risk behaviors...Unaddressed trauma increases the risk of mental and substance use disorders, chronic physical diseases, and early death (SAMHSA, 2011)

Checklist – Do we need this?

- Describe verifiable public health need (con't)
 - 21% of Washoe County adults are “excessive drinkers,” higher than the state (19%) and nation (15%). Placing Washoe in the top percentile for excessive drinking nationwide (County Health Rankings, 2011)
 - According to YRBS, the percent of teens in Washoe County reporting drug and alcohol use before having sexual intercourse has increased (from 21% to 23%)
 - STD Clinic staff observe an association between repeat STDs and drug and alcohol use; as well as substance abuse in special populations such as MSM. Injecting drug use is a significant risk factor for HIV and viral hepatitis.
 - The rate of reported intimate partner violence per capita in Nevada is on the rise; Nevada’s rate of sexual assault is higher than the nation (UNLV, 2010). 11% of teens in Nevada report dating violence (YRBS, 2009)

Checklist – Do we need this?

- Describe impact if program not implemented
 - Loss of opportunity for additional staff capacity to address client and community need
 - Loss of opportunity to implement a proven intervention that addresses public health need and could reduce rate of HIV, viral hepatitis, repeat STDs, and other adverse health outcomes, including chronic conditions
 - Loss of training opportunity for STD Clinic staff

Checklist – Can we do this?

- Identify assets to accomplish program
 - Current clinical staff expertise in alcohol and drug use screening, intimate partner violence screening, counseling on sexual risk-taking, and motivational interviewing
 - Current program staff expertise in needs of high-risk populations, e.g., IDUs, MSM, re-entry, and youth.
 - STD Clinic, jail, Jan Evans, various outreach testing sites, and educational partners
- Could other community partners provide the service?
 - The STD Clinic would serve as a “Specialty Clinic” in the grant application, which grant writers have defined as a clinic that serves people at risk of HIV and other STDs. We are the only clinic that meets this definition in Washoe County.

Checklist – Can we do this?

- Would other community partners assist?
 - Northern Nevada Outreach Team
 - Northern Nevada HOPES
 - Jan Evans Juvenile Detention Center
 - Washoe County Sheriff’s Office
 - Join Together Northern Nevada
 - Committee to Aid Abused Women
 - Sexual Assault Response Team
 - Substance Abuse Prevention and Treatment Agency
 - Various outreach testing sites
 - Local drug treatment centers, e.g., Life Care Center, etc.
 - Local trauma counseling providers, e.g., Crisis Call Center, etc.

Checklist – How much will it cost?

- Provide a detailed budget
 - Years 1 - 5
 - 1.0 FTE Public Health Nurse II
 - 0.5 FTE Biostatistician
 - Operating costs (e.g., telephone, supplies, etc.)
 - No match required
 - No equipment purchases necessary if re-deployment is available
- List any associated subcontracts
 - No subcontracts

Checklist – How will we measure success?

- Describe evaluation process
 - List performance measurements used
 - Client-level data using the CSAT-GPRA tool
 - 100% of clients screened
 - Of clients receiving intervention or referral, 80% will have follow-up; 10% will have data collected
 - Clinic-level measures e.g., sexual-risk taking while under the influence of alcohol/drugs; repeat STDs, etc.
 - Community-level measures, e.g., % of adults reporting excessive drinking; % of teens reporting dating violence
 - Outcome and process measures per SAMHSA
 - Indicate frequency of reporting to DBOH
 - Through current Division reports as needed
 - Semi-annual reports to SAMHSA

Checklist – How will we measure success?

- List outcomes or products that will result
 - Screening of approximately 1,700 clients in the STD Clinic for substance misuse and trauma impact annually (All Clinic Stats, FY09-10)
 - 80% follow-up rate with clients needing additional intervention and/or referral to treatment
 - Increased knowledge, skills, and abilities of staff
 - Increased referral abilities to substance use prevention and treatment and mental and behavioral health programs in the community
 - Increased access to high-risk clients for STD/HIV prevention, e.g., IDUs, MSM, victims of violence, etc.

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N A L B O H

National Association of Local Boards of Health

5/9/2011



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

DATE: May 12, 2010
TO: District Board of Health
FROM: Kevin Dick, Director, Air Quality Management Division
SUBJECT: Presentation of the Washoe County, Nevada Air Quality Trends (2001-2010)

Air Quality Management Division Staff has prepared the Washoe County, Nevada Air Quality Trends (2001-2010) report.

Background

One of the main tasks of the Air Quality Management Division (AQMD) is to monitor the levels of carbon monoxide, particulate matter (PM₁₀ & PM_{2.5}), ozone, and nitrogen dioxide within the Truckee Meadows and surrounding areas of Washoe County. Monitoring reveals trends in ambient air pollution levels and the subsequent need for and/or success of AQMD implemented air quality control measures.

Every year the AQMD prepares a trends report of the previous year's ambient air quality monitoring data for record as submitted to the Environmental Protection Agency. The current document includes a summary of years 2001-2010 data. Information contained within this report is considered official and may be cited for use by other agencies.

This year's report is 127 pages. However, the body of the report is twenty-four pages which provides a good summary of Washoe County's air quality status. The remainder of the report presents tabulated data. In an effort to reduce printing costs, the report is not included in your Board packet. The report is available for review at the News & Events section of the AQMD's webpage (www.washoecounty.us/health/aqm/home.html). A hard copy can be obtained by contacting Lauri Mendoza at (775) 784-7209.

Kevin Dick
Director

KD/LM:ma

P.O. BOX 11130 Reno, NV 89520-0027 • (775) 784-7200 • FAX (775) 784-7225

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DBOH AGENDA ITEM # 17.

Washoe County Air Quality Management 2010 Trends Report

Purpose

- The Trends Report summarizes the data collected from the Air Quality monitoring sites in Washoe County



Pollutants Monitored

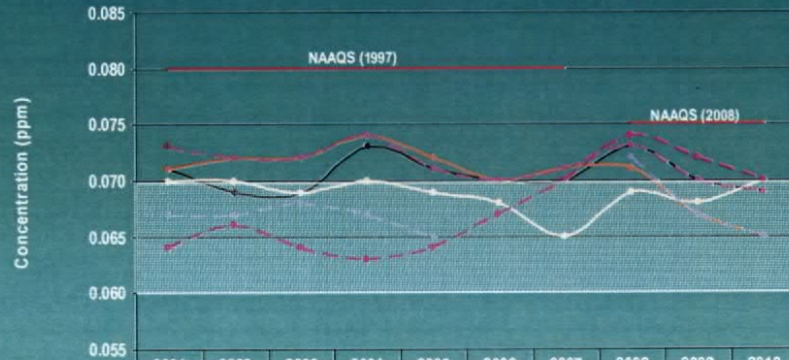


- ◆ Carbon Monoxide (CO)
- ◆ Ozone (O₃)
- ◆ Nitrogen Dioxide (NO₂)
- ◆ Particulate Matter (PM₁₀ & PM_{2.5})

National Ambient Air Quality Standards

Pollutant	Averaging Time	Primary Standard	2010 Exceedance Days
PM ₁₀	24-hour	150 µg/m ³	None
PM _{2.5}	24-hour	35 µg/m ³	January 5 th
	Annual	15 µg/m ³	
Ozone	8-hour	.075 ppm	August 20 th
CO	1-hour	35 ppm	None
	8-hour	9 ppm	None
Lead	Rolling 3-month average	0.15 µg/m ³	Pb was not monitored in 2010
	Quarterly average	1.5 µg/m ³	
Nitrogen Dioxide	Annual (Arithmetic Mean)	0.053 ppm	None
	1-hour	100 ppb	
Sulfur Dioxide	1-hour	75 ppb	Monitoring for this pollutant did not begin until January 1, 2011.
	24-hour	0.14 ppm	
	Annual (Arithmetic Mean)	0.03 ppm	

Ozone Trend (2001-2010)



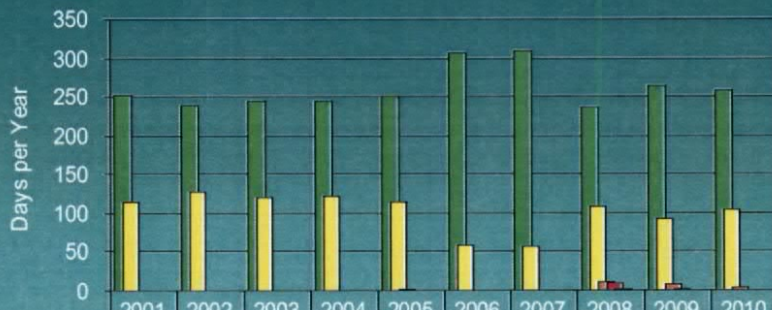
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Current NAAQS	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.075	0.075	0.075
0016 (REN)	0.071	0.069	0.069	0.073	0.071	0.070	0.070	0.073	0.070	0.069
0020 (SRN)	0.071	0.072	0.072	0.074	0.072	0.070	0.071	0.071	0.067	0.065
0025 (TOL)	0.070	0.070	0.069	0.070	0.069	0.068	0.065	0.069	0.068	0.070
1005 (SPK)	0.073	0.072	0.072	0.074	0.071	0.070	0.071	0.073	0.070	0.069
2002 (INC)	0.067	0.067	0.068	0.067	0.065	-	-	0.072	0.067	0.065
2009 (LEM)	0.064	0.066	0.064	0.063	0.064	0.067	0.070	0.074	0.072	0.070
SPSM (MST)	0.073	-	-	-	-	-	-	-	-	-

2010 Annual AQI Report



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Good	17	23	29	26	25	17	15	9	18	29	26	22
Moderate	12	5	2	4	6	13	16	21	12	2	4	9
USG	2	-	-	-	-	-	-	1	-	-	-	-
Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Very Unhealthy	-	-	-	-	-	-	-	-	-	-	-	-
Hazardous	-	-	-	-	-	-	-	-	-	-	-	-

AQI Trend (2001-2010)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
■ Good	252	238	245	244	250	307	308	237	263	258
■ Moderate	113	127	120	122	113	58	57	108	92	104
■ USG	-	-	-	-	2	-	-	11	8	3
■ Unhealthy	-	-	-	-	-	-	-	9	2	-
■ Very Unhealthy	-	-	-	-	-	-	-	1	-	-
■ Hazardous	-	-	-	-	-	-	-	-	-	-

Summary

The trends report is an informative document outlining the highs and lows of the air quality in our community. If you have the time you might want to take a look. It can be found on the Washoe County Health District Air Quality Management's website.

<http://www.washoecounty.us/health/air/aqr.html>

Washoe County, Nevada Air Quality Trends (2001-2010)

May 2011



Prepared by
Lauri Mendoza and Daniel Inouye

Washoe County Health District
Air Quality Management Division
P.O. Box 11130
Reno, Nevada 89520-0027
(775) 784-7200
www.washoecounty.us/health

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Appendices

- A. Detailed Summary of Three Most Recent Years of Data

Acronyms and Abbreviations

AQI	Air Quality Index
AQMD	Washoe County Health District - Air Quality Management Division
AQS	Air Quality System
BAM	Beta Attenuation Monitor
CARB	California Air Resources Board
CASAC	Clean Air Scientific Advisory Committee
CFR	Code of Federal Regulations
CO	Carbon Monoxide
DMV	Department of Motor Vehicles
EPA	U.S. Environmental Protection Agency
FEM	Federal Equivalent Method
FRM	Federal Reference Method
GAL	Galletti
HA 87	Hydrographic Area 87
INC	Incline
LEM	Lemmon Valley
MSA	Metropolitan Statistical Area
MST	Mustang
NAAQS	National Ambient Air Quality Standards
NAMS	National Air Monitoring Station
NCDC	National Climate Data Center
NCORE	National Core multipollutant monitoring station
NDEP	Nevada Division of Environmental Protection
NDOT	Nevada Department of Transportation
NO ₂	Nitrogen Dioxide
NO _y	Reactive Oxides of Nitrogen
O ₃	Ozone
PAMS	Photochemical Assessment Monitoring Station
PLM	Plumb-Kit
PM _{2.5}	Particulate Matter less than or equal to 2.5 microns in aerodynamic diameter
PM ₁₀	Particulate Matter less than or equal to 10 microns in aerodynamic diameter
PM _{coarse}	PM ₁₀ minus PM _{2.5}
ppb	parts per billion
ppm	parts per million
RNO	Reno
RTIA	Reno-Tahoe International Airport
SIP	State Implementation Plan
SLAMS	State and Local Air Monitoring Station
SO ₂	Sulfur Dioxide
SPK	Sparks
SPM	Special Purpose Monitoring
SRN	South Reno
STN	Speciation Trends Network
SUN	Sun Valley
TOL	Toll
USG	Unhealthy for Sensitive Groups

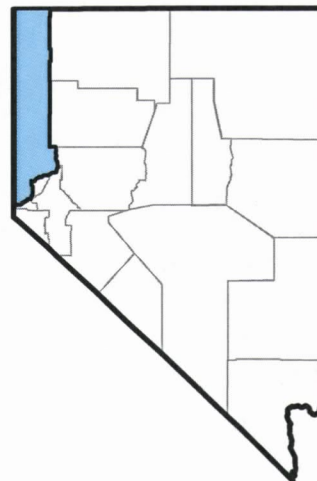
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INTRODUCTION

Washoe County is located in the northwest portion of Nevada and is bounded by California, Oregon, and the Nevada counties of Humboldt, Pershing, Storey, Churchill, Lyon, and Carson City (Figure 1). The majority of Washoe County's population is concentrated in the southern portion of the county, especially in the Truckee Meadows. The Truckee Meadows is approximately 200 square miles in size and identified as Hydrographic Area 87 (HA 87) as defined by the State of Nevada Division of Water Resources.

The U.S. Environmental Protection Agency (EPA) has set health and welfare based National Ambient Air Quality Standards (NAAQS) for the following pollutants: particulate matter less than or equal to 10 microns (PM_{10}), particulate matter less than or equal to 2.5 microns ($PM_{2.5}$), ozone (O_3), carbon monoxide (CO), nitrogen dioxide (NO_2), sulfur dioxide (SO_2), and lead (Pb). The mission of the Washoe County Health District - Air Quality Management Division (AQMD) Monitoring Program is "To monitor and assure the scientific accuracy of the ambient air quality data collected for the determination of compliance with the National Ambient Air Quality Standards (NAAQS) as defined by the EPA". The AQMD has established a monitoring network throughout the Health District to collect ambient air data. The network is reviewed annually to ensure it reflects the actual air quality of the county and that it is measuring for the pollutants of highest concern.

Figure 1
State of Nevada



This document summarizes the ambient air data collected between 2001 and 2010 from the AQMD's monitoring network. These data were submitted to the EPA's Air Quality System (AQS), and are available for public review on EPA's AIRDATA website. Long-term monitoring data can reveal trends in ambient air pollution and the subsequent need for control measures.

POLLUTANTS

The following describes the six criteria pollutants, their primary sources, and associated health effects.

Particulate Matter (PM₁₀ and PM_{2.5})

Particulate matter, also known as particle pollution or PM, is a complex mixture of extremely small particles and liquid droplets. Particle pollution is made up of a number of components, including acids (such as nitrates and sulfates), organic chemicals, metals, and soil or dust particles.

The size of particles is directly linked to their potential for causing health problems. Of concern are particles that are 10 micrometers in diameter or smaller because those are the particles that generally pass through the throat and nose and enter the lungs. Once inhaled, these particles can affect the heart and lungs and cause serious health effects. EPA groups particle pollution into two categories:

- "Inhalable coarse particles", such as those found near roadways and dusty industries, are between 2.5 and 10 micrometers in diameter.
- "Fine particles", such as those found in smoke and haze, are 2.5 micrometers in diameter and smaller. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries, and automobiles react in the air.

Particle pollution, especially fine particles, contains microscopic solids or liquid droplets that are so small that they can get deep into the lungs and cause serious health problems. Numerous scientific studies have linked particle pollution exposure to a variety of problems, including: increased respiratory symptoms, such as irritation of the airways, coughing, or difficulty breathing, for example; decreased lung function; aggravated asthma; development of chronic bronchitis; irregular heartbeat; nonfatal heart attacks; and premature death in people with heart or lung disease.

People with heart or lung diseases, children and older adults are the most likely to be affected by particle pollution exposure. However, even healthy people may experience temporary symptoms from exposure to elevated levels of particle pollution.

Ozone (O₃)

Ozone is a gas composed of three oxygen atoms. It is not usually emitted directly into the air, but at ground-level is created by a chemical reaction between oxides of nitrogen (NO_x) and volatile organic compounds (VOC) in the presence of sunlight. Ozone has the same chemical structure whether it occurs miles above the earth or at ground-level and can be "good" or "bad", depending on its location in the atmosphere. "Good" ozone occurs naturally in the stratosphere approximately 10 to 30 miles above the earth and forms a layer that protects life on earth from the sun's harmful rays.

In the lower atmosphere, ground-level ozone is considered "bad". Breathing ground-level ozone can trigger a variety of health problems including chest pain, coughing, throat irritation, and congestion. It can worsen bronchitis, emphysema, and asthma. Ground-level ozone also can reduce lung function and inflame the linings of the lungs. Repeated exposure may permanently scar lung tissue. People with lung disease, children, older adults, and physically active people may be affected when ozone levels are unhealthy. Numerous scientific studies have linked ground-level ozone exposure to a variety of problems including: airway irritation, coughing, and

pain when taking a deep breath; wheezing and breathing difficulties during exercise or outdoor activities; inflammation, which is much like a sunburn on the skin; aggravation of asthma and increased susceptibility to respiratory illnesses like pneumonia and bronchitis; and permanent lung damage with repeated exposures.

Motor vehicle exhaust and industrial emissions, gasoline vapors, and chemical solvents as well as natural sources emit NO_x and VOC that help form ozone. Ground-level ozone is the primary constituent of smog. Sunlight and hot weather cause ground-level ozone to form in harmful concentrations. As a result, it is known as a summertime air pollutant. Many urban areas tend to have high levels of “bad” ozone, but even rural areas are also subject to increased ozone levels because wind carries ozone and pollutants that form it hundreds of miles away from their original sources.

Carbon Monoxide (CO)

Carbon monoxide is a colorless, odorless gas that is formed when carbon in fuel is not burned completely. It is a component of motor vehicle exhaust, which contributes about 56 percent of all CO emissions nationwide. Other non-road engines and vehicles (such as construction equipment and boats) contribute about 22 percent of CO emissions nationwide. Higher concentrations generally occur in areas with heavy traffic congestion. In cities, 85 to 95 percent of CO emissions may come from motor vehicle exhaust. Other sources include industrial processes (i.e., metals processing and chemical manufacturing), residential wood burning, and natural sources such as forest fires. The highest ambient levels of CO typically occur during the colder months of the year when temperature inversions are more frequent. The air pollution becomes trapped near the ground beneath a layer of warm air.

Carbon monoxide can cause harmful health effects by reducing oxygen delivery to the body's organs (i.e., heart and brain) and tissues. The health threat from lower levels of CO is most serious for those who suffer from heart disease, like angina, clogged arteries, or congestive heart failure. For a person with heart disease, a single exposure to low levels of CO may cause chest pain and a reduced ability to exercise. Repeated exposures may contribute to other cardiovascular effects. Even healthy people can be affected by high levels of CO. Exposure to high levels can result in vision problems, reduced ability to work or learn, reduced manual dexterity, and difficulty performing complex tasks. At extremely high levels, CO is poisonous and can cause death.

Nitrogen Dioxide (NO₂)

Nitrogen dioxide is one of a group of highly reactive gasses known as “oxides of nitrogen”, or “nitrogen oxides (NO_x)”. Other nitrogen oxides include nitrous acid and nitric acid. While EPA's NAAQS covers this entire group of NO_x, NO₂ is the component of greatest interest and the indicator for the larger group of NO_x. NO₂ forms quickly from emissions from cars, trucks and buses, power plants, and off-road equipment. In addition to contributing to the formation of ground-level ozone and fine particle pollution, NO₂ is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term NO₂ exposures, ranging from 30 minutes to 24 hours, with adverse respiratory effects including airway inflammation in healthy people and increased respiratory symptoms in people with asthma. Also, studies show a connection between breathing elevated short-term NO₂ concentrations, and increased visits to emergency departments and hospital admissions for respiratory issues, especially asthma.

NO₂ concentrations in vehicles and near roadways are appreciably higher than those measured at monitors in the current network. In fact, in-vehicle concentrations can be 2 to 3 times higher than measured at nearby area-wide monitors. Near-roadway (within about 50 meters) concentrations of NO₂ have been measured to be approximately 30 to 100 percent higher than concentrations away from roadways.

Individuals who spend time on or near major roadways can experience short-term NO₂ exposures considerably higher than measured by the current network. Approximately 16 percent of US housing units (approximately 48 million people) are located within 300 feet of a major highway, railroad, or airport. This population likely includes a higher proportion of non-white and economically-disadvantaged people. NO₂ exposure concentrations near roadways are of particular concern for susceptible individuals, including people with asthma, asthmatics, children, and the elderly.

NO_x react with ammonia, moisture, and other compounds to form small particles. These small particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. Ozone is formed when NO_x and volatile organic compounds react in the presence of heat and sunlight. Children, the elderly, people with lung diseases such as asthma, and people who work or exercise outside are at risk for adverse effects from ozone. These include reduction in lung function and increased respiratory symptoms as well as respiratory-related emergency department visits, hospital admissions, and possibly premature deaths.

Emissions that lead to the formation of NO₂ generally also lead to the formation of other NO_x. Emissions control measures leading to reductions in NO₂ can generally be expected to reduce population exposures to all gaseous NO_x. This may have the important co-benefit of reducing the formation of ozone and fine particles both of which pose significant public health threats.

Sulfur Dioxide (SO₂)

Sulfur dioxide is one of a group of highly reactive gasses known as "oxides of sulfur". The largest sources of SO₂ emissions are from fossil fuel combustion at power plants (66 percent) and other industrial facilities (29 percent). Smaller sources of SO₂ emissions include industrial processes such as extracting metal from ore, and the burning of high sulfur containing fuels by locomotives, large ships, and non-road equipment. SO₂ is linked with a number of adverse effects on the respiratory system.

Current scientific evidence links short-term exposures to SO₂, ranging from 5 minutes to 24 hours, with an array of adverse respiratory affects including bronchoconstriction and increased asthma symptoms. These effects are particularly important for asthmatics at elevated ventilation rates (i.e., while exercising or playing.). Studies also show a connection between short-term exposure and increased visits to emergency departments and hospital admissions for respiratory illnesses, particularly in at-risk populations including children, the elderly, and asthmatics.

EPA's SO₂ NAAQS is designed to protect against exposure to the entire group of sulfur oxides (SO_x). SO₂ is the component of greatest concern and is used as the indicator for the larger group of SO_x. Other gaseous sulfur oxides (i.e., SO₃) are found in the atmosphere at concentrations much lower than SO₂.

Emissions leading to high concentrations of SO₂ generally also lead to the formation of other SO_x. Control measures that reduce SO₂ can generally be expected to reduce people's exposures to all gaseous SO_x. This may have the important co-benefit of reducing the formation of fine sulfate particles, which pose significant public health threats.

SO_x can react with other compounds in the atmosphere to form small particles. These particles penetrate deeply into sensitive parts of the lungs and can cause or worsen respiratory disease, such as emphysema and bronchitis, and can aggravate existing heart disease, leading to increased hospital admissions and premature death. EPA's PM NAAQS are designed to provide protection against these health effects.

Lead (Pb)

Lead is a metal found naturally in the environment as well as in manufactured products. The major sources of lead emissions have historically been motor vehicles (such as cars and trucks) and industrial sources. As a result of EPA's efforts to remove lead from gasoline, ambient lead levels decreased 94 percent between 1980 and 1999. Today, the highest levels of Pb in air are usually found near lead smelters. Other stationary sources are waste incinerators, utilities, and lead-acid battery manufacturers.

In addition to exposure to lead in air, other major exposure pathways include ingestion of lead in drinking water and lead-contaminated food as well as incidental ingestion of lead-contaminated soil and dust. Lead-based paint remains a major exposure pathway in older homes.

Once taken into the body, lead distributes throughout the body in the blood and is accumulated in the bones. Depending on the level of exposure, lead can adversely affect the nervous system, kidney function, immune system, reproductive and developmental systems and the cardiovascular system. Lead exposure also affects the oxygen carrying capacity of the blood. The effects most commonly encountered in current populations are neurological effects in children and cardiovascular effects (i.e., high blood pressure and heart disease) in adults. Infants and young children are especially sensitive to even low levels of lead, which may contribute to behavioral problems, learning deficits, and lowered IQ.

NATIONAL AMBIENT AIR QUALITY STANDARDS

The Clean Air Act requires the EPA to establish NAAQS for pollutants considered harmful to public health and the environment. Two types of NAAQS have been established; primary and secondary standards. Primary standards set limits to protect public health, especially that of sensitive populations such as asthmatics, children, and seniors. Secondary standards set limits to protect public welfare, including protections against decreased visibility, damage to animals, crops, and buildings.

The EPA has set NAAQS for seven principal pollutants, which are called "criteria" pollutants. They are listed in Title 40 of the Code of Federal Regulations (CFR) Part 50 and summarized in Table 1 below. The units of measure for the standards are parts per million (ppm) or billion (ppb) by volume, milligrams per cubic meter of air (mg/m^3), or micrograms per cubic meter of air ($\mu\text{g}/\text{m}^3$).

Table 1
National Ambient Air Quality Standards (as of December 31, 2010)

Pollutant	Primary Standard		Secondary Standard	
	Averaging Time	Concentration	Averaging Time	Concentration
PM ₁₀	24-hour	150 $\mu\text{g}/\text{m}^3$	Same as primary	
PM _{2.5}	24-hour	35 $\mu\text{g}/\text{m}^3$	Same as primary	
	Annual	15.0 $\mu\text{g}/\text{m}^3$	Same as primary	
O ₃	8-hour	0.075 ppm	Same as primary	
CO	1-hour	35 ppm	None	
	8-hour	9 ppm	None	
NO ₂	Annual (arithmetic mean)	0.053 ppm	Same as primary	
	1-hour	100 ppb	None	
SO ₂	1-hour	75 ppb	None	
	24-hour	0.14 ppm	3-hour	0.5 ppm
	Annual (arithmetic mean)	0.03 ppm		
Pb	Rolling 3-month average	0.15 $\mu\text{g}/\text{m}^3$	Same as primary	
	Quarterly average	1.5 $\mu\text{g}/\text{m}^3$	Same as primary	

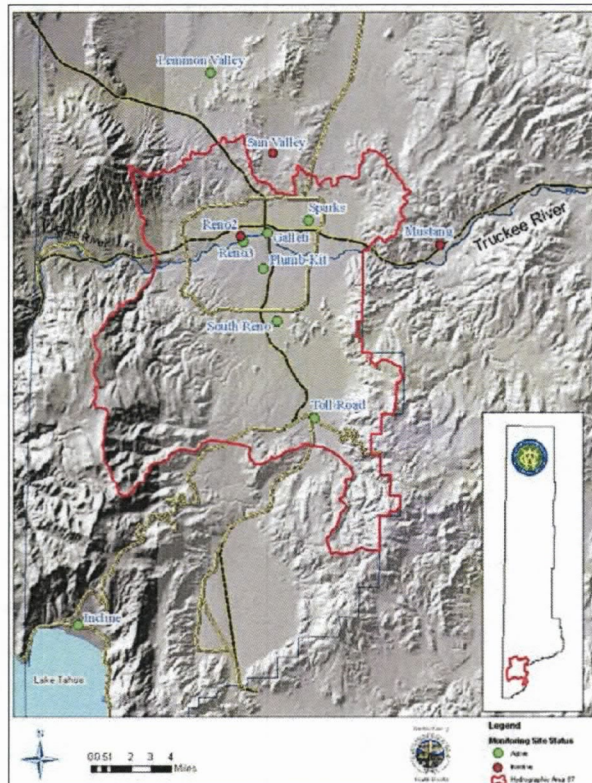
AMBIENT AIR MONITORING NETWORK

The AQMD began monitoring ambient air quality in Washoe County in the 1970's and the monitoring network has grown and evolved since this time. This trends report provides a summary of data collected from ambient air monitoring sites in Washoe County that the AQMD operated and maintained between 2001 and 2010 to measure PM₁₀, PM_{2.5}, O₃, CO, and NO₂.

Each monitoring site is classified into one of two major categories - SLAMS (State or Local Air Monitoring Station) and SPM (Special Purpose Monitoring). SLAMS consist of a network of monitoring stations whose size and distribution is largely determined by the monitoring requirements for NAAQS comparison. SLAMS in the AQMD's network can be further classified as NCore (National Core monitoring network) or STN (Speciation Trends Network).

The AQMD's monitoring stations are sited in accordance with 40 CFR 58 and utilize equipment designated as reference or equivalent methods.¹ In addition, the network is reviewed annually² to ensure the network meets the monitoring objectives defined in 40 CFR 58, Appendix D. Ambient air monitoring data are collected, quality assured,³ and recorded in AQS. Figure 2 displays the ambient air monitoring sites operated between 2001 and 2010. For specific details regarding the ambient air monitoring network, refer to the AQMD's "2009 Ambient Air Monitoring Network Plan" and "2010 Ambient Air Monitoring Network Assessment".

Figure 2
Washoe County Ambient Air Monitoring Sites (2001-2010)



¹ 40 CFR 53.
² 40 CFR 58.10.
³ 40 CFR 58.

Following is a description of these monitoring sites sorted by operational status.

Currently Operating

Reno3 (RNO) - (EPA ID #32-031-0016 SLAMS): This downtown site began operation in January 2002 to replace the Reno site. Both a residential neighborhood and a commercial growth area surround this site which is located at 301 State Street. The pollutants measured are PM₁₀, PM_{2.5}, O₃, CO, and NO₂. The monitoring objectives are to determine typical concentrations for all pollutants monitored.

Figure 3
Reno3



South Reno (SRN) - (EPA ID #32-031-0020 SLAMS): Located on the NV Energy property at 4110 Delucchi Lane, this background site is in a transitional environment between open fields and office buildings. The site monitors for typical concentrations for PM₁₀ and CO. The site also monitors for highest concentrations of O₃, which forms downwind of the sources of the photochemical precursors.

Galletti (GAL) - (EPA ID #32-031-0022 SLAMS): This site is in the State of Nevada Department of Motor Vehicles and Department of Transportation yards at 305 Galletti Way in Reno. It is located southeast of the Interstate 80 - US Highway 395 interchange in a commercial/industrial area. The Galletti site, which monitors PM₁₀ and CO, is heavily impacted by on-road vehicle emissions from interstate highways. The monitoring objective is to determine highest concentrations of the pollutants monitored.

Figure 4
Toll Road



Toll Road (TOL) - (EPA ID # 32-031-0025 SLAMS): The Toll Road site is located at 684A State Route 341 (Geiger Grade), one-half mile east of US Highway 395. The site is near the edge of a residential neighborhood and adjacent to an area that may become commercially developed. It is a background site for PM₁₀ and CO. This site also monitors typical concentrations of O₃. A nearby school bus depot is not believed to have impacted the site.

Plumb-Kit (PLM) - (EPA ID # 32-031-0030 SLAMS): The Plumb-Kit site is located on the northeast corner of Plumb Lane and Kietzke Avenue. The only pollutant measured at this site is PM₁₀ (SLAMS). The monitoring objective is to determine typical concentrations of PM₁₀.

Sparks (SPK) - (EPA ID #32-031-1005 SLAMS): The Sparks site is located on US Postal Service property at 750 Fourth Street in a residential area and measures PM₁₀, O₃, and CO. Its monitoring objective is to determine typical concentrations for the pollutants monitored.

Incline Village (INC) - (EPA ID #32-031-2002 SLAMS): Located at the Washoe County public library at 855 Alder Drive, this site is outside HA 87. It is located in a residential/commercial neighborhood, where the monitoring objective is to determine typical concentrations for the pollutants monitored. The AQMD had monitored PM₁₀ (1993-2002) and CO (1993-2002) and currently monitors for O₃. This site was temporarily closed from December 2005 to May 2008 for remodeling. By multi-agency cooperative agreement, the California Air Resources Board (CARB) monitored PM_{2.5} (1999-2002) and NO₂ (1999-2002). Since May 2008 this site only monitors for O₃.

Figure 5
Lemmon Valley



Lemmon Valley (LEM) - (EPA ID #32-031-2009 SLAMS): Located at the Joe Mitchell Community Center at 325 Patrician Drive, this site is outside HA 87. It is in a transitional area among residences, parks, and open fields. The pollutants monitored are O₃ and CO. The monitoring objective is to determine general background concentrations.

No Longer Operating

Reno (RNO) - (EPA ID #32-031-0016 SLAMS/SPMS): This site was located in a downtown Reno commercial area at 250 North Lake Street. In April 1995, it was relocated approximately 300 feet north to the southwest corner of Plaza Street and Evans Avenue. The pollutants measured were PM₁₀, O₃, and CO (SLAMS). In addition, special purpose monitoring (SPMS) for NO₂ began in 1996 and was reclassified as (SLAMS) in 2005. PM_{2.5} monitoring (SLAMS) began in 1999. The Reno site was displaced and shut down in January 2003 because of the ReTRAC (Reno Transportation Rail Access) Project.

Sun Valley (SUN) - (EPA ID #32-031-2006 SLAMS): This PM₁₀ site at 5399 Sun Valley Drive was located in a residential area outside HA 87. PM₁₀ monitoring continued until the site was shut down in March 2005.

Mustang (MST) - (SPMS): This remote site was located north of Interstate 80 near the Mustang exit (Exit 23) in southeastern Washoe County and is no longer used. The Mustang site was operational from 1993 to 2002 and monitored PM₁₀ (1993-1998), O₃ (1993-2002), and CO (1995-1998).

A REVIEW of 2010

The year began with several consecutive days of stable atmospheric conditions and strong temperature inversions. The lowest temperature of the month (18 degrees) occurred on January 4. The low temperature and the strong inversions were contributing factors to a 24-hour PM_{2.5} concentration and NAAQS exceedance of 38.8 µg/m³ on January 5.

The lowest pressure ever recorded at the Reno-Tahoe International Airport (RTIA) occurred on January 21 when the sea level pressure dropped to 28.91 inches.

A period of cool and wet weather in late May led to a slow start to the 2010 fire season. The first large wildfire did not occur until the final week of July due to several days of thunderstorms. Fire activity was sparse during the remainder of the summer with a widespread wetting rain in early October resulting in an early end to the fire season.

The RTIA tied a record of 35 consecutive days (July 5 through August 8) with a high temperature of 90 degrees or more. The highest 8-hour O₃ concentration during this period was 0.074 ppm (August 5). The only O₃ exceedance (0.077 ppm) of the summer occurred after this period on August 20.

The year ended with above normal precipitation in November and December. These unsettled conditions prevented any significant periods of stagnation. The highest PM_{2.5} concentration during these two months was 24.4 µg/m³ which occurred on December 1.

Table 2 summarizes NAAQS exceedances in 2010 by pollutant, averaging period, and dates.

Table 2
2010 Exceedances Summary

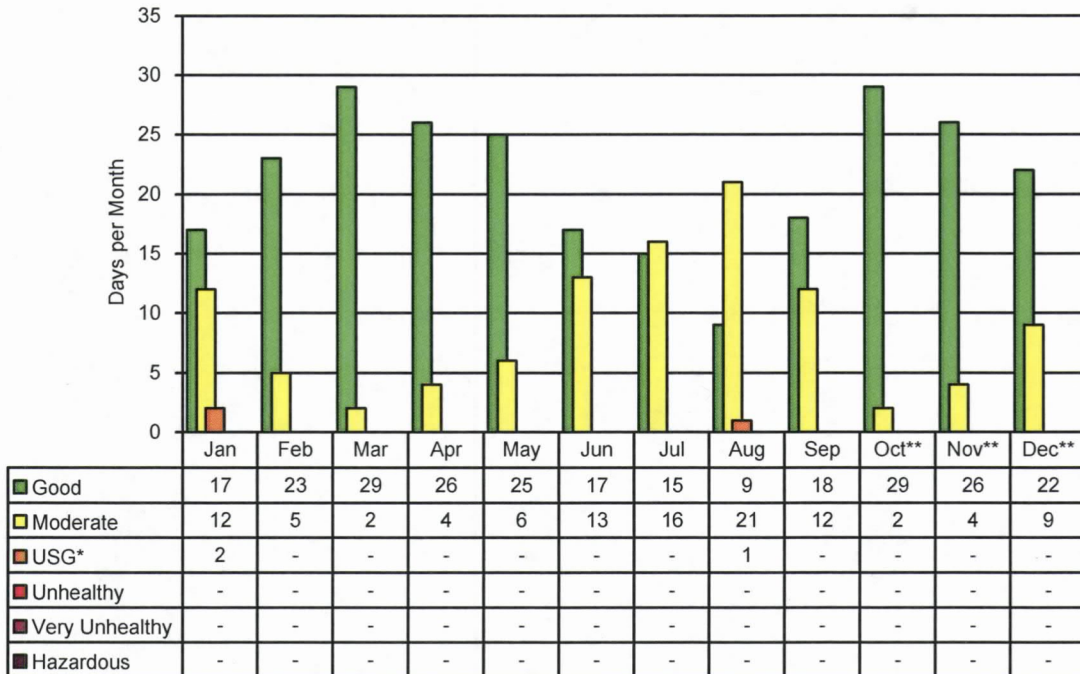
Pollutant	Averaging Period	Exceedance Dates
PM ₁₀	24-hour	none
PM _{2.5}	24-hour	Jan 5
O ₃	8-hour	Aug 20
CO	1-hour	none
	8-hour	none
NO ₂	1-hour	none
SO ₂	1-hour	n/a - Monitoring began at the RNO site on January 1, 2011.
	24-hour	
	3-hour	
Pb	3-month	Not required to monitor based on population size and lack of significant Pb sources.
	quarterly	

Figure 6 summarizes the 2010 air quality by month and Air Quality Index (AQI) categories. The AQI is an index for reporting daily air quality that has been established by EPA which informs the public how clean or polluted the air is, and what associated health effects might be a concern. The AQI is reported to the public via an email list and the AQMD's air quality hotline ((775) 785-4110). This hotline is updated daily, and more often during air pollution episodes. PM, CO, and NO₂ concentrations are typically higher in the winter months while higher O₃ concentrations are more typical during the summer months.

The AQMD operates two types of monitors for PM₁₀ and PM_{2.5} - Beta Attenuation Monitors (BAMs) and filter-based monitors. BAMs collect PM data on an hourly basis 24 hours per day, 365 days per year. In 2010, BAM data were used for AQI purposes only and were not used to determine NAAQS exceedances nor compliance.

Filter-based PM monitors were used for NAAQS compliance and operated on a 1 in 3, or 1 in 6 day sampling schedule. These sampling schedules provide approximately 122 (1 in 3) or 61 (1 in 6) samples per year. EPA provides design value calculation guidance which makes "less than daily sampling" data statistically equivalent to daily methods. Because of these differences in PM monitoring frequency for AQI and NAAQS compliance purposes, the totals in Table 2 may not be consistent with the data in Figures 6-8.

Figure 6
Monthly AQI Summary for All Pollutants (2010)



* Unhealthy for Sensitive Groups
** See footnote on Figure 8.

The next four figures are pollutant specific and summarize Washoe County's air quality for the previous year by pollutant, month, and AQI categories.

Figure 7
Monthly AQI Summary of PM₁₀ (2010)

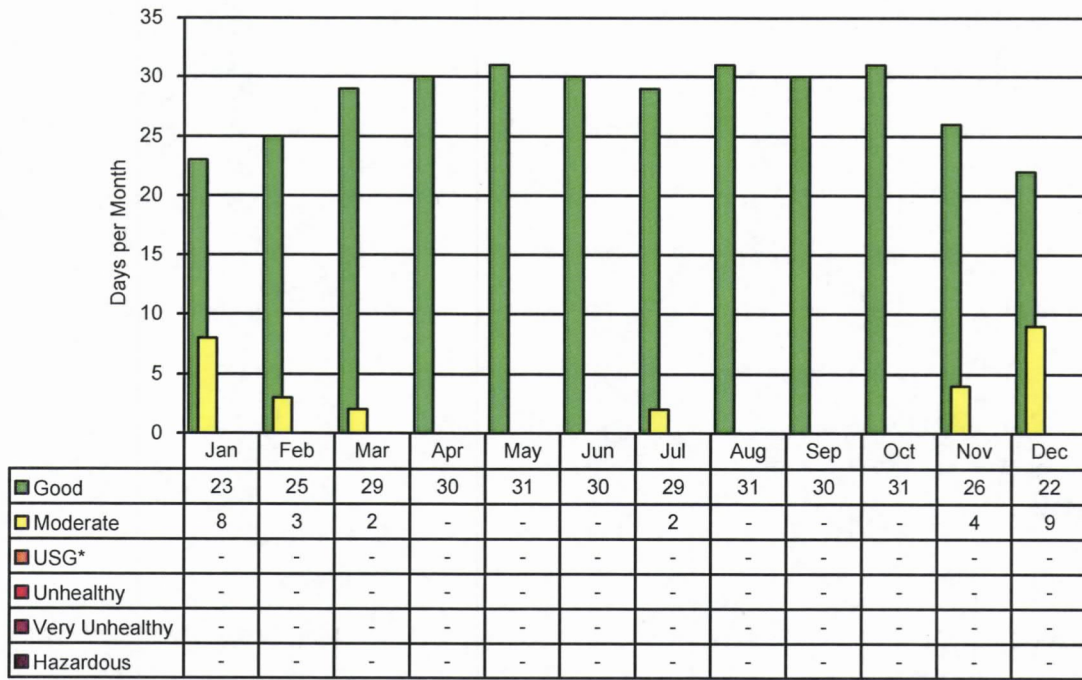
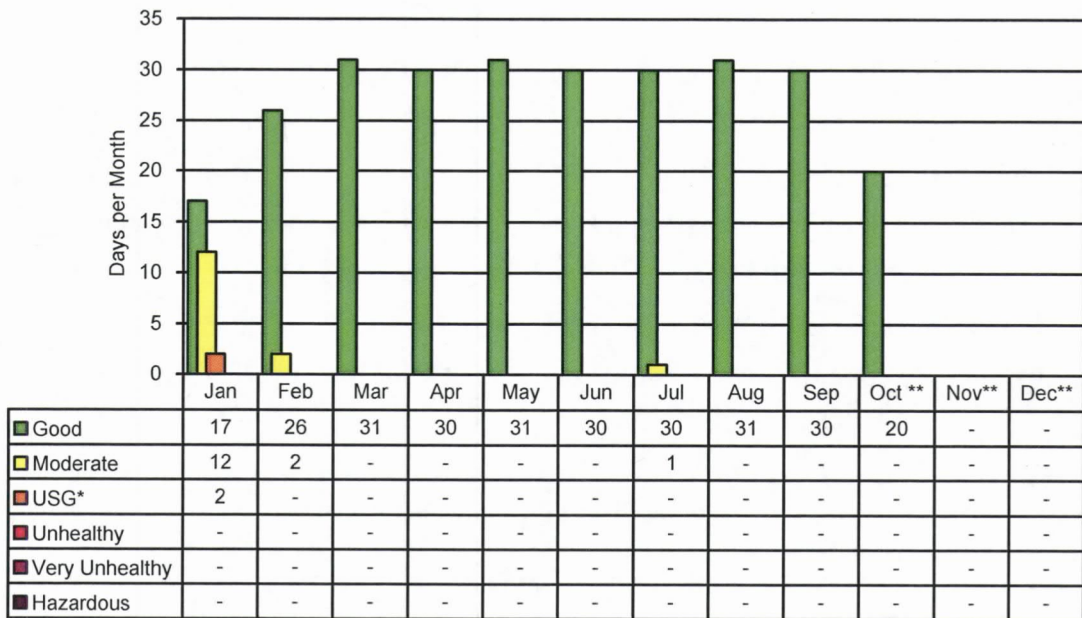


Figure 8
Monthly AQI Summary of PM_{2.5} (2010)



* Unhealthy for Sensitive Groups

** Although PM_{2.5} monitors for short-term AQI forecasts were offline for an extended period of maintenance (Oct 21 - Dec 31), other PM_{2.5} monitors for NAAQS compliance purposes were operational during this period. Figures 6, 8, and 11 reflect these missing PM_{2.5} AQI data.

Figure 9
Monthly AQI Summary of O₃ (2010)

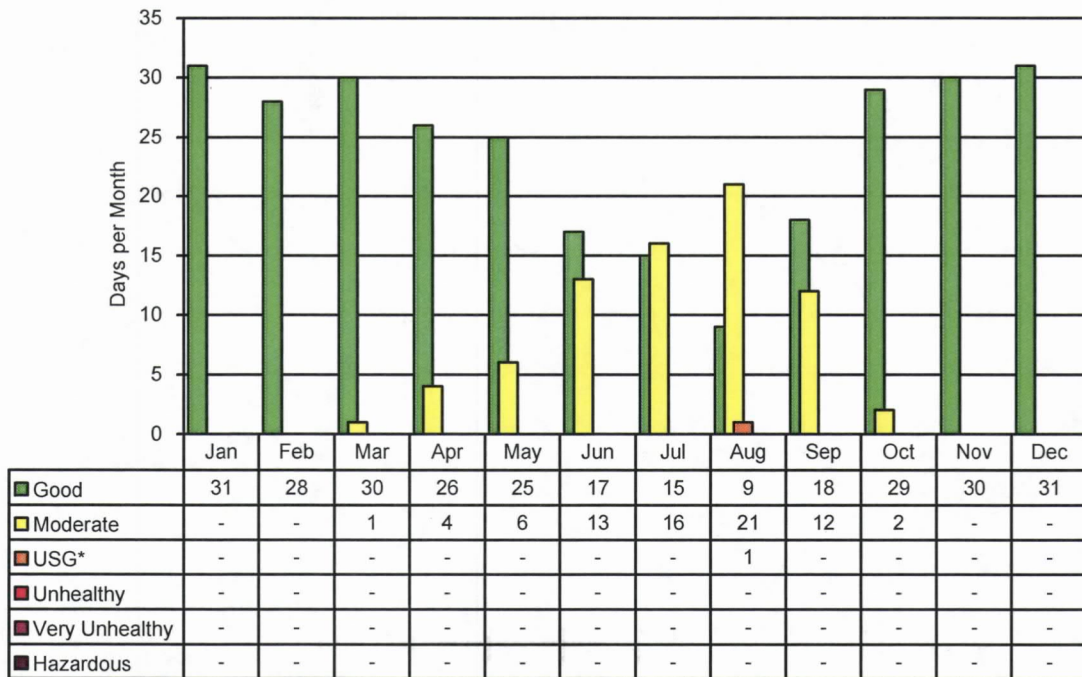
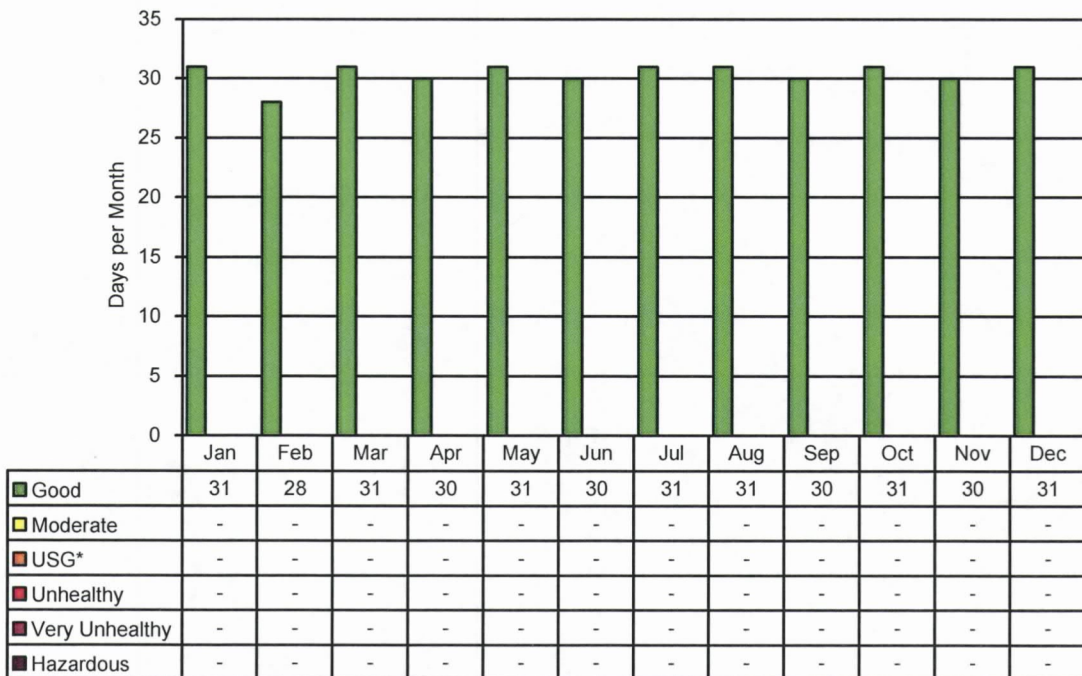


Figure 10
Monthly AQI Summary of CO (2010)



* Unhealthy for Sensitive Groups

CURRENT DESIGN VALUES and ATTAINMENT STATUS

Table 3 summarizes Washoe County's current design values and designations for each NAAQS. The designations are also codified in 40 CFR 81.329.

Table 3
Design Values and Attainment Status (as of December 31, 2010)

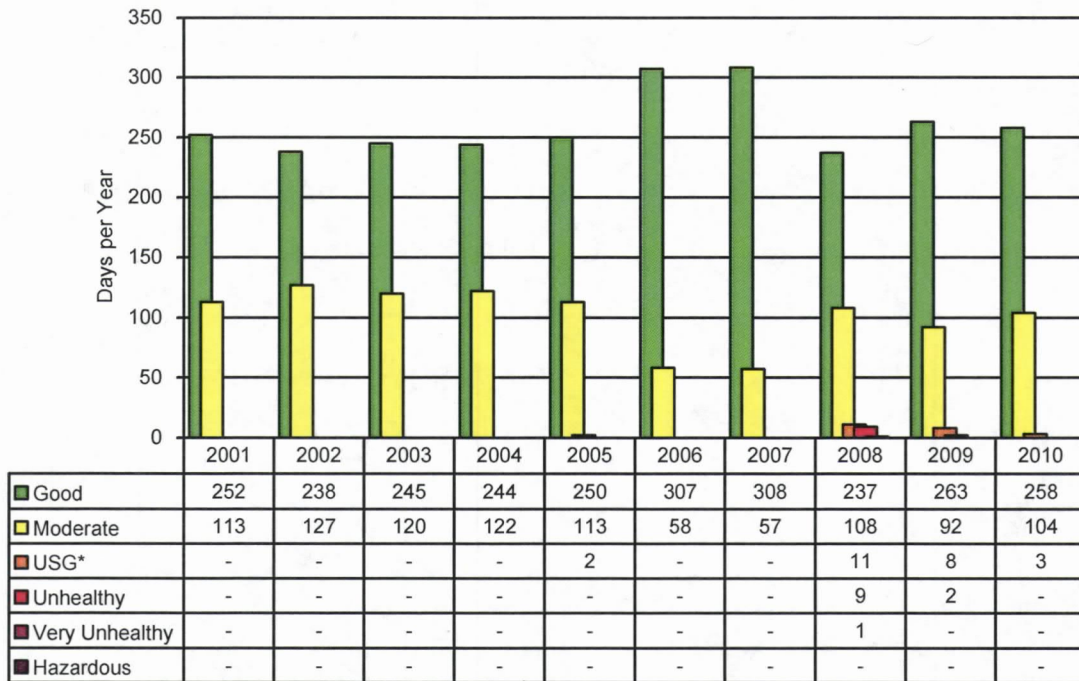
Pollutant	NAAQS		Design Value	Designation (Geographic Area)
	Averaging Time	Level		
PM ₁₀	24-hour	150 µg/m ³	0.0 (Expected Exceedances)	"Serious" Non-Attainment (HA 87)
				Unclassifiable (Remainder of County)
PM _{2.5} *	24-hour	35 µg/m ³	37 µg/m ³	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
	Annual	15.0 µg/m ³	8.1 µg/m ³	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
O ₃ *	8-hour	0.075 ppm	0.070 ppm	Unclassifiable / Attainment (Entire County)
CO	1-hour	35 ppm	3.1 ppm	Attainment (HA 87)
				Unclassifiable/ Attainment (Remainder of County)
	8-hour	9 ppm	2.6 ppm	Attainment (HA 87)
				Unclassifiable / Attainment (Remainder of County)
NO ₂	Annual (arithmetic mean)	0.053 ppm	0.016 ppm	Cannot be classified or better than national standards (Entire County)
	1-hour	100 ppb	59.0 ppb	n/a (Entire County) Promulgated in 2010.
SO ₂	1-hour	75 ppb	n/a	n/a (Entire County) Promulgated in 2010.
	24-hour	0.14 ppm	n/a	Better than national standards (Entire County) - Revoked in 2010.
	Annual (arithmetic mean)	0.03 ppm	n/a	
Pb	Rolling 3-month average	0.15 µg/m ³	n/a	Will be designated during the second round of designations by October 15, 2011.
	Quarterly Average	1.5 µg/m ³	n/a	

* PM_{2.5} and O₃ ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 1, 2011, EPA has not taken final action. The PM_{2.5} and O₃ design values will include these data until EPA determines concurrence with the request.

TEN-YEAR AIR QUALITY TREND

Figure 11 summarizes the ten-year trend in AQI between 2001 and 2010. NAAQS revisions in 2006 and 2008 resulted in changes to AQI category ranges and the number of days per year within those ranges.

Figure 11
AQI Trend (2001-2010)



* Unhealthy for Sensitive Groups

Notes

- 2006: 1-hour O₃ NAAQS rescinded. Reporting of AQI for 1-hour O₃ discontinued in June. Reporting of AQI for 8-hour O₃ began in June. 24-hour PM_{2.5} NAAQS lowered from 65 to 35 µg/m³.
- 2007: Reporting of AQI for PM_{2.5} began in July.
- 2008: 8-hour O₃ NAAQS lowered from 0.08 to 0.075 ppm.
- 2010: No AQI for PM_{2.5} from Oct 21 to Dec 31.

The next subsection provides one-page summaries of the ten-year trend for each pollutant monitored. The summaries also provide information about the latest year including exceedances, maximum concentrations, and design values.

PM₁₀ (24-hour)

NAAQS Level: 150 µg/m³

Current Designation: "Serious" Non-Attainment (HA 87), and Unclassifiable (Remainder of County)

2010 Exceedances: 0

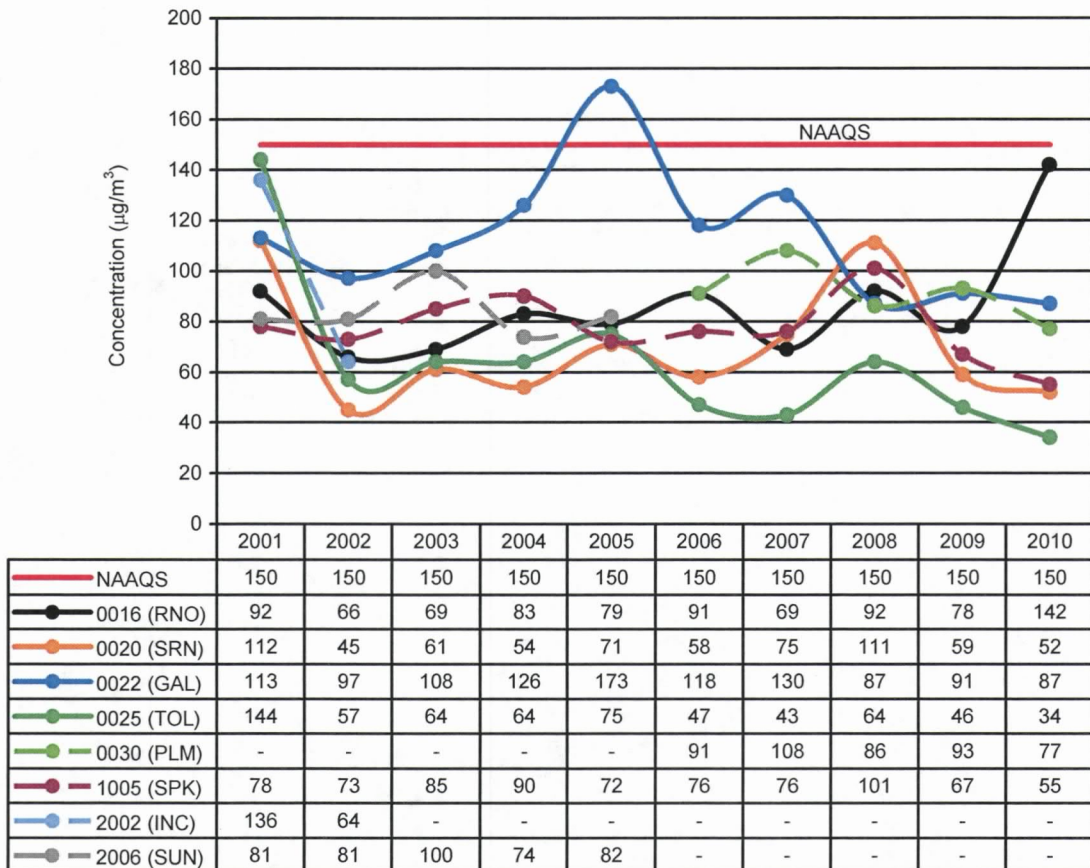
2010 Expected Exceedances: 0.0

2010 First High: 142 µg/m³ (Jan 5 - RNO)

2010 Design Value: 0.0 expected exceedances

Notes: In 2006, EPA retained the 24-hour NAAQS of 150 µg/m³ and revoked the annual NAAQS of 50 µg/m³ (71 FR 61144). In July 2009, a revision to the PM₁₀ State Implementation Plan (SIP) was submitted to EPA Region IX requesting redesignation of HA 87 to Attainment/Maintenance of the 24-hour NAAQS. [Additional notes: On April 19, 2011, EPA published a final rule (76 FR 21807) finding that the: 1) Truckee Meadows failed to attain the NAAQS by the applicable date; and 2) the Truckee Meadows is currently attaining the NAAQS based on recent monitoring data (2007-2009). The rule does not change the "Serious" non-attainment designation.] In 2010, 1 in 3 day sampling began at the Reno3 site. The remainder of the PM₁₀ network operates on a 1 in 6 day sampling schedule.

Figure 12
24-hour PM₁₀ Concentrations (1st Highs)



PM_{2.5} (24-hour)

NAAQS Level: 35 µg/m³

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2010 Exceedances: 1 (Jan 5 - RNO)

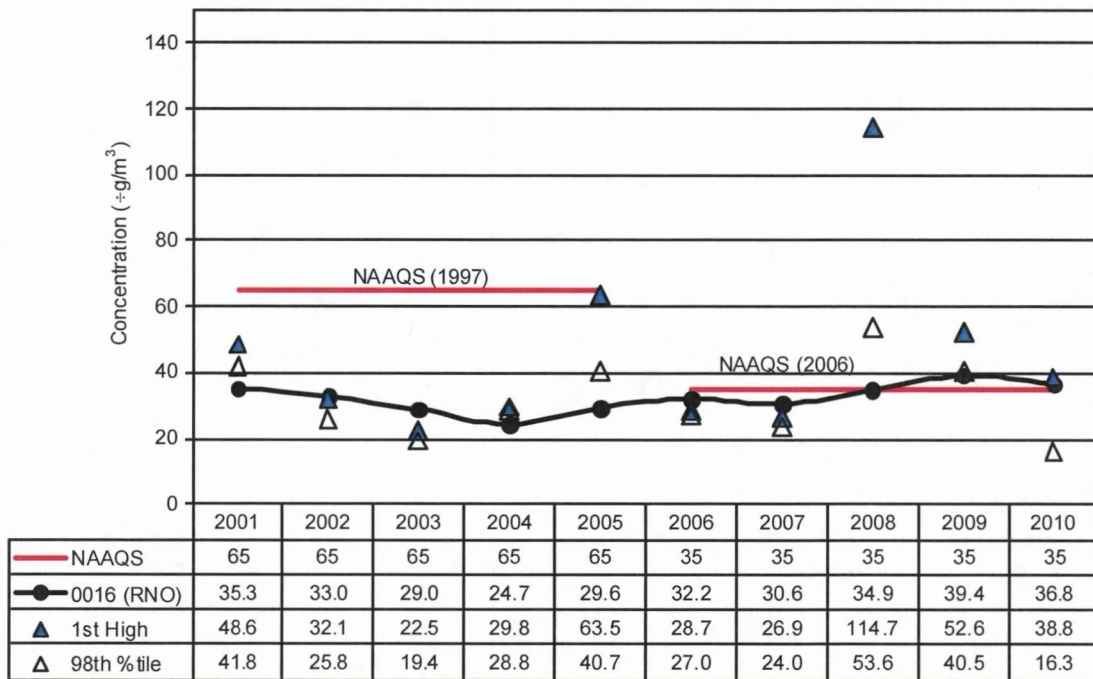
2010 First High: 38.8 µg/m³ (Jan 5 - RNO)

2010 98th Percentile: 16.3 µg/m³ (Jan 8 - RNO)

2010 Design Value: 37 µg/m³

Notes: PM_{2.5} was monitored at one site (RNO) during this period. In 2006, EPA revised and lowered the NAAQS from 65 to 35 µg/m³ (71 FR 61144). Ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 10, 2011, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request.

Figure 13
24-hour PM_{2.5} Concentrations (3-year Average of 98th Percentiles; 1st Highs; and 98th Percentiles)



PM_{2.5} (Annual)

NAAQS Level: 15 µg/m³

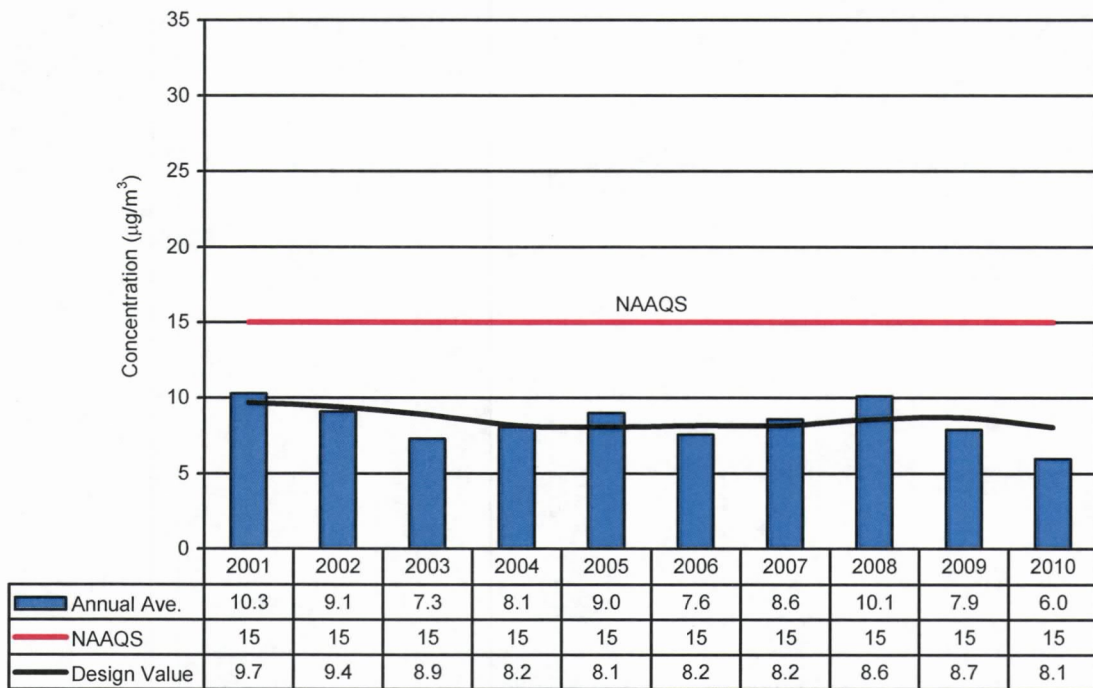
Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2010 Annual Average: 6.0 µg/m³

2010 Design Value: 8.1 µg/m³

Notes: PM_{2.5} was monitored at one site (RNO) during this period. In 2006, EPA reviewed and retained the annual NAAQS of 15 µg/m³ (71 FR 61144). Ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 10, 2011, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request.

Figure 14
Annual PM_{2.5} Concentrations and Design Values



O₃ (8-hour)

NAAQS Level: 0.075 ppm

Current Designation: Unclassifiable/Attainment (Entire County)

2010 Exceedances: 1 (Aug 20 - TOL)

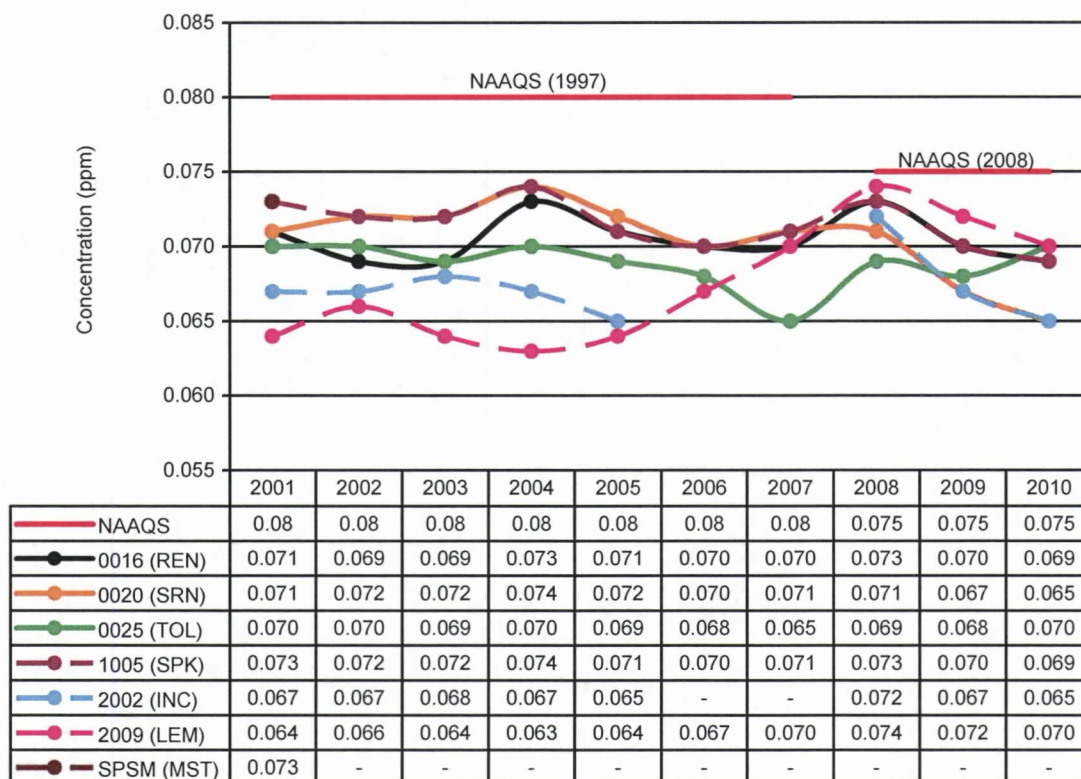
2010 First High: 0.077 ppm (Aug 20- TOL)

2010 Fourth High: 0.070 ppm (Jul 27 - TOL)

2010 Design Value: 0.070 ppm

Notes: The NAAQS was revised and lowered in 2008 from 0.08 to 0.075 ppm (73 FR 16436). Ambient air monitoring data from June/July 2008 were influenced by wildfires in Northern California. An exceptional events request was submitted to EPA Region IX in October 2009. As of May 10, 2011, EPA has not taken action on the request and is not anticipated to do so. The design values will include these data unless EPA determines concurrence with the request.

Figure 15
8-hour O₃ Concentrations (3-year Average of 98th Percentiles)



CO (8-hour)

NAAQS Level: 9 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2010 Exceedances: 0

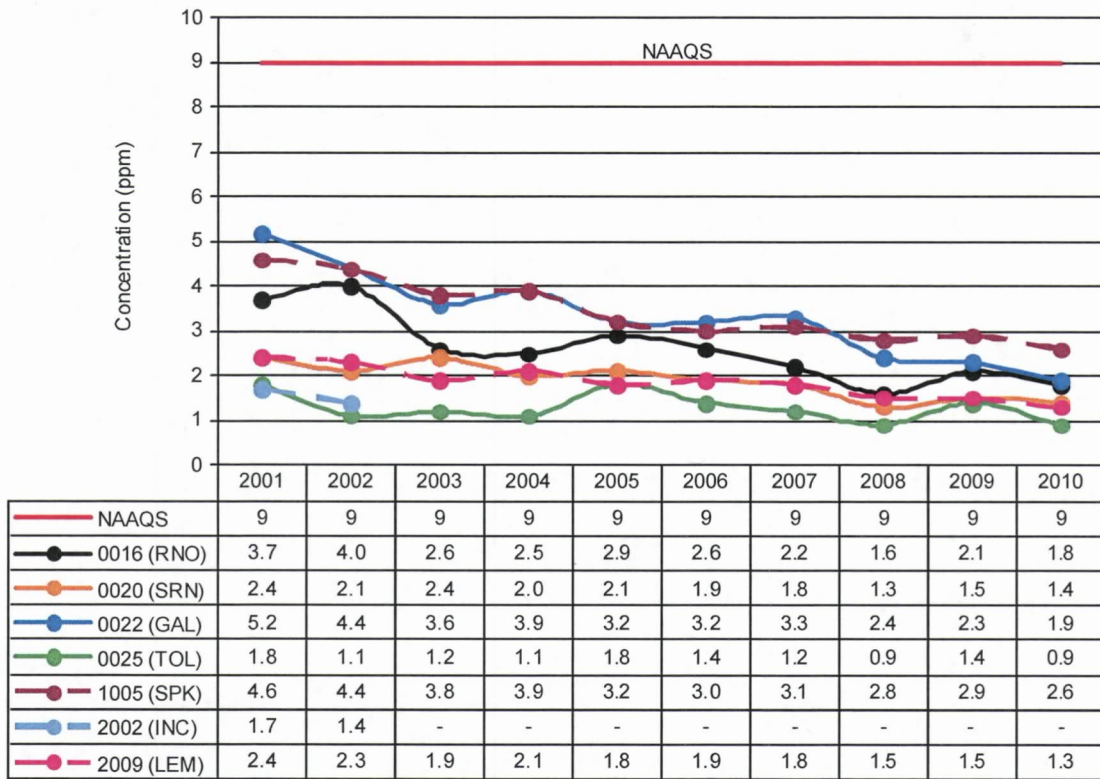
2010 First High: 2.8 ppm (Dec 24 - SPK)

2010 Second High: 2.6 ppm (Dec 25 - SPK)

2010 Design Value: 2.6 ppm

Notes: The last measured exceedance of the 8-hour NAAQS occurred in December 1991.

Figure 16
8-hour CO Concentrations (2nd Highs)



CO (1-hour)

NAAQS Level: 35 ppm

Current Designation: Attainment (HA 87), and Unclassifiable/Attainment (Remainder of County)

2010 Exceedances: 0

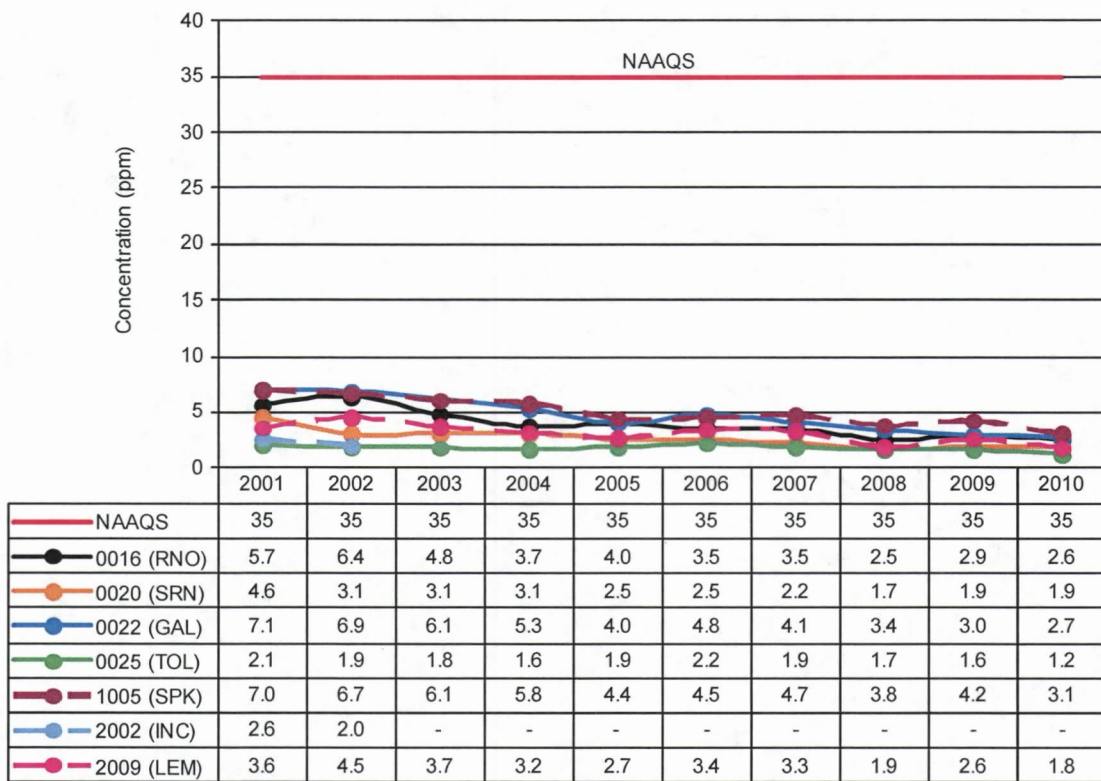
2010 First High: 3.4 ppm (Jan 6 - SPK)

2010 Second High: 3.1 ppm (Jan 15 - SPK)

2010 Design Value: 3.1 ppm

Notes: The AQMD has never measured an exceedance of the 1-hour NAAQS.

Figure 17
1-hour CO Concentrations (2nd Highs)



NO₂ (1-hour)

NAAQS Level: 100 ppb (Promulgated in 2010)

Current Designation: Initial recommendations of "Attainment" (HA 87) and "Unclassifiable" (Remainder of the County) were submitted to the Nevada Division of Environmental Protection (NDEP) on December 3, 2010. [Additional note: NDEP concurred with the AQMD recommendations and recommended the same initial designations to EPA Region IX on January 11, 2011. As of May 10, 2011, EPA has not taken final action.]

2010 Exceedances: 0

2010 First High: 81 ppb (Dec 1 - RNO)

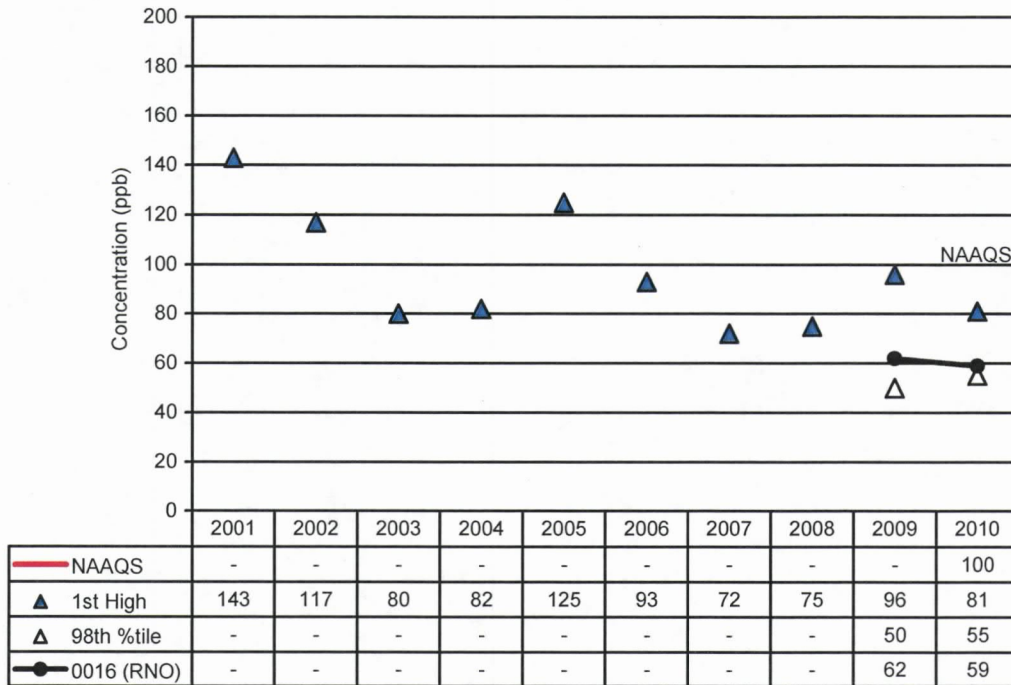
2010 98th Percentile: 55 ppb (Sep 24 - RNO)

2010 Design Value: 59 ppb

Notes: NO₂ was monitored at one site (RNO) during this period. In 2010, EPA established a new 1-hour NAAQS of 100 ppb (75 FR 6474).

Figure 18

1-hour NO₂ Concentrations (1st Highs, 98th Percentiles, and 3-Year Average of 98th Percentiles)



NO₂ (Annual)

NAAQS Level: 0.053 ppm

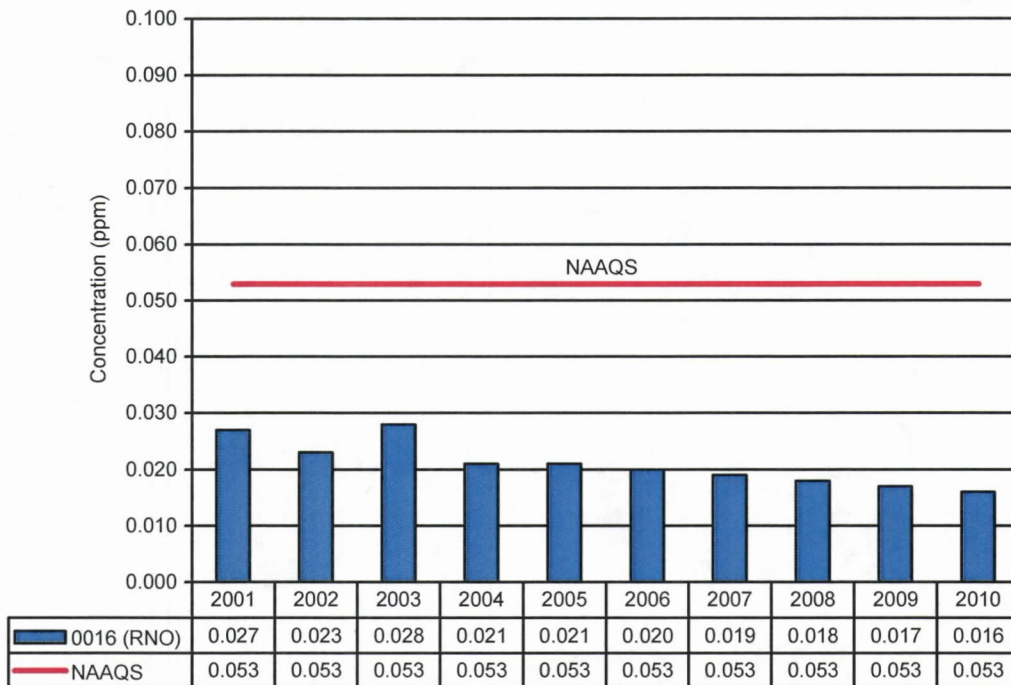
Current Designation: Attainment

2010 Annual Average: 0.016 ppm

2010 Design Value: 0.016 ppm

Notes: NO₂ was monitored at one site (RNO) during this period. In 2010, EPA reviewed and retained the annual NAAQS of 0.053 ppm (75 FR 6474).

Figure 19
Annual NO₂ Concentrations



SO₂ (1-hour, 24-hour, and Annual)

NAAQS Level (1-hour): 75 ppb (Promulgated in 2010)

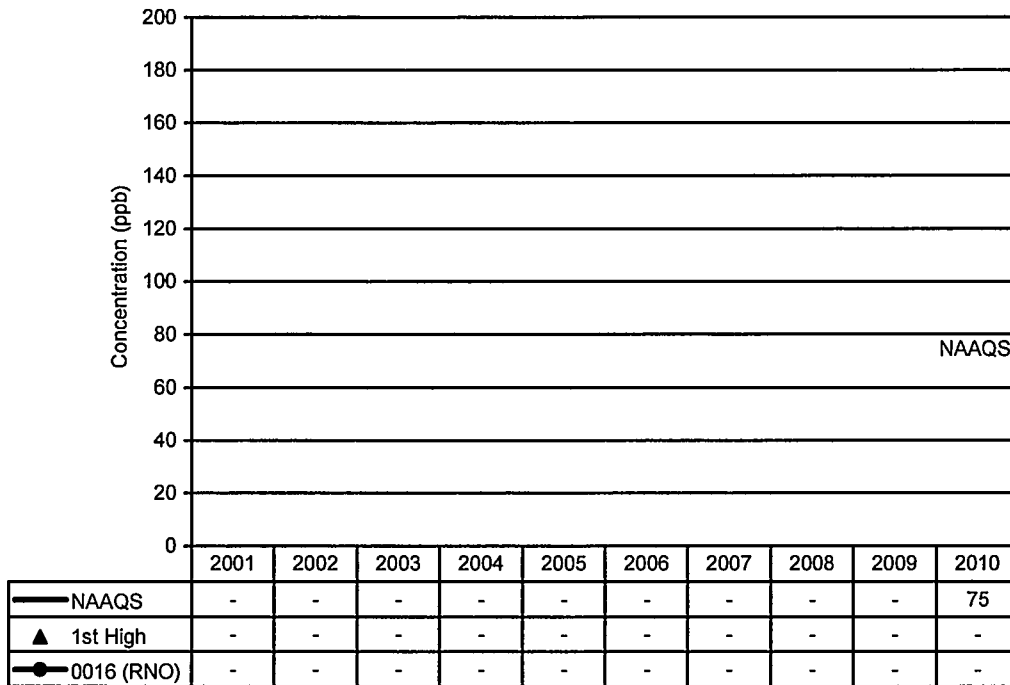
NAAQS Level (24-hour): 0.14 ppm (Revoked in 2010)

NAAQS Level (Annual): 0.03 ppm (Revoked in 2010)

Current Designations: 1-hour (Promulgated in 2010) - See Notes; 24-hour (Revoked in 2010) - Attainment; Annual (Revoked in 2010) - Attainment

Notes: In 2010, EPA established a new 1-hour NAAQS of 75 ppb (75 FR 35520). In that same rule, EPA revoked the 24-hour and annual NAAQS. SO₂ monitoring began at the RNO site on January 1, 2011. On May 3, 2011, the Nevada Division of Environmental Protection submitted an initial recommendation of "Unclassifiable" for all hydrographic areas in the State of Nevada for the 1-hour SO₂ NAAQS to EPA Region IX.

Figure 20
SO₂ Concentrations



Appendix A

Detailed Summary of Three Most Recent Years of Data

Washoe County
Ambient Air Monitoring Data
(2010)

Exceedances (2010)

Pollutant	Averaging Period	Exceedance Dates
PM ₁₀	24-hour	none
PM _{2.5}	24-hour	Jan 5.
O ₃	8-hour	Aug 20.
CO	1-hour	none
	8-hour	none
NO ₂	1-hour	none
SO ₂	1-hour	n/a - Monitoring began at the RNO site on January 1, 2011.
	24-hour	
	3-hour	
Pb	3-month	n/a - Pb was not monitored in 2010.
	quarterly	

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.5	2.3	6/2	1.9	6/10	1.6	3/4	1.6	15/10
FEB	0.5	1.4	28/5	1.3	14/7	1.2	4/10	1.2	13/8
MAR	0.4	1.1	16/9	1.0	11/7	0.9	12/9	0.9	15/8
APR	0.4	1.1	24/6	0.9	8/7	0.9	23/6	0.8	7/8
MAY	0.3	0.7	3/9	0.7	25/7	0.6	12/7	0.6	30/2
JUN	0.3	1.0	14/5	0.9	15/6	0.9	30/6	0.8	8/6
JUL	0.3	0.5	2/10	0.5	16/8	0.5	31/7	0.5	1/7
AUG	0.3	0.7	26/7	0.5	13/9	0.5	17/9	0.5	24/11
SEP	0.3	0.9	18/7	0.8	25/1	0.8	28/7	0.8	30/7
OCT	0.3	1.0	29/10	1.0	28/7	0.9	30/2	0.8	21/8
NOV	0.5	1.9	27/1	1.6	15/3	1.4	14/2	1.4	5/9
DEC	0.6	1.9	23/3	1.8	13/0	1.6	24/7	1.5	8/1

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.4	2.3	Jan 6/2	1.9	Jan 6/10	1.9	Nov 27/1	1.9	Dec 23/3

* Hour Beginning

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.6	1.7	6/1	1.3	3/1	1.2	5/7	1.1	15/9
FEB	0.5	1.0	14/1	1.0	2/9	1.0	23/1	0.9	16/8
MAR	0.5	1.0	16/8	1.0	15/8	0.9	19/7	0.8	1/8
APR	0.4	0.8	7/6	0.7	24/2	0.7	10/2	0.6	14/6
MAY	0.2	0.5	7/6	0.4	14/3	0.4	3/5	0.3	25/7
JUN	0.2	0.3	28/6	0.3	26/22	0.3	29/8	0.3	24/10
JUL	0.2	0.4	5/1	0.3	25/6	0.3	3/19	0.3	26/6
AUG	0.2	0.4	24/5	0.4	25/3	0.3	13/1	0.3	17/7
SEP	0.2	0.4	25/2	0.4	2/3	0.4	7/3	0.3	3/7
OCT	0.1	0.5	30/2	0.4	27/2	0.4	29/8	0.4	28/8
NOV	0.3	1.0	27/1	0.8	12/1	0.8	30/1	0.7	29/10
DEC	0.3	1.1	24/1	1.0	2/6	0.8	25/3	0.8	12/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.3	1.7	Jan 6/1	1.3	Jan 3/1	1.2	Jan 5/7	1.1	Jan 15/9

* Hour Beginning

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.4	1.8	6/0	1.8	1.5	5/12	1.2	17/0
FEB	0.2	1.0	28/6	0.8	0.8	4/11	0.4	23/23
MAR	0.1	0.5	12/9	0.4	0.3	14/2	0.2	28/7
APR	0.1	0.4	23/9	0.4	0.4	8/7	0.3	24/7
MAY	0.1	0.2	7/1	0.1	0.1	3/9	0.1	30/0
JUN	0.0	0.2	2/9	0.1	0.1	6/6	0.1	22/14
JUL	0.0	0.1	16/8	0.1	0.1	25/3	0.1	31/6
AUG	0.1	0.5	8/7	0.5	0.5	6/22	0.2	9/1
SEP	0.1	0.4	24/22	0.2	0.2	27/19	0.2	29/19
OCT	0.1	0.5	21/8	0.4	0.3	22/9	0.3	27/0
NOV	0.2	1.3	15/1	1.2	1.0	30/23	0.9	27/2
DEC	0.3	1.9	1/12	1.3	1.0	23/12	1.0	21/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.1	1.9	Dec 1/12	1.8	1.8	Jan 6/0	1.5	Jan 17/0

* Hour Beginning

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.7	1.6	5/23	1.4	5/11	1.3	6/11	1.3	1/1
FEB	0.6	1.0	23/10	0.9	2/12	0.9	12/11	0.8	4/9
MAR	0.4	0.8	14/8	0.8	1/9	0.8	12/8	0.8	15/13
APR	0.3	0.7	27/20	0.7	28/19	0.7	29/21	0.7	30/8
MAY	0.2	0.4	7/7	0.4	3/7	0.4	12/7	0.4	13/7
JUN	0.2	0.3	2/8	0.3	15/7	0.3	24/8	0.3	28/9
JUL	0.2	0.3	16/9	0.3	27/8	0.3	9/8	0.3	23/10
AUG	0.2	0.4	26/7	0.3	24/9	0.3	25/11	0.3	27/11
SEP	0.2	0.4	30/23	0.4	29/12	0.3	26/0	0.3	28/11
OCT	0.3	0.7	28/13	0.6	30/0	0.6	29/9	0.6	27/7
NOV	0.3	0.8	30/23	0.8	27/2	0.7	5/12	0.7	15/1
DEC	0.3	0.9	23/11	0.9	1/9	0.8	1/21	0.8	24/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.3	1.6	Jan 5/23	1.4	Jan 5/11	1.3	Jan 6/11	1.3	Jan 1/1

* Hour Beginning

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.8	2.5	6/8	2.1	16/10	2.0	15/10	2.0	5/23
FEB	0.8	1.8	1/3	1.8	28/4	1.8	14/4	1.5	25/8
MAR	0.7	1.6	15/8	1.6	11/6	1.5	16/7	1.4	19/7
APR	0.4	1.0	2/8	1.0	7/6	0.9	1/9	0.8	24/6
MAY	0.3	0.8	12/6	0.8	3/5	0.7	14/6	0.6	29/6
JUN	0.3	0.7	27/3	0.6	14/2	0.5	13/4	0.5	22/5
JUL	0.3	0.8	5/3	0.6	25/4	0.5	16/6	0.5	22/8
AUG	0.2	0.6	25/9	0.5	13/5	0.5	26/7	0.5	24/2
SEP	0.3	1.1	30/0	1.0	25/1	1.0	26/3	0.9	28/0
OCT	0.4	1.4	28/8	1.2	30/2	1.0	9/1	1.0	19/7
NOV	0.7	1.8	14/4	1.8	26/2	1.7	29/7	1.7	17/22
DEC	0.7	2.8	24/2	2.6	25/4	2.3	23/2	2.0	13/0

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.5	2.8	Dec 24/2	2.6	Dec 25/4	2.5	Jan 6/8	2.3	Dec 23/2

* Hour Beginning

2010 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.3	0.8	16/0	0.6	17/7	0.5	25/10	0.5	15/12
FEB	0.2	0.6	23/12	0.4	22/12	0.4	2/10	0.4	4/11
MAR	0.2	0.4	15/10	0.4	24/11	0.4	16/11	0.4	2/10
APR	0.2	0.4	23/9	0.4	1/8	0.4	6/8	0.3	2/9
MAY	0.1	0.3	28/19	0.3	29/18	0.2	10/12	0.2	31/0
JUN	0.2	0.3	28/22	0.3	30/18	0.3	7/11	0.3	8/0
JUL	0.2	0.3	1/7	0.3	1/15	0.3	2/2	0.2	23/19
AUG	0.1	0.3	27/9	0.3	5/18	0.3	24/12	0.2	6/12
SEP	0.2	0.7	25/13	0.4	24/12	0.4	23/20	0.4	25/21
OCT	0.2	0.5	12/10	0.4	8/9	0.4	28/12	0.4	13/10
NOV	0.4	0.8	30/23	0.7	27/2	0.7	5/11	0.6	29/11
DEC	0.4	0.9	8/4	0.9	13/12	0.9	1/10	0.8	2/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.2	0.9	8/4	0.9	13/12	0.9	1/10	0.8	16/0

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Incline

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.032	0.051	20/22	0.050	16/12	0.049	17/4	0.049	21/0
FEB	0.035	0.052	19/10	0.051	18/10	0.051	23/13	0.049	13/13
MAR	0.042	0.060	24/12	0.056	15/14	0.056	23/15	0.056	29/1
APR	0.045	0.067	16/9	0.064	10/23	0.064	15/12	0.063	25/15
MAY	0.044	0.071	1/23	0.065	2/12	0.063	5/15	0.062	16/11
JUN	0.039	0.070	8/22	0.065	8/13	0.063	7/16	0.063	10/4
JUL	0.041	0.066	6/17	0.066	27/14	0.066	28/9	0.065	30/10
AUG	0.047	0.066	27/0	0.064	20/18	0.064	28/1	0.063	10/10
SEP	0.041	0.063	4/9	0.063	7/18	0.063	26/13	0.059	24/14
OCT	0.032	0.061	2/11	0.060	1/11	0.051	29/9	0.047	28/14
NOV	0.033	0.053	18/21	0.052	19/0	0.048	7/1	0.048	20/3
DEC	0.032	0.050	8/7	0.048	19/2	0.048	24/12	0.048	31/13

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.026	0.071	May 1/23	0.070	Jun 8/22	0.067	Apr 16/9	0.066	Jul 6/17

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.023	0.047	20/2	0.046	17/14	0.046	21/0	0.046	22/13
FEB	0.026	0.051	22/15	0.049	12/10	0.049	13/15	0.049	14/15
MAR	0.035	0.062	24/20	0.056	30/15	0.055	23/15	0.055	29/3
APR	0.042	0.069	16/10	0.064	10/13	0.064	17/14	0.062	15/13
MAY	0.043	0.069	5/9	0.067	20/14	0.066	14/15	0.066	31/6
JUN	0.041	0.075	8/14	0.072	7/14	0.072	29/10	0.066	9/23
JUL	0.043	0.074	30/10	0.073	27/12	0.070	22/15	0.070	23/15
AUG	0.046	0.076	5/13	0.075	4/12	0.074	20/14	0.072	9/12
SEP	0.036	0.071	25/14	0.071	26/13	0.071	28/14	0.067	29/13
OCT	0.028	0.070	2/10	0.067	1/11	0.051	8/15	0.051	9/13
NOV	0.032	0.051	18/18	0.048	17/23	0.046	6/23	0.046	7/0
DEC	0.026	0.048	19/3	0.047	18/10	0.046	6/2	0.046	9/5

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.035	0.076	Aug 5/13	0.075	June 8/14	0.075	Aug 4/12	0.074	Jul 30/10

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.015	0.048	21/0	0.046	20/23	0.044	17/14	0.043	13/12
FEB	0.019	0.047	28/14	0.046	12/11	0.044	16/15	0.044	21/12
MAR	0.031	0.061	24/19	0.055	29/01	0.053	28/15	0.053	30/14
APR	0.038	0.067	16/10	0.064	10/13	0.064	25/13	0.063	19/12
MAY	0.040	0.071	20/13	0.067	2/13	0.065	5/14	0.063	16/12
JUN	0.039	0.075	29/10	0.073	24/11	0.070	8/12	0.069	7/16
JUL	0.042	0.076	30/11	0.074	22/16	0.074	28/12	0.073	31/12
AUG	0.044	0.079	8/11	0.078	15/11	0.077	5/11	0.074	25/13
SEP	0.034	0.073	26/15	0.069	4/10	0.066	3/12	0.066	25/15
OCT	0.023	0.069	2/11	0.061	1/12	0.052	15/13	0.051	9/13
NOV	0.020	0.050	18/13	0.048	7/2	0.047	19/4	0.046	6/17
DEC	0.018	0.046	19/3	0.045	18/11	0.044	26/14	0.043	8/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.030	0.079	Aug 8/11	0.078	Aug 15/11	0.077	Aug 5/11	0.076	Jul 30/11

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.015	0.048	21/0	0.047	20/23	0.044	17/13	0.044	31/15
FEB	0.020	0.047	28/15	0.046	5/13	0.046	12/13	0.045	13/14
MAR	0.031	0.062	24/19	0.056	29/2	0.054	28/11	0.053	30/14
APR	0.039	0.067	16/10	0.065	10/12	0.065	25/11	0.064	17/14
MAY	0.040	0.070	20/13	0.066	14/14	0.066	16/14	0.065	5/14
JUN	0.038	0.079	29/10	0.073	8/12	0.071	24/11	0.068	7/14
JUL	0.040	0.075	22/16	0.074	30/11	0.072	20/12	0.070	19/14
AUG	0.040	0.080	5/12	0.075	20/13	0.074	6/11	0.072	9/12
SEP	0.030	0.068	26/13	0.067	3/12	0.067	4/11	0.065	29/12
OCT	0.022	0.067	2/10	0.063	1/13	0.050	9/14	0.048	15/13
NOV	0.020	0.051	18/21	0.049	19/0	0.047	7/4	0.045	6/11
DEC	0.019	0.046	19/3	0.044	18/11	0.042	8/10	0.042	28/19

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.030	0.080	Aug 5/12	0.079	Jun 29/10	0.075	Jul 22/16	0.075	Aug 20/13

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.014	0.045	20/23	0.044	31/14	0.043	17/14	0.043	18/20
FEB	0.019	0.048	21/11	0.048	28/14	0.047	12/12	0.046	18/13
MAR	0.029	0.063	24/19	0.055	29/1	0.054	28/11	0.053	21/10
APR	0.037	0.068	16/10	0.066	10/13	0.066	25/14	0.065	17/14
MAY	0.039	0.071	20/13	0.067	16/14	0.066	14/14	0.065	5/14
JUN	0.036	0.076	29/10	0.075	8/12	0.075	24/11	0.069	23/12
JUL	0.039	0.080	30/11	0.078	28/13	0.076	19/14	0.075	31/13
AUG	0.038	0.084	5/12	0.081	6/11	0.080	15/11	0.078	9/13
SEP	0.027	0.073	26/15	0.071	4/10	0.069	25/15	0.066	3/13
OCT	0.020	0.066	1/11	0.064	2/11	0.053	15/12	0.052	9/14
NOV	0.019	0.052	18/21	0.049	19/0	0.047	6/17	0.047	7/4
DEC	0.018	0.044	18/11	0.044	19/23	0.043	26/1	0.043	28/20

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.028	0.084	Aug 5/12	0.081	Aug 6/11	0.080	Jul 30/11	0.080	Aug 15/11

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.021	0.048	20/23	0.048	21/0	0.045	17/13	0.045	19/23
FEB	0.025	0.046	12/14	0.046	21/12	0.045	4/20	0.045	5/14
MAR	0.036	0.061	24/19	0.055	29/3	0.055	30/17	0.054	21/9
APR	0.041	0.068	16/10	0.065	19/11	0.063	10/12	0.061	18/16
MAY	0.041	0.065	14/16	0.065	20/13	0.064	4/21	0.063	5/14
JUN	0.039	0.071	8/14	0.070	29/10	0.068	9/22	0.065	7/16
JUL	0.044	0.077	22/17	0.075	30/10	0.074	28/12	0.073	21/12
AUG	0.048	0.083	20/16	0.081	5/12	0.079	6/11	0.077	4/13
SEP	0.040	0.075	16/14	0.071	14/14	0.069	26/13	0.069	29/12
OCT	0.029	0.067	2/11	0.066	1/11	0.049	9/12	0.048	6/12
NOV	0.025	0.052	18/15	0.050	19/0	0.048	7/2	0.048	17/21
DEC	0.024	0.048	8/8	0.047	19/2	0.044	18/11	0.043	26/1

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.034	0.083	Aug 20/16	0.081	Aug 5/12	0.079	Aug 6/11	0.077	Jul 22/17

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Incline

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.031	0.047	20/17	0.046	19/20	0.045	16/22	0.044	18/15
FEB	0.035	0.046	18/9	0.046	19/9	0.046	23/9	0.045	13/8
MAR	0.042	0.058	24/11	0.055	28/21	0.053	26/9	0.052	21/1
APR	0.044	0.061	15/9	0.061	16/8	0.060	10/8	0.059	11/8
MAY	0.043	0.062	2/8	0.061	16/8	0.060	5/12	0.058	1/18
JUN	0.038	0.067	8/16	0.062	9/16	0.059	7/9	0.059	15/13
JUL	0.041	0.063	28/8	0.061	27/10	0.061	30/8	0.059	21/8
AUG	0.046	0.060	10/21	0.060	20/13	0.060	27/22	0.059	7/9
SEP	0.041	0.060	7/13	0.059	4/8	0.057	26/9	0.055	27/9
OCT	0.032	0.056	1/9	0.055	2/8	0.046	28/9	0.044	29/8
NOV	0.032	0.051	18/18	0.048	17/23	0.046	6/23	0.044	6/9
DEC	0.031	0.047	8/1	0.044	18/21	0.044	25/9	0.043	5/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.038	0.067	Jun 8/16	0.063	Jul 28/8	0.052	May 2/8	0.062	Jun 9/16

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.022	0.044	22/8	0.043	13/9	0.042	1/7	0.042	18/17
FEB	0.025	0.047	12/9	0.047	21/9	0.045	28/11	0.044	3/9
MAR	0.035	0.060	24/12	0.054	28/23	0.053	31/9	0.051	26/10
APR	0.042	0.067	16/4	0.061	25/9	0.060	10/10	0.059	17/9
MAY	0.042	0.065	5/9	0.063	16/8	0.062	20/10	0.061	14/10
JUN	0.041	0.072	8/11	0.066	7/10	0.063	9/15	0.063	23/11
JUL	0.043	0.069	27/9	0.066	28/9	0.066	30/8	0.063	23/9
AUG	0.046	0.070	20/10	0.067	5/8	0.066	9/9	0.065	6/7
SEP	0.035	0.066	26/10	0.062	25/10	0.061	29/9	0.060	3/14
OCT	0.027	0.061	2/8	0.058	1/9	0.046	9/10	0.046	29/10
NOV	0.025	0.052	18/9	0.048	6/19	0.045	19/0	0.043	5/10
DEC	0.025	0.045	18/23	0.043	8/7	0.043	9/4	0.043	19/12

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.034	0.072	Jun 8/11	0.070	Aug 20/10	0.069	Jul 27/9	0.067	Apr 16/4

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.014	0.042	20/19	0.041	13/8	0.040	19/7	0.038	12/23
FEB	0.019	0.042	12/10	0.041	21/9	0.041	28/10	0.039	4/20
MAR	0.031	0.061	24/19	0.055	29/1	0.053	28/15	0.053	30/14
APR	0.038	0.061	16/7	0.061	25/10	0.059	10/11	0.057	18/10
MAY	0.040	0.063	20/11	0.062	16/9	0.061	5/9	0.060	2/9
JUN	0.038	0.067	8/11	0.065	7/10	0.061	15/15	0.061	23/10
JUL	0.042	0.067	27/9	0.066	22/10	0.065	19/8	0.064	28/9
AUG	0.044	0.071	5/9	0.069	8/9	0.067	20/10	0.065	1/9
SEP	0.033	0.064	26/10	0.059	3/12	0.057	4/9	0.056	7/11
OCT	0.022	0.058	2/8	0.056	1/12	0.043	6/10	0.042	9/10
NOV	0.019	0.047	18/12	0.044	6/11	0.044	17/23	0.042	7/2
DEC	0.017	0.043	18/23	0.040	19/13	0.040	26/9	0.039	28/18

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.030	0.071	Aug 5/9	0.069	Aug 8/9	0.067	Jun 8/11	0.067	Jul 27/9

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.015	0.045	20/23	0.043	19/22	0.042	17/12	0.041	18/18
FEB	0.019	0.043	12/11	0.042	28/10	0.040	15/10	0.040	21/8
MAR	0.031	0.059	24/13	0.054	28/18	0.054	29/2	0.050	30/8
APR	0.038	0.063	25/10	0.062	10/11	0.061	16/9	0.059	14/11
MAY	0.040	0.064	16/9	0.064	20/10	0.062	5/10	0.060	2/9
JUN	0.038	0.069	8/11	0.066	7/10	0.064	23/11	0.062	29/8
JUL	0.040	0.068	22/10	0.064	23/10	0.064	27/10	0.062	19/10
AUG	0.039	0.068	5/9	0.067	20/10	0.065	4/9	0.064	6/8
SEP	0.030	0.062	26/10	0.056	3/10	0.056	4/9	0.055	7/13
OCT	0.021	0.057	2/9	0.056	1/10	0.043	6/9	0.042	9/10
NOV	0.020	0.049	18/10	0.046	17/23	0.044	19/0	0.043	7/3
DEC	0.019	0.043	18/23	0.040	26/6	0.040	28/19	0.039	19/12

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.029	0.069	Jun 8/11	0.068	Jul 22/10	0.068	Aug 5/9	0.067	Aug 20/10

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.014	0.039	18/19	0.039	19/8	0.037	13/9	0.037	17/11
FEB	0.019	0.045	21/8	0.042	12/10	0.042	28/11	0.041	15/11
MAR	0.029	0.059	24/13	0.053	28/10	0.050	30/11	0.049	23/8
APR	0.037	0.064	25/10	0.062	16/8	0.061	10/11	0.058	17/10
MAY	0.038	0.064	20/11	0.063	16/9	0.061	5/9	0.061	14/10
JUN	0.036	0.069	8/11	0.065	7/10	0.063	23/10	0.062	24/8
JUL	0.038	0.069	28/9	0.068	27/9	0.067	22/10	0.066	30/9
AUG	0.038	0.073	5/9	0.068	8/8	0.068	15/8	0.068	20/10
SEP	0.027	0.064	26/10	0.059	4/9	0.058	3/11	0.058	25/10
OCT	0.019	0.055	1/11	0.055	2/9	0.043	6/9	0.043	9/10
NOV	0.019	0.050	18/17	0.044	6/11	0.044	19/1	0.042	22/21
DEC	0.017	0.041	26/9	0.039	19/13	0.039	28/16	0.038	18/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.028	0.073	Aug 5/9	0.069	Jun 8/11	0.069	Jul 28/9	0.068	Jul 27/9

* Hour Beginning

2010 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.021	0.046	20/20	0.044	19/19	0.043	17/9	0.043	18/16
FEB	0.025	0.044	12/9	0.043	4/18	0.042	21/9	0.041	5/9
MAR	0.035	0.058	24/13	0.053	29/2	0.052	28/9	0.052	30/12
APR	0.040	0.060	10/10	0.060	16/9	0.060	25/10	0.056	14/10
MAY	0.041	0.062	16/9	0.060	5/11	0.060	20/11	0.059	14/10
JUN	0.038	0.068	8/11	0.063	9/16	0.062	23/9	0.060	15/13
JUL	0.044	0.070	22/10	0.070	27/10	0.070	28/9	0.067	21/9
AUG	0.047	0.077	20/11	0.074	5/9	0.069	4/9	0.069	6/9
SEP	0.040	0.067	16/10	0.065	7/15	0.062	14/10	0.062	15/10
OCT	0.028	0.060	1/10	0.058	2/9	0.043	6/9	0.043	12/11
NOV	0.024	0.051	18/14	0.048	17/20	0.046	6/23	0.051	18/14
DEC	0.023	0.044	18/22	0.042	8/6	0.041	25/22	0.041	26/6

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.034	0.077	Aug 20/11	0.074	Aug 5/9	0.070	Jul 22/10	0.070	Jul 27/10

* Hour Beginning

2010 ANNUAL SUMMARY
PM2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (designated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	12.9	38.8	5th	16.3	8th	15.6	2nd	14.1	29th
FEB	7.5	15.0*	1st	9.9	4th	8.7*	28th	8.5	13th
MAR	4.6	11.1	24th	6.0	21st	5.6	12th	6.0	21st
APR	5.0	8.6	11th	7.7	26th	6.7	17th	6.4	8th
MAY	3.3	5.5	5th	5.4	20th	4.7	14th	4.0	17th
JUN	3.6	6.5	28th	5.0	25th	4.5	22nd	4.4	19th
JUL	4.9	6.7	22nd	6.3	16th	5.5	10th	5.2	13th
AUG	5.2	6.8	24th	6.7	6th	5.8	9th	5.7	3rd
SEP	4.6	8.1	29th	6.6	26th	5.5	14th	5.0	17th
OCT	5.4	7.9	2nd	7.4	14th	7.0	8th	6.6	29th
NOV	6.5	15.8	25th	14.6	13th	8.4	16th	7.9	4th
DEC	8.8	24.4	1st	15.0	22nd	11.4	13th	10.9	28th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	6.00	38.8	Jan 5th	24.4	Dec 1st	16.3	Jan 8th	15.8	Nov 25th

Hour Beginning
* Designated Sampler Equipment Malfunction, Used Collocated Sample Value In Place of Missing Samples.

2010 ANNUAL SUMMARY
PM2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (collocated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	12.7	38.6	5th	16.2	8th	15.2	2nd	13.9	11th
FEB	7.5	15.0	22nd	10*	4th	8.7*	28th	8.5*	13th
MAR	4.5	11.2	24th	6.2	21st	5.6	12th	4.6	18th
APR	4.9	8.3	11th	7.5	26th	6.8	17th	6.4	8th
MAY	3.4	5.9	5th	5.3	20th	4.5	14th	4.0	8th
JUN	3.5	6.3	28th	4.7	25th	4.5	19th	4.5	22nd
JUL	5.0	7.0	25th	6.4	22nd	6.3	16th	5.3	10th
AUG	5.1	6.5	6th	6.4	24th	5.7	9th	5.5	3rd
SEP	4.6	8.1	29th	6.6	26th	5.5	14th	5.0	17th
OCT	5.4	7.9	2nd	7.4	14th	7.0	8th	6.5	29th
NOV	6.6	16.1	25th	14.6	13th	8.7	16th	7.8	4th
DEC	8.9	24.6	1st	15.2	22nd	11.6	13th	10.9	28th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	6.1	38.6	Jan 5th	24.6	Dec 1st	16.2	Jan 8th	16.1	Nov 25th

Hour Beginning
* These values were used to replace missing designated runs

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	40	67	14th	54	2nd	40	8th	21	20th
FEB	48	76	1st	66	13th	49	19th	37	25th
MAR	50	74	3rd	65	21st	51	15th	37	9th
APR	56	87	20th	53	8th	52	2nd	46	14th
MAY	22	32	14th	28	20th	24	8th	15	26th
JUN	23	29	25th	28	7th	26	19th	18	1st
JUL	38	50	25th	43	1st	38	13th	35	7th
AUG	35	51	18th	44	24th	36	6th	25	12th
SEP	39	63	29th	50	17th	34	23rd	27	11th
OCT	20	34	29th	29	11th	14	5th	12	17th
NOV	31	65	4th	43	16th	17	22nd	16	28th
DEC	29	49	22nd	44	28th	22	16th	17	4th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	36	87	Apr 20th	76	Feb 1st	74	Mar 3rd	67	Jan 14th

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Plumbkit

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	41	77	2nd	52	14th	47	8th	16	20th
FEB	39	55	1st	52	13th	37	19th	37	25th
MAR	19	35	21st	28	3rd	23	27th	22	15th
APR	21	26	8th	23	2nd	18	20th	17	14th
MAY	11	17	14th	13	8th	10	20th	8	2nd
JUN	14	15	1st	15	25th	14	19th	11	13th
JUL	18	22	13th	20	7th	20	25th	17	31st
AUG	20	24	24th	22	6th	21	18th	17	12th
SEP	22	35	29th	23	17th	21	23rd	19	11th
OCT	13	24	29th	15	11th	10	5th	9	17th
NOV	21	38	4th	28	16th	16	28th	13	22nd
DEC	27	44	22nd	40	28th	21	4th	18	16th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	DATE	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	23	77	Jan 2nd	55	Feb 1st	52	Jan 14th	52	Feb 13th

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	48	142	5th	72	29th	52	2nd	50	11th
FEB	31	55	4th	42	1st	38	13th	36	25th
MAR	19	42	24th	32	12th	24	18th	19	15th
APR	14	22	8th	20	11th	20	26th	18	17th
MAY	10	19	5th	12	8th	12	14th	11	17th
JUN	10	19	28th	13	19th	12	22nd	12	25th
JUL	16	23	16th	21	1st	21	22nd	17	10th
AUG	16	22	24th	19	21st	18	6th	17	27th
SEP	15	28	29th	18	26th	17	2nd	17	14th
OCT	14	25	2nd	20	14th	17	29th	16	20th
NOV	16	30	25th	27	13th	25	4th	21	16th
DEC	27	77	1st	40	28th	39	13th	36	22nd

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	20	142	Jan 5th	77	Dec 1st	72	Jan 29th	55	Feb 4th

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	23	36	8th	34	2nd	29	14th	10	26th
FEB	26	52	1st	25	13th	23	19th	22	25th
MAR	14	26	21st	18	15th	14	27th	7	3rd
APR	12	16	8th	12	14th	11	2nd	10	20th
MAY	10	15	14th	11	8th	9	20th	8	2nd
JUN	17	35	30th	17	24th	16	18th	13	12th
JUL	18	21	7th	20	19th	18	13th	18	25th
AUG	21	30	24th	22	6th	20	12th	19	18th
SEP	20	27	29th	20	17th	19	11th	19	23rd
OCT	12	21	29th	15	11th	10	5th	8	17th
NOV	16	26	4th	24	28th	18	16th	7	10th
DEC	18	29	22nd	29	28th	15	16th	13	4th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	17	52	Feb 1st	36	Jan 8th	35	Jun 30th	34	Jan 2nd

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (designated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	26	43	14th	40	2nd	27	8th	11	20th
FEB	31	46	1st	46	13th	29	19th	22	25th
MAR	21	34	15th	27	21st	18	3rd	17	27th
APR	20	27	26th	21	8th	19	2nd	19	20th
MAY	13	21	14th	15	8th	12	20th	9	2nd
JUN	13	17	25th	15	13th	13	19th	11	1st
JUL	19	24	25th	22	7th	19	19th	18	1st
AUG	20	28	24th	25	6th	20	18th	18	12th
SEP	27	42	29th	30	17th	24	23rd	22	11th
OCT	15	25	29th	17	11th	11	17th	10	5th
NOV	22	37	4th	33	16th	24	28th	10	10th
DEC	23	55	22nd	27	28th	12	4th	12	16th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	21	55	Dec 22nd	46	Feb 1st	46	Feb 13th	43	Jan 14th

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (collocated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	26	43	14th	39	2nd	28	8th	12	20th
FEB	32	48	1st	47	13th	29	19th	13	25th
MAR	21	35	15th	27	21st	17	3rd	17	27th
APR	21	27	26th	21	8th	19	2nd	19	20th
MAY	13	21	14th	14	8th	13	20th	10	2nd
JUN	14	16	25th	15	13th	15	19th	11	1st
JUL	20	24	7th	23	25th	21	13th	18	19th
AUG	20	29	24th	23	6th	19	12th	18	18th
SEP	28	44	29th	31	17th	25	23rd	22	11th
OCT	16	27	29th	18	11th	12	17th	11	5th
NOV	23	35	4th	34	16th	26	28th	12	22nd
DEC	22	54	22nd	26	28th	12	16th	11	4th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	21	54	Dec 22nd	48	Feb 1st	47	Feb 13th	44	Sept 29th

* Hour Beginning

2010 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	18	30	2nd	30	8th	15	14th	10	26th
FEB	20	32	1st	23	19th	19	13th	18	25th
MAR	16	33	21st	13	3rd	12	15th	11	27th
APR	14	17	8th	13	2nd	13	14th	10	20th
MAY	9	14	14th	11	8th	9	20th	6	2nd
JUN	15	19	19th	19	25th	15	7th	14	13th
JUL	22	26	7th	26	19th	24	1st	21	13th
AUG	23	26	6th	26	24th	24	18th	23	12th
SEP	23	34	29th	27	17th	22	23rd	18	11th
OCT	12	18	11th	14	29th	10	23rd	9	5th
NOV	14	28	4th	22	16th	9	28th	7	22nd
DEC	13	22	28th	15	16th	14	22nd	8	10th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	17	34	Sept 29th	33	Mar 21st	32	Feb 1st	30	Jan 2nd

* Hour Beginning

2010 ANNUAL SUMMARY
NO2 (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.027	0.076	6/9	0.075	5/11	0.057	4/11	0.053	2/11
FEB	0.022	0.058	23/9	0.052	22/19	0.050	4/11	0.050	12/8
MAR	0.015	0.049	12/8	0.045	23/5	0.044	10/21	0.043	15/19
APR	0.013	0.048	13/6	0.045	7/7	0.044	8/7	0.044	22/22
MAY	0.010	0.044	6/23	0.042	7/0	0.041	21/6	0.037	13/21
JUN	0.008	0.034	30/7	0.031	15/6	0.030	19/6	0.029	14/6
JUL	0.010	0.039	13/6	0.039	21/5	0.039	21/5	0.034	16/5
AUG	0.012	0.053	26/7	0.046	23/21	0.045	18/0	0.044	24/19
SEP	0.016	0.055	24/18	0.053	27/18	0.052	29/18	0.049	4/2
OCT	0.018	0.049	28/19	0.046	13/18	0.045	1/2	0.045	29/18
NOV	0.022	0.056	17/16	0.053	26/18	0.051	4/16	0.051	5/19
DEC	0.022	0.081	1/11	0.057	13/12	0.049	23/10	0.047	2/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.016	0.081	Dec 1/11	0.076	Jan 6/9	0.075	Jan 5/11	0.058	Feb 23/9

* Hour Beginning

2010 ANNUAL SUMMARY
NO (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.032	0.303	6/9	0.270	5/8	0.213	4/8	0.170	15/21
FEB	0.015	0.139	3/7	0.138	4/7	0.135	23/9	0.126	12/8
MAR	0.006	0.105	12/8	0.063	16/7	0.050	23/7	0.049	14/0
APR	0.005	0.121	8/7	0.081	7/7	0.078	23/8	0.067	24/7
MAY	0.003	0.057	3/6	0.047	13/7	0.042	7/7	0.038	21/6
JUN	0.003	0.046	6/6	0.036	30/7	0.033	14/6	0.021	2/7
JUL	0.003	0.064	13/6	0.048	21/5	0.027	16/5	0.021	12/8
AUG	0.003	0.055	26/7	0.049	23/21	0.039	27/7	0.032	18/8
SEP	0.005	0.060	2/8	0.052	24/19	0.048	20/7	0.048	29/6
OCT	0.010	0.143	21/7	0.138	22/7	0.124	19/8	0.099	27/7
NOV	0.020	0.163	17/20	0.159	12/8	0.124	30/22	0.120	14/22
DEC	0.022	0.247	1/9	0.208	23/7	0.171	2/8	0.153	13/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.011	0.303	Jan 6/9	0.270	Jan 5/8	0.247	Dec 1/9	0.213	Jan 4/8

* Hour Beginning

2010 ANNUAL SUMMARY
NOx (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.059	0.379	6/9	0.329	5/8	0.263	4/8	0.211	15/21
FEB	0.037	0.194	23/9	0.182	3/7	0.179	4/7	0.176	12/8
MAR	0.021	0.154	12/8	0.094	16/7	0.091	14/0	0.089	23/7
APR	0.018	0.165	8/7	0.126	7/7	0.119	23/8	0.103	13/6
MAY	0.012	0.090	3/5	0.083	13/7	0.080	21/6	0.059	12/7
JUN	0.011	0.070	30/7	0.067	6/6	0.062	14/6	0.050	15/6
JUL	0.013	0.103	13/6	0.086	21/5	0.061	16/5	0.051	31/7
AUG	0.015	0.108	26/7	0.094	23/21	0.083	27/8	0.073	18/8
SEP	0.020	0.106	24/19	0.100	2/8	0.083	14/7	0.082	29/6
OCT	0.027	0.182	21/7	0.178	22/7	0.163	19/8	0.135	27/7
NOV	0.043	0.216	17/20	0.201	12/8	0.172	30/22	0.159	14/19
DEC	0.044	0.312	1/9	0.247	23/7	0.218	2/8	0.206	13/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.027	0.379	Jan 6/9	0.329	Jan 5/8	0.312	Dec 1/9	0.263	Jan 4/8

* Hour Beginning

Washoe County
Ambient Air Monitoring Data
(2009)

Exceedances (2009)

Pollutant	Averaging Period	Exceedance Dates
PM ₁₀	24-hour	none
PM _{2.5}	24-hour	Dec 9, 15, and 18.
O ₃	8-hour	none
CO	1-hour	none
	8-hour	none
NO ₂	1-hour	none
SO ₂	1-hour	n/a - SO ₂ was not monitored in 2009.
	24-hour	
	3-hour	
Pb	3-month	n/a - Pb was not monitored in 2009.
	quarterly	

2009 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.8	2.6	1/8	2.3	11/6	1.9	14/9	1.9	15/1
FEB	0.4	1.7	1/2	1.4	4/10	1.3	5/8	1.3	3/8
MAR	0.3	1.1	8/5	1.1	14/7	1.0	12/8	1.0	13/8
APR	0.2	0.6	7/8	0.6	19/3	0.6	17/6	0.6	22/7
MAY	0.1	0.5	18/8	0.3	16/4	0.3	4/7	0.3	9/4
JUN	0.2	0.5	23/7	0.4	24/9	0.4	28/3	0.4	30/8
JUL	0.2	0.5	1/7	0.5	7/7	0.4	2/9	0.4	14/8
AUG	0.2	0.7	26/9	0.7	20/9	0.7	31/8	0.6	9/3
SEP	0.4	1.2	27/2	1.1	26/2	1.1	28/9	1.0	25/2
OCT	0.4	1.3	8/8	1.1	11/7	1.1	22/6	1.0	9/3
NOV	0.5	1.8	17/8	1.3	1/7	1.3	27/1	1.3	20/1
DEC	0.7	1.9	19/3	1.8	18/3	1.7	1/8	1.6	14/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.4	2.6	Jan 1/8	2.3	Jan 11/6	1.9	Jan 14/9	1.9	Jan 15/1

* Hour Beginning

2009 ANNUAL SUMMARY
 CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.6	1.5	11/2	1.4	14/1	1.4	15/1	1.3	1/1
FEB	0.4	1.2	5/1	1.1	4/8	1.0	21/3	1.0	2/8
MAR	0.3	0.9	12/7	0.8	11/7	0.8	8/6	0.8	13/6
APR	0.2	0.6	6/6	0.6	4/6	0.6	7/6	0.5	5/6
MAY	0.1	0.3	17/3	0.3	9/5	0.3	16/2	0.2	27/11
JUN	0.1	0.3	24/5	0.3	29/6	0.2	30/10	0.2	25/11
JUL	0.2	0.3	22/11	0.3	17/9	0.3	14/5	0.3	16/11
AUG	0.2	0.5	12/7	0.4	9/3	0.4	20/9	0.4	17/7
SEP	0.2	0.4	26/2	0.4	28/2	0.3	22/7	0.3	27/2
OCT	0.3	0.9	29/2	0.8	31/2	0.6	26/8	0.6	30/7
NOV	0.5	1.1	25/7	1.1	30/3	1.1	26/2	1.0	19/8
DEC	0.7	1.7	10/0	1.5	9/9	1.3	18/9	1.2	24/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.3	1.7	Dec 10/0	1.5	Jan 11/2	1.5	Dec 9/9	1.4	Jan 14/1

* Hour Beginning

2009 ANNUAL SUMMARY
 CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.4	2.2	1/7	1.6	28/1	1.5	11/8	1.4	14/13
FEB	0.2	0.6	5/11	0.6	4/12	0.5	1/1	0.5	20/11
MAR	0.1	0.7	14/9	0.6	8/5	0.4	25/11	0.4	31/10
APR	0.1	0.2	11/7	0.2	19/0	0.2	17/23	0.2	30/8
MAY	0.1	0.2	4/8	0.2	18/8	0.2	1/7	0.1	7/6
JUN	0.1	0.1	9/11	0.1	17/10	0.1	1/8	0.1	3/8
JUL	0.1	0.1	29/9	0.1	14/14	0.1	2/13	0.1	31/9
AUG	0.1	0.3	8/1	0.3	9/1	0.3	17/3	0.2	14/7
SEP	0.1	0.5	28/10	0.4	27/0	0.4	13/7	0.3	25/22
OCT	0.1	0.7	24/0	0.6	11/7	0.5	12/10	0.4	9/1
NOV	0.2	1.2	27/1	1.0	17/9	0.7	29/7	0.7	24/23
DEC	0.6	2.1	15/14	2.0	17/0	1.8	9/13	1.8	14/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.2	2.2	Jan 1/7	2.1	Dec 15/14	2.0	Dec 17/0	1.8	Dec 9/13

* Hour Beginning

2009 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.7	1.5	21/22	1.5	23/0	1.4	22/10	1.3	12/11
FEB	0.4	0.9	5/10	0.9	8/7	0.8	6/4	0.8	4/10
MAR	0.2	0.5	31/10	0.5	24/8	0.5	27/8	0.4	25/10
APR	0.3	0.5	22/8	0.5	5/7	0.5	7/10	0.5	13/9
MAY	0.3	0.5	30/2	0.5	18/9	0.5	27/9	0.4	4/10
JUN	0.4	0.6	4/1	0.5	9/8	0.5	17/8	0.5	19/6
JUL	0.3	0.5	16/8	0.5	1/1	0.5	17/9	0.5	20/7
AUG	0.2	0.4	17/7	0.3	9/2	0.3	10/10	0.3	4/8
SEP	0.2	0.5	28/11	0.5	27/0	0.4	25/23	0.3	22/10
OCT	0.3	0.6	30/8	0.6	26/12	0.6	22/8	0.5	23/10
NOV	0.4	1.0	17/7	1.0	27/2	0.9	20/2	0.8	5/8
DEC	0.8	1.6	15/11	1.5	10/12	1.4	18/10	1.3	17/21

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.4	1.6	Dec 15/11	1.5	Jan 21/22	1.5	Jan 23/0	1.5	Dec 10/12

* Hour Beginning

2009 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	1.0	3.3	1/1	2.9	11/3	2.5	15/0	2.4	14/0
FEB	0.6	2.2	1/4	2.1	5/1	1.8	3/9	1.7	2/6
MAR	0.4	1.6	13/10	1.4	11/9	1.4	12/8	1.3	8/4
APR	0.3	1.0	6/8	0.9	7/8	0.9	17/7	0.8	5/6
MAY	0.2	0.7	17/2	0.5	9/5	0.5	27/7	0.4	6/6
JUN	0.2	0.6	24/6	0.5	28/3	0.4	29/7	0.4	23/7
JUL	0.2	0.5	30/2	0.5	1/6	0.5	31/8	0.5	14/3
AUG	0.3	1.1	9/3	0.7	20/8	0.7	17/7	0.7	19/8
SEP	0.4	1.3	27/1	1.1	26/1	1.0	12/1	1.0	23/9
OCT	0.5	1.7	31/1	1.6	24/1	1.4	29/7	1.2	26/8
NOV	0.8	2.2	26/4	2.2	30/23	2.0	17/8	2.2	26/4
DEC	0.9	2.4	1/1	2.1	2/2	2.1	10/1	2.0	18/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.5	3.3	Jan 1/1	2.9	Jan 11/3	2.5	Jan 15/0	2.4	Jan 14/0

* Hour Beginning

2009 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.6	1.2	22/23	1.0	28/11	1.0	16/13	1.0	21/13
FEB	0.6	1.5	3/7	1.4	4/7	1.3	6/7	1.2	12/6
MAR	0.2	0.5	1/3	0.4	31/11	0.4	11/11	0.4	12/10
APR	0.4	0.7	20/9	0.7	30/8	0.7	16/10	0.7	17/11
MAY	0.4	0.7	1/9	0.6	14/23	0.6	15/8	0.6	3/14
JUN	0.3	0.5	15/22	0.5	9/7	0.5	17/7	0.5	6/22
JUL	0.3	0.7	23/22	0.5	18/3	0.5	15/11	0.5	11/23
AUG	0.4	0.6	17/12	0.5	20/12	0.5	10/10	0.5	8/1
SEP	0.4	0.8	26/14	0.7	28/9	0.7	25/12	0.7	10/11
OCT	0.2	0.6	9/10	0.5	12/11	0.5	5/11	0.5	2/11
NOV	0.2	0.6	26/23	0.5	16/23	0.5	11/7	0.5	16/23
DEC	0.6	1.3	15/10	1.2	10/12	1.2	11/4	1.1	15/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.4	1.5	Feb 3/7	1.4	Feb 4/7	1.3	Feb 6/7	1.3	Dec 15/10

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Incline

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.028	0.048	27/14	0.045	5/18	0.045	11/13	0.044	13/13
FEB	0.034	0.052	27/13	0.049	13/4	0.049	26/22	0.048	15/8
MAR	0.041	0.069	29/8	0.065	26/21	0.062	7/14	0.061	10/15
APR	0.045	0.071	22/21	0.066	3/14	0.066	16/15	0.063	17/14
MAY	0.040	0.067	12/17	0.062	23/17	0.062	24/9	0.060	10/13
JUN	0.038	0.070	24/17	0.068	26/9	0.063	28/14	0.063	29/12
JUL	0.042	0.066	11/12	0.061	10/10	0.060	2/18	0.059	17/11
AUG	0.042	0.073	12/13	0.072	11/15	0.068	23/2	0.066	28/13
SEP	0.040	0.067	19/18	0.063	29/1	0.062	13/10	0.061	20/0
OCT	0.032	0.058	12/9	0.054	3/17	0.052	2/17	0.061	8/13
NOV	0.035	0.053	20/3	0.053	21/14	0.052	9/23	0.052	11/10
DEC	0.033	0.050	24/22	0.050	25/13	0.048	6/20	0.047	9/12

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.025	0.073	Aug 12/13	0.072	Aug 11/15	0.071	Apr 22/21	0.070	Jun 24/17

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.017	0.044	11/13	0.044	31/14	0.043	28/13	0.042	2/13
FEB	0.030	0.055	24/12	0.051	26/22	0.051	27/14	0.050	20/15
MAR	0.037	0.071	26/16	0.064	27/13	0.06	17/12	0.059	30/15
APR	0.039	0.071	22/21	0.062	6/13	0.062	28/11	0.062	30/11
MAY	0.041	0.074	24/8	0.069	12/11	0.065	23/22	0.064	16/16
JUN	0.038	0.068	25/10	0.068	30/11	0.066	27/14	0.066	29/9
JUL	0.042	0.069	10/11	0.069	24/11	0.067	16/10	0.066	17/9
AUG	0.039	0.076	11/20	0.072	28/15	0.068	10/13	0.068	27/13
SEP	0.031	0.066	17/13	0.064	19/8	0.062	16/14	0.059	9/14
OCT	0.024	0.052	12/11	0.051	3/11	0.049	2/15	0.048	7/15
NOV	0.023	0.052	11/13	0.050	20/9	0.048	9/14	0.048	17/20
DEC	0.020	0.051	8/14	0.045	15/13	0.044	31/23	0.043	22/9

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.032	0.076	Aug 11/20	0.074	May 24/8	0.072	Aug 28/15	0.071	Mar 26/16

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.010	0.039	28/14	0.038	25/3	0.037	2/13	0.037	12-Mar
FEB	0.023	0.048	27/13	0.047	22/2	0.047	24/12	0.046	15/11
MAR	0.032	0.066	26/17	0.054	17/12	0.053	7/12	0.053	22/8
APR	0.038	0.071	22/21	0.062	23/0	0.061	6/14	0.060	16/14
MAY	0.040	0.068	12/12	0.067	24/9	0.065	11/23	0.065	25/12
JUN	0.037	0.072	29/11	0.070	25/11	0.070	26/12	0.070	27/15
JUL	0.042	0.076	27/14	0.074	17/13	0.073	15/11	0.073	30/13
AUG	0.039	0.076	11/19	0.075	2/10	0.074	28/12	0.072	12/13
SEP	0.029	0.069	17/15	0.066	16/15	0.062	19/9	0.061	10/16
OCT	0.020	0.052	3/13	0.051	12/12	0.049	2/16	0.049	22/15
NOV	0.017	0.051	20/10	0.050	11/13	0.047	18/0	0.046	17/23
DEC	0.009	0.041	5/1	0.041	22/2	0.040	30/3	0.038	4/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.028	0.076	Jul 27/14	0.076	Aug 11/19	0.075	Aug 2/10	0.074	Jul 17/13

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.010	0.038	2/13	0.037	3/13	0.037	28/13	0.037	31/15
FEB	0.023	0.051	27/13	0.049	26/13	0.048	24/8	0.047	25/12
MAR	0.031	0.068	26/17	0.058	27/13	0.057	7/13	0.056	17/13
APR	0.037	0.065	16/14	0.065	22/21	0.063	17/12	0.062	6/13
MAY	0.037	0.065	12/13	0.064	24/9	0.062	26/15	0.060	16/17
JUN	0.033	0.069	26/13	0.069	27/16	0.069	29/11	0.068	18/14
JUL	0.036	0.072	15/12	0.072	27/15	0.071	17/11	0.069	16/12
AUG	0.033	0.074	12/14	0.069	11/19	0.066	2/12	0.066	3/12
SEP	0.027	0.070	17/15	0.065	16/16	0.060	18/14	0.060	19/9
OCT	0.020	0.055	12/12	0.051	3/10	0.050	17/13	0.049	2/17
NOV	0.016	0.053	20/12	0.051	11/13	0.048	17/20	0.048	18/0
DEC	0.008	0.039	22/2	0.038	5/11	0.038	30/4	0.036	6/16

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.026	0.074	Aug 12/14	0.072	Jul 15/12	0.072	Jul 27/15	0.071	Jul 17/11

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.010	0.039	25/3	0.039	28/15	0.038	31/15	0.037	3/14
FEB	0.021	0.049	24/12	0.048	26/21	0.048	27/14	0.047	22/13
MAR	0.030	0.069	26/16	0.057	28/13	0.057	30/16	0.055	13-Jul
APR	0.036	0.072	22/21	0.063	16/14	0.062	6/14	0.061	30/11
MAY	0.036	0.070	24/9	0.068	12/13	0.066	16/17	0.066	23/10
JUN	0.035	0.073	26/12	0.073	29/11	0.072	25/11	0.070	18/13
JUL	0.036	0.072	15/12	0.071	27/14	0.071	30/14	0.070	17/13
AUG	0.033	0.076	2/11	0.076	12/14	0.074	11/21	0.068	3/12
SEP	0.025	0.068	16/15	0.068	17/15	0.062	19/9	0.061	18/14
OCT	0.019	0.053	12/12	0.051	3/10	0.050	7/15	0.050	8/13
NOV	0.016	0.051	11/13	0.049	20/12	0.047	18/0	0.046	17/23
DEC	0.010	0.041	22/2	0.040	5/2	0.039	30/4	0.036	25/14

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.026	0.076	Aug 2/11	0.076	Aug 12/14	0.074	Aug 11/21	0.073	Jun 26/12

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.016	0.039	2/13	0.039	24/21	0.038	25/2	0.038	31/14
FEB	0.029	0.050	26/23	0.049	22/1	0.049	24/11	0.048	21/15
MAR	0.035	0.070	26/17	0.062	29/5	0.060	27/13	0.060	28/12
APR	0.043	0.076	22/21	0.066	16/14	0.064	6/16	0.064	28/13
MAY	0.043	0.071	12/13	0.069	24/9	0.065	26/15	0.064	19/8
JUN	0.036	0.067	26/12	0.066	18/15	0.065	27/16	0.064	25/10
JUL	0.040	0.069	16/11	0.066	27/15	0.065	13/13	0.064	15/11
AUG	0.037	0.075	12/13	0.071	11/18	0.069	28/15	0.065	2/13
SEP	0.034	0.066	17/15	0.065	19/7	0.061	18/21	0.059	29/1
OCT	0.026	0.051	3/9	0.049	12/18	0.047	2/14	0.047	8/12
NOV	0.024	0.053	20/12	0.052	11/12	0.048	18/1	0.047	9/14
DEC	0.015	0.044	13/2	0.043	30/01	0.042	15/12	0.042	29/21

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.031	0.076	Apr 22/21	0.075	Aug 12/13	0.071	May 12/13	0.071	Aug 11/18

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Incline

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.027	0.042	5/12	0.041	27/9	0.038	2/23	0.038	28/19
FEB	0.033	0.049	27/9	0.046	15/3	0.045	26/16	0.044	13/1
MAR	0.041	0.060	29/7	0.059	26/15	0.058	7/9	0.055	10/9
APR	0.044	0.061	22/15	0.060	16/10	0.060	17/10	0.059	3/8
MAY	0.040	0.062	12/11	0.058	23/10	0.058	24/8	0.057	19/7
JUN	0.038	0.063	24/12	0.062	26/8	0.060	29/9	0.059	28/10
JUL	0.041	0.059	10/8	0.059	11/8	0.055	7/20	0.055	9/9
AUG	0.041	0.068	11/11	0.064	12/7	0.060	22/23	0.060	28/10
SEP	0.040	0.064	19/16	0.060	19/5	0.056	20/8	0.055	13/8
OCT	0.032	0.052	3/10	0.051	12/8	0.049	12/16	0.048	2/23
NOV	0.034	0.051	11/9	0.049	9/19	0.049	20/2	0.048	10/13
DEC	0.033	0.048	25/8	0.046	24/18	0.045	15/20	0.044	22/16

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.037	0.068	Aug 11/11	0.064	Aug 12/7	0.064	Sep 19/16	0.063	Jun 24/12

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.016	0.039	28/10	0.038	2/7	0.037	3/10	0.037	5/9
FEB	0.029	0.051	24/6	0.048	26/9	0.048	27/10	0.046	20/11
MAR	0.036	0.063	26/11	0.057	27/9	0.056	17/9	0.054	7/10
APR	0.039	0.064	22/16	0.060	28/10	0.059	6/10	0.058	29/11
MAY	0.040	0.066	12/9	0.065	24/7	0.059	11/11	0.059	23/16
JUN	0.038	0.063	29/8	0.062	24/10	0.062	25/7	0.060	27/11
JUL	0.041	0.065	10/9	0.062	17/8	0.060	24/8	0.059	9/8
AUG	0.038	0.072	11/14	0.065	28/10	0.064	27/9	0.062	10/9
SEP	0.031	0.059	19/7	0.057	17/9	0.056	18/14	0.056	19/15
OCT	0.024	0.050	3/8	0.049	12/9	0.048	12/17	0.046	2/11
NOV	0.022	0.048	11/9	0.048	20/5	0.046	17/17	0.042	6/7
DEC	0.019	0.043	15/8	0.042	22/4	0.041	31/17	0.040	8/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.031	0.072	Aug 11/14	0.066	May 12/9	0.065	May 24/7	0.065	Aug 28/10

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.009	0.035	24/23	0.035	28/9	0.033	2/8	0.033	3/10
FEB	0.023	0.045	27/8	0.044	24/9	0.043	26/7	0.042	15/9
MAR	0.031	0.056	26/11	0.051	28/11	0.051	29/8	0.049	30/10
APR	0.037	0.065	22/18	0.058	28/9	0.057	6/10	0.056	16/10
MAY	0.040	0.064	12/10	0.061	24/8	0.060	16/11	0.060	26/8
JUN	0.037	0.062	24/10	0.062	25/8	0.062	29/9	0.061	27/9
JUL	0.042	0.065	10/10	0.064	17/9	0.062	27/8	0.061	9/9
AUG	0.038	0.073	11/15	0.067	2/9	0.064	28/10	0.062	10/10
SEP	0.029	0.058	17/10	0.058	19/9	0.056	16/12	0.055	18/13
OCT	0.020	0.049	3/9	0.047	12/11	0.044	11/10	0.042	2/12
NOV	0.017	0.048	20/7	0.043	17/19	0.042	11/12	0.039	22/6
DEC	0.008	0.039	4/23	0.038	22/0	0.035	22/8	0.034	5/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.028	0.073	Aug 11/15	0.067	Aug 2/9	0.065	Apr 22/18	0.065	Jul 10/10

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.010	0.035	3/10	0.033	2/6	0.033	24/19	0.031	25/11
FEB	0.022	0.047	24/5	0.047	26/7	0.046	27/9	0.044	22/8
MAR	0.031	0.058	26/11	0.052	27/10	0.051	14/12	0.051	28/10
APR	0.037	0.060	16/11	0.059	6/10	0.058	22/15	0.056	13/9
MAY	0.037	0.065	12/13	0.064	24/9	0.062	26/15	0.060	16/17
JUN	0.033	0.061	26/10	0.060	29/9	0.059	18/10	0.059	25/9
JUL	0.036	0.062	27/10	0.061	17/9	0.059	9/9	0.059	15/9
AUG	0.033	0.066	11/14	0.063	2/9	0.061	12/8	0.060	28/10
SEP	0.026	0.061	17/9	0.058	19/9	0.056	16/11	0.054	18/11
OCT	0.020	0.049	3/9	0.047	12/11	0.045	2/12	0.044	11/10
NOV	0.015	0.048	20/5	0.045	17/18	0.041	11/12	0.040	22/8
DEC	0.008	0.039	22/2	0.038	5/11	0.038	30/4	0.036	6/16

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.026	0.066	Aug 11/14	0.065	May 12/13	0.063	Aug 2/9	0.062	Jul 24/10

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.010	0.035	24/23	0.034	3/10	0.031	2/8	0.031	26/9
FEB	0.021	0.045	27/10	0.043	26/14	0.042	22/10	0.042	24/6
MAR	0.030	0.060	26/11	0.052	28/11	0.052	29/8	0.051	27/10
APR	0.036	0.060	16/11	0.060	22/15	0.059	6/10	0.058	28/11
MAY	0.035	0.064	12/9	0.063	24/8	0.060	16/11	0.059	23/9
JUN	0.034	0.064	25/8	0.063	24/10	0.063	29/9	0.062	26/10
JUL	0.035	0.063	17/9	0.061	9/8	0.060	10/8	0.060	15/9
AUG	0.033	0.069	11/15	0.068	2/8	0.062	27/10	0.061	12/9
SEP	0.024	0.058	17/10	0.058	19/9	0.055	16/10	0.055	18/13
OCT	0.018	0.048	3/9	0.045	12/11	0.043	11/11	0.040	2/11
NOV	0.015	0.045	20/5	0.038	17/20	0.038	22/9	0.037	7/8
DEC	0.009	0.039	22/0	0.037	5/1	0.037	22/8	0.035	5/9

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.025	0.069	Aug 11/15	0.068	Aug 2/8	0.064	May 12/9	0.064	Jun 25/8

* Hour Beginning

2009 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.016	0.037	24/20	0.035	2/7	0.034	3/9	0.033	8/8
FEB	0.029	0.045	21/22	0.044	22/9	0.044	24/4	0.044	26/7
MAR	0.035	0.061	26/11	0.054	27/10	0.054	28/10	0.054	29/0
APR	0.043	0.067	22/17	0.061	28/9	0.060	6/10	0.060	29/11
MAY	0.042	0.067	12/9	0.063	24/7	0.061	19/7	0.060	23/8
JUN	0.036	0.061	26/10	0.058	18/11	0.058	25/8	0.058	29/9
JUL	0.039	0.061	27/10	0.059	9/9	0.059	13/9	0.058	10/9
AUG	0.037	0.075	12/13	0.071	11/18	0.069	28/15	0.065	2/13
SEP	0.033	0.061	19/6	0.059	17/10	0.059	19/14	0.055	18/14
OCT	0.026	0.050	3/9	0.047	12/13	0.045	2/12	0.044	8/8
NOV	0.024	0.049	11/11	0.048	20/6	0.044	17/18	0.043	9/12
DEC	0.014	0.038	15/11	0.037	21/9	0.037	22/1	0.036	6/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.031	0.075	Aug 12/13	0.071	Aug 11/18	0.069	Aug 28/15	0.067	Apr 22/17

* Hour Beginning

2009 ANNUAL SUMMARY
PM2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (designated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	13.5	21.4	1st	19.9	22nd	17.3	28th	15.2	7th
FEB	5.1	11.0	3rd	7.7	21st	6.6	18th	4.2	6th
MAR	4.7	7.3	14th	6.8	17th	6.2	20th	6.1	11th
APR	4.8	6.1	4th	5.9	7th	5.9	13th	5.4	16th
MAY	5.4	7.9	16th	7.2	19th	6.2	22nd	6.2	31st
JUN	5.4	6.9	27th	6.6	12th	6.6	30th	6.2	24th
JUL	5.3	7.2	30th	6.5	18th	6.3	15th	6.1	9th
AUG	8.6	17.9	17th	12.6	8th	11.2	11th	9.2	20th
SEP	5.3	8.0	28th	5.9	19th	5.9	16th	5.8	25th
OCT	5.1	7.8	31st	7.4	10th	6.9	22nd	5.3	7th
NOV	8.0	13.3	30th	12.6	24th	11.7	9th	9.5	3rd
DEC	22.8	52.6	9th	41.2	18th	40.5	15th	24.3	24th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	10.20	52.6	Dec 9th	41.2	Dec 18th	40.5	Dec 15th	24.30	Dec 24th

* Hour Beginning

2009 ANNUAL SUMMARY
PM2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (collocated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	13.1	21.1	1st	19.4	22nd	15.1	31st	14.8	16th
FEB	6.0	16.8	3rd	7.9	21st	6.5	18th	5.5	15th
MAR	4.7	7.3	14th	6.9	17th	6.2	20th	5.9	8th
APR	4.7	6.0	13th	5.9	4th	5.9	7th	5.5	16th
MAY	5.4	8.0	16th	7.0	19th	6.2	22nd	6.2	25th
JUN	5.3	7.0	27th	6.8	30th	6.4	12th	6.2	18th
JUL	5.2	6.9	30th	6.7	18th	6.3	15th	6.0	3rd
AUG	8.8	18.3	17th	13.2	8th	11.7	11th	9.3	20th
SEP	5.4	8.6	28th	6.0	10th	6.0	25th	5.9	19th
OCT	5.0	7.7	31st	6.8	22nd	6.7	10th	5.5	16th
NOV	7.5	13.3	30th	12.6	24th	9.4	3rd	8.8	15th
DEC	22.8	53.4	9th	41.1	18th	40.2	15th	24.3	24th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	9.90	53.40	Dec 9th	41.10	Dec 18th	40.20	Dec 15th	24.30	Dec 24th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	62	91	7th	88	1st	67	13th	62	31st
FEB	30	38	12th	29	24th	23	6th	N/A	
MAR	32	50	14th	48	20th	30	8th	22	26th
APR	29	64	7th	30	13th	22	19th	18	1st
MAY	21	45	19th	18	13th	16	5th	16	25th
JUN	28	45	30th	32	24th	26	18th	8	6th
JUL	22	30	24th	27	30th	23	18th	19	6th
AUG	39	50	11th	41	17th	33	5th	31	29th
SEP	48	71	28th	50	22nd	42	16th	41	10th
OCT	23	32	10th	31	22nd	24	16th	19	28th
NOV	29	45	3rd	44	9th	21	15th	20	21st
DEC	49	77	15th	75	9th	42	3rd	29	27th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	33	91	Jan 7th	88	Jan 1st	77	Dec 15th	75	Dec 9th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Plumbkit

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	57	93	1st	75	7th	61	13th	54	31st
FEB	21	28	18th	19	12th	19	24th	18	6th
MAR	22	34	14th	29	20th	24	8th	15	26th
APR	19	39	7th	19	13th	17	19th	13	1st
MAY	14	24	19th	16	31st	14	25th	11	7th
JUN	16	23	30th	18	24th	15	18th	15	12th
JUL	15	20	30th	18	24th	15	18th	10	12th
AUG	24	35	17th	27	11th	23	5th	17	29th
SEP	30	46	28th	27	10th	27	22nd	26	16th
OCT	19	24	22nd	23	10th	15	28th	13	4th
NOV	26	35	3rd	32	9th	28	15th	20	21st
DEC	48	73	9th	67	15th	38	27th	37	3rd

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	26	93	Jan 1st	75	Jan 7th	73	Dec 9th	67	Dec 15th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	47	72	1st	68	7th	47	31st	41	13th
FEB	17	22	18th	17	24th	14	6th	13	12th
MAR	18	31	14th	31	29th	23	20th	17	8th
APR	14	20	7th	19	22nd	16	4th	16	28th
MAY	15	24	19th	20	22nd	19	16th	16	28th
JUN	14	20	24th	18	27th	18	30th	16	18th
JUL	14	19	30th	17	9th	17	15th	17	18th
AUG	21	33	17th	26	20th	24	11th	22	8th
SEP	23	48	7th	33	28th	24	25th	22	10th
OCT	13	22	4th	20	1st	18	22nd	18	31st
NOV	18	29	24th	27	30th	24	3rd	22	9th
DEC	41	78	18th	72	9th	68	24th	66	15th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	20	78	Dec 18th	72	Jan 1st	72	Dec 9th	68	Jan 7th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	38	59	7th	47	1st	45	13th	41	19th
FEB	14	19	6th	14	18th	11	12th	11	24th
MAR	13	22	20th	17	14th	11	8th	11	26th
APR	13	15	7th	15	13th	14	19th	11	1st
MAY	15	21	19th	15	25th	15	31st	13	13th
JUN	17	35	30th	17	24th	16	18th	13	12th
JUL	16	24	30th	18	25th	17	18th	11	6th
AUG	20	27	11th	27	17th	19	5th	17	23rd
SEP	23	28	28th	25	10th	23	22nd	22	16th
OCT	14	24	10th	12	16th	11	4th	9	28th
NOV	18	23	3rd	22	9th	15	15th	12	27th
DEC	36	57	31st	44	15th	24	3rd	18	21st

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	20	59	Jan 7th	57	Dec 31st	47	Jan 1st	45	Jan 13th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (designated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	52	64	1st	62	7th	60	13th	60	19th
FEB	17	18	6th	17	18th	16	24th	15	12th
MAR	17	50	14th	48	20th	30	8th	22	26th
APR	16	20	7th	19	22nd	16	4th	16	28th
MAY	14	26	19th	15	25th	14	13th	12	31st
JUN	16	30	24th	23	24th	14	18th	13	12th
JUL	17	23	30th	20	24th	18	18th	12	6th
AUG	21	30	11th	24	17th	20	5th	16	29th
SEP	28	35	28th	29	22nd	28	10th	27	16th
OCT	21	30	10th	23	16th	23	22nd	17	28th
NOV	27	40	3rd	38	9th	20	15th	18	21st
DEC	39	67	9th	47	15th	38	3rd	24	27th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	24	67	Dec 9th	64	Jan 1st	62	Jan 7th	60	Jan 13th

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (collocated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	52	64	7th	63	13th	62	1st	60	19th
FEB	18	19	6th	19	18th	17	24th	16	12th
MAR	17	25	14th	23	20th	20	8th	13	26th
APR	16	27	7th	18	19th	16	13th	9	1st
MAY	15	26	19th	16	25th	14	13th	12	31st
JUN	16	24	30th	22	24th	15	18th	13	12th
JUL	17	22	30th	20	24th	19	18th	13	6th
AUG	21	31	11th	24	17th	20	5th	15	29th
SEP	28	36	28th	29	22nd	28	10th	26	16th
OCT	20	31	10th	23	16th	22	22nd	17	28th
NOV	26	39	3rd	38	9th	20	15th	19	21st
DEC	38	66	9th	48	15th	39	3rd	23	27th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	24	66	Dec 9th	64	Jan 7th	63	Jan 13th	62	Jan 1st

* Hour Beginning

2009 ANNUAL SUMMARY
PM10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	28	42	7th	39	1st	32	19th	28	13th
FEB	10	16	6th	9	12th	7	18th	6	24th
MAR	11	18	20th	13	14th	10	26th	9	8th
APR	11	13	7th	12	13th	11	19th	9	1st
MAY	16	34	19th	16	31st	14	25th	13	13th
JUN	13	19	24th	14	18th	12	12th	6	6th
JUL	15	18	18th	15	6th	15	24th	13	12th
AUG	24	35	11th	29	17th	22	5th	21	29th
SEP	29	39	28th	32	10th	29	16th	24	22nd
OCT	13	17	10th	15	22nd	13	16th	11	4th
NOV	15	25	9th	21	3rd	11	15th	10	21st
DEC	24	46	9th	27	27th	24	15th	18	3rd

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	18	46	Dec 9th	42	Jan 7th	39	Jan 1st	39	Sep 28th

* Hour Beginning

2009 ANNUAL SUMMARY
NO2 (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.026	0.062	12/10	0.061	14/9	0.057	15/8	0.051	1/9
FEB	0.018	0.046	4/10	0.046	21/18	0.044	20/19	0.042	27/21
MAR	0.013	0.051	26/21	0.044	25/6	0.043	5/5	0.043	8/0
APR	0.011	0.047	30/5	0.045	4/23	0.043	5/0	0.043	16/21
MAY	0.009	0.045	6/4	0.038	4/5	0.037	8/22	0.037	18/6
JUN	0.010	0.036	26/23	0.033	23/1	0.029	30/22	0.028	20/22
JUL	0.010	0.038	28/8	0.035	29/8	0.035	14/7	0.032	7/3
AUG	0.011	0.040	14/7	0.040	20/9	0.038	21/7	0.035	13/2
SEP	0.017	0.048	19/0	0.047	21/19	0.043	10/9	0.043	22/18
OCT	0.019	0.049	12/8	0.046	23/19	0.045	8/21	0.044	9/0
NOV	0.024	0.054	5/9	0.053	17/8	0.052	19/9	0.049	30/9
DEC	0.041	0.096	10/10	0.095	9/11	0.083	18/10	0.073	15/10

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.017	0.096	Dec 10/10	0.095	Dec 9/11	0.083	Dec 18/10	0.073	Dec 15/10

* Hour Beginning

2009 ANNUAL SUMMARY
NO (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.045	0.298	15/8	0.272	14/8	0.262	7/8	0.230	1/6
FEB	0.014	0.163	5/7	0.144	2/8	0.137	3/7	0.137	20/8
MAR	0.008	0.123	14/6	0.107	18/7	0.098	25/6	0.083	12/8
APR	0.005	0.074	17/7	0.071	4/6	0.058	30/6	0.049	11/6
MAY	0.004	0.074	7/5	0.048	1/7	0.044	4/7	0.042	18/6
JUN	0.004	0.039	22/5	0.035	3/7	0.032	23/7	0.031	4/4
JUL	0.004	0.045	14/7	0.037	29/7	0.025	1/7	0.025	28/8
AUG	0.005	0.064	31/6	0.059	14/7	0.038	.038	0.029	18/9
SEP	0.008	0.098	1/6	0.084	28/5	0.065	21/6	0.062	12/7
OCT	0.013	0.153	12/8	0.139	29/8	0.115	17/7	0.113	26/7
NOV	0.021	0.182	5/9	0.169	30/9	0.147	19/9	0.134	17/8
DEC	0.062	0.313	9/7	0.313	18/8	0.278	16/20	0.267	1/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.016	0.313	Dec 9/7	0.313	Dec 18/8	0.298	Jan 15/8	0.278	Dec 16/20

* Hour Beginning

Washoe County
Ambient Air Monitoring Data
(2008)

Exceedances (2008)

Pollutant	Averaging Period	Exceedance Dates
PM ₁₀	24-hour	none
PM _{2.5}	24-hour	Jun 25 and 26. Jul 2 and 11.
O ₃	8-hour	Jun 13, 14, 24, 25, and 26. Jul 10.
CO	1-hour	none
	8-hour	none
NO ₂	1-hour	none
SO ₂	1-hour	n/a - SO ₂ was not monitored in 2008.
	24-hour	
	3-hour	
Pb	3-month	n/a - Pb was not monitored in 2008.
	quarterly	

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.9	2.3	3/9	2.2	13/6	2.0	18/9	1.8	3/1
FEB	0.9	2.0	10/3	1.9	8/10	1.8	7/8	1.8	13/5
MAR	0.7	1.6	19/9	1.6	10/10	1.5	7/9	1.5	18/9
APR	0.5	1.3	2/9	1.3	3/9	1.3	4/8	1.2	13/4
MAY	0.4	1.0	5/10	1.0	16/8	0.9	20/7	0.8	6/10
JUN	0.4	1.5	25/9	1.2	24/23	0.9	14/7	0.9	21/6
JUL	0.5	2.0	10/10	1.4	21/8	1.4	4/19	1.3	14/9
AUG	0.5	1.2	16/7	1.2	30/7	1.1	15/8	1.1	14/9
SEP	0.7	1.9	25/10	1.6	26/9	1.3	9/8	1.2	18/10
OCT	0.8	2.4	24/7	2.0	28/10	1.8	15/9	1.8	23/23
NOV	0.9	2.3	13/1	2.0	19/0	2.0	19/10	1.8	18/7
DEC	0.8	2.6	7/5	1.9	1/9	1.9	11/11	1.8	31/23

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.7	2.6	Dec 7/5	2.4	Oct 24/7	2.3	Jan 3/9	2.3	Nov 13/1

* Hour Beginning

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.4	1.5	3/4	1.1	18/9	1.1	25/10	1.1	13/3
FEB	0.5	1.3	10/3	1.0	6/1	1.0	26/8	1.0	9/3
MAR	0.3	0.9	10/6	0.9	22/2	0.8	9/3	0.8	23/3
APR	0.2	0.5	2/7	0.5	3/11	0.5	11/7	0.4	13/3
MAY	0.3	0.5	5/6	0.5	19/9	0.4	8/7	0.4	2/6
JUN	0.3	1.5	25/9	1.4	25/1	1.2	26/7	0.8	24/8
JUL	0.4	1.3	10/6	1.2	11/0	0.9	13/7	0.8	9/22
AUG	0.3	0.4	15/9	0.4	12/10	0.4	29/7	0.4	13/9
SEP	0.2	0.4	14/4	0.4	10/7	0.4	11/2	0.4	6/3
OCT	0.3	0.8	25/2	0.7	23/7	0.7	27/9	0.6	24/7
NOV	0.4	1.1	22/2	1.1	16/1	1.1	18/0	1.1	25/1
DEC	0.5	1.2	6/2	1.2	31/7	1.1	7/1	1.1	29/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.3	1.5	Jan 3/4	1.5	Jun 25/9	1.3	Feb 10/3	1.3	Jul 10/6

* Hour Beginning

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.3	1.5	3/3	1.4	3/11	1.4	12/3	1.2	15/9
FEB	0.2	0.8	6/2	0.8	7/8	0.8	13/3	0.7	21/11
MAR	0.1	0.7	12/13	0.6	17/12	0.6	19/9	0.5	10/11
APR	0.1	0.5	12/1	0.4	27/1	0.2	18/9	0.2	2/13
MAY	0.1	0.3	16/6	0.3	20/9	0.2	5/10	0.2	9/13
JUN	0.2	1.3	25/1	1.3	25/10	0.7	28/4	0.5	26/9
JUL	0.2	1.1	11/3	1.0	10/10	0.8	10/2	0.5	10/19
AUG	0.1	0.3	25/8	0.3	30/8	0.2	6/23	0.2	6/8
SEP	0.1	0.8	25/12	0.3	27/0	0.3	27/22	0.2	9/9
OCT	0.2	0.9	28/13	0.8	15/11	0.6	24/12	0.5	13/8
NOV	0.3	1.3	19/13	1.2	13/0	1.0	15/1	0.9	11/10
DEC	0.4	1.8	31/23	1.6	28/4	1.6	31/12	1.2	1/14

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.2	1.8	Dec 31/23	1.6	Dec 28/4	1.6	Dec 31/12	1.5	Jan 3/3

* Hour Beginning

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.5	1.2	3/10	1.1	15/9	1.0	2/23	0.9	18/10
FEB	0.5	1.0	12/1	0.9	13/4	0.8	6/3	0.8	9/1
MAR	0.4	0.7	12/10	0.7	19/10	0.7	24/12	0.7	3/7
APR	0.4	0.7	11/8	0.6	18/8	0.6	17/8	0.6	2/8
MAY	0.3	0.5	5/12	0.5	16/8	0.5	20/6	0.5	9/9
JUN	0.4	1.3	25/1	1.2	25/10	1.0	26/9	0.9	24/11
JUL	0.5	1.3	10/10	1.3	11/6	1.1	10/22	0.9	10/1
AUG	0.3	0.7	25/8	0.7	29/9	0.7	27/9	0.7	22/9
SEP	0.3	0.7	4/9	0.7	25/10	0.7	2/10	0.7	3/10
OCT	0.3	0.6	13/9	0.6	24/10	0.6	28/11	0.6	30/11
NOV	0.4	1.3	25/1	1.0	24/13	0.9	22/13	0.8	29/7
DEC	0.6	1.3	31/11	1.2	21/6	1.1	18/13	1.1	29/9

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.4	1.3	Jun 25/1	1.3	Jul 10/10	1.3	Nov 25/1	1.3	Dec 31/11

* Hour Beginning

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.7	2.1	3/2	2.0	13/4	1.9	18/8	1.7	19/23
FEB	0.7	1.9	9/4	1.8	10/4	1.8	8/10	1.7	17/4
MAR	0.4	1.3	18/8	1.3	17/9	1.2	7/7	1.2	21/8
APR	0.3	1.1	2/8	0.9	17/7	0.9	18/7	0.9	21/9
MAY	0.3	2.0	31/19	0.9	17/2	0.9	2/6	0.6	19/10
JUN	0.5	1.7	1/20	1.7	25/9	1.5	24/23	1.4	26/8
JUL	0.5	1.5	10/9	1.3	11/1	1.1	10/1	1.0	13/3
AUG	0.3	0.8	29/10	0.7	12/7	0.6	7/7	0.6	27/8
SEP	0.4	1.1	29/10	1.0	14/1	0.9	25/10	0.9	24/9
OCT	0.6	1.7	27/23	1.6	28/9	1.5	24/9	1.4	29/8
NOV	0.9	2.1	18/0	2.1	13/0	2.1	29/2	2.1	19/0
DEC	0.9	2.8	31/23	2.8	7/0	2.7	8/0	2.6	31/1

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.5	2.8	Dec 31/23	2.8	Dec 7/0	2.7	Dec 8/0	2.6	Dec 31/1

* Hour Beginning

2008 ANNUAL SUMMARY
CARBON MONOXIDE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.2	0.8	3/9	0.8	15/9	0.6	10/13	0.5	14/23
FEB	0.2	0.5	27/12	0.4	28/10	0.3	5/11	0.3	6/2
MAR	0.2	0.4	6/12	0.4	12/11	0.4	7/12	0.4	21/8
APR	0.1	0.4	22/11	0.3	25/23	0.3	28/9	0.3	25/11
MAY	0.1	0.2	5/11	0.2	27/11	0.2	1/9	0.2	8/11
JUN	0.2	0.8	25/2	0.8	25/11	0.7	24/11	0.6	26/10
JUL	0.2	0.8	10/10	0.7	11/2	0.5	10/2	0.5	10/18
AUG	0.1	0.2	1/12	0.2	7/10	0.2	29/9	0.1	5/21
SEP	0.1	0.5	27/13	0.4	25/8	0.4	29/11	0.3	23/11
OCT	0.1	0.4	30/11	0.4	29/11	0.3	28/11	0.3	17/10
NOV	0.4	0.8	22/14	0.8	19/12	0.8	25/23	0.8	24/10
DEC	0.5	1.0	18/11	0.9	21/11	0.9	11/12	0.8	31/11

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.2	1.0	Dec 18/11	0.9	Dec 21/11	0.9	Dec 11/12	0.8	Jan 3/9

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Incline

MONTH	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	NA		NA		NA		NA	
FEB	NA		NA		NA		NA	
MAR	NA		NA		NA		NA	
APR	NA		NA		NA		NA	
MAY	0.034	31/10	0.052	30/14	0.049	25/14	0.047	27/13
JUN	0.047	24/18	0.086	25/10	0.078	13/16	0.077	14/16
JUL	0.048	7/15	0.079	10/10	0.079	16/12	0.078	26/14
AUG	0.042	14/18	0.070	15/10	0.063	16/11	0.061	12/12
SEP	0.042	4/10	0.062	17/13	0.062	24/11	0.059	23/14
OCT	0.032	1/10	0.054	25/14	0.053	24/13	0.051	18/12
NOV	0.026	14/20	0.043	20/5	0.043	23/13	0.042	3/11
DEC	0.026	2/12	0.044	8/5	0.044	9/10	0.043	13/6

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.025	0.092	Jun 24/18	0.086	Jun 25/10	0.081	Jul 7/15	0.079	Jul 10/10

* Hour Beginning
Incline shelter down until May 14, 2008

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.028	0.056	27/16	0.049	20/13	0.048	8/5	0.045	5/1
FEB	0.026	0.054	27/14	0.053	24/6	0.051	20/15	0.050	19/16
MAR	0.037	0.058	7/14	0.057	12/11	0.056	8/13	0.056	9/13
APR	0.045	0.076	29/13	0.070	18/12	0.068	19/3	0.068	21/11
MAY	0.041	0.071	3/12	0.070	20/20	0.068	10/14	0.067	5/14
JUN	0.048	0.102	24/18	0.099	25/9	0.085	14/10	0.085	23/17
JUL	0.050	0.094	10/11	0.080	9/15	0.080	26/10	0.078	19/12
AUG	0.041	0.072	12/15	0.071	11/16	0.071	16/10	0.070	22/16
SEP	0.035	0.069	17/13	0.069	23/16	0.067	24/13	0.066	3/15
OCT	0.025	0.068	1/13	0.053	18/12	0.053	25/14	0.052	6/15
NOV	0.017	0.046	3/14	0.042	2/21	0.042	19/14	0.041	5/15
DEC	0.022	0.048	2/10	0.044	21/22	0.044	25/12	0.043	7/14

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.035	0.102	Jun 24/18	0.099	Jun 25/9	0.094	Jul 10/11	0.085	Jun 14/10

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.019	0.053	27/16	0.046	20/12	0.045	28/0	0.044	4/23
FEB	0.019	0.051	29/23	0.049	24/4	0.047	17/14	0.045	25/14
MAR	0.030	0.056	9/15	0.054	8/14	0.053	1/3	0.053	23/12
APR	0.039	0.072	29/11	0.068	18/20	0.067	19/4	0.064	14/19
MAY	0.036	0.071	3/13	0.064	5/16	0.064	11/18	0.063	10/13
JUN	0.044	0.110	25/11	0.096	24/18	0.084	26/15	0.081	14/23
JUL	0.045	0.094	10/11	0.088	19/12	0.086	27/11	0.081	26/11
AUG	0.036	0.073	6/13	0.073	7/12	0.069	12/14	0.069	16/9
SEP	0.032	0.066	4/13	0.064	3/16	0.064	6/15	0.063	13/12
OCT	0.020	0.058	1/12	0.049	15/15	0.047	9/2	0.045	15/15
NOV	0.011	0.040	3/14	0.038	2/4	0.038	4/0	0.036	5/15
DEC	0.013	0.044	2/11	0.043	21/22	0.041	19/3	0.040	25/12

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.029	0.110	Jun 25/11	0.096	Jun 24/18	0.094	Jul 10/11	0.088	Jul 19/12

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.019	0.053	27/16	0.046	28/0	0.045	20/13	0.045	5/0
FEB	0.020	0.055	29/23	0.052	24/5	0.050	26/15	0.050	27/14
MAR	0.032	0.059	9/15	0.056	8/14	0.056	23/13	0.054	12/12
APR	0.033	0.069	29/13	0.062	19/19	0.058	14/19	0.056	30/1
MAY	0.028	0.054	3/12	0.052	11/20	0.052	12/14	0.052	31/11
JUN	0.034	0.086	25/10	0.080	24/18	0.072	26/12	0.067	13/17
JUL	0.038	0.092	10/11	0.087	19/12	0.078	26/11	0.076	14/12
AUG	0.030	0.062	6/12	0.059	12/14	0.059	16/9	0.062	6/12
SEP	0.028	0.070	4/14	0.069	3/17	0.062	13/11	0.061	6/15
OCT	0.018	0.057	1/12	0.047	28/13	0.045	17/14	0.044	7/15
NOV	0.010	0.040	3/12	0.038	4/2	0.036	20/13	0.035	15/13
DEC	0.013	0.044	2/12	0.042	21/21	0.040	19/3	0.039	18/22

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.025	0.092	Jul 10/11	0.087	Jul 19/12	0.086	Jun 25/10	0.080	Jun 24/18

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.019	0.053	27/15	0.044	20/11	0.041	28/2	0.041	5/2
FEB	0.018	0.052	27/14	0.050	29/23	0.048	17/14	0.047	25/15
MAR	0.030	0.055	8/14	0.055	23/13	0.054	7/14	0.054	15-Sep
APR	0.039	0.073	29/13	0.065	18/9	0.065	19/14	0.065	30/0
MAY	0.035	0.074	3/12	0.066	5/15	0.066	31/11	0.065	20/20
JUN	0.040	0.112	25/10	0.101	24/12	0.086	26/11	0.083	14/22
JUL	0.040	0.106	10/11	0.092	19/12	0.084	14/12	0.082	26/11
AUG	0.031	0.073	6/13	0.071	10/13	0.070	12/13	0.068	7/12
SEP	0.025	0.070	24/12	0.066	3/16	.063	13/11	0.063	17/13
OCT	0.018	0.059	1/12	0.049	18/14	0.048	15/14	0.046	5/13
NOV	0.011	0.040	3/12	0.038	4/0	0.036	14/14	0.036	21/14
DEC	0.013	0.046	2/11	0.040	21/22	0.040	25/12	0.039	22/5

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.027	0.112	Jun 25/10	0.106	Jul 10/11	0.101	Jun 24/12	0.092	Jul 19/12

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - ONE (1) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.022	0.045	27/15	0.042	20/13	0.039	5/0	0.039	4/23
FEB	0.024	0.043	29/23	0.042	27/14	0.041	24/2	0.041	25/14
MAR	0.029	0.046	1/3	0.046	12/12	0.045	9/15	0.045	20/9
APR	0.039	0.075	29/15	0.073	18/21	0.071	19/1	0.063	21/11
MAY	0.039	0.068	3/15	0.066	13/12	0.064	5/15	0.063	11/16
JUN	0.044	0.101	25/10	0.084	24/12	0.083	26/12	0.078	14/18
JUL	0.043	0.098	10/11	0.083	14/12	0.079	19/11	0.079	26/11
AUG	0.036	0.066	16/10	0.064	6/12	0.064	10/14	0.063	23/10
SEP	0.034	0.065	4/15	0.059	3/17	0.059	24/11	0.058	17/13
OCT	0.025	0.054	1/12	0.048	18/13	0.046	25/14	0.043	7/13
NOV	0.017	0.041	3/12	0.040	20/8	0.039	4/11	0.037	5/12
DEC	0.020	0.045	2/12	0.041	18/22	0.041	29/10	0.040	19/0

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.031	0.101	Jun 25/10	0.098	Jul 10/11	0.084	Jun 24/12	0.083	Jun 26/12

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Incline

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN		NA		NA		NA		NA	
FEB		NA		NA		NA		NA	
MAR		NA		NA		NA		NA	
APR		NA		NA		NA		NA	
MAY	0.033	0.055	31/8	0.049	30/10	0.044	27/10	0.044	21/12
JUN	0.046	0.075	24/11	0.073	14/11	0.072	13/11	0.071	25/7
JUL	0.048	0.074	26/10	0.072	10/9	0.067	13/11	0.066	19/12
AUG	0.042	0.060	14/17	0.060	15/8	0.058	12/10	0.058	16/8
SEP	0.041	0.059	24/9	0.057	17/9	0.056	4/8	0.054	23/9
OCT	0.032	0.047	1/9	0.047	24/9	0.046	25/8	0.044	8/10
NOV	0.025	0.040	3/8	0.039	3/20	0.039	14/18	0.039	20/4
DEC	0.025	0.042	2/8	0.041	8/2	0.040	18/17	0.039	9/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.024	0.075	Jun 24/7	0.074	Jul 26/10	0.073	Jun 14/11	0.072	Jun 13/11

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Lemmon Valley

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.028	0.050	27/15	0.046	20/10	0.045	8/4	0.044	5/0
FEB	0.026	0.051	29/22	0.048	20/11	0.046	24/3	0.046	27/11
MAR	0.036	0.054	8/7	0.054	12/8	0.053	7/13	0.053	23/10
APR	0.045	0.073	29/8	0.070	29/16	0.069	18/9	0.067	18/17
MAY	0.041	0.068	3/10	0.063	5/11	0.063	13/8	0.061	10/11
JUN	0.048	0.096	24/12	0.081	25/8	0.078	13/13	0.077	14/9
JUL	0.049	0.084	10/9	0.072	9/11	0.071	19/8	0.071	26/8
AUG	0.041	0.064	12/10	0.059	6/8	0.059	11/11	0.059	23/8
SEP	0.034	0.062	24/9	0.061	17/10	0.060	23/10	0.059	3/10
OCT	0.025	0.056	1/9	0.045	18/11	0.045	24/10	0.045	25/10
NOV	0.017	0.041	3/10	0.040	2/14	0.039	3/18	0.039	20/6
DEC	0.021	0.044	2/8	0.041	18/12	0.041	18/20	0.041	19/4

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.034	0.096	Jun 24/12	0.084	Jul 10/9	0.081	Jun 25/8	0.078	Jun 13/13

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.018	0.048	27/15	0.043	20/8	0.041	4/22	0.039	31/22
FEB	0.019	0.050	29/22	0.044	24/3	0.040	3/2	0.038	17/10
MAR	0.030	0.052	8/8	0.050	9/10	0.049	23/11	0.049	30/8
APR	0.039	0.067	29/8	0.066	29/16	0.064	18/13	0.063	19/2
MAY	0.036	0.066	3/10	0.060	11/11	0.059	5/11	0.058	31/8
JUN	0.043	0.088	24/11	0.076	14/16	0.076	26/9	0.074	13/13
JUL	0.044	0.078	10/11	0.073	19/8	0.071	26/8	0.070	13/9
AUG	0.036	0.063	12/9	0.059	6/9	0.059	10/10	0.059	23/8
SEP	0.031	0.057	3/10	0.057	24/8	0.056	13/9	0.056	17/10
OCT	0.019	0.045	1/11	0.045	8/19	0.038	5/9	0.037	4/9
NOV	0.011	0.037	3/19	0.034	2/2	0.034	4/3	0.033	2/10
DEC	0.013	0.039	2/8	0.039	18/19	0.038	19/3	0.035	13/2

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.028	0.088	Jun 24/11	0.078	Jul 10/11	0.076	Jun 14/16	0.076	Jun 26/9

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: South Reno

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.019	0.049	27/13	0.044	27/21	0.042	4/20	0.042	20/10
FEB	0.020	0.052	29/20	0.048	24/2	0.044	24/10	0.043	28/11
MAR	0.031	0.054	8/8	0.053	9/10	0.051	23/11	0.051	30/10
APR	0.032	0.063	29/8	0.058	19/13	0.057	29/16	0.053	19/3
MAY	0.028	0.053	3/11	0.049	11/13	0.048	10-Dec	0.047	31/9
JUN	0.034	0.072	24/12	0.067	26/9	0.065	25/9	0.063	14/13
JUL	0.038	0.079	10/10	0.071	26/9	0.067	19/9	0.067	27/10
AUG	0.029	0.055	12/11	0.054	6/9	0.051	10/10	0.050	23/9
SEP	0.027	0.057	4/9	0.056	3/10	0.055	6/11	0.054	24/11
OCT	0.018	0.046	1/9	0.038	5/9	0.037	7/10	0.037	8/13
NOV	0.010	0.037	3/11	0.034	4/8	0.031	2/8	0.031	20/10
DEC	0.012	0.038	18/19	0.038	19/3	0.037	2/8	0.036	21/19

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.025	0.079	Jul 10/10	0.072	Jun 24/12	0.071	Jul 26/9	0.067	Jun 26/9

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Sparks

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.019	0.048	27/12	0.042	27/20	0.041	20/7	0.039	31/22
FEB	0.018	0.048	29/22	0.043	24/3	0.042	6/9	0.040	27/11
MAR	0.029	0.052	8/8	0.049	9/11	0.049	21/9	0.049	23/10
APR	0.038	0.068	29/7	0.067	29/15	0.063	18/8	0.063	19/8
MAY	0.035	0.061	11/12	0.061	13/9	0.062	5/10	0.068	3/10
JUN	0.039	0.086	24/11	0.075	26/9	0.074	13/13	0.074	14/15
JUL	0.039	0.082	10/10	0.075	19/10	0.073	26/9	0.070	27/10
AUG	0.031	0.062	12/9	0.061	6/9	0.060	6/9	0.058	23/9
SEP	0.025	0.058	24/10	0.055	3/10	0.055	17/11	0.054	13/9
OCT	0.017	0.044	1/10	0.040	5/9	0.038	9/8	0.038	19/11
NOV	0.010	0.036	3/11	0.035	3/19	0.034	2/6	0.033	4/8
DEC	0.013	0.041	2/8	0.037	18/20	0.036	19/4	0.036	25/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.026	0.086	Jun 24/11	0.082	Jul 10/10	0.075	Jun 26/9	0.075	Jul 10/10

* Hour Beginning

2008 ANNUAL SUMMARY
OZONE (ppm) - EIGHT (8) HOUR AVERAGES

Location: Toll

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.021	0.041	27/11	0.039	20/8	0.038	4/23	0.037	3/11
FEB	0.023	0.043	29/23	0.039	24/0	0.037	28/9	0.036	26/11
MAR	0.028	0.042	1/0	0.042	8/8	0.041	1/9	0.041	9/10
APR	0.038	0.071	29/10	0.070	18/18	0.066	29/18	0.065	19/3
MAY	0.038	0.065	3/10	0.062	13/7	0.060	5/10	0.059	9/11
JUN	0.044	0.076	25/8	0.076	26/10	0.075	24/10	0.074	14/10
JUL	0.043	0.079	10/9	0.070	26/9	0.068	27/10	0.067	14/8
AUG	0.036	0.065	12/8	0.064	11/11	0.062	28/10	0.061	2/9
SEP	0.033	0.057	4/8	0.055	24/10	0.052	17/10	0.051	3/10
OCT	0.025	0.046	1/10	0.038	18/12	0.037	5/9	0.037	7/10
NOV	0.016	0.038	3/10	0.037	20/5	0.035	2/10	0.035	3/18
DEC	0.020	0.039	2/9	0.039	18/13	0.039	29/8	0.037	19/0

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.030	0.079	Jul 10/9	0.076	Jun 25/8	0.076	Jun 26/10	0.075	Jun 24/10

* Hour Beginning

2008 ANNUAL SUMMARY
PM-2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (designated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	8.7	21.5	19th	12.0	13th	11.7	25th	11.2	7th
FEB	7.3	10.9	9th	10.3	21st	9.8	15th	9.1	12th
MAR	4.5	8.2	7th	6.8	22nd	6.2	10th	6.1	19th
APR	5.6	9.8	27th	8.9	18th	5.6	3rd	5.1	24th
MAY	6.2	11.8	9th	10.4	3rd	6.8	6th	5.9	30th
JUN	25.7	114.7	25th	61.1	26th	34.3	23rd	30.2	29th
JUL	24.8	53.6	2nd	47.0	11th	34.3	14th	23.9	5th
AUG	5.1	8.8	16th	8.3	13th	6.3	7th	5.5	28th
SEP	6.5	8.6	24th	8.2	15th	7.7	9th	7.0	18th
OCT	7.2	10.4	18th	10.0	24th	8.1	15th	7.0	12th
NOV	9.8	16.0	23rd	12.9	11th	12.2	29th	12.0	17th
DEC	10.8	20.5	20th	20.4	17th	17.0	11th	11.7	29th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	10.20	114.70	Jun 25th	61.10	Jun 26th	53.60	Jul 2nd	47.00	Jul 11th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-2.5 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3 (colocated)

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	8.8	22.0	19th	11.7	25th	11.0	7th	10.5	10th
FEB	7.7	11.5	9th	11.0	21st	10.3	15th	9.5	12th
MAR	4.6	8.8	7th	6.9	22nd	6.6	10th	6.5	19th
APR	5.5	9.3	27th	8.5	18th	6.6	21st	5.6	3rd
MAY	6.2	11.9	9th	10.5	3rd	7.3	6th	6.0	30th
JUN	22.5	115.4	25th	34.7	23rd	30.8	29th	16.1	14th
JUL	25.1	54.3	2nd	47.2	11th	34.5	14th	24.2	5th
AUG	5.2	8.9	16th	8.4	13th	6.7	7th	5.6	25th
SEP	6.5	8.8	24th	8.3	15th	7.4	9th	6.9	18th
OCT	7.3	10.3	18th	10.1	24th	10.1	27th	8.3	15th
NOV	9.8	15.6	23rd	13.0	11th	12.1	26th	11.8	17th
DEC	10.4	20.3	17th	16.5	11th	11.4	29th	11.1	5th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	9.90	115.40	Jun 25th	54.30	Jul 2nd	47.20	Jul 11th	34.70	Jun 23rd

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10, $\mu\text{g}/\text{m}^3$ - 24 HOUR AVERAGES

Location: Galletti

MONTH	AVG.	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	45	87	31st	65	19th	32	13th	32	25th
FEB	46	87	12th	50	6th	42	18th	8	24th
MAR	57	86	25th	85	7th	66	19th	54	1st
APR	37	78	18th	30	30th	29	12th	23	6th
MAY	27	40	6th	37	12th	25	18th	23	30th
JUN	38	61	23rd	55	29th	31	17th	25	5th
JUL	50	78	11th	55	17th	48	23rd	35	5th
AUG	34	49	16th	39	4th	32	28th	31	22nd
SEP	39	54	9th	48	15th	41	3rd	32	27th
OCT	47	73	27th	50	15th	48	3rd	34	21st
NOV	35	66	20th	39	26th	32	8th	28	14th
DEC	37	62	8th	62	20th	24	2nd	20	26th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	41	87	Jan 31st	87	Feb 12th	86	Mar 25th	85	Mar 7th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Plumbkit

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	43	76	49	31st	36	1st	34	7th
FEB	43	71	53	6th	43	18th	7	24th
MAR	22	35	30	19th	29	25th	17	1st
APR	24	40	26	12th	22	24th	18	6th
MAY	18	23	23	12th	21	18th	14	30th
JUN	32	55	52	23rd	24	17th	16	5th
JUL	46	86	45	5th	38	23rd	36	17th
AUG	21	29	24	28th	20	22nd	17	4th
SEP	27	36	35	9th	28	3rd	23	27th
OCT	31	52	38	15th	24	21st	21	3rd
NOV	27	37	35	20th	27	8th	30	14th
DEC	38	76	50	8th	26	26th	20	14th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	31	86	Jul 11th	76	Jan 19th	76	Dec 20th	71	Feb 12th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Reno3

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	61	19th	36	31st	30	1st	26	13th
FEB	49	6th	46	12th	31	18th	7	24th
MAR	44	7th	34	19th	31	25th	19	1st
APR	29	18th	21	30th	17	12th	16	24th
MAY	29	12th	25	18th	22	6th	20	30th
JUN	92	26th	52	29th	20	17th	18	5th
JUL	84	11th	39	5th	34	23rd	34	17th
AUG	31	28th	27	16th	21	22nd	14	4th
SEP	31	9th	25	3rd	24	27th	13	21st
OCT	40	27th	35	9th	32	15th	21	21st
NOV	37	20th	36	26th	30	14th	21	8th
DEC	60	20th	57	8th	19	2nd	13	26th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	29	92	Jun 26th	84	Jul 11th	61	Jan 19th	60	Dec 20th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: South Reno

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	44	19th	24	1st	24	7th	24	13th
FEB	111	12th	32	18th	27	6th	4	24th
MAR	25	7th	21	25th	17	19th	12	1st
APR	28	18th	25	12th	16	24th	11	30th
MAY	23	12th	23	18th	21	6th	13	30th
JUN	45	29th	44	23rd	17	17th	12	5th
JUL	68	11th	49	5th	34	23rd	25	17th
AUG	28	16th	20	28th	19	22nd	16	4th
SEP	29	15th	26	3rd	22	9th	20	27th
OCT	35	27th	21	15th	20	21st	17	3rd
NOV	28	20th	25	26th	17	8th	16	14th
DEC	36	20th	32	8th	17	26th	15	2nd

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	23	111	Feb 12th	68	Jul 11th	49	Jul 5th	45	Jun 29th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (Designated)

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	31	63	19th	32	31st	27	13th	25th
FEB	33	60	12th	37	18th	29	6th	24th
MAR	19	31	7th	23	25th	20	19th	1st
APR	17	27	18th	23	12th	12	30th	24th
MAY	18	25	6th	22	12th	22	18th	30th
JUN	42	101	26th	58	23rd	48	29th	17th
JUL	40	57	11th	51	23rd	35	17th	5th
AUG	19	29	16th	19	22nd	18	28th	4th
SEP	26	33	9th	29	15th	28	3rd	27th
OCT	27	59	27th	28	15th	22	21st	9th
NOV	24	30	20th	29	8th	29	26th	14th
DEC	34	56	8th	51	20th	29	2nd	26th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	27	101	Jun 26th	63	Jan 19th	60	Feb 12th	59	Oct 27th

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Sparks (Collocated)

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	32	63	35	31st	27	25th	26	13th
FEB	33	61	37	18th	29	6th	7	24th
MAR	15	32	21	19th	16	1st	11	13th
APR	17	27	25	12th	13	30th	11	6th
MAY	16	22	19	12th	19	18th	13	30th
JUN	31	59	49	29th	22	17th	14	5th
JUL	40	57	52	23rd	34	17th	33	5th
AUG	20	29	20	22nd	19	28th	13	10th
SEP	26	34	29	15th	28	3rd	26	27th
OCT	28	60	28	15th	22	21st	15	3rd
NOV	24	30	28	26th	28	8th	23	14th
DEC	35	59	50	20th	29	2nd	22	26th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	26	63	Jan 19th	61	Feb 12th	60	Oct 27th	59	Jun 23rd

* Hour Beginning

2008 ANNUAL SUMMARY
PM-10 ($\mu\text{g}/\text{m}^3$) - 24 HOUR AVERAGES

Location: Toll

MONTH	HIGH	DATE	2ND HIGH	DATE	3RD HIGH	DATE	4TH HIGH	DATE
JAN	40	19th	24	7th	24	13th	18	1st
FEB	32	6th	25	12th	23	18th	2	24th
MAR	36	7th	28	1st	24	25th	12	19th
APR	21	18th	14	24th	13	30th	12	12th
MAY	22	12th	21	18th	17	6th	14	30th
JUN	44	29th	42	23rd	18	17th	12	5th
JUL	64	11th	38	5th	34	23rd	24	17th
AUG	25	16th	23	28th	19	22nd	15	4th
SEP	35	9th	26	15th	25	3rd	22	27th
OCT	36	27th	19	15th	17	21st	13	9th
NOV	23	26th	20	20th	9	8th	5	2nd
DEC	38	20th	26	8th	12	2nd	9	14th

ANNUAL STATISTICS	AVG.	HIGH	MONTH/ DAY	2ND HIGH	MONTH/ DAY	3RD HIGH	MONTH/ DAY	4TH HIGH	MONTH/ DAY
	21	64	Jul 11th	44	Jun 29th	42	Jun 23rd	40	Jan 19th

* Hour Beginning

2008 ANNUAL SUMMARY
NO2 (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.059	10/12	0.056	7/9	0.053	3/10	0.051	8/7
FEB	0.052	21/10	0.050	5/23	0.050	6/0	0.049	11/9
MAR	0.054	12/8	0.052	10/7	0.051	7/7	0.051	20/6
APR	0.055	22/6	0.051	18/4	0.046	21/7	0.044	10/22
MAY	0.042	13/6	0.042	20/4	0.041	2/6	0.039	1/5
JUN	0.045	16/1	0.043	3/6	0.043	25/7	0.043	27/7
JUL	0.075	10/9	0.047	16/6	0.044	15/6	0.044	29/6
AUG	0.048	30/1	0.042	25/8	0.039	7/9	0.038	29/8
SEP	0.064	25/9	0.055	9/8	0.053	24/22	0.047	16/8
OCT	0.050	24/10	0.048	23/17	0.048	28/11	0.045	15/10
NOV	0.063	19/11	0.060	20/8	0.052	18/11	0.050	17/11
DEC	0.060	31/11	0.059	1/10	0.055	7/9	0.050	16/7

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.018	0.075	Jul 10/9	0.064	Sept 25/9	0.063	Nov 19/11	0.060	Dec 31/11

* Hour Beginning

2008 ANNUAL SUMMARY
NO (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.025	3/7	0.176	2/23	0.145	15/8	0.132	18/10
FEB	0.019	7/8	0.137	21/7	0.123	15/7	0.117	6/0
MAR	0.013	12/7	0.174	10/7	0.148	7/7	0.132	17/8
APR	0.008	11/22	0.081	2/6	0.072	21/7	0.070	22/7
MAY	0.006	16/6	0.067	20/5	0.064	5/7	0.050	2/6
JUN	0.004	27/7	0.058	9/6	0.051	13/7	0.041	18/5
JUL	0.004	29/6	0.057	15/6	0.051	16/6	0.042	9/7
AUG	0.005	29/8	0.063	28/7	0.057	21/6	0.055	25/6
SEP	0.007	25/9	0.116	19/6	0.084	16/8	0.083	9/8
OCT	0.016	28/6	0.226	15/6	0.218	13/6	0.135	27/7
NOV	0.034	20/8	0.221	19/9	0.238	11/8	0.185	18/19
DEC	0.037	31/7	0.209	1/10	0.201	10/8	0.177	11/8

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.015	0.277	Nov 20/8	0.252	Dec 31/7	0.240	Oct 28/6	0.226	Oct 15/6

* Hour Beginning

2008 ANNUAL SUMMARY
NOx (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.050	3/7	0.216	2/23	0.192	7/9	0.188	15/8
FEB	0.045	7/8	0.185	21/10	0.168	6/0	0.165	15/7
MAR	0.030	12/7	0.226	10/7	0.199	7/7	0.180	17/8
APR	0.022	11/22	0.123	22/7	0.120	2/6	0.118	21/7
MAY	0.019	16/6	0.107	20/5	0.098	5/7	0.091	2/6
JUN	0.017	27/7	0.091	9/6	0.089	13/7	0.082	3/6
JUL	0.019	29/6	0.102	15/6	0.099	10/9	0.098	16/6
AUG	0.019	29/8	0.095	25/7	0.086	28/7	0.084	21/6
SEP	0.023	25/9	0.162	19/7	0.138	9/8	0.132	16/8
OCT	0.036	28/6	0.261	15/6	0.254	13/6	0.176	24/6
NOV	0.057	20/8	0.280	11/8	0.276	19/9	0.227	18/19
DEC	0.064	31/7	0.268	1/10	0.243	10/8	0.229	7/9

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.033	0.337	Nov 20/8	0.298	Dec 31/7	0.283	Oct 28/6	0.280	Nov 11/8

* Hour Beginning

2009 ANNUAL SUMMARY
NOx (ppm) - HOURLY AVERAGES

Location: Reno3

MONTH	AVG.	HIGH	DATE/ HOUR*	2ND HIGH	DATE/ HOUR*	3RD HIGH	DATE/ HOUR*	4TH HIGH	DATE/ HOUR*
JAN	0.072	0.355	15/8	0.328	14/8	0.305	7/8	0.253	28/8
FEB	0.031	0.200	5/7	0.182	2/8	0.180	20/8	0.171	3/7
MAR	0.022	0.163	14/6	0.147	18/7	0.141	25/6	0.121	12/8
APR	0.016	0.115	17/7	0.106	4/6	0.102	30/6	0.085	27/6
MAY	0.013	0.110	7/5	0.078	4/6	0.078	18/6	0.076	1/7
JUN	0.013	0.064	22/5	0.058	23/7	0.056	3/7	0.050	4/4
JUL	0.013	0.079	14/7	0.071	29/7	0.063	28/8	0.054	1/7
AUG	0.015	0.098	14/7	0.093	31/6	0.066	21/7	0.060	20/9
SEP	0.024	0.127	1/6	0.117	28/5	0.099	12/7	0.099	21/6
OCT	0.032	0.202	12/8	0.182	29/8	0.147	26/7	0.145	17/7
NOV	0.044	0.235	5/9	0.218	30/9	0.199	19/9	0.186	17/8
DEC	0.103	0.390	9/7	0.385	18/8	0.336	16/20	0.333	10/7

ANNUAL STATISTICS	AVG.	HIGH	MONTH DATE/HOUR*	2ND HIGH	MONTH DATE/HOUR*	3RD HIGH	MONTH DATE/HOUR*	4TH HIGH	MONTH DATE/HOUR*
	0.033	0.390	Dec 9/7	0.385	Dec 18/8	0.355	Jan 15/8	0.336	Dec 16/20

* Hour Beginning

May 9, 2011

Mr. Matt Smith, Chairman
District Board of Health
Washoe County, Nevada

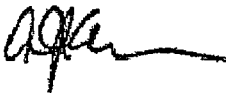
Dear Chairman Smith,

As recently discussed with you, I have accepted a medical staff position at the Veterans Administration (VA) Sierra Nevada Health Care System in Reno, Nevada. Unfortunately, the medical leadership at the VA is unable to authorize my periodic absence from needed clinical duties to attend the monthly District Board of Health meetings.

Consequently, effective immediately, I will need to resign my seat as the physician member on the health board for the Washoe County Health District. Since this position is endorsed by the Washoe County Medical Society, I have notified their President, Dr. Tomas Hinojosa, to identify a suitable physician candidate that may be presented to the Board of Health to fill this membership vacancy in an expeditious manner.

I have thoroughly appreciated the opportunity to work with you and the other board members in support of the public health of all Washoe County residents and wish you continued success in the future.

Respectfully submitted,



Amy J. Khan, MD, MPH

cc. Dr. Tomas Hinojosa, President, Washoe County Medical Society
Ms. Mary Ann Brown, Interim Health Officer, Washoe County Health District
Dr. Uchenna Uchendu, Ambulatory Care Chief, VA Sierra Nevada Health Care System



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY AND PUBLIC HEALTH PREPAREDNESS DIVISION

May 18, 2011

MEMORANDUM

To: Members, Washoe County District Board of Health

From: Randall L. Todd, DrPH
Epidemiology and Public Health Preparedness (EPHP) Director

Subject: Report to the District Board of Health, May 2011

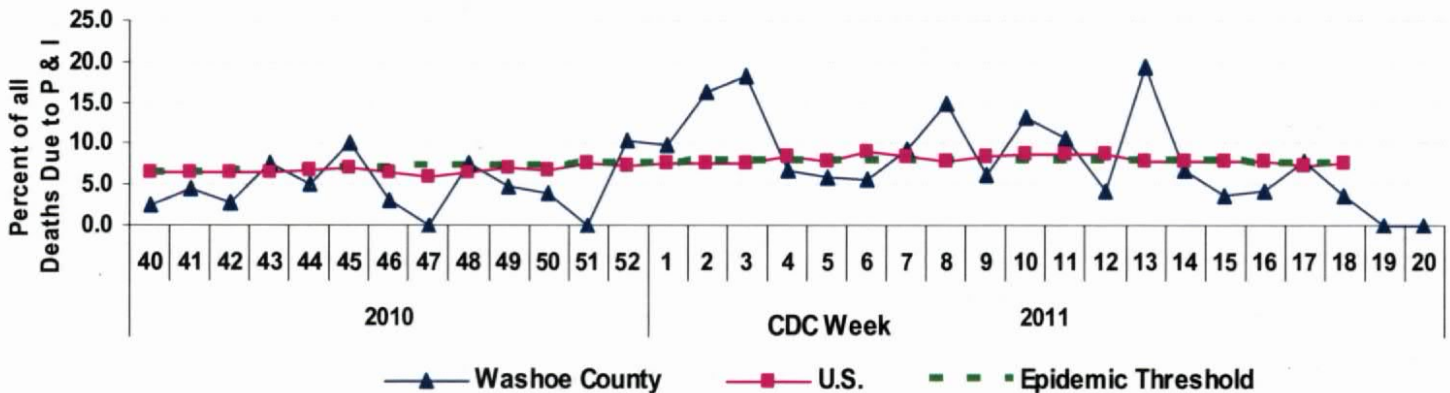
**Communicable Disease –
Influenza**

For the week ending May 14 (week 19) five of eight participating sentinel healthcare providers in Washoe County saw 54 patients presenting with influenza-like-illness (ILI) out of 3,649 total patients. This yields a total ILI percentage of 1.5% which is below the regional baseline of 4.1%. By comparison the ILI percentage for U.S. sentinel providers during the previous week (18) was 1.0%. This is below the national baseline of 2.5%.

Also during week 18 three Washoe County death certificates were received listing pneumonia or influenza as a factor contributing to the death. The ratio of deaths with pneumonia or influenza to all deaths (P&I Ratio) for week 18 was 3.7%. The national P&I Ratio for week 18 was 7.5%. The epidemic threshold set by CDC for week 18 was also 7.5%.

In last month's staff report the P&I Ratio for week 13 was reported at 19.5% which is well above the epidemic threshold of 7.9%. Board members raised the question as to why this was so elevated. To put this into some better perspective the chart below show the P&I Ratio by week for the current influenza season.

Pneumonia and Influenza Mortality, Washoe County Influenza Surveillance, 2010 – 2011.



An examination of this chart demonstrates that we frequently experience excursions of the P&I Ratio that go well above the epidemic threshold. In fact, for the 31 weeks represented so far this season 5(16%) were above the epidemic threshold, 12(39%) were below the threshold, and 14(45%) were at or near the threshold. By contrast, the national data show very little variation from week to week. A review of previous influenza seasons reveals similar patterns. The question then becomes why the local week to week variation. Both the local and the national data are based on the date of processing the death certificates as opposed to the date of occurrence. Any delays in processing due to staff absence or other workload issues may cause fluctuations in the data. Local fluctuations at the sources for the national data are likely not to occur concurrently making the data show minimal week to week variation. Clearly, the local data represent much smaller numbers and will show greater variation. A prolonged or sustained elevation of P&I above the threshold could be an indicator of a more severe influenza season.

Public Health Preparedness (PHP) Activities – Training and Education

Updated requirements surrounding National Incident Management System (NIMS) training for WCHD employees have been announced. Division Directors have adopted these new requirements as recommended by the Department Emergency Management Committee. The updated requirements will help ensure our agency is complying with FEMA policies. The updates also addressed employee suggestions and decreases in available staff to fill Incident Command System (ICS) roles.

WCHD is coordinating three NIMS training courses for WCHD employees and community partners:

- ICS 300
Dates: June 1st - June 3rd
Time: 8am – 5pm, all three days (lunch on your own)
Location: Regional Public Safety Training Center, 5190 Spectrum Blvd, Reno 89512, Room 102B

- ICS 400
Dates: July 14th - 15th
Time: 8am – 5pm, both days (lunch on your own)
Location: Regional Public Safety Training Center, 5190 Spectrum Blvd, Reno 89512, Room 102B

- Homeland Security Exercise and Evaluation Program (HSEEP) Course
Date: June 7 – June 8
Time: 8:30am – 5pm (lunch on your own)
Location: Regional Emergency, 5195 Spectrum Blvd, Reno 89512

The PIO and Health Educator have been accepted to the Center for Domestic Preparedness (CDP) in Anniston, Alabama, for ICS Train the Trainer class. This training will give the Health District a cadre of ICS trainers to draw from for the ICS 300 and 400 classes that some staff at the Health District are required to take. The PHP program will also be able to make these ICS trainings available to other responders in the community. The PIO will be attending in June, and the Health Educator will be attending next fiscal year.

Community Outreach

Nearly 1,000 Emergency Preparedness back packs, tote bags and waterproof buckets were distributed at the 2011 High Sierra Family Kitefest on Sunday, May 22 at Rancho San Rafael Park. The distribution of materials was part of the roll out of the Bee Prepared and Are You Ready campaigns. Both efforts are to drive business to our website and the Family Disaster Supplies and Preparedness Calendar which is intended to help people create a disaster supply kit for homes and cars before the next emergency happens.

Staff provided direct outreach on public health preparedness at two other community events: Safe and Healthy Homes (reach = 100 event attendees) and the Waste Management Employee Health Fair (reach = 75 waste management employees).

Press Releases were written on the following topics/events:

- Agro Terrorism Training to be held in Commission Chambers
- April is STD Awareness Month
- 2011 First Mosquito Abatement Spray Scheduled
- Bike to Work Week is May 14 – 20

Medical Reserve Corps

Fourteen Medical Reserve Corp team members provided staffing during the Health District's first ever mass dispensing Point of Dispensing Exercise (with simulated antibiotic distribution) with UNR on April 29th and 30th.

Exercises/Drills

PHP and Immunization staff along with Medical Reserve Corp team members conducted the Health District's first ever mass dispensing Point of Dispensing Exercise (with simulated antibiotic distribution) with UNR on April 29th and 30th. This year's UNR Community Health class students (106 total) served as the "public" for this exercise where 800 doses of either amoxicillin, doxycycline or Ciprofloxacin (cleverly disguised as Skittles candy) were distributed to the students, with some students representing "head of household" for their family so we could test our planning to more quickly provide medication to the public during a public health emergency. These 800 doses were efficiently distributed within in one hour excluding set up and staff training time.

PHP staff provided support for and served as evaluators for a mass dispensing exercise conducted by NV Energy this week at their main office on Neil Road. One hundred and fifty four NV Energy staff went through the dispensing line to receive "antibiotics" aka candy for themselves and family members. This Point of Dispensing (POD) exercise was fully staffed by NV Energy Employees. NV Energy is the Health District's first "private POD partner". More Washoe County businesses will be recruited to become one of our private POD partners in the near future to help us more quickly provide medication/vaccinations to the public during a public health emergency.

PHP staff participated in the Strategic National Stockpile "Eagle Package" statewide public health exercise the week of May 9th. The Eagle Package exercise is designed to simulate an actual deployment of material from the Strategic National Stockpile. Four entities in Washoe County received the mock medical cache on May 10 after submitting their medical requesting form to WCHD. Those are:

- Northern Nevada Medical Center
- Incline Village Community Hospital
- NV Energy (Closed POD Partners)
- Washoe County Health District

A call back drill for WCHD staff was conducted in conjunction with this exercise utilizing the NXT Communicator system referenced in last months' EPHP board report.

ASPR-Hospital Information

A grant request for funding to provide 40 hour OSHA (HAZWOPR) training for Washoe County hospitals has been approved. The PHP program's Healthcare Systems Liaison submitted this request for funding from State Emergency Response Commission funding to improve the capabilities of hospital personnel in the community.



Randall L. Todd, DrPH, Epidemiology and Public Health Preparedness Director



Washoe County Health District



Public Health
Prevent Promote Protect.

May 12, 2011

TO: District Board of Health

FROM: Candace Hunter, RN, BSN, M.Ed.
Acting Division Director, Community and Clinical Health Services

SUBJECT: Report for May 2011 District Board of Health Meeting
1. Teen Pregnancy Prevention Month
2. UNSOM Study on Health Benefits of the Nevada Clean Indoor Air Act

1. Washoe County Raises Awareness Regarding Teen Pregnancy Prevention Resources

May is Teen Pregnancy Prevention month! Washoe County Health District released the following information to the media regarding resources for teen pregnancy prevention:

- An interactive on-line quiz is available for teens to help them recognize sexually high risk situations that may arise in the future. The process encourages teens to consider options in advance of unexpected circumstances, thus encouraging them to be better prepared. The National Campaign for Teen Pregnancy Prevention and their sister site, Stay Teen, offers the quiz through the month of May. Log on to www.stayteen.org. Hundreds of thousands of teens nationally are expected to participate.
- Parents, policy makers and interested individuals can find information on teen pregnancy and prevention on two great sites: www.thenationalcampaign.org and www.advocatesforyouth.org. Information includes how to talk to kids about sex, costs associated with teen pregnancy, and more.
- Local services are provided at the Teen Health Mall at the Washoe County Health District. Services include:
 - Physical examinations
 - Testing, counseling and treatment for sexually transmitted diseases
 - Education about sexuality, the risks and responsibilities of sexual activity, and the importance of early detection of sexually transmitted diseases
 - Pregnancy testing and referral
 - Contraception and contraception counseling
 For an appointment call 775-328-2470 or visit www.washoecounty.us/teenhealthmall for more information.

Washoe County has experienced a decline in teen birth rates during the last 10 years. However, the decline over the last 2 years appears to be even more dramatic. According the Bureau of Health Planning & Statistics at the Nevada State Health Division the preliminary birth rates have dropped 9 points from 2008 to 2010 (42.7 to 33.7 per 1,000 teens 15-19 years of age). The counts for 2009 and 2010 are not final and are subject to change; however they indicate a very positive emerging trend. Nationally Nevada is ranked 41st for teen birth rates (50th being the worst) with an overall birth rate of 53.5 according to the National Campaign for Teen Pregnancy and Unplanned Pregnancy.

Less positive data regarding teen sexuality comes from the Washoe County Youth Risk Behavior Survey, which indicates an 8.2% increase in the number of High School students that report having had sexual intercourse (44.3% in 2007 to 52.5% in 2009). This is the first time in the history of this survey that over half of the participants indicated that they were sexually active. Additionally the use of condoms at last intercourse decreased while the number of youth that had sexual encounter before the age of 15 increased.

The Title X Family Planning Program requires clinic outreach. Teen Pregnancy Prevention Month provides an opportunity to share with the community statistical data, information about the clinic, and resources that are accessible through the internet.

2. Impact of the Nevada Clean Indoor Air Act on Health Care Costs in Nevada: Research Results from the University of Nevada School of Medicine

The University of Nevada School of Medicine released a study last week analyzing secondhand-smoke sensitive hospital admissions in Nevada for the period of 2007 to 2009. The results support the hypothesis that the Nevada Clean Indoor Air Act (NCIAA) has directly improved health outcomes in Nevada, specifically acute myocardial infarction (heart attack) and stroke. Key findings include:

- In the period following the implementation of the NCIAA, there was a statistically significant average annual reduction in hospital admissions for AMI of 346 and an average annual reduction in admissions for stroke of 315 due to the NCIAA.
- Also in the period following implementation of the law, there was an average annual decrease in hospital billed charges of \$23.5 million for AMI (including an estimated reduction of \$0.9 million for Medicaid and \$7.5 million for Medicare) and \$9.8 million for stroke (including an estimated reduction of \$0.6 million for Medicaid and \$ 4.0 million for Medicare).

Over 4.2M Nevada hospital admission records between 1991 and 2009 were analyzed for the study. The analysis controlled for seasonal variations, smoking rate, overall hospital admission trends, and population changes. Results are based on a comparison between observed admissions for AMI and stroke following the NCIAA and a predicted rate if there had been no smoking ban.

The researchers conclude that the findings of this study are "consistent with the well-established direct relationship between these clinical outcomes and exposure to second-hand smoke, and the accumulating body of research on the impact of partial and comprehensive smoking bans on health outcomes in other states and the western region of the United States." These are significant for public health advocates and other proponents of the law as we now have scientific proof that the NCIAA improves clinical outcomes and reduces healthcare costs.

The complete summary of the study and supporting data are attached. The study has also been submitted for publication in the journal *Tobacco Control*.

Candy Hunter
Acting Division Director

Researchers at the University of Nevada, Reno complete study of the impact of the Nevada Clean Indoor Air Act on health care costs in Nevada.

A recently completed study, "Cost Saving Analysis of Reduced Hospital Admissions for Acute Myocardial Infarction and Stroke after Implementation of a Statewide Partial Smoking Ban in Nevada," documents the impact of the Nevada Clean Indoor Air Act (NCIAA) on secondhand-smoke sensitive hospital admissions in Nevada for the period 2007 to 2009. The study has been submitted for publication in the journal Tobacco Control.

Using 4,219,799 hospital admissions records between 1991 and 2009, the study utilizes interrupted time-series regression modeling to compare predicted monthly hospital admissions for acute myocardial infarction and stroke against observed trends. In the period following the implementation of the NCIAA in 2007, researchers found a statistically significant average annual reduction in hospital admissions for AMI of 346 and an average annual reduction in admissions for stroke of 315 due to the ban.

Equally important, the study estimated the health care cost impact of the partial statewide smoking ban utilizing median billed charges per hospital admission for AMI and stroke. From 2007 to 2009, there was an average annual decrease in hospital billed charges of \$23.5 million for AMI (including an estimated reduction of \$0.9 million for Medicaid and \$7.5 million for Medicare) and \$9.8 million for stroke (including an estimated reduction of \$0.6 million for Medicaid and \$ 4.0 million for Medicare). "It is very clear that the Nevada Clean Indoor Air Act is not only having a positive health effect on Nevadans but is reducing health care costs for the state and federal governments. Imagine the lives and cost savings to Nevada if this ban was expanded to cover all segments of the population," said lead author Chris Pritsos.

The principal findings of this study – a documented decline in hospital admissions in Nevada for both AMI and stroke following the implementation of the NCIAA – are consistent with the well-established direct relationship between these clinical outcomes and exposure to second-hand smoke, and the accumulating body of research on the impact of partial and comprehensive smoking bans on health outcomes in other states and the western region of the United States.

Co-author John Packham concludes that "the partial statewide smoking ban has resulted in a statistically significant reduction in hospital admissions and cost savings to taxpayers and insurance plans that dwarf the purported economic damages to businesses made by opponents of the ban." The results of the study indicate that the NCIAA is not only good public policy but is also good for the economy. Expansion of the law to a more comprehensive smoking ban would allow for even greater health and economic gains for the state of Nevada and its citizens.

The study was undertaken by Chris Pritsos, PhD and Wei Yang, PhD at the University of Nevada, Reno and John Packham, PhD at the University of Nevada School of Medicine.

Abstract:

Objectives: One barrier to smoking ban legislation is the perception of loss business and tax revenues. We examined statewide hospital admissions for acute myocardial infarction (AMI) and stroke before and after the implementation of the “Nevada Clean Indoor Air Act”, a partial statewide smoking ban in Nevada and calculated the cost savings.

Methods: We collected 4,219,799 Nevada hospital admission records between 1991 and 2009. Interrupted time-series regression was used to predict monthly hospital admissions after controlling statewide smoking rate and for seasonality. The cost savings were analyzed based on observed payer sources and the difference between observed and projected admission charges.

Results: Statistically significant reductions in hospital admissions were seen for AMI and stroke after the implementation of the smoking ban resulting in an annual decrease in hospital charges of \$23.5 million for AMI (including 0.89 million Medicaid and 7.5 million Medicare as payers) and \$9.8 million charges for stroke (including 0.56 million Medicaid and 4.0 million Medicare as payers).

Conclusions: Nevada’s partial statewide smoking ban decreased hospital admissions for AMI and stroke and significantly reduced state expenditures for healthcare.

Methods

We obtained data about hospital admissions for AMI and stroke from a comprehensive administrative database collected and maintained by Center for Health Information Analysis at University of Nevada Las Vegas, the designated agency by Nevada State Division of Healthcare Finance and Policy. All nonfederal hospital and surgical centers certified for inpatient care are required by state regulation to submit data including diagnoses and certain billing record fields monthly submitted within 45 days of the end of each month. We abstracted records and rates

from any diagnoses including primary diagnosis and/or multiple diagnoses for AMI and stroke (International Classification of Diseases, Ninth Version, ICD9-CM, 410.00-410.99 and 430.00-438.99 respectively). The admissions of all diagnosis were also included in analysis as the background control group. The diagnosis is established at discharge and is based on the results of medical tests and other findings learned during the admission. The admission records included in this study were from January 1, 1991 to December 31, 2009. Annual population data from 1991 to 2009 used for calculate monthly admission rates were obtained from Nevada State Demographer's Office.

We applied multiple linear regression using standard methods for interrupted time-series analysis to monthly rates of admission for AMI, stroke and all diagnosis (Juster, et al. 2007). We used a linear time-trend variable (month) to quantify changes in treatment, population risk factors and other seasonality trends, as well as used Nevada statewide smoking prevalence from 1991 to 2009 as risk factor to AMI and stroke for the study population. Annual smoking rates were obtained from CDC Behavior Risk Surveillance System (BRFSS). Nevada joined BRFSS in 1992 and we used 1992 rate placed the missing data in 1991. Nevada statewide public place smoking ban was implemented since January 1, 2007. A dichotomous variable accounted for the laws on hospital admissions monthly rates at the time of smoking ban implementation was tested after controlling seasonal variations by using indicator variables for month of the year. Regression models include indicator variables for month of admission (11 variables) and for the trend of smoking prevalence. Estimated regression coefficients were used to predict the number of hospital admissions changes after the implementations of smoking bans. We tested monthly rates by removing smoking ban effect and smoking ban by time interaction (i.e. setting these coefficients to zero). In order to reflect practical cost impacts and avoid either over- or under-estimates, we used observed median (instead of using average) charges for the diagnoses of AMI, stroke and all admissions to calculate the financial impacts after smoking ban. We have noticed that average charges are usually 15-20% higher than

median charges due to few cases that are extremely costly. The cost impacts on each payer source were calculated using observed charge distributions of payer sources for 2007-09, the three years after smoking ban. The distributions then applied to differences between observed and projected admissions for payer source as Medicare, Medicaid, HMO, self-pay and others. Statistical Analysis Systems (SAS) Version 9.2 was utilized for data management and data analysis.

Results

Table 1 documents the number and monthly rate of hospital admissions per 100,000 population in Nevada for the 16 years preceding and the 3 years following the implementation of the Nevada Clean Indoor Air Act in 2007. Table 1 also provides hospital admission data for two second-hand smoke (SHS) related diagnoses: acute myocardial infarction (AMI) and stroke as well as the smoking rate which showed the overall trend of decline during the study period. This table highlights the rapid growth of the state's population over the past two decades and associated increase in demand for hospital services in Nevada. Moreover, during the period 2007 to 2009, while overall hospital admissions and population in Nevada continued to rise, the number admissions and rate of admissions per 100,000 population for both AMI and stroke in Nevada declined.

Table 2 presents the results from interrupted time-series models which predict the monthly hospital admission rates for all diagnosis, AMI and stroke. Smoking ban as a predicting variable is significantly and negatively associated with the monthly AMI and stroke hospital admission rates ($P < 0.01$), while smoking ban is positively associated with all diagnosis hospital rate. Smoking rate as a predicting variable is significantly associated with AMI and

stroke hospital admission rate ($P < 0.01$). Smoking rate has not shown the significance with all diagnosis hospital admissions ($P = 0.233$).

Table 3 details differences between predicted and observed hospital admissions for all diagnoses, AMI, and stroke for the post-ban period, 2007 to 2009. It also contains information on median billed charges and total billed charges for all diagnoses, AMI, and stroke in an effort to estimate health care cost savings for SHS-related diagnoses that can be attributed to the statewide smoking ban. Estimated health care cost savings were derived by multiplying median billed charges times the difference between the number of observed and predicted admissions for each diagnosis in each year. In 2007, there were 320 fewer admissions for AMI than predicted by the regression model. Median billed charges for AMI in 2007 were \$62,965 per admission resulting in a total reduction in AMI-related billed charges of \$20,167,964 that year. In 2008, there were 330 fewer observed admissions for AMI than projected. Median billed charges for AMI in 2008 were \$67,444 per admission resulting in a total reduction in AMI-related billed charges of \$22,286,504. In 2009, there were 387 fewer admissions for AMI than predicted by the regression model. Median billed charges for AMI in 2009 were \$72,439 per admission resulting in a total reduction in AMI-related billed charges of \$28,031,152. There were 483 fewer admissions for stroke in 2007 than predicted by the regression model. Median billed charges for stroke that year were \$29,121 per admission resulting in a total reduction in stroke-related billed charges of \$14,062,264. In 2008, there were 211 fewer observed admissions for stroke than projected. Median billed charges for stroke in 2008 were \$31,596 per admission resulting in a total reduction in stroke-related billed charges of \$6,677,493. Finally, in 2009, there were 252 fewer admissions for stroke than predicted by the regression model. Median billed

charges for stroke in 2009 were \$34,004 per admission resulting in a total reduction in stroke-related billed charges of \$9,770,553. During the three year period following the implementation of the partial statewide smoking ban in 2007, there was an estimated reduction of 1,037 admissions for AMI and an associated reduction in AMI-associated billed charges totaling \$70,485,621. Similarly, there was an estimated reduction of 945 admissions for stroke and corresponding reduction in stroke-related billed charges totaling \$29,311,659. On average, between 2007 and 2009, there was an annual reduction of 661 hospital admissions in Nevada for these two SHS-related diagnoses alone and an average annual reduction of \$33,265,760 in SHS-related billed charges. The estimated reduction in admissions was statistically significant for both SHS-diagnoses in each of the three post-ban years.

Table 4 gives the average annual distribution of admissions and observed billed charges for all diagnoses, AMI, and stroke in Nevada by payer source for the period 2007 to 2009. Over this period, Medicaid recipients represented 3.8% of AMI admissions and 5.7% of stroke admissions to Nevada hospitals. Table 4 also provides the average annual difference between observed and projected admissions and billed charges for all diagnoses, AMI, and stroke in Nevada distributed across the same payer sources during the post-ban period. On average, there were 12 fewer AMI admissions among Medicaid recipients and an associated annual reduction of \$893,279 in AMI-related billed charges to the Medicaid program. Similarly, there was an average annual reduction of 13 stroke admissions among Medicaid recipients and corresponding annual reduction of \$555,348 in stroke-related billed charges. The average annual reduction in AMI and stroke admissions and billed charges in the Medicare population were even greater. There were an average of 119 fewer AMI admissions and 134 fewer stroke admissions among Medicare recipients from 2007 to 2009.

The combined annual reduction in billed charges for these two SHS-related diagnoses alone among the Medicare population was \$11,549,214.

Table 1. Hospital Admissions for All Diagnosis, Acute Myocardial Infarction (AMI) and Stroke, Nevada, 1991-2009

Year	Total Admissions	AMI Admissions	Stroke Admissions	Nevada Population	Total Admission Rate (per 100,000)	AMI Admission Rate (per 100,000)	Stroke Admission Rate (per 100,000)	Smoking Rate (%)
1991	142,722	2,919	3,495	1,318,597	10,823.8	221.4	265.1	30.5
1992	147,799	3,229	3,709	1,371,919	10,773.2	235.4	270.4	30.5
1993	152,835	3,319	3,914	1,431,956	10,673.2	231.8	273.3	30.0
1994	160,012	3,645	4,490	1,525,863	10,486.7	238.9	294.3	29.2
1995	170,752	3,759	4,957	1,611,593	10,595.2	233.2	307.6	26.4
1996	181,917	3,993	5,607	1,696,405	10,723.7	235.4	330.5	28.2
1997	190,140	4,110	5,795	1,790,207	10,621.1	229.6	323.7	28.0
1998	199,813	4,357	6,048	1,870,881	10,680.2	232.9	323.3	30.3
1999	209,694	4,365	6,006	1,946,366	10,773.6	224.3	308.6	31.5
2000	221,871	4,453	6,371	2,023,378	10,965.4	220.1	314.9	29.0
2001	234,886	4,870	6,687	2,132,498	11,014.6	228.4	313.6	26.9
2002	242,281	4,699	6,646	2,206,022	10,982.7	213.0	301.3	26.0
2003	240,992	4,720	6,503	2,296,566	10,493.6	205.5	283.2	25.2
2004	258,234	4,829	6,581	2,410,768	10,711.7	200.3	273.0	23.2
2005	275,957	4,775	6,655	2,518,869	10,955.6	189.6	264.2	23.1
2006	285,657	4,444	6,867	2,623,050	10,890.3	169.4	261.8	22.2
2007	289,637	4,430	6,721	2,718,337	10,654.9	163.0	247.2	21.5
2008	308,242	4,590	7,133	2,738,733	11,254.9	167.6	260.4	22.2
2009	306,358	4,446	6,994	2,711,205	11,299.7	164.0	258.0	22.0
Total Average	222,095	4,208	5,852	2,049,643	10,809.2	210.7	288.1	26.6
2004-2006	819,848	14,048	20,103	7,552,687	10,855	186.0	266.2	22.8
2007-2009	904,237	13,466	20,848	8,168,275	11,070	164.9	255.2	21.9
2004-06 vs. 2007-09	84,389	-582	745	615,588	215.1	-21.1	-10.9	-0.9

Table 2. Interrupted Time-Series Results Predicting Monthly Hospital Admission Rates per 100,000 Population for All Diagnosis, Acute Myocardial Infarction (AMI) and Stroke, Nevada, 1991-2009

Predicting Variable	Responding Variable	β	SE	t	P value
Smoking Ban	All Diagnosis	21.462	5.870	3.660	<0.01
	AMI	-2.032	0.313	-6.500	<0.01
	Skoke	-1.853	0.496	-3.740	<0.01
Smoking Rate	All Diagnosis	-0.773	0.646	-1.200	0.233
	AMI	0.447	0.034	12.990	<0.01
	Skoke	0.250	0.055	4.580	<0.01

Note: Regression models also include indicator variables for month of admission (11 variables).

Table 3. Differences between Observed and Projected Hospital Admissions and Charges for All Diagnosis, Acute Myocardial Infarction (AMI) and Stroke, Nevada, 2007-2009

Year			2007	2008	2009	Annual Average
All	Hospital Admissions	Observed	289,637	308,242	306,358	301,412
		Projected	293,829	296,034	293,058	294,307
		Median Staying (day)	2.0	3.0	3.0	2.7
		Median Charges	\$19,874	\$22,002	\$23,770	\$21,882
	Difference between Observed and Projected	Admissions	-4,192	12,208	13,300	7,105
		Staying (day)	-8,384.4	36,624.5	39,899.1	22,713.1
		Charges	-\$83,315,728	\$268,604,112	\$316,134,143	\$167,140,843
AMI	Hospital Admissions	Observed	4,430	4,590	4,446	4,489
		Projected	4,750	4,920	4,833	4,835
		Median Staying (day)	4.0	4.0	4.0	4.0
		Median Charges	\$62,965	\$67,444	\$72,439	\$67,616
	Difference between Observed and Projected	Admissions	-320	-330	-387	-346
		Staying (day)	-1,281.2	-1,321.8	-1,547.8	-1,383.6
		Charges	-\$20,167,964	-\$22,286,504	-\$28,031,152	-\$23,495,207
Stroke	Hospital Admissions	Observed	6,721	7,133	6,994	6,949
		Projected	7,204	7,344	7,246	7,265
		Median Staying (day)	3.0	3.0	3.0	3.0
		Median Charges	\$29,121	\$31,596	\$34,004	\$31,574
	Difference between Observed and Projected	Admissions	-483	-211	-252	-315
		Staying (day)	-1,448.7	-634.0	-756.3	-946.3
		Charges	-\$14,062,264	-\$6,677,493	-\$8,571,903	-\$9,770,553



Washoe County Health District

ENVIRONMENTAL HEALTH SERVICES DIVISION

DATE: May 17, 2011
TO: District Board of Health Members
FROM: Robert O. Sack, Division Director of E.H.S.
SUBJECT: Division Director's Report – Environmental Health Services
AGENDA ITEM NO. 19.C.

Recycling

EHS has noticed an increase in problems associated with two areas of recycling.

The first area is metal salvaging. We are seeing salvage of all types of metal occurring in residential areas. Items being salvaged range from anything that has metal in it all the way up to vehicles, motor homes and mobile homes. Unfortunately, the nonmetallic by-products from these salvage operations are accumulating on-site or are being illegally dumped elsewhere. We are holding meetings with DMV and code enforcement officials to coordinate our activities.

The second area of concern is aluminum can recycling. We are finding people that are collecting aluminum cans and selling to buyers here in Nevada. The buyers accumulate the cans and then take them into California for the 5 cent redemption value. This is illegal under California law. The buyers here are unpermitted and are operating in both commercial and residential areas. The Department of Justice recently arrested several individuals who were operating out of a commercial building in Washoe County.

Special Events

We are entering our busy season for special events. Events continue to increase every year, starting earlier in the season and extending later.

Vector

The vector program has begun its annual mosquito abatement operations with an aerial application on Thursday, May 19. We have one more aerial application scheduled before the end of the fiscal year (June 30). No aerial flights have been scheduled yet for fiscal year 2012. If budgets are substantially reduced, one of the areas that may be considered for reduction is larvicide applications.



Robert O. Sack
Division Director
Environmental Health Services Division

ROS:pv
1001 EAST NINTH STREET / P.O. BOX 11130; RENO, NEVADA 89520 (775) 328-2434 FAX (775) 328-6176

DBOH AGENDA ITEM # 19.C.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
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Date: May 16, 2010

To: District Board of Health

From: Kevin Dick, Director, Air Quality Management *KD*

Re: Monthly Report for Air Quality Management

Agenda Item: 19.D.

The enclosed Air Quality Management Division Report is for the month of April, 2011 and includes the following sections:

Air Quality
Monitoring Activity
Planning Activity
Permitting Activity
Compliance/Inspection Activity
Enforcement Activity

DBOH AGENDA ITEM # 19.D.

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State Legislature

During the month of April AQM tracked a number of proposed bills and provided testimony and written documentation to Committee members. Several bills which caused air quality concerns such as proposals to allow off-highway vehicles on roadways, and proposed administratively burdensome state regulations for addressing odors (which would be less effective than existing District Health regulations) have died.

Amendments have been offered to reduce the negative impacts of bills proposed to reduce vehicle emissions testing requirements. AB-2, which allows for vehicles registering for "classic" type special plates to be exempted from emissions testing requirements, has passed the Assembly and moved on to the Senate. An amendment to the bill has been proposed which would prevent vehicles which fail the smog check from registering for the special plates within 90 days. SB-158, which would reduce the emissions testing frequency to every other year, has been amended to double the certificate fee and remove the revenue impact from the bill. AQM remains opposed to the bill due to concerns of reducing the stringency of control measures for ozone precursors as we anticipate the more stringent Ozone National Ambient Air Quality Standard to be promulgated in July, and because the bill would place Washoe and Clark Counties out of compliance with federally enforceable State Implementation and Maintenance Plans. The bill has not yet passed out of the Senate; however, it is an exempt bill which does not need to pass out of Committee until June 1.

EPA Determinations

In February I reported on EPA's proposed rule regarding determinations for PM10 attainment for the Truckee Meadows. On April 19, 2011 EPA published the final rule containing determinations regarding attainment for the Truckee Meadow's PM10 area and the applicability of associated Clean Air Act (CAA) requirements. The final notice determined, based on quality-assured, certified ambient air quality data, that the Truckee Meadows remains serious PM-10 nonattainment area by failing to attain the PM-10 air quality standard by its applicable attainment date of December 31, 2001. However, EPA also determined that the area has been attaining the PM-10 air quality standard based on current data, 2007-2009.

EPA suspended CAA requirements to submit an attainment demonstration, Reasonably Available Control Measures (RACM), a Reasonable Further Progress (RFP) demonstration, a 189(d) (5% progress) plan, contingency measures, and other plan revisions providing for attainment of the PM-10 standard, for as long as the area continues to attain the standard. The suspension of these requirements will allow AQM to focus on developing an approvable maintenance plan in order to receive an attainment redesignation rather than developing these other plan elements that are intended to lead to attainment.

Kevin Dick, Director

AIR QUALITY COMPARISON FOR APRIL

Air Quality Index Range		# OF DAYS APRIL 2011	# OF DAYS APRIL 2010
GOOD	0 to 50	28	28
MODERATE	51 to 100	2	2
UNHEALTHY FOR SENSITIVE GROUPS	101 to 150	0	0
UNHEALTHY	151 to 200	0	0
VERY UNHEALTHY	201 to 300	0	0
TOTAL		30	30

HIGHEST AQI NUMBER BY POLLUTANT

Air Quality

POLLUTANT	APRIL 2011	YTD for 2011	APRIL 2010	Highest for 2010
CARBON MONOXIDE (CO)	9	39	12	31
OZONE 8 hour (O3)	67	67	74	104
PARTICULATES (PM _{2.5})	60	102	43	112
PARTICULATES (PM ₁₀)	36	69	37	83

For the month of April, there were no exceedances of Carbon Monoxide, Particulate Matter or 8-Hour Ozone standards at any of the monitoring stations. The highest Air Quality Index (AQI) value reported for the month of April was sixty-seven (67) for 8-hour Ozone. There were twenty-eight (28) days in the month of April where the Air Quality was in the good range and two (2) days the Air Quality was in the moderate range.

Duane Sikorski, Air Quality Supervisor

Monitoring Activity

Daily monitoring operational, quality assurance and data submission activities continued throughout the month. The section is in the process of upgrading the monitoring network's manual filter-based particulate matter network with more efficient beta attenuation method continuous samplers (BAM) providing for real-time particulate matter data. That being said, the extremely old BAM located at the Sparks site failed on February 15th and with no spare parts available a new BAM has been ordered scheduled for delivery and installation hopefully sometime in May.

Duane Sikorski, Air Quality Supervisor

Planning Activity

The Planning Section has completed the 2000 – 2010 Air Quality Trends Report which has been submitted for presentation and Board review at the May DBOH meeting.

Additionally, staff continued to review those legislative bills that have the potential for impact to Washoe County and state-wide air quality programs.

Duane Sikorski, Air Quality Supervisor

Permitting Activity

TYPE OF PERMIT	2011		2010	
	April	YTD	April	ANNUAL TOTAL
Renewal of Existing Air Permits	129	443	136	1296
New Authorities to Construct	3	28	1	40
Dust Control Permits	6 (79 acres)	24 (178 acres)	11 (353 acres)	127 (2814 acres)
Wood Stove Certificates	23	71	20	254
WS Dealers Affidavit of Sale	1 (1 replacements)	47 (28 replacements)	3 (2 replacements)	82 (46 replacements)
WS Notice of Exemptions	153 (0 stoves removed)	1150 (10 stoves removed)	389 (3 stoves removed)	5767 (41 stoves removed)
Asbestos Assessments and Asbestos Removal Notifications (NESHAP)	95	305	44	1027

Compliance &
Inspection Activity

Staff reviewed twenty-three (23) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

Staff conducted fifty-four (54) stationary source renewal inspections in April. Staff also conducted inspections on asbestos removal and construction/dust projects.

Permitting & Enforcement Activity

An asbestos abatement project is currently going on at the Old Courthouse at 75 Court Street. This building is receiving a complete "HVAC" upgrade which includes removal of the old pipe wrappings and other asbestos containing materials prior to system replacement. Since this is an occupied building, most of the work was completed after hours and on weekends. This job is expected to last until mid May.

Staff is continuing to make numerous asbestos presentations before industry groups. We believe that education is the best way to effectively communicate the regulatory requirements. Recent presentations include HVAC workers, electrical contractors, plumbing contractors, and roofing contractors.

Noel Bonderson, Air Quality Supervisor

Enforcement Activity

COMPLAINTS	2011*		2010		
	April	YTD	April	YTD	Annual Total
Asbestos	2	7	5	9	22
Burning	0	1	2	4	6
Construction Dust	3	13	13	22	52
Dust Control Permit	1	4	0	0	0
Diesel Idling	0	1	1	1	5
Odor	0	3	1	2	22
Spray Painting	1	2	2	4	10
Permit to Operate	0	2	1	5	14
Woodstove	0	2	1	1	0
TOTAL	7	35	25	48	131
NOV'S	April	YTD	April	YTD	Annual Total
Warnings	0	1	0	4	7
Citations	0	3	2	5	12
TOTAL	0	4	2	9	19

* Discrepancies in totals between Monthly Reports can occur because of data entry delays.

Notices of Violation (NOVs):

There were no Notice of Violations (NOV's) issued in April 2011.



Washoe County Health District



Public Health
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May 13, 2011

TO: Members District Board of Health
FROM: Eileen Coulombe
SUBJECT: Report for May 2011 Administrative Health Services Division

Health District Emergency Medical Services (EMS) Program Activities:

To meet FAA requirements, the Reno Tahoe Airport Authority (RTAA) will be the lead agency for a community-wide full scale disaster exercise on May 25, 2011. This triennial exercise will include participation from the Health District, REMSA, the Washoe County Medical Examiner's Office, Law Enforcement, Fire Agencies, the Nevada National Guard, local hospitals, United Airlines, CERT, and the American Red Cross.

The scenario involved a plane crash causing a large number of simulated trauma patients and multiple deaths. Volunteers will play the roles of victims and concerned friends/family members. A local news reporter has requested to play a victim for the on-scene portion of the exercise. The reporter and all "victim" volunteers will receive theatrical style make-up ("moulage") to simulate a variety of injuries. Once the simulated crash occurs first responders will triage the victims in a field at the airport and then they will be transported to local hospitals.

The EMS Coordinator has been actively participating since January in the exercise planning and coordination along with REMSA, the Nevada Hospital Association, and the Inter-Hospital Coordinating County. St. Mary's Regional Medical Center, Northern Nevada Medical Center, Renown Medical Center, and Renown South Meadows will each be participating and receiving victims for treatment. Each agency has developed internal goals and objectives for the exercise. An update will be given in the June AHS staff report as to the lessons learned and the goals/objectives met.

Administrative Health Services Officer

DBOH AGENDA ITEM # 19.E.

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Washoe County Health District

DBOH AGENDA ITEM NO. 19-E



Public Health
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May 17, 2011

TO: District Board of Health Members

FROM: Mary-Ann Brown, R.N., M.S.N.
Interim Health Officer Washoe County Health District

SUBJECT: Interim Health Officer Report

2010-2011 Legislative Sessions

- The District Board of Health (DBOH) Legislative Tracking Report contains details on Bills tracked, positions taken and staff testimony. All testimony is coordinated with the Washoe County legislative team.
- Many Bills have failed or have had no action due to the legislative session deadlines. SB 471 was declared exempt and a hearing was unexpectedly scheduled for late Friday 5/13. Written testimony was prepared by Candy Hunter TB Program Manager and the Interim Health Officer. Jen Hadayia read the testimony in to the record. No action was taken; however, the Nevada State Health Division (NSHD) budget as approved does not provide resources for medical Tuberculosis (TB) treatment. It is assumed that additional action will be taken on SB471 to align the NSHD budget and the needed legislative changes. A conference call was held with NSHD and all three health districts on 5/15 to discuss possible Bill language amendments.
- DBOH Bill tracking reports continue to be presented at each Board meeting. As requested the City of Sparks receives the WCHD Bill Tracking Reports after DBOH approval.

Budget

- Members of the WCHD leadership team including DBOH Chairman Matt Smith met with members of Management Partners. Management Partners is the consultant company hired to assist Washoe County and its Organizational Effectiveness Committee (OEC) with a review of all programs and services through a Fundamental Services Review project. Detail regarding the purpose of the meetings and background information is attached to this report. A time line for Achieving \$11.58 M Labor Saving and OEC Fundamental Review was provided with DBOH agenda # 12.

- A team representing Washoe County departments who have permitting, inspection and enforcement functions are meeting to discuss options for internal service sharing and potential opportunities for consolidation. AQM Division Director Kevin Dick, EHS Division Director Bob Sack, the Interim Health Officer and key staff are participating. AQM and EHS Division Directors are focusing on processes that have a potential for improving communication, customer service and sharing technology but not on the integration of functions.
- WCHD leadership staff continues to gather and review information from the NSHD on the potential of providing public health services to rural counties. WCHD Division Directors are following up with NSHD staff for more detail and information on services and associated costs to conduct more in-depth analysis and projections for the project. Future meetings will be scheduled with NSHD leadership once assessments have been completed.

Human Resources

- Leadership continues to work on conducting employee evaluations to bring all staff into compliance. Data is being provided to each Division Director on compliance rates which are increasing. All Division Directors and the AHS Administrative Secretary have been scheduled for evaluations to be conducted by the Interim Health Officer prior to 6/7.

Communication

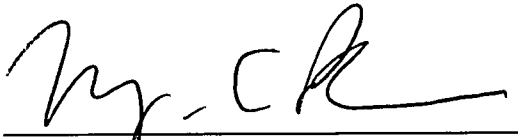
- Friday 5's continue to be distributed weekly. Key budget information has been included as an additional method of providing timely information to staff.
- Walking rounds, informal meetings, attendance at trainings and meetings continues.

Washoe County & Community Activities

- Attendance and participation with various community Boards, committees and work groups. Examples include:
 1. Access to Healthcare Network Board of Directors meeting 4/27
 2. Members of the WCHD leadership team and key staff have been meeting with Gayle Sherman a consultant assisting with the development of a Continuity of Operations Plan (COOP) for WCHD
 3. Washoe County Organization Effectiveness Committee (OEC) meeting 5/4
 4. Governor's Workforce Investment Board Health Care Sector Council meeting Las Vegas 5/5
 5. Meeting with Cherie Jamason Executive Director Northern Nevada Food Bank regarding the WCHD ACHIEVE project and Washoe County Food Plan 5/9
 6. Participation at the meeting of the Regional Dispatch Working Group of the Elected Officials Shared Services Committee 5/13
 7. Elected Officials Shared Services Committee 5/16
 8. Northern Nevada HOPES Board of Directors Meetings

District Board of Health Information and Resources

1. Management Partners Inc. Washoe County Fundamental Services Review Meeting Information for County Management and Staff Members (May 3, 2011). (Attached)
2. Journal Article *The Hand Off: States Are Asking Cities and Counties to Take Charge of More Programs, But They May Not Provide Enough Support*, Alan Greenblatt, *Governing*, April 2011. (Attached)
3. Save the date: On Thursday September, 8th 2011 the 3rd Annual Washoe County Obesity Forum will be held at the Joe Crowley Student Union at the University of Nevada, Reno.



Mary-Ann Brown RN MSN
Interim Health Officer
Washoe County Health District



MANAGEMENT PARTNERS

INCORPORATED

Washoe County Fundamental Services Review Meeting Information for County Management and Staff Members May 3, 2011

Washoe County and its Organizational Effectiveness Committee (OEC) have arranged for Management Partners, Inc. to assist the County with a review of programs and services through a Fundamental Services Review project. Management Partners is a national management consulting firm that focuses exclusively on the challenges and opportunities associated with local government service delivery.

Like many other governments, Washoe County has been confronted by unprecedented fiscal stress from the economic recession. While leading indicators attest to recent strengthening in the local and national economies, impacts to the public sector lag behind the private sector in time. The County must and will respond to the continuing fiscal shortfalls by reassessing the breadth, depth and delivery of services provided to operate within available resources.

The County and Management Partners will work collaboratively and cooperatively in this project to develop a clear understanding of existing programs and services. The Management Partners team met with senior County management staff members on April 26 & 27, 2011 and will return May 9th to continue the project with individual department management meetings; county staff members are scheduling these meetings now. **To make these meetings and subsequent discussions most productive and beneficial, we want to provide everyone with some background on the roles and responsibilities associated with this effort.** Important points include the following:

- **The meetings with staff members are confidential and meeting notes are not shared.** The purpose of the meetings is to help Management Partners learn about your organization. This also applies to information that you may share with the team via e-mail messages and attachments.
- **The meetings are structured as a collaborative exchange of ideas.** While Management Partners has a general understanding of Washoe County government operations, we will need more specific information and our experience indicates that the department management teams are the best source for this information. We do not expect that the managers will bring all necessary information or answers to the meetings; our approach is iterative. We expect to meet and discuss operations and ideas, follow-up with additional questions and requests for data, and share our joint experiences with local government operations.
- **We have made an initial data request to the County and we will make additional requests as the project progresses.** During your meetings with the Management Partners team, we may also request information as topics are discussed. At every opportunity, we strive to limit the impact of our work on County staff by working with data sources that may already be available. Please feel free to make suggestions if you have data available in a different format and we will assess whether we can use that data as a substitute.
- **It will be helpful if you are able to come to the meetings prepared to discuss some general topics to provide background on your operations.** Our interest is in the

organization(s) and programs for which you are responsible; thus, where we refer to “you” or “your” we mean in your leadership role in the organization. This background could include the following:

- Responsibilities – We need to understand what your organization has been charged with accomplishing. We would like to see narrative descriptions of your programs and service areas, goals and objectives, strategic and tactical plans you may have, as well as descriptions of recent changes in responsibilities.
 - Resources – We need to understand the resources that the County has provided you to help you achieve your goals and objectives. This can include human resources through FTE staffing or contractual effort, management resources, as well as communication, equipment and technology resources.
 - Requirements – We need to understand what guidance is in place that directs you on provision of services. This can include Federal / State laws, local ordinances, formal policies and procedures, or informal direction and past practice.
 - Results – We need to understand the results of your efforts in terms of services / activities, efficiency and effectiveness. We will be interested to see measures of performance associated with your service areas as they are available. We will also be interested to learn about the projects in your current and recent organization work plans.
 - Revisions – In all areas mentioned above, we need to understand how your operating environment has changed in terms of demand for services, allocation of resources, application of processes and procedures and service output as the economic recession has continued.
- The County has also embarked on a **contingency budget planning exercise** to prepare alternative department service scenarios at 90% of current operating cost and 75% of current operating cost. **While this effort is separate from the Management Partners role, the County has asked that we provide assistance and guidance to the departments as we meet with them in this engagement.** We are happy to discuss and review your ideas and serve as a sounding board for ideas you are considering. The fundamental services review and the contingency planning are really “two sides of the same coin;” savings identified by either can contribute to meeting the same organizational goals.
- It is likely that the efforts that you will make to develop your plans to meet the “90/75” contingency assignment will be similar to the results we will develop in our project. As part of our work, **the Management Partners team will solicit more specific information from the departments. These areas of inquiry may include the following:**
- Service Delivery Changes and Efficiencies
 - Are there services, contracts or programs that are expensive that could be examined and modified to reduce costs?
 - How can your Department deliver services at lower costs than the current approach?
 - What opportunities are there for contracting with the private sector or other government agency?
 - What opportunities exist to share services with other government agencies to achieve economies of scale?

- What other ideas do you have?
- Expenditure Controls and Cost Shifts
 - How can your Department reduce costs?
 - How can costs now borne by the General Fund be shifted to another revenue source, or how can additional funding be provided to the General Fund?
 - Since employee compensation costs are one of the highest costs for any county, what ideas do you have about lowering those costs?
 - Are there work rules, MOU restrictions or legal constraints that make operations less efficient than they should be?
 - What other ideas do you have?
- Revenue Enhancements
 - How can your Department generate new or increased revenues?
 - What additional user fees and other charges can be considered? Of special interest are those areas where it costs more to provide a fee based service than the County currently charges users of the service.
 - What other ideas do you have?
- Service Reductions or Eliminations
 - Are there services that your Department or the County could reasonably eliminate or reduce to lower costs?
 - What services have their origins in the distant past so as to be less important in this era?
 - What are lower priority services that your Department or the County might consider eliminating or scaling back?
- Service Innovations
 - Are there any innovations in your area of government service that aren't being used in Washoe County that should be looked at or considered during this study, even if they require an initial investment?
- Management Partners will be conducting a limited-time confidential on-line survey of all employees via Survey Monkey (hardcopy to employees without email access) to solicit and capture information regarding County operations that is relevant to the project and will be considered in the final recommendations that come forward. To make this process as productive and fruitful as possible, departments are encouraged to do some brainstorming and "what-if" thinking with all employees to identify areas of opportunity for service and efficiency improvements in preparation of the on-site meetings and the survey.
- The Management Partners project team members are available via phone, e-mail and on-site presence to discuss your questions, comments, issues and concerns. You should feel free to contact our Project Manager, Mark Olson at molson@managementpartners.com or 630-334-0833, as well as other members of our team. Their individual contact information will be provided in your scheduled meetings. While we may not be able to provide an immediate response, please know that we will address your concerns using the resources available to the firm within the scope of the project. This can include subject matter experts in the firm as well as consultations with industry experts.

COVER STORY

The Hand-off

States are asking cities and counties to take charge of more programs, but they may not provide enough support.

By Alan Greenblatt

Jerry Brown is dusting off one of the oldest plays in his book. Back in 1975, during his first term as governor, Brown had appeared before the California State Association of Counties (CSAC) to talk about realignment—the term of art in California for devolution, or changing the way responsibilities are split between the state and localities.

Now that he's back in the governor's office, Brown is putting some of those ideas into action. He returned to CSAC on his first full day in office to promote a realignment package that would make counties responsible for running a much larger share of public safety and social service programs. Proposition 13—the property tax law that passed during Brown's first term—“took away the power of counties to tax, for the most part,” Brown said at CSAC in January. “It sent the decisions up to Sacramento. So we want to redistribute all that.”

County officials are welcoming the chance to take charge of certain programs, while expressing great concern about handling others. Unsurprisingly, the big question is money—whether the state will send enough cash to localities to fund the missions it expects them to carry out. “There's a lot of anxiety,” says Jean Kinney Hurst, a legislative representative with CSAC. “We're talking about \$6 billion worth of programs, many of which counties have never done before.”

Similar anxieties are being expressed elsewhere around the country. Other states may not be holding the same overt policy debate about whether localities should take on a larger load, but the question is nonetheless being posed in the form of budget cuts that leave localities more on their own. “There's a potential,” says Ellis Hankins, executive director of the North Carolina League of Municipalities, “for local elected officials to have to pick up more of the burden and increase the taxes to pay for more public services.”

There's nothing new in this. States always cut aid to local governments in

California Gov. Jerry Brown wants to give counties more autonomy, but they're worried it could be too much of a good thing.

recessions. During the ongoing state budget crunch, the cuts have grown so deep that many officials at the local level are complaining that states are doing to them what Washington does to the states—passing on more mandates even while cutting funding.

“We want to make sure that, at a minimum, states don’t try to balance their budgets on the backs of cities by mandating that local governments do what historically has been done by states,” says Don Borut, executive director of the National League of Cities. “And we don’t want the states preempting or putting restraints on how cities can raise money.”

Devolution by budget cut is happening all over the country. Very few states still have a line item called “aid to localities.” But program responsibilities—and finances—are all mixed up between the state and local levels across a broad range of program areas, including health, public safety and the big cost driver of education.

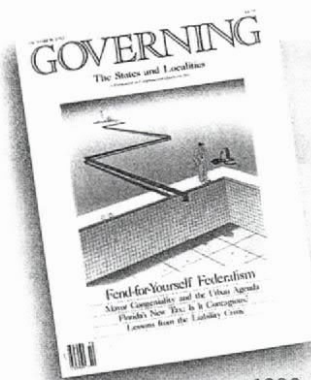
States have slashed billions over the past couple of years that otherwise would have gone to local governments. In Massachusetts, for example, Gov. Deval Patrick has proposed cutting direct municipal aid for the fourth year in a row. His package would bring the total cut to more than \$481 million, or 37 percent. Beverly, Mass., Mayor William Scanlon says such cuts are “really painful,” because state aid is the second largest share of his city’s revenue. But cuts in total state aid to localities—education has been better protected than municipal aid—aren’t out of line with levels of Massachusetts’ spending cuts overall. Scanlon says he recognizes that the governor and legislators have had little choice in the matter. “The state’s revenues have fallen off the table,” Scanlon says. “If I was in their shoes, I’m afraid I would do what they’ve done.”

What Scanlon and other mayors object to, however, is the state backing out on prior promises—failing to return what are really local revenues. Massachusetts established a program back in the 1970s to encourage police officers to continue their education by increasing their salaries when they receive degrees in higher education. The state promised localities it would pick up 50 percent of the tab. Under that formula, the state’s share for the coming year stands at nearly \$60 million, but Patrick’s budget only provides \$5 million. Court decisions suggest that localities may be on the hook for the rest.

Similar stories can be told all over. North Carolina Gov. Bev Perdue wants to slash the local share of lottery proceeds from 40 percent to 10 percent. And her budget would shift the \$57 million cost of school bus replacements onto counties, a responsibility they have never had before. In all, the overall cost shift to counties is \$345 million. In Michigan, where much local taxing authority was taken away decades ago in favor of a local share of state sales taxes, the state over the past decade has cut \$4 billion that, by statute, should go to local governments.

Michigan Gov. Rick Snyder not only wants to cut remaining revenue sharing by a third this year, but wants to make localities earn the money. State aid, under his proposal, would be contingent on their putting in place measures to save money, including consolidation of services and winning concessions on wages and benefits from their workers.

Last month, Snyder pushed a bill that would make it easier for the state to intervene in municipal and school district finances by creating “emergency fiscal managers” with broad authority. Snyder said he didn’t want the state to have to take over local budgets but that his legislation would create an early-warning system when localities are getting in trouble.



Fend-for-Yourself Localism

In October 1987, the first-ever issue of *Governing* debuted with a cover story on the new era of “Fend-for-Yourself Federalism.” That feature detailed how, shortly after he took office in

1980, President Ronald Reagan began dismantling most of the federal domestic agenda. Reagan’s efforts to shift power and responsibility from the federal government to the state and local level led to a newfound prominence and strength for states and localities.

Seven years into Reagan’s presidency, states and localities were fending for themselves in unprecedented and imaginative ways. After decades of taking a back seat to Washington, state and local governments were invigorated. They raised taxes—state tax collections rose by a third between 1983 and 1986—and enacted a wave of reforms to such institutions as public schools and welfare departments. Partisanship declined sharply, and several state legislatures gave local

jurisdictions more authority, scrapping unpopular rules and regulations that had strained state and local relations. *Governing* predicted a future in which the federal government would build its programs around the innovations of states and localities. Over the next two decades, that’s just what happened.

Now, 24 years later, the same process of “devolution” is taking place again—but this time it’s the states that are attempting to shift power and responsibility to cities and counties. It is too early to know if this effort will result in the same creativity and innovation seen in the 1980s and ’90s. But as localities shoulder more and more of the burden of making government work efficiently, cities may take on a greater role as the true laboratories of democracy.

—Elizabeth Daigneau



Read the 1987 article, *The New Federalism*, at governing.com/federalism

It has become a common tack. Governors promise more flexibility on certain rules or help with pensions or employee health costs in exchange for less money overall, and demand that localities change workforce rules and consolidate certain services—or merge with their neighbors altogether. Governors haven't gotten far over the past decade with most of their proposals that local governments consolidate, but they are now wielding a much bigger financial stick. "The fiscal constraints are now coming to bear on localities," says John Krauss, director of the Indiana University Public Policy Institute, who helped run a local government reform commission for Gov. Mitch Daniels.

"Resources are becoming scarce, things change and you can't do it the same way," Krauss continues. "Localities are now seeing that it is probably wise to have merger and intergovernmental agreements. Those are taking off."

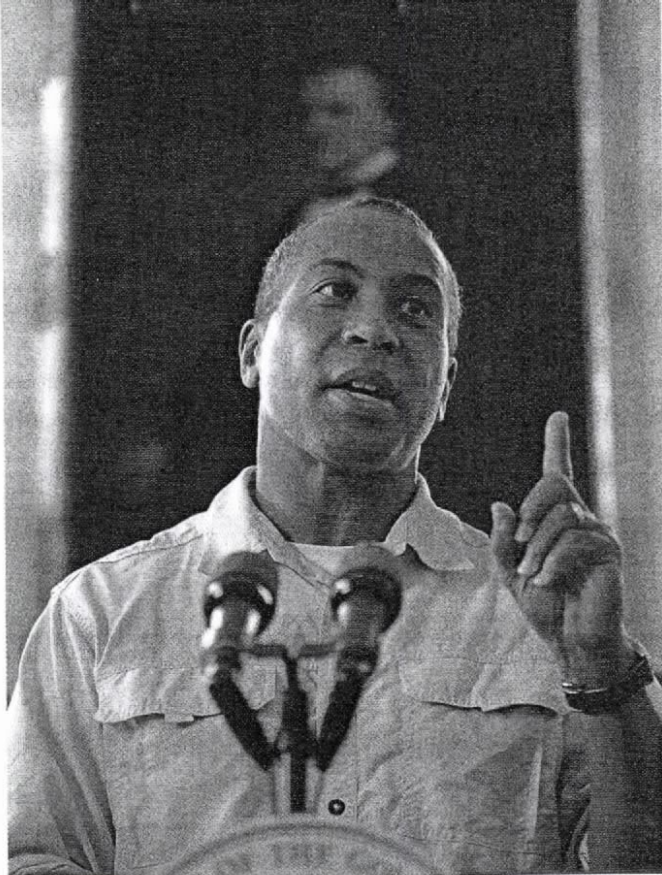
Krauss argues that consolidation at the local level is "logical," and notes that many of the ideas his commission recommended echo back to a governmental reorganization report from 1932. But local officials are understandably wary of reorganization that is pushed from above. They naturally worry about having to pick up any financial difference, particularly where they are operating under constraints—often imposed by their states—in terms of their own ability to increase taxes.

But they also worry about equity issues. Some local governments are better off financially than others. As more and more responsibility falls primarily or wholly on local governments, states may be abdicating their role in seeing that a certain level of service is made available to all residents, regardless of the jurisdiction in which they reside. For some services, such as education, states are required to see that disparities based on ZIP code are not too wide.

That's certainly the case in California, which is a pioneer state when it comes to school-equity lawsuits. Because of a 1988 ballot initiative, the state is required to spend at least 40 percent of its general fund revenues on K-12 education. A lot of the money the state spends on education comes out of locally collected property taxes, which the state vacuums up and then redistributes.

Education is just one way state and local finances are hopelessly entangled in California. There are dozens of others. A discussion solely about how revenues from vehicle license fees are shared between Sacramento and localities could go on for many long and tedious hours. Even local officials who are nervous about Brown's proposals give him credit for trying to sort through the mess. There's a lot to be said for citizens' being able to know who's responsible for raising the money and spending which funds for which programs. But given the convoluted nature of the way money is taxed at one level of government—and then chopped up and redistributed to other levels of government—it's often impossible to know who to thank and who to blame. "One of the reasons why California got so screwed up," says former California Assembly Speaker Robert Hertzberg, "is the unintended consequences of the jury-rigged attempts to get money to the locals."

Hertzberg is a strong backer of Brown's realignment proposal. He recognizes, however, that the word "realignment" is code to local governments that they will have to pick up more responsibilities without getting more money to pay for them. Brown



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Massachusetts Gov. Deval Patrick has cut direct municipal aid four years in a row. Some mayors say he's breaking prior promises to fund local programs.

initially proposed offering localities funding to cover their new responsibilities for five years, but has since said he will find a way to provide more permanent funding. "It's a long discussion that starts with, 'There better be enough money,'" says David Finigan, a Del Norte County, Calif., supervisor.

Finigan has reason to be wary. Brown's whole idea is predicated on the hope that voters will approve a tax package to pay for it in a special election in June. And past realignment debates in Sacramento haven't all come through with the kind of money that Brown is promising. A 1991 realignment of social services left counties about a billion dollars short.

Cities are already livid that Brown wants to eliminate nearly \$2 billion in local redevelopment funds. The state of California has long been notorious for dipping into local coffers, either by using sticky fingers to hold on to tax dollars the state is supposed to hand down, or by "borrowing" local revenues. Local officials in California have twice succeeded in recent years in convincing voters to pass propositions designed to block such behavior on the part of the state. "There has been a long-standing history of distrust in the relationship between the state and local governments in California," says CSAC's Hurst. "Unless you put things in the constitution, you can't rely on anyone's word or handshake agreement."

Los Angeles District Attorney Steve Cooley warns that Brown's proposed realignment will "wreak havoc" and be a "public safety nightmare." He notes that jails in his county are already at or near capacity limits imposed by federal courts. County supervision of paroled rapists and murderers, he says, would mean some convicted felons will serve little or no time in custody due to insufficient bed space.

But many other local officials in California aren't opposed to the idea of realignment—in principle. Just as states have long argued that they can run programs more efficiently than the feds if given adequate support and flexibility, Finigan says that localities can handle most of the programs Brown has put on the table “better and cheaper” than the state.

Hertzberg now co-chairs California Forward, a policy group that has advocated better alignment of services and level of gov-

might fall under the purview of any of three different agencies, depending on whether the problem is parental abuse, drug use or involvement in crime. Each of these programs comes with its own set of state money that goes to either the county health, human services or probation department. Quite often, the problems of at-risk kids are intertwined. But this has often led to situations where local agency officials point fingers at one another and argue, “This kid belongs to you, it's a substance abuse issue,” or “No, the primary problem is the criminal activity.” Taking kids out of their homes is an expensive proposition and no one wants to be stuck with the bill.

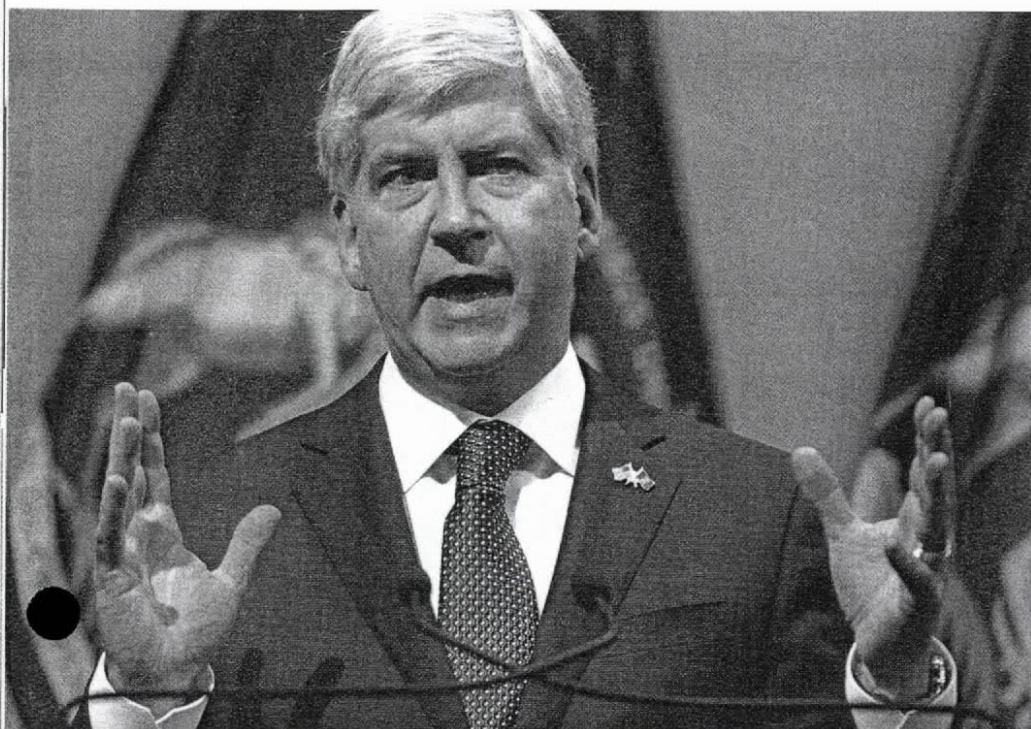
About a decade ago, officials in San Mateo County, Calif., decided it was pointless to try to shift responsibility between departments. Officials from different agencies began meeting on a weekly basis, getting to know the kids and their problems, and trying to coordinate the whole panoply of services that they might need. It didn't always go smoothly at first, but over time the agencies learned to work together. The result has been a 50 percent reduction in the number of kids removed from their homes. “Kids who stay in their homes, so long as they get the right services, do a whole lot better in the long run,” says County Health System Chief Jean Fraser.

Fraser recognizes that her county has resources others might not be able to draw on. The county is made up largely of affluent suburbs just south of San Francisco and has 700,000 residents—as many as the state of Vermont. But she argues that it's even more important for poorer counties to have greater flexibility in expending the limited resources at their disposal.

Already facing budget shortfalls of their own, it's difficult for local officials to contemplate the prospect of taking on further program responsibilities. Many of the programs Brown is expecting them to take over come laden with mandates from either the state or federal level—or both. And in many other states, localities are being asked to do more without seeing real help in terms of delivery on promises of greater flexibility, or even serious debate about what responsibilities best lie with which level of government.

The issue, of course, is whether California will remain committed to funding the responsibilities Brown hopes to pass down—an ever-present source of anxiety for local officials in California, as it is for their counterparts in other states. If the commitment is there, Fraser sees real promise in the notion of freeing counties to design programs in ways that best meet the needs of their own residents. “From our perspective, the idea of having more flexibility about what we do is really exciting,” she says. “We're raring to go.” **G**

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Under a proposal from Michigan Gov. Rick Snyder, state aid would be contingent on cities' proving they had sufficient cost-cutting measures in place.

ernment. He says it's unfortunate that the idea has been distorted by the unending arguments in California about how revenue streams flow up and down and diverge between the state and localities. He recognizes that money has to follow program responsibility in order for realignment to work, but argues that realignment is a necessity in order for localities and regions within the state to operate in a more responsive way.

It's possible that Brown's ideas—ambitious as they are—represent only a first step in this regard. It will be challenging enough to put counties in charge of parole, for instance. But the current debate about public safety and social services may only be the opening of a long discussion that will eventually incorporate even bigger issues such as education and the tax code.

If it's done right—and isn't just a cost-cutting maneuver—many local officials in California believe they can offer more efficient coordination of services. As things stand now, though, counties struggle to knit together closely related programs that nonetheless are funded through separate state revenue streams, each with its own set of mandates.

Some counties have figured out how to do this already. Kids who are at risk of being removed from their homes, for instance,

Thursday, September 8, 2011

2011 Washoe County Obesity Forum



Joe Crowley Student Union
University of Nevada, Reno, Nevada



REPORTED CASES OF SELECTED COMMUNICABLE DISEASES WASHOE COUNTY January - March 2011

To report a communicable disease please call:
(775) 328-2447
or fax reports to:
(775) 328-3764

DISEASE	1 st Quarter			Year To Date (Cumulative)		
	2009	2010	2011	2009	2010	2011
AIDS	5	0	4	5	0	4
Campylobacteriosis	13	18	11	13	18	11
Chlamydia	336	365	351	336	365	351
Cryptosporidiosis	5	1	1	5	1	1
E. coli 0157:H7	0	0	0	0	0	0
Giardiasis	4	2	2	4	2	2
Gonorrhea	47	19	36	47	19	36
Haemophilus influenzae type b (Hib)	0	0	0	0	0	0
Hepatitis A (acute)	1	0	0	1	0	0
Hepatitis B (acute)	2	0	1	2	0	1
Hepatitis B (chronic)	15	10	7	15	10	7
Hepatitis C (acute)	1	1	1	1	1	1
Hepatitis C (Past or Present)	205	176	168	205	176	168
HIV	7	3	4	7	3	4
Influenza (Type A, B, or unknown)	357	24	591	357	24	591
Meningitis, Viral or Aseptic	3	3	8	3	3	8
Meningococcal Disease	1	0	1	1	0	1
Mumps	0	0	0	0	0	0
Pertussis (confirmed only)	0	0	0	0	0	0
Pneumococcal Disease, Invasive	12	16	16	12	16	16
Rabies (bat)	0	0	0	0	0	0
Rotavirus	9	6	5	9	6	5
RSV	244	143	274	244	143	274
Salmonellosis	12	2	3	12	2	3
Shigellosis	0	0	0	0	0	0
Syphilis (Primary & Secondary)	1	0	1	1	0	1
Tuberculosis	2	0	0	2	0	0
West Nile Virus	0	0	0	0	0	0



In This Issue:

Prevention of Hepatitis B:

- ◆ Strategies to Eliminate Hepatitis B Virus Transmission
- ◆ Perinatal Hepatitis B Prevention

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Prevention of Hepatitis B: Immunization Strategies & Perinatal Hepatitis B Prevention

Background

Hepatitis B virus (HBV) is a bloodborne and sexually transmitted virus. Although rates of new infection and acute disease are highest among adults, chronic infection is more likely to occur in persons infected as infants or young children. Before hepatitis B vaccination programs became routine in the United States, an estimated 30%–40% of chronic infections are believed to have resulted from perinatal or early childhood transmission, even though <10% of reported cases of hepatitis B occurred in children aged <10 years. Chronic infection occurs in approximately:

- ◆ 90% of infected infants,
- ◆ 30% of infected children aged <5 years, and
- ◆ <5% of infected persons aged ≥ 5 years.

Chronically infected persons are at increased lifetime risk for cirrhosis and hepatocellular carcinoma (HCC) and also serve as the main reservoir for continued HBV transmission. Data from follow-up studies of persons infected with HBV as infants or young children indicate approximately 25% of those with chronic infection die prematurely from cirrhosis or liver cancer.

Strategies to Eliminate HBV Transmission

The Advisory Committee on Immunization Practices (ACIP) recommends the following immunization strategies to eliminate transmission of HBV infection in the U.S.:

- ◆ Universal vaccination of infants beginning at birth
- ◆ Prevention of perinatal HBV infection through:
 - Routine screening of all pregnant women for hepatitis B surface antigen (HBsAg), and
 - Immunoprophylaxis of infants born to HBsAg-positive women and infants born to women with unknown HBsAg status
- ◆ Routine vaccination of previously unvaccinated children and adolescents
- ◆ Vaccination of previously unvaccinated adults at increased risk for infection

A main focus is on universal infant vaccination beginning at birth, which provides a "safety net" for prevention of perinatal infection, prevents early childhood infections, facilitates implementation of universal vaccination recommendations, and prevents infections in adolescents and adults.

Perinatal Hepatitis B Prevention

Mandatory hepatitis B screening of all pregnant women and reporting of HBsAg-positive pregnant women prior to delivery are important components of the Washoe County Health District's (WCHD) Perinatal Hepatitis B Prevention Program (PHBPP). Since its inception over two decades ago, the goal of the program has been to prevent perinatal transmission of hepatitis B by assuring timely and appropriate post-exposure prophylaxis (PEP) for infants born to HBsAg-positive women in Washoe County.

Nevada Revised Statute (NRS) 441A.570 requires that *a pregnant woman shall be screened by her health care provider for the presence of hepatitis B surface antigen. The health care provider shall refer a pregnant woman who is positive for hepatitis B surface antigen to the health authority for counseling and recommendations on testing and immunizing contacts.*

ACIP guidelines for prevention of perinatal HBV infection and management of pregnant women include the following:

- ◆ All pregnant women should be tested routinely for HBsAg during an early prenatal visit (e.g., first trimester) **in each pregnancy, even if they have been previously vaccinated or tested.**
- ◆ In addition, the following groups should be tested at the time of admission to the hospital for delivery:
 - women who were not screened prenatally,
 - women who engage in behaviors that put them at high risk for infection (e.g., injection drug use, having had more than one sex partner in the previous 6 months or a HBsAg-positive sex partner, evaluation or treatment for a sexually transmitted disease, or recent or current injection drug use), and
 - women with clinical hepatitis.
- ◆ HBsAg-positive pregnant women should be referred to an appropriate case-management program for education and follow-up. In Washoe County please call the Communicable Disease Program at **775-328-2447** to make a referral.
- ◆ HBsAg-positive pregnant women should be provided with or referred for appropriate counseling and medical management.

Please share this document with all physicians & staff in your facility/office.

In order to ensure appropriate and timely PEP of perinatally exposed infants, all HBsAg-positive pregnant women must be reported to the Communicable Disease Program prior to delivery. **HBsAg-positive persons can be reported by using the confidential fax line at (775) 328-3764.** The majority of HBsAg-positive reports originate from the laboratory completing the prenatal labs. *This means that most health care providers inappropriately rely exclusively upon the laboratories to submit these reports for them.* It is possible for a case to be missed, especially if an HBsAg-positive woman moves to this community after having her prenatal testing done by a provider outside of Washoe County. Although her medical record may follow her in the transfer of care, the HBsAg-positive result will not be reported to the WCHD unless the health care provider takes the initiative to do so.

NRS 441A.570 also states *the health care provider of an infant born to a woman carrying hepatitis B surface antigen shall ensure that the infant is given hepatitis B immune globulin [HBIG] and hepatitis B vaccine within 12 hours of birth with the vaccine series being completed on a schedule established by the division.*

ACIP provides the following recommendations for the management of infants born to HBsAg-positive women:

- ◆ All infants born to HBsAg-positive women should receive single-antigen hepatitis B vaccine and HBIG (0.5mL) within 12 hours of birth.
- ◆ The vaccine series should be completed according to the following schedules:
 - **If only single-antigen vaccine is used:** Dose 2 at 1-2 months; Dose 3 at 6 months.
 - **If single-antigen vaccine at birth + combination vaccine for subsequent doses:** Dose 2 at 2 months, Dose 3 at 4 months, Dose 4 at 6 months (if Pediarix), or at 12-15 months (if Comvax).
- ◆ Postvaccination testing for hepatitis B surface antibody (anti-HBs) and HBsAg should be performed after completion of the vaccine series, at age 9-18 months. Testing should not be performed before 9 months of age to avoid detection of anti-HBs administered during infancy and to maximize the likelihood of detecting late HBV infection. Hepatitis B core antibody total (anti-HBc) testing of infants is not recommended because passively acquired maternal anti-HBc might be detected in infants born to HBV infected mothers up to age 24 months.
- ◆ Infants of HBsAg-positive mothers may be breast fed beginning immediately after birth.

All delivery hospitals should implement policies and procedures to ensure:

- 1) identification of infants born to HBsAg-positive mothers and infants born to mothers with unknown HBsAg status, and
- 2) initiation of immunization for these infants.

Case management of HBsAg-positive pregnant women and their infants by WCHD's PHBPP includes:

- ◆ Contact of the health care provider to obtain pertinent information regarding the case.
- ◆ Interview of the case to identify contacts and provide appropriate HBV education, including:
 - modes of transmission;
 - perinatal concerns (e.g., infants born to HBsAg-positive mothers may be breast fed);
 - prevention of HBV transmission to contacts, including the importance of postexposure prophylaxis for the newborn infant and hepatitis B vaccination for household, sexual, and needle-sharing contacts;
 - substance abuse treatment, if appropriate; and
 - medical evaluation and possible treatment of chronic hepatitis B.
- ◆ Evaluation of identified household, sexual, and needle-sharing contacts of HBsAg-positive women to determine need for serologic screening with referral for same if indicated; referral of susceptible contacts to complete the three-dose vaccination series.
- ◆ Referral of sexual partners to complete post-vaccination testing to verify adequate immune response.
- ◆ Notification of the delivery hospital approximately two to three months prior to the expected delivery date to ensure the hospital health care providers are aware the infant will need HBIG and first dose of hepatitis B vaccine within 12 hours of birth.
- ◆ Continuation of follow-up until the infant completes the hepatitis B vaccination series and is then screened at 9 to 18 months of age to verify adequate anti-HBs response and absence of HBsAg. This indicates the infant did not develop hepatitis B infection and is now immune.

Due to the length of follow-up required on infants born to HBsAg-positive women, the last year for which complete data is available is 2009. In Washoe County in 2009, 16 infants born to HBsAg-positive women were reported to the PHBPP. All 16 infants received PEP with HBIG and their first dose of hepatitis B vaccine within 12 hours of birth. Of the 16 infants, one moved out of the area prior to completing the hepatitis B vaccine series. Of the 15 infants remaining, all 15 completed the hepatitis B vaccination series and were post-vax tested as recommended. All 15 were HBsAg-negative and anti-HBs-positive indicating the PEP was effective.

Laboratories, hospitals and health care providers must report all HBsAg-positive test results promptly to the local health authority. In Washoe County reports should be faxed to the **Communicable Disease Program** confidential reporting line at **775-328-3764**. For more information, please contact the Communicable Disease Program at (775) 328-2447.

Adapted from: Centers for Disease Control and Prevention. A comprehensive immunization strategy to eliminate transmission of hepatitis B virus infection in the United States: recommendations of the Advisory Committee on Immunization Practices (ACIP); Part 1: Immunization of Infants, Children, and Adolescents. MMWR 2005;54(No. RR-16), available on-line at: <http://www.cdc.gov/mmwr/PDF/rr/rr5416.pdf>.