

Washoe County



Matt Smith, Chair
Kitty Jung, Vice Chair
Denis Humphreys, OD
Neoma Jardon
George Hess, MD
David Silverman
Julia Ratti

Kevin Dick
District Health Officer

Leslie Admirand
Deputy District Attorney

Health District

WASHOE COUNTY HEALTH DISTRICT

1001 East Ninth Street, Reno, Nevada 89512
P.O. Box 11130, Reno, Nevada 89520
Telephone 775.328-2400 • Fax 775.328.3752
www.washoecounty.us/health

MEETING NOTICE AND AGENDA

Washoe County District Board of Health

Date and Time of Meeting: Thursday, August 28, 2014, 1:00 p.m.

Place of Meeting: Washoe County Health District
1001 East Ninth Street, Building B
South Auditorium
Reno, Nevada 89512

All items numbered or lettered below are hereby designated **for possible action** as if the words "for possible action" were written next to each item (NRS 241.020). An item listed with asterisk (*) next to it is an item for which no action will be taken.

Time/ Item	Agenda Item	Presenter
1:00 p.m. *1.	Call to Order Pledge of Allegiance - Led by Invitation	Mr. Matt Smith
*2.	Roll Call	Ms. Dawn Spinola
*3.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
4.	Approval/Deletions to Agenda - August 28, 2014 Regular Meeting	Mr. Matt Smith
5.	Approval of Draft Minutes - July 24, 2014 Regular Meeting	Mr. Matt Smith
*6.	Recognitions - A. Years of Service – 1. Jeffrey Brasel, 20 years, hired 8/22/94 – EHS 2. Michael Ezell, 20 years, hired 8/22/94 – EHS B. Promotions – 1. Anna Heenan – Finance - Sr. Fiscal Analyst to Health -	Mr. Matt Smith Mr. Kevin Dick

Time/ Item	Agenda Item	Presenter
	<p>Administrative Health Services Officer 8/4/2014</p> <ol style="list-style-type: none"> 2. Latricia Lord – From EHS Environmental Health Trainee II to Environmental Health Specialist 8/11/14 3. Elizabet Munoz – From CCHS Intermittent Hourly Community Health Aide to Permanent Full Time Community Health Aide <p>C. Transfers -</p> <ol style="list-style-type: none"> 1. Nicole Alberti, transfer from Health Educator II (EPHP) to Health Educator II (CCHS) effective 6/30/14 	
7.	<p>Proclamation – Healthy Living Day</p>	<p>Mr. Matt Smith Mr. Kevin Dick</p>
8.	<p>Consent Agenda - Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.</p> <p>A. Air Quality Management Cases:</p> <ol style="list-style-type: none"> 1. Recommendation to Uphold Citations Not Appealed to the Air Pollution Control Hearing Board: <ol style="list-style-type: none"> a. Payless Car Rental – NOV No. 5430, Case No. 1162 1395 Airmotive Way, Reno, NV 89502 b. Ryder Homes – NOV No. 5419, Case No. 1163 750 Arrow Creek Parkway, Reno, NV 89511 c. KDH Builders – NOV No. 5359, Case No. 1164 10625 Double R Blvd, Reno, NV 89521 <p>B. Budget Amendments / Interlocal Agreements:</p> <ol style="list-style-type: none"> 1. Approval of the Washoe County Smoke Management Program Memorandum of Understanding with the United State Department of Agriculture, U.S. Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chairman to execute. 2. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$255,322 (with \$25,532.20 or 10% match) for the budget period July 1, 2014 through June 30, 2015 (BP3) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute. 3. Approval of Notice of Grant Award dated May 22, 2014 from the Department of Health and Human Services Public 	<p>Ms. Charlene Albee</p> <p>Ms. Erin Dixon</p> <p>Ms. Patsy Buxton</p>

Time/ Item	Agenda Item	Presenter
	<p>Health Service for the period June 30, 2014 to June 29, 2015 in the amount of \$799,800 in support of the Family Planning Program, IO 10025.</p> <p>4. Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$685,505 (with \$68,550.50 or 10% match) for the budget period July 1, 2014 through June 30, 2015 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$24,049 in both revenue and expense to the FY15 CDC Public Health Preparedness Federal Grant Program, IO 10713; and if approved authorize the Chairman to execute.</p>	
9.	<p>Public Hearing – Adoption of the “Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM10 Non-Attainment Area”</p>	Mr. Daniel Inouye
10.	<p>Public Hearing – Adoption of the “Second 10-Year Maintenance Plan for the Truckee Meadows 8-Hour Carbon Monoxide Attainment Area”</p>	Ms. Yann Ling-Barnes
11.	<p>Regional Emergency Medical Services Authority - A. Review and Acceptance of the REMSA Operations Reports for June, 2014 B. Review and Acceptance of the REMSA Operations Reports for July, 2014 *C. Update of REMSA’s Community Activities Since June, 2014</p>	Mr. Jim Gubbels
12.	<p>Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date July, 2014</p>	Ms. Anna Heenan
13.	<p>Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program</p>	Mr. Kevin Dick
14.	<p>Discussion and possible direction to staff regarding process for appointment of Regional Emergency Medical Services Advisory Board Members</p>	Mr. Matt Smith
*15.	<p>Presentation – Washoe County Chronic Disease Report Card</p>	Ms. Kelli Goatley-Seals

Time/ Item	Agenda Item	Presenter
*16.	Staff Reports and Program Updates A. Director, Epidemiology and Public Health Preparedness – Communicable Disease, Public Health Preparedness, and Emergency Medical Services B. Director, Community and Clinical Health Services - Divisional Update, Program Reports C. Director, Environmental Health Services - Food, Vector-Borne Disease, and EHS Inspections / Permits / Plan Review D. Director, Air Quality Management - FY15 Partnership Between AQM and UNR, Divisional Update—Monthly Air Quality Index; Program Reports – Monitoring & Planning and Permitting E. Administrative Health Services Officer – No report this month. F. District Health Officer - REMSA/EMS, Permit Software Project, Community Health Needs Assessment, Robert Wood Johnson Foundation Grant, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts	Dr. Randall Todd Mr. Steve Kutz Mr. Robert Sack Ms. Charlene Albee Ms. Anna Heenan Mr. Kevin Dick
*17.	Board Comment - Limited to announcements or issues for future agendas.	Mr. Matt Smith
18.	Emergency Items	Mr. Kevin Dick
*19.	Public Comment - Limited to three (3) minutes per person. No action may be taken.	Mr. Matt Smith
20.	Adjournment	Mr. Matt Smith

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

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

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

Time Limits: Public comments are welcomed during the Public Comment periods for all matters whether listed on the agenda or not. All comments are limited to three (3) minutes per person. Additionally, public comment of three (3) minutes per person may be heard during individual action items on the agenda. Persons are invited to submit comments in writing on the agenda items and/or attend and make comment on that item at the Board meeting. Persons may not allocate unused time to other speakers.

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

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

Washoe County Health District, 1001 E. 9th St., Reno, NV

Reno City Hall, 1 E. 1st St., Reno, NV

Sparks City Hall, 431 Prater Way, Sparks, NV

Washoe County Administration Building, 1001 E. 9th St, Reno, NV

Washoe County Health District Website www.washoecounty.us/health

State of Nevada Website: <https://notice.nv.gov>

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

WASHOE COUNTY DISTRICT BOARD OF HEALTH MEETING MINUTES



Members
 Matt Smith, Chair
 Kitty Jung, Vice Chair
 Dr. Denis Humphreys
 Neoma Jardon
 Julia Ratti
 Dr. George Hess
 David Silverman

**Thursday, July 24, 2014
 1:00 p.m.**

**Washoe County Administration Complex
 Health District South Conference Room
 1001 East Ninth Street
 Reno, NV**

The Washoe County District Board of Health met in regular session on Thursday, July 24, 2014, in the Health Department South Conference Room, 1001 East Ninth Street, Reno, Nevada.

1. Call to Order, Pledge of Allegiance

Chair Smith called the meeting to order at 1:05 p.m. and introduced Councilmember Neoma Jardon, who was replacing Sharon Zadra as the Reno City Council elected representative.

Councilmember Jardon led the pledge to the flag.

2. Roll Call

The following Members and staff were present:

Members present: Chair Matt Smith
 Vice Chair Kitty Jung
 Dr. Denis Humphreys
 Dr. George Hess
 Julia Ratti
 Neoma Jardon

Members absent: David Silverman

Staff present: Kevin Dick, District Health Officer
 Leslie Admirand, Deputy District Attorney
 Mike Wolf, Permitting & Enforcement Branch Chief, AQM
 Steve Kutz, Division Director, CCHS
 Jim English, Supervisor, EHS
 Eileen Stickney, Administrative Health Services Officer, AHS
 Randall Todd, DrPH, Director, EPHP
 Steve Fisher, Department Systems Specialist, AHS
 Phil Ulibarri, Public Communications Program Manager, AHS
 Laurie Griffey, Administrative Assistant I, AHS
 Dawn Spinola, Administrative Secretary/Recording Secretary

3. Public Comment

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

4. Approval/Deletions to Agenda

Chair Smith announced that the REMSA update, Item 9, would be pulled as the presenters were unavailable. The report will be heard at the August 28, 2014 meeting.

Dr. Humphreys moved to approve the agenda as amended for the July 24, 2014, District Board of Health meeting. Councilmember Ratti seconded the motion which carried six in favor and none against.

5. Approval/Additions/Deletions to Minutes

Dr. Humphreys moved to approve the minutes of the June 26, 2014 District Board of Health regular meeting as written. Dr. Hess seconded the motion which carried six in favor and none against.

6. Recognitions

Presented by Mr. Dick and Chair Smith

A. Years of Service –

1. David Kelly, 10 years, hired 5/03/2004 – EHS

Mr. Dick congratulated and thanked Mr. Kelly and presented him with a Certificate of Appreciation.

2. Cuauhtemoc (Tim) Buitron, 10 years, hired 7/26/04 – CCHS

Mr. Dick congratulated and thanked Mr. Buitron and presented him with a Certificate of Appreciation.

3. Angela Penny, 10 years, hired 7/15/04 – CCHS

Ms. Penny was not in attendance.

4. Kathleen Hanley, 20 years, hired 7/25/94 – EHS

Mr. Dick congratulated and thanked Ms. Hanley and presented her with a Certificate of Appreciation.

5. Steve Kutz, 25 years, hired 7/17/89 – CCHS

Mr. Dick congratulated and thanked Mr. Kutz and presented him with a Certificate of Appreciation.

B. Promotions –

1. Kelli Goatley-Seals from Health Educator II to Health Educator Coordinator effective 6/2/14 – CCHS

Mr. Dick congratulated Ms. Goatley-Seals.

2. Amber English from Environmental Health Specialist to Senior Environmental Health Specialist effective 7/1/14 – EHS

Mr. Dick congratulated Ms. English.

3. Mike Wolf from Environmental Engineer II to Air Quality Supervisor effective 6/30/14 – AQM

Mr. Dick congratulated Mr. Wolf.

C. Retirements –

1. Eileen Stickney - Administrative Health Services Officer – retiring 8/8/14 after 20+ years – AHS

Mr. Dick presented Ms. Stickney with a commemorative clock. He stated it had been a pleasure working with her and that he appreciated everything she had done for the Health District.

2. Cindy Mullen - Advanced Practitioner of Nursing - retired 7/7/14 after 23+ years – CCHS

Mr. Kutz and Ms. Stacy Hardie came forward to recognize Ms. Mullen. Mr. Kutz shared a memory of their working time together and presented Ms. Mullen with a commemorative clock

D. New Hires -

1. Dianna Karlicek – 7/14/14 – Environmental Health Specialist Trainee II – EHS

Mr. English introduced Ms. Karlicek, noting she had come to the Health District from the Truckee Meadows Water Authority (TMWA) and was active in volunteer work.

2. Virginia McDonald – 7/22/14 – Bilingual OA II – CCHS

Mr. Dick welcomed Ms. McDonald and noted that she was hired so that immunization services could be offered five days a week.

E. Transfers -

1. Nicole Alberti, transfer from Health Educator II (EHPH) to Health Educator II (CCHS) effective 6/30/14
2. Margot Jordan, transfer from P/T (CCHS) to F/T (ODHO) Public Health Nurse II effective 7/1/14

F. Reclassifications Effective July 1, 2014 –

1. Steve Fisher from Dept. Computer Application Specialist to Dept. Systems Specialist – AHS

Mr. Dick congratulated Mr. Fisher.

2. Tina Burton from Plans/Permit Aide to Office Support Specialist – AQM

Ms. Burton was not in attendance.

3. Phil Ulibarri from Public Information Officer to Public Health Communications Program Manager – ODHO

Mr. Dick explained Mr. Ulibarri's position had been reclassified so that he could work more proactively in crafting strategies for communicating the forward progress of the Health District and distribution of emergency information.

Mr. Dick noted there were so many recognitions due to the fact a number of positions had been held vacant through the end of the last fiscal year. Staff that had been introduced

represented the first wave of positions being filled, promotions, and new hires to fill the vacancies. He opined this level of activity would likely continue for a few months.

7. Proclamations

Presented by Mr. Dick and Chair Smith

A. Immunization Awareness Month

Mr. Dick read the proclamation and presented it to Ms. Linda Gabor.

Dr. Hess moved to adopt the proclamation. Councilmember Jardon seconded the motion which was approved six in favor and none against.

B. World Breastfeeding Month

Mr. Dick read the proclamation and presented it to Ms. Beverly Bayan.

Commissioner Jung moved to adopt the proclamation. Councilmember Ratti seconded the motion which was approved six in favor and none against.

8. Consent Agenda –

Matters which the District Board of Health may consider in one motion. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Air Quality Management Cases

Staff Representative: Ms. Albee

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

- a. Chottu-Arco Station No. 82438 – Case No. 1160, NOV No. 5414

Councilmember Ratti moved to approve the consent agenda as presented. Councilmember Jardon seconded the motion which was approved six in favor and none against.

10. Approval of the Health Fund Revenue and Expenditure Report for June, 2014

Staff Representative: Ms. Stickney

Ms. Stickney introduced her successor, Anna Heenan. She stated they had worked together in the past as analysts and the District and Board will be in very good hands.

Ms. Stickney presented the report, noting it closed out Fiscal Year (FY) 14. Items of note but no consequence included the reduction of revenues and expenses to Administrative Health (AHS) due to the transfer of the Women, Infants and Children program (WIC) from AHS to Clinical and Community Health Services (CCHS) as well as a line item that was over budget but was balanced by another. The imbalance was attributed to coding errors.

Dr. Hess thanked Ms. Stickney for her time and patience in helping him understand the budget process. She acknowledged it was a complex process and stated she appreciated his interest.

Dr. Humphreys moved to accept the report. Dr. Hess seconded the motion which was approved six in favor and none against.

11. Authorization to approve a 1.5% Cost of Living Adjustment (COLA) in base wage, retroactive to July 1, 2014; and a 1% Cost of Living Adjustment in base wage effective January 1, 2015, for the District Health Officer position

Staff Representative: Ms. Griffey

Ms. Griffey presented the staff report.

Commissioner Jung moved to approve the request. Councilmember Jardon seconded the motion which was approved six in favor and none against.

12. Presentation, Discussion, and Possible Direction to Staff regarding quarterly report on implementation of Fundamental Review Recommendations

Staff Representative: Mr. Dick

Mr. Dick presented the staff report. He noted the timeframes had been removed as the recommendations were organized sequentially. He went on to explain the progress to date on each of the following Recommendations:

- 3) Strengthen customer focus within regulatory programs exploring the potential for User Groups to share consumer viewpoints while continuing to focus on the purpose of regulatory efforts.
 - With assistance from the Builder's Association of Northern Nevada (BANN), a user's group has been established. Meetings have been held regarding issues surrounding the final map approval process and Mr. Dick felt the discussion has been very productive. They agree there is some potential for changes to be made. These changes must be made at the state level so they have met with the Nevada Division of Environmental Protection and TMWA.
- 4) Critically examine clinic appointment scheduling from a patient access perspective.
 - As of this week, immunizations were being offered five days a week. He acknowledged the efforts of Mr. Kutz and his staff, who have established after-hours immunization services. They were able to do this without increasing costs.
- 5) Update fee schedules and billing processes for all clinical and environmental services provided.
 - As of July 1, 2014, the Health District is working through Netsmart and they are doing Health District billing through their revenue cycle management program. That will increase the District's cost recovery and reduce the number of hours staff spends on billing activities.

Dr. Hess requested more information regarding concerns surrounding contracts. Mr. Kutz explained he had met with Ms. Admirand regarding four contracts that will be with qualified health plans that are associated with the Affordable Care Act. There were a series of questions that neither Mr. Kutz nor Ms. Admirand are experts at or are comfortable with, so they reached out to experts for advice. Some items were not applicable because the District is a public health agency. Dr. Hess requested to be kept informed of the progress.

Mr. Kutz stated he did not see any major roadblocks and it has been a learning experience for him.

Councilmember Ratti opined it was the normal process of reviewing contracts and making sure of achieving an adequate comfort level prior to signing.

Mr. Dick noted there had been several sessions regarding billing at the National Association of City and County Health Officials (NACCHO) conference he had recently attended. The up-front work that Mr. Kutz and Ms. Admirand were conducting was not uncommon.

- 7) Participate in the business process analysis currently underway across all building permitting in the county.
 - The Health District has joined the other jurisdictions in signing the Interlocal Agreement. The project, now underway, will allow the jurisdictions to work together through one portal for an internet - based regional permitting system.
- 8) Strengthen organizational effectiveness by developing infrastructure to support the District Health Officer.
 - The Office of the District Health Officer was established on July 1, 2014 and includes the Health Officer, Public Health Communications Program Manager, QI Officer, and Administrative Secretary. As funding becomes available, one or two positions will be added to support District-wide initiatives.
- 9) Implement time coding for employees in order to generate an accurate accounting of how employee time/costs are allocated.
 - Time coding is being performed in EHS and AQM at a more detailed level to provide a better understanding of costs and the hours employees are spending on activities.
- 12) Demonstrate a concerted effort among all parties to address the tensions regarding overhead/direct costs.
 - Tensions have substantially alleviated as demonstrated by the additional funding provided by the County in the adopted budget general fund transfer for FY14/15. Mr. Dick noted it was necessary to utilize vacancy savings to be able to balance the budget for FY14/15.

Dr. Hess asked if \$650,000 was the amount that should be targeted for savings and income. Mr. Dick noted that was a good base, but it will be affected by merits and COLAs, so the final number will likely be larger.

- 13) Align programs and services with public demand for services to reflect burden of disease and effective public health intervention.
 - The home visiting services have been eliminated and those staff have been redeployed. Staff is working to integrate maternal child health services with WIC so that the services are provided during the same appointment.
- 14) Conduct a Community Health Assessment (CHA) in concert with current partner organizations for Washoe County Health District and constituent communities.
 - The Community Health Assessment is underway and is scheduled to be finished by the end of the year. Charles Schwab Grant funds have been received. Mr.

Dick provided a brief overview of the funding sources for Councilmember Jardon's benefit.

- 16) Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders
 - The Franchise Agreement is approved and signed. The Interlocal Agreement (ILA) still needs to be approved by the Truckee Meadows Fire Protection District (TMFPD). That will be brought forward for approval in August.
- 23) Develop an organizational culture to support quality by taking visible leadership steps.
 - Quality Improvement training for all Managers and Supervisors has been completed. A Q-Team has been established that includes representatives from all divisions who have been trained in both conducting QI projects and training others. Initial projects are in the final phases and the Directors are working to identify other projects.

Mr. Dick noted that County Manager John Slaughter was impressed by the Fundamental Review dashboard and had requested a copy of it.

Councilmember Ratti noted she had participated in other processes that had enjoyed successful assessments with great recommendations that were never acted upon. She stated she was impressed with how seriously the team was taking the recommendations and moving forward with them. She acknowledged the amount of work that had already been done. She commended Mr. Dick and the team for taking it seriously and having the accountability to bring the results back.

Councilmember Jardon moved to accept the Fundamental Review Quarterly Project Report and direct staff to continue with implementation of the plan approved by DBOH in March 2014. Dr. Hess seconded the motion which was approved six in favor and none against.

13. Staff Reports and Program Updates

A. Director, Epidemiology and Public Health Preparedness

Dr. Todd reiterated that since his report was written, the ILA had been approved by the City Councils of Reno and Sparks and was waiting to be approved by TMFPD.

Dr. Hess asked if EPHP had discovered the source of the botulism case and Mr. Todd replied they had not. He explained the efforts made to locate the source, how botulism affects infants, and the cost of treatment.

B. Director, Community and Clinical Health Services

Mr. Kutz noted that approximately 120,000 individuals have been added to Nevada State Medicaid through the Affordable Care Act since last October. This would indicate that a number of uninsured people that the District has been serving will now have coverage. The mechanism was already in place to bill them and obtain reimbursement.

C. Director, Environmental Health Services

Mr. English stated they had conducted interviews for an Environmental Health Specialist and were unsuccessful in finding a qualified candidate, so the recruitment process will be

repeated. They will be working with community and agency partners to build a recruitment list for the future.

D. Director, Air Quality Management

Mr. Wolf stated he had no changes for the report but would be happy to answer questions.

E. Administrative Health Services Officer

Ms. Stickney stated she had nothing to add.

F. District Health Officer

Mr. Dick noted that his report stated he would attend the REMSA Board meeting on July 18, but it had not convened due to a lack of quorum.

Mr. Dick recognized it was Ms. Stickney's last Board meeting and stated she would be missed. He introduced and recognized Ms. Heenan. He explained there had been an open, competitive, national process and felt there had been outstanding candidates from both outside and inside the County. The interview panel had all been in agreement that Ms. Heenan was the top candidate. He opined that reflected very well on the quality of employees employed by the County.

14. Board Comment

Dr. Hess expressed his thoughts as a physician about Medical Marijuana. He opined it was a large experiment. Marijuana smoke contains some of the same toxins as cigarette smoke. He suggested the Board consider long-term effects and how they might be tracked. Additionally, there are a number of intoxicating substances in marijuana. Alcohol-related accidents, illnesses, injuries and deaths are not tracked, and he opined the same types of things would start to happen as a result of marijuana use and should be tracked.

Councilmember Jardon stated it was an honor to have been appointed to the Board and she looked forward to learning from all of the members.

Chair Smith stated he had received a call from a Clark County Commissioner who sits on that Board of Health. She was impressed with what the Board has done and with the Fundamental Review and extended her congratulations. Mr. Smith thanked staff and the Board for voting on it and getting it done. He opined that everyone's work was making a difference and people are standing up and taking notice.

15. Emergency Items

None.

16. *Public Comment

None.

17. Adjournment

At 1:58 p.m., Councilmember Ratti moved to adjourn. Councilmember Jardon seconded the motion which was approved six in favor and none against.

Respectfully submitted,



Kevin Dick, District Health Officer
Secretary to the District Board of Health



Dawn Spinola, Administrative Secretary
Recording Secretary

Approved by Board in session on _____, 2014.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Healthy Living Day Proclamation

WHEREAS, chronic diseases account for 7 out of 10 deaths and more than 75 percent of health care costs; and

WHEREAS, use of and exposure to tobacco, physical inactivity, and poor nutrition are health-related behaviors can be linked to the majority of chronic diseases; and

WHEREAS, over 17 percent of adults and 14 percent of high school students in Washoe County are current smokers, and

WHEREAS, over 40 percent of adults and 76 percent of high school students in Washoe County don't get the recommended amount of physical activity; and

WHEREAS, every day in Washoe County less than 25 percent of adults eat the recommended amount of fruits and vegetables, and less than 27 percent of high school students eat two or more vegetables; and

WHEREAS, there are concrete steps that our community's residents, families, businesses, programs, and service providers can all take to combat chronic diseases by promoting physical activity, healthy eating and tobacco free lifestyles.

NOW, THEREFORE, be it resolved, that the Washoe County District Board of Health does hereby proclaim September 18, 2014, as

HEALTHY LIVING DAY

in and for Washoe County, Nevada.

A. M. Smith III, Chairman
Washoe County District Board of Health



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 28, 2014

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Payless Car Rental, Inc., Case No. 1162, Unappealed Citation No. 5430 with a \$3,300.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5430 be upheld and a fine of \$3,300.00 be levied against Payless Car Rental, Inc. for operating a gasoline dispensing facility without a valid Permit to Operate. Failure to obtain an Authority to Construct/Permit to Operate constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically 040.080 Section D. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On June 26, 2014, while on routine patrol Specialist Joshua Restori observed a 2,000 gallon above ground gasoline tank being used at 1395 Airmotive Way in Reno, Nevada by Payless Car Rental, Inc. Specialist Restori had prior knowledge of the gasoline dispensing equipment at that location, previously operated by Advantage Rent A Car. Per the request of Advantage Rent A Car the Permit to Operate was closed on April 8, 2014, therefore, there was no active Permit to Operate a gasoline dispensing facility at this location.

Specialist Restori contacted the location manager for Payless Car Rental, Inc., Kirk Englund. In the discussion Specialist Restori was advised by Mr. Englund that Payless Car Rental, Inc. was using the gasoline dispensing facility to fuel their rental vehicles. Mr. Englund stated the facility had used a tank of gasoline (2,000 gallons) and that he had recently placed an order to have the tank refilled. Specialist Restori asked Mr. Englund for a copy of Payless Car Rental, Inc.'s Permit to Operate a gasoline dispensing facility. After Mr. Englund made several phone calls to his corporate office, it was determined Payless Car Rental, Inc. did not have a valid Permit to Operate a gasoline dispensing facility. Specialist Restori advised Mr. Englund he would be issuing Notice of Violation No. 5430 for operating a gasoline dispensing facility without a valid Authority to Construct/Permit to Operate as

required by the District Board of Health Regulations Governing Air Quality Management, specifically 040.080 Section D.

On July 9, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Joshua Restori and Mr. Philip Engle, Engineer Environmental Affairs for Payless Car Rental, via phone. Specialist Cerfoglio carefully explained to Mr. Engle Payless Car Rental's responsibility to obtain an Authority to Construct/Permit to Operate a gasoline dispensing facility before using any storage tanks or dispensing any gasoline at any facilities acquired by this organization within the boundaries of Washoe County. Mr. Engle stated he now understood his responsibility to obtain a proper permit to dispense gasoline. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5430 be upheld with a fine of \$3,300.00. Mr. Engle agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5430 issued to Payless Car Rental, Inc. with an \$3,300.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5430.
2. The Board may determine to uphold Citation No. 5430 and levy any fine in the range of \$0 to \$10,000 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Payless Car Rental, Inc. to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5430

DATE ISSUED: 06/26/14

ISSUED TO: Payless Car Rental, Inc. PHONE #: (775) 324-0164

MAILING ADDRESS: 1395 Airmotive Way CITY/ST: Reno, NV ZIP: 89502

NAME/OPERATOR: Kirk Englund PHONE #: (775) 232-9826

PERMIT NO. No Permit COMPLAINT NO. 14-0102

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 06/26/14 (DATE) AT 11:30 a.m. (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 __ DUST CONTROL | <input checked="" type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 __ ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 __ DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input type="checkbox"/> OTHER _____ | <input checked="" type="checkbox"/> OTHER <u>040.080 Section D</u> |

VIOLATION DESCRIPTION: Violation of Washoe County District Board of Health Regulations Governing Air Quality Management for operating a Gasoline Dispensing Facility prior to submission of a Registration Application and issuance

LOCATION OF VIOLATION: 1395 Airmotive Way | of a Permit to Operate.

POINT OF OBSERVATION: Direct

Weather: 67° F Partly Cloudy Wind Direction From: N E S (W)

Emissions Observed: None
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 06/26/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within 24 (hours/days). You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 6-26-14

Issued by: Joshua C. Restori Title: Air Quality Spec. II

PETITION FOR APPEAL FORM PROVIDED



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: July 9, 2014
Company Name: Payless Car Rental, Inc.
Address: Airmotive Way, Reno, NV
Notice of Violation No.: 5430 Case No.: 1162

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 040.080 Section D, Failure To Submit a Registration Application For Permit To Operate

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 3,300⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 28, 2014.

[Signature]
Signature of Company Representative

[Signature]
Signature of District Representative

ENGLE, Philip
Print Name

DENNIS A. CERFUGLIO
Print Name

Engineer Environmental Affairs
Title

Sr. Air Quality Spec.
Title

Witness

[Signature]
Witness

Witness

Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Payless Car Rental, Inc.
 Contact Name Michael Feeley

Case 1162 NOV 5430 Complaint CMP14-0102

Violation of Section 040.080 Section D

I. Base Penalty as specified in the Penalty Table = \$ 5000.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 1.00

Comment: Operating without a permit

2. Toxicity of Release

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

Comment: Vapor recovery equipment present on dispenser and above ground storage tank

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

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

Comment: Vapor recovery equipment present on dispenser and above ground storage tank

Total Adjustment Factors (1 x 2 x 3) = 1.00

B. Adjusted Base Penalty

Base Penalty \$ 5000.00 x Adjustment Factor 1.00 = \$ 5000.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 5000.00 x Number of Days or Units 1.0 = \$ 5000.00

Comment: _____

D. Economic Benefit

Avoided Costs \$ 583.00 + Delayed Costs \$ _____ = \$ 583.00

Comment: Cost of Plan Review/Permit to Operate

Penalty Subtotal

Adjusted Base Penalty \$ 5000.00 + Economic Benefit \$ 583.00 = \$ 5583.00



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 28, 2014

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to Ryder NV. Management LLC. Case No. 1163, Unappealed Citation No. 5419 with a \$700.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5419 be upheld and a fine of \$700 be levied against Ryder NV. Management LLC for failure to renew the dust control permit for Arrow Creek Village Apartments located at 750 Arrow Creek Parkway, in Reno, Nevada. Failure to renew a dust control permit constitutes a minor violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C3, Dust Control Permit Requirements. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On July 1, 2014 two citizen complaints were received by the Air Quality Management District (AQMD). Both complainants stated there was excessive dust coming off of a construction project at 750 Arrowcreek Parkway. The complaint was assigned to Air Quality Specialist Suzanne Dugger.

On July 2, 2014, Specialist Dugger arrived on site at the Arrow Creek Village Apartments to follow-up on the two dust complaints. Specialist Dugger met with Mr. Mark Adeir Project Manager for Tanamera Development. Specialist Dugger informed Mr. Adeir of the complaints received and asked to review the dust control water truck logs, Mr. Adeir was unable to produce any water truck logs for the project at that time. Specialist Dugger then inquired about the dust control permit, Mr. Adeir was unable to produce a current dust control permit for the project. Specialist Dugger presented Mr. Adeir with a copy of an expired dust control permit for the project property. The expired dust control permit for the project had been issued to Ryder NV. Management LLC, and had expired on June 21, 2014. Specialist Dugger contacted Ms. Bobbie Merrigan, Forward Planner/Development Manager for Ryder NV. Management LLC, and advised her Citation No. 5419 would be issued for dust generating

activities which had commenced without a valid dust control permit. The Citation was written under 040.030 C3 of the District Board of Health Regulations Governing Air Quality Management.

On July 8, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Suzanne Dugger, Air Quality Specialist Julie Hunter and Ms. Bobbie Merrigan. Specialist Cerfoglio explained to Ms. Merrigan her responsibility to maintain a current dust control permit on any property to be disturbed that is an acre or more in size. Ms. Merrigan stated she now understood her responsibility to obtain a proper permit when required and to keep daily water truck logs on site. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5419 be upheld with a fine of \$700. Ms. Merrigan agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5419 issued to Ryder NV. Management LLC with a \$700.00 negotiated fine. Alternatives to upholding the citation as presented include:

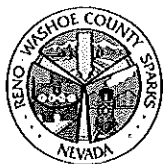
1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5419.
2. The Board may determine to uphold Citation No. 5419 and levy any fine in the range of \$0 to \$900 per day.

In the event the Board determines to revise the penalty, the matter should be continued to allow Ms. Bobbie Merrigan and Ryder NV, Management LLC to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



NOTICE OF VIOLATION

NOV 5419

DATE ISSUED: 7-2-2014

ISSUED TO: RYDER NV. MANAGEMENT PHONE #: 775-823-3788

MAILING ADDRESS: 985 DAMONTE RANCH CITY: RENO ZIP: 89521

NAME/OPERATOR: BOBBIE MERRIGAN PHONE #: _____

PERMIT NO. DCP120049 COMPLAINT NO. CMP14-0109

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7-2-2014 (DATE) AT 10:00 AM (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

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

VIOLATION DESCRIPTION: OPERATING WITH AN EXPIRED PERMIT
040.030 SEC. C.3.

LOCATION OF VIOLATION: 750 ARROW CREEK PARKWAY RENO

POINT OF OBSERVATION: FILE REVIEW SITE VISIT

Weather: CLEAR Wind Direction From: N E S W

Emissions Observed: DOCUMENTED VIDE0
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 7-2-2014 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within IMMEDIATE hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 7.2.2014

Issued by: [Signature] Title: AQS II

PETITION FOR APPEAL FORM PROVIDED

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit Project Size – Less than 10 acres Project Size – 10 acres or more	\$ 500 + \$50 per acre \$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name Ryder Nv. Management
Contact Name _____

Case 1163 NOV 5416 Complaint CMP14-0109

Violation of Section _____

I. Base Penalty as specified in the Penalty Table = \$ 700.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 0.50

Comment: Company had a permit but it expired 9 days prior to receiving violation

2. Toxicity of Release

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

Comment: _____

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

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

Comment: _____

Total Adjustment Factors (1 x 2 x 3) = 0.50

B. Adjusted Base Penalty

Base Penalty \$ 700.00 x Adjustment Factor 0.50 = \$ 350.00

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 350.00 x Number of Days or Units 1 = \$ 350.00

Comment: _____

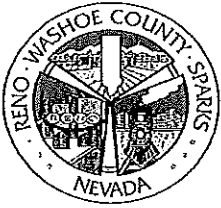
D. Economic Benefit

Avoided Costs \$ _____ + Delayed Costs \$ 517.00 = \$ 517.00

Comment: Delayed cost is the cost of the Dust Control Permit

Penalty Subtotal

Adjusted Base Penalty \$ 350.00 + Economic Benefit \$ 517.00 = \$ 867.00



DISTRICT HEALTH DEPARTMENT
AIR QUALITY MANAGEMENT DIVISION

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY HEALTH DISTRICT
AIR QUALITY MANAGEMENT DIVISION

Date: July 8, 2014
Company Name: Ryder Nv. Management LLC
Address: 985 Domonte Ranch Parkway #140
Notice of Violation No.: 5419 Case No.: 1163

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation: 040.030 Section C3 Operating with an expired permit

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 700.00. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 28, 2014.

Signature of Bobbie Merrigan
Signature of Company Representative

Signature of Dennis A. Cerfoglio
Signature of District Representative

Bobbie Merrigan
Print Name

DENNIS A. CERFOGLIO
Print Name

Forward Planner/Dev. Mgr.
Title

Sr. Air Quality Spec.
Title

Signature of Suzanne Dugger
Witness

Signature of Julie D Hunter
Witness

SUZANNE DUGGER
Witness

Julie D Hunter
Witness



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

Dust Control Permit #: DCP14-0059

Name of Development: ARROWCREEK VILLAGE APARTMENTS

Location of Development: 750 ARROWCREEK PARKWAY RENO NV 89511

Acres: 4 **# of Water Trucks:** 1

Issued Date: 07/08/2014 **Expiration Date:** 01/09/2016

Issued To: RYDER NEVADA MANAGEMENT

The following requirements are special conditions of approval for this dust control permit in addition to the standard conditions noted in the permit application. The special conditions noted below must be followed in all activities covered in this permit.

1. The required number of water trucks will be assigned and available for operation 24 HOURS A DAY, 7 DAYS A WEEK for the purpose of water application for control of fugitive dust. If the required number cannot control fugitive dust emissions from equipment operations and/or gusty wind conditions, the applicant shall immediately provide additional water trucks. CESSATION OF OPERATIONS IS REQUIRED IF DUST CANNOT BE CONTROLLED DUE TO EQUIPMENT OPERATIONS AND/OR GUSTY WIND CONDITIONS. IF CESSATION OF OPERATIONS IS USED AS A DUST CONTROL MEASURE, CONTINUED WATERING OF THE PROJECT IS REQUIRED.
2. Dust emissions generated on any entrance or exit haul roads due to equipment operations or gusty wind conditions must be controlled 24 hours a day, 7 days a week, by the use of water application or an environmentally safe dust palliative (District Regulation 040.030, Section C. 2. a. and b.) Any palliative used must comply with state and local regulations and not provide a noxious odor or contaminate ground water.
3. All projects importing or exporting dirt, rock or other fill materials must comply with the work practice standards in District Regulation 040.030, Section C. 4., including load tarping, watering or Freeboard. Any soil tracked onto adjoining paved roadways will be promptly removed by wet broom or washing. Regular vacuum or wet sweeping will be performed at least daily, and more often if necessary or if ordered by the Control Officer due to a violation. Any materials tracked out or spilled which cause visible fugitive dust for a period of five (5) minutes in any hour period shall be cleaned up immediately.
4. Any soil or fill storage piles operated or maintained as a part of this construction lot will be covered or wetted down sufficiently to prevent wind blown dust. Dust emissions from screening operations will be controlled by the use of a water truck or other control measure that prevents fugitive dust.

DUST CONTROL PERMIT APPLICATION
AIR QUALITY MANAGEMENT DIVISION
 PO Box 11130, Reno NV 89520-0027 * (775) 784-7200 * Fax (775) 784-7225
 www.ourcleanair.com

\$517.00
 CHEG
 1 0702'14 8054099 TND

FEE as of July 1, 2013: \$120.00 per acre – plus a one-time \$37.00 admin fee per permit
 (Less than .5 acres round down; .5 and greater round up)

To be filled in by AQ Staff	
Permit No.	DCP14-0049
Area:	3
Water Truck(s):	1
Hydro Basin:	<input checked="" type="radio"/> Yes <input type="radio"/> No

THE "APPLICANT" IS RESPONSIBLE FOR ALL DUST CONTROL. 24 HOURS A DAY, SEVEN DAYS A WEEK.
 Including weekends and holidays, from commencement of project to completion.

The Applicant must be the Property Owner/Developer, and signed by the Applicant or his Attorney in Fact. Fill in the application completely or it will be returned for completion.

- Name of Development: Arrowcreek Village Apartments
- Development Address: 750 Arrowcreek Parkway
- Size of Project (disturbed acres): 4.
- Type of Project (choose one):
 Commercial _____ Municipal Projects _____ Utilities _____
 New Road/Street/Highway _____ Road Rehab/Maintenance _____
 Residential Sub/Multi-Family Single Family Residence _____

- If renewing an existing permit, list permit number: DCP12-0049 (permit had expired)

NOTE -- The Dust Control Permit is valid for eighteen (18) months from the date of approval. If the project is not complete or has not commenced by the expiration date, the Applicant must submit a renewal application to the Air Quality Management Division. Failure to do so will result in the Permit expiring and could result in a citation.

- APPLICANT -- Name and current Address of Property Owner/Developer:**
 Owner/Developer: Ryder NV Management Contact: Bobbiu Merrigan
 Address: 985 Damonte Ranch Pkwy, Suite 140
 City: Reno State: NV Zip: 89521
 Phone Number: (775) 823-3788 Email: rob@ryderhomes.com

- Name and current Address of Project Engineer/Consultant:**
 Engineer/Consultant: Shaw Engineering Contact: Dave Kitchen
 Address: 20 Vine Street
 City: Reno State: NV Zip: 89503
 Phone Number: (775) 329-5559 Email: dave@shawengineering.com

- Name and Address of General Contractor:**
 Contractor: Tanamera Construction Contact: Kraig Knudsen
 Address: 5470 Reno Corporate Drive
 City: Reno State: NV Zip: 89511
 Phone Number: (775) 850-4200 Email: kknudsen@tcnev.com

- Name and Address of Grading/Excavating Contractor:**
 Contractor: F+P Construction Contact: Randy Pitts
 Address: 1140 Financial Blvd., #600
 City: Reno State: NV Zip: 89502
 Phone Number: 775-885-0404 Email: (775) 221-1460
randy@f+pconstruction.com



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 28, 2014

TO: District Board of Health

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

SUBJECT: Recommendation for the Board to uphold a citation not appealed to the Air Pollution Control Hearing Board issued to KDH Builders Case No. 1164, Unappealed Citation No. 5359 with an \$800.00 negotiated fine.

SUMMARY

Air Quality Management Division Staff recommends Citation No. 5359 be upheld and a fine of \$800.00 be levied against KDH Builders for failure to obtain a proper dust control permit before disturbing open land located near the area of Voyage Street and Fabric Street in Reno, Nevada. Failure to obtain a dust control permit constitutes a major violation of the District Board of Health Regulations Governing Air Quality Management, specifically Section 040.030 C 3. This is a negotiated settlement.

District Health Goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

BACKGROUND

On July 16, 2014, Specialist Michael Osborn observed construction activity of new homes and the moving of dirt in the area of Voyage Street and Fabric Street located in Reno, Nevada. Specialist Osborn estimated there were between twenty to twenty five lots under construction at the time of his visit. Specialist Osborn did not observe any water trucks being used to mitigate dust problems. Upon returning to the office Specialist Osborn conducted a search for a current dust control permit for this site, and did not locate a dust control permit in the files.

On July 17, 2014, Specialist Osborn met with a Mr. John Bill the assistant superintendent on site and inquired about a current dust control permit. Mr. Bill stated he was unaware a dust control permit was required and could not provide a copy of one. Mr. Bill contacted his supervisor Travis Switzer regarding a dust control permit for the site. Mr. Switzer stated he would contact Mr. Scott Berge the construction manager for KDH Builders regarding the dust control permit. After several phone calls it was determined KDH Builders did not have a current dust control permit for the Voyage Street site. Specialist Osborn then advised he would be issuing Notice of Violation Citation No. 5359 for

operating without a dust control permit pursuant to 040.030 C, 3 of the District Board of Health Regulations Governing Air Quality Management.

On July 30, 2014, Senior Air Quality Specialist Dennis Cerfoglio conducted a negotiated settlement meeting attended by Specialist Michael Osborn, Mr. Tony Abreu and Mr. Scott Berge both representatives for KDH Builders. Specialist Cerfoglio explained to Mr. Abreu and Mr. Berge the responsibility to apply for and receive a proper dust control permit on any property, which is to be disturbed and is an acre or more in size. Mr. Abreu and Mr. Berge both indicated an understanding of the responsibility of obtaining a proper permit before disturbing any site deemed an acre or more in size. After careful consideration of all the facts in the case, Specialist Cerfoglio recommended Citation No. 5359 be upheld with a fine of \$800.00. Specialist Cerfoglio informed Mr. Abreu Director of Operations for KDH Builders that it would be necessary to apply for and obtain the proper dust control permits on any current active job sites within Washoe County. Mr. Abreu agreed to the conditions of the negotiated settlement. A Memorandum of Understanding was signed by all parties.

FISCAL IMPACT

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

RECOMMENDATION

Staff recommends the Board uphold unappealed Notice of Violation Citation No 5359 issued to KDH Builders with an \$800.00 negotiated fine. Alternatives to upholding the citation as presented include:

1. The District Board of Health may determine that no violation of the regulations has occurred and dismiss Citation No. 5359.
2. The Board may determine to uphold Citation No. 5359 and levy any fine in the range of \$0 to \$1,160.00 per day.

In the event the Board determines to change the penalty, the matter should be continued to allow Mr. Abreu to be properly noticed.

POSSIBLE MOTION

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

“Move to approve the Consent Agenda as presented.”



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



NOTICE OF VIOLATION

NOV 5359

DATE ISSUED: 7-22-14

ISSUED TO: KDH Builders PHONE #: 775-473-4215
 MAILING ADDRESS: 10625 RR Blvd. CITY/ST: Reno, NV ZIP: 89521
 NAME/OPERATOR: John Bills PHONE #: 775-742-1191
 PERMIT NO. None COMPLAINT NO. ADP CMA 14-0120

YOU ARE HEREBY OFFICIALLY NOTIFIED THAT ON 7-22-14 (DATE) AT 1415 hrs (TIME), YOU ARE IN VIOLATION OF THE FOLLOWING SECTION(S) OF THE WASHOE COUNTY DISTRICT BOARD OF HEALTH REGULATIONS GOVERNING AIR QUALITY MANAGEMENT:

- | | |
|-----------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> MINOR VIOLATION OF SECTION: | <input type="checkbox"/> MAJOR VIOLATION OF SECTION: |
| <input type="checkbox"/> 040.030 DUST CONTROL | <input type="checkbox"/> 030.000 OPERATING W/O PERMIT |
| <input type="checkbox"/> 040.055 ODOR/NUISANCE | <input type="checkbox"/> 030.2175 VIOLATION OF PERMIT CONDITION |
| <input type="checkbox"/> 040.200 DIESEL IDLING | <input type="checkbox"/> 030.105 ASBESTOS/NESHAP |
| <input checked="" type="checkbox"/> OTHER <u>040.030 C,3</u> | <input type="checkbox"/> OTHER _____ |

VIOLATION DESCRIPTION: Dust Control plan required for commercial construction of homes.

LOCATION OF VIOLATION: Voyager Fabric

POINT OF OBSERVATION: On site research

Weather: hot/breezy Wind Direction From: N E S W

Emissions Observed: N/A
 (If Visual Emissions Performed - See attached Plume Evaluation Record)

WARNING ONLY: Effective _____ a.m./p.m. _____ (date) you are hereby ordered to abate the above violation within _____ hours/days. I hereby acknowledge receipt of this warning on the date indicated.

Signature _____

CITATION: You are hereby notified that effective on 7/22/14 (date) you are in violation of the section(s) cited above. You are hereby ordered to abate the above violation within _____ hours/days. You may contact the Air Quality Management Division to request a negotiated settlement meeting by calling (775) 784-7200. You are further advised that within 10 working days of the date of this Notice of Violation, you may submit a written petition for appeal to the Washoe County Health District, Air Quality Management Division, P.O. Box 11130, Reno, Nevada 89520-0027. Failure to submit a petition within the specified time will result in the submission of this Notice of Violation to the District Board of Health with a recommendation for the assessment of an administrative fine.

SIGNING THIS FORM IS NOT AN ADMISSION OF GUILT

Signature: [Signature] Date: 7/22/14
 Issued by: [Signature] Title: ADST

PETITION FOR APPEAL FORM PROVIDED



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

MEMORANDUM OF UNDERSTANDING

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT AIR QUALITY MANAGEMENT DIVISION

Date: July 30, 2014

Company Name: KDH Builders
 Address: 10625 Double "R" Blvd.
 Notice of Violation # 5359 Case # 1164

The staff of the Air Quality Management Division of the Washoe County District Health Department issued the above referenced citation for the violation of Regulation 040.030 C, 3 No Dust Control Permit for Active Job Site At Stone Bridge Development

A settlement of this matter has been negotiated between the undersigned parties resulting in a penalty amount of \$ 800⁰⁰. This settlement will be submitted to the District Board of Health for review at the regularly scheduled meeting on August 28, 2014.

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

[Signature]
Signature of Company Representative

TONY ARBOU
Print Name

DIRECTOR OF OPERATIONS
Title

Witness

[Signature]
Signature of District Representative

DENNIS A. CERFOGLIO
Print Name

Sr. Air Quality Specialist
Title

[Signature]
Witness

Administrative Penalty Table

Air Quality Management Division Washoe County Health District

I. Minor Violations - Section 020.040(C)

<u>Regulation</u>	<u>1st Violation</u>	<u>2nd Violation</u>
040.005 Visible Emissions	\$ 1,000	\$ 2,500
040.030 Dust Control (fugitive)	250	750
040.035 Open Fires	500	1,000
040.040 Fire Training	500	1,000
040.050 Incinerator	1,000	2,000
040.051 Woodstoves	500	1,000
040.055 Odors	1,000	2,000
040.080 Gasoline Transfer (maintenance)	1,000	2,000
040.200 Diesel Idling	500	1,000
050.001 Emergency Episode	1,000	2,000

II. Major Violations - Section 020.040

<u>Regulation</u>	<u>Violation</u>	<u>Source Category</u>	
		<u>Minimum</u>	<u>Maximum</u>
030.000	Construction/Operating without Permit (per major process system or unit/day)	\$ 2,000	\$ 10,000
030.1402	Failure to Comply with Stop Work Order	2,000/day	10,000/day
030.2175	Operation Contrary to Permit Conditions (per day or event)	2,500	10,000
030.235	Failure to Conduct Source Test or Report (per Reporting Period for Each Unit)	2,500	5,000
	All other Major Violations (per day or event)	\$ 5,000	\$ 10,000
030.000	Construction Without a Dust Control Permit		
	Project Size – Less than 10 acres	\$ 500 + \$50 per acre	
	Project Size – 10 acres or more	\$1,000 + \$50 per acre	

III. Major Violations - Section 030.107 Asbestos

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

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

Company Name KDH Builders, LLC
Contact Name _____

Case 1164 NOV 5359 Complaint cmp14-0120

Violation of Section 040.030 C, 3

I. Base Penalty as specified in the Penalty Table = \$ 750.00

II. Severity of Violation

A. Public Health Impact

1. Degree of Violation

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

Minor – 0.5 Moderate – 0.75 Major – 1.0 Adjustment Factor 0.50

Comment: _____

2. Toxicity of Release

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

Comment: _____

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

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

Comment: _____

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

B. Adjusted Base Penalty

Base Penalty \$ 750.00 x Adjustment Factor 0.75 = \$ 562.50

C. Multiple Days or Units in Violation

Adjusted Penalty \$ 562.50 x Number of Days or Units 1.0 = \$ 562.50

Comment: _____

D. Economic Benefit

Avoided Costs \$ 600.00 + Delayed Costs \$ _____ = \$ 600.00

Comment: Cost of Dust Control Plan

Penalty Subtotal

Adjusted Base Penalty \$ 562.50 + Economic Benefit \$ 600.00 = \$ 1162.50

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

III. Penalty Adjustment Consideration

A. Degree of Cooperation (0 – 25%) - 15%

B. Mitigating Factors (0 – 25%) - 10%

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

Comment _____

C. Compliance History

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

Comment _____

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

Comment: _____

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

Comment: _____

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

Comment: _____

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

IV. Recommended/Negotiated Fine

Penalty Adjustment:

<u>\$ 1162.50</u>	x	<u>-35%</u>	=	<u>-406.88</u>
Penalty Subtotal		Total Adjustment Factors		Total Adjustment Value
(From Section II)		(From Section III)		

Additional Credit for Environmental Investment/Training - \$ _____

Comment: _____

Adjusted Penalty:

<u>\$ 1162.50</u>	+/-	<u>\$ -406.88</u>	=	<u>\$ 800.00</u>
Penalty Subtotal		Total Adjustment Value		Recommended/Negotiated
(From Section II)		(From Section III + Credit)		Fine

Air Quality Specialist
Dennis A. Cejoglia

Senior AQ Specialist/Supervisor

Date
7-30-2014

Date



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health

FROM: Erin Dixon, Fiscal Compliance Officer, Washoe County Health District
775-328-2419, edixon@washoecounty.us

SUBJECT: Approval of the Washoe County Smoke Management Program Memorandum of Understanding with the United State Department of Agriculture, U.S. Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit; 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.

District Board of Health Priority supported by this item: Be assured of optimal air quality.

BCC Strategic Objective supported by this item: Safe, secure, and healthy communities.

PREVIOUS ACTION

The Washoe County District Board of Health approved the previous Washoe County Smoke Management Program Memorandum of Understanding with USDA Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit in 2004.

A Memorandum of Understanding regarding the Smoke Management Program was approved by the District Board of Health on January 10, 2014 with Truckee Meadows Fire Protection District, North Lake Tahoe Fire Protection District, The Nevada Department of Conservation and Natural Resources, Division of Forestry, Division of State Lands, Division of State Parks, and Division of Wildlife; and the United States Department of the Interior, Bureau of Land Management, and Fish and Wildlife Service. The United States Department of Agriculture, U.S. Forest Service requires slightly different language that does not change the intent of the agreement, and cannot be included in the agreement with other partners.

BACKGROUND

A Smoke Management Program (SMP) balances the need for prescribed fires with the mandate of providing clean air. It requires Land Managers to address and mitigate air quality impacts before the prescribed fire occurs. Participation in the Washoe County SMP is voluntary and implemented through a Memorandum of Understanding (MOU).

The MOU includes performance and contingency measures to ensure its effectiveness. If a prescribed fire causes air quality levels to approach National Ambient Air Quality Standards (NAAQS), then the SMP will be evaluated and/or revised to protect the citizens of Washoe County. In areas with an approved SMP, the U.S. Environmental Protection Agency has the option to consider the short-term air quality impacts from prescribed fires as an anomaly and therefore, would not apply towards exceedances of any NAAQS. Approval and commitment to the MOU is a critical requirement of the SMP. If ratified, this MOU will expire on August 1, 2019.

FISCAL IMPACT

There will be no additional direct fiscal impact to the Health District associated with the approval of this Smoke Management Program Memorandum of Understanding.

RECOMMENDATION

Staff recommends that the District Board of Health ratify the Washoe County Smoke Management Program Memorandum of Understanding with the United State Department of Agriculture, U.S. Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit; and if approved, authorize the Chairman to execute.

POSSIBLE MOTION

Move to ratify the Washoe County Smoke Management Program Memorandum of Understanding with the United State Department of Agriculture, U.S. Forest Service, Region 4, Humboldt-Toiyabe National Forest, and Region 5, Lake Tahoe Basin Management Unit; and authorize the Chairman to execute.

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE WASHOE COUNTY HEALTH DISTRICT

AND

**THE UNITED STATES DEPARTMENT OF AGRICULTURE
U.S. FOREST SERVICE
REGION 4, HUMBOLDT-TOIYABE NATIONAL FOREST and
REGION 5, LAKE TAHOE BASIN MANAGEMENT UNIT**

THIS MEMORANDUM OF UNDERSTANDING (MOU or Agreement) is hereby entered into by and between the Washoe County Health District, on behalf of its Air Quality Management Division, hereinafter referred to as “District”, and the USDA, Forest Service, Humboldt-Toiyabe National Forest and the Lake Tahoe Basin Management Unit, hereinafter referred to as the “U.S. Forest Service”.

Background: The legal foundation of smoke management is the Clean Air Act which establishes primary (public health) and secondary (welfare and environmental quality) standards for controlling air pollution. The Act also requires the Environmental Protection Agency (EPA) to set National Ambient Air Quality Standards (NAAQS) to control pollution and protect public health, safety, and welfare. The Clean Air Act establishes state-level responsibilities for preventing and controlling air pollution. The U.S. Forest Service and the District have had an agreement for managing smoke from prescribed fire operations since 2001. This document replaces the Memorandum of Understanding that was signed 2004.

I. PURPOSE

- A. The purpose of this MOU is to establish a framework for the coordination and cooperation between the parties to implement the Washoe County Smoke Management Program (SMP) to manage and report the emissions of air pollutants generated from prescribed fire used to meet local and state objectives as well as federal resource management objectives and to facilitate communication and coordination on the smoke from wildfires.

II. OBJECTIVES

- A. To minimize smoke generation and impacts in of smoke in Washoe County when prescribed burning is necessary to conduct range and forest practices. Alternative treatments shall be encouraged and used where environmentally acceptable, technologically feasible, and economically reasonable to achieve the management objective.
- B. To minimize visibility impacts from smoke in smoke sensitive areas, including but not limited to roads, schools, hospitals, nursing homes, airports, recreational areas, and those designated by the Secretary of the Interior as Class I areas and wilderness areas with designated Class I air sheds.
- C. To assist in meeting visibility goals required in the Nevada Regional Haze State Implementation Plan.
- D. To acknowledge the role of fire in Washoe County and allow the use of fire under controlled conditions to maintain healthy ecosystems while meeting the requirements of state and federal ambient air quality standards.
- E. To produce a program for the people of Washoe County that provides the opportunity for forest, rangeland, and crop residue burning while minimizing air quality impacts.
- F. To demonstrate compliance with the applicable “conformity” requirements described in federal law and regulation.
- G. To maintain and improve a system to inventory emissions from prescribed and wildland fires for resource benefits.
- H. To coordinate open burning among land management agencies and observe, monitor and communicate impacts.
- I. To provide technical support for the protection of affected resources and visibility.
- J. To address smoke transport issues through enhanced communication and the development of interstate and interagency agreements.

III. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT THEY WILL:

A. SMP CONTACTS. The individuals associated with the development and implementation of the District SMP and principal contacts for that instrument are:

<p>GREG EMERSON US Forest Service, Region 4 Humboldt-Toiyabe National Forest 1200 Franklin Way Sparks, NV 89431 (775) 352-1227 gemerson@fs.fed.us</p>	<p>JOHN WASHINGTON US Forest Service, Region 5 Lake Tahoe Basin Management Unit 35 College Drive South Lake Tahoe, CA 96150 (530) 543-2652 jwashington@fs.fed.us</p>
<p>JULIE HUNTER Washoe County Health District Air Quality Management Division 1001 E. 9th Street, Suite B171 Reno, NV 89512 (775) 784-7210 jdhunter@washoecounty.us</p>	

B. THE DISTRICT AND THE LAND MANAGERS AGREE TO:

1. Comply with all applicable local, state, and federal laws and regulations in furtherance of the objectives of this Agreement.
2. Develop and implement a SMP for reporting and coordinating burning operations within Washoe County.
3. Review the Washoe County SMP annually and improve the SMP where feasible. Changes to the SMP shall be made with the approval of the signatories, or their designated representative, to this MOU.
4. Participate in the development and presentation of interagency training concerning prescribed burning.
5. Notify the cooperating parties of any policies, agreements, statutory or regulatory developments, or interstate issues that may affect the implementation of this Agreement or SMP.
6. Work cooperatively to provide real-time air quality monitoring for the purposes of evaluating prescribed and wildfire impacts and protecting air quality in Washoe County.
7. Principal Contacts: Individuals listed below are authorized to act in their respective areas for matters related to this agreement.

Principal Cooperator Contacts:

Cooperator Program Contact	Cooperator Administrative Contact
JULIE HUNTER Washoe County Health District Air Quality Management Division 1001 E. 9 th Street, Suite B171 Reno, NV 89512 (775) 784-7210 jdhunter@washoecounty.us	DANIEL INOUYE Washoe County Health District Air Quality Management Division 1001 E. 9 th Street, Suite B171 Reno, NV 89512 (775) 784-7214 dinouye@washoecounty.us

Principal U.S. Forest Service Contacts:

U.S. Forest Service Region 4 Program Manager Contact	U.S. Forest Service, Region 4 Administrative Contact
Greg Emerson Fire Planner 1200 Franklin Way Sparks, NV 89431 Telephone: (775) 352-1227 FAX: (775) 355-5399 gemerson@fs.fed.us	Marjorie McVeigh Southwest Idaho & Nevada Acquisition Center 1249 S. Vinnell Way, Suite 200 Boise, ID 83709 Telephone: (208) 373-4272 FAX: (208) 373-4294 memcveigh@fs.fed.us
U.S. Forest Service Region 5 Program Manager Contact	U.S. Forest Service, Region 5 Administrative Contact
John Washington Forest Fuels Officer 35 College Drive South Lake Tahoe, CA 96150 Telephone: (530) 543-2652 FAX: (530) 543-2655 jwashington@fs.fed.us	John Hefner Northern California Acquisition Service Center 35 College Drive South Lake Tahoe, CA 96150 Telephone: (530) 543-2696 FAX: (530) 543-2693 jvhefner@fs.fed.us

8. Notices: Any communications affecting the operations covered by this agreement given by the U.S. Forest Service or the District is sufficient only if in writing and delivered in person, mailed, or transmitted electronically by e-mail or fax, as follows:

To the U.S. Forest Service Program Manager, at the address specified in the MOU.

To the District, at District's address shown in the MOU or such other address designated within the MOU.

Notices are effective when delivered in accordance with this provision, or on the effective date of the notice, whichever is later.

IV. INDIVIDUAL RESPONSIBILITIES

A. THE DISTRICT SHALL:

1. Review and process all requests for authorization of open burning in the order received within the time allocated in the Washoe County SMP.
2. Provide and update the list of local health agency contacts at the District's web site on an annual basis.
3. Notify all cooperating parties of air pollution episodes in the area of burning.
4. Collect and tabulate reports releasing one (1.0) tons or more of PM10 emissions within Washoe County during each calendar year and make the results available at the District's web site.

B. THE U.S. FOREST SERVICE SHALL:

1. Ensure proper smoke management of prescribed fires. On a case-by-case basis, identify and implement appropriate smoke management techniques to minimize the amount and/or impact of smoke produced.
2. Ensure each proposal for prescribed fire conforms to applicable land use plans and identifies the specific resource objective(s) to be attained.
3. Ensure general conformity, air quality impacts, mitigation, and alternatives to prescribed burning are addressed in the appropriate National Environmental Policy Act (NEPA) documentation, as applicable.
4. Obtain a variance from the District before initiating a prescribed burn when PM10 emissions are expected to exceed the *de minimis* quantity and/or when predicated by the proximity to a sensitive area.
5. Comply with the Washoe County SMP and any applicable local, state, and federal requirements.
6. Notify, prior to ignition, the appropriate local agency (ies) of the time, location, and duration of all prescribed burns that are initiated.
7. Provide the District with post-burn fire activity data for prescribed fires and wildfires in Washoe County. The data will include project name date, location, size, fuel type, pre-burn fuel loading, type of burn, final burn area and estimated emissions. Washoe County will provide a spreadsheet for the submittal of this information.
8. Provide or make available to the District, a copy of Daily Situation Reports (DSR) for all burning activities within the county on a daily basis. Timely availability of the DSR may be accomplished through electronic medium (i.e., Internet, e-mail) or other appropriate means (i.e., facsimile).

V. GENERAL PROVISIONS

- A. **PARTICIPATION IN SIMILAR ACTIVITIES.** This Agreement in no way restricts the District or U.S. Forest from participating in similar activities with other public or private agencies, organizations, and individuals.
- B. **PERFORMANCE MEASURES AND PARTICIPATION.** Participation in this MOU by the District and Land Managers shall be voluntary. The District and Land Managers shall review, and if necessary, revise the Washoe County SMP if the SMP becomes ineffective. The SMP is considered ineffective if both of the following occur:

1. Ambient air quality levels in Washoe County reach 85 percent of any National Ambient Air Quality Standard; and
 2. These ambient air quality levels were caused by significant contributions from prescribed fires subject to the Washoe County SMP.
- C. **NON-FUND OBLIGATING DOCUMENT.** This MOU is neither a fiscal nor a funds obligation document. Any endeavor involving reimbursement, contribution of funds, or transfer of anything of value between the parties to this instrument shall be handled in accordance with applicable laws, regulations, and procedures including those for government procurement and printing. Such endeavors shall be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate statutory authority. This instrument does not provide such authority. Specifically, this instrument does not establish authority for noncompetitive award to the cooperator of any contract or other agreement. Any contract or agreement for training or other services must fully comply with all applicable requirements for competition.
- D. **COMMENCEMENT/EXPIRATION DATE.** This MOU is executed as of the date of the last signature and is effective through August 1, **2019**, at which time it will expire. At the end of the five-year period, this MOU will be reviewed by the signatories for effectiveness, and if appropriate, re-issued.
- E. **TERMINATION.** Any of the parties, in writing, may terminate this MOU in whole, or in part, at any time before the date of expiration. Termination of this agreement in no-way relieves any party from the responsibility to comply with applicable Federal law, Nevada statutes and regulations, or local requirements.
- F. **REPLACEMENT.** This MOU revokes and supersedes any prior agreement or understanding between the District and any other party to this MOU relating to prescribed burning.
- G. **NONDISCRIMINATION.** Cooperators shall comply with all state and federal statutes relating to nondiscrimination and all applicable requirements of all other state and federal laws, executive orders, regulations and policies. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), which prohibits discrimination on the basis of race, color, handicap, or national origin; (b) Title IX of the Education amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex.
- H. **FREEDOM OF INFORMATION ACT (FOIA).** Public access to MOU or agreement records must not be limited, except when such records must be kept confidential and would have been exempted from disclosure pursuant to Freedom of Information regulations (5 U.S.C. 552).
- I. **AMENDMENTS.** Amendments to this MOU may be proposed at any time by a signatory, and shall be effective upon approval by all parties to this MOU.

- J. **NON-LIABILITY.** The U.S. Forest Service does not assume liability for any third party claims for damages arising out of this agreement.
- K. **MEMBERS OF U.S. CONGRESS.** Pursuant to 41 U.S.C. 22, no U.S. member of, or U.S. delegate to, Congress shall be admitted to any share or part of this agreement, or benefits that may arise therefrom, either directly or indirectly.
- L. **DEBARMENT AND SUSPENSION.** The Division shall immediately inform the U.S. Forest Service if they or any of their principals are presently excluded, debarred, or suspended from entering into covered transactions with the federal government according to the terms of 2 CFR Part 180. Additionally, should The Division or any of their principals receive a transmittal letter or other official Federal notice of debarment or suspension, and then they shall notify the U.S. Forest Service without undue delay. This applies whether the exclusion, debarment, or suspension is voluntary or involuntary.
- M. **ENDORSEMENT.** Any of the District's contributions made under this MOU do not by direct reference or implication convey US Forest Service endorsement of the District's products or activities and does not by direct reference or implication convey the District's endorsement of the Forest Service's products or activities.
- N. **TEXT MESSAGING WHILE DRIVING.** In accordance with Executive Order (EO) 13513, "Federal Leadership on Reducing Text Messaging While Driving," any and all text messaging by Federal employees is banned: a) while driving a Government owned vehicle (GOV) or driving a privately owned vehicle (POV) while on official Government business: or b) using any electronic equipment supplied by the Government when driving any vehicle at any time. All cooperators, their employees, volunteers, and contractors are encouraged to adopt and enforce policies that ban text messaging when driving company owned, leased or rented vehicles, POVs or GOVs when driving on official Government business or when performing any work for on or behalf of the Government.
- O. **MODIFICATIONS.** Modifications within the scope of this MOU must be made by mutual consent of the parties, by the issuance of a written modification signed and dated by all properly authorized, signatory officials, prior to any changes being performed. Requests for modification should be made, in writing, at least 30 days prior to implementation of the requested change.
- P. **AUTHORIZED REPRESENTATIVES.** By signature below, each party certifies that the individuals listed in this document as representatives of the individual parties are authorized to act in their respective areas for matters related to this MOU. In witness whereof, the parties hereto have executed this MOU as of the last date written below.

VI. RESPONSIBLE AGENCIES

THE PARTIES HERETO have executed this Agreement

WASHOE COUNTY HEALTH DISTRICT

Washoe County Health District,
Washoe County District Board of Health

By _____ Date _____
Chairman

THE PARTIES HERETO have executed this Agreement

US Forest Service

By _____ Date _____
WILLIAM A. DUNKELBERGER
Forest Supervisor, Humboldt Toiyabe National Forest, Region 4

By _____ Date _____
NANCY GIBSON
Forest Supervisor, Lake Tahoe Basin Management Unit, Region 5

The authority and format of this MOU has been reviewed and approved for signature.

By _____ Date _____
MARJORIE E. MCVEIGH, Grants and Agreements Specialist
Humboldt-Toiyabe NF

By _____ Date _____
JOHN HEFNER, Grants and Agreements Specialist
Lake Tahoe Basin Management Unit



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer
775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$255,322 (with \$25,532.20 or 10% match) for the budget period July 1, 2014 through June 30, 2015 (BP3) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; 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 \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Nevada Division of Public and Behavioral Health for the period July 1, 2014 through June 30, 2015 in the amount of \$255,322 in support of the Public Health Preparedness ASPR Grant Program. A copy of the Notice of Subgrant Award is attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

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

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health this fiscal year. The Board approved a Subgrant Amendment #3 from the Division of Public and Behavioral Health in the amount of \$438,693 for the budget period July 1, 2013 through June 30, 2014 (BP2) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program on February 27, 2014.

BACKGROUND

The Nevada Division of Public and Behavioral Health has awarded the Public Health Preparedness Program \$255,322 for the budget period July 1, 2014 through June 30, 2015. Funds will be used to support personnel, travel, other professional services, and operating expenditures. Items include but are not limited to hydration and nutrition (water/juice/coffee and snacks/light lunch) to be provided for 1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2410 FAX (775) 328-3752

www.washoecounty.us/health

participants in training exercises, meetings and other grant activities to ensure continuity of active participation; Incentives (non-cash value gift cards such as Walmart, Starbucks, etc.) to be provided to preparedness training facilitators, etc. who volunteer their time training staff; incentives for meeting and training participants; and MRC program supplies to maintain operations of the MRC unit include signage, binders, certificates, hats, lapel pins, badges, go-bags, first-aid kits, etc.

FISCAL IMPACT

There is no additional fiscal impact should the Board accept the Notice of Subgrant Award. As the FY15 budget was adopted with \$271,854 in revenue (includes \$18,442 of indirect) and \$253,412 in expenditure authority no budget amendment is necessary.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$255,322 (with \$25,532.20 or 10% match) for the budget period July 1, 2014 through June 30, 2015 (BP3) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Division of Public and Behavioral Health in the amount of \$255,322 (with \$25,532.20 or 10% match) for the budget period July 1, 2014 through June 30, 2015 (BP3) in support of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program; and if approved authorize the Chairman to execute.



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

HD #: 14588
 Program #: ASPR08-14
 Budget Account: 3218
 Category: 23
 GL: 8516
 Job Number: 9388914

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness (PHP) Preparedness, Assurance, Inspections and Statistics (PAIS) Division of Public & Behavioral Health (DPBH)		Subgrantee Name: Washoe County Health District (WCHD)																	
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009		Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520																	
Subgrant Period: July 1, 2014 through June 30, 2015		Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>																	
Purpose of Award: Funds are intended to demonstrate achievement in the following Hospital Preparedness Capabilities: #1 – Healthcare System Preparedness, #2 – Healthcare System Recovery, #5 – Fatality Management, #6 – Information Sharing, #10 – Medical Surge, #14 – Responder Safety and Health and #15 – Volunteer Management, according to the ASPR Grant Guidance .																			
Region(s) to be served: <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Specific county or counties: Washoe County																			
Approved Budget Categories:		Disbursement of funds will be as follows:																	
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">1. Personnel</td><td style="width: 50%; text-align: right;">\$ 212,635</td></tr> <tr><td>2. Contractual/Consultant</td><td style="text-align: right;">\$ 11,395</td></tr> <tr><td>3. Travel</td><td style="text-align: right;">\$ 2,900</td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ 0</td></tr> <tr><td>5. Supplies</td><td style="text-align: right;">\$ 1,744</td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ 7,614</td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ 19,034</td></tr> <tr><td style="text-align: right;">Total Cost:</td><td style="text-align: right;">\$ 255,322</td></tr> </table>		1. Personnel	\$ 212,635	2. Contractual/Consultant	\$ 11,395	3. Travel	\$ 2,900	4. Equipment	\$ 0	5. Supplies	\$ 1,744	6. Other	\$ 7,614	7. Indirect	\$ 19,034	Total Cost:	\$ 255,322	Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$255,322 during the subgrant period.	
1. Personnel	\$ 212,635																		
2. Contractual/Consultant	\$ 11,395																		
3. Travel	\$ 2,900																		
4. Equipment	\$ 0																		
5. Supplies	\$ 1,744																		
6. Other	\$ 7,614																		
7. Indirect	\$ 19,034																		
Total Cost:	\$ 255,322																		
Source of Funds:		% of Funds:	CFDA:																
1. Office of the Assistant Secretary for Preparedness and Response (ASPR) - Hospital Preparedness Program		100%	93.889																
Federal Grant #: 5U90TP000534-03																			
Terms and Conditions: In accepting these grant funds, it is understood that:																			
1. Expenditures must comply with appropriate state and/or federal regulations; 2. This award is subject to the availability of appropriate funds; and 3. The recipient of these funds agrees to stipulations listed in the incorporated documents.																			
Incorporated Documents:																			
Section A: Assurances; Section B: Description of Services, Scope of Work, and Deliverables; Section C: Budget and Financial Reporting Requirements; Section D: Request for Reimbursement; Section E: Audit Information Request; and Section F: DPBH Confidentiality Addendum Attachment 1: Match Certification																			
Matt Smith, Chairman Washoe County District Board of Health		Signature	Date																
Erin Seward Health Program Manager II, PHP																			
Chad Westom Bureau Chief, PAIS																			
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health																			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health (Division), the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stating in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any exiting or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133, revised June 27, 2003, that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

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

14. Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$25,532.20. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached Scope of Work (Attachment 2) is for Budget Period 3, July 1, 2014 through June 30, 2015 and is broken down by capability, function and activity. The Scope of Work contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2015. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Scope of Work of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2014 1st Quarter Progress Report (For the period of 7/1/14 - 9/30/14)
 - January 31, 2015 2nd Quarter Progress Report (For the period of 7/1/14 - 12/31/14)
 - April 30, 2015 3rd Quarter Progress Report (For the period of 7/1/14 – 3/31/15)
 - July 31, 2015 Final Progress Report (For the period of 7/1/14 – 6/30/15)
- Submit written Quarterly Match/Cost Sharing Report each year on or before:
 - November 15, 2014 1st Quarter (For the period of 7/1/14 – 9/30/14)
 - February 15, 2015 2nd Quarter (For the period of 10/1/14 – 12/31/14)
 - May 15, 2015 3rd Quarter (For the period of 1/1/15 – 3/31/15)
 - July 31, 2015 4th Quarter (For the period of 4/1/15 – 6/30/15)
- Written Scope of Work and Budget for the next budget period (July 1, 2015 through June 30, 2016) are to be submitted to the Division electronically on or before April 1, 2015 and are contingent on availability of Federal funds.
- Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health (Division) through Grant Number 5U90TP000534-03 from Office of the Assistant Secretary for Preparedness and Response (ASPR). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor ASPR."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP000534-03 from ASPR.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 212,635			
		\$ 7,774	Director, Epidemiology and Public Health Preparedness	\$ 155,493 5%
		\$ 17,853	Public Health Preparedness Manager	\$ 89,264 20%
		\$ 14,662	Administrative Secretary	\$ 58,650 25%
		\$ 75,289	Public Health Emergency Response Coordinator	\$ 79,252 95%
		\$ 3,548	Health Educator II	\$ 70,955 5%
		\$ 27,760	MRC Program Coordinator	\$ 55,520 50%
		\$ 3,639	Public Health Emergency Response Coordinator	\$ 72,773 5%
		\$ 61,610	Fringe Benefits -- 40.93% of \$ 150,525	
		\$ 500	Overtime ASPR Staff = \$500	
2. Contractual / Consultant	\$ 11,395			
		\$ 945	Translation/Interpretation Services	
		\$ 500	Part-time clerical assistant (~29 hrs/grant period x \$17.22/hr)	
		\$ 4,950	WebEOC software annual maintenance and support fee for WCHD instance	
		\$ 5,000	Consultant: Healthcare Recovery Workshop	
3. Travel	\$ 2,900			
		\$ 400	IN-STATE TRAVEL: Local mileage - PHP staff travel around Washoe County: Various Local mileage @ \$0.56/mile= \$400	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
		\$ 2,500	OUT-OF-STATE TRAVEL: National Healthcare Coalition Preparedness Conference, Location TBA (1 staff / 4 days): 1 trip x 1 staff x \$550 r/t airfare = \$ 550 1 staff x 4 days per diem x \$46/day = \$ 184 1 staff x 3 nights lodging x \$140/night = \$ 420 Conference Registration = \$ 500 Airport Parking \$ 40 Shuttle = \$ 64 Total \$1,758 Regional Volunteer Management Training , Location TBA 1 trip x 1 staff x \$250 r/t airfare = \$ 250 1 staff x 2 days per diem x \$90/day = \$ 180 1 staff x 1 nights lodging x \$92/night = \$ 92 Conference Registration = \$ 150 Airport Parking \$ 50 Shuttle @ \$20 r/t = \$ 20 Total \$742
4. Equipment	\$ 0		
5. Supplies	\$ 1,744		
		\$ 1,000	Office Supplies
		\$ 744	Operating Supplies
6. Other	\$ 7,614		
		\$ 2,200	Telephone Services
		\$ 150	Postage
		\$ 1,110	Copy Machine
		\$ 500	Educational Supplies
		\$ 250	MRC Program Supplies
		\$ 500	Rental Space / meeting room
		\$ 25	Hydration/Nutrition
		\$ 50	Incentives
		\$ 2,529	Printing
		\$ 150	Equipment Repair
		\$ 150	Minor Furniture and Equipment
7. Indirect	\$ 19,034	12.645% of \$150,525 – Salary/Wages only	
Total Cost	\$ 255,322		

- Nevada State Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$25,532), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.
- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2015.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as apart of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- An Annual proposed Scope of Work is due on or before April 1, 2015 to support the effort proposed for next budget award.

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$255,322 for the entire subgrant budget period.
- Provide technical assistance, upon request from the Subgrantee.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*
- The Division reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by the Division.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Both parties agree:

- Based on the quarterly narrative progress and monthly financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement, no later than the 30th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Nevada Department of Health and Human Services		HD #: 14588
Division of Public & Behavioral Health		Budget Account: 3218
Public Health Preparedness Program		Category #: 23
		Job #: 9388914
		GL #: 8516
		Draw #: _____

REQUEST FOR REIMBURSEMENT

Program Name: Public Health Preparedness Preparedness, Assurance, Inspections and Statistics Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2014 through June 30, 2015	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 212,635.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 212,635.00	-
2 Contractual/Consultant	\$ 11,395.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 11,395.00	-
3 Travel	\$ 2,900.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,900.00	-
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
5 Supplies	\$ 1,744.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,744.00	-
6 Other	\$ 7,614.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 7,614.00	-
7 Indirect	\$ 19,034.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 19,034.00	-
8 Total	\$ 255,322.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 255,322.00	-

This report is true and correct to the best of my knowledge.

Authorized Signature _____	Title _____	Date _____
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Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Division Public & Behavioral Health : Public Health Preparedness
Assistant Secretary for Preparedness and Response: Hospital Preparedness Program
Budget Request and Justification Form
Washoe County Health District**

Contact Name: Jeff Whitesides
Phone Number: 775-328-6130
E-Mail Address: jwhitesides@washoecounty.us
Applicant/Agency Name: WCHD
Total Agency Request: \$255,322 -- Year 3

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary

	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended
1. Healthcare System Preparedness			
F1: Develop, refine, or sustain Healthcare Coalitions	\$ 5,227.00	\$ -	0%
F2: Coordinate healthcare planning to prepare the healthcare system for a disaster	\$ 10,366.00	\$ -	0%
F3: Identify and prioritize essential healthcare assets and services.	\$ 9,965.00	\$ -	0%
F4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps	\$ 9,965.00	\$ -	0%
F5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond	\$ 8,266.00	\$ -	0%
F6: Improve healthcare response capabilities through coordinated exercise and evaluation	\$ 5,227.00	\$ -	0%
F7: Coordinate with planning for at-risk individuals and those with special medical needs	\$ 10,911.00	\$ -	0%
2. Healthcare System Recovery:			
F1: Develop recovery processes for the healthcare delivery system	\$ -	\$ -	0%
F2: Assist healthcare organizations to implement Continuity of Operations (COOP)	\$ 29,179.00	\$ -	0%
3. Emergency Operations Coordination:			
F1: Healthcare organization multi-agency representation and coordination with emergency operations	\$ 3,122.00	\$ -	0%
F2: Assess and notify stakeholders of healthcare delivery status	\$ 4,771.00	\$ -	0%
F3: Support healthcare response efforts through coordination of resources	\$ 3,122.00	\$ -	0%
F4: Demobilize and evaluate healthcare operations	\$ -	\$ -	0%

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Division Public & Behavioral Health : Public Health Preparedness
Assistant Secretary for Preparedness and Response: Hospital Preparedness Program
Budget Request and Justification Form
Washoe County Health District**

Contact Name: Jeff Whitesides
Phone Number: 775-328-6130
E-Mail Address: jwhitesides@washoecounty.us
Applicant/Agency Name: WCHD
Total Agency Request: \$255,322 -- Year 3

Budget Summary -- Page 2

5. Fatality Management:

F1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations	\$ -	\$ -	0%
F2: Coordinate surges of concerned citizens with community agencies responsible for family assistance	\$ 12,734.00	\$ -	0%
F3: Mental/behavioral support at the healthcare organization level	\$ 12,335.00	\$ -	0%

6. Information Sharing:

F1: Provide healthcare situational awareness that contributes to the incident common operating picture.	\$ 17,933.00	\$ -	0%
F2: Develop, refine, and sustain redundant, interoperable communication systems	\$ -	\$ -	0%

10. Medical Surge:

F1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge	\$ 6,088.00	\$ -	0%
F2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services	\$ 16,283.00	\$ -	0%
F3: Assist healthcare organizations with surge capacity and capability	\$ 4,437.00	\$ -	0%
F4: Develop Crisis Standards of Care guidance	\$ 16,283.00	\$ -	0%
F5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations	\$ -	\$ -	0%

14. Responder Safety and Health

F1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers	\$ 8,190.00	\$ -	0%
F2: Provide assistance to healthcare organizations with access to additional Personal Protective Equipment.	\$ -	\$ -	0%

15. Volunteer Management:

F1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations	\$ 18,164.00	\$ -	0%
F2: Volunteer notification for healthcare response needs	\$ 15,230.00	\$ -	0%
F3: Organization and assignment of volunteers	\$ 15,230.00	\$ -	0%
F4: Volunteer notification for healthcare response needs	\$ 12,294.00	\$ -	0%
	\$ 255,322.00	\$ -	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$500,000.00 or more in all federal awards during your organization's most recent fiscal year? YES NO

3. When does your organization's fiscal year end? _____

4. What is the official name of your organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time period did your last audit cover _____

8. Which accounting firm conducted your last audit? _____

Signature Date

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Confidentiality Addendum

BETWEEN

Nevada State Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District (WCHD)

hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

I. **DEFINITIONS**

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

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR**

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

Signature Date

Signature Date

Print Name

for Richard Whitley, MS

Title

Administrator,
Division of Public and Behavioral Health
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1

Match Certification
ASPR07-14

Date: _____

External Funding Source: Office of the Assistant Secretary for Preparedness and Response (ASPR) – Hospital Preparedness Program

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD)

Project Title: HPP and PHEP Cooperative Agreement

Project Grant #: 5U90TP000534-03

Duration: From: July 1, 2014 To: June 30, 2015

Total cost sharing/matching cost contribution: \$25,532 / Percentage: 10%

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District

Name and Title
(Funding Recipient)

Signature

Date

Washoe County Health District (WCHD)
ASPR Hospital Preparedness Program (BP3) Sub-grant # ASPR07-14
Scope of Work (SOW)
July 1, 2014 through June 30, 2015 (BP3)

Instructions: Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2015.

HPP CAPABILITY # 1: HEALTHCARE SYSTEM PREPAREDNESS		\$ 59, 927
BP3 Goal: 1) Nevada will improve healthcare coalitions' ability to prepare, respond, and recover from incidents that have a public health impact. 2) Nevada will identify community hazards, at-risk populations, gaps, and partners to create a jurisdictional risk assessment in each jurisdiction and a comprehensive statewide assessment.		
Function #1: Determine risks to the health of the jurisdiction		
BP3 Objective: Throughout BP3, Washoe County Health District (WCHD) will continue to work with the Inter-Hospital Coordinating Council (IHCC) and the Regional Healthcare Facility Emergency Preparedness Committee (RHFEPCC) to ensure there is a strong emergency response system to provide effective management for surges of patients.		
Estimated Funding: \$ 5,227	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Activity	Output Documentation	Date of Completion
WCHD will attend and provide administrative support at the monthly IHCC meetings.	Monthly meeting agenda and minutes.	Monthly
WCHC will attend and provide administrative support at the quarterly RHFEPCC meetings.	Quarterly meeting agenda and minutes	Quarterly
WCHD will provide annual training to healthcare emergency managers on Hospital Command Center and Regional Emergency Operations Center interface, developed during BP1.	Training sign-in sheet	March 31, 2015
Function #2: Coordinate healthcare planning to prepare the healthcare system for a disaster.		
BP3 Objective: By June 30, 2013, WCHD will conduct one tabletop exercise with regional partners and healthcare organizations relating to a water emergency, building on a BP2 project.		
Estimated Funding: \$ 10,365	Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Activity	Output Documentation	Date of Completion

WCHD will coordinate a regional tabletop exercise to test the Emergency Water Restoration plan developed during BP2.	- After-action report - Table-top exercise - Sign-in sheet	June 30, 2015

Function #3: Identify and prioritize essential healthcare assets and services.

BP3 Objective: WCHD will partner with regional health authorities and Nevada Hospital Association to survey the hospitals and determine regional critical healthcare assets and essential services.

Estimated Funding: \$9,965 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will continue the project from BP2 and work with Carson City Health and Human Services (CCHHS) and Nevada Hospital Association (NHA) to identify critical healthcare assets and essential services.	Survey results from regional hospitals	June 30, 2015
WCHD will continue the project from BP2 and work with CCHHS and NHA to identify critical equipment that can be used to provide healthcare with essential services during an emergency.	Survey results from regional hospitals	June 30, 2015

Function #4: Determine gaps in the healthcare preparedness and identify resources for mitigation of these gaps

BP3 Objective: WCHD will continue to work with the four regional hospitals systems to develop their Private Point of Dispensing (POD) emergency response plans, building upon BP2 PHEP capability.

Estimated Funding: \$9,965 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will provide annual training to healthcare organizations on the Statewide Healthcare Requesting Procedures.	Training sign-in sheets.	September 30, 2014
WCHD will continue to work with the existing 3 hospitals to finalize their POD plans. Additionally, WCHD will reach out to Incline Village Community Hospital to develop a Private POD capability in Incline	-Completion of existing 3 hospitals POD plans. -IVCH MOU, IVCH Registry form and IVCH POD plan	June 30, 2015

Village.		
WCHD will conduct a community exercise testing the private POD plans for regional partners, to include healthcare organizations.	After-action report	June 30, 2015

Function #5: Coordinate training to assist healthcare responders to develop the necessary skills in order to respond.

BP3 Objective: WCHD will provide Incident Command System training for healthcare and community responders to help develop necessary skills in order to respond.

Estimated Funding: \$8,265 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Washoe County Health District will offer one ICS 300 and ICS 400 training, available to MRC, Health District Employees, regional partners, and hospital personnel.	Training sign-in sheet	June 30, 2015

Function #6: Improve healthcare response capabilities through coordinated exercise and evaluation

BP3 Objective: WCHD will participate in one community-wide exercise testing healthcare response capabilities before June 30, 2015.

Estimated Funding: \$8,265 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will participate in the annual regional Training and Exercise Planning Workshop.	TEPW for Washoe County Health District.	December 31, 2014
Test the HSEEP exercise kit developed during BP2 during a community exercise.	After-action report	June 30, 2015
WCHD will participate as a planning team member during one regional exercise where healthcare response capabilities are tested.	After-action report	June 30, 2015

Function #7: Coordinate with planning for at-risk individuals and those with special medical needs.

BP3 Objective: WCHD will work with CCHHS to continue to build the Northern Nevada Access and Functional Needs Workgroup and will expand the workgroup membership.

Estimated Funding: \$10,910 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion

WCHC will attend and provide administrative support at the bi-monthly Northern Nevada (AFN) workgroup meetings.	Bi-monthly meeting agenda and minutes	Bi-monthly
WCHD will update the Regional Access & Functional Needs resource list to ensure all organizational information is up-to-date. Additionally, WCHD will meet with regional hospital personnel and emergency managers to distribute the resource list.	Updated list	December 31, 2014
WCHD will conduct a targeted outreach to organizations listed on the AFN resource list to enhance workgroup membership by at least three organizations.	Outreach letter	March 31, 2015
WCHD will collaborate with regional emergency management personnel and emergency medical services personnel to research protocols for transferring of patients between mass care and healthcare settings during a disaster.	Research materials	June 30, 2015

HPP CAPABILITY # 2 : HEALTHCARE SYSTEM RECOVERY

\$29,179

BP3 Goal: Washoe County Health District will improve healthcare organizations ability to recover from incidents and return to a new standard of normalcy for healthcare delivery to the community.

Function #1: Develop recovery processes for the healthcare delivery system

BP3 Objective: Not a focus in BP3

Estimated Funding: \$ _____ Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion

Function #2: Assist healthcare organizations to implement Continuity of Operations (COOP)

BP3 Objective: Washoe County Health District (WCHD) will conduct a workshop for regional healthcare facilities on the elements of a recovery document.

Estimated Funding: \$29,179 Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will coordinate a workshop so healthcare organizations can begin to identify and plan the recovery aspects in emergency plans, to include behavioral and mental healthcare, to move from COOP to normal operations.	<ul style="list-style-type: none"> - Workshop agenda - Sign-in sheets - After-action report 	December 31, 2014
WCHD will work with two regional Skilled Nursing Facilities to train on the COOP toolkit, developed during BP2.	Training documentation	June 30, 2015
WCHD will assist regional Skilled Nursing Facilities with the development of their COOP, if requested.	SNF plan	June 30, 2015

HPP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION		\$11,016
BP3 Goal: Washoe County Health District will work to sustain healthcare organizations' ability to prepare and respond in a coordinated effort with the community response.		
Function #1: Conduct preliminary assessment to determine need for public activation.		
BP3 Objective: Washoe County Health District (WCHD) will conduct one annual training to continue to train on the Hospital Command Centers (HCC) and the Regional Emergency Operations Center (REOC) interface developed during BP1.		
Estimated Funding: \$3,122 Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheet	March 31, 2015
Function #2: Assess and notify stakeholders of healthcare delivery status		
BP3 Objective: Washoe County Health District (WCHD) will provide one, annual training on the Hospital Command Centers (HCC) and the Regional Emergency Operations Center (REOC) interface developed during BP1.		
Estimated Funding: \$4,772 Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheet	March 31, 2015
WCHD will annual conduct WebEOC training for regional hospitals.	Training sign-in sheet	March 31, 2015
Function #3: Support healthcare response efforts through coordination of resources.		
BP3 Objective: During BP3, Washoe County Health District (WCHD) will continue to train on the Healthcare Requesting Procedures, revised during BP2.		
Estimated Funding: \$3,122 Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		

Activity	Output Documentation	Date of Completion
WHCD will conduct annual training on the Statewide Healthcare Requesting Procedures	Training sign-in sheet	September 30, 2014

Function #4: Demobilize and evaluate healthcare operations.		
BP3 Objective: Not a focus in BP3 (WCHD will defer to the Regional Emergency Operations Center for the regional demobilization plan)		
Estimated Funding: \$ _____ Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion

HPP CAPABILITY # 5 : FATALITY MANAGEMENT

\$25,068

BP3 Goal: Washoe County will continue to improve the coordination of concerned citizens during a mass fatality incident.

Function #1: Coordinate surges of deaths and human remains at healthcare organizations with community fatality management operations

BP3 Objective: Not a focus in BP3 (completed during FY10-11)

Estimated Funding: \$ _____ Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion

Function #2: Coordinate surges of concerned citizens with community agencies responsible for family assistance

BP3 Objective: By June 30, 2015, Washoe County Health District will collaborate with regional partners to test the Family Assistance Center Plan (developed during BP2) through one tabletop exercise.

Estimated Funding: \$12,734 Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will print and distribute Community Resource Guides, developed in BP1.	- Distribution plan - Organizations that received Resource Guides	December 31, 2014
WCHD will collaborate with regional partners in a tabletop exercise to test the Family Assistance Center plan developed in BP2.	After-action report	June 30, 2015

Function #3: Mental/behavioral support at the healthcare organization level.

BP3 Objective: By June 30, 2015, Washoe County Health District will identify mental/behavioral support for the community during a mass fatality or any emergent situation through the collaboration with regional partners.

Estimated Funding: \$12,334 Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD representative will continue to collaborate with the Washoe County School District on the revision of the mental/behavioral health	WCSD emergency response plan, recovery annex.	December 31, 2014

recovery plan.		
WCHD will collaborate with community partners to develop a response guide for immediate mental/behavioral support during any incident within the community.	Community response guide	June 30, 2015

HPP CAPABILITY # 6: INFORMATION SHARING

\$17,933

BP3 Goal: Washoe County Health District will continue to build healthcare organizations ability to prepare and respond in a coordinated effort with the community response.

Function #1: Provide healthcare situational awareness that contributes to the incident common operating picture.

BP3 Objective: Washoe County Health District (WCHD) will continue to train on the interface between Hospital Command Centers (HCC) and the Regional Emergency Operations Center (REOC) interface developed during BP1.

Estimated Funding: \$17,933 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheet	March 31, 2015
WCHD will annual conduct WebEOC training for regional hospitals, to include the patient tracking board developed during BP2.	Training sign-in sheet	March 31, 2015
WCHD will support regional HavBED training opportunities to ensure continual communication relating to patient bed availability.	Training information announcement	June 30, 2015
WCHD will conduct a workshop on the Health/Medical Annex to the Public Information/Public Warning plan developed during BP2.	Workshop agenda, sign-in sheet and after-action review	June 30, 2015

Function #2: Develop, refine, and sustain redundant, interoperable communication systems.

BP3 Objective: Not a focus in BP3.

Estimated Funding: \$ _____ **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion

HPP CAPABILITY # 10 : MEDICAL SURGE**\$43,092**

BP3 Goal: Washoe County Health District will collaborate with hospitals, local health authorities, and other medical professionals to start the process of developing crisis standards of care.

Function #1: The Healthcare Coalition assists with the coordination of the healthcare organization response during incidents that require medical surge.

BP3 Objective: Washoe County Health District (WCHD) will continue to train on the interface between Hospital Command Centers (HCC) and the Regional Emergency Operations Center (REOC) interface developed during BP1.

Estimated Funding: \$6,088 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will conduct annual training on the HCC and REOC interface for emergency response.	Training sign-in sheet	March 31, 2015
WCHD will conduct annual training on the Statewide Healthcare Requesting Procedures	Training sign-in sheet	September 30, 2014
WCHD will conduct annual WebEOC training for regional hospitals, to include patient tracking board developed during BP2 and the evacuation board developed during BP1.	Training sign-in sheet	March 31, 2015

Function 2: Coordinate integrated healthcare surge operations with pre-hospital Emergency Medical Services (EMS) operations.

BP3 Objective: Washoe County Health District (WCHD) will update the Mutual Aid Evacuation Annex (MAEA) to reflect multiple facility evacuations within the region.

Estimated Funding: \$16,283 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
WCHD will collaborate with regional healthcare partners to revise the MAEA to provide for a multiple facility evacuation.	Revised MAEA	December 31, 2015
WCHD will conduct training on the revised MAEA to ensure all regional partners are aware of the evacuation protocols.	Training sign-in sheets	June 30, 2015

Function #3: Assist healthcare organizations with surge capacity and capability

BP3 Objective: Washoe County Health District (WCHD) will collaborate with Nevada Hospital Association and the Nevada Division of Public and Behavioral Health during any revisions of the Statewide Medical Surge Plan.

Estimated Funding: \$4,438			Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion			
WCHD will participate in any Statewide Medical Surge Plan workshops, trainings or plan revisions.	Statewide Medical Surge Plan	June 30, 2015			
WCHD will begin researching quarantine and isolation protocols and policies relating to public health emergencies in the event that local hospitals are already at capacity.	- Research materials - Identified model to develop or revise quarantine and isolation protocols.	June 30, 2015			

Function #4: Develop Crisis Standards of Care Guidance					
BP3 Objective: Washoe County Health District (WCHD) will collaborate with the Nevada Division of Public and Behavioral Health during the development of Crisis Standards of Care guidelines.					
Estimated Funding: \$16,283			Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion			
WCHD will participate on the planning team for the Statewide Crisis Standards of Care (CSC) guidance.	CSC guidance	June 30, 2015			

Function #5: Provide assistance to healthcare organizations regarding evacuation and shelter in place operations					
BP3 Objective: Not a focus in BP3 (completed)					
Estimated Funding: \$_____			Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion			

HPP CAPABILITY # 14 : RESPONDER SAFETY AND HEALTH**\$8,190****BP3 Goal: To provide pharmaceutical protection and support to healthcare organizations when responding to a public health emergency.****Function #1: Assist healthcare organizations with additional pharmaceutical protection for healthcare workers.****BP3 Objective 1.1:** On an ongoing basis, Washoe County Health District staff will provide technical assistance to all five Washoe County Private POD Healthcare Partners (and any additional healthcare partners who sign MOUs in BP3) to develop individual plans as they relate to POD operations.**BP3 Objective 1.2:** By June 30, 2015, Washoe County Health District staff will collaborate with Nevada Hospital Association and Carson City Health and Human Services to assess healthcare needs related to pharmaceutical protection for healthcare workers.**Estimated Funding: \$8,190** **Planned Activity Type:** **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
Meet with healthcare POD partners at least one time in BP3 to provide technical assistance in the development of their Private POD Plan.	Draft and/or final copies of POD Plans for all five Healthcare Private POD Partners.	Ongoing
After meeting with each Healthcare Private POD Partner, provide the Washoe County Sheriff's Office (WCSO) Northern Nevada Regional Intelligence Center (NNRIC) with security information (i.e., availability of security staff), contact information and maps of sites for each Healthcare Private POD Partner.	Copies of documents and maps provided to WCSO NNRIC.	December 2014
Utilize the assessment tool created by Carson City Health and Human Services in BP2 for ASPR Capability One, and expand the assessment to include healthcare needs related to pharmaceutical protection for healthcare workers. Collaboration will occur with Nevada Hospital Association as well to avoid duplication of services.	Assessment of healthcare needs as they relate to pharmaceutical protection for healthcare workers.	June 30, 2015

Function #2: Identify safety and personal protective needs**BP3 Objective: N/A for BP3****Estimated Funding: \$0** **Planned Activity Type:** **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion

HPP CAPABILITY # 15 : VOLUNTEER MANAGEMENT

\$60,919

BP3 Goal: Nevada will implement an ESAR-VHP registry that meets national guidelines, collaborate with Medical Reserve Corps, and improve volunteer recruitment and coordination.

Function #1: Participate with volunteer planning processes to determine the need for volunteers in healthcare organizations

BP3 Objective: Throughout BP3 the MRC Coordinator will continue to promote MRC volunteers to the IHCC to inform them of the capabilities on the availability and use of MRC volunteers.

Estimated Funding: \$18,165

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
MRC coordinator will make updated information available to the IHCC members and the American Red Cross that could authorize the use of MRC-volunteers. MRC volunteer information data stored in SERV-NV which is the WCHD's electronic volunteer registration system, will be used to update and identify volunteers. This will enable MRC Volunteers that have liability coverage to respond if IHCC members and/or other local healthcare providers request the need for assistance.	Updated MRC information will be distributed to IHCC members.	Ongoing- June30, 2015
Based on a risk/needs assessment to identify volunteers most likely to support a healthcare response. A template for this assessment will be developed from an exercise with Saint Mary's Hospital. The MRC Coordinator will then update Intermedix to identify these volunteers.	The number of volunteers needed based upon the risk assessment needs data template that will be developed and piloted with Saint Mary's Hospital.	August. 2014
MRC Coordinator will recruit new volunteers through media ads and participate in events that will promote the MRC mission. A recent assessment of volunteers revealed that there is a need for more medical and mental health licensed volunteers. In order to increase the number of these volunteers, advertisements will be run in Washoe County medical and mental health newsletters. . Intermedix will also be updated with new volunteers and existing volunteers credentialed information.	Number of MRC volunteers information that is updated along with new volunteers.	Ongoing- June30, 2015
MRC coordinator will direct and assist new and other MRC volunteers to online training in ICS 100, 200 & 700. At least one training session each	Number and types of training programs made available to MRC	Ongoing- June30,

in American Red Cross Shelter Training, American Red Cross Psychological First Aid, and REMSA First Aid/CPR/AED will be offered. Additional relevant training opportunities may also be identified for volunteers. MRC volunteers training initiatives will be on-going and will be geared to address possible emergencies and medical surge that hospitals and other healthcare providers may encounter by the end of BP3.	volunteers and the actual number that participate.	2015

Function #2: Volunteer notification for healthcare response needs

BP3 Objective: MRC Coordinator will review and revise the current MRC volunteer request process to ensure that prospective volunteers are mobilized in the appropriate health professional role for WCHD's response by the end of BP3.

Estimated Funding: \$15,230 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
MRC Coordinator will review the current healthcare organization's written request procedure at the time of an incident for volunteers needed to assist and revise accordingly. Intermedix will aid in identifying the role and numbers of volunteers needed.	The request process of MRC volunteers identified and able to respond and assist in the event of the need for a "call down."	March, 2015

Function #3: Organization and assignment of volunteers

BP3 Objective: By June 30th, 2015, the MRC Coordinator will develop a written protocol for allocating MRC volunteers that are needed simultaneously across several healthcare organizations to ensure the placement of volunteers through the appropriate deployment channels and match the assignment of volunteers to the needs of the requesting healthcare providers that will be based on volunteers' availability.

Estimated Funding: \$15,230 **Planned Activity Type:** Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
MRC Coordinator will review current standard operating procedures for the written call down procedure to minimize conflict of MRC Volunteers availability during an incident.	Healthcare Requesting Procedure	Ongoing- June30, 2015
MRC Coordinator will review the current SOP for the deployment of	The revised SOP for the deployment of volunteers and revisions	Ongoing-

registered volunteers; tracking and handling of spontaneous volunteers to ensure volunteers' personal safety in responding to incidents.	made if needed.	June30, 2015
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Function #4: Coordinate the demobilization of volunteers		
BP3 Objective: MRC Coordinator will ensure that the WCHD Volunteer Management Plan will include a safe process for the demobilization of MRC volunteers.		
Estimated Funding: \$12,294	Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity	
Activity	Output Documentation	Date of Completion
MRC Coordinator will coordinate the out-processing of MRC volunteers by following the demobilization section in the WCHD Volunteer Management Plan.	The out-processing in the SOP and the Volunteer Management Plan.	Ongoing- June30, 2015
MRC Coordinator will collaborate in the coordination and participate with select incident management personnel and MRC volunteers. This will assist in revising the kinds and types of community resources that can support volunteer post-deployment medical screening, stress, and well-being assessments.	Revised list regarding the kinds and types of deployment services that are made available to volunteers. A process will also be established to refer volunteers to medical and mental/behavioral health services.	Ongoing- June30, 2015



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 14, 2014

TO: District Board of Health

FROM: Patsy Buxton, Fiscal Compliance Officer,
775-328-2418, pbuxton@washoecounty.us

SUBJECT: Approval of Notice of Grant Award dated May 22, 2014 from the Department of Health and Human Services Public Health Service for the period June 30, 2014 to June 29, 2015 in the amount of \$799,800 in support of the Family Planning Program, IO 10025.

SUMMARY

The Washoe County District Board of Health must approve and execute, or direct the Health Officer to execute, contracts in excess of \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District's Family Planning program received from the Department of Health and Human Services Public Health Service the Notice of Grant Award for the period June 30, 2014 through June 29, 2015 in the total amount of \$799,800. A copy of the Notice of Grant Award is attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

It also supports the Washoe County Health District's Family Planning Program mission to promote and assure that all Washoe County citizens have access to confidential, high quality, culturally competent reproductive health and family planning services that fosters healthy communities.

PREVIOUS ACTION

The District Board of Health approved last year's base Notice of Grant Award in the total amount of \$799,838 on August 22, 2013.

BACKGROUND

The Grant Award includes funding for personnel, travel and training, operating supplies, professional services, educational supplies, advertising and other expenses, including funding specifically for community outreach, planning meetings and program participation via use of incentives (including but not limited to bus passes, taxi vouchers, gift certificates, educational outreach items, nutritious food and beverage, and gift cards).

FISCAL IMPACT

The FY15 Title X Family Planning Budget was projected at \$799,838. The award amount is \$799,800. There is no additional fiscal impact to the adopted FY15 budget should the Board approve the Notice of Grant Award.

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Grant Award dated May 22, 2014 from the Department of Health and Human Services Public Health Service for the period June 30, 2014 to June 29, 2015 in the amount of \$799,800 in support of the Family Planning Program, IO 10025.

POSSIBLE MOTION

Move to approve Notice of Grant Award dated May 22, 2014 from the Department of Health and Human Services Public Health Service for the period June 30, 2014 to June 29, 2015 in the amount of \$799,800 in support of the Family Planning Program, IO 10025.



WASHOE COUNTY HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

ADMINISTRATIVE HEALTH SERVICES DIVISION

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 12, 2014

TO: District Board of Health

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

SUBJECT: Approval of Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$685,505 (with \$68,550.50 or 10% match) for the budget period July 1, 2014 through June 30, 2015 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$24,049 in both revenue and expense to the FY15 CDC Public Health Preparedness Federal Grant Program, IO 10713; 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 \$100,000, Interlocal Agreements and amendments to the adopted budget.

The Washoe County Health District received a Notice of Subgrant Award from the Division of Public and Behavioral Health for the period July 1, 2014 through June 30, 2015 in the total amount of \$685,505 in support of the CDC Public Health Preparedness Grant Program. A copy of the Notice of Subgrant Award is attached.

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

BCC Strategic Objective supported by this item: Safe, Secure and Healthy Communities.

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

PREVIOUS ACTION

There has been no previous action taken by the District Board of Health this fiscal year. The Board approved a Subgrant Amendment #4 from the Nevada Division of Public and Behavioral Health in the amount of \$697,173 for the period July 1, 2013 to June 30, 2014 in support of the CDC Public Health Preparedness Program at their May 22, 2014 meeting.

BACKGROUND

The Nevada Division of Public and Behavioral Health awarded the Public Health Preparedness Program \$685,505 for the budget period July 1, 2014 through June 30, 2015. Funds will be used to support personnel, travel, other professional services, and operating expenditures. Items include but

1001 EAST NINTH STREET / P.O. BOX 11130, RENO, NEVADA 89520 (775) 328-2410 FAX (775) 328-3752
www.washoecounty.us/health

are not limited to: hydration and nutrition (water/juice/coffee and snacks/light lunch) to be provided for participants in training exercises, meetings and other grant activities to ensure continuity of active participation; Incentives (non-cash value gift cards such as Walmart, Starbucks, etc) to be provided to preparedness training facilitators, etc. who volunteer their time training staff; incentives for meeting and training participants.

The FY15 CDC Budget was adopted with \$659,971 in revenue (\$619,651 direct and \$40,320 indirect.) The total award amount is \$685,505 (\$643,700 direct and \$41,805 indirect). A budget amendment in the amount of \$24,049 is necessary to bring the Notice of Subgrant Award into alignment with the program budget. A budget adjustment is not necessary for the indirect revenue.

This budget amendment will also require Board of County Commissioners approval.

FISCAL IMPACT

Should the Board approve these budget amendments, the adopted FY 15 budget will be **increased by \$24,049** in the following accounts:

<u>Account Number</u>	<u>Description</u>	<u>Amount of Increase/(Decrease)</u>
2002-IO-10713	-431100 Federal Revenue	\$24,049
	Total Revenue	\$24,049
2002-IO-10713	-701300 Overtime	900
2002-IO-10713	-701412 Salary Adjustment	11,070
2002-IO-10713	-705360 Benefit Adjustment	4,540
2002-IO-10713	-710100 Professional Svcs	(856)
2002-IO-10713	-710110 Contracted/Temp Services	6,678
2002-IO-10713	-710210 Software Maintenance	(1,050)
2002-IO-10713	-710300 Operating Supplies	100
2002-IO-10713	-710334 Copy Machine Expense	610
2002-IO-10713	-710350 Office Supplies	500
2002-IO-10713	-710360 Postage	40
2002-IO-10713	-710500 Other Expense	50
2002-IO-10713	-710502 Printing	1,000
2002-IO-10713	-710508 Telephone Land Lines	2,393
2002-IO-10713	-710509 Seminars and Meetings	(800)
2002-IO-10713	-710512 Auto Expense	291
2002-IO-10713	-710519 Cell phone	420
2002-IO-10713	-710872 Food Purchases	25
2002-IO-10713	-711114 Equip Srv O & M	9
2002-IO-10713	-711210 Travel	(1,971)
2002-IO-10713	-711504 Equipment nonCapital	100
	Total Expenditures	\$24,049

RECOMMENDATION

Staff recommends that the Washoe County District Board of Health approve the Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$685,505 (with \$68,550.50 or 10% match) for the budget period July 1, 2014 through June 30, 2015 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$24,049 in both revenue and expense to the FY15 CDC Public Health Preparedness Federal Grant Program, IO 10713; and if approved authorize the Chairman to execute.

POSSIBLE MOTION

Move to approve the Notice of Subgrant Award from the Division of Public and Behavioral Health in the total amount of \$685,505 (with \$68,550.50 or 10% match) for the budget period July 1, 2014 through June 30, 2015 in support of the Centers for Disease Control and Prevention (CDC) Public Health Preparedness Program; approve amendments totaling an increase of \$24,049 in both revenue and expense to the FY15 CDC Public Health Preparedness Federal Grant Program, IO 10713; and if approved authorize the Chairman to execute.



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

HD #: 14587
 Program #: CDC08-14
 Budget Account: 3218
 Category: 22
 GL: 8516
 Job Number: 9306914

NOTICE OF SUBGRANT AWARD

Program Name: Public Health Preparedness (PHP) Preparedness, Assurance, Inspections and Statistics (PAIS) Division of Public & Behavioral Health (DPBH)	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite #200 Carson City, NV 89706-2009	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2014 through June 30, 2015	Subgrantee's: EIN: <u>88-6000138</u> Vendor #: <u>T40283400Q</u> Dun & Bradstreet: <u>073786998</u>

Purpose of Award: Funds are intended to demonstrate achievement in the following Public Health Preparedness Capabilities: #1 - Community Preparedness, #2 - Community Recovery, #3 - Emergency Operations Coordination, #4 - Emergency Public Information and Warning, #5 - Fatality Management, #6 - Information Sharing, #8 - Medical Countermeasure Dispensing, #11 - Non-Pharmaceutical Interventions, #13 - Public Health Surveillance and Epidemiological Investigation, #14 - Responder Safety and Health and #15 - Volunteer Management, according to the CDC Grant Guidance.

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

Approved Budget Categories: <table style="width: 100%; border-collapse: collapse;"> <tr><td>1. Personnel</td><td style="text-align: right;">\$ <u>607,889</u></td></tr> <tr><td>2. Contractual/Consultant</td><td style="text-align: right;">\$ <u>16,078</u></td></tr> <tr><td>3. Travel</td><td style="text-align: right;">\$ <u>3,820</u></td></tr> <tr><td>4. Equipment</td><td style="text-align: right;">\$ <u>0</u></td></tr> <tr><td>5. Supplies</td><td style="text-align: right;">\$ <u>3,000</u></td></tr> <tr><td>6. Other</td><td style="text-align: right;">\$ <u>12,913</u></td></tr> <tr><td>7. Indirect</td><td style="text-align: right;">\$ <u>41,805</u></td></tr> <tr><td>Total Cost:</td><td style="text-align: right;">\$ <u>685,505</u></td></tr> </table>	1. Personnel	\$ <u>607,889</u>	2. Contractual/Consultant	\$ <u>16,078</u>	3. Travel	\$ <u>3,820</u>	4. Equipment	\$ <u>0</u>	5. Supplies	\$ <u>3,000</u>	6. Other	\$ <u>12,913</u>	7. Indirect	\$ <u>41,805</u>	Total Cost:	\$ <u>685,505</u>	Disbursement of funds will be as follows: Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures <i>specific to this subgrant</i> . Total reimbursement will not exceed \$685,505 during the subgrant period.
1. Personnel	\$ <u>607,889</u>																
2. Contractual/Consultant	\$ <u>16,078</u>																
3. Travel	\$ <u>3,820</u>																
4. Equipment	\$ <u>0</u>																
5. Supplies	\$ <u>3,000</u>																
6. Other	\$ <u>12,913</u>																
7. Indirect	\$ <u>41,805</u>																
Total Cost:	\$ <u>685,505</u>																

Source of Funds:	% of Funds:	CFDA:	Federal Grant #:
1. Centers for Disease Control and Prevention	100%	93.069	5U90TP000534-03

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

- Expenditures must comply with appropriate state and/or federal regulations;
- This award is subject to the availability of appropriate funds; and
- The recipient of these funds agrees to stipulations listed in the incorporated documents.

Incorporated Documents:
 Section A: Assurances;
 Section B: Description of Services, Scope of Work, and Deliverables;
 Section C: Budget and Financial Reporting Requirements;
 Section D: Request for Reimbursement;
 Section E: Audit Information Request; and
 Section F: DPBH Confidentiality Addendum
 Attachment 1: Match Certification

Matt Smith, Chairman Washoe County District Board of Health	Signature	Date
Erin Seward Health Program Manager II, PHP		
Chad Westom Bureau Chief, PAIS		
for Richard Whitley, MS Administrator, Division of Public & Behavioral Health		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION A

Assurances

As a condition of receiving subgranted funds from the Nevada State Division of Public and Behavioral Health (Division), the Subgrantee agrees to the following conditions:

1. Grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance must be refunded to the Division.
2. To submit reimbursement requests only for expenditures approved in the spending plan. Any additional expenditure beyond what is allowable based on approved categorical budget amounts, without prior written approval by the Division, may result in denial of reimbursement.
3. Approval of subgrant budget by the Division constitutes prior approval for the expenditure of funds for specified purposes included in this budget. Unless otherwise stating in the Scope of Work the transfer of funds between budgeted categories without written prior approval from the Division is not allowed under the terms of this subgrant. Requests to revise approved budgeted amounts must be made in writing and provide sufficient narrative detail to determine justification.
4. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed not less than three years (unless otherwise stipulated) after the final report has been submitted if written approval has been requested and received from the Administrative Services Officer (ASO) of the Division. Records may be destroyed by the Subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this subgrant award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

5. To disclose any exiting or potential conflicts of interest relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any subgrantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
6. To comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions).
7. To comply with the Americans with Disability Act of 1990, P.L. 101-136, 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 C.F.R. 26.101-36.999 inclusive and any relevant program-specific regulations.
8. To comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of protected health information (PHI) then the subgrantee agrees to enter into a Business Associate Agreement with the Division as required by 45 C.F.R. 164.504(e). If PHI will not be disclosed then a Confidentiality Agreement will be entered into.
9. Subgrantee certifies, by signing this notice of subgrant award, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pr. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

Register (pp. 19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

10. Sub-grantee agrees to comply with the requirements of the Title XII Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment.
11. Whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. Any federal, state, county or local agency, legislature, commission, council, or board;
 - b. Any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. Any officer or employee of any federal, state, county or local agency, legislature, commission, council or board.
12. Division subgrants are subject to inspection and audit by representative of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. Verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. Ascertain whether policies, plans and procedures are being followed;
 - c. Provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically; and
 - d. Determine reliability of financial aspects of the conduct of the project.
13. Any audit of Subgrantee's expenditures will be performed in accordance with generally accepted government auditing standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division, as well as federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133, revised June 27, 2003, that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

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

14. Subgrantee agrees to Match a nonfederal contribution in the amount of 10% (\$1 for each \$10 of federal funds provided in this subgrant). The Match for budget period will be \$68,550.50. This Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such nonfederal contributions. Documentation of match, including methods and sources must be available upon request of Division. Subgrantee will sign attached Match Certification (Attachment 1).

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION B

Description of Services, Scope of Work and Deliverables

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

- The attached Scope of Work (Attachment 2) is for Budget Period 3, July 1, 2014 through June 30, 2015 and is broken down by capability, function and activity. The Scope of Work contains the estimated funding, activity description, output documentation and estimated date of completion for each activity broken down by Capability.
- Achievements of Capability Objectives for this budget period are to be completed by June 30, 2015. Outcome of the funded Capabilities will be measured by Nevada State Division of Public and Behavioral Health (Division). Each funded capability requires substantial achievement and demonstration of completion as specified in the Scope of Work of the funded functions and resource elements. If objectives are not met, Division may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state.
- Submit written Progress Reports to the Division electronically on or before:
 - October 31, 2014 1st Quarter Progress Report (For the period of 7/1/14 - 9/30/14)
 - January 31, 2015 2nd Quarter Progress Report (For the period of 7/1/14 - 12/31/14)
 - April 30, 2015 3rd Quarter Progress Report (For the period of 7/1/14 – 3/31/15)
 - July 31, 2015 Final Progress Report (For the period of 7/1/14 – 6/30/15)
- Submit written Quarterly Match/Cost Sharing Report each year on or before:
 - November 15, 2014 1st Quarter (For the period of 7/1/14 – 9/30/14)
 - February 15, 2015 2nd Quarter (For the period of 10/1/14 – 12/31/14)
 - May 15, 2015 3rd Quarter (For the period of 1/1/15 – 3/31/15)
 - July 31, 2015 4th Quarter (For the period of 4/1/15 – 6/30/15)
- Written Scope of Work and Budget for the next budget period (July 1, 2015 through June 30, 2016) are to be submitted to the Division electronically on or before April 1, 2015 and are contingent on availability of Federal funds.
- Additional information may be requested by the Division, as needed, due to evolving state and federal reporting requirements.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION C

Budget and Financial Reporting Requirements

Identify the source of funding on all printed documents purchased or produced within the scope of this subgrant, using a statement similar to: "This publication (journal, article, etc.) was supported by the Nevada State Division of Public and Behavioral Health (Division) through Grant Number 5U90TP000534-03 from Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of neither the Division nor the CDC."

Any activities performed under this subgrant shall acknowledge the funding was provided through the Division by Grant Number 5U90TP0000534-03 from the CDC.

Subgrantee agrees to adhere to the following budget:

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>	
1. Personnel	\$ 607,889			
		\$ 116,620	Director, Epidemiology and Public Health Preparedness	\$ 155,493 75%
		\$ 71,411	Public Health Preparedness Manager	\$ 89,264 80%
		\$ 43,988	Administrative Secretary	\$ 58,650 75%
		\$ 69,134	Public Health Emergency Response Coordinator	\$ 72,773 95%
		\$ 67,407	Health Educator II	\$ 70,955 95%
		\$ 34,507	Public Information Officer	\$ 69,014 50%
		\$ 3,963	Public Health Emergency Response Coordinator	\$ 79,252 5%
		\$ 27,760	MRC Program Coordinator	\$ 55,520 50%
		\$ 171,699	Fringe Benefits -- 39.49% of \$ 434,790	
		\$ 1,400	Overtime PHP Staff = \$200, Overtime for Nursing for EMT training = \$1,200	
2. Contractual / Consultant	\$ 16,078			
		\$ 250	Translation/Interpretation Services	
		\$ 9,178	Contracted/Temporary Services (~10.25 hours per week x 52 weeks x \$17.22 per hour)	
		\$ 1,600	Contractual: On-line Training support for WCHD staff	
		\$ 4,950	WebEOC software annual maintenance (\$9,990 x 50%)	
		\$ 100	Contractual: Survey Monkey	
3. Travel	\$ 3,820			
		\$ 670	IN-STATE TRAVEL: Local mileage - PHP staff travel around Washoe County: Various Local mileage @ \$0.56/mile= \$670	

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

<u>Category</u>	<u>Total cost</u>	<u>Detailed cost</u>	<u>Details of expected expenses</u>
		\$ 3,150	OUT-OF-STATE TRAVEL: California-Nevada Border Counties quarterly meeting : 3 trips x 1 staff x 72 miles x \$0.56 = \$ 121 PHP Summit in Atlanta (1 staff / 4 days): 1 trip x 1 staff x \$635 r/t airfare = \$ 635 4 days per diem x \$56/day x 1 staff = \$ 224 3 nights lodging x \$155/night x 1 staff= \$ 465 Conference Registration = \$ 550 Airport Parking \$ 70 Shuttle @ \$20 r/t = \$ 20 Total \$1,964 PHP Training , Location TBD 1 trip x 1 staff x \$350 r/t airfare = \$ 350 3 days per diem x \$56/day x 1 staff = \$ 168 2 nights lodging x \$91/night x 1 staff= \$ 182 Conference Registration = \$ 275 Airport Parking \$ 70 Shuttle @ \$20 r/t = \$ 20 Total \$1,065
4. Equipment	\$ 0		
5. Supplies	\$ 3,000		
		\$ 2,500	Office Supplies
		\$ 500	Operating Supplies for Training, PODs, PHP Staff work stations and storage area
6. Other	\$ 12,913		
		\$ 2,020	SAT Phone minutes for 3 phones
		\$ 4,993	Telephone Services
		\$ 65	Postage
		\$ 1,110	Copy Machine
		\$ 1,500	Printing
		\$ 100	Educational Supplies
		\$ 250	Equipment Repair
		\$ 100	Minor Furniture and equipment
		\$ 25	Hydration/Nutrition
		\$ 50	Incentives
		\$ 200	Rental Space / meeting room
		\$ 2,500	Equipment Services – Operating & Maintenance
7. Indirect	\$ 41,805	9.615% of \$434,790 – Salary/Wages only	
Total Cost	\$ 685,505		

- Nevada State Division of Public and Behavioral Health policy is to allow no more than 10% flexibility (no more than a cumulative amount of \$68,550), within approved Scope of Work, unless otherwise authorized. Upon reaching the 10% funding adjustment threshold, additional adjustments between categories cannot be made without prior written approval from the Division. Changes to the Scope of Work cannot be made without prior approval from the Division and the federal funding agency. Redirect requests may not be submitted within 60 days of the close of the subgrant period.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

- Equipment purchased with these funds belongs to the federal program from which this funding was appropriated and shall be returned to the program upon termination of this agreement.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees. It is the Policy of the Board of Examiners to restrict contractors/Subgrantees to the same rates and procedures allowed State Employees. The State of Nevada reimburses at rates comparable to the rates established by the US General Services Administration, with some exceptions (State Administrative Manual 0200.0 and 0320.0).

Subgrantee agrees to request reimbursement according to the schedule specified below for the actual expenses incurred related to the Scope of Work during the subgrant period.

- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred, summarizing the total amount and type of expenditures made during the reporting period.
- Submit monthly Requests for Reimbursement no later than 30 days following the end of the month; submit a Request for Reimbursement for activities completed through the month of June no later than July 31, 2015.
- Requests for Reimbursement will be accompanied by supporting documentation, including a line item description of expenses incurred.
- Provide complete travel detail including purpose of travel and attach copies of travel claim summary (if available).
- Attached invoice copies for all items listed in Contract/Consultant and Equipment. Also attach invoices for all Supplies and Other purchases that are over \$500 per item. **NOTE:** Supplies are items which have a consumable life of less than 1 year and Equipment are items over \$5,000 per item OR have a consumable life of over 1 year (ie: laptops, iPads, printers, etc...).
- Costs associated with food or meals are NOT permitted unless included with per diem as apart of official travel. Meals cannot be claimed within 50 miles of the official workstation.
- Additional expenditure detail will be provided upon request from the Division.

Additionally, the Subgrantee agrees to provide:

- Provide a copy of all plans developed and all After Action Reports (AAR) for exercises within 45 days of completion.
- A complete financial accounting of all expenditures to the Division within 30 days of the CLOSE OF THE SUBGRANT PERIOD. Any un-obligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.
- An Annual proposed Scope of Work is due on or before April 1, 2015 to support the effort proposed for next budget award.

The Division agrees:

- Review and approve activities through programmatic and fiscal reports and conduct annual site visits at the Subgrantee's physical site as necessary.
- Provide reimbursements, not to exceed a total of \$685,505 for the entire subgrant budget period.
- Provide technical assistance, upon request from the Subgrantee.
- *"The program Contract Monitor or Program Manager shall, when federal funding requires a specific match, maintenance of effort (MOE), "in-kind", or earmarking (set-aside) of funds for a specific purpose, have the means necessary to identify that the match, MOE, "in-kind", or earmarking (set-aside) has been accomplished at the end of the grant year. If a specific vendor or sub-grantee has been identified in the grant application to achieve part or all of the match, MOE, "in-kind", or earmarking (set-aside), then this shall also be identified in the scope of work as a requirement and a deliverable, including a report of accomplishment at the end of each quarter to document that the match, MOE, "in-kind", or earmarking (set-aside) was achieved. These reports shall be held on file in the program for audit purposes, and shall be furnished as documentation for match, MOE, "in-kind", or earmarking (set-aside) reporting on the Financial Status Report (FSR) 90 days after the end of the grant period."*

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

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

Both parties agree:

- Based on the quarterly narrative progress and monthly financial reporting forms, as well as site visit findings, if it appears to the Nevada State Division of Public and Behavioral Health that activities will not be completed in time specifically designated in the Scope of Work, or project objectives have been met at a lesser cost than originally budgeted, the Nevada State Division of Public and Behavioral Health may reduce the amount of this subgrant award and reallocate funding to other preparedness priorities within the state. This includes but is not limited to:
 - Reallocating funds between the subgrantee's categories, and
 - Reallocating funds to another subgrantee or funding recipient to address other identified PHP priorities, by removing it from this agreement through a subgrant amendment.

The Subgrantee will, in the performance of the Scope of Work specified in this subgrant, perform functions and/or activities that could involve confidential information; therefore, the Subgrantee is requested to fill out and sign Section F, which is specific to this subgrant, and will be in effect for the term of this subgrant.

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

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

Financial Reporting Requirements

- A Request for Reimbursement is due on a monthly basis, based on the terms of the subgrant agreement, no later than the 30th of the month.
- Reimbursement is based on actual expenditures incurred during the period being reported.
- Payment will not be processed without all reporting being current.
- Reimbursement may only be claimed for expenditures approved within the Notice of Subgrant Award.

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION D

Nevada Department of Health and Human Services		HD #: 14587
Division of Public & Behavioral Health		Budget Account: 3218
		Category #: 22
		Job #: 9306914
		GL #: 8516
		Draw #: _____
REQUEST FOR REIMBURSEMENT		

Program Name: Public Health Preparedness Preparedness, Assurance, Inspections and Statistics Division of Public and Behavioral Health	Subgrantee Name: Washoe County Health District (WCHD)
Address: 4150 Technology Way, Suite 200 Carson City, NV 89706	Address: 1001 East Ninth Street / PO Box 11130 Reno, NV 89520
Subgrant Period: July 1, 2014 through June 30, 2015	Subgrantee's: EIN: 88-6000138 Vendor #: T40283400Q

FINANCIAL REPORT AND REQUEST FOR FUNDS

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

Month(s): _____ Calendar Year: _____

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 607,889.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 607,889.00	-
2 Contractual/Consultant	\$ 16,078.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 16,078.00	-
3 Travel	\$ 3,820.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,820.00	-
4 Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
5 Supplies	\$ 3,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,000.00	-
6 Other	\$ 12,913.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 12,913.00	-
7 Indirect	\$ 41,805.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 41,805.00	-
8 Total	\$ 685,505.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 685,505.00	-

This report is true and correct to the best of my knowledge.

Authorized Signature _____	Title _____	Date _____
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Reminder: Request for Reimbursement cannot be processed without an expenditure report/backup. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims must accompany report.

FOR DIVISION USE ONLY

Program contact necessary? Yes No Contact Person: _____

Reason for contact: _____

Fiscal review/approval date: _____ Signed: _____

Scope of Work review/approval date: _____ Signed: _____

ASO or Bureau Chief (as required): _____ Date: _____

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Washoe County Health District (WCHD)
Reimbursement Worksheet
July 1 - July 31, 2014**

Personnel	Title	Description					Amount
		TOTAL					
Contract / Consultant		Description					Amount
		TOTAL					
Travel (Name of Traveler)	Travel Dates	To	Mileage @ \$0.56/mi	Lodging & Per Diem	AirFare & Misc	Purpose/ Description	Amount
		TOTAL					
Supplies		Description					Amount
		TOTAL					
Equipment		Description (attach invoice copies for all items)					Amount
		TOTAL					
Other		Description					Amount
		TOTAL					
Indirect		Description					Amount
		TOTAL					
TOTAL EXPENDITURES							

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada State Division of Public & Behavioral Health : Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health Division (WCHD)
July 1, 2014 through June 30, 2015**

Contact Name:	Jeff Whiteside
Phone Number:	775-328-6130
E-Mail Address:	jwhitesides@washoecounty.us
Applicant/Agency Name:	WCHD
Total Agency Request:	\$685,505- Year 3

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary

	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended

CDC Capabilities:

1. Community Preparedness:	\$ 149,237	\$ -	0%
F1: Determine risks to the health of the jurisdiction			
F2: Build community partnerships to support health preparedness			
F3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks			
F4: Coordinate training or guidance to ensure community engagement in preparedness efforts			
2. Community Recovery:	\$ 63,378	\$ -	0%
F1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs			
F2: Coordinate community public health, medical, and mental/behavioral health system recovery operations			
F3: Implement corrective actions to mitigate damages incidents			
3. Emergency Operations Coordination:	\$ 22,679	\$ -	0%
F1: Conduct preliminary assessment to determine need for public activation			
F2: Activate public health emergency operations			
F3: Develop incident response strategy			
F4: Manage and sustain the public health response			
F5: Demobilize and evaluate public health Emergency operations			
4. Emergency Public Information and Warning:	\$ 58,284	\$ -	0%
F1: Activate the emergency public information system			
F2: system			
F3: Establish and participate in information system operations			
F4: Establish avenue for public interaction and information exchange			
F5: Issue public information, alerts, warnings, and notifications			

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Nevada State Division of Public & Behavioral Health : Public Health Preparedness
Centers for Disease Control and Prevention (CDC)
Budget Request and Justification Form
Washoe County Health Division (WCHD)
July 1, 2014 through June 30, 2015**

Contact Name:	<u>Jeff Whiteside</u>
Phone Number:	<u>775-328-6130</u>
E-Mail Address:	<u>jwhitesides@washoecounty.us</u>
Applicant/Agency Name:	<u>WCHD</u>
Total Agency Request:	<u>\$685,505- Year 3</u>

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.

**Please contact us if you have any questions.

Budget Summary - Page 2

Monthly Expenditure:	(a)	(b)	(c)
	Budget	Current \$ Expended	Current % Expended

CDC Capabilities:

5. Fatality Management:		\$ 14,522	\$ -	0%
F1: Determine role for public health in fatality management				
F2: Activate public health fatality management operations				
F3: Assist in the collection and dissemination of antemortem data				
F4: Participate in survivor mental/behavior health services				
F5: Participate in fatality processing and storage operations				
6. Information Sharing:		\$ 56,697	0	0%
F1: Identify stakeholders to be incorporated into information flow				
F2: Identify and develop rules and data elements for sharing				
F3: Exchange information to determine a common operating picture				
7. Mass Care:	No Activity	\$ -	\$ -	0%
8. Medical Countermeasure Dispensing:		\$ 165,775	\$ -	0%
F1: Identify and initiate medical countermeasure dispensing strategies				
F2: Receive medical countermeasures				
F3: Activate dispensing modalities				
F4: Dispense medical countermeasures to identified population				
F5: Report adverse events				
9. Medical Material Management and Distribution:	No Activity	\$ -	\$ -	0%
10. Medical Surge:	No Activity	\$ -	\$ -	0%
11. Non-Pharmaceutical Interventions:		\$ 3,170	\$ -	0%
F1: Engage partners and identify factors that impact non-pharmaceutical interventions				
F2: Determine non-pharmaceutical intervention				
F3: Implement non-pharmaceutical interventions				
F5: Monitor non-pharmaceutical interventions				
12. Public Health Laboratory Testing:	No Activity	\$ -	\$ -	0%

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

**Budget Request and Justification Form
Washoe County Health Division (WCHD)
July 1, 2014 through June 30, 2015**

Contact Name:	<u>Jeff Whiteside</u>
Phone Number:	<u>775-328-6130</u>
E-Mail Address:	<u>jwhitesides@washoecounty.us</u>
Applicant/Agency Name:	<u>WCHD</u>
Total Agency Request:	<u>\$685,505- Year 3</u>

Insert your total monthly expenditure amount beside each function. If using an electronic copy, spreadsheet will calculate Current % Expended. Return this document along with your monthly reimbursement request. This will provide a tracking to expedite the mid- and end-of-year progress reporting.
**Please contact us if you have any questions.

Budget Summary - Page 3

	(a)	(b)	(c)
Monthly Expenditure:	Budget	Current \$ Expended	Current % Expended
CDC Capabilities:			
13. Public Health Surveillance and Epi Investigation:	\$ 9,504	\$ -	0%
F1: Conduct public health surveillance and detection			
F2: Conduct public health and epidemiological investigations			
F3: Recommend, monitor, and analyze mitigation actions			
F4: Improve public health surveillance and epidemiological investigation systems			
14. Responder Safety and Health:	\$ 53,325	\$ -	0%
F1: Identify responder safety and health risks			
F2: Identify safety and personal protective needs			
F3: Coordinate with partners to facilitate risk-specific safety and health training			
F3: Exchange information to determine a common operating picture			
15. Volunteer Management:	\$ 88,934	\$ -	0%
F1: Coordinate volunteers			
F2: Notify volunteers			
F3: Organize, assemble, and dispatch volunteers			
F4: Demobilize volunteers			

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

SECTION E

Audit Information Request

1. Non-Federal entities that **expend** \$750,000.00 or more in total federal awards are required to have a single or program-specific audit conducted for that year, in accordance with OMB Circular A-133. Within nine (9) months of the close of your organization's fiscal year, you **must** submit a copy of the final audit report to:

***Nevada State Division of Public and Behavioral Health
Attn: Administrative Services Officer IV
4150 Technology Way, Suite 300
Carson City, NV 89706-2009***

2. Did your organization expend \$500,000.00 or more in all federal awards during your organization's most recent fiscal year? YES NO
3. When does your organization's fiscal year end? June 30, 2015
4. What is the official name of your organization? Washoe County Health District
5. How often is your organization audited? Annually
6. When was your last audit performed? FY14 in process; FY13-BCC 11/12/13
7. What time period did your last audit cover? July 1, 2013 - June 30, 2014
8. Which accounting firm conducted your last audit? Kafoury, Armstrong & Co.



Signature

8/12/14

Date

Administrative Health Services Officer

Title

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

SECTION F

Confidentiality Addendum

BETWEEN

Nevada State Division of Public and Behavioral Health

Hereinafter referred to as "Division"

and

Washoe County Health District (WCHD)

hereinafter referred to as "Contractor"

This CONFIDENTIALITY ADDENDUM (the Addendum) is hereby entered into between Division and Contractor.

WHEREAS, Contractor may have access, view or be provided information, in conjunction with goods or services provided by Contractor to Division that is confidential and must be treated and protected as such.

NOW, THEREFORE, Division and Contractor agree as follows:

I. **DEFINITIONS**

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

1. **Agreement** shall refer to this document and that particular inter-local or other agreement to which this addendum is made a part.
2. **Confidential Information** shall mean any individually identifiable information, health information or other information in any form or media.
3. **Contractor** shall mean the name of the organization described above.
4. **Required by Law** shall mean a mandate contained in law that compels a use or disclosure of information.

II. **TERM**

The term of this Addendum shall commence as of the effective date of the primary inter-local or other agreement and shall expire when all information provided by Division or created by Contractor from that confidential information is destroyed or returned, if feasible, to Division pursuant to Clause VI (4).

III. **LIMITS ON USE AND DISCLOSURE ESTABLISHED BY TERMS OF CONTRACT OR LAW**

Contractor hereby agrees it shall not use or disclose the confidential information provided, viewed or made available by Division for any purpose other than as permitted by Agreement or required by law.

IV. **PERMITTED USES AND DISCLOSURES OF INFORMATION BY CONTRACTOR**

Contractor shall be permitted to use and/or disclose information accessed, viewed or provided from Division for the purpose(s) required in fulfilling its responsibilities under the primary inter-local or other agreement.

V. **USE OR DISCLOSURE OF INFORMATION**

Contractor may use information as stipulated in the primary inter-local or other agreement if necessary for the proper management and administration of Contractor; to carry out legal responsibilities of Contractor; and to provide data aggregation services relating to the health care operations of Division. Contractor may disclose information if:

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

1. The disclosure is required by law; or
2. The disclosure is allowed by the inter-local or other agreement to which this Addendum is made a part; or
3. The Contractor has obtained written approval from the Division.

VI. OBLIGATIONS OF CONTRACTOR

1. **Agents and Subcontractors.** Contractor shall ensure by subcontract that any agents or subcontractors to whom it provides or makes available information, will be bound by the same restrictions and conditions on the access, view or use of confidential information that apply to Contractor and are contained in Agreement.
2. **Appropriate Safeguards.** Contractor will use appropriate safeguards to prevent use or disclosure of confidential information other than as provided for by Agreement.
3. **Reporting Improper Use or Disclosure.** Contractor will immediately report in writing to Division any use or disclosure of confidential information not provided for by Agreement of which it becomes aware.
4. **Return or Destruction of Confidential Information.** Upon termination of Agreement, Contractor will return or destroy all confidential information created or received by Contractor on behalf of Division. If returning or destroying confidential information at termination of Agreement is not feasible, Contractor will extend the protections of Agreement to that confidential information as long as the return or destruction is infeasible. All confidential information of which the Contractor maintains will not be used or disclosed.

IN WITNESS WHEREOF, Contractor and the Division have agreed to the terms of the above written Addendum as of the effective date of the inter-local or other agreement to which this Addendum is made a part.

CONTRACTOR/ORGANIZATION

DIVISION

Signature Date

Signature Date

Print Name

for Richard Whitley, MS

Title

Administrator,
Division of Public and Behavioral Health
Title

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 1

Match Certification
CDC08-14

Date: _____

External Funding Source: Centers for Disease Control (CDC)- Public Health Emergency Preparedness (PHEP) _____

A mandatory cost sharing/matching cost contribution is required for the following proposal:

Funding Recipient: Washoe County Health District (WCHD) _____

Project Title: HPP and PHEP Cooperative Agreement _____

Project Grant #: 5U90TP000534-03 _____

Duration: From: July 1, 2014 To: June 30, 2015 _____

Total cost sharing/matching cost contribution: \$68,550.50 / Percentage: 10% _____

Source of cost sharing/matching cost contribution:

Name: _____

Account # (if applicable): _____

Funding recipient hereby certifies that the identified cost sharing/matching cost contribution is not being used to match any other funding source.

Washoe County Health District

Name and Title
(Funding Recipient)

Signature

Date

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 NOTICE OF SUBGRANT AWARD
 ATTACHMENT 2: SCOPE OF WORK

Washoe County Health District (WCHD)
CDC Public Health Emergency Preparedness (PHEP) Sub-grant # CDC08-14
July 1, 2014 through June 30, 2015 (BP3)

Instructions: Please describe your planned activities below by Function and the estimated fund needed to complete the activities. With each planned activity you must include the planned Output Documentation which will be used as proof of completion and the estimated date of completion. All planned activities must be completed by no later than 6/30/2015.

PHEP CAPABILITY # 1: COMMUNITY PREPAREDNESS		\$149,237
BP3 Goal: Nevada will identify community hazards, at-risk populations, gaps, and partners to create a jurisdictional risk assessment in each jurisdiction and a comprehensive statewide assessment.		
Function #1: Determine risks to the health of the jurisdiction		
BP3 Objective: By April 30, 2015 WCHD will revise its public health jurisdictional risk assessment completed in BP1, using the updated UCLA assessment tool.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will compare the UCLA instrument previously used in 2008 and BP1 with the new one provided, and develop a plan on what updates need to be made in BP3.	Documented strategy to update public health jurisdictional risk assessment.	August 31, 2014
WCHD will implement its document strategy to update the public health jurisdictional risk assessment using the new UCLA tool.	Updated public health jurisdictional health assessment report.	April 30, 2015

Function #2: Build community partnerships to support health preparedness.		
BP3 Objective: By June 30, 2015 WCHD will have continued efforts to build community partnerships that support health preparedness by providing health promotion to community sectors in at least three venues, administer five Northern Nevada Access and Functional Needs Workgroup meetings.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will promote the Medical Countermeasure Response Trainer to those spokespersons trained in BP2, so that they can exercise their skills.	Promotional materials.	April 30, 2015
WCHD will provide direct health promotion to at least three community sectors identified during BP1.	Tracking number of people reached through outreach activities.	May 31, 2015
WCHD will co-administer five Northern Nevada Access and Functional Needs Workgroup meetings and any other workgroup activities that arise.	Meeting minutes.	June 30, 2015

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
ATTACHMENT 2: SCOPE OF WORK**

Function #3: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks.		
BP3 Objective: By May 31, 2015 WCHD will have continued its efforts to engage with community organizations by soliciting feedback from at least one community group on WCHD's all-hazard's plan, and distributing the comprehensive document listing community resources developed during BP1 to community organizations who request we replenish their supply.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will solicit input from at least one community group representing various community sectors, such as the Local Emergency Management Council or the Northern Nevada Access and Functional Needs Workgroup, on a component or annex of WCHD's all-hazards plan.	Meeting minutes and updated plans if appropriate.	May 31, 2015
WCHD will replenish as needed the comprehensive community resource guide developed during BP1 and distributed to community organizations in BP2.	Tracking of resources distributed to community organizations.	May 31, 2015

Function #4: Coordinate training or guidance to ensure community engagement in preparedness efforts.		
BP3 Objective: By May 31, 2015 WCHD will provide training to at least 100 community members, volunteers and public health staff through online and in-person trainings.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will promote, in at least four venues, its online trainings on the following topics: pandemic flu and vulnerable populations, disaster behavioral health, Incident Command System refresher, assisting persons with disabilities during an emergency, and resiliency in disasters.	Meeting agendas and minutes, emails and flyers.	March 30, 2015
WCHD will coordinate a Psychological First Aid training for community members, MRC and CERT volunteers and public health staff.	Training sign-in sheet.	April 30, 2015
WCHD will recruit perspective members and at least 15 will become fully credentialed Medical Reserve Corps volunteers after completing the mandatory criteria.	Tracking of volunteer training completion.	May 31, 2015

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 NOTICE OF SUBGRANT AWARD
 ATTACHMENT 2: SCOPE OF WORK

PHEP CAPABILITY # 2 : COMMUNITY RECOVERY		\$63,378
<p>BP3 Goal: WCHD will sustain its BP2 efforts to include community recovery into regional plans and activities the agency oversees, along with working with jurisdictional partners to address public health, medical and mental/behavioral health needs in their regional planning.</p>		
<p>Function #1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs.</p>		
<p>BP3 Objective: By May 31, 2015 WCHD will have updated its all-hazards plan to incorporate the Incident Evaluation Tool, provided in CDC’s Budget Period 2 Performance Measure Specifications and Implementation Guidance, into WCHD’s community recovery activities following an incident.</p>		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will include the Incident Evaluation Tool provided in CDC’s Budget Period 2 Performance Measure Specifications and Implementation Guidance into the agency’s all-hazard plan.	Updated all-hazard’s plan.	May 31, 2015
WCHD will implement the Incident Evaluation Tool provided in CDC’s Budget Period 1 Performance Measure Specifications if an incident occurs in BP3.	Incident AAR/IP, if available.	June 30, 2015

<p>Function #2: Coordinate community public health, medical, and mental/behavioral health system recovery operations.</p>		
<p>BP3 Objective: By June 30, 2015 WCHD will have a representative actively participate in at least 80% of the 2015 Washoe County Multi-Hazard Mitigation Plan Committee activities to coordinate public health, medical and mental/behavioral health system recovery needs.</p>		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
A WCHD representative will attend or send an alternate to the 2015 Washoe County Multi-Hazard Mitigation Plan Committee meetings and activities, which includes efforts to update the regional Threat and Hazard Identification and Risk Assessment and planning for mitigation of such hazards.	Meeting minutes and the 2015 Washoe County Hazard Risk Assessment and Mitigation Plan when complete.	June 30, 2015

<p>Function #3: Implement corrective actions to mitigate damages from future incidents</p>		
<p>BP3 Objective: By May 31, 2015 WCHD will implement 100% of the corrective actions due in BP3 identified through incident and exercise AAR/IPs.</p>		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

ATTACHMENT 2: SCOPE OF WORK

Activity	Output Documentation	Date of Completion
WCHD Public Health Preparedness staff will meet with the Department Emergency Management Committee who is tasked with tracking the completion of AAR/IP corrective actions to review the actions that will be implemented in BP3.	Department Emergency Management Committee minutes.	September 30, 2014
WCHD will complete all of the BP3 recovery corrective actions as discussed with the Department Emergency Management Committee.	AAR/IP activity tracking log.	May 31, 2015

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 NOTICE OF SUBGRANT AWARD
 ATTACHMENT 2: SCOPE OF WORK

PHEP CAPABILITY # 3 : EMERGENCY OPERATIONS COORDINATION		\$22,679
<p>BP3 Goal: Nevada will implement a state health Emergency Operations Center that can communicate and coordinate with emergency coordination partners. WCHD will sustain and improve WCHD's ability to assess and determine the need for a public health activation through exercises, drills, updated plans and staff response matrix.</p>		
<p>Function #1: Conduct preliminary assessment to determine need for public activation.</p>		
<p>BP3 Objective: WCHD will sustain WCHD's ability to assess and determine the need for a public health activation.</p>		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD Crisis Action Team along with Washoe County Crisis Action Team with input from Washoe County Emergency Management will make decision regarding lead and supporting roles at the time of an incident. WCHD will conduct a training for the WCHD Crisis Action Team, to ensure they are knowledgeable of their roles and responsibility. The Health District will encourage Washoe County Emergency Management to conduct a training for the Washoe County Crisis Action Team.	AAR/IP	June 30, 2015
Revise WCHD plans to include the method for identifying the appropriate notifications and stakeholders to coordinate with during an emergency and include activation levels consistent with jurisdictional standards and practices.	Updated Department Emergency Operations Plan	January 2015
Review the WCHD public health staff matrix that identifies appropriate staff based on incident type and update as needed.	Update Matrix	June 2015
<p>Function #2: Activate public health emergency operations</p>		
<p>BP3 Objective: WCHD will provide ongoing training and exercise for at least 75% of pre-identified incident command staff will in training/exercise.</p>		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
Increase WCHD's ability to conduct emergency operations through continued training and exercising of incident command staff.	AAR/IPs and sign in sheets	Quarterly Drills and Exercises all to be completed by June 30, 2015

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

ATTACHMENT 2: SCOPE OF WORK

Review and maintain ICS roster of WCHD staff for incident command staffing to ensure appropriate skills based on staff matrix referred to in Function 2, Task 1.	Updated WCHD Department Operations Center Roster	January 2015
Review and maintain ICS roster of WCHD staff for incident command staffing to ensure continuous staffing for three consecutive 12 hour shifts during activation.	Updated WCHD ICS Roster	June 2015
Primary and alternate physical locations have been identified in the WCHD COOP and are primarily Washoe County facilities. WCHD will continue to try and get MOUs approved that will confirm use of these locations. At a minimum, health distract staff with confirm intent to utilize these alternate physical work locations with those facility staff.	COOP, written confirmation of intent to use alternate work facilities and MOUs.	June 2015
Notify WCHD Incident Command Staff through alert drills or for a real event.	AAR/IP	Quarterly Drills and Exercises all to be completed by June 30, 2015
Notify/alert and Assemble WCHD Incident Command staff within 1 hour. Report results in AAR/IP.	AAR/IP	Quarterly Drills and Exercises all to be completed by June 30, 2015

Function #3: Develop incident response strategy.

BP3 Objective: Continue to produce Incident Action Plans (IAP) for each operational period through exercises or real events.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Ensure an IAP is produced for each operational period for exercises and real events.	AAR/IPs	June 2015
Ensure that Incident Command staff have access to Incident Action Plans during exercises and events.	IAPs and AAR/IPs	June 2015
Ensure Incident Action Plans are updated at the start of each operational period and Incident Command Staff are briefed on the updated Incident Action Plan.	IAPs and AAR/IPs	June 2015

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Function #4: Manage and sustain the public health response.		
BP3 Objective: During a real event or exercise, WCHD will manage and sustain a public health response and closely coordinate with community and state partners.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will coordinate and maintain a public health response during exercises and real events.	AAR/IPs	Upon completion of exercises or real events. June 2015
WCHD will track and account for all public health resources using staff/volunteer management plan.	AAR/IP	Upon completion of exercises or real events. June 2015
Maintain situational awareness during exercises and real events utilizing IAP, ICS briefings and WebEOC.	IAPs and WebEOC data	Upon completion of exercises or real events. June 2015

Function #5: Demobilize and evaluate public health emergency operations.		
BP3 Objective: WCHD will successfully demobilize health district staff demobilization and evaluate operations during an exercise or real event.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will follow the WCHD Volunteer/Staff Management Plan to ensure successful demobilization of staff and resources during an full-scale exercise or real event.	AAR/IP	Upon completion of exercises or real events. June 2015
WCHD will conduct an incident debrief/hot wash with results being documented in an AAR/IP.	AAR/IP	Upon completion of exercises or real events. June 2015
WCHD continue to produce AAR/IPs after exercises and real events as well as track identified improvements.	AAR/IP and Improvement Tracking Matrix	Upon completion of exercises or real events. June 2015
Continue to improve plans and actions and processes based on improvements identified in AAR/IPs.	AAR/IP and Improvement Tracking Matrix	Upon completion of exercises or real events. June 2015

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PHEP CAPABILITY # 4 : EMERGENCY PUBLIC INFORMATION AND WARNING		\$58,284
BP3 Goal: Sustain ability to provide timely and accurate information during public health emergencies.		
Function #1: Activate the emergency public information system		
BP3 Objective: Sustain partnerships through the Public Warning/Public Information Task Force (PW/PI Task Force) coordinated through Washoe County Regional Emergency Operations Center (REOC) to optimize the emergency public information system.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Participate in Public Warning and Public Information meetings on local, regional and statewide basis.	Meeting minutes and sign in sheets	June 30, 2015
2) Update Crisis Communicators Contact list as needed to ensure partner agencies and stakeholders receive timely and accurate information during public health emergencies	Current updated list	June 30, 2015
3) Review and update internal Public Information and Communication (PIC) Plan as needed	Ongoing/Updated 3/20/14	June 30, 2015
Function #2: Determine the need for a joint public information system		
BP3 Objective: Review NIMS Incident Command System (ICS) and CDC Crisis Emergency Risk Communication (CERC) protocol through drills, exercises, trainings, or events establishing JIC/JIS		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Participate in one and three REOC drills exercises or events	Sign in sheets and/or AAR/IP	April 14, 2015
2) Conduct 1 (one) 300/400 ICS Training or CERC Training	Attendance sheets, tests, and evaluations	May 14, 2015
Function #3: Establish and participate in information system operations.		
BP3 Objective: Partner with (PW/PI Task Force) in providing training to members relevant to information system operations		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Attend regional or statewide PW/PI Task Force activities in training capacity as CERC educator	Announcements, minutes, and sign in sheets	September 14, 2015
2) Attend Best Practices Site Visit as Health District representative	Report	June 14, 2015

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Function #4: Establish avenues for public interaction and information exchange		
BP3 Objective: Sustain effective public information dissemination using various systems		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Continue working with PW/PI Task Force development and use of public information warning programs and applications such as EAS, WEA, WebEOC, CodeRed, and IPAWS.	Successful test scenarios at REOC	June 30, 2015
2) Continue posting press releases, media advisories, and pertinent information through the website, social media sites and e-mail.	Tracking system reports such as VOCUS, TVEyes, Google Analytics.	June 30, 2015
3) Work with Special Needs (Deaf/Blind) population and Helen Keller National Center to provide proper notification during public health emergencies by exploring cost and availability of special equipment	Number of persons/households served through FCC – I Can Connect Program	June 30, 2015

Function #5: Issue public information, alerts, warnings, and notifications.		
BP3 Objective: Sustain current ability to issue press releases and media advisories on emergency and relevant public health issues.		
Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Maintain current Master Media Contact List	E-mail records	Ongoing
2) Record Monthly Media Contact Log	District Board of Health Monthly Media Report	Ongoing
3) Record social media posts	Twitter/Face Book records	Ongoing

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PHEP CAPABILITY # 5 : PHEP FATALITY MANAGEMENT		\$14,522
BP3 Goal: Washoe County Health District (WCHD) will continue to support the objectives of the Washoe County Medical Examiner Coroner Office (WCEMCO) to plan, train and exercise the regional mass fatality management plans.		
Function #1: Determine role for public health in fatality management.		
BP3 Objective: By the end of March 2015, WCHD will work with regional partners to test the protocols written during BP2 relating to the interface between Public Health, Washoe County Medical Examiner Coroner's Office and the healthcare organizations.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will utilize the SOP written during BP2 for an exercise with the WCMECO.	After-action review of the exercise	3/31/15

Function #2: Activate public health fatality management operations.		
BP3 Objective: No Activities Planned		
Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
No Activities Planned		

Function #3: Mental/behavioral support at the healthcare organization level..		
BP3 Objective: By the end of June 2015, WCHD will work with regional partners to exercise the Washoe County Mass Fatality Family Assistance Center plan.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will work with regional partners to test the mass fatality family assistance center plan.	After-Action review of the exercise	6/30/15

Function #4: Participate in survivor mental/behavioral health services.		
BP3 Objective: By the end of June 2015, WCHD will work with regional partners to exercise the Washoe County Mass Fatality Family Assistance Center plan.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		

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Activity	Output Documentation	Date of Completion
WCHD will work with regional partners to test the mass fatality family assistance center plan.	After-Action review of the exercise	6/30/15

Function #5: Participate in fatality processing and storage operations.		
BP3 Objective: No Activities Planned		
Planned Activity Type: <input type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input checked="" type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
No Activities Planned		

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PHEP CAPABILITY # 6 : PHEP INFORMATION SHARING		\$56,697
BP3 Goal: Collaborate with regional partners to research and develop tools for regional informational sharing. This will enable continued communication during emergency response.		
Function #1: Identify stakeholders to be incorporated into information flow.		
BP3 Objective: Identify stakeholders to be incorporated into information flow by building partnerships through active participation in the Public Warning/Public Information Task Force coordinated through Washoe County Regional Emergency Operations Center.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) WCHD will attend regularly scheduled Public Warning / Public information Task Force meetings, and participate on the Taskforce's Public Information/Outreach Committee to determine information-sharing needs.	Meeting agenda, notes, sign in sheets; Regional Public Information Public Warning Plan when completed.	June 30, 2015
2) Through the Public Information / Public Warning Taskforce, WCHD will assist in the development of a regional plan that addresses communications before, during and after incident, including the identification of stakeholders.	Regional Public Information Public Warning Plan when completed.	June 30, 2015

Function #2: Identify and develop rules and data elements for sharing.		
BP3 Objective: Work with community partners through the Public Warning/Public Information Task Force to identify and develop rules and data elements for sharing.		
Planned Activity Type: <input checked="" type="checkbox"/> Build <input type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) Through the Public Information / Public Warning Taskforce, WCHD will work with community partners to further identify incident-specific data requirements for stakeholders.	Regional Public Information Public /Warning Plan when completed.	June 30, 2015
2) Through the Public Information / Public Warning Taskforce, WCHD will work with community partners to further identify incidents which will necessitate information exchange.	Regional Public Information Public /Warning Plan when completed.	June 30, 2015
3) WCHD will continue to utilize the agency's legal counsel to obtain guidance on all legal-related matters.	Documentation from Legal Counsel as it is made available to WCHD.	

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Function #3: Exchange information to determine a common operating picture.		
BP3 Objective: Continue to exchange information with community partners to determine a common operating picture.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
1) WCHD will continue to collaborate with and participate in jurisdictional health information exchanges such as the Public Information / Public Warning Taskforce, Nevada Department of Public Safety PIO group, and WCHD Crisis Communicators List.	Documentation of health information exchange, as appropriate.	June 30, 2015
2) WCHD will continue to appropriately utilize its internal instance of WebEOC, and/or Washoe County Emergency Management’s instance of WebEOC, and Web Fusion, to support data exchange with other public health entities as necessary.	Data in WebEOC	June 30, 2015
3) WCHD will continue to utilize its Biostatistician’s expertise to maintain certain data repositories and support data exchange.	Updated Public Information and Communications Plan	
4) As appropriate, WCHD will review and update the Public Information and Communication plan to ensure the protocol for the development of Public Health Alert messages is compliant with jurisdictional and federal standards.		

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PHEP CAPABILITY # 8 : MEDICAL COUNTERMEASURE DISPENSING		\$165,775
<p>BP3 Goal: Nevada will train and collaborate with tribal partners to develop medical countermeasure dispensing capabilities to reach at-risk populations.</p> <p>BP3 Goal (WCHD): To provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis to the identified population during an exercise or real life public health emergency in accordance with public health guidelines and/or recommendations.</p>		
<p>Function #1: Identify and initiate medical countermeasure dispensing strategies</p>		
<p>BP3 Objective 1.1: By June 30, 2015, Washoe County Health District staff will update the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.</p> <p>BP3 Objective 1.2: By June 30, 2015, Washoe County Health District staff will update the WCHD POD Operations Manual based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.</p> <p>BP3 Objective 1.3: On an ongoing basis, Washoe County Health District staff will provide technical assistance to all ten Washoe County Private POD Partners (and any additional partners who sign MOUs in BP3) to develop individual agency plans as they relate to POD operations.</p> <p>BP3 Objective 1.4: By June 30, 2015, provide a minimum of seven trainings to Health District staff, Private POD Partners and MRC volunteers related to both private and public POD operations.</p>		
<p>Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity</p>		
Activity	Output Documentation	Date of Completion
Provide one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable	March 2015
Hold one meeting with subject matter experts to identify medical countermeasure planning areas that need improvement. Subject matter experts will include regional emergency managers employed by healthcare organizations, law enforcement, fire agencies, government, etc.	Meeting agenda, sign-in sheet and minutes if applicable	April 2015
Provide six vaccination trainings to the three fire agencies in Washoe County (Reno, Sparks and Truckee Meadows). Provide information related to POD operations and instruct Intermediate and Advanced	Sign-in sheets and copy of presentation.	June 30, 2015

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EMTs on the provision of IM injections.		
Develop MOUs with private and public sector partners to identify and fill required response roles during a public health emergency.	MOUs	Ongoing
Meet with all ten private POD partners each per year to provide technical assistance in the development of their Private POD Plan related to the identification and initiation of medical countermeasure dispensing strategies.	Calendar appointments and Private POD Plans.	Ongoing
Include updates related to the identification and initiation of medical countermeasure dispensing strategies in the MCMDD and POD Operations Manual.	Update MCMDD and POD Operations Manual.	Ongoing

Function #2: Receive medical countermeasures.

BP3 Objective 2.1: By June 30, 2015, Washoe County Health District staff will update the WCHD Medical Countermeasures Acquisition and Distribution (MCMDD) Plan based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 2.2: By June 30, 2015, Washoe County Health District staff will update the WCHD POD Operations Manual based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 2.3: By June 30, 2015, Washoe County Health District staff will provide technical assistance to all ten Washoe County Private POD Partners (and any additional partners who sign MOUs in BP3) to develop individual agency plans as they relate to POD operations.

BP3 Objective 2.4: By June 30, 2015, provide seven trainings to Health District staff, Private POD Partners and MRC volunteers related to both private and public POD operations.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Provide one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.	March 2015
Hold meeting with subject matter experts to identify medical countermeasure planning areas that need improvement. Subject matter	Meeting agenda, sign-in sheet and minutes if applicable	April 2015

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experts will include regional emergency managers employed by healthcare organizations, law enforcement, fire agencies, government, etc.		
Provide six vaccination trainings to the three fire agencies in Washoe County (Reno, Sparks and Truckee Meadows). Provide information related to POD operations and instruct Intermediate and Advanced EMTs on the provision of IM injections.	Sign-in sheets and copy of presentation.	June 30, 2015
Collaborate with one Private POD Partner to exercise their POD Plan to include, at a minimum: receipt of medical countermeasures; dispensing of medical countermeasures; monitoring of dispensing throughput time; and reporting of adverse events.	Sign-in sheets and IAP.	June 30, 2015
Develop MOUs with private and public sector partners to identify and fill required response roles during a public health emergency.	MOUs	Ongoing
Meet with all ten private POD partners each per year to provide technical assistance in the development of their Private POD Plan related to the receipt of medical countermeasures.	Calendar appointments and Private POD Plans.	Ongoing
Include updates related to the receipt of medical countermeasures in the MCMDD and POD Operations Manual (i.e, include updated Health Care Requesting Procedures as an Appendix).	Update MCMDD and POD Operations Manual.	Ongoing

Function #3: Activate dispensing modalities.

BP3 Objective 3.1: By June 30, 2015, Washoe County Health District staff will update the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 3.2: By June 30, 2015, Washoe County Health District staff will update the WCHD POD Operations Manual based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 3.3: On an ongoing basis, Washoe County Health District staff will provide technical assistance to all ten Washoe County Private POD Partners (and any additional partners who sign MOUs in BP3) to develop individual agency plans as they relate to POD operations.

BP3 Objective 3.4: By June 30, 2015, provide a minimum of seven trainings to Health District staff, Private POD Partners and MRC volunteers related to both private and public POD operations.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

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Activity	Output Documentation	Date of Completion
Update/Develop security plans for Public and Private POD sites in collaboration with the Washoe County Sheriff's Office Northern Nevada Regional Intelligence Center.	Security plans for both public and private POD sites.	December 2014
Update/Develop canned flyers/messages and PSAs to be used for activation of POD sites (revise messages if necessary to meet the needs of Private POD Partners who may open sites to the public).	Canned flyers/messages for PSA campaign	December 2015
Provide one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.	March 2015
Hold meeting with subject matter experts to identify medical countermeasure planning areas that need improvement. Subject matter experts will include regional emergency managers employed by healthcare organizations, law enforcement, fire agencies, government, etc.	Meeting agenda, sign-in sheet and minutes if applicable	April 2015
Provide six vaccination trainings to the three fire agencies in Washoe County (Reno, Sparks and Truckee Meadows). Provide information related to POD operations and instruct Intermediate and Advanced EMTs on the provision of IM injections.	Sign-in sheets and copy of presentation.	June 30, 2015
Collaborate with one Private POD Partner to exercise their POD Plan to include, at a minimum: receipt of medical countermeasures; dispensing of medical countermeasures; monitoring of dispensing throughput time; and reporting of adverse events.	Sign-in sheets and IAP.	June 30, 2015
Update the WCHD SNS Department Operations Center Roster and the Public POD Rosters.	Updated Rosters	Quarterly
Develop MOUs with private and public sector partners to identify and fill required response roles during a public health emergency.	MOUs	Ongoing

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Meet with all ten private POD partners each per year to provide technical assistance in the development of their Private POD Plan related to the activation of their POD sites.	Calendar appointments and Private POD Plans.	Ongoing
Include updates related to the activation of POD sites in the MCMDD and POD Operations Manual.	Update MCMDD and POD Operations Manual.	Ongoing

Function #4: Dispense medical countermeasures to identified population

BP3 Objective 4.1: By June 30, 2015, Washoe County Health District staff will update the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 4.2: By June 30, 2015, Washoe County Health District staff will update the WCHD POD Operations Manual based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 4.3: On an ongoing basis, Washoe County Health District staff will provide technical assistance to all ten Washoe County Private POD Partners (and any additional partners who sign MOUs in BP3) to develop individual agency plans as they relate to POD operations.

BP3 Objective 4.4: By June 30, 2015, provide a minimum of seven trainings to Health District staff, Private POD Partners and MRC volunteers related to both private and public POD operations.

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
Update/Develop security plans for Public and Private POD sites in collaboration with the Washoe County Sheriff's Office Northern Nevada Regional Intelligence Center.	Security plans for both public and private POD sites.	December 2014
Update/Develop canned flyers/messages and PSAs to be used for activation of POD sites (revise messages if necessary to meet the needs of Private POD Partners who may open sites to the public).	Canned flyers/messages for PSA campaign	December 2015
Provide one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.	March 2015

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Hold meeting with subject matter experts to identify medical countermeasure planning areas that need improvement. Subject matter experts will include regional emergency managers employed by healthcare organizations, law enforcement, fire agencies, government, etc.	Meeting agenda, sign-in sheet and minutes if applicable	April 2015
Provide six vaccination trainings to the three fire agencies in Washoe County (Reno, Sparks and Truckee Meadows). Provide information related to POD operations and instruct Intermediate and Advanced EMTs on the provision of IM injections.	Sign-in sheets and copy of presentation.	June 30, 2015
Collaborate with one Private POD Partner to exercise their POD Plan to include, at a minimum: receipt of medical countermeasures; dispensing of medical countermeasures; monitoring of dispensing throughput time; and reporting of adverse events.	Sign-in sheets and IAP.	June 30, 2015
Update the WCHD SNS Department Operations Center Roster and the Public POD Rosters.	Updated Rosters	Quarterly
Ensure appropriate staff are trained in WebIZ CRA and Insight for tracking quantity and type of medical countermeasures.	Training sign-in sheets and certificates of completion if available	Annually as offered by NSDPBH
Develop MOUs with private and public sector partners to identify and fill required response roles during a public health emergency.	MOUs	Ongoing
Meet with all ten private POD partners each per year to provide technical assistance in the development of their Private POD Plan related to the dispensing of medical countermeasures.	Calendar appointments and Private POD Plans.	Ongoing
Include updates related to the dispensing of medical countermeasures in the MCMDD and POD Operations Manual.	Update MCMDD and POD Operations Manual.	Ongoing

Function #5: Report adverse events

BP3 Objective 5.1: By June 30, 2015, Washoe County Health District staff will update the WCHD Medical Countermeasures Distribution and Dispensing (MCMDD) Plan based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

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BP3 Objective 5.2: By June 30, 2015, Washoe County Health District staff will update the WCHD POD Operations Manual based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises.

BP3 Objective 5.3: On an ongoing basis, Washoe County Health District staff will provide technical assistance to all ten Washoe County Private POD Partners (and any additional partners who sign MOUs in BP3) to develop individual agency plans as they relate to POD operations.

BP3 Objective 5.4: By June 30, 2015, provide a minimum of seven trainings to Health District staff, Private POD Partners and MRC volunteers related to both private and public POD operations.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Provide one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.	March 2015
Hold meeting with subject matter experts to identify medical countermeasure planning areas that need improvement. Subject matter experts will include regional emergency managers employed by healthcare organizations, law enforcement, fire agencies, government, etc.	Meeting agenda, sign-in sheet and minutes if applicable	April 2015
Provide six vaccination trainings to the three fire agencies in Washoe County (Reno, Sparks and Truckee Meadows). Provide information related to POD operations and instruct Intermediate and Advanced EMTs on the provision of IM injections.	Sign-in sheets and copy of presentation.	June 30, 2015
Collaborate with one Private POD Partner to exercise their POD Plan to include, at a minimum: receipt of medical countermeasures; dispensing of medical countermeasures; monitoring of dispensing throughput time; and reporting of adverse events.	Sign-in sheets and IAP.	June 30, 2015
Develop MOUs with private and public sector partners to identify and fill required response roles during a public health emergency.	MOUs	Ongoing

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Meet with all ten private POD partners each per year to provide technical assistance in the development of their Private POD Plan related to the reporting of adverse events.	Calendar appointments and Private POD Plans.	Ongoing
Include updates related to the reporting of adverse events in the MCMDD and POD Operations Manual.	Update MCMDD and POD Operations Manual.	Ongoing

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PHEP CAPABILITY # 11 : NON-PHARMACEUTICAL INTERVENTIONS	\$3,170
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BP3 Goal: Washoe County will have basic preparations in place to enable implementation of non-pharmaceutical interventions as needed during a public health emergency.

Function #1: Engage partners and identify factors that impact non-pharmaceutical interventions

BP3 Objective: By June 30, 2015, WCHD obtain feedback from area hospitals on proposed methods of implementing non-pharmaceutical interventions.

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
Provide the Washoe County Inter Hospital Coordinating Council (IHCC) with a copy of the draft bench book for review and discussion.	IHCC Minutes	June 30, 2015

Function #2: Determine non-pharmaceutical interventions.

BP3 Objective: By June 30, 2015, WCHD will continue to develop and refine its understanding of the legal and regulatory authorities available to implement isolation, quarantine, social distancing and other forms of non-pharmaceutical intervention.

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
Review and revise as needed the draft bench book developed by SNHD and request a Washoe County legal review and approval.	Revised bench book document	June 30, 2015

Function #3: Implement non-pharmaceutical interventions

BP3 Objective: No planned activity in BP3

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
No planned activity in BP3		

Function #4: Monitor non-pharmaceutical interventions

BP3 Objective: No planned activity in BP3

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
No planned activity in BP3		

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2: SCOPE OF WORK

PHEP CAPABILITY #13 : PUBLIC HEALTH SURVEILLANCE & EPIDEMIOLOGICAL INVESTIGATION		\$9,504
BP3 Goal: Nevada will create public health surveillance and epidemiological investigation plans that meet 24/7 preparedness abilities.		
Function #1: Conduct public health surveillance and detection		
BP3 Objective: By June 30, 2015, WCHD will sustain the tasks and activities required to conduct public health surveillance and detection.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will continue to engage stakeholders through reminders about legally mandated reporting in the EpiNews publication.	EpiNews publications	June 30, 2015
Routine surveillance will continue to be conducted in accordance with NRS/NAC 441A	NBS and Staff investigation notes	June 30, 2015
Existing syndromic surveillance systems will be maintained including FirstWatch, and NRDM while continuing to transition from HMS to BioSense.	Syndromic surveillance SOP	June 30, 2015
Statistical data will continue to be shared through internal reports on a weekly basis and with external partners through the EpiNews.	CD Log and EpiNews Publications	June 30, 2015
Identification of health problems, threats, and environmental hazards will be achieved through continued analysis of surveillance data and encouragement of outbreak reporting by professionals and members of the public	EpiNews Publications.	June 30, 2015
Function #2: Conduct public health and epidemiological investigations		
BP3 Objective: By June 30, 2015, WCHD will sustain the tasks and activities required to conduct public health and epidemiological investigations.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will continue to conduct investigations as required by law and/or public health necessity and will involve partner organizations as indicated.	NBS system and investigative files	June 30, 2015
WCHD will continue to provide epidemiological and environmental consultation to neighboring jurisdictions and partner agencies as requested.	Staff Notes	June 30, 2015
WCHD will continue to report investigation results to jurisdictional and federal partners utilizing NBS.	NBS System	June 30, 2015

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
ATTACHMENT 2: SCOPE OF WORK**

Function #3: Recommend, monitor, and analyze mitigation actions		
BP3 Objective: By June 30, 2015, WCHD will sustain the tasks and activities required to recommend, monitor, and analyze mitigation actions.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will continue to determine and implement mitigation actions based on applicable science and standards outlined in reference documents.	NBS, Staff investigation notes, and Outbreak final reports	June 30, 2015
WCHD will continue to provide information for decision makers to support decision making related to mitigation actions	NBS, Staff investigation notes, and Outbreak final reports	June 30, 2015
WCHD will continue to monitor mitigation results.	NBS, Staff investigation notes, and Outbreak final reports	June 30, 2015
WCHD will continue to recommend additional measures as needed based on monitoring of mitigation results	NBS, Staff investigation notes, and Outbreak final reports	June 30, 2015

Function #4: Improve public health surveillance and epidemiological investigation systems		
BP3 Objective: By June 30, 2015, WCHD will sustain the tasks and activities required to improve public health surveillance and epidemiological investigation systems.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
WCHD will continue to identify issues and outcomes during and after incidents.	Outbreak final reports and AAR/IPs	June 30, 2015
WCHD will continue to conduct post-incident evaluation meetings with active participants after major outbreak investigations and/or exercises.	Outbreak final reports and AAR/IPs	June 30, 2015
WCHD will continue to develop an AAR/IP after major outbreak investigations and/or exercises	Outbreak final reports and AAR/IPs	June 30, 2015
WCHD will continue to communicate AAR/IP information to public health leadership after major outbreaks and/or exercises	Outbreak final reports and AAR/IPs	June 30, 2015

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 NOTICE OF SUBGRANT AWARD
 ATTACHMENT 2: SCOPE OF WORK

PHEP CAPABILITY # 14 : PHEP RESPONDER SAFETY AND HEALTH	\$53,325
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BP3 Goal: To protect Washoe County Health District staff when responding to a public health emergency.

Function #1: Identify responder safety and health risks.

BP3 Objective 1.1: By June 30, 2015, WCHD staff will update the WCHD Department Emergency Management Plan (DEMP) to ensure staff is provided current policies and procedures as they relate to emergency response.

BP3 Objective 1.2: By June 30, 2015, WCHD staff will update the WCHD Continuity of Operations Plan (COOP) to ensure staff is provided current operating procedures during an emergency in which their workplace is non-operational.

BP3 Objective 1.3: By June 30, 2015, WCHD staff will update all Job Action Sheets to be used by WCHD staff when responding to a public health emergency.

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

Activity	Output Documentation	Date of Completion
Update all Job Action Sheets for roles filled by Health District staff during a public health emergency and distribute to staff.	Revised Job Action Sheets	February 2015
Provide an annual training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include risk-specific safety and health information collected in BP2. Additional topic areas discussed during the annual training will include: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.	Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.	March 2015
Update DEMP and COOP (i.e., based on revised guidelines, increased community partnerships and/or improvement plan data collected from exercises, etc).	Updated DEMP and COOP	May 2015

Function #2: Identify safety and personal protective needs

BP3 Objective 2.1: By June 30, 2015, identify current plans and sources of information within the Washoe County Health District as it relates to the identification of safety and personal protective needs.

BP3 Objective 2.2: By June 30, 2015, inventory PPE within the Washoe County Health District to be used by staff when responding to a public health emergency.

Planned Activity Type: **Build** **Sustain** **Scale Back** **No Planned Activity**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

ATTACHMENT 2: SCOPE OF WORK

Activity	Output Documentation	Date of Completion
Set up a meeting with the Washoe County Health District Quality Control Representative to determine the location of all plans and sources of information as it relates to PPE for Health District staff.	Meeting minutes	December 2014
Update inventory logs of all PPE contained in WCHD storage cabinets and trailers to be used in a public health emergency. Discard all expired PPE.	Updated Inventory Logs	March 2015

Function #3: Coordinate with partners to facilitate risk-specific safety and health training

BP3 Objective 3.1: By June 30, 2015, meet with statewide Public Health Preparedness Partners during the annual Training and Exercise Planning Workgroup (TEPW) to determine training opportunities as they relate to safety and health.

BP3 Objective 3.2: On a bi-weekly basis, meet with the Washoe County Health District Public Health Preparedness Manager to review risk-specific training opportunities discussed at regional Emergency Management and Public Health Preparedness meetings as identified by jurisdictional risk assessments.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Work collaboratively with statewide and regional partners and internal staff to learn of risk-specific safety and health trainings and forward training information to appropriate staff, volunteers and community partners.	Meeting agendas and minutes	Ongoing

Function #4: Monitor responder safety and health actions

BP3 Objective 4.1: By June 30, 2015, research a screening tool to be used by the WCHD to ensure staff is medically fit before and after deployment for a public health emergency.

BP3 Objective 4.2: By June 30, 2015, promote Washoe County Health District mental/behavioral health resources to all staff during annual Point of Dispensing training.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
Research a screening tool that will determine whether responders/staff are medically fit before being deployed; and to determine if any injuries, illnesses or exposures were incurred by public health responders.	Screening tool	November 2014

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

ATTACHMENT 2: SCOPE OF WORK

<p>Provide at least one training for Washoe County Health District staff (and back-ups) who would fill an SNS management response role within the WCHD DOC or POD sites to include the following topic areas: SNS planning elements, management of operations, local-state requesting SNS procedures, communications plan, public information and communication, security operations, inventory management, dispensing operations, hospitals and treatment centers coordination.</p> <p>During this training, staff will be reminded of available mental/behavioral health resources offered by the Washoe County Health District to include (but not limited to): Employee Assistance Program and online "Self-Care for First Responders" training.</p>	<p>Rosters of SNS management staff, sign-in sheets for training and copy of presentation if applicable.</p>	<p>March 2015</p>
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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD

ATTACHMENT 2: SCOPE OF WORK

PHEP CAPABILITY # 15 : PHEP VOLUNTEER MANAGEMENT		\$88,934
BP3 Goal: Nevada will implement an ESAR-VHP registry that meets national guidelines, collaborate with Medical Reserve Corps, and improve volunteer recruitment and coordination.		
Function #1: Coordinate volunteers		
BP3 Objective: Prior to an incident or event, the MRC Coordinator will provide revised information to IHCC members to inform them which situations would warrant the use of MRC volunteers. Prior to the need for volunteers, training programs will also be implemented to help volunteers to appropriately be able to respond to situations by the end of BP3.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
MRC coordinator will provide updated information on requesting procedures to IHCC members to inform them of the situations that could warrant the use of MRC-volunteers. MRC volunteer information in Intermedix, which is the WCHD’s electronic volunteer registration system, will be used to update and identify volunteers to respond to the updated response plans.	The updated template that will serve as the response plans	Ongoing-June30, 2015
MRC Coordinator will recruit new volunteers through the media and participate in events that will promote MRC mission. Intermedix will also be updated with new and existing volunteer’s information during budget period 3.	Number of MRC volunteers information that is updated and sustained.	Ongoing-June30, 2015
Prior to an incident MRC Coordinator will have previously verified volunteers credentials by checking with state licensing agencies and then storing information in Intermedix which contains ESARP-VHP and MRC data and can be easily accessed electronically.	Records of Volunteers from Intermedix and ESRAP-VHP.	Ongoing-June30, 2015
MRC Coordinator will provide volunteers updated information on the process of how to report to a situation upon activation which can include the need in some instances for “just-in-time” training. Communication will also be established with CERT, NNOVAD, the Red Cross and REMSA, local healthcare organizations and other MRC Units in Nevada. The communication may result in periodic scheduled meetings.	A copy of revised MRC Standard Operating Procedures and meeting information from communicating with other healthcare and emergency groups.	Ongoing-June30, 2015

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
ATTACHMENT 2: SCOPE OF WORK**

Function #2: Notify volunteers		
BP3 Objective: MRC Coordinator will review and revise the current MRC volunteer request process to ensure that prospective volunteers are notified and mobilized in the appropriate health professional role for WCHD's local health care organizations by the end of BP3.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		
Activity	Output Documentation	Date of Completion
MRC Coordinator will provide local healthcare organizations information prior to an incident about how MRC volunteers may be able to help in the event of an emergency. The role and quantity of volunteers available is periodically updated with the use of Intermedix (volunteer management system).	Revised Standard Operating Procedures.	Ongoing-June30, 2015.
The modes to contact MRC-volunteers will consist of a written telephone call down procedure that will be revised in the MRC-SOP and the Volunteer Management Plan.	Revised MRC Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015.
The role and quantity of volunteers needed will be written and included in the updated MRC- SOP. The Intermedix (computerized volunteer system) will be used to help notify volunteers.	Updated Standard Operating Procedure	Ongoing-June30, 2015
MRC coordinator will check with State Licensing Departments and/or also verify certifications, licenses of new and current volunteers prior to deploying to incidents.	Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015
MRC coordinator will provide IHCC members information on the procedure prior to an incident how to request MRC Volunteers. The skills and experience of volunteers of volunteers will be updated with the use of Intermedix; the WCHD's computerized volunteer system.	Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015

Function #3: Organize, assemble, and dispatch volunteers		
BP3 Objective: MRC Coordinator will review protocols for allocating MRC volunteers that are needed simultaneously across several healthcare organizations and work on assuring their availability. This process will include the placement of volunteers through the appropriate deployment channels and match the assignment of volunteers to the needs of the requesting Washoe County healthcare organizations that will be based on volunteer availability by the end of BP3.		
Planned Activity Type: <input type="checkbox"/> Build <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Scale Back <input type="checkbox"/> No Planned Activity		

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD**

ATTACHMENT 2: SCOPE OF WORK

Activity	Output Documentation	Date of Completion
MRC Coordinator will assure that a plan is in place that will identify additional volunteers e.g., Interstate jurisdictional systems ESAR-VHP; and other Healthcare Coalition volunteers. ASPR's Medical Surge Capacity Handbook will be referenced as guidance to assure our volunteers' ability to respond.	Updated Intermedix and networking with other local volunteer organizations.	Ongoing-June30, 2015
MRC- Volunteers will be deployed consistent with the current MRC Standard Operating Procedure guidelines. Training will be provided that will include personal safety concerns and in addition to just in time training for specific incidents.	Revised MRC Standard Operating Procedure guidelines and the Volunteer Management Plan.	Ongoing-June30, 2015
The current MRC SOP will be reviewed and updated to assure that the current tracking and rotation information of volunteers is still useful.	Updated Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015
MRC Coordinator will review the written protocols for the tracking and handling of spontaneous volunteers. This process will be reviewed when MRC Volunteers arrive on the scene of events and just in time training is rendered.	Updated Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015
MRC Coordinator will coordinate with the state MRC Coordinator in reviewing the protocols in coordinating the response roles for federal public health staff deployed to our local jurisdiction.	Updated protocols in coordinating response roles for federal public health staff as indicated in the State's Volunteer Management Plan.	Ongoing-June30, 2015

Function #4: Demobilize volunteers

BP3 Objective: MRC Coordinator will coordinate the demobilization of MRC volunteers based on evolving incident requirements or incident status. This includes identifying the appropriate agencies to ensure the availability of medical and mental/behavioral health support needed for the volunteers' physical and mental well-being by the end of BP3.

Planned Activity Type: Build Sustain Scale Back No Planned Activity

Activity	Output Documentation	Date of Completion
The MRC volunteer demobilization protocol is contained in the MRC Standard Operating Procedure. Intermedix will be used to document and record demobilized volunteers. The current process will be reviewed and revised to ensure its usefulness.	MRC volunteer deployment protocol in the MRC Standard Operating Procedure and the Volunteer Management Plan.	Ongoing-June30, 2015
The out-processing or completion of a shift by the MRC volunteers is currently contained in the MRC Standard Operating Procedure. The process will be made available to IHCC members.	Updated MRC Standard Operating Procedure	Ongoing-June30, 2015

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF SUBGRANT AWARD
ATTACHMENT 2: SCOPE OF WORK**

<p>MRC Coordinator will review the current MRC Standard Operating Procedure to ensure MRC volunteers are able to access community resources that support their post deployment screening process. This will include medical screening, stress, and well-being assessment and medical and mental/behavioral health services.</p>	<p>The updated deployment process in the MRC Standard Operating Procedure.</p>	<p>Ongoing-June30, 2015</p>
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WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 15, 2014

TO: District Board of Health

FROM: Daniel Inouye, Air Quality Supervisor
(775) 784-7214, dinouye@washoecounty.us

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

SUBJECT: Adoption of the "Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area"

SUMMARY

The Truckee Meadows is currently designated as a non-attainment area for the 24-hour particulate matter less than 10 microns in diameter (PM₁₀) National Ambient Air Quality Standards (NAAQS). A Redesignation Request and Maintenance Plan was adopted by the DBOH and submitted to the U.S. Environmental Protection Agency (EPA) in 2009. EPA determined that certain portions of the Maintenance Plan were not approvable. This Redesignation Request and Maintenance Plan addresses EPA's comments and if adopted, will supersede the 2009 submittal.

Health District goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

The "Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area" was unanimously adopted by DBOH on May 28, 2009.

BACKGROUND

The EPA has established health-based NAAQS for six criteria pollutants, including PM₁₀. During the 1970's and 1980's, the Truckee Meadows portion of Washoe County frequently exceeded and violated the PM₁₀ NAAQS. Because of these violations, the Truckee Meadows was designated as a non-attainment area for the 24-hour PM₁₀ NAAQS. Non-attainment areas, such as the Truckee Meadows, are required by the Clean Air Act (CAA) to develop a State Implementation Plan (SIP) demonstrating attainment of the NAAQS.

The Washoe County Health District, Air Quality Management Division (AQMD) developed a SIP that identified and applied Best Available Control Measures (BACM) to the most significant wintertime PM₁₀ categories in the Truckee Meadows. These categories included residential wood

combustion, paved roads, street sanding, street sweeping, and construction/grading projects. The SIP resulted in air quality improvements, and the Truckee Meadows attained the 24-hour NAAQS in 2002.

In 2009, a Redesignation Request and Maintenance Plan was adopted by the DBOH and submitted to EPA. EPA determined that certain portions of the Maintenance Plan were not approvable. Specifically, EPA required additional documentation for the growth and control factors used to demonstrate continued attainment of NAAQS for the first 10-year period (2010-2020). This Redesignation Request and Maintenance Plan addresses EPA’s comments and if adopted, will supersede the 2009 submittal.

The Redesignation Request and Maintenance Plan was prepared in coordination with EPA, Regional Transportation Commission of Washoe County, Federal Highway Administration, Nevada Division of Environmental Protection, Nevada Department of Transportation, and Truckee Meadows Regional Planning Agency.

If the Redesignation Request and Maintenance Plan is adopted, it will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada PM₁₀ SIP. To reduce printing resources and expenses, the Redesignation Request and Maintenance Plan is not included with this staff report. This document, including appendices, is 55 pages and can be accessed from the “News & Events” section of the Air Quality Management Division website (www.OurCleanAir.com). A hard copy is available by contacting Mr. Daniel Inouye of the AQMD at (775) 784-7214 or dinouye@washoecounty.us.

FISCAL IMPACT

No fiscal impact.

RECOMMENDATION

Staff recommends that the DBOH adopt the Redesignation Request and Maintenance Plan.

POSSIBLE MOTION

Should the DBOH adopt the Redesignation Request and Maintenance Plan, a possible motion could be “Move to adopt the “Redesignation Request and Maintenance Plan for the Truckee Meadows 24-Hour PM₁₀ Non-Attainment Area””.



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: August 15, 2014

TO: District Board of Health

FROM: Yann Ling-Barnes, P.E., Environmental Engineer II
775-784-7208, ylbarnes@washoecounty.us

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

SUBJECT: Adoption of the "Second 10-Year Maintenance Plan for the Truckee Meadows 8-Hour Carbon Monoxide Attainment Area"

SUMMARY

The Truckee Meadows is currently in attainment/maintenance for the 8-hour Carbon Monoxide (CO) National Ambient Air Quality Standards (NAAQS). A Redesignation Request and Maintenance Plan for the Truckee Meadows CO Non-Attainment Area (NAA) was submitted to the U.S. Environmental Protection Agency (EPA) in September 2005, and the Truckee Meadows was redesignated to attainment status in 2008. This Maintenance Plan will provide for the maintenance of the 8-hour CO NAAQS for an additional ten years following the first 10-year period, effective through 2030.

Health District goal supported by this item: Achieve targeted improvements in health outcomes and health equity.

PREVIOUS ACTION

The "Redesignation Request and Maintenance Plan for the Truckee Meadows Carbon Monoxide Non-Attainment Area" was unanimously adopted by DBOH on September 22, 2005.

BACKGROUND

The EPA has established health-based NAAQS for six criteria pollutants, including CO. During the 1970's and 1980's, the Truckee Meadows portion of Washoe County frequently exceeded and violated the CO NAAQS. Because of these violations, the Truckee Meadows was designated as a non-attainment area for the 8-hour CO NAAQS. Non-attainment areas, such as the Truckee Meadows, are required by the Clean Air Act (CAA) to develop a State Implementation Plan (SIP) demonstrating attainment of the NAAQS.

The Washoe County Health District, Air Quality Management Division (AQMD) developed a SIP that identified and applied reduction strategies to the most significant wintertime CO categories in the Truckee Meadows. The main CO contributors included residential wood combustion and on-

road motor vehicle emissions. The SIP resulted in air quality improvements, and the Truckee Meadows attained the 8-hour NAAQS in 1995.

In 2005, the AQMD submitted a Redesignation Request and Maintenance Plan to the EPA demonstrating attainment and maintenance of the CO standards. EPA redesignated the Truckee Meadows to attainment of the CO NAAQS in 2008. Since redesignation, monitored CO concentrations have been consistently more than 65% below the NAAQS. Although the current Maintenance Plan is effective through 2018, this Maintenance Plan is being prepared and submitted early in order to align transportation conformity analysis years with the PM₁₀ Maintenance Plan. Transportation conformity analysis is required for long and short-range transportation plans.

This Maintenance Plan was prepared in coordination with EPA, Regional Transportation Commission of Washoe County, Federal Highway Administration, Nevada Division of Environmental Protection, Nevada Department of Transportation, and Truckee Meadows Regional Planning Agency.

If the Second 10-Year Maintenance Plan is adopted, it will be submitted to EPA through the Nevada Division of Environmental Protection as a revision to the Truckee Meadows portion of the Nevada CO SIP. To reduce printing resources and expenses, the Second 10-Year Maintenance Plan is not included with this staff report. This document, including appendices, is 26 pages and can be accessed from the “News & Events” section of the Air Quality Management Division website (www.OurCleanAir.com). A hard copy is available by contacting Ms. Yann Ling-Barnes of the AQMD at (775) 784-7208 or ylbarnes@washoecounty.us.

FISCAL IMPACT

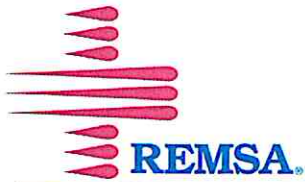
No fiscal impact.

RECOMMENDATION

Staff recommends that the DBOH adopt the Second 10-Year Maintenance Plan.

POSSIBLE MOTION

Should the DBOH adopt the Second 10-Year Maintenance Plan, a possible motion could be “Move to adopt the “Second 10-Year Maintenance Plan for the Truckee Meadows 8-Hour CO Attainment Area””.



Regional Emergency Medical Services Authority

REMSA

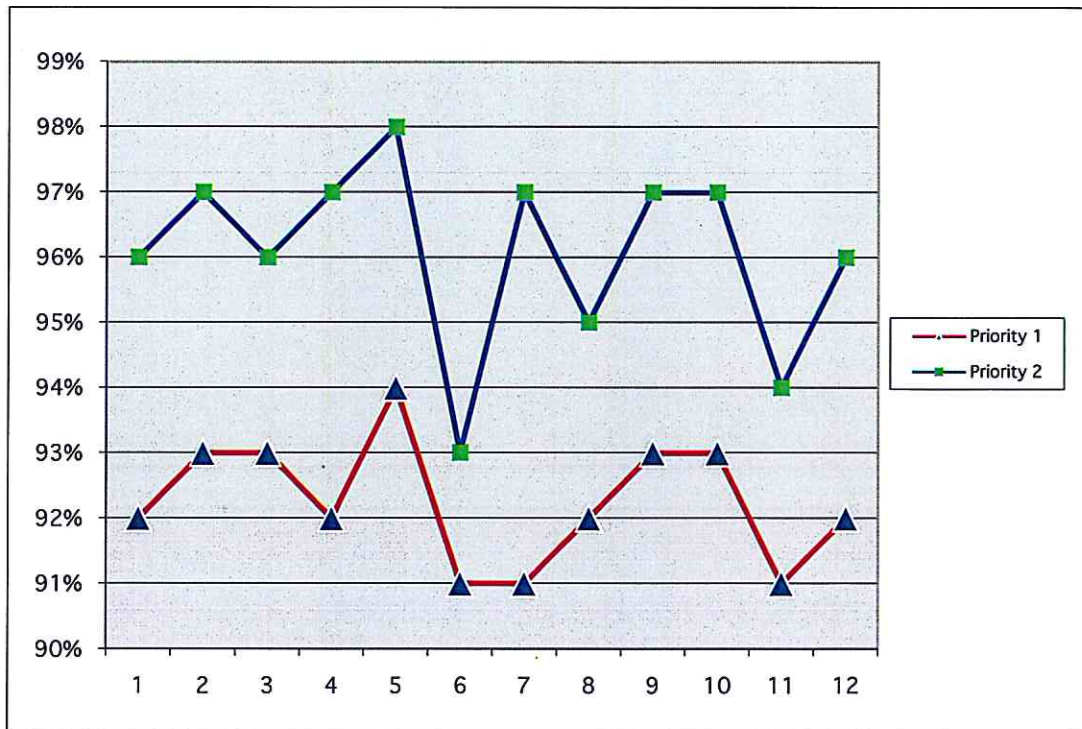
OPERATIONS REPORTS

FOR

JUNE 2014

Fiscal 2014

Month	Avg. Response Time	Avg. Travel Time	Priority 1	Priority 2
Jul. 2013	5 mins. 56 secs.	5 mins. 3 secs.	92%	96%
Aug.	6 mins. 0 secs.	5 mins. 3 secs.	93%	97%
Sept.	5 mins. 46 secs.	4 mins. 47 secs.	93%	96%
Oct.	5 mins. 50 secs.	4 mins. 50 secs.	92%	97%
Nov.	5 mins. 29 secs.	4 mins. 39 secs.	94%	98%
Dec.	6 mins. 14 secs.	5 mins. 21 secs.	91%	93%
Jan. 2014	5 mins. 50 secs.	4 mins. 54 secs.	91%	97%
Feb.	5 mins. 44 secs.	4 mins. 43 secs.	92%	95%
Mar.	5 mins. 45 secs.	4 mins. 51 secs.	93%	97%
Apr.			93%	97%
May			91%	94%
June 2014			92%	96%



Care Flight

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	15	\$116,951	\$7,797	\$7,797
Aug.	20	\$183,197	\$9,160	\$8,576
Sept.	15	\$129,788	\$8,653	\$8,599
Oct.	11	\$80,637	\$7,331	\$8,370
Nov.	7	\$53,811	\$7,687	\$8,300
Dec.	12	\$82,429	\$6,869	\$8,085
Jan. 2014	3	\$20,080	\$6,693	\$8,035
Feb.	11	\$83,307	\$7,573	\$7,981
Mar.	13	\$96,656	\$7,435	\$7,915
Apr.	10	\$72,571	\$7,257	\$7,858
May	15	\$137,664	\$9,178	\$8,008
June	7	\$54,126	\$7,732	\$7,994
Totals	139	\$1,111,218	\$7,994	\$7,994

Adjusted Allowed Average Bill - \$7,641.00

REMSA Ground

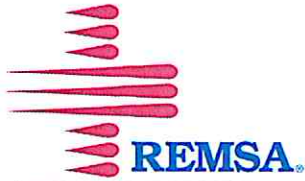
Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
Jul-13	3528	\$3,760,993	\$1,066	\$1,066
Aug.	3361	\$3,580,384	\$1,065	\$1,066
Sept.	3269	\$3,475,246	\$1,063	\$1,065
Oct.	3376	\$3,597,764	\$1,066	\$1,065
Nov.	3316	\$3,543,650	\$1,069	\$1,066
Dec.	3559	\$3,824,810	\$1,075	\$1,067
Jan. 2014	3393	\$3,622,271	\$1,068	\$1,067
Feb.	3051	\$3,246,776	\$1,064	\$1,067
Mar.	3278	\$3,504,742	\$1,069	\$1,067
Apr.	3369	\$3,587,581	\$1,065	\$1,067
May	3656	\$3,894,253	\$1,065	\$1,067
June	3602	\$3,847,277	\$1,068	\$1,067
Totals	40758	\$43,485,745	\$1,067	\$1,067

Allowed ground avg bill - \$1,067.00

Monthly Payments

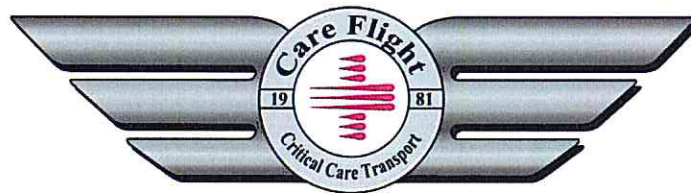
REMSA
Monthly Debt Payments
7/15/14

Acct No	Current Monthly Payment (P&I)
7197508-5001	\$ 14,977.27
7197608-5002	10,241.51
7197608-9042	16,480.17
7197608-9047	10,279.43
7197608-9048	6,555.95
7197608-9049	14,965.37
7197608-9050	4,787.55
7197608-9051	22,530.20
7197608-9053	2,196.54
7197608-9054	2,435.75
7197608-9055	8,353.72
7197608-9057	17,511.94
7197608-9058	25,972.42
7197608-9059	46,400.25
10099003	11,871.59
10099004	11,871.59
10099005	12,488.60
Total	\$ 239,919.85



Regional Emergency Medical Services Authority

**CARE FLIGHT
OPERATIONS REPORT
FOR
JUNE 2014**



**CARE FLIGHT OPERATIONS REPORT
JUNE 2014
WASHOE COUNTY**

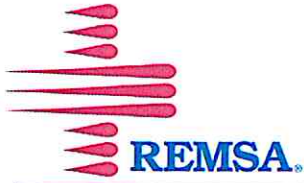
- ❖ **In Town Transfer:**
 - 0 Ground ITTs were completed

- ❖ **Outreach, Education, & Marketing:**
 - 0 Community Education & Public Events

❖ **Statistics**

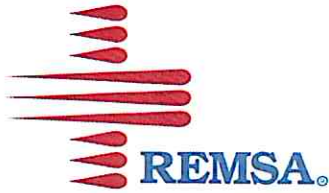
Washoe County Flights

	# patients
Total Flights:	7
Total Patients	7
Expired on Scene	0
Refused Transport (AMA)	0
Scene Flights	1
Hospital Transports	6
Burns	0
Cardiac	1
Trauma	3
Medical	1
Pulmonary	2
High Risk OB	0
Neuro	0
Pediatrics	0
Newborn	0
Full Arrest	0
Surgical	0
Total	7



Regional Emergency Medical Services Authority

REMSA
GROUND OPERATIONS REPORT
FOR
JUNE 2014



GROUND AMBULANCE OPERATIONS REPORT

June 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5026
Total Number Of Responses In Which No Transport Resulted	1408
Total Number Of System Transports	3618

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		55%
OB		0%
Psychiatric/Behavioral		6%
Transfers		24%
Trauma		13%
	Trauma – MVA	4%
	Trauma – Non MVA	9%
Unknown/Other		1%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3045
 Total number of above calls receiving QA reviews: 358
 Percentage of charts reviewed from the above ALS transports: 12%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
3/17/2014	EMS CES 911 Training	2
6/9/2014	REMSA	17
6/18/2014	REMSA	9
6/26/2014	REMSA	11

Advanced Cardiac Life Support Recert

Date	Course Location	Students
5/30/2014	ACLS R	8
6/5/2014	EMS CES 911 Training	3
6/11/2014	Nampa Fire Department	1
6/11/2014	EMS CES 911 Training	2
6/11/2014	Saint Mary's Regional Medical Center	10
6/12/2014	REMSA	11
6/12/2014	Humboldt General Hospital	10
6/14/2014	EMS CES 911 Training	1
6/19/2014	REMSA	1
6/21/2014	REMSA	11
6/24/2014	EMS CES 911 Training	5
6/29/2014	EMS CES 911 Training	1

6/30/2014	REMSA	10
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Advanced Cardiac Life Support Skills

Date	Course Location	Students
6/13/2014	Riggs Ambulance	1
6/26/2014	Riggs Ambulance	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
6/5/2014	REMSA	2

Bloodborne Pathogen

Date	Course Location	Students
5/21/2014	Carson City BLM - REMSA	14
6/1/2014	Carson City BLM - REMSA	10
6/5/2014	ABC Fire	9
6/5/2014	ABC Fire	9
6/18/2014	US Forest Service - REMSA	20

Basic Life Support Instructor

Date	Course Location	Students
6/17/2014	REMSA	10

Health Care Provider CPR

Date	Course Location	Students
3/22/2014	National Guard	5
5/18/2014	Nevada Air Guard	1
5/23/2014	Sierra Nevada Job Corps	16
5/23/2014	CPR 1st Aid Training Site	1

6/1/2014	Nye County EMS	4
6/3/2014	Barrick Goldstrike Mines	21
6/3/2014	EMS CES 911 Training	3
6/3/2014	REMSA	9
6/4/2014	EMS CES 911 Training	2
6/4/2014	Jennifer Kraushaar	2
6/5/2014	REMSA	9
6/5/2014	Barrick Goldstrike Mines	12
6/5/2014	Sierra Nevada Job Corps	4
6/5/2014	CPR 1st Aid Training Site	2
6/6/2014	Carlin Volunteer Fire Department	1
6/6/2014	Career College of Northern Nevada	14
6/7/2014	REMSA	8
6/9/2014	REMSA	10
6/9/2014	Tahoe Pacific Hospital	3
6/9/2014	Jennifer Kraushaar	4
6/10/2014	Reno Orthopedic - REMSA	7
6/10/2014	EMS CES 911 Training	5
6/11/2014	Willow Springs	1
6/12/2014	West Hills Hospital	3
6/12/2014	Lander County Community Health	5
6/12/2014	Silver Lake Volunteer Fire Department	1
6/13/2014	CPR 1st Aid Training Site	1
6/13/2014	EMS CES 911 Training	3
6/14/2014	REMSA	8
6/16/2014	Trent Waechter	14

6/16/2014	Nye County Emergency Management	3
6/16/2014	Nye County Emergency Management	4
6/17/2014	Trent Waechter	9
6/18/2014	Trent Waechter	15
6/18/2014	REMSA	7
6/19/2014	UNR EHS	1
6/20/2014	REMSA	9
6/20/2014	Silver Lake Volunteer Fire Department	1
6/23/2014	REMSA	10
6/23/2014	EMS CES 911 Training	5
6/23/2014	Barrick Goldstrike Mines	14
6/23/2014	Nye County Emergency Management	3
6/24/2014	REMSA	4
6/27/2014	Jennifer James	1
6/27/2014	Career College of Northern Nevada	11
6/27/2014	Regent Care Center Reno	6
6/28/2014	EMS CES 911 Training	3
6/30/2014	Willow Springs	1

Health Care Provider Employee

Date	Course Location	Students
4/1/2014	REMSA	1
5/30/2014	REMSA	1
6/2/2014	REMSA	1
6/3/2014	REMSA	1
6/10/2014	REMSA	1
6/21/2014	REMSA	1

6/23/2014	REMSA	1
6/24/2014	REMSA	1
6/24/2014	REMSA	1
6/27/2014	REMSA	1
6/30/2014	REMSA	1
6/30/2014	Josh Duffy	1

Health Care Provider Recert

Date	Course Location	Students
6/2/2014	Nampa Fire Department	3
6/2/2014	REMSA	1
6/4/2014	Eastern Plumas Healthcare	5
6/4/2014	Leslie Brown	1
6/5/2014	Allergy & Asthma Associates - REMSA	7
6/5/2014	EMS CES 911 Training	1
6/6/2014	Jennifer Kraushaar	3
6/6/2014	Alison Kesler	1
6/7/2014	EMS CES 911 Training	1
6/10/2014	REMSA	8
6/10/2014	Janesville Fire Department	10
6/10/2014	Humboldt General Hospital	8
6/11/2014	Nampa Fire Department	1
6/11/2014	EMS CES 911 Training	1
6/11/2014	Washoe County School District	4
6/12/2014	REMSA	8
6/12/2014	Eastern Plumas Healthcare	6
6/12/2014	ABC Fire	1

6/12/2014	ABC Fire	1
6/13/2014	REMSA	1
6/17/2014	Oral Maxillofacial Surgery Associates - REMSA	8
6/17/2014	Tahoe Forest Hospital	6
6/18/2014	Eastern Plumas Healthcare	1
6/18/2014	REMSA	8
6/19/2014	REMSA	8
6/20/2014	Elko Fire Department	1
6/21/2014	REMSA	8
6/23/2014	EMS CES 911 Training	1
6/24/2014	REMSA	3
6/24/2014	EMS CES 911 Training	1
6/25/2014	REMSA	4
6/25/2014	Pyramid Lake Clinic - REMSA	5
6/26/2014	REMSA	9
6/27/2014	REMSA	9
6/28/2014	EMS CES 911 Training	1
6/30/2014	REMSA	8

Health Care Provider Skills

Date	Course Location	Students
5/4/2014	Tahoe Forest Hospital	1
5/4/2014	Tahoe Forest Hospital	5
5/22/2014	Tahoe Forest Hospital	2
5/29/2014	REMSA	1
5/30/2014	REMSA	1
6/2/2014	Majen	2

6/3/2014	Elko County School District	1
6/3/2014	REMSA	1
6/5/2014	Willow Springs	1
6/9/2014	Majen	1
6/10/2014	Tahoe Forest Hospital	3
6/11/2014	Willow Springs	1
6/11/2014	Majen	1
6/11/2014	Tahoe Pacific Hospital	2
6/12/2014	Riggs Ambulance	1
6/12/2014	REMSA	1
6/12/2014	Tahoe Forest Hospital	2
6/13/2014	Majen	2
6/18/2014	Willow Springs	1
6/24/2014	Majen	1
6/24/2014	Tahoe Forest Hospital	1
6/26/2014	REMSA	2
6/27/2014	Riggs Ambulance	1
6/30/2014	REMSA	1
6/30/2014	Majen	5
6/30/2014	Elko County School District	1

Heart Saver CPR/AED

Date	Course Location	Students
5/23/2014	Sierra Nevada Job Corps	8
5/28/2014	Roxanne Davis	1
5/30/2014	Silver Bear Swim School - REMSA	19
5/31/2014	REMSA	7

6/2/2014	Erica Krysztof	4
6/2/2014	Storey County Fire Department	1
6/2/2014	Washoe County School District	6
6/3/2014	Washoe County School District	3
6/4/2014	UNR Athletics	23
6/5/2014	Washoe County School District	4
6/6/2014	Atlantis Casino	2
6/7/2014	Washoe County School District	4
6/9/2014	EMS CES 911 Training	2
6/9/2014	Nampa Fire Department	2
6/9/2014	UNR EHS	16
6/9/2014	UNR EHS	13
6/9/2014	Washoe County School District	5
6/11/2014	REMSA	9
6/12/2014	ABC Fire	8
6/13/2014	Sierra Nevada Job Corps	12
6/16/2014	UNR EHS	8
6/17/2014	Majen	1
6/17/2014	UNR EHS	4
6/18/2014	Washoe County School District	5
6/18/2014	UNR EHS	7
6/19/2014	ABC Fire	6
6/19/2014	UNR EHS	9
6/19/2014	Washoe County School District	3
6/21/2014	REMSA	12
6/21/2014	Washoe County School District	5
6/22/2014	Nevada Air Guard	2

6/23/2014	DIPACO - REMSA	6
6/23/2014	UNR EHS	5
6/24/2014	Washoe County School District	5
6/25/2014	Pyramid Lake Clinic - REMSA	11
6/25/2014	Jennifer Kraushaar	7
6/28/2014	EMS CES 911 Training	5
6/28/2014	REMSA	10

Heart Saver CPR/First Aid

Date	Course Location	Students
3/29/2014	Susan Phillips	3
3/29/2014	Cynthia Sablica	5
4/3/2014	Sierra Army Depot Training Division	4
4/17/2014	Elko BLM	16
4/18/2014	Sierra Nevada Job Corps	1
5/21/2014	Carson City BLM - REMSA	14
5/23/2014	Nevada ANG CSMS Carson City	2
5/28/2014	Humboldt General Hospital	6
5/29/2014	Humboldt General Hospital	6
5/29/2014	Humboldt General Hospital	6
6/1/2014	Carson City BLM - REMSA	10
6/3/2014	Majen	13
6/3/2014	Jennifer Kraushaar	38
6/3/2014	Susan Phillips	2
6/3/2014	Susan Phillips	4
6/3/2014	Humboldt General Hospital	3
6/4/2014	Northern Nevada International Center - REMSA	2

6/5/2014	Sierra Nevada Job Corps	8
6/6/2014	AMEC Consulting - REMSA	7
6/6/2014	Sierra Nevada Job Corps	5
6/6/2014	Jennifer Kraushaar	3
6/6/2014	Sierra Army Depot Training Division	4
6/7/2014	REMSA	10
6/7/2014	James Bronneke	5
6/8/2014	James Bronneke	4
6/8/2014	Elko BLM	23
6/9/2014	Majen	8
6/10/2014	Gerald Purdum	1
6/10/2014	Susan Phillips	4
6/11/2014	Great Basin Sierra Club - REMSA	6
6/11/2014	Majen	14
6/11/2014	Amazon	3
6/12/2014	Majen	11
6/13/2014	Community Living Options	8
6/13/2014	Elko BLM	15
6/14/2014	Majen	16
6/15/2014	Atlantis Casino	3
6/15/2014	Michael Applegate	2
6/17/2014	Majen	3
6/17/2014	Newmont Mines	4
6/17/2014	Jennifer Kraushaar	17
6/18/2014	US Forest Service - REMSA	20
6/20/2014	Alex MacLennan	6

6/21/2014	REMSA	9
6/24/2014	EMS CES 911 Training	2
6/24/2014	Susan Phillips	5
6/24/2014	Majen	4
6/26/2014	JS Red Path	6
6/27/2014	Tahoe Forest Hospital	22
6/28/2014	Scott Zettelmeyer	3
5/28/2017	Humboldt General Hospital	6

Heart Saver First Aid

Date	Course Location	Students
6/4/2014	EMS CES 911 Training	2
6/6/2014	Career College of Northern Nevada	14
6/6/2014	Sierra Nevada Job Corps	6
6/10/2014	Washoe County School District	4
6/11/2014	Majen	1
6/12/2014	REMSA	3
6/17/2014	Majen	1

Heart Saver CPR/First Aid - Spanish

Date	Course Location	Students
6/20/2014	Barrick Pueblo Viejo MTC	9

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
6/9/2014	EMS CES 911 Training	1
6/10/2014	Elko County School District	12
6/14/2014	REMSA	10

6/21/2014	Jennifer Kraushaar	4
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Pediatric Advanced Life Support

Date	Course Location	Students
6/3/2014	REMSA	7
6/6/2014	EMS CES 911 Training	6
6/13/2014	REMSA	2
6/25/2014	American Medflight	2
6/29/2014	EMS CES 911 Training	1

Pediatric Advanced Life Support Recert

Date	Course Location	Students
5/23/2014	REMSA	1
6/8/2014	EMS CES 911 Training	1
6/11/2014	Eastern Plumas Healthcare	2
6/17/2014	REMSA	3
6/18/2014	Nampa Fire Department	1
6/23/2014	REMSA	6
6/25/2014	REMSA	1
6/25/2014	EMS CES 911 Training	3
6/12/2014	Riggs Ambulance	1

CE Courses

Date	Course Location	Students
6/11/14	REMSA- Trauma	57

Ongoing Courses

Date	Course Description / Location	Students
8/1/14	AACT – EMT	9

4/15/14	REMSA Education - A EMT	30
2/1/14	REMSA Education - Paramedic	13
8/14/13	REMSA Education – Paramedic	13
Total Students This Report		1532

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
6/7/14	Give Kids a Booth Health and Safety Fair; 48 booster seats distributed.	1 staff, 8 volunteers
6/10-6/13/14	National Child Passenger Safety Certification Training	7 students
6/14/14	Child Safety Seat Checkpoint, hosted by Saint Mary's Regional Medical Center and held at the Northern Nevada Fitting Station, Reno; 11 cars and 17 seats inspected.	17 volunteers, 3 staff
6/17/14	Technician Update providing CEUs for recertification.	6 volunteers, 1 staff
6/27/14	16th Annual Point of Impact Charity Golf Tournament	2 staff
6/30/14	Technician Update providing CEUs for recertification.	6 volunteers, 1 staff

Northern Nevada Fitting Station Project

Date	Description	Attending
6/5/14	Fitting Station partners special meeting, REMSA.	3 volunteers
6/26/14	Fitting Station partners special meeting, REMSA.	4 volunteers

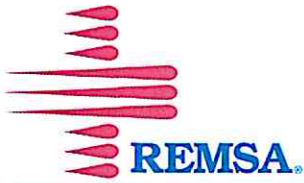
Safe Kids Washoe County

Date	Description	Attending
6/3/14	2014 Nevada Health Conference Planning meeting, Reno.	1 staff
6/6/14	Washoe County Child Death Review bi-monthly	2 staff

	meeting, Reno.	
6/7/14	7th Annual Give Kids A Boost Health and Safety Fair, Sun Valley. There were 53 vendors, and Safe Kids exhibits included Cribs for Kids, Spot the Tot and Trunk Entrapment.	2 staff; 85 volunteers; 600 participants
6/9/14	Final Photovoice meeting at Esther Bennett Elementary School, Sun Valley.	3 volunteers, 8 students
6/10/14	Safe Kids Coalition monthly meeting, Sparks.	11 volunteers, 1 staff
6/12/14	Chronic Disease Coalition quarterly meeting, Washoe County Health District.	1 staff
6/16/14	Northern Nevada Maternal and Child Health coalition monthly meeting, Reno.	2 staff, 2 student interns
6/19/14	Immunize Nevada Outreach Committee teleconference subcommittee meeting.	1 volunteer
6/23/14	Give Kids A Boost subcommittee wrap-up meeting, Sparks.	6 volunteers
6/25/14	Statewide Maternal Child Health Screening of Documentary Raising of America	2 staff

Public Relations

Date	Description	Attending
6/4/14	KOLO Ch. 8 ABC pre-story on Give Kids A Boost Fair.	1 volunteer
6/10/14	Interview with Entravision Spanish TV with Safe Kids Washoe County about hyperthermia and Not Even For A Minute.	1 staff
6/11/14	Press release for 2014 from Safe Kids Washoe County about hyperthermia and Not Even For A Minute.	1 staff
6/12/14	Telephone interview with Nevada News Service; article released 6/13/14 about hyperthermia and Not Even For a Minute.	1 staff
6/19/14	Telephone interview with Reno Gazette Journal; article released 6/30/14 about hyperthermia and Not Even For a Minute.	1 staff



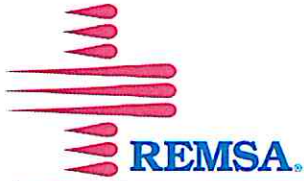
Regional Emergency Medical Services Authority

**GROUND AMBULANCE AND CARE FLIGHT
INQUIRIES
FOR
JUNE 2014**

INQUIRIES

June 2014

There were no inquiries in the month of June.



Regional Emergency Medical Services Authority

**GROUND AMBULANCE
CUSTOMER SERVICE
FOR
JUNE 2014**

GROUND AMBULANCE CUSTOMER COMMENTS JUNE 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1			We did not use your service. Has this been billed in error?
2	I was unctious and never saw them.		
3			He was in a rehab center and fell. Was transported from there and has since passed away.
4	From the time/impact to the arrival @ Renown - I was not aware of anything except that the ambulance crew was there.		
5	Packing up the patient.	Talk to the patient more.	In general, O.K.
6	We felt comfortable.	Not have the patient info written on your hands.	
7	Very professional and polite. Had a really pleasant experience.	The wheelchair service would certainly have been enough - I assume they were not available. Perhaps you should consider more of them.	
8	Curtious, explained things as they did what they did.		Was wearing Road ID bracelet they removed it but did not utilize it and was left behind so couldn't be used by hospital personel. ROAD ID MEDICAL BRACELET: has contact information on website of patient condition and medications.
9	Everything was fine.	Took a while getting going out of the driveway. 15-20 min.	
10		Get here sooner.	
11	Arrived very quickly. I was still on the phone with the dispatcher.	The patient had great difficulty walking, but instead of bringing the gurney (stretcher) into the house, the paramedics walked her out to the driveway.	
12	EMTs were wonderful - professional - caring, helpful. Very short ride but have no complaints about them.	Please don't have paramedic student ask medical questions during initial contact. My husband was picked up at DaVita dialysis, yet he asked "so are his kidneys ok?" Really???	
13		Not keep the caller on phone so long.	The crew who came out later were very helpful on medication.
14			Patient is still in a hospital. These are so annoying. PLS STOP sending them! I'm not going to answer anymore.
15			Please do not send REMSA unit unless I or the Lifeline I use calls for one.
16	Very professional, made me feel extremely comfortable in the face of much pain.	All went well - accidental missed vein for IV, but understandable.	
17	Treated my dad very well, very focused on making sure he was comfortable.		Was unclear why my dad was not taken to South Meadows, which was our preference.
18		Tell crew more direct route to my address. They were told ALONG way so it took much longer to get here. Thank you.	
19	Medicate me and explain relative things to me, care for me and get me to VA as was directed & requested.	You have done a marvelous job and I don't see need at this time for too much improvement.	Very good job done, courteous personnel to proper places, VA, etc. (Questionable billing procedure.)
20		Ascertain condition of patient so that transport vehicle is dispatched for pick up from hospital.	My sprained knee was not supported during transport home. Transport was 1 hour late.
21	The transfer seemed safe.	Don't rush. Check belongings before & after.	Between Living Care Center/REMSA/St. Mary's Hospital transfer, medication was taken from my belongings.
22	Great job transporting to my requested hospital.	Should not have listened to REMSA on dumping me onto ER lobby - 3-1/2 hours later I was still not seen by the doctor - requested another transfer to a PDX hospital.	
23		Lock the front door when leaving.	Nice people. Made me feel safe.
24	I was very upset and your EMTs were able to calm me.		Your service was excellent.
25	Was very kind to my brother, in treatment, being aware of his Alzheimer's.		
26	Came soon after called. The lady paramedic was assuring while waiting for OX from V.A. Besides, she is a cutie.		Thank all of you. May the you trip of life be pleasant.
27	Everything! The team was amazing. Professional. One EMT in particular helped my daughter and I. She was calming and very friendly. In a bad situation they made in bearable and took care of my daughter. They went above and beyond and we are iternal grateful. They reminded us that there is still good ppl in the world.		Amazing service. We are so very thankful for your care & compassion.
28	Communicated what they were doing at each step and what I needed to do - they were calm and very nice!	Nothing!	REMSA is always professional, efficient, supportive and friendly.
29	Care, attentive.	Less speed.	Pleasant.
30	Unfortunately, my wife has had to use REMSA several times in the last two years. Your service is HIGHLY professional.		
31	Everything that was needed for my problem.	REMSA is just great.	Just keep doing the great job. Could you send me the info on the rules on how many times a member can call for help with a problem with their membership for a senior female. Thank you.
32	This was a non-emergency transport to St. Mary's. Staff was helpful, calm.		
33	Very nice and concerned about my health.	You're great.	
34			Great.
35	Arrived at home very quickly - nice admit to St. Mary's.		
36	Everyone was polite and very helpful and made me feel comfortable knowing I was in good hands.	Can't think of anything, the service was excellent.	I appreciate the care I was given. Thank you so much.
37	Administered immediate help very efficiently.	Just fine as it is.	
38		Kindness to the patient & family.	Very satisfied w/the care received & thank you!
39	Very quick - efficient - knowledgeable. Amazing - like "troops to the rescue."		Thank you SO MUCH!!
40	Excellent and professional assistance.	Nothing - you're great!	Your staff is GREAT!
41	Kindness and medical knowledge.	You did it all!	You are the greatest.
42	Very friendly and helpful.		
43	Everything.		
44	Meds.	Do not ? them.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
45	Taking care of me professionally, they were awesome.		This time I make my effort to pay my bills, the last time of my service they are very rude, but people are very professional. They treated me w/respect.
46	I really felt like they cared about me and I know I can trust their methods.	Nothing.	Thanks to those that helped me get the medical attention I needed.
47	Very friendly, professional, and gentle.		
48	Very caring & concerned - treated promptly & respectfully - check in on me @ hospital as well. Thank you!		
49	Response time good. Liked the personnel.		
50	Whole process was very professional.		
51	Arrived quickly, assessed problem. Took course of action.		
52			Nurse help line is very helpful. Great service.
53	Everyone was calm.	The service was superior.	My experience has always been reassuring.
54	We had no problems with anyone. Don't see the need for the fire truck!		
55	I can't say enough about how terrific REMSA was to me. I was having a heart attack and REMSA had me comfortable and the hospital ready to receive me.	You did all that was possible.	
56	Put up with a very rude patient. I want to apologize for my verbal behavior.	Nothing. Verbally to the staff and want to apologize.	I was very rude. Thank you for your kindness to me and my husband.
57		Checked vitals, asked how I was doing, kind to me.	
58		When being transferred from Renown to NAMS, her leg (knee to ankle) brace (which she was wearing) was not received at NAMS.	So I think REMSA left it at Renown or in ambulance.
59	Everything: EMTs were professional and got my husband to the hospital quickly and were very comforting to him.		
60	Everything.	Everything was fine as is.	
61			I'm sorry I can't be more helpful.
62	Answer ASAP. Courteous.	N/A	I broke my hip. Were careful & professional.
63	Helpful to patient and wife.	Nothing.	
64	Response and care were very good.	Put the IV in before moving...EMT had a hard time with it.	
65	Got me to the Vet. Hosp. quickly -		
66	Crew was extremely helpful and polite.	Nothing.	
67	Thanks for all you do!!		
68	Everything.	I was very pleased with my care.	
69	Staff was caring, helpful & polite.		
70	Everything.		Thank you.
71	Got here in a hurry.		
72	Politeness & efficiency.	Nothing.	-
73	Yes, everything.	-	
74	Drive the ambulance to the hospital.	Listen when the patient requests no IV. Dr. asked me why REMSA put it in, to charge me?	I got 5 stitches for a laceration to the forehead. No need for the ambulance!! Also, please remember patients don't want to be there, and don't understand your normal routines. Slow down, explain, be courteous. Thank you.
75	I got treated well.	Nothing, they have good services.	
76	Everything! They talked to my daughter & had me hooked up & IV put in very quickly.	Nothing, everyone & everything was really great!	Very good service, especially for someone who hates ambulances!
77	Hearthstone made the call - and patient passed away in the emergency room.		
78	Great service.		
79	Got to the house fast.		
80	Your crew has ALWAYS taken great care of me.	Keep up the good work!!	
81	Got here quickly.		Have no complaints. Good service.
82	Everything.	My husband did pass on 5/19/14 at Renown - but I truly think he was gone before he left our home. Thank you for all you did. My prayers are with you all.	I miss him, but I know he's in peace and in no more pain and suffering, and he is with our Lord and Savior. P.T.L.
83	Got my 6'6" husband out of the house.		
84	Fast arrival.	Must a fire engine always arrive?	
85	Quick response & assessment. Good explanation of tests.	Keep up the good work.	I wasn't told how the billing process works or amount billed.
86		The crew was extremely helpful with explaining everything and making me at ease with dealing with trauma.	Your crew made a difficult situation much easier to deal with.
87			Great job.
88	Everything.	Nothing.	
89	Just about everything!	Maybe let me run the siren?	You folks are tops at what you do.
90	The team was SO very kind & respectful to my father. He felt like he had made some new friends!		They guys were awesome!
91	Dispatcher stayed on phone (calming wife and providing life saving instructions) until REMSA ambulance arrived. Crew was very professional.		You saved my life - thank you!
92	They were quick to arrive.	They did fine.	Have a nice day. Thank you.
93	Everything.	Don't change anything.	
94	Everything. Very caring, efficient and polite.		
95	Everything.	All was fine.	
96	Everything - especially care of my wife.		
97	Transport, medical attention, and kept me informed on my medical situation.		
98	Helped me not be so afraid. Were knowledgeable - explained what was going on.		I just think the guys were great.
99	Just being there you get a gold star.	N/A	
100	Arrived promptly & careful with well-being of patient.	Nothing.	Great service.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
101	Comforted me, made sure I was set up in hospital room before leaving.	?	Always a satisfied customer.
102		Not your usual and helpful crew!	REMSA has some caring people and they are appreciated. CREW OF 3. Young lady needs to GROW up. Giggling and smart mouth do not go - (a smile is great). She needs to realize her job is serious and people are scared and/or worried. The young man had a very puzzled look. Looked at the rest of us as if he could not understand what was going on. I felt sorry for him. He could probably be A-OK, if he had opportunity to train with a good crew. The other man added nothing good or bad to the nightmare. They told me they needed to decide if they would take me or not. I told them the Dr. just told me to get to ER. Not your usual caliber of people.
103	Everything.		The EMTs were sooooo nice & help me (lots of pain). Great crew.
104	Caring, good listeners and cooperating together to make & help me on my way.	Continue in the great service and speedy arrival.	As a senior and living alone, your care was very much appreciated.
105	Everything fine.		
106	Took care of me.	More conversations in back while riding, if health can stand for it.	You were good - thank you.
107	Everything.		Did not know until we called that info at house was free upon request.
108	Prompt & thorough!	Keep up the good work!!	They took care of my husband - i can't thank you enough!! We are new to the area! Love it.
109	All went well.	I'm happy.	Great crew.
110	All the effort put forth on me was great.		
111	Professional & courteous.		
112	Everyone was professional & great - top notch! Great team from dispatcher to medical professionals.		Have not dealt with (billing staff) them yet.
113	Transferred to NNAMHS. Still in hosp.		
114	Came quickly and tell the family how to do. Do not make big noise and disturb the neighbor.	You are very good.	
115	Prompt & courteous.	Nothing.	Good service.
116	EMTs were caring and calming.		
117	Excent service and thank you.		
118	Everything.		
119	The only thing i remember (I had a seizure while driving) is the face of the paramedic who reassured me that I was ok and told me exactly what they were going to do and did his very best to calm and reassure me.		None.
120	Treated patient with professional expertise and kindness.	Be communicative about the process of service by stating what the charge for service is.	How much does this service cost?
121	Very nice and respectful.		
122	Response time was good and taking care to get me off the floor onto gurney. Got to hospital ER quickly.		
123	Very organized.		
124	Communicated and helpful in calming patient (me) down.	Service was great. Change nothing.	
125	They were verry polite.		
126	Got me to the emergency room as soon as possible under difficult circumstances (dirt trail at base of mountain).		
127	All.	Just come when needed.	
128	Kept me calm and explained what they were doing as they did it.	Nothing that I could see.	
129	Everyone did a good job.	No.	No problems.
130	You took care of me!!!!	Have more staff taking care of people.	
131	Everything, your crew was helpful and polite.	You're doing great.	
132	Everything you guys did everything well.	Nothing. You guys do everything professionaly.	I wanted to tanks the crew who tranported me. Tank you.
133	Everything was done well.	Nothing.	
134	Communicate.		
135	All good.		Patient still in hospital.
136	Patience with the patient, an eldy and calm attitude to settle others.		
137	I was not there for pick up do to so many changes.	Don't change pick up times so many times. It upsets patient.	You were careful with my husband. Thanks.
138	The personnel were very knowledgeable, courteous and helpful.		
139	Great response time and made my husband feel like he was special and made me feel comfortable.		
140	Were very helpful and made me feel comfortable.	Nothing. You did your job well.	
141	Everything was done well.		
142	Everything.		Thank you for all your personnel did to assist us.
143	Prompt; friendly; efficient; nice men.	Can't think of anything.	You're great. Thank you.
144	You called my daughter and provided excellent service.	Nothing - all good.	
145	Yes.		Nothing.
146	Excellent response and care. Thank you! to all REMSA staff who responded.		
147	Communicated who they were - patient - explained where taking patient - explained how get there.	Don't know of anything.	This was first time having contact with your service. Thank you.
148	Arrived fast, very calm, moved quickly when it became apparent that dad wasn't stable.		Thanks for the Silver Saver program!
149	Ambulance EMT/paramedics were helpful, but didn't know the severity of my case.	Do not judge on what you see, it could be a complete 360 and you are wrong.	It's nice to tell the patient what you think it is, but when you are wrong about your diagnosis, such as mine, i was told that it was reflux, that this was common and easy to fix. I ended up with Cauda Equina, which was a difficult fix. It was upsetting!
150	I liked the service. Very nice and knowledgeable.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
151	Prompt - courteous - professional - respectful.	Hopefully, nothing.	They look so young, but then, I'm 87.
152	Got me right to the hospital from work. I was coming down with pneumonia, my lungs and brain were blocked from oxygen, so I don't remember much.		I have Medicare plus Federal GEHA.
153	Everything! Great.	N/A	Always knowledgeable, efficient, compassionate.
154	Took very good care of patient and made family comfortable in all processes.	Nothing.	
155	Everything.		
156	Answered questions.	?	None.
157	All was EXCELLENT. Staff was great.	Thank you.	
158	Everything was done very professionally.		
159	Attentiveness to my needs/concerns; empathetic.	Honor my request for allowing me to take off my outer attire to save it, when it is within my capability. Also, don't let my belongings get stolen. My cell phone was stolen out of my jacket while in REMSA's custody. Not happy.	
160	Eased a stressful, scary situation. We were so relieved once we knew our son was in your care. Thank you...	Nothing. The response time was great and the care and comfort was second to none.	Thank you to the REMSA staff.
161	I was pretty nervous, your crew calmed me down, was very professional.	I can't think of anything.	Very good, dispatcher was very helpful.
162	Everyone was fast and efficient. I was well cared for and made to feel safe.	Keep up the great work.	Thank you for being there, quick to respond and taking care of me.
163	They were very compassionate and answered any questions.	Very happy with the service.	
164	You came and helped!	Hurry!	
165	Everything.		
166	Quick respond.	-	Thanks to the crew I cannot ask for better service.
167	They tried to calm me down and made me realize that it was for my benefit to go to the hospital.	Nothing!	
168	Comfort me.	I don't know.	Good, good.
169	Showing the care - making sure that I was alright.	Cannot think of anything at this time.	They made sure that I understood what they were doing.
170	Everything.		
171	Respectful and caring.		Thank you again!
172	Personnel help defuse the situation and calm my son down.	Everything went good.	Intern was very helpful, knew how to relate to my son.
173	All were nice & very professional.		How do we look into Silver Saver Ins?
174	Communication, came fast. Polite.	Everything was fine.	Glad to have a REMSA.
175	Respond fast to my location.	Nothing.	
176	They were very caring and took me to the hospital. They checked my blood sugar and other things to make sure I was okay.		They are very professional and know what to check for.
177	Everything - prompt - courteous - professional		
178	Everything.	Nothing.	
179	Follow up on patient (me).		REMSA is one of the best ambulance services I've encountered.
180	Quick response time.		
181	I was impressed with their help and caring manner.	Not sure.	Keep up the good service - thank you.
182	Everything. The guys were considerate, knowledgeable and professional.	Keep up the good work.	
183	Everything.	Nothing.	
184	It was a pleasant experience, considering being scared of high/low BP.	Nothing.	
185	First time in an ambulance & your attendants made me comfortable, relaxed & at ease.		
186		Wonderful service. Keep up the wonderful job.	
187	Great.	Nothing.	
188	Response time was exceptionally short. Personal was very courteously efficient. Good job!!!		
189	You were very quick on arrival.	Don't use such a big IV needle. It bruised my wrist all the way around, and I still have a knot there.	
190	I was very comforted by the staff & very thankful for them.		You all are AWESOME. I'm so glad you were all there that day!
191	Came quickly, did a wonderful job.		Personel were kind and gentle and quick to respond.
192	Talked about what they were doing & why.	Nothing - you came quickly & were good.	
193	Provide an efficient, courteous service!	-	-
194	Communication at home & hosp.		
195	Everything.		
196	You did a good job taking my wife home, as she wished, so she could pass away in peace.	Carry on the good work. And have a very friendly crew. Thank you again.	
197	Very quick response time.	Nothing.	Excellent.
198	Empathy & service.		
199	You saved my wife's life! All I can say is thank you to you all!		
200	Speedy, very good professional service! Thank you.		
201	Communication with all involved.		
202	Communication with all involved.		
203	Everything.	Keep up the good work.	Excellent service!!
204	Everything.	Stay the same.	
205	Everything.	Nothing - help and care excellent.	
206	Taking care of me and taking me to Renown.		
207	1) Prompt response 2) Team professionalism constant medical status	Nothing - perfect service - thank you.	None.
208	Everything.	I can't think on anything that you could improve on.	Care & service is excellent.
209	Everything.	Nothing.	The service is great!
210	Personel were kind, soft spoken & could not have been more gentle.	-0-	On 2 occasions it was the same EMT.

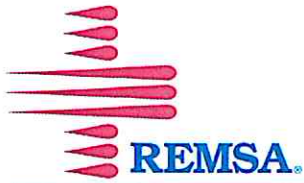
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
211	Courteous, knowledgeable, friendly.	Medic couldn't get a vein for IV - multiple tries.	
212	Personalities were excellent, very helpful in every way.	Nothing I can think of.	
213	Very helpful, getting me to the hosp.		
214	Made me feel very comfortable.		Very good.
215	Took me from Renown on S Meadows to the Renown on Mill St. without incident.		
216	Made me feel safe.	No idea - best service.	
217	Fast service, professional!	Nothing.	
218	Everything, very good service.	Nothing.	
219	Brought a smile to my wife's face - very thorough, thoughtful and kind.		
220	Everything + + +		Excellent.
221	Helped my husband up. I couldn't move him.	Nothing. Your staff is wonderful	
222	My son loves his Bobby Bear! They were so nice while transferring.		Rig 32 was great!
223	Everything. Employees were excellent.	Nothing.	
224	Everything was outstanding!		
225	Perfectly trained and competent, very polite and kind!	Just keep up the good work!	Very, very good service and care as in the past!
226	Everything.		
227	The nurse at Emertus called to have mom taken to St. Mary's. She was very ill with severe pneumonia & passed away on June 2. However, I'm sure your crew was very professional & helpful as always.		
228	Very patient & professional.		
229	Taking care of the patient.	Nothing.	
230	Everything!	Nothing!	
231	Perfection is great!	Nothing.	
232	Trying to make me comfortable.		
233	Carefully & professionally carried patient to Mill Street facility.		
234	Very well.		
235			Thank you all.
236	Very helpful. I was very pleased with the help I received.	Very helpful.	
237	Everything!!		Thank you for being there.
238	Everything was done well.	Service and follow up was great.	
239	Communicate.	It was well done!	N/A
240	Understanding my illness.	A good job - they were excellent!!	They couldn't do any better.
241	Everything.	Did very good job.	
242	REMSA took very good care of my husband. They also helped me calm down.	Nothing. They did a great job!	
243		I would like a call after you receive my comments.	My son called 911 from Las Vegas as he was on the phone with me when I fell on my head in the bathroom. I am still in a rehab facility. I had 4 staples put in my head and had a pacemaker put in on 05/11/14. The ambulance personnel never even looked at my head. After they left, my neighbor (former cardiac nurse) noticed my head was bleeding and she drove me to the ER. The mistake we made was not calling the paramedics back to take me to the ER. Hopefully, the paramedics will be more cautious next time, otherwise it may be a matter of death to some poor soul. THEY SHOULD BE RETRAINED OR REPRIMANDED.
244	Billing staff was very nice. So was dispatch.		
245	Everything.		
246	Always take good care of me.		
247	Everything, very courteous!	I don't know - already doing.	I would recommend your service anytime.
248	Everything.	Nothing.	
249	Everything.	Nothing.	Wonderful.
250	Prompt, attentive.		
251	I had passed out in Wal-Mart shopping parking lot & did not regain consciousness till they were taking me into emergency room. They gave me my wallet & cell phone back. They contacted one of my sons & informed him of my condition & location. Thank them.		
252	Yes, very well!	Nothing - the crew were very professional.	Excellent. Very good looking as well!
253	Everything was great.		
254	Transport me with heart attack symptoms from my home to Renown - Reno.		EMTs were understanding & expedient in moving me.
255	The staff helped me to calm down. Everyone was kind and very calm and tried to meet all my needs. Everyone seemed to care.	The ambulance arrived quickly and the personnel was so nice and helpful. That's all one can ask for. I don't see how you could do it better.	
256	Great, I can't say enough about your people. Great job when I needed you the most. Thanks!!		
257	Professional - took care of my mom.		
258	Can't remember the girl's name, but between her and the other EMT, they kept me calm and explained everything to me beforehand.	They were a great team, I couldn't have gotten a better ride. The two of them made my ride very comfortable.	
259	They did good.		
260	Keeping me informed helped relieve my stress.		All three personnel were FABULOUS. Bad situation made nice due to the staff. Thank them for me.
261	Very kind & respectful to my elderly mother.		
262	Everything.	Don't change.	EMT & his partner were gentle.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
263	They were about to pull away with my 92 yr. old mom & saw me running, waited for me (non-emergency) and were so personable as I rode along in the ambulance. Very efficient, professional & personable.		Continue to try to provide cost effective service in negotiations with city fire department.
264	Took care of me & got me to the hospital S.A.P.	Nothing.	
265	Everyone was great and helpful.	Nothing.	Great.
266	Nothing.	Retrain drivers and personal.	One of the personal ask me what did I plan on getting out of this. I had kidney stone was treated like heronin addict going thru with draws. Very unprofessional staff to me. Should sue.
267	Got me to the hospital in a timely manner.		REMSA has very nice EMTs.
268	Arrive promptly, polite & caring.	Not much.	Excellent!
269	Personnel was extremely kind, detailed & gentle with my grandmother. The way they got her off ground was graceful.	Great job! Thank you!!	
270	Everyone was very helpful.		
271	The EMTs were great, helping patient with the incredible pain she was experiencing, also taking info on all information of meds.	No.	The EMTs were best ever that we've dealt with. We wish all EMTs were this great!
272	I am very thankful they were there, it saved my life - a smooth ride - keep up the good work.	Get one more helicopter - because of how far we had to get to hospital.	If they were not at Gardnerville ER, I might not be alive.
273	Nice and caring crew.	Nothing.	I was well cared for.
274	Courtesy and efficiency.	Keep up the good work.	
275	Knowledgeable, professional and efficient. Kept me informed of my status, very polite and courteous.		
276	Transport me to Renown - Reno from Manor Care due to acute condition. Thank you.		
277	Very, very nice.		
278	Everything.	N/A	A-OK
279	Everything.		
280	Curteous.		
281	I thought service was well done overall.	I think that you need to get patients to the hospital faster (the whole process) to get them to dr's ASAP.	IV was missed 1st try and 2nd attempt was successful! But nurses/drs did not like ambulance IV so nurse's 3rd try at IV was satisfactory for them (hospital emergency room). (I was a pin cushion.)
282			I have the Silver Saver.
283	Everything. REMSA has always been very good with me.	And I do thank you all very much.	
284	Very quick to start treatment & get my airways open, to transport me to Northern NV Hosp.	Nothing - everyone did a great job! Thank you.	Thank you, thank you again -
285	Made me feel comfortable and less fearful.		
286	Paramedics very calming and explained everything step by step so I knew what would happen.	Nothing - everything was great.	
287	Courteous, prompt, efficient, caring.		
288	Very much helpful to me in every way. I can't complain. May God bless everyone of the crew.	No comment because you have served me very well.	May your service will continue forever, being their in time of need. Thank you very much.
289	Everything - the crew was quick, competent, professional and explained as much as I could understand at the time.		
290			Very good.
291	Everything.	N/A	
292	Everything.		Very professional.
293	Everything.	You served me well.	Everyone was very helpful and professional.
294	Good job.	N/A	N/A
295	Everything - probably saved my life.	Keep the good work going.	Very well informed. Courteous - polite -
296	Quick response.	I was twitching constantly, uncontrollably. They tried several times to put an IV in the back of my (R) hand in order to give me medication to stop my twitching. After they were unable to get the IV in, bent my (R) elbow backwards making me scream while trying to hold me still. Also, someone either had their elbow or knee on my left hip causing severe pain. It finally dawned on them to put the medication directly into my (L) arm. My twitching slowed considerably allowing them to put an IV into my (R) forearm. The back of my (R) hand turned black with bruising and is to this day sensitive to the touch. I had a bruise on my (L) hip. I am not impressed with their medical training in the areas mentioned.	
297	They were very good. Considerate, good bedside manner. Got me breathing and everything. Got me to the hospital in a good, rapid time. Did an outstanding job.		
298	Showed great care and concern. Very knowledgeable.		I thought they were great.
299	All personnel was kind, professional & focused.	Nothing.	Wonderful service CA. Should evaluate the service we received from ambulance & hospital staff (Renown).
300	Excellent.	Just be there.	You were very informative to patient & family. Also very kind.
301	Everything was fine.		
302	All of it was done well. Your staff is exelent. I have no complaints.	I don't know.	
303	Check me out carefully & being concerned.		Excellent service.
304	Much better response - were not dismissive of pt concerns, made sure I stayed involved.		Very good service this time.
305	Everything was good.		
306	Everything. I felt very at ease with all your help & service.	-	
307	Service was good.		
308	Everything anyone could ask for. Made me feel relaxed and comfortable.		

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
309	Excellent.	Not much. It was my first experience in ambulance and I have no complaints.	
310	I was very scared - your crew put me at ease immediately. Thank you.		
311			My sister, the patient, died 5/30. I was not personally involved, but by personal experience and that of friends, I am confident that REMSA's service was excellent, as always.
312	Fast arrival/professional.	Can't think of anything.	
313	Everything.	Not very much.	Thank you so much.
314	Everything was perfect.	Nothing.	Your staff is friendly and very helpful.
315	Everything from the time you arrived & left.	Nothing, you are very efficient.	
316	OK	Get some that know how to use needs right way. Tried to get needs in said way were not right. Tried two times. Hospital had no trouble.	
317	Everything from the time you arrived & left.	Nothing, you are very efficient.	
318	Crew was professional.		
319	Was punctual, polite, reassuring.		
320	Everything was well done. I got really good care. Thank you.	Nothing. Keep up the good work.	UR awesome and being a vol-firefighter even more. Well, if I need to go again, I will look forward of you transporting me to the hospital. Thank you. -- Cold Springs Vol. Fire Dept. Firemen
321	Everything.		
322	Excellent.	Stay on top, where you are.	
323	Cheerful and reassuring in ambulance.		Excellent service.
324	They did everything well, by attending the patient and the attention of my child.	Nothing, I was satisfied.	I was satisfied by everything and don't have any comments.
325	Everything! Good job!	Nothing. It was a great flight. I felt safe, everyone was friendly & very helpful.	The service was very good, thank you!
326	Everything. They explained each & every procedure, while making sure I was comfortable.	Nothing that I can think of.	
327	Prompt treatment & good care.		Excellent!
328	Everything was great!		
329	My husband was so upset, but the dispatcher helped him so much. My husband was very upset and they helped him - I was pretty out of it, but I'm alive, so they did their job.	Keep up the great work - nice people! The response time is great for Cold Springs.	I don't remember too much, but the men were so nice. Thanks for the great service. You helped save my life.
330	Excellent.		Excellent.
331	Very polite & considerate.	Very difficult.	
332	Dr. Sunstrom's office 975 Ryland to Renown ER short trip.	IV it was very uncomfortable. Too deep in my elbow every time I moved my arm. Had to be moved as it looked.	
333	Very friendly & caring.		
334	Everything. Your staff was very kind. Thank you & thank them. They convey confidence at a very stressful time.	Please tell them thank you on my behalf.	
335	The ambulance crew were terrific - I felt I couldn't breathe - not realizing I had broken ribs and they calmed me down.	Nothing.	Just thank you! And thank you to all!
336	Everywhere.		
337	Everything.	Nothing.	
338	All.		
339	My husband was very upset, and they were able to talk him down.		
340	Have not yet been billed, so does not apply.	Was served very well.	No comment on above, but the care was good.
341	Understanding my condition.		
342	Attitude toward patient helpful and expedient.		Service & care comforting and speedy.
343	Everything was done VERY WELL!		
344	Got here quickly, polite & nice.	Not much, good experience.	Took care of me well, non judgemental.
345	Just being kind and helpful with information.	Just being kind.	
346	Everything.		
347	Very fast service, very comforting staff. Made me feel unafraid.		Thank you so much for respecting & caring for me, even though I was very intoxicated.
348	Everything.	You do it now.	Thank for everything, when we need you.
349	Everything was done perfectly. Don't change a thing.		Keep up the good work.
350	Came promptly. Were helpful & nice.		
351	Everything was done very well.	Nothing, you did a great job.	
352	Kept situation calm and informed for 90 year old patient (husband) and family (wife) at almost midnight. Upon arrival at Renown So. Meadows emergency, EMT took "charge" to tell them situation, etc. Always looking after both of us.	Continue!!!	Both EMTs were very professional - especially caring for patient and wife (passenger). And thank you for your care and concern. Blessings!
353	Well, we were not in an accident.	Stop wasting patient time on scene.	Not at all happy. The military term "cluster fuck" comes to mind! I went into A-Fib while at a REHAB facility. First the firemen arrived, 4 big guys crowded into the room, with their equipment. Then your guys came and crowded 4 more bodies into the room. They asked questions (same as firemen!) took readings in the room & killed maybe 10 minutes then, they put me on a gurney and put the gurney in the vehicle. THEN while still parked - spent another several minutes asking the same questions & taking readings. From the first fireman arrival till the ambulance actually started rolling was close to 30 minutes. While I am having heart issues this sucks! You really need to review your procedures!
354	Made sure I was comfortable and kept me informed what was happening.	Nothing. You were great!	The team was friendly and careful during transport.
355	Great.	Nothing.	All was very professional.
356	Moved me quickly with a minimum of discomfort.		
357	I was very please with their care and helpfulness. All were sincerely concerned.	If everyone was as considerate as these crews were, there would be less trouble in this world.	We THANK YOU VERY MUCH for sending such great CREWS.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
358	Everything.		
359	A very safe and caring transport.	Outstanding service.	
360	Everything.	Nothing.	Your EMT was so patient. I was not in the best state of mind.
361	Very informing and helpful in keeping calm with assisting my daughter.	Let family sit with patients in the back of ambulance.	Everyone that assisted my daughter was helpful and informat not to mention extremely caring giving they were helping a child.
362	As far as I'm concerned, I have never had such excellent care & fast service.	You can't do any better. Perfect.	My husband has demencha and I couldn't leave him. He rode in front and the gal was very understanding. Great team. Thanks again.
363	Treated well by some not bad looking guys which was just an added bonus.		
364	Everything.		
365	ARRIVED quickly & very friendly & helpful.	N/A	
366	Everything. Quick response, effcent & kind & considerate.	No complaints. Have had prior experience with REMSA crew & very professional & efficient.	
367	All things.	?	
368	Everything.		Kindness, encouragement and assistance all excellent.
369	Everything.	Nothing.	
370	All things.	Same.	
371	Treated patient compassionately & with minimum pain.		
372	Everything.		You are the best.
373	Crew was personable and considerate.	Keep up the good service.	BILLING FOR SECONDARY UHC INSURANCE CAN BE FOUND AT 877-717-9517 OR 800-945-0135 OR 877-842-3210. www.UHCRetiree.com/delta may help
374	Your response time was prompt. The attendants were extremely caring & gentle.	You're doing fine.	I was scared & in a lot of pain. The paramedics helped me calm down & were very gentle with my injuries.
375	Nice work.		
376	Everything.	I can't think of one thing.	
377	Everything.	Nothing.	Excellent.
378	Staff made me feel comfortable in a difficult situation.		
379	Everything was great as always.	Nothing.	
380	Helped take my wife to respite care @ Manor Care.		
381	Communication.		
382	Everything!		
383	Everything.		
384	Quick, efficient.		
385	They explained why I should go to the hospital.	Keep up the good work.	
386	By being fast to patient, taking charge and making patient feel "taken care of."		
387	Prompt eval. of situation.	Just keep up the good work!	The personal was very conscise and polite plus extremely caring.
388	Everything.	You're already doing it.	
389	Being here fast and being helpful and careful.		
390	Got here quickly.		
391	You took me from VA Hospital to Renown Hosp.	Your service was excellent. Could not have been better.	You performed very professional.
392	The staff used professional non-stop perservance to get me out of the wreckage safely and to the medical center.	I think you are the BEST! I thank you all for helping me.	Nothing could be better than this service, EVER. Thank the staff for me. Just want to say all the people in Reno are just great.
393	Everything.	You were just fine.	FROM WIFE: I just want to say how nicely we (patient) and I were out of town guest (I bow!) and your treatment was the very best! So thank you and God Bless. Our marriage was at our church with God as our witness and we love each other very much. (10/3/13)
394	I was out of it for the most part.	I don't know.	The flight was smooth, as I recall.
395		Have pediatric nasal cannula available in ambulance.	My son is 3 years old. There was no pediatric nasal cannula available in the ambulance, just the adult sized one and this bothered him and stressed him out quite a bit in an already stressful situation. A properly fitting nasal cannula would have helped.
396	I feel your crew understood the severe chest pain I was having and I could not breathe.	Nothing -	Your crew was so kind and caring. They really tried to help me. I believe they did their job 100% - Thank you!
397	Everything!	Nothing - you were perfect!	Thank you! Thank you! Thank you!
398	Treated well, doctors were friendly.		
399	REMSA was awesome. As an RN, they were reassuring and explained everything well. Great service.	GPS sent us the long way out of Somersett - not a REMSA problem, just GPS.	Thank you for everything. Please tell those who assisted me THANK YOU!!! *Sorry for the penmanship; my right hand is broken*
400	Satisfied! Arrived quickly. Professional.		Great service!
401	They did everything well!	N/A	As above - great. Apologize for taking so long in returning this form.
402	The men were very professional & caring for my husband & myself. They were wonderful.	Nothing.	
403	Everything.	Stay the same.	Great.
404	Great REMSA crew! Very caring!		
405			Everything was fine.
406			You did good!
407	N/A	Very nice.	
408	Kept me calm in a time of panic.	Nothing.	You are all great people! Thank you!
409	Great! Both of us were respectfully treated. We appreciated ALL the crews efforts on our behalf.	?	
410	Whoever those 2 young guys were that helped me, were totally "AWESOME"!! I believe they saved my life.	-0-	Keep up the great work!
411	Everything was great. I was treated with the best care. Made sure I didn't hurt.	I felt all that needed to be done was done, I appreciate the service. Grade: A+.	From what I remember was that they were all very professional and treated me greatly.
412	Everything.		
413	Everything.	Very good now.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
414	Crew was personable and considerate.	Keep up the good service.	BILLING FOR SECONDARY UHC INSURANCE CAN BE FOUND AT 877-717-9517 OR 800-945-0135 OR 877-842-3210. www.UHCRetiree.com/delta may help
415	The paramedic was the best! He was kind, smart, amazing. I cannot say enough about him!	Nothing.	I had a great experience in a stressful situation.
416	Everything.	No need.	
417	Everything was done well.	Nothing that I know of.	Very good.
418	Everything.		I have no complaints at all. I have been complimented for carrying my emergency wallet with all the information your personnel need.
419	Everything was done well.	Nothing that I know of.	Very good.
420	The perimedics were FANTASTIC.		Thank them for me, please.
421	Arrived promptly.		
422	Excellent service.		
423	As the patient I felt in good hands, safe, and that all that could be done was done, though my memory of it is spotty.	- ?	Care and service was excellent.
424	Service was great. Thank you.		
425	They saw me (on their way to another accident and stopped) they were the first ones at the scene. Extremely helpful - AWESOME. They are very special men. When they saw me on the ground (motorcycle acc.) they stopped immediately before 911 was even called.		I was so impressed with their care, professionalism, and compassion. AGAIN they deserve special recognition.
426	Besides making me feel bad about coming in sooner, I have nothing but WONDERFUL things to say about billing - in regards to your billing staff they have helped me so much and they are nothing short of angels. Thank you and I sincerely mean that your billing team has nearly taken the stress out of it all together for me. Everything. The nurse wouldn't even leave my side, he went above and beyond when I finally got there. The only concern I did have was I was in extreme pain & they sat there talking not moving for at least 15 min. ...BTW when I made the comment in regards for sitting 15 min while they joked (she even giggled & so I guess we should have left already lol) my temp was 102 & when we arrived 106.		
427	Everything!	You are perfect now!	Thank you!
428	Everything was perfect.	Nothing.	
429	I believe that the job was done very well and I wanted to let remsa know that I am doing everything I can to get the bill paid as quickly as possible. my address is happinessmusicreach37@gmail.com thank you so much Ryan B		
430	Everything that was necessary		
431	All the guys did a great job and performed their duties on myself within a timely manner. They all took great concern and asked plenty of questions. They got me started on pain meds and took vitals rather quickly. So yeah those guys did a good job being my very 1st ambulance ride.	keep doing what they are doing.	



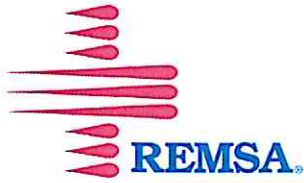
Regional Emergency Medical Services Authority

**CARE FLIGHT
CUSTOMER SERVICE
FOR
JUNE 2014**



CARE FLIGHT CUSTOMER COMMENTS JUNE 2014

	What Did We Do Well	What Can We Do To Serve You Better	Description / Comments
1	I don't really remember being put on the helicopter. I was unconscious.		
2			I have amnesia for the event... sorry.
3	Everything!	Good job!	
4	You got me where I needed to go. Quickly and safely.	Keep up with the training offered you	All personnel were kind in getting me from my home to hospital.
5	You put the patient first and my safety.	More ac in the helicopter, more female security guards, communicate with patient entire flight.	Flight nurse was very personal, kind and compassionate.
6	Fly and land the helicopter in the high wind! Helicopter was at location when I arrived with paramedics.		Helicopter pilot and paramedics were calm and professional, thank you!
7	Everything was above expectations.		
8	Saved my life.		Fast, orderly and sincere
9	Great service and crew. I have nothing bad to say.		
10	Seemed concerned	Nothing I can think of	Haven't dealt with the billing dept yet.
11	Got me there.		
12	Very polite, made sure I was comfortable and got to the right place "hospital"	Everything was wonderful.	
13	Speedy service	Lower the cost.	Don't remember much.
14	Everything! First time in helicopter, your staff kept me calm, informed, explained everything as they did it.		Awesome!
15	Everything.		
16	Nurse was very compassionate.	Explain why pt. is being taken and if this was necessary.	Staff was fine but we were not given a choice and we cannot afford this. Lives on SS only.
17	Help maintain and saved my life.	Keep up the hard work.	Crew were very professional.



Regional Emergency Medical Services Authority

**REMSA
PUBLIC RELATIONS REPORT
FOR
JUNE 2014**

PUBLIC RELATIONS

June 2014

ACTIVITY	RESULTS
Wrote and distributed press release regarding "Heart Healthy Heroes" 5k run.	Alice radio and Channel 2 covered the run.
Assisted with media interviews regarding the Not Even For A Minute campaign about not leaving children alone in (hot) cars.	Reno Gazette Journal ran a front page story of this issue and Channel 2 ran information regarding it. Nevada News Service also ran a story on this issue.
Conducted and managed a media tour for local media in order to educate them about REMSA.	Channels 2 and 8 as well as the Reno Gazette Journal and Entravision had representatives as part of the tour.
Wrote the joint press release between REMSA and Reno Fire Department.	Channels 2, 4 and 8, as well as the Reno Gazette Journal picked up the release and ran verbatim.



Free REMSA Hands-Only CPR Demonstrations all Week

Published: 6/01/14 4:13 pm

RENO, Nev. (KRNV & MyNews4.com) - Jason Finley was just planning on having breakfast at the Squeeze-Inn in South Reno. He didn't expect he'd learn something new as well, as REMSA set up outside offering CPR demonstrations.

"They asked me if they wanted to learn chest compressions, and I said, "Why not?" says Finley. Like the unplanned life-lesson, J.W. Hodge with REMSA says cardiac arrest can happen anywhere at any time.

"We know that about 90% of cardiac arrest are outside of the hospital and of those people, a majority of time, they don't get hands only, or any CPR because people don't know what to do," says Hodge.

So in an effort to raise awareness, REMSA is bringing the classroom out into the community, complete with mannequins to practice on, and a certified CPR instructor to teach you. The basic steps include checking your surrounds, calling 911, checking on the victim, and performing chest compressions at 100 beats per minute. These easy steps only take a few minutes, but it makes a huge difference.

"The sooner someone starts CPR, on a victim that's gone down," says Hodge. "The higher their chances of survival are." And it's a few minutes Finley is happy to give.

"It's something everybody should know," he says. "We're always around people and things happen. At least if you can react and maybe give somebody that extra 5 minutes that they need, then you're doing something good. "

REMSA will be at a different location every day:

Sunday, June 1 at Squeeze Inn - South Reno (25 Foothill Road, Suite 3, Reno) from 9 a.m. to noon

Monday June 2 at Swill Wine and Coffee (3366 Lakeside Ct., Reno) from 9 a.m. to noon

Tuesday, June 3 at Whole Foods Market (6139 S Virginia St, Reno) from 11 a.m. to 2 p.m.

Wednesday, June 4 at Feed the Camel (McKinley Arts & Culture Center, 925 Riverside Dr, Reno) from 5 p.m. to 8 pm..

Thursday, June 5 at MidTown Farmers Market (MidTown District, Reno) from 10 a.m. to 2 p.m.

Friday, June 6 at Scheels (1200 Scheels Dr, Sparks) from 2 p.m. to 6 p.m.

Saturday, June 7 at The Club at Town Center in Somerset (7650 Town Square Way, Reno) from 9 a.m. to 11 a.m. as part of the Heart Healthy Heroes 5K and Fun Run.

For more information or questions, contact REMSA at (775) 353-0772 or www.remsaeducation.com

Health and Safety Fair in Sun Valley Saturday

Posted: Jun 02, 2014 10:47 AM PDT Updated: Jun 02, 2014 10:47 AM PDT

Fire trucks, helicopters and free required school immunizations for children four through 18 years old are just a few of the exciting activities available to families from throughout Washoe County at the combined “Lights, Sirens, Safety” and “Give Kids a Boost” health and safety fair on Saturday, June 7, 2014 at the Sun Valley Neighborhood Center at 115 West 6th Avenue from 10am-1pm.

The Washoe County Sheriff’s Office and Truckee Meadows Fire Protection District are joining forces with REMSA, Immunize Nevada, Safe Kids Washoe County, Virginia Palmer Elementary School, Rotary Club of Reno Sunrise, the Sun Valley Resource Center and a number of other community resource agencies to provide a free, three-hour event, filled with fun and information aimed at helping kids grow up safe and healthy.

Prevention is the key to keeping your families safe and this free event helps residents of all ages learn more about the tools and resources available in Washoe County to create a safer environment at home and at work.

“Lights, Sirens, Safety” provides hands-on information about a variety of crime prevention and personal safety topics. Safety fair visitors may take part in interactive demonstrations and equipment exhibits, featuring the RAVEN Helicopter, firefighting apparatus, Care Flight, K-9s, Motor Units, Washoe County Sheriff’s Reserves, the Sheriff’s Mobile Auxiliary Response Team (S.M.A.R.T.), the Community Emergency Response Team (CERT), AlertID/Neighborhood Watch, and the Emergency Services Dispatch Center.

For more information about Give Kids a Boost, visit Immunize Nevada online at immunizenevada.org or www.safekidswc.com/v2/



REMSA Introduces Heart Healthy Heroes 5k and Fun Run

Updated: Mon 8:12 AM, Jun 02, 2014

RENO, NV - As part of National CPR and AED Awareness Week (June 1-7), the Regional Emergency Medical Services Authority (REMSA) will hold its inaugural Heart Healthy Heroes 5K and Fun Run on Saturday, June 7 at Somersett Town Square, 7650 Town Square Way, in Reno. The 5K run will begin at 9 a.m. with the kids' fun run starting at 10 a.m.

Registration for the 5k run is \$40 and the kids' fun run is \$10. All proceeds will benefit the American Heart Association in their fight to reduce death and disability from cardiovascular diseases. As part of the run, participants are encouraged to wear their favorite red her costume, dress, tutu or other red running gear.

Runners can register by visiting bit.do/remсарun and will pick up their run packets on Friday, June 6 between 3 p.m. to 7 p.m. at Scheels in Sparks (participants can also register at this event). Runners can also register between 7:30 a.m. to 8:45 a.m. the day of the race.

Sudden cardiac arrest is a leading cause of death in the country. Everyone should know how to perform CPR in an emergency. Immediate, effective CPR could more than double a victim's chance of survival.

More than 300,000 people will die from coronary heart disease this year before reaching the hospital. Victims that receive immediate CPR and a shock from an AED within three to five minutes have up to a 74 percent chance of survival. Currently, less than 8 percent of victims survive due to lack of CPR and AED use across the country.

For more information or questions, contact REMSA at (775) 858-5700 or online at remsaeducation.com.

REMSA demonstration locations:

Sunday, June 1 at Squeeze Inn - South Reno (25 Foothill Road, Suite 3, Reno) from 9 a.m. to noon

Monday June 2 at Swill Wine and Coffee (3366 Lakeside Ct., Reno) from 9 a.m. to noon

Tuesday, June 3 at Whole Foods Market (6139 S Virginia St, Reno) from 11 a.m. to 2 p.m.

Wednesday, June 4 at Feed the Camel (McKinley Arts & Culture Center, 925 Riverside Dr, Reno) from 5 p.m. to 8 pm..

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Saturday, June 7 at The Club at Town Center in Somersett (7650 Town Square Way, Reno) from 9 a.m. to 11 a.m. as part of the Heart Healthy Heroes 5K and Fun Run.



Regional Emergency Medical Services Authority

FOR IMMEDIATE RELEASE:

June 3, 2014

CONTACT: Scott Walquist, KPS|3, 775-686-2116, scottkps3.com

MEDIA ADVISORY

**REMSA TO HOLD “HEART HEALTHY HEROES”
5K AND FUN RUN**

WHO: Regional Emergency Medical Services Authority (REMSA) and the American Heart Association (AHA).

WHAT: In honor of National CPR and AED Awareness week (June 1-7), REMSA will hold its inaugural Heart Healthy Heroes 5K and Fun Run where it will present the proceeds from the event to the American Heart Association.

Hearth Healthy Heroes 5K and Fun Run encourages runners to run in heart healthy hero outfits, including a cape, dress, tutu, or other red running gear in order to support the American Heart Association.

WHEN: Saturday, June 7. The 5K run will begin at 9 a.m. and the Fun Run will begin at 10 a.m.

WHERE: The Club at Town Center in Somersett, 7650 Town Square Way, Reno

About REMSA

REMSA is a private emergency medical services system serving northern Nevada. REMSA’s state-of-the-art 9-1-1 dispatch communications center is fully accredited, as are all emergency medical transport services of the company. REMSA provides quality patient care with no taxpayer support or other subsidies.

Car Safety Seat Check This Saturday in Reno

Posted: Jun 09, 2014 7:04 PM PDT Updated: Jun 09, 2014 7:04 PM PDT

You can make sure your child's car seat is properly installed at an event this Saturday morning at Northern Nevada Fitting Station in Reno.

Saint Mary's Regional Medical Center and Safe Kids Washoe County are partnering with REMSA for an inspection starting at 9am at 595 Bell Street.



There, safety technicians will make sure the seat is properly installed and the right kind for the age and weight of your child.

REMSA says 3 out of 4 car seats are not installed correctly. And according to the National Highway Traffic Safety Administration, car crashes are the number one cause of death for all children.

The event is limited to 30 cars so you'll want to get there early.

For more information, call 858-KIDS.

Warning: Keep Pets Out of Hot Cars

Posted: Mon 7:56 PM, Jun 09, 2014

By: Terri Russell

RENO, NV - Early June warm temperatures simply foreshadow what we can expect into the summer months. The hot temperatures are also a warning for our family pets, and the dangers of taking them for short errands where they can be left in the car. A dramatic demonstration by Regional Animal services shows us just how dangerous that practice can be. Terri Russell offered to be part of that demonstration.

A REMSA paramedic was on hand to take our vital signs before we started the experiment.

My blood pressure and pulse were well within normal ranges.

And that was important as we prepared to voluntarily lock ourselves in a car where the outside temperature was in the low nineties.

"Just show people the affects of a hot vehicle on us the humans and how we translate to our pets that we leave in our vehicles," says Bobby Smith with Washoe County Regional Animal Services.

Smith had us get into the air conditioned car and drive around the streets for a bit--just like you might with your animal. Inside, the temperature is a comfortable 75 degrees.

We get back to home base, turn off the car, crack the windows just slightly and wait.

"It was 62 and in 2 minutes it was 81. It is starting to get stuffy in here, I know I can feel it. It, it's getting stuffy and at this point your dog is getting warm," said Smith.

Its about 100 degrees in the car, and all of us are sweating, and it feels very confined.

We stay still and don't talk much. But a dog's reaction is going to be different; he may panic, move around, react to people outside, and at one-hundred-degrees he can no longer cool himself.

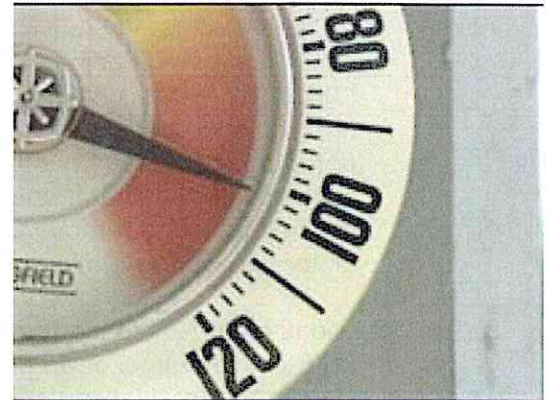
Animal control officers stress they don't always get a call right away; they may make it to a scene where a dog is confined inside a hot car--20 minutes after the fact. "It's 120 right here, sitting here is 112," says Smith after about 20 minutes. For us, that meant 112 degrees, 120 on the dash.

I keep thinking... what would it be like to have a fur coat on inside the car?

Here is the Nevada Revised Statute regarding cruelty to animals.

NRS 574.195 Allowing cat or dog to remain unattended in motor vehicle during period of extreme heat or cold unlawful; removal of animal; exceptions; immunity from liability; penalty.

1. Except as otherwise provided in subsection 3, a person shall not allow a cat or dog to remain unattended in a parked or standing motor vehicle during a period of extreme heat or cold or in any other manner that endangers the health or safety of the cat or dog.



FOR IMMEDIATE RELEASE:

June 11, 2014

CONTACT: Scott Walquist, KPS3, 686-2116, scott@kps3.com

Safe Kids Washoe County Warns of Heat Stroke In Children As Temperatures Rise

Reno, Nev. - As temperatures rise in northern Nevada, Safe Kids Washoe County is working to increase awareness and urge caregivers to never leave children alone in a vehicle with its “Not Even For A Minute” campaign that points out that even one minute is too long to leave a child unattended in an automobile.

Since 1998, more than 600 children have died in the U.S. from heat stroke after being left in or becoming trapped in a vehicle - that’s one child every 10 days. In half of the cases, these children are simply “forgotten” by a distracted driver when they arrive at their destination. Other heat stroke fatalities occurred when a child was playing in an unattended vehicle and became trapped, or when a child was intentionally left unattended by an adult “for just a few minutes.”

A child is susceptible to heat stroke and even death on a 72-degree day with the temperature inside a car rising 20 degrees in just 10 minutes. Heat stroke happens when the body cannot cool itself fast enough and the core temperature rises to dangerous levels. A child’s body heats up three to five times faster than adult’s, making them more susceptible to heatstroke. When a child’s internal temperature reaches 104 degrees, major organs begin to shut down, and when that temperature reaches 107 degrees, the child can die.

“The overall goal of our ‘Not Even For A Minute’ campaign is to make sure people are aware of the dangers in and around vehicles,” said Melissa Krall, Safe Kids Washoe County coordinator. “We want parents and caregivers to take proper steps so that this tragedy does not happen to them. Heatstroke can happen anytime, anywhere, but can be avoided with a little awareness and by taking a few simple precautions.”

To help prevent these tragedies, Safe Kids is asking everyone to help protect kids by remembering to ACT:



Safe Kids Washoe County Warns of Heat Stroke in Children As Temperatures Rise

Posted: Jun 11, 2014 11:12 AM PDT
 Updated: Jun 16, 2014 12:32 PM PDT

From KPS3:

As temperatures rise in northern Nevada, Safe Kids Washoe County is working to increase awareness and urge caregivers to never leave children alone in a vehicle with its "Not Even For A Minute" campaign that points out that even one minute is too long to leave a child unattended in an automobile.

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To help prevent these tragedies, Safe Kids is asking everyone to help protect kids by remembering to ACT:
A: Avoid heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. And make sure to keep your car locked when you're not in it so kids don't get in on their own.

C: Create reminders by putting something in the back of your car next to your child such as a briefcase, a purse or a cell phone that is needed at your final destination. This is especially important if you're not following your normal routine.

T: Take action. If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations. One call could save a life.

For more information on preventing heat stroke deaths, please call Safe Kids Washoe County at 858-5700, ext. 6227 or visit www.safekidswc.com or www.safekids.org/nlyca.

From KPS3

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Reno Rodeo Officials Emphasize Safety

Posted: Jun 20, 2014 11:52 PM

PDT Updated: Jun 20, 2014 11:52 PM PDT

Day two of the Reno Rodeo wrapped up Friday, and after months of preparation, organizers are making safety a top priority.



Local agencies are working together to make sure everyone has a good experience at the 10 day event. The Washoe County Sheriff's Office is urging you to report anything suspicious to a roaming officer or at their mobile command center located near the main entrance.

The Martin-Ross Security Team works on traffic control, as well as anywhere else they are needed, like the Jack Daniels tent for the 21 and over crowd.

"We have a lot of people on safety detail at night as far as keeping the crowd control down to make sure people don't get injured and have the people kind of getting dumb actually getting removed from the situation," said Clint Reeder, Director of Security for Martin-Ross.

The Sheriff's Office has some tips to make sure you stay as safe as possible. With the large crowd the rodeo sees every night, they say to keep a close eye on your kids.

"Hold their hands when you get an opportunity, especially smaller children," said Bob Harmon, Public Information Officer for the Washoe County Sheriff's Office. "Carry them, have them in a stroller. Keep your hands on them somehow, so you don't end up losing them in the crowd."

Also, keep a close eye on your belongings. If you're with someone, Harmon suggests putting your purse or backpack in between the two of you.

"Have whoever's carrying the purse wear it on the inside," he said. "So that way, you're not leaving it on the outside where it could be vulnerable to someone who's looking for an opportunity to take something from you."

If you're drinking, make sure to have a plan to get home safely, whether it's having a designated driver or calling a cab.

"That's A-okay, but we remind you now before you head out to the rodeo is the time to start planning about how you're going to get home," Harmon said.

REMSA is also reminding people who are drinking to also stay properly hydrated.

"I know, the rodeo, you drink a lot of beer, but also be safe and drink water with them too," said Alan Tom, Special Events Manager with REMSA.

REMSA is working with the Reno Rodeo medical personnel for any emergencies around the events center.

"We're working the rodeo and the carnival and some of the indoor events," Tom said. "We cover all the medical throughout the rodeo grounds."

Reno Rodeo medical staff have a long work day. They roam the grounds between 6 a.m. until 2 a.m. on most nights.

Care Flight / Calstar Training at Spooner Lake

June 23, 2014

Carson Valley Times contributor Michael Chapton sent in a number of photos from Care Flight of Nevada and Calstar from South Lake Tahoe conducting a joint training at Spooner Lake over the weekend.

“It was great talking with the crews from both aircraft and they were good enough to pose for me,” he said.



Safe Kids working to end kids' heatstroke deaths

Susan Skorupa, RGJ 9:02 p.m. PDT June 29, 2014



(Photo: Dzmity Marhun, Getty Images/iStockphoto)

In 2010, 49 children died in the U.S. from heatstroke from being left unattended in a vehicle.

In 2011, 33 children died; a year later, 34 children died.

Last year, 43 children succumbed to heatstroke after being left unattended in an automobile in the U.S. So far this year, 13 children are dead from the effects of being left in a hot vehicle, the most recent a child in Georgia, said Melissa Krall, coordinator of Safe Kids Washoe County, an organization devoted to preventing unintentional childhood injury.

"Most are in the hottest part of the year, but deaths have been recorded in 11 of the 12 months," Krall said.

Safe Kids Washoe County, part of Safe Kids Worldwide, was founded in 2000 and is led by REMSA.

"We up public awareness at this time of year, but it does not happen just when there are really hot temperatures," Krall said. "Temperatures (can be too hot) if children are in cars or if they're outside playing.

They can get in a car if it's unlocked and not be able to get out.

"Their little bodies do not compensate (for heat) like adults," she said. "They heat up more rapidly; they heat up three to five times faster than adults."

Safe Kids has launched a "Not Even for a Minute" campaign that stresses that even one minute is too long to leave a child unattended in an automobile.

Safe Kids also is concerned with other incidents involving children and motor vehicles such as: backovers, vehicle power accessories, runaway vehicles and children becoming locked in trunks.

Since 1998, at least 600 children — one every 10 days — have died in the U.S. from heatstroke after being left in or trapped in an automobile, Safe Kids officials said.

About half — 52 percent — were simply forgotten by distracted caregivers. Children who were playing in a vehicle and became trapped accounted for 29 percent of deaths and children who were intentionally left unattended in a vehicle for "just a few minutes" accounted for 18 percent of death, according to a Safe Kids news release.

"We have been fortunate in Nevada; we have not had many deaths in recent years," Krall said.

"According to our data, since 2004, there have been four deaths in Clark County from hyperthermia and none in Washoe County," she said.

"We're not only worried about children in cars, but we pay attention to health and wellness," Krall said. "You or I get in a car, flip on the air conditioning and think it's cooling down. The child in the back seat is just as hot. Just be conscious of that. Cool the vehicle down a little (before putting a child inside). Or park in the shade."

On a day when the outside temperature is 72 degrees, the temperature inside a closed car can rise 20 degrees in just 10 minutes, Safe Kids said.

Heatstroke occurs when a body cannot cool itself fast enough as the temperature rises and the body's core temperature jumps to dangerous levels.

But a child's body, Safe Kids said, can heat up three to five times faster than an adult's body. At an internal temperature of 104 degrees, a child's major organs begin to shut down; at 107 degrees, the child can die.

"When body temperatures rise, skin flushes," Krall said.

With heatstroke, "they stop sweating, they have dry skin, vomiting or seizures," she said. "If you see the early signs, seek help immediately, call 911, go to Urgent Care or to your doctor. If you see a child alone in a vehicle, seek emergency help immediately.

"The overall goal of our 'Not Even for A Minute' campaign is to make sure people are aware of the dangers in and around vehicles," Krall said. "We want parents and caregivers to take proper steps so that this tragedy does not happen to them. Heatstroke can happen anytime, anywhere, but can be avoided with a little awareness and by taking a few simple precautions."

Protect your children

Safe Kids offered these steps — using the acronym ACT — to protect children:

A: Avoid heatstroke-related injury and death by never leaving your child alone in a car, not even for a minute. Keep your car locked when you're not in it so kids don't get in on their own.

C: Create reminders by putting something in the back of your car next to your child, such as a briefcase, a purse or a cell phone that is needed at your destination, especially if you're not following your normal routine.

T: Take action. If you see a child alone in a car, call 911. Emergency personnel are trained to respond to these situations.

For more information on preventing heatstroke deaths, please call Safe Kids Washoe County at 775-858-5700, ext. 6227, or visit www.safekidswc.com or www.safekids.org/nlyca.

Read or Share this story: <http://on.rgj.com/1lqSu8G>

MORE STORIES



Monty Python promise smut and laughs for reunion shows

[\(/videos/life/2014/06/30/11792885/\)](/videos/life/2014/06/30/11792885/)

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June 30, 2014, 12:55 p.m.



Local muse: Sarah McLachlan shines in Tahoe concert

[\(/story/life/nightlife/2014/06/29/sarah-](/story/life/nightlife/2014/06/29/sarah-mclachlan-shines-tahoe-concert/11562571/)

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June 29, 2014, 11:20 a.m.

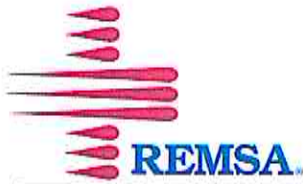


Listen to Tahoe the bear's happy chortle

[\(/videos/life/2014/06/30/11790271/\)](/videos/life/2014/06/30/11790271/)

[\(/videos/life/2014/06/30/11790271/\)](/videos/life/2014/06/30/11790271/)

June 30, 2014, 12:23 p.m.



Regional Emergency Medical Services Authority

REMSA

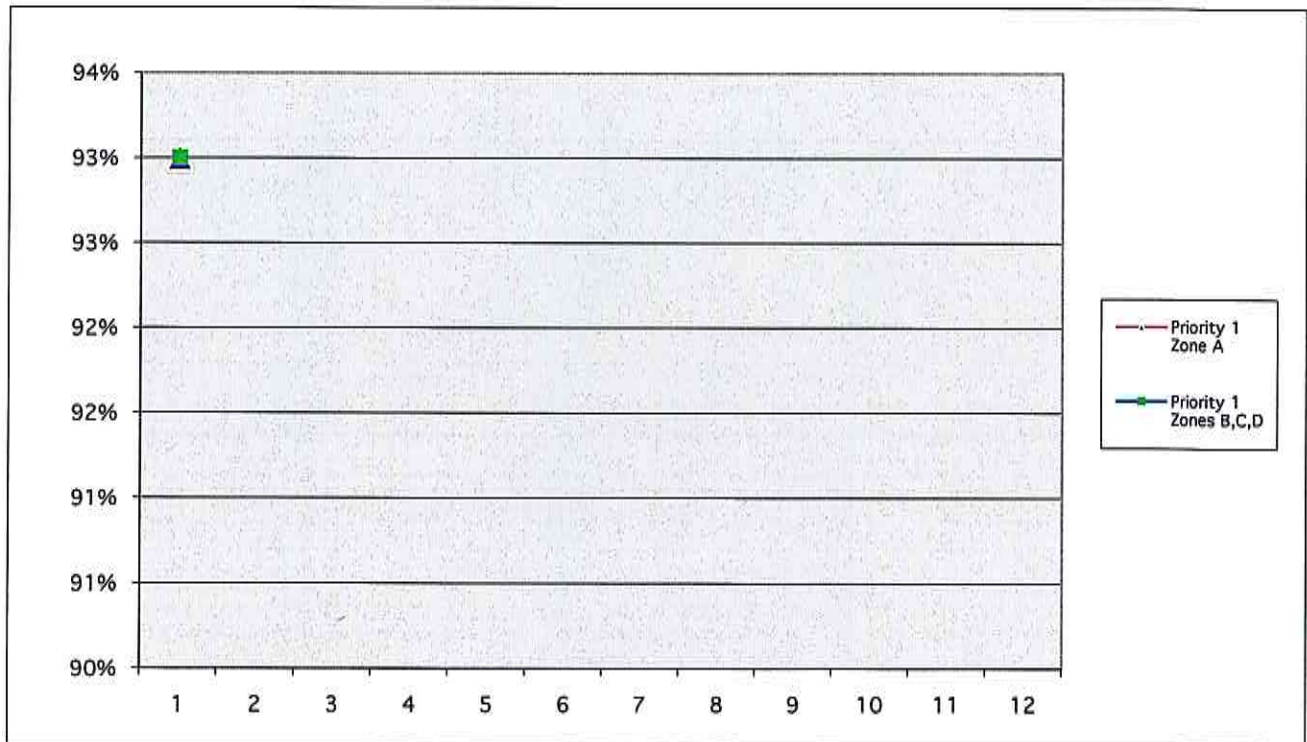
OPERATIONS REPORTS

FOR

JULY 2014

Fiscal 2015

Month	Priority 1 System-Wide Avg. Response Time	Priority 1 Zone A	Priority 1 Zones B,C,D
Jul. 2014	5 mins. 41 secs.	93%	93%
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan. 2015			
Feb.			
Mar.			
Apr.			
May			
June 2015			

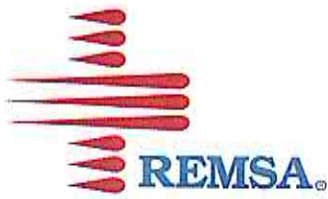


Average Response Times by Entity			
Priority	Reno	Sparks	Washoe County
P-1	5:07	5:59	8:34
P-2	6:33	6:55	9:53

REMSA

Fiscal 2015

Month	#Patients	Gross Sales	Avg. Bill	YTD Avg.
July 2014	3767	\$4,028,488	\$1,069	\$1,069
Aug.			\$0	\$1,069
Sept.			\$0	\$1,069
Oct.			\$0	\$1,069
Nov.			\$0	\$1,069
Dec.			\$0	\$1,069
Jan. 2015			\$0	\$1,069
Feb.			\$0	\$1,069
Mar.			\$0	\$1,069
Apr.			\$0	\$1,069
May			\$0	\$1,069
June 2015			\$0	\$1,069
Totals	3767	\$4,028,488	\$1,069	
Allowed ground avg bill -				\$1,076.00



GROUND AMBULANCE OPERATIONS REPORT

July 2014

1. OVERALL STATISTICS:

Total Number Of System Responses	5352
Total Number Of Responses In Which No Transport Resulted	1615
Total Number Of System Transports	3737

2. CALL CLASSIFICATION REPORT:

Cardiopulmonary Arrests		1%
Medical		59%
OB		1%
Psychiatric/Behavioral		7%
Transfers		17%
Trauma		14%
	Trauma – MVA	4%
	Trauma – Non MVA	10%
Unknown/Other		1%
Total Number of System Responses	100%	

3. MEDICAL DIRECTOR'S REPORT:

The Clinical Director or designee reviewed:

- 100% of cardiopulmonary arrests
- 100% of pediatric patients (transport and non-transport patients)
- 100% of advanced airways (outside cardiac arrests)
- 100% of STEMI Alert or STEMI rhythms
- 100% of deliveries and neonatal resuscitation
- 100% Advanced Airway Success rates for nasal/oral intubation and King Airway placement for adult and pediatric patients.
- 100% of TAP (paramedic orientee) charts during orientation period and 10% in the first month post orientation clearance.

Total number of ALS calls resulting in a system transport: 3168

Total number of above calls receiving QA reviews: 259

Percentage of charts reviewed from the above ALS transports: 8%

Note: In addition to the above manually reviewed charts, all call system responses with a documented PCR are electronically reviewed for protocol compliance.

All follow-up deemed necessary resulting from Communication CQI was completed by Chris Barton, EMD, Communications Education and CQI Coordinator

4. EDUCATION AND TRAINING REPORT:

A. Public Education

Advanced Cardiac Life Support

Date	Course Location	Students
7/10/2014	REMSA	11
7/15/2014	REMSA	7
7/17/2014	Riggs Ambulance	2
7/21/2014	REMSA	5
7/29/2014	Zack Marcus	1

Advanced Cardiac Life Support Recert

Date	Course Location	Students
7/8/2014	EMS CES 911 Training	1
7/9/2014	REMSA	8
7/9/2014	Saint Mary's Regional Medical Center	3
7/9/2014	EMS CES 911 Training	2
7/9/2014	Eastern Plumas Healthcare	3
7/13/2014	EMS CES 911 Training	1
7/15/2014	EMS CES 911 Training	1
7/19/2014	REMSA	7
7/26/2014	EMS CES 911 Training	1
7/28/2014	REMSA	11
7/29/2014	EMS CES 911 Training	1

7/30/2014	EMS CES 911 Training	3
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Advanced Cardiac Life Support Skills

Date	Course Location	Students
7/25/2014	Riggs Ambulance	1

Advanced Cardiac Life Support Prep Course

Date	Course Location	Students
7/2/2014	REMSA	10
7/6/2014	EMS CES 911 Training	2

Bloodborne Pathogen

Date	Course Location	Students
7/14/2014	Career College of Northern Nevada	5

Basic Life Support Instructor

Date	Course Location	Students
7/22/2014	REMSA	13

Family & Friends CPR Awareness

Date	Course Location	Students
6/9/2014	Saint Mary's Maternal Child Services	10
6/10/2014	Saint Mary's Maternal Child Services	1
6/23/2014	Saint Mary's Maternal Child Services	16
6/30/2014	Saint Mary's Maternal Child Services	1
7/14/2014	Saint Mary's Maternal Child Services	10

Health Care Provider CPR

Date	Course Location	Students
4/30/2014	Nevada Department of Corrections	1

6/27/2014	Jennifer Kraushaar	2
7/1/2014	EMS CES 911 Training	10
7/1/2014	Milan Institute	11
7/1/2014	REMSA	9
7/2/2014	Regent Care Center Reno	5
7/3/2014	Jennifer Kraushaar	1
7/8/2014	REMSA	9
7/9/2014	Milan Institute	11
7/9/2014	EMS CES 911 Training	3
7/10/2014	West Hills Hospital	6
7/10/2014	EMS CES 911 Training	1
7/10/2014	Eastern Plumas Healthcare	5
7/11/2014	CPR 1st Aid Training Site	1
7/11/2014	Sierra Nevada Job Corps	4
7/12/2014	Riggs Ambulance	4
7/12/2014	REMSA	8
7/14/2014	Nye County Emergency Management	2
7/14/2014	REMSA	7
7/16/2014	EMS CES 911 Training	6
7/18/2014	Linda Bingaman	1
7/18/2014	Trent Waechter	8
7/18/2014	REMSA	10
7/19/2014	Jennifer Kraushaar	1
7/21/2014	Milan Institute	11
7/21/2014	Barick Bald Mt.	6
7/21/2014	EMS CES 911 Training	5

7/23/2014	Morrison University	2
7/23/2014	South Lake Tahoe Police Department	2
7/23/2014	Sierra Nevada Job Corps	7
7/24/2014	Jennifer Kraushaar	4
7/24/2014	EMS CES 911 Training	1
7/24/2014	REMSA	8
7/25/2014	Jennifer Kraushaar	4
7/25/2014	EMS CES 911 Training	4
7/25/2014	Career College of Northern Nevada	8
7/28/2014	EMS CES 911 Training	4
7/29/2014	REMSA	9
7/29/2014	Milan Institute	16

Health Care Provider Employee

Date	Course Location	Students
7/2/2014	Aaron Barnes	1
7/16/2014	Josh Duffy	1
7/18/2014	Aaron Barnes	1

Health Care Provider Recert

Date	Course Location	Students
6/2/2014	Nampa Fire Department	3
6/26/2014	Nampa Fire Department	2
7/7/2014	REMSA	8
7/7/2014	Nampa Fire Department	2
7/8/2014	EMS CES 911 Training	2
7/10/2014	REMSA	9

7/10/2014	Lander County Community Health	1
7/11/2014	Jacqueline Gallardo	5
7/11/2014	REMSA	5
7/12/2014	Airport Fire Department	2
7/15/2014	Eastern Plumas Healthcare	2
7/15/2014	EMS CES 911 Training	2
7/15/2014	REMSA	5
7/16/2014	Washoe County School District	2
7/16/2014	Nampa Fire Department	4
7/17/2014	REMSA	9
7/21/2014	EMS CES 911 Training	1
7/22/2014	REMSA	6
7/23/2014	REMSA	6
7/23/2014	Lakes Crossing Cener	5
7/25/2014	Elko Fire Department	1
7/25/2014	REMSA	7
7/27/2014	EMS CES 911 Training	1
7/28/2014	REMSA	7
7/29/2014	EMS CES 911 Training	1
7/30/2014	Career College of Northern Nevada	1
7/30/2014	EMS CES 911 Training	2
7/30/2014	REMSA	9
7/31/2014	REMSA	3
7/31/2014	Eagle Valley	1

Health Care Provider Skills

Date	Course Location	Students
1/17/2014	Willow Springs	1
6/9/2014	Tahoe Pacific Hospital	1
6/18/2014	Willow Springs	1
7/1/2014	Majen	1
7/1/2014	Willow Springs	1
7/1/2014	Tahoe Forest Hospital	1
7/1/2014	Majen	3
7/2/2014	Willow Springs	1
7/2/2014	Tahoe Forest Hospital	1
7/2/2014	Nevada Department of Corrections	8
7/3/2014	Tahoe Forest Hospital	1
7/8/2014	Great Basin College	1
7/9/2014	Nevada Department of Corrections	8
7/11/2014	REMSA	1
7/11/2014	Tahoe Forest Hospital	2
7/14/2014	Tahoe Forest Hospital	1
7/15/2014	Willow Springs	3
7/15/2014	Willow Springs	1
7/16/2014	Elko County School District	2
7/17/2014	Tahoe Pacific Hospital	1
7/17/2014	Willow Springs	1
7/17/2014	Riggs Ambulance	1
7/21/2014	Daniel Mascaret	1
7/22/2014	Great Basin College	1

7/23/2014	Willow Springs	1
7/24/2014	Sierra Neurosurgery	2
7/29/2014	REMSA	1

Heart Saver CPR/AED

Date	Course Location	Students
7/2/2014	Storey County Fire Department	5
7/8/2014	Washoe County School District	3
7/8/2014	Alex MacLennan	5
7/9/2014	Washoe County School District	3
7/9/2014	REMSA	5
7/12/2014	Washoe County School District	5
7/14/2014	Washoe County School District	5
7/16/2014	Washoe County School District	5
7/16/2014	Nampa Fire Department	16
7/16/2014	Paula Steinmetz	7
7/17/2014	Hyatt Place Reno	7
7/18/2014	Nevada Advanced Pain Specialists	7
7/22/2014	UNR ATHLETICS - COACHES	16
7/26/2014	REMSA	6
7/30/2014	Nevada Air Gurad	5
7/30/2014	Nevada Air Gurad	4
7/31/2014	Nevada Air Gurad	2
7/31/2014	Nevada Air Gurad	2
7/31/2014	EMS CES 911 Training	1
7/30/2014	Nevada Air Gurad	5
7/30/2014	Nevada Air Gurad	4
7/31/2014	Nevada Air Gurad	2

7/31/2014	Nevada Air Gurad	2
7/31/2014	EMS CES 911 Training	1
7/30/2014	Nevada Air Gurad	5
7/30/2014	Nevada Air Gurad	4
7/31/2014	Nevada Air Gurad	2
7/31/2014	Nevada Air Gurad	2
7/31/2014	EMS CES 911 Training	1

Heart Saver CPR/First Aid

Date	Course Location	Students
6/20/2014	Sierra Nevada Job Corps	10
6/24/2014	Devin Hiemstra	7
6/24/2014	Devin Hiemstra	20
6/28/2014	Jennifer Kraushaar	2
7/1/2014	Jennifer Kraushaar	4
7/2/2014	Majen	3
7/2/2014	Sierra Army Depot Training Division	10
7/2/2014	Amazon	8
7/2/2014	Devin Hiemstra	11
7/3/2014	Majen	19
7/8/2014	Small Mines Development	11
7/8/2014	Community Living Options	4
7/8/2014	Sierra Nevada Job Corps	2
7/9/2014	Sierra Nevada Job Corps	12
7/9/2014	Majen	3
7/10/2014	Majen	6
7/10/2014	Jennifer Kraushaar	10

7/10/2014	Nevada Department of Corrections	42
7/10/2014	Sierra Nevada Job Corps	11
7/10/2014	ABC Fire	6
7/11/2014	Amazon Quidsi	3
7/11/2014	Nampa Fire Department	2
7/12/2014	Jennifer Kraushaar	3
7/12/2014	Newmont	9
7/12/2014	REMSA	9
7/13/2014	EMS CES 911 Training	5
7/14/2014	Majen	6
7/14/2014	Jennifer Kraushaar	14
7/14/2014	EMS CES 911 Training	1
7/14/2014	Heaven Bound	4
7/15/2014	Majen	6
7/15/2014	Bobby Brooks	1
7/15/2014	Small Mines Development	10
7/15/2014	Susan Phillips	3
7/16/2014	Amazon	4
7/18/2014	Sierra Nevada Job Corps	2
7/19/2014	Riggs Ambulance	4
7/21/2014	EMS CES 911 Training	1
7/23/2014	Eagle Valley	3
7/24/2014	Nye County Emergency Management	4
7/25/2014	Sierra Nevada Job Corps	4
7/26/2014	Alex MacLennan	6
7/26/2014	REMSA	10

7/29/2014	MAJEN	6
7/29/2014	Community Living Options	2
7/29/2014	Susan Phillips	3
7/30/2014	Susan Phillips	1
7/30/2014	Amazon.com	4
7/31/2014	Pet Smart	11

Heart Saver First Aid

Date	Course Location	Students
6/24/2014	Devin Hiemstra	1
7/2/2014	Milan Institute	13
7/7/2014	Newmont	13
7/10/2014	Washoe County School District	2
7/10/2014	REMSA	4
7/10/2014	Milan Institute	6
7/11/2014	Community Living Options	1
7/14/2014	Majen	1
7/15/2014	Milan Institute	27
7/16/2014	EMS CES 911 Training	1
7/18/2014	EMS CES 911 Training	1
7/22/2014	Milan Institute	12
7/25/2014	Career College of Northern Nevada	8
7/30/2014	Milan Institute	16
7/31/2014	Eagle Valley	1

Heart Saver Pediatric First Aid / CPR

Date	Course Location	Students
7/12/2014	Alex MacLennan	6
7/15/2014	Brad Demitropoulos	1
7/26/2014	Jennifer Kraushaar	12
7/19/2014	REMSA	20

International Trauma Life Support

Date	Course Location	Students
6/24/2014	REMSA	13

Pediatric Advanced Life Support

Date	Course Location	Students
3/17/2014	Sierra Army Depot	3
7/2/2014	Riggs Ambulance	2
7/7/2014	REMSA	11
7/16/2014	REMSA	13
7/17/2014	REMSA	5

Pediatric Advanced Life Support Recert

Date	Course Location	Students
6/19/2014	Humboldt General Hospital	15
7/7/2014	EMS CES 911 Training	2
7/8/2014	Molly Turner	3
7/14/2014	EMS CES 911 Training	1
7/19/2014	Trent Waechter	9
7/22/2014	EMS CES 911 Training	1
7/25/2014	REMSA	4

7/28/2014	EMS CES 911 Training	3
7/29/2014	REMSA	5

Pediatric Advanced Life Support Skills

Date	Course Location	Students
7/25/2014	Riggs Ambulance	1

Ongoing Courses

Date	Course Description / Location	Students
4/15/14	REMSA Education - A EMT	30
2/1/14	REMSA Education - Paramedic	13
8/14/13	REMSA Education - Paramedic	13
Total Students This Report		1262

5. COMMUNITY RELATIONS:

Community Outreach:

Point of Impact

Date	Description	Attending
7/16/14	Smith's/Cribs for Kids Table Event	1 staff
7/19/14	Child Safety Seat Checkpoint, hosted by Reno Sparks Indian Colony Injury Prevention Program at Tribal Health Center, Reno; 14 cars and 22 seats inspected.	12 volunteers, 4 staff
7/23/14	Nevada Office of Traffic Safety Occupant Protection Assessment, Las Vegas	1 staff

Northern Nevada Fitting Station Project

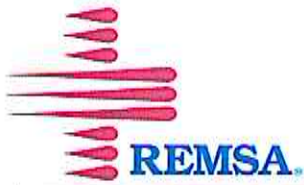
Date	Description	Attending
7/14/14	Fitting Station partners special meeting, REMSA.	5 volunteers
7/24/14	Fitting Station partners special meeting, Renown.	4 volunteers

Safe Kids Washoe County

Date	Description	Attending
7/1/14	Safe Kids Board of Directors regular bimonthly meeting, REMSA.	7 volunteers, 1 staff
7/1/14	2014 Nevada Health Conference Planning meeting, Reno.	1 staff
7/8/14	Miniature Golf Tournament planning subcommittee meeting, Sparks.	4 volunteers, 1 staff
7/8/14	Safe Kids Coalition monthly meeting, Sparks. Presentation by Heather Ochs, MPH, on her sports injury prevention research project completed for Safe Kids Washoe County.	9 volunteers, 1 staff
7/12/14	Saint Mary's staff and Emergency Nurses Association completed outreach along the Truckee River to distribute Water Watcher Whistle cards and promote water safety.	10 volunteers, 70 people
7/16/14	Immunize Nevada bimonthly meeting, Reno. Melissa Krall presented on REMSA's Community Health Programs.	1 staff, 28 attendees
7/16/14	State of Nevada and Cribs for Kids Press Release event with RTC bus and Smith's Grocery Stores statewide, floor talkers with ABC's of safe sleep, Reno.	1 staff
7/21/14	Northern Nevada Maternal and Child Health coalition monthly meeting, Reno.	1 staff
7/21/14	Cribs for Kids meeting with State of Nevada MCH Coordinator, Homevisiting Coordinator and Las Vegas Statewide MCH Coordinator, Reno.	1 staff
7/29/14	Safe Kids Worldwide webinar about new extranet procedures.	1 staff

Public Relations

Date	Description	Attending
7/2/14	Interview with Channel 2 KTVN CBS about preventing heat-related illnesses and children left in hot cars.	1 staff
7/3/14	Water Watcher Whistles article in Renown's Best Medicine blog.	1 staff
7/12/14	Reno Gazette Journal Winners column for Give Kids A Boost Health and Safety Fair.	1 staff
7/15/14	Interview with KOH Radio regarding water safety; news story ran on 7/16/14.	1 staff



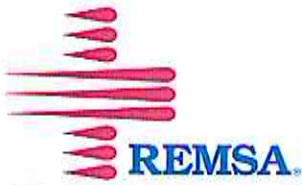
Regional Emergency Medical Services Authority

**INQUIRIES
FOR
JULY 2014**

INQUIRIES

July 2014

There were no inquiries in the month of July.



Regional Emergency Medical Services Authority

CUSTOMER SERVICE
FOR
JULY 2014

Robert K. Myles
12-29-1926 05-24-2014

If I should die
and leave you here awhile,
be not like others sore
who keep long vigils
by the silent dust... and weep.

For my sake,
turn again to life and smile,
nerving thy heart
and trembling hand
to do something to comfort
other hearts than thine.

Complete these
dear unfinished tasks of mine,
and I, perchance,
may therein comfort you.

From an anonymous tomb dated 1777.
St. Paul's Cathedral, London

Dear family sends its
sincere thanks for the many
times REMSA was called to
aid us in our caregiving
for Dr Robert Myles. Your
staff members always
treated him - and us -
with respect and kindness

Thank you for the
gift to the Myles Endowment
for Public Health at UNK.
As you know REMSA and
education were dear to
his heart. The name of
our Hospice - Circle of Life
- was aptly chosen. Bob
was instrumental in getting
REMSA off the ground (so
to speak) and at the end
you cared for him.

Thank you all, from
the bottom of our hearts
Jean Myles -
for Rob, Elliott, Lisa
and Malcolm

GROUND AMBULANCE CUSTOMER COMMENTS JULY 2014

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
1	Went to extrem measures to make me comfortable & kept a small amount of humor in the whole mess.	Do not just leave me or patient in a hallway.	The boys on the rig where great. They kept my spirits up at a very lousy time.
2	Courteous & professional treatment.	You are great as is.	The paramedics answered my questions and kept me informed about my condition. Thank you!
3	They took good care of me until I got to delivery and laybor room very helpful.	Nothing at this time.	Very helpful.
4	Dispatch and billing		treated her son like trash because he was an alcoholic. She wrote crew made comments more than once that "you could just take him yourself". I'm sure that he has seen more than his share of addiction/abuse. But 1.He chose this profession 2.Customers are human belings and should be respected as such. My son never gave them any issues or push-back. Her son was admitted to SMH for 10 days then a second admit, he is home now and he should be recovered by 1/1/15. Mother very unhappy, no comments from the son.
5	Everything I can remember.	Nothing that I know of.	Everything was good.
6	Everything when I'm in pain.	You done terrific job.	Very efficient and helpful.
7	My husband was in a care facility and fell and hit his head. They called and had him sent to hospital (Renown).		
8	Very kind & helpfull, & efficient.		Exellent care.
9	The team was so caring, and professional. They made me feel protected, and safe. My condition was so bad, Dr. said I would not have made it through the nite. Thank the team for me. I am so happy to have access to a great team. I spent 4 days in hospital. Still trying to get back on my feet. I feel safe knowing I have REMSA protecting me.		
10	Efficient, kind, helped me relax.		Trainee started my IV. Missed the first time, O.K. But wished to be informed that a trainee was going to start my IV & ask my permission. Thank you. Good service!
11	Accessed home safely, cared for mom and her health.	Keep doing what you do.	
12	All service was very good.		
13			bill."
14	Compaton / Effentiony / All attendents are polite, thorough & work quickly & quiet as they work.	I would say there isn't room for improvement.	So far I have used your services - 3 or four times and find no room to change anything.
15	Perform well under pressure.		Very courteous & professional & calming.
16	Kept me aware of what they were doing and why.	All was well.	
17	Great.	Pay EMTs more money.	
18	The REMSA were the best of service. Very kind - helpful - and very professional.		Thank you for your professional service.
19	I felt that I received excellent medical care as the physicians attended to me despite my constant whining and groaning in pain.	I suppose no one wants to have to go to the hospital & it is quite expensive; nevertheless the REMSA performed extraordinarily.	
20	Everything - made a tough situation easier.	Continue your excellent service.	Used med tech transport also - friendly professionals.
21	Kept me calm & let me know I was ok.		Thank you, even though it was a short trip the staff was talking me through everything.
22	Listen and was very concern about my health.		
23	Dispatcher followed my instructions to relay address tips to driver - A+++-. Arrived promptly (tricky address), tended to both patient & family members, everything was amazing.	Nothing - my first experience with REMSA in 30 years as a Reno resident - so grateful to you.	Thank you all. If you have any billing questions, please feel free to call, thank you -
24			Excellent.
25	Took me directly to the hospital, safely.		I was having a heart attack. I appreciated the quick service.
26	I was not completely alert, so can only say what I heard and what was performed seemed to be "spot-on."		
27			I thought that everything was handled well.
28	You arrived in a very short time which was good as both my husband & I were STRESSED.		
29	When I was in pain.	Nothing, everybody was very helpful and kind.	Very efficient staffs that makes me feel comfortable.
30	Everything was excellent & very professional.	Everything was great.	
31	You saved my life.		
32	Saved me.	Nothing - you're great.	
33	Everything.		
34	Everything was done well except some other things or ways.	All was done well except that when I rung the bell three or four times nobody came to assist me especially if you need to go to the restroom to urinate or defecate.	
35	All was great as usual. Thank you.		
36	They gave me an extra blanket because I was so cold. Came to my house in a timely manner. Fast.		They are always so nice and professional. (This questionaire was filled out by the daughter of the patient. My mother told me what to write. I asked her the questions. Thank you!)
37	Curteous, helpfull, patience.	Nothing.	
38	Fast and effience.		
39	Polite & very concerned!		
40	Chest pains got me to hosp asap.		
41	Everything.	?	
42	Yes.	You do a great job.	
43	Got me there on time. I was out for the count. (I would have died.)	Send the bill to medical and you were very good. Thank you!!	I am alive. Thank you.
44	Everything saved my life, in a timely fashion.	Not a thing.	I made the right choice.
45	The EMT were superb.	The 911 operator wouldn't listen to me. It was a frustrating conversation.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
46	Gave reassurance & comfort to pt & family members. Very caring and professional & courteous.	Explain some of your procedures and tests as you proceed on your call - help eliminate "fear."	It was a most reassuring process during a stressful time. Thank you!
47	My 94 year old mother doesn't really remember much. You have always done a wonderful, thoughtful job and I'm sure this was the same. Thanky.		
48	The staff was very courteous and comforting.	The staff knew how to handle me as the patient in a very meaningful manner.	Thank you for your time and services.
49	Helped mom.		
50	Responded quickly. Professional.		The team was very helpful. When they found out VA was full, they recommended St. Mary's nearby.
51	Polite, kind, human & professional.	Can not even imagine.	Thank you for treating me so nice.
52	Staff (paramedics) were very kind and thoughtful.	Nothing - you did a great job.	Excellent.
53	First time on ambulance - I have nothing to compare.		
54	Professional service.		
55	I have no complaints against REMSA.		
56	Fast.	Free service.	
57	Everything.	Thank you.	
58	The dispatcher was very polite and helped me calm down. The EMTs were also very polite & further calmed me down.		
59	The care provided was professional.	N/A	
60	Get me settled in the ambulance on the way to Renown.		
61	Reassured me that everything would be alright.	Everything great.	
62	Kind, compassionate & very helpful.		
63	Got in back door.		
64	Very kind.		
65	Response was good. Very professional & caring.		
66	Maintain a good job.	As usual good.	Personnels are good. And helpful. Does a good job.
67	Took good care of my father.		
68	Your people were very helpful and offered concern.		
69	Everything.		
70	Great customer service and transport.	N/A	
71	Transport and supportive of our midwife.	More compassion from dispatcher.	Quick arrival, very professional and kind.
72	Very helpful & polite with a 93 yr old lady.		
73	Got me to the hospital.		
74	Cared for my husband.	Everything was done well.	Very kind & caring.
75	Everything.	Can't top what you're doing.	
76	You were very kind and helpfull with my 2 yr. old daughter.	Keep doing what your doing.	
77	Everything.	I cannot think of a thing.	
78	Friendly, caring & competant -	No problems I can think of, very impressed with REMSA.	
79	Prompt arrival, smooth - low down entry into home. Professional, rapid diagnosis - kind.	You guys are doing it just right - it was late & I was hungry - so you could have brought a cheese burger!	Excellent all around - A+ - thanks.
80	Made patient as comfortable as possible under circumstances.		
81	They called D.R. Case Mngt. & asked what Rx taking.		Good service!
82			All good.
83	You made my wife's trip to NNMC a breeze. Crew was one of the best I have ever seen! Thank you!!		
84	Always.		
85	Everything! Very comforting to all concerned.		
86	Everything! Thank you.		
87	Given me medication & helping me from bus to ambulance.	N/A	
88	Proficient & friendly.	No suggestions.	Great professional service. Thoroughly answered my questions and were very patient with me.
89	Everyone was calm, respectful, and thorough. The dispatcher stayed on the phone with me until the EMCs arrived & spoke w/him. The EMCs were the same as above and very kind.		The service could not have been more professional or helpful.
90	Yes - you were great - transport crew was wonderful and very attentive. Really nice people working for you.	Thank you for caring for me, even though I was embarrassed.	Thank you so much to everyone on the ambulance! You guys and gal are awesome!
91	Information and kindness.	N/A	N/A
92	Everything from the moment I called 911 - I've never had to do that before & everyone helped me stay calm.	Nothing different.	Thank you so much!
93	They were quick to respond to the call for serice and took care to see that I was comfortable and in as little in pain as possible.		
94	The EMTs were very personable.		
95	Wonderful, compassionate men.		
96	The crew was very helpful in getting the patient out of the house as he was unable to help.	They also helped me as I had to take care of the house before I could go to the hospital to be with my husband.	
97	All of it.		
98	The on site personnel were all professional, helpful, careing and considerate.	Keep the same procecedures.	Service - excellent.
99	Concern & communicating what was happening.		Call was made by Home Care nurse.
100	Rapid response.		
101	Everything.	Nothing.	
102	Very considerate professional personnel.	Larger med ACFT.	
103	Job well done!		
104	Quick. Thorough (life-saving) response.	Nothing. Doctor said my quick delivery from Bishop to Reno saved my life.	Professional, quick, & thorough.
105	Were prompt, polite & compassionate.		
106	Please see letter I wrote to the general manager.		Your ambulance staff took great care of me.
107	Everything.	Your always effient.	

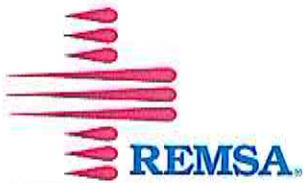
	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
108	Everything was fine & friendly.	They did great.	Fast & great service.
109	Listened to my health problem & agreed to go to NNMC E/P.	Everything was perfect and efficient.	Paramedics & fire personnel arrived promptly.
110	Everything. REMSA did everything very right.	REMSA does everything GREAT and they go beyond their duties.	REMSA is GREAT. Thank you for doing what you do!!!
111	Everything! The EMTs were very knowledgeable.	N/A	
112	They were all great!! Both paramedics were so good as the other 2 were!!	This was first class - hopefully my ONLY transport!!	You could not have a better crew. Thank you all & hugs!
113	Speed of time it took to get to my home & to the hospital.	Nothing.	All good.
114	We have no complaints. Everyone was very nice & efficient in getting my father to the hospital.		
115	Made sure of getting to hospital safe and sound.	Can't think of anything. Your good.	
116	Got me to the hospital in time.	The care from the crew was exceptional!	
117	I was amazed at how efficient your crew was. Thanks for the superior care at a difficult time.		
118	Everything went good. It was my first ride in an ambulance. I was glad for the prompt service.		
119	Everything - their calm & efficient attitude helped so very much - they just kept it all together -		Having a list of meds & doses on refrigerator is great - this should be promoted.
120	Most all activities.	??	
121	The EMTs were very compassionate. They made sure to keep me as comfortable as possible and they even stayed until they knew I was well taken care of.	Nothing.	The two EMTs were amazing. They made sure to keep me as comfortable as possible. They were even so kind as to make jokes and tell me personal stories about themselves to help me take my mind off the pain. They also worked well with each other and made sure I understood everything clearly. Again they are two amazing men and seemed to be the only kind hearted souls so far from this accident. Thank you for having such great staff.
122	Offered - "Do you want to go to ER or not?"		I haven't received a bill yet. Will you bill my ins co. when I provide it?
123	Handle patient well. Check medical record.		
124	Careful - no jarring, courteous.	Can't think of anything.	Response time was short.
125	Both EMTs were excellent! Thank you so very much.		
126	Calmed me down.	You do everything right now. We have used your services several times.	
127	Nothing - you treated me like I was a typical overdose and I was bleeding internally and you left me sitting in my own feces.	Listen to the patient.	Your service was deplorable to say the least.
128	Caring and respectful.		
129	Quick response time.		
130	Arrived in minutes and transported to Renown Hosp.		Excellent.
131	Getting me to hospital.	?	
132	Very pleased with your service.	Nothing.	
133	Extremely calming & nice personnel. Kept me informed on all actions.		
134	All excellent.		
135	Keep doing what you're doing!		
136			Great job! Personnel was very nice.
137	Everything.		
138	Everything.	Keep up the good work.	
139	Care on my condition. Explained every detail before it was done in Lamins term.	Nothing, everything was beyond what I expected. Excellent service. Took my fear away.	I owe my life to REMSA and how fast they got to my house. Thier caring.
140	Everything.	Nothing.	
141	You was polite, and considerate of all ways they had a kindness that represent what you stood for.	Nothing - Don't change.	Excellent in everything.
142	All was well done.	All OK.	
143	This was my first experience using an ambulance, but I feel I was attended to very professionally.		Thank you!!
144	Patience w/patient.	Not very much - I was impressed w/care & handling.	
145		Communicate - I am his legal guardian and this is the first I've heard about an ambulance. My understanding was that the police transported him.	
146	The crew took very good care of me and explained everything they did.		
147	Operator stayed on line until REMSA arrived - very quickly (5 min?).	I hope you don't have to. But glad to know your there.	Very caring & professional.
148	Everything - thank you.		
149	Everything!	?	The crew was very professional.
150	I don't know. I guess someone hit me in the head. Your guys showed and helped me when I couldn't help myself. Thank you.		
151	Everything. You helped me following instructions -	REMSA takes complete control of the situation.	
152	Very good. Thanks.		
153	Great service; your staff took great care of me.	Nothing comes to mind.	
154	Prompt.	Same - GREAT SERVICE!!!	
155	Good people.	Nothing.	
156		All did a fabulous job taking care of me.	
157	Everything.		
158	Everything.	Nothing.	Your care and service was very good.
159	Very well - no complaints.		
160	Very helpful.	Get vehicles that are smoother riding. Mine was very bumpy!!!	
161	Very efficient, informative & considerate.	Continue to stay available when needed!	We live in Hawthorne and really appreciate your service when needed!
162	Everything.		Very professional.
163	Every necessary.	Nothing. ETA was great.	N/A
164	You took me to the hospital.	?	It was great.

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
165	Everything.	Possibly - get to E/R faster.	Ambulance could have parked in driveway - shorter walk for me. Especially appreciated lady attendant helping me get purse - cell phone - locking up house - as I live alone.
168	Assessed the situation in a calm way.	Nothing that I can think of.	
167	Everything! They even got my IV in on the first try - which is better than the vampires that take your blood in the hospital. They made me very relaxed & less scared than I was before they came. They done a "GREAT" job and should be commended for it!		
168	Everything (excellent).		
169	Moving me was very gentle.	I can't think what it could be.	We are very fortunate to have your services.
170	Very helpful, respectful & professional.	Don't know. Everyone was so nice.	
171	All professionally done!	???	I have no complaints.
172	Calm, efficient, concerned, worked as a team, didn't waste time, knew what to do.		
173	Everything. Made me feel like I was in good hands.		
174	Prompt service to help me. And you've been there for me. I thank you.	Just keep up the good work.	
175	Fast response; information provided quickly; team was polite & efficient.		
176	On 06/16/14 the Arbors Memory Care called REMSA to take my husband to Renown. The Arbors had just called me - I left & went to Renown Emergency and they had left & my husband was being taken care - so it was fast & with no delays. I was pleased how quickly it all went. Twice in the past (Nov. 2013) REMSA took my husband to Northern Nevada Hospital - they were so professional & answered all my questions. I appreciate what a great job they do.		
177	Everything.	Nothing.	
178	Everything.	Keep doing what you do!	
179	Prompt & helpful.	Not much.	
180	Saved my life - stopped my rapid heart beat.	Keep up the good work!	
181		Help my husband to the ambulance.	Didn't help him out of house that's why we called.
182	Everything.	Not so many nurses in the room. Remind your nurses 2 be respectful and not snappy or sassy.	
183	The dispatcher was so patient and helpful. The ambulance was so fast.	Nothing - we are so thankful for the staff's concern and efficiency.	Just thank you. My mom would not have made it with you.
184	All very nice & helpful.		
185	Moved me very carefully.	Just continue taking your training & helping people.	Service excellent.
186	Helping me to get on the gurney and into the hospital.		Service is excellent.
187		Communication.	
188	I had to be transferred from the V.A. emergency room to Renown. They were kind and comforting to me - also very polite gentlemen!	You were awesome! No need to change. Please tell the guys who helped me I said thank you.	Just to say again I was treated wonderfully - with great respect! I am thankful.
189	Everything. They were polite, informative and always checking to make sure I was comfortable & OK.	Nothing - they all did an excellent job.	I am very pleased with all the people involved in caring for me.
190	Their normal job.		
191		Nothing. Everything was done very well & professional. Super good.	Your crew were all excellent. Sorry it has taken so long to return this but it was only chance I am doing well. Thank you.
192	Very prompt - concerned & responsive.	Get better shocks on the vehicle.	
193	The service crew was especially comforting.	I could not ask or expect any better service or care.	
194	Everything, prompt, courteous, polite.		
195	I was afraid and they helped to calm me (I am 76 yrs old).		
196	All was perfect.	Perfect already.	
197	Very nice ride - tt me w/respect & care -		
198	You guys are wonderful. Very professional and very helpful. Thank you!		
199	Everything.	Keep it up.	Your crews have been great with another couple at their address.
200	Male EMT again calmed me down. Young lady was right on trak. You folks started my IV / lasted 4 days - best IV.	Stay the way you are.	
201	Everything - prompt/courteous service.		
202	Everything - very efficient.	Everything was very, very good.	Service was really great. Thank you so much.
203	We did not talk to anyone about billing nor the other way around.		
204		Nothing. Service excellent.	Very, very professional - excellent.
205	Quick response, professional.	It is as good as it gets.	
206	Caring for my safety, tying me down securely. Also being nice to me and my mom.	Don't tell to hurt family members that they will be seperated from each other at the hospital. Renown doctor believes that family members should be seen as a family in one room not told by REMSA that they will be seperated.	
207	Your paramedics were educated & listened to me! I loved that!		REMSA staff was very professional & helpful.
208	Everything!		You got me out of a very tight stop! I am the lady from the 5th wheel! Thank you for your confidence and professionalism and yes, even your ability to laugh when we needed to! Thank you!
209	Everyone very knowledgeable & helpful. Very efficient.	Everything was perfect. Thank you & God Bless all.	
210	Everything.	I'm thankful for the service.	Perfect.
211	Everything was great.		
212	Got here quickly. Very competent and professional. Good care right to my bed in the ER.		
213	You had very good persnnel who did their job.		
214			Pleased with service.
215	Staff was friendly.	Misdiagnosed severity of injury and I think they took too long getting there taking a longer route.	Staff surprised when ER Dr. said it was an arterial bleed.
216	Polliteness & caring.	What you do now.	Good job.
217	Everything.	Hopefully nothing (God willing!).	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
218	Everything.	Just keep doing what your doing.	
219	Everything!! Very kind, courteous, professional.	Keep it up!	Reno should be proud for REMSA...and I am very thankful.
220	Got there quickly and asessed situation quickly.		
221	"Excellent"		
222	Everything.	Nothing. I thank God you were there when I needed you.	I don't remember too much, I just know you were there. Thank you and God Bless You.
223	Very concern, courteous.		
224	Nothing!	Send a driver that can read road signs. The driver almost got on the freeway to Sacramento!	If I had not opened my eyes we would have been in real trouble.
225	Polite, caring & you've ALL been there for me time after time, thank you.	Keep up what your doing. Seems to be working for the good.	
226	They gave me hope renisrce very helpful, very helpful.	You can not help better.	In general was very helpful. Glad to see them.
227	Curtious/kind/reassuring		
228	Handle the patient very well & cares.	Just do their job well.	
229	The EMTs were real professionals. They took real good care of me.		Thank you for taking excellent care of me.
230	Courteous & consideration.		
231			Still awaiting refund of > \$400.00. #14-3209 - DOS: 01/25/04. Partial payment of \$500.00 made in good faith before Medicare coverage. Spoke to Business Office and faxed Business Office verification of DPOA. No response. No refund of \$418.00.
232	Excellent. Young men were very professional and encouraging.		Good.
233	Very helpful, informative, kind, made me feel comfortable.	I was on a stretcher so always inform me of who I am talking to.	All was great. My first-hopefully last! - trip in an ambulance!
234	Courtesy - manners and polite & caring.	Keep up the good work.	
235	Professional, reassuring.	Can't think of anything.	
236	Getting me to the hospital, and helping to stop the injury from bleeding.	Stay as prompt and efficient as you are.	Very good job!
237	Everything.	Very pleased.	
238	I was very pleased with all the services.		
239	Unable to answer since no member of the family was present.		
240	Prompt & courteous.		
241	All -	Keep doing what you do.	
242	Greeting & calming.	?	A neighbor called.
243	Take care the patient very well.		
244	Everything.	Nothing.	None.
245	Good help in getting me, to Renowed from the VAI	Very good help. working . Everyone was perfect. we are blessed to have such a wonderful service.	Good service.
246	Everything.		
247			I was completely out of it and don't remember anything.
248	Compassion.		
249	Your EMTs were very caring and helpful. For a horrible experience, they were the bright spot!		
250	Everything!		Service - great!
251	Everything.	Nothing.	
252	Crew was very helpful and polite.		
253	She was in great pain after a fall and as gentle as possible getting her to hospital.	It was all very professional.	She is recovering in a nursing home.
254	I have not received a bill yet (7-14-14).		
255	All aspects.		Care and service great.
256	Everything!	Nothing! The crew was helpful.	
257	Everything.		
258	Made me feel extremely comfortable!	You can't!	Your staff is very reasuring!
259	Very polite & helpful in a professional way.		
260	Everything.	Same service will be great.	-
261	Everything - very cordial and helpful.	Everything is well.	N.A. Thank you very much for all your help.
262			Great!
263	Very helpful. Thank you.		
264	You did everything quite well, as always.	You can't change the best!!	
265	Everything! Compassionate, kind, calming for my husband and myself!	You did it all!	The EMTs even helped my husband into his hospital bed. I'm so grateful to them!
266	Protected my privacy so neighbors wouldn't see me disrobed.	Just be there, if needed.	
267	All personnel were extremely kind and professional. They cared about both my husband and me. I was wonderfully impressed!		
268	Everything - thank you.		
269	Came quietly (2:30 AM) & quickly.		
270	The service was very good and the men were very good at their jobs.	I'm not sure you could improve. They did a very good job.	
271	Explained and try to comfort me as much as possible as they moved me from floor to gurney.	?	I've always been a satisfied patient.
272	Respect, honesty, and communication regarding me & my predicament were utmost @ all times. Yay team!!	Keep up the GREAT work. I can't remember my ambulance people by name, but I was disabled w/2 broken feet in Sparks!	Again, I say the EMTs were respectful, courteous, and genuinely concerned about every aspect of my well-being and definitely put me first. If I could remember their names, I'd say give them both a RAISE and/or promotion.
273	Yes. Dispatch was done by medical facilities.		Thank you!
274	Keep me calm.	Nothing. Everything was fine.	
275	Made me feel safe & comfortable.	No suggestions. Service was very professional.	
276	Communication with me. Both gentelman with nice & caregiver.	N/A	N/A
277		Take insurance info when offered P.O.S.	

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
278	We were not at home (San Jose) but in Reno, Nevada at Boomtown Hotel. Care, consideration and Information was provided to us and made us comfortable.		
279	They made my daughter feel very comfortable and safe.	Nothing. They were great.	
280	Everything.	OK.	
281	As a first time recipient of help - they took control of the anxiety I was having with kind words - constant gage readings and understand pats on my chest and arms which were shaking. Glad they knew what to do. Retired Reno PD - age 85 yrs.		
282			Very good.
283	Everything.	-0-	
284	Very good.	Nothing.	Very happy with everything.
285	Once again, everything! I swear, the response time was 2 minutes. Very professional, kind and compassionate. ANGELSI!	You did it all, again!	Sparks EMTs are the very best. Thanks for all they do!
286	Very courteous and respectful of my mother and myself.		
287	All good.	None.	
288	Good enough.	Good enough.	
289	I have Obama Care thru Amerigroup. I'm sure I was treated well - I just do not remember.		I do NOT remember one single thing @ this visit so my boyfriend answered above questions.
290	The EMTs was very professional and explained everything well, I am an ex LPN so know what to expect from medical professionals. I was very pleased with the service & care I received from this team.		
291	All your staff did grate.	Be able to get a patient back home when released. Thank you.	Just keep doen what your doen. (X-ellent)
292	Quick reponse & kindness.		
293	Very friendly staff.		
294	Polite, efficient and transferred me quickly to Renown.	No complaints.	
295	All.	Keep same.	Good job.
296	You were here fast.	Great job.	REMSA and all was very good.
297	Everything! These people are wonderful and caring!	Don't change a thing!	There was one young lady 8 months pregnant working as hard as everyone else and so happy and kind! Thank you all for everything! All crew members were professional and courteous. I am very grateful to them all.
298	Everything.		Terrific service.
299	Keep the situation calm.	We were served very well.	
300	Instruction, compassion, efficiency.	Keep up the "good work."	
301	Everything as usual.	Nothing thank you.	
302	Everything.		
303	Everything.		They took me to the nearest hospital (it was great).
304	I feel that I was taken care of completely.	You did a good job, remain that way...	
305	Speed getting there, professional, kind.	Prayer for good health & always 'love.'	
306	Performance and communication.	Continue training.	Generally comforting.
307	Being kind & considerate to my husband who was in great pain.	N/A	N/A
308	Everyone was very helpfull and worked as a team.	They helped me to not be afraid and were very professional, and helped me to not be afraid.	The EMT helped me due to his care of my problems a terrible, nose bleed. They were a great team, and you should be proud of them.
309	Personnel kind, thoughtful. Professional - courteous.		
310	Quick arrival & assessment/treatment for my father (the patient). Driver & care providers were responsive & organized.	The only thing that was a little inappropriate was that one of the responders commented in the back of the ambulance before we left the scene and started driving to the hospital that he was "now officially retired." I thought that was rather self-absorbed to say in front of a life-threatened patient's family member. Not five minutes before my dad was not breathing and had no pulse and this guy needed to let us all know he was retired now?	
311	I don't know, I was unconscious. Don't remember anything.		
312	Saved patient's life. The response time to the house was amazing.	Nothing could have been better - thank you!	
313	Everything.	You do better already.	
314	Listen to what I said. Attend to my needs.	You did good.	Very good.
315	They did everything well, thank you.	Nothing. Everything done right.	You came right way. Good times. Very well,
316	They were very good at keeping my daughter calm and giving her the proper medical treatment.	We don't live in Reno, but if ever we went back we would use such services if necessary.	
317	Everything!		Thank you for all you do.
318	Everything conceivable.	Nothing.	Excellent.
319	All of it. Everyone was very nice.		
320	Very professional yet understanding, helpful, & compassionate. I appreciated the information provided and answers to questions!		Great!
321	Very kind!		
322	They gave me warning when they came to take me elsewhere. Thank you for taken my husband out of Manor Care out on Wingfield Hills in Sparks to emergency room.	Let me have more to cover up for transport. All I had was one gown.	Nobody contacted my husband to let him know when & where I went.
323	Everything.		Thank God for you ambulance drivers, I followed you to Renown.
324	EMS staff were very calm, respectful and reassuring. Rapidly gave my M.I.L. the care she needed (O2!).	We have used your services several times and you never disappoint! Always quality care.	people were totally unnecessary. They were rude - "why did you call?" They did nothing but stand around and made me feel silly for Very nice people on the ambulance - showed great concern. Really appreciate them.
325			
326	Came to house or bissness fast.	Nothing.	Everyting and everyone was great.
327	I am very satisfied with your service.		
328	Quick response, polite, respectful, and made sure I was at ease.		
329	Kept me calm.	?	
330	Conversational & "calming." "Cool dudes."	N/A	
331	Help me.		
332			

	What Did We Do Well?	What Can We Do To Serve You Better	Description / Comments
333	Administer an IV, I have really bad veins & they did a really great job putting in IV.	Not much. Everything was great.	Great experience. Would recommend them to anyone.
334	EVERY THING.	EVERY THING WAS GREAT.	Great.
335	The whole task was great.	Repeat your service.	No questions.
336	Transferred my husband successfully and comfortably between pts A & B.		
337	Speedy response & care. Life-saving actions.	Keep up the excellent service.	We are very lucky to have you serving our community.
338	Everything!	Keep up the good work.	They saved my life and I am forever grateful. Sincere thanks.
339	Everything.		
340	Very attentive; very polite; joyful & funny.	Just continue doing what you're doing.	Your crew was just great. They put my daughter & me at ease. Please thank each member who came to help me. I appreciate their kindness. One of the paramedic came back to ER to check on me at 11PM. Very thoughtful!!
341	Everything!! The crew took very good care of me and while doing so they kept me calm.	The service was perfect.	The vertigo attack was severe & scary. I felt the situation couldn't have been handled better. Thank you.
342	It was good. I was very happy about all of it.		
343	Everything.	N/A	N/A
344	Everything.	Nothing.	No need.
345	Everything.		
346	They arrived quickly and the staff was very compassionate and helpful.	Nothing, I was very pleased with the service. They took care of me very well.	
347	Everything - came quickly - started pain med right away.	Nothing.	Great!!
348	Taking into account the pain patient was suffering & relieving it BEFORE they moved him.	Your people and service are excellent - nothing.	
349	Got me to Renown in one piece.	Nothing you are just great.	REMSA did a great job.
350	Very prompt service.		
351	Everything was good - no complaints and no suggestions.		
352	Everything.		
353	Prompt, courteous, helpful.		
354	Everything.	Nothing.	
355	Listened to my woes - extremely nice.	Nothing.	Extremely nice & understanding of an elderly woman.
356	Were rapid and efficient.		
357	Very, very good -	REMSA - if I ever needed REMSA again, I will call REMSA.	Your driver, & help were keeping very wonderful.
358	Put me at ease - efficient care.		Very good.
359	The EMT worked well with all 3 patients in the ambulance with a small amount of space.	Nothing.	They did a great job. There were 3 people in the ambulance going to Renown.
360	All worked fast, were polite and courteous!	Nothing; 5 Star!!!	The best!
361	Got me to the hospital.		
362	Made me comfortable - I was very frightened.	N/A	No questions. Thank you.
363	Timely and they are pros.	Don't think you needed six people to transport my wife.	Your doing a great job.
364	Your EMTs are always professional, helpful, understanding & efficient. I appreciate their understanding unusual situations & accommodating us!		
365	Prompt. Good communication and very kind.		



Regional Emergency Medical Services Authority

REMSA
PUBLIC RELATIONS REPORT
FOR
JULY 2014

PUBLIC RELATIONS

July 2014

ACTIVITY	RESULTS
Worked with Jim Gubbels on fire department emergency protocol stories.	Channel 4 TV ran the story on July 4.
Distributed Cribs4Kids press release in conjunction with the State.	N/A
Assisted in writing messages regarding the results of the Community Health Programs that will be used in August when results are publically distributed.	Results will be released in August.

REMSA, Reno Fire Department Review EMS Response

Posted: Jun 26, 2014 2:38 PM PDT Updated: Jun 27, 2014 2:50 PM PDT
By Michael Wolfe



The Reno Fire Department and REMSA announced Thursday they're reviewing their protocols for how they respond to medical emergencies.

After a meeting between the heads of the two agencies on Thursday, they announced they will no longer respond jointly to calls that include minor incidents to better use their resources more efficiently.

"For those calls that are minor calls, we're not going to waste dual resources. There is no reason for both of us to be there. Those minor calls are more things like toothache and minor, minor illnesses and injuries," says Jim Gubbels, President REMSA and Care Flight.

This joint statement was issued from the Reno Fire Department and REMSA on the outcome of the meeting:

"We are currently revising existing medical response protocols based upon the meeting. Our medical directors are reviewing our priority 1 (life threatening) and priority 2 responses in order to ensure operational coordination.

On July 11 we will have a joint meeting with all first responders in the region, REMSA, and Washoe County Health District so that it's clear for our entire EMS systems on how we will respond, with the end goal of excellent patient care, operational efficiencies, and improved communications.



The Reno Fire Department and REMSA work jointly to continuously improve patient care and system delivery for the citizens of the region."

The City of Reno says on June 17th, there was an Emergency Medical Services call on Lemmon Drive in Lemmon Valley involving the Reno Fire Department, Reno Police Department, and



Division of Health Sciences
University of Nevada, Reno

Thomas L. Schwenk, M.D.
Professor, Family and Community Medicine
Vice President, Division of Health Sciences
Dean, School of Medicine

July 18, 2014



REMSA
450 Edison Way
Reno, NV 89502-4117

To Whom It May Concern,

On behalf of the students, faculty and staff of the Division of Health Sciences, I want to thank REMSA for its recent gift to the Myles Family School of Public Health Scholarship Endowment in memory of Dr. Robert Myles. We are especially grateful for your contribution to education in the health professions as we answer the challenges of providing more health care professionals throughout Nevada.

Thank you for selecting the Division of Health Sciences as the recipient of this memorial gift.

Sincerely,

Thomas L. Schwenk, M.D.
Professor, Family & Community Medicine
Vice President, Division of Health Sciences
Dean, University of Nevada School of Medicine

Office of the Vice President
Pennington Medical Education Bldg.
University of Nevada, Reno/136
Reno, Nevada 89557-0136
(775) 784-6977 office
(775) 784-8251 fax



Work Readiness | Entrepreneurship | Financial Literacy

Board of Directors

Kristen McNeill
Chair
W.C.S.D.

May 29, 2014

Mark Glenn
Vice Chair
Industrial Properties

REMSA
Attn: Adrienne Brown
450 Edison Way
Reno NV 89502

Christopher Uboldi
Secretary
Bank of the West

Melissa Haffner
Treasurer
Reno Municipal Court

Dear Adrienne:

John Chamberlain
IGT

On behalf of the board of directors, staff, volunteers and the students we serve, we would like to thank REMSA for their participation in our Dilworth Middle School Career Day. Your support of Junior Achievement programs helps to better prepare students to begin developing the decision-making skills necessary for successful integration into the workforce and college after high school graduation.

Jesse Bassett
Fitzgerald Abbott &
Beardsley LLP

Last year we reached more than 6000 students and intend to reach our goal of 7500 students in the 2013-2014 school year. This followed 43.8% increase the previous year. Out of 124 JA offices we were the only one to rank in the top six for two consecutive years. This would not have been possible without the support of community partnerships.

Nik Antone
Wells Fargo Bank

Sherrie Graham
U.S. Bank

Marcie Iannacchione
Nevada State Bank

Jim Magrogan
Sullivan Structures

Again, thank you for your support of Junior Achievement of Northern Nevada. Please contact me with any questions at (775) 323-8084 or ila@renoja.org

Jerry Morgan
QD Construction

Sincerely,

Nancy Brown
Charles Schwab

Ila Achatbowski
Event & Program Specialist
Junior Achievement of Northern Nevada
EIN: 88-6005167

David White, DDS

Mary Dailey
Bank of America

Chelsey Farnworth
The Impetus Agency

**Junior Achievement
of Northern Nevada**

1005 Terminal Way
Suite 106
Reno, NV 89502
Tel. (775) 323-8084
Fax (775) 323-1035





Commission on
Accreditation
of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA EMSP), verifies that the following program

*Emergency Medical Technician-Paramedic
REMSA
Reno, NV*

is judged to be in compliance with the nationally established standards and awarded initial accreditation on July 31, 2014, and expiring July 31, 2019.

A handwritten signature in black ink, appearing to read 'Thomas K. Skalko'.

Thomas K. Skalko, PhD, LRT/CTRS
President, CAAHEP

A handwritten signature in black ink, appearing to read 'Douglas K. York'.

Douglas K. York, NREMT-P, PS, (NAEMT)
Chair, CoA EMSP



WASHOE COUNTY HEALTH DISTRICT

ADMINISTRATIVE HEALTH SERVICES DIVISION



Public Health
Prevent. Promote. Protect.

STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health Members

FROM: Anna Heenan, Administrative Health Services Officer
328-2417, aheenan@washoecounty.us

SUBJECT: Acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date July, 2014.

SUMMARY

The first month of fiscal year 2015 (FY15) opened the year with a cash balance of \$1.8 million, of which, \$1 million was required to cover the cash flow for July, 2014, leaving a cash balance at the end of the month of \$758,871. Revenues were at 2.3% of budget but increased 76.3% compared to fiscal year 2014 (FY14) due to grant funding carried over from FY14 and tire fee funding. The Health Fund did not require a transfer from the County General Fund due to sufficient opening cash balance. With 8.3% of the fiscal year completed the expenditures totaled \$1.7 million, 8.1% of the budget and 4.2% more than FY14 mainly due to filling of vacant positions, merit increases and cost of living adjustments for employees.

District Health Strategic Objective support by this item: Secure and deploy resources for sustainable impact.

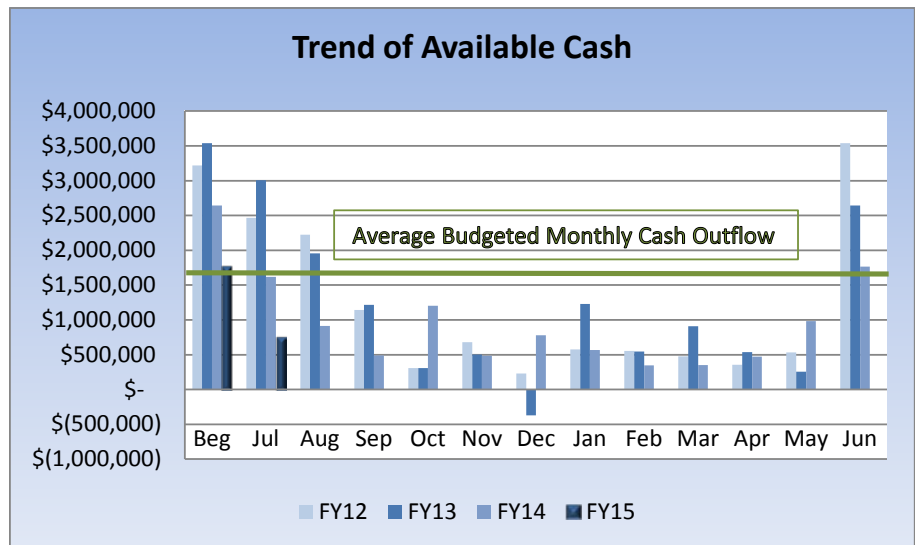
PREVIOUS ACTION

Fiscal Year 2015 Budget was adopted May 19, 2014.

BACKGROUND

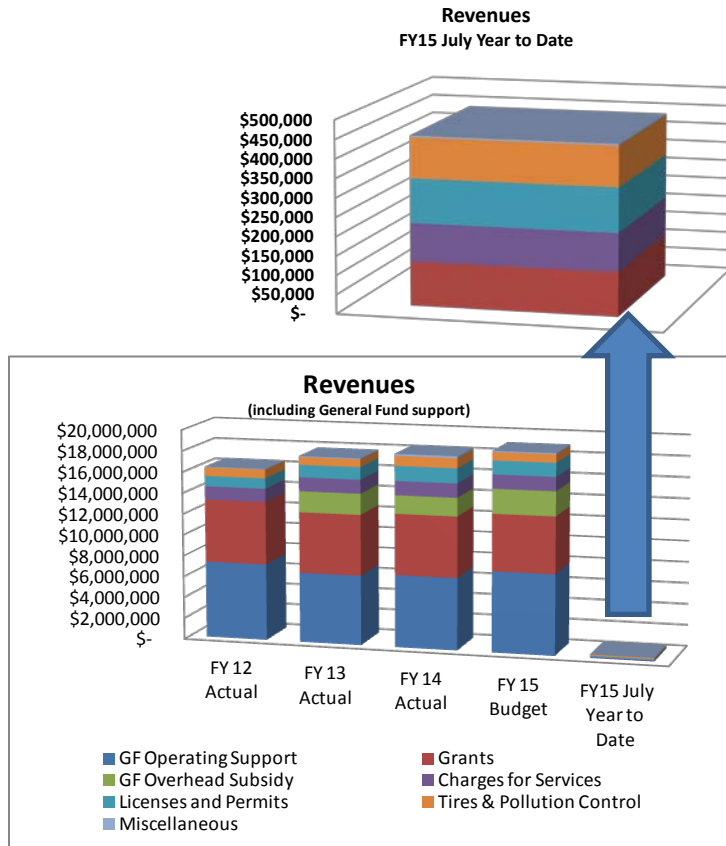
Review of Cash

The available cash at the end of the first month of the fiscal year 2015 was \$758,871 which was 44% of the average budgeted monthly cash outflow, \$1.7 million, for the fiscal year. The beginning cash availability was \$1.8 million, 103%, of the average cash outflow, allowing for financial stability during July for the paying of operating costs.



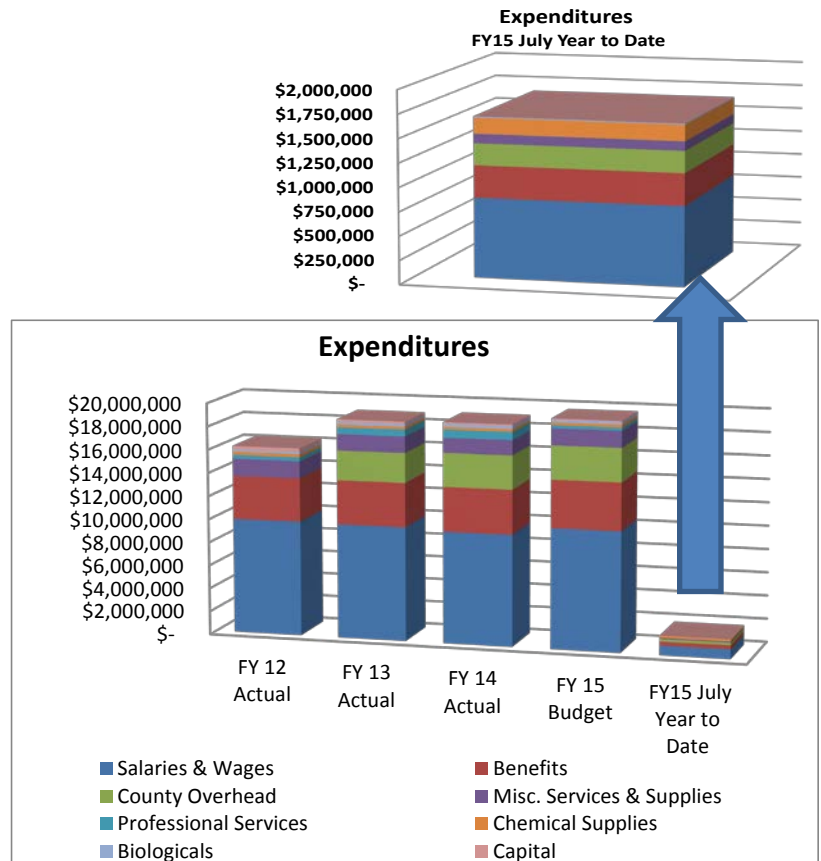
Note: December FY13 negative cash is due to 50%, \$1.3million, of the County Overhead being charged in December with just 8.3%, \$719,000, of the County Support being transferred to the fund.

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



Revenues for July were up 76.3% from July FY14 and are 2.3% of budget. The increase was mainly due to receiving \$115,647 in State Grant funding and \$107,153 tire fee revenue that was not received in July 2013. The annual budgeted General Fund support is \$10.0 million: \$7.7 million is for operating costs and \$2.3 million is for the subsidy on the general fund overhead cost. Although the general fund support is the single largest source of revenue for the fund, a distribution from the County was not required due to sufficient cash reserves.

Expenditures for July increased 4.2%, \$67,902, compared to July fiscal year 2014. Salaries and benefit costs for July 2014 were \$1.2 million, 8.0% increase over the prior year due to merit increases, filling of positions, and negotiated wage increases; which were paid in the second quarter of fiscal year 2014. County overhead is the second largest cost to the Health Fund at \$228,422 for July; however, 85.1% of the County overhead charges are recovered by the County overhead subsidy. Chemical supplies are the third largest cost for the period at \$167,280 due to the inventory requirements for the Vector program.



Review of Revenue and Expenditures by Division

Air Quality has received the largest percent of revenue compared to budget of 10.0%, \$211,575, and 115.5% greater than FY14, mainly due to the DMV Excess Reserve grant funding of \$115,647 carryover from FY14. Environmental Health came in at 9.9% of budget, \$184,632, of which \$107,153 was due to the Tire Fee revenue. No County General Fund support was required for the month of July.

With 8.3% of the fiscal year completed the total expenditures were in line with the budgeted expenditures at 8.1% of total budget, \$1.7 million. Air Quality spent just 5.9% of the budget and declined 7.1% over FY14 due to a capital outlay purchase that was done in July 2013. Environmental Health spent 10.1% of the budget mainly due to the chemical costs in the Vector program.

Washoe County Health District								
Summary of Revenues (including County General Fund transfers) and Expenditures								
Fiscal Year 2011/2012 through July Year to Date Fiscal Year 2014/2015 (FY15)								
	Actual Fiscal Year		Fiscal Year 2013/2014		Fiscal Year 2014-2015			
	2011/2012	2012/2013	Actual Year End (unaudited)	July Year to Date	Adjusted Budget	July Year to Date	Percent of Budget	Increase over FY14
Revenues (all sources of funds)								
AHS	8	33,453	87,930	-	61,113	-	0.0%	0.0%
AQM	1,966,492	2,068,697	2,491,036	98,175	2,116,070	211,575	10.0%	115.5%
CCHS	3,706,478	3,322,667	3,388,099	14,168	3,435,055	11,113	0.3%	-21.6%
EHS	1,755,042	1,828,482	1,890,192	96,969	1,862,623	184,632	9.9%	90.4%
EPHP	1,670,338	1,833,643	1,805,986	42,578	1,542,458	36,681	2.4%	-13.8%
GF Operating	7,250,850	6,623,891	6,853,891	-	7,666,420	-	0.0%	0.0%
GF Overhead Subsidy	-	2,000,000	1,750,000	-	2,333,772	-	0.0%	0.0%
Total Revenues	\$ 16,349,208	\$ 17,710,834	\$ 18,267,134	\$ 251,890	\$ 19,017,510	\$ 444,001	2.3%	76.3%
Expenditures								
AHS	1,202,330	1,305,407	1,247,924	99,786	1,441,820	111,988	7.8%	12.2%
AQM	1,955,798	2,297,077	2,170,911	174,782	2,752,520	162,458	5.9%	-7.1%
CCHS	6,086,866	5,757,304	5,779,003	395,787	5,894,603	455,973	7.7%	15.2%
EHS	4,848,375	4,772,942	4,804,597	528,943	5,533,991	557,200	10.1%	5.3%
EPHP	2,084,830	2,129,310	2,022,331	164,927	2,263,147	157,540	7.0%	-4.5%
GF Overhead Charge	-	2,553,372	2,898,034	241,503	2,741,061	228,422	8.3%	-5.4%
Total Expenditures	\$ 16,178,200	\$ 18,815,411	\$ 18,922,800	\$ 1,605,727	\$ 20,627,142	1,673,582	8.1%	4.2%
Revenues (sources of funds) less Expenditures:								
AHS	(1,202,322)	(1,271,953)	(1,159,994)	(99,786)	(1,380,707)	(111,988)	8.1%	12.2%
AQM	10,694	(228,380)	320,125	(76,607)	(636,450)	49,117	-7.7%	-164.1%
CCHS	(2,380,389)	(2,434,637)	(2,390,904)	(381,619)	(2,459,548)	(444,860)	18.1%	16.6%
EHS	(3,093,333)	(2,944,460)	(2,914,405)	(431,974)	(3,671,368)	(372,568)	10.1%	-13.8%
EPHP	(414,492)	(295,666)	(216,345)	(122,349)	(720,689)	(120,859)	16.8%	-1.2%
GF Operating	7,250,850	6,623,891	6,853,891	-	7,666,420	-	0.0%	0.0%
GF Overhead Subsidy	-	(553,372)	(1,148,034)	(241,503)	(407,289)	(228,422)	56.1%	-5.4%
Surplus (deficit)	\$ 171,008	\$ (1,104,577)	\$ (655,666)	\$ (1,353,837)	\$ (1,609,632)	\$ (1,229,581)	76.4%	-9.2%
Fund Balance (FB)	\$ 3,916,042	\$ 2,811,465	\$ 2,155,799		\$ 546,168			
FB as a % of Expenditures	24.2%	14.9%	11.4%		2.6%			

Note: AHS=Administrative Health Services, AQM=Air Quality Management, CCHS=Community and Clinical Health Services, EHS=Environmental Health Services, EPHP=Epidemiology and Public Health Preparedness, GF=County General Fund

The environmental oversight account balance is \$108,333.95 for July, 2014.

FISCAL IMPACT

No fiscal impact associated with the acknowledgement of this staff report.

RECOMMENDATION

Staff recommends that the District Board of Health acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date July, 2014.

POSSIBLE MOTION

Move to acknowledge receipt of the Health District Fund Financial Review for Fiscal Year 2015 year to date July, 2014.

Attachment:

Health District Fund summary report with line item detail

Period: 1 thru 1 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
422503 Environmental Permits	46,317-	2,175-	44,142-	5	63,177-	5,411-	57,766-	9
422504 Pool Permits	97,000-	1,377-	95,623-	1	74,690-	1,897-	72,793-	3
422505 RV Permits	11,000-	529-	10,471-	5	13,306-	734-	12,572-	6
422507 Food Service Permits	420,000-	31,356-	388,644-	7	492,181-	35,134-	457,047-	7
422508 Wat Well Const Perm	30,000-	2,418-	27,582-	8	23,567-	5,006-	18,561-	21
422509 Water Company Permits	5,000-	2,970-	2,030-	59	3,200-	297-	2,903-	9
422510 Air Pollution Permits	474,103-	56,163-	417,940-	12	584,012-	61,377-	522,635-	11
422511 ISDS Permits	75,000-	5,596-	69,404-	7	66,522-	11,105-	55,417-	17
422513 Special Event Permits	105,000-	12,173-	92,827-	12	99,623-	16,090-	83,533-	16
422514 Initial Applic Fee	31,000-	2,058-	28,942-	7	35,226-	2,156-	33,070-	6
* Licenses and Permits	1,294,420-	116,815-	1,177,605-	9	1,455,504-	139,207-	1,316,297-	10
431100 Federal Grants	4,944,643-		4,944,643-		5,301,515-		5,301,515-	
431105 Federal Grants - Indirect	235,667-		235,667-		243,178-		243,178-	
432100 State Grants	311,068-	115,647-	195,421-	37	741,802-		741,802-	
432105 State Grants-Indirect	16,026-		16,026-		2,205-		2,205-	
432310 Tire Fee NRS 444A.090	468,548-	107,153-	361,395-	23	468,548-		468,548-	
432311 Pol Ctrl 445B.830	318,667-		318,667-		300,000-		300,000-	
* Intergovernmental	6,294,620-	222,800-	6,071,820-	4	7,057,248-		7,057,248-	
460162 Services to Other Agencies								
460500 Other Immunizations	89,000-	3,499-	85,501-	4	89,000-	5,029-	83,971-	6
460501 Medicaid Clinical Services	8,200-	66-	8,134-	1	8,200-	334-	7,866-	4
460503 Childhood Immunizations	20,000-	944-	19,056-	5	20,000-	1,322-	18,678-	7
460504 Maternal Child Health								
460505 Non Title X Revenue								
460508 Tuberculosis	4,100-	751-	3,349-	18	4,100-	309-	3,791-	8
460509 Water Quality								
460510 IT Overlay	35,344-	2,796-	32,548-	8	35,344-	3,903-	31,441-	11
460511 Birth and Death Certificates	480,000-	36,681-	443,319-	8	450,000-	42,578-	407,422-	9
460512 Duplication Service Fees						9-	9	
460513 Other Healt Service Charges								
460514 Food Service Certification	18,000-	2,047-	15,953-	11	19,984-	1,490-	18,494-	7
460515 Medicare Reimbursement								
460516 Pgm Inc-3rd Prty Rec	1,750-		1,750-		1,750-	155-	1,595-	9
460517 Influenza Immunization	7,000-		7,000-		7,000-	17-	6,984-	0
460518 STD Fees	21,000-	1,018-	19,982-	5	21,000-	1,889-	19,111-	9
460519 Outpatient Services								
460520 Eng Serv Health	50,000-	3,277-	46,723-	7	50,707-	3,793-	46,914-	7
460521 Plan Review - Pools & Spas	3,600-	1,086-	2,514-	30	3,816-	954-	2,862-	25
460523 Plan Review - Food Services	20,000-	115-	19,885-	1	18,765-	1,304-	17,461-	7
460524 Family Planning	32,000-	2,456-	29,544-	8	27,000-	2,268-	24,732-	8
460525 Plan Review - Vector	42,000-	2,841-	39,159-	7	36,021-	5,293-	30,728-	15
460526 Plan Review-Air Quality	57,889-	4,619-	53,270-	8	65,272-	2,941-	62,331-	5
460527 NOE-AQM	116,984-	12,990-	103,994-	11	113,934-	8,066-	105,868-	7

Period: 1 thru 1 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
460528 NESHAP-AQM	99,333-	3,858-	95,475-	4	135,389-	12,321-	123,068-	9
460529 Assessments-AQM	51,336-	3,968-	47,368-	8	57,888-	3,658-	54,230-	6
460530 Inspector Registr-AQ	2,162-	483-	1,679-	22	14,655-	2,113-	12,542-	14
460531 Dust Plan-Air Quality	142,403-	13,847-	128,556-	10	187,690-	7,699-	179,991-	4
460532 Plan Rvw Hotel/Motel		240-	240					
460533 Quick Start								
460534 Child Care Inspection	8,514-	902-	7,612-	11	10,560-	738-	9,822-	7
460535 Pub Accomod Inspectn	19,000-	2,182-	16,818-	11	22,540-	1,590-	20,950-	7
460570 Education Revenue					2,900-	200-	2,700-	7
* Charges for Services	1,329,615-	100,665-	1,228,950-	8	1,403,515-	109,973-	1,293,542-	8
484050 Donations Federal Pgm Income	37,550-	2,380-	35,170-	6	37,550-	2,710-	34,840-	7
484195 Non-Govt'l Grants	55,988-		55,988-		88,263-		88,263-	
484197 Non-Gov. Grants-Indirect	5,125-		5,125-		5,125-		5,125-	
485100 Reimbursements								
485121 Jury Reimbursements								
485300 Other Misc Govt Rev		1,341-	1,341		62,229-		62,229-	
* Miscellaneous	98,663-	3,721-	94,942-	4	193,167-	2,710-	190,457-	1
** Revenue	9,017,318-	444,001-	8,573,317-	5	10,109,435-	251,890-	9,857,544-	2
701110 Base Salaries	9,153,739	735,736	8,418,003	8	9,191,190	710,954	8,480,236	8
701120 Part Time	467,728	37,427	430,301	8	565,940	33,538	532,402	6
701130 Pooled Positions	504,876	30,475	474,401	6	464,481	21,795	442,686	5
701140 Holiday Work	4,319	1,802	2,516	42	2,819	2,050	768	73
701150 xcContractual Wages								
701200 Incentive Longevity	155,100	92	155,008	0	165,426		165,426	
701300 Overtime	61,280	4,010	57,270	7	69,920	4,284	65,635	6
701406 Standby Pay						100-	100	
701408 Call Back	1,000		1,000		1,000		1,000	
701412 Salary Adjustment	9,949		9,949		230,085-		230,085-	
701413 Vac Payoff/Sick Pay-Term		23,182	23,182-					
701417 Comp Time								
701419 Comp Time - Transfer								
701500 Merit Awards								
* Salaries and Wages	10,357,991	832,725	9,525,266	8	10,230,689	772,521	9,458,168	8
705110 Group Insurance	1,457,971	118,868	1,339,103	8	1,422,035	113,252	1,308,783	8
705210 Retirement	2,517,459	198,749	2,318,710	8	2,515,667	176,704	2,338,962	7
705215 Retirement Calculation								
705230 Medicare April 1986	135,173	11,470	123,703	8	136,701	10,375	126,326	8
705320 Workmens Comp	67,787	5,649	62,138	8	66,992	5,512	61,481	8
705330 Unemply Comp	15,179	1,265	13,914	8	15,375	3,795	11,580	25
705360 Benefit Adjustment								
* Employee Benefits	4,193,569	336,001	3,857,568	8	4,156,770	309,638	3,847,133	7
710100 Professional Services	647,412	1,550	645,862	0	1,211,770	6,305	1,205,465	1
710105 Medical Services	9,323		9,323		9,173	895	8,278	10

Period: 1 thru 1 2015
 Accounts: GO-P-L P&L Accounts
 Business Area: *

Fund: 202
 Fund Center: 000
 Functional Area: 000

Health Fund
 Default Washoe County
 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710108 MD Consultants	83,908		83,908		46,950	1,000	45,950	2
710110 Contracted/Temp Services	7,407	551	6,856	7	53,500	2,677	50,823	5
710119 Subrecipient Payments								
710200 Service Contract	120,720	13,827	106,892	11	103,593	3,835	99,758	4
710205 Repairs and Maintenance	5,538		5,538		11,470		11,470	
710210 Software Maintenance	16,285	9,900	6,385	61	15,636	12,000	3,636	77
710300 Operating Supplies	116,534	400	116,134	0	134,870	5,191	129,679	4
710302 Small Tools & Allow	22,685		22,685		10,685		10,685	
710308 Animal Supplies	1,600		1,600		1,600		1,600	
710319 Chemical Supplies	231,900	167,280	64,620	72	232,300	168,220	64,080	72
710325 Signs and Markers								
710334 Copy Machine Expense	25,275	1,330	23,945	5	28,447	1,612	26,835	6
710350 Office Supplies	54,244	448	53,796	1	41,074	707	40,367	2
710355 Books and Subscriptions	6,964	375	6,589	5	7,594	1,060	6,534	14
710360 Postage	21,380	1,657	19,723	8	24,435	1,313	23,122	5
710361 Express and Courier	560		560		735		735	
710391 Fuel & Lube	100		100		100		100	
710412 Do Not Use								
710500 Other Expense	26,920		26,920		24,932	109	24,823	0
710502 Printing	20,636	984	19,652	5	33,970	1,436	32,534	4
710503 Licenses & Permits	6,331	420	5,911	7	7,887	120	7,767	2
710505 Rental Equipment	1,800		1,800		1,900		1,900	
710506 Dept Insurance Deductible						34	34-	
710507 Network and Data Lines	11,295	942	10,353	8	5,530	831	4,699	15
710508 Telephone Land Lines	40,485	3,083	37,402	8	42,484	2,761	39,723	6
710509 Seminars and Meetings	46,298	820	45,478	2	36,065	1,433	34,633	4
710512 Auto Expense	13,894	534	13,359	4	19,102	1,062	18,040	6
710514 Regulatory Assessments	11,920	4,999	6,921	42	11,920	2,980	8,940	25
710519 Cellular Phone	15,294	1,096	14,198	7	15,660	39	15,621	0
710524 Utility relocation								
710529 Dues	11,867	1,941	9,926	16	10,756	1,230	9,526	11
710535 Credit Card Fees	12,665	1,683	10,982	13	11,925	1,501	10,424	13
710546 Advertising	263,720	371	263,349	0	47,600	491	47,109	1
710551 Cash Discounts Lost		2	2-			5	5-	
710563 Recruitment		301	301-					
710577 Uniforms & Special Clothing	12,350		12,350		25,500	100	25,400	0
710585 Undesignated Budget	90,642		90,642		62,229		62,229	
710598 Telecomm Charge-out contra								
710600 LT Lease-Office Space	109,115	13,282	95,833	12	109,115	9,712	99,403	9
710620 LT Lease-Equipment								
710703 Biologicals	224,882	11,269	213,613	5	246,791	5,930	240,861	2
710714 Referral Services					6,328		6,328	
710721 Outpatient	88,786		88,786		93,093	4,173-	97,266	4-

Period: 1 thru 1 2015 Fund: 202 Health Fund
 Accounts: GO-P-L P&L Accounts Fund Center: 000 Default Washoe County
 Business Area: * Functional Area: 000 Standard Functional Area Hiera

Accounts	2015 Plan	2015 Actuals	Balance	Act%	2014 Plan	2014 Actual	Balance	Act%
710872 Food Purchases	5,064	7	5,057	0	10,176		10,176	
711010 Utilities					180		180	
711100 ESD Asset Management	66,526	5,429	61,097	8	47,436	4,087	43,349	9
711113 Equip Srv Replace	27,586	2,254	25,333	8	27,084	2,301	24,784	8
711114 Equip Srv O & M	41,529	3,945	37,584	9	46,869	2,912	43,957	6
711115 Equip Srv Motor Pool	5,000		5,000		16,741		16,741	
711117 ESD Fuel Charge	48,591	5,099	43,492	10	55,492	4,224	51,268	8
711119 Prop & Liab Billings	74,502	6,209	68,294	8	74,502	6,209	68,294	8
711210 Travel	202,819	9,477	193,342	5	269,811	7,062	262,749	3
711300 Cash Over Short								
711400 Overhead - General Fund	2,741,061	228,422	2,512,639	8	2,898,034	241,503	2,656,531	8
711504 Equipment nonCapital	83,475	5,020	78,455	6	135,712	1,135	134,577	1
* Services and Supplies	5,676,888	504,904	5,171,984	9	6,328,754	499,846	5,828,908	8
781004 Equipment Capital	373,694		373,694		332,748	23,722	309,026	7
781007 Vehicles Capital	25,000		25,000		100,000		100,000	
* Capital Outlay	398,694		398,694		432,748	23,722	409,026	5
** Expenses	20,627,142	1,673,629	18,953,512	8	21,148,962	1,605,727	19,543,235	8
485193 Surplus Supplies Sales								
* Other Fin. Sources								
621001 Transfer From General	10,000,192-		10,000,192-		8,603,891-		8,603,891-	
* Transfers In	10,000,192-		10,000,192-		8,603,891-		8,603,891-	
818000 Transfer to Intrafund								
* Transfers Out								
** Other Financing Src/Use	10,000,192-		10,000,192-		8,603,891-		8,603,891-	
*** Total	1,609,632	1,229,628	380,003	76	2,435,636	1,353,837	1,081,800	56



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
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STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: Presentation, Discussion and possible Direction to Staff regarding proposed District Board of Health Orientation Manual and Program

SUMMARY

Office of the District Health Officer staff have reviewed and updated the District Board of Health Orientation Manual and established a Board member training program.

District Health Strategic Objective supported by this item: *Strengthen WCHD as an innovative, high-performing organization.*

Fundamental Review recommendation supported by this item: *Develop a Washoe County District Board of Health orientation manual and program.*

PREVIOUS ACTION

A District Board of Health Orientation Manual has been utilized in the past to provide members with guidance through their duties. Board members have received training through interaction with staff and other members and by gaining experience over time.

BACKGROUND

The Health District is a complex organization with jurisdiction over health issues for all of Washoe County. The District Board of Health is the policy-making board with jurisdiction over all public health matters in the Health District.

The Washoe County District Board of Health Orientation Manual and Program has been developed to help new members gain an understanding of the operations of the Health District as well as the rules and regulations that govern both the District and the actions of the member.

Staff reviewed and updated the manual June –August of 2014. Beginning September 15, 2014, the Health District will begin hosting quarterly sessions in which the Health Officer and staff from each division will provide a 30-minute overview of their division, programs, and the resulting positive impacts on public health. The Board members will be invited to attend these sessions.

The District Health Officer will meet with each new Board member and each Division Director will offer their time to meet with the members individually. Any new Board member that does not already hold an elected office will be invited to meet with the Deputy District Attorney to learn about the Nevada Open Meeting Law.

The information in the Orientation Manual will be updated by the District Health Officer to maintain the currency of the document. Significant changes to the contents of the Orientation Manual will be brought before the Board for approval.

To reduce printing resources and expenses, the Orientation Manual is not included with this staff report. This document is 402 pages and can be accessed from the "District Board of Health" home page at <http://www.washoecounty.us/repository/files/4/2014-DBOH-Orientation-Manual.pdf>. A hard copy is available by contacting Ms. Dawn Spinola of the ODHO at (775) 328-2415 or dspinola@washoecounty.us.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget should the Board approve the proposed District Board of Health Orientation Manual and Program.

RECOMMENDATION

Staff recommends the Board approve the proposed District Board of Health Orientation Manual and Program.

POSSIBLE MOTION

Should the Board agree with Staff's recommendation, a possible motion would be: "I move to approve the District Board of Health Orientation Manual and Program."



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



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STAFF REPORT

BOARD MEETING DATE: August 28, 2014

TO: District Board of Health

THROUGH: Matt Smith, Chairman
District Board of Health

FROM: Kevin Dick, District Health Officer
775.328.2416, kdick@washoecounty.us

SUBJECT: Discussion and possible direction to staff regarding process for appointment of Regional Emergency Medical Services Advisory Board Members

SUMMARY

The Interlocal Agreement (ILA) for Regional Emergency Medical Services (EMS) Oversight establishes a Regional EMS Advisory Board. The Regional EMS Advisory Board includes two District Board of Health (DBOH) appointed positions. The DBOH needs to establish a process for filling these positions and provide direction to staff regarding any assistance and support required for the appointments.

District Health Strategic Objective supported by this item: *Strengthen district-wide infrastructure to improve public health*

Fundamental Review recommendation supported by this item: *Continue current collaborative action plan to resolve REMSA oversight issues with engagement of key partners and stakeholders.*

PREVIOUS ACTION

The ILA for Regional EMS Oversight has been approved by the governing bodies of Reno, Sparks, Washoe County, and the Washoe County Health District. It is anticipated to be approved by the Truckee Meadows Fire Protection District Board on August 26.

Article 2 of the ILA establishes a Regional EMS Advisory Board. The Board is composed of the following members

- a. City Manager, Reno
- b. City Manager, Sparks
- c. County Manager, Washoe County
- d. District Health Officer
- e. Emergency Room Physician (DBOH Appointment)
- f. Hospital Continuous Quality Improvement (CQI) Representative (DBOH Appointment)

BACKGROUND

The Health District is now ramping up staffing to provide regional EMS oversight and is in the process of recruiting an EMS Program Manager and EMS Coordinator (.5 FTE). It is important to move forward with the establishment of the Regional EMS Advisory Board (Advisory Board) as we develop the oversight program and hire additional staff.

The Advisory Board will be responsible for electing a chair and vice-chair and for establishing bylaws. The Advisory Board must meet at least once each fiscal year to review reports, evaluations and/or recommendations of the Regional EMS Oversight Program, and discuss issues related to regional emergency medical services. The Advisory Board may make recommendations to the District Health Officer and/or DBOH.

DBOH must appoint the Emergency Room Physician and the Hospital CQI Representative members in order for the Advisory Board to be established and begin its work.

FISCAL IMPACT

There is no additional fiscal impact to the FY15 budget anticipated from this item.

RECOMMENDATION

Staff recommends the Board identify the process to be used to make the appointments and direct staff to provide assistance and support required for the appointments.

POSSIBLE MOTION

Staff recommends no specific language for a motion.



WASHOE COUNTY HEALTH DISTRICT

EPIDEMIOLOGY & PUBLIC HEALTH PREPAREDNESS



Public Health
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DIVISION DIRECTOR STAFF REPORT **BOARD MEETING DATE: August 28, 2014**

DATE: August 15, 2014
TO: District Board of Health
FROM: Randall Todd, DrPH, EPHP Director
775-328-2443, rtodd@washoecounty.us
SUBJECT: Program Updates for Communicable Disease, Public Health Preparedness, and Emergency Medical Services

Communicable Disease (CD) -

CD staff have continued investigating pertussis cases. During the past 30 days, 7 cases were investigated with five of them being from one household. None of children within this household had received pertussis-containing vaccines. To date, 41 cases have been reported and investigated in 2014. By comparison 22 cases were reported for the whole year in 2013. An increased incidence of Pertussis has become a new norm in the nation.

CD staff investigated a case of Legionellosis which was part of multi-state cluster and was associated with a hotel in California. The investigation is ongoing.

CD staff investigated three suspected outbreaks of Hand, Foot, and Mouth Diseases in three day care facilities. Outbreaks for these three facilities were over as of 8/8/14. A total of 33 cases were reported.

CD staff completed the draft of 2013 Communicable Diseases Annual Summary and a final proof review is under way.

CD staff assisted UNR Student Health Center to develop a plan for prevention and early identification of Ebola Virus Disease (EVD) among incoming students from West Africa using CDC's newly published interim guideline.

CD staff is now replacing the old SAS-based program developed by CDC with a home-grown method using Epi Info 7 software to monitor for anomalies in CD weekly morbidity and 2014-2015 School Absenteeism. The SAS-based program for these two systems was retired due to lack of technical support from CDC.

Public Health Preparedness (PHP) –

Minor updates were made to the WCHD Department Emergency Operations Plan and provided to the District Health Officer for approval. If significant changes to this plan are made in the future, they will be brought to the District Board of Health for review and approval.

Staff participated in the annual Statewide Training and Exercise Planning Workshop (TEPW). The purpose of the TEPW is to identify and coordinate both trainings and exercises being conducted by the State and local health departments in the coming year. Staff also participated in the Washoe County TEPW to help Emergency Management populate their yearly training and exercise calendar.

The Midterm Planning Conference was held in preparation for the October 9, 2014 Point of Dispensing (POD) exercise. The planning team includes Health District staff as well as our private Point of Dispensing partners. This exercise will be taking place at the Reno Livestock Events Center. During the exercise, approximately 500 doses of flu vaccine will be administered.

PHP and EMS staff assisted State and Local Emergency Management with regional earthquake planning. Specifically, input was provided relating to the health and medical response for the region including response activities that will save, sustain and protect lives. This includes pre-hospital, medical surge and medical transportation operations as well as conducting mass fatality operations.

The WCHD Medical Reserve Corps (MRC) Unit volunteers that have been trained in first aid as well as licensed EMTs partnered with the Carson City Health and Human Services MRC Unit volunteers to help staff the first aid booth at the Nevada State Fair. The fair was held at Fuji Park in Carson City July 31st - August 3rd.

MRC volunteers will participate in an upcoming Point of Dispensing training session August 16th, at the Regional Public Safety Training Center. The training will be conducted by WCHD's Public Health Emergency Response Coordinator, Sara Dinga.

Staff is working with two local Skilled Nursing Facilities to assist them with emergency and continuity of operations planning. This is part of a broader effort to ensure all healthcare facilities are better prepared for emergency or disaster of any scale.

The Homeland Security Exercise and Evaluation Program (HSEEP) toolkit was completed and distributed to regional hospitals. This toolkit will assist hospitals with planning and conducting exercises as well as completing after action reports/improvement plans in accordance with federal regulations.

Staff provided input to and participated in the roll out of the Regional Active Assailant Response Protocols. This included writing the Help to Victims and Community section of the plan.

Emergency Medical Services (EMS) –

The Inter Local Agreement (ILA) for EMS Oversight will be presented by TMFPD to the Board of Fire Commissioners on Tuesday, August 26. If approved, TMFPD will be the final signatory on the ILA. In anticipation of the ILA being approved by all jurisdictions, EMS staff has begun the working on the initial steps of establishing a foundation for the EMS oversight program.

EMS staff has conducted meetings with REMSA and regional hospitals to continue working on the “areas for improvement” that were identified during the Broken Wing exercise in May 2014.

Based on those meetings, EMS staff developed an Improvement Plan that included 13 corrective actions. Of those thirteen, five have been completed and five are currently in progress.

EMS and PHP staff are working on revisions to the Mutual Aid Evacuation Annex (MAEA) to include information from Nevada's Statewide Medical Surge Plan. Once staff has completed a workshop with the regional hospitals' risk and legal teams, the proposed plan will be presented to the District Board of Health for approval.



WASHOE COUNTY HEALTH DISTRICT

COMMUNITY & CLINICAL HEALTH SERVICES DIVISION



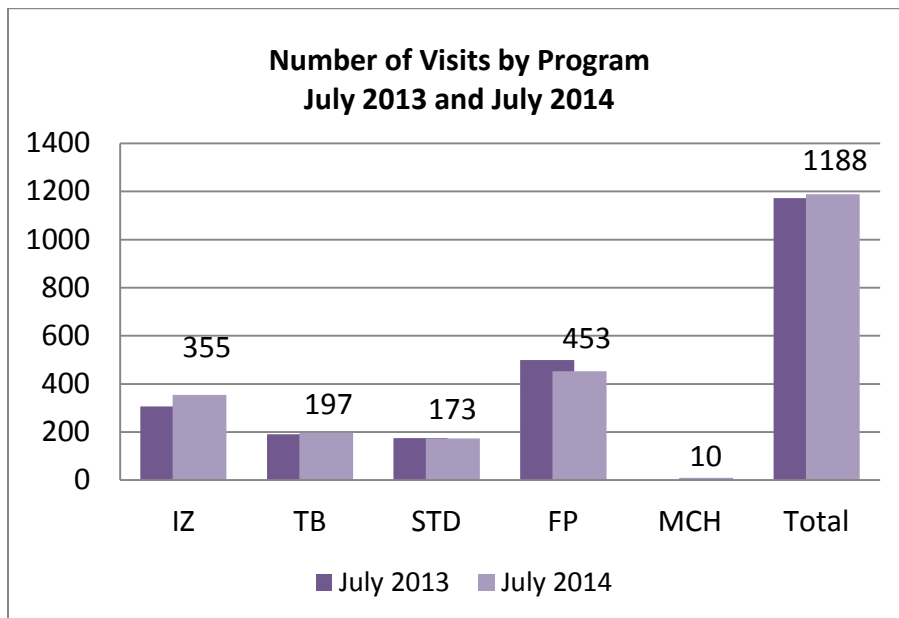
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DIVISIONAL STAFF REPORT
BOARD MEETING DATE: August 28, 2014

DATE: August 15, 2014
TO: District Board of Health
FROM: Steve Kutz, RN, MPH
 775-328-6159; skutz@washoecounty.us
SUBJECT: Divisional Update, Program Reports

1. Divisional Update

- a. Insight – Conference calls with Netsmart (vendor for Insight) continue on various fronts, including Revenue Cycle Management, Plexus customized reporting, and the upcoming implementation of the Family planning and STD Field Questions modules.
- b. Affordable Care Act (ACA) – This fall when CCHS completes time studies for FY 16 fee calculations, information will be entered into a cost analysis spreadsheet that will allow us to utilize resource based relative value scale (RBRVS). This will allow CCHS programs to improve on cost recovery.
- c. Data/Metrics –



Number of WIC Participants Served* - June 2014:

Women Prenatal	Women Postpartum Non-breastfeeding	Women Postpartum Breastfeeding	Infants 0-12 Months	Children 1-5 Years	TOTAL
508	314	403	1192	2980	5,397

*It takes a full month after the last day of the reporting month for final caseload counts as WIC clinics operate to the end of the month and participants have 30 days after that to purchase their WIC foods.

Changes in data can be attributed to a number of factors – fluctuations in community demand, changes in staffing and changes in scope of work/grant deliverables, all which may affect the availability of services.

2. Program Reports – Outcomes and Activities

- a. **Sexual Health** – The STD and HIV Public Health Nursing (PHN) Supervisor, Stacy Hardie, is preparing to transfer supervision of the STD program to PHN Supervisor Lisa Lottritz, on September 1, 2014. Stacy will maintain supervision of the HIV program and the Family Planning Program. This transition will more evenly distribute work load between the PHN Supervisors.

The HIV Prevention Progress report was recently submitted. The number of testing events is on target to exceed testing in 2013. Clinic HIV positivity for quarters one and two has declined slightly from Calendar Year 2013. Efforts to increase testing of higher risk individuals are in progress.

Staff participated in two “Pride” events, providing education, outreach and HIV/syphilis testing. The Northern Nevada Pride Festival was held on July 26, 2014, where 12 people were tested. On August 16, 2014 staff tested 29 people at the Reno Gay Pride event.

- b. **Immunizations** – Two Back-to-School School Located Tdap and Varicella School Located Vaccination clinics were held at Vaughn Middle School on August 7, 2014 and Sparks Middle School on August 8, 2014 in partnership with Immunize Nevada and the Nevada State Immunization Program. A total of 213 students were vaccinated at these clinics.

A Back-to-School Fair was held at the Boys and Girls Club William N. Pennington Facility on August 9, 2014. All required school immunizations were available for children four through 19 years old. 178 children were vaccinated at this clinic. This was also in partnership with Immunize Nevada and the Nevada State Immunization Program.

The Immunization Clinic has expanded clinic hours to serve the public five days per week. Full day Tuesday and Thursday clinic hours will begin in September, 2014.

- c. **Tuberculosis Prevention and Control Program** – On July 30, 2014, the Nevada State Board of Pharmacy distributed a notice to all pharmacists in Nevada, advising them of

the reporting requirements when dispensing two or more tuberculosis medications, in accordance with NAC 441A.352. A reporting form and a copy of the regulation were sent as well, and the clinic has been receiving calls from local pharmacists since the information was sent out. This was initiated by the Health District's TB Program. Jessica Ponce, CDC Public Health Associate, started her second year assignment with the Tuberculosis program on July 28, 2014 and she will be with the program until July 2015. Karen Barrett, Public Health Nurse, will be retiring on August 27, 2014.

- d. **Family Planning/Teen Health Mall** – The Public Health Nursing Supervisor and CCHS Division Director attended the National Reproductive Health Title X Conference. Important updates regarding the revised Title X Guidelines, MMWR's Quality Family Planning indicators, billing, coding and accreditation were presented.

The Family Planning Program reported its 2013 outcome measures, as part of its Quality Assurance plan:

**Family Planning Program Outcome Measures
Calendar Year (CY) 2013**

Goal: Track clinic positivity rate for chlamydia. A rate of 3% or higher demonstrates cost effective screening for disease in women <=25 years of age.			
Performance Measures	CY 13 Age<=25	CY 14 Goal	Quality Family Planning Indicator PIMS*
Positivity rates for FPP and THM Chlamydia and Gonorrhea screened and tested clients.	3.7%	3.0%	

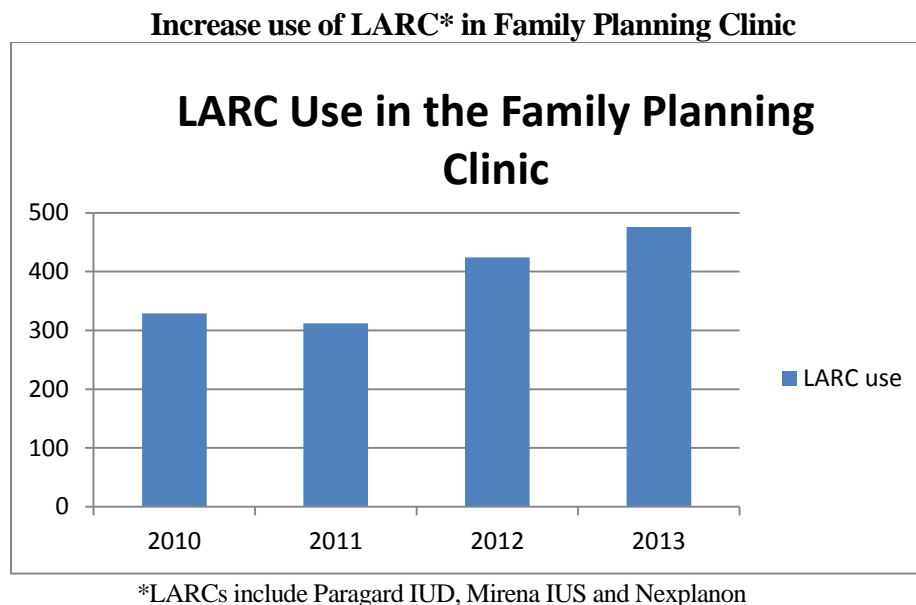
*Performance Information and Monitoring System

Goal: Annual chlamydia screening for all sexually active women <=25 years of age. Monitor testing in women >=26 years of age.*					
Performance Measures	CY 13 Age<=25	CY 13 Age <=25 Goal	CY 13 Age>=26	CY 14 Age>=26 Goal	CDC Recommendations
Rate tested.	86.5%	89.0%	30.9%	29%	

*Screening of older women for chlamydia is only recommended for a history of new or multiple partners or a partner that is suspected of having other partners. Testing of clients with signs or symptoms of chlamydia is appropriate in any population.

Goal: Timely treatment of women with chlamydia in the Family Planning clinic.						
Performance Measures	CY 13 Age<=25	CY 13 Total	CY 14 Goal	CDC Recommendations		
Percent of clients treated for Chlamydia within 30 days in the Family Planning clinic.	100%	100%	100%			
Goal: Title X Family Planning Program Priorities: Providing access to a broad range of acceptable and effective family planning methods and related preventive health services in accordance with Title X program requirements and nationally recognized standards of care.						
Performance Measures	CY 13 Age<=25	Goal Age<=25	CY 13 Age>=26	Goal Age>=26	CY 13 Total	Goal Total
1. Percentage of clients who stayed on effective method of Birth Control for at least 12 months who were not seeking pregnancy.	48.5%	51%	61.7%	64%	52.2%	54%

Title X Key Issues: Patient access to a broad range of contraceptive options, **including long acting reversible contraceptives (LARC)**, other pharmaceuticals, and laboratory tests.



- e. **Chronic Disease Prevention Program (CDPP)** – The 2014 Chronic Disease Report Card has been finalized and is included in this month’s DBOH packet. The last publication of Washoe County chronic disease data was released in 2009.

Staff have been planning the Healthy Living Forum (previously the Obesity Forum). The agenda is available on GetHealthyWashoe.com and registration is now open. The scope of the forum has been expanded to include a larger focus on healthy behaviors.

Staff participated in a meeting in Las Vegas to coordinate efforts related to Heart Disease and Stroke throughout the state. The next steps involve creating a statewide strategic plan. The Nevada Division of Public and Behavioral Health Chronic Disease Prevention and Health Promotion Section is taking the lead on these efforts through their Heart Disease and Stroke Program.

The program completed a strategic planning session in July. This accomplished several objectives including re-orienting Nicole Alberti to the program, identifying priority projects, delegating duties, and planning for future opportunities.

Significant successes during this past fiscal year in tobacco were reported in the annual report for the Master Settlement Agreement grant including: The University of Nevada Reno has publicly announced their decision to go tobacco free in 2015. Ten new locations have been added to the smoke free meetings list, and five businesses/organizations created voluntary policies to only hold meetings and events in smoke free locations. Additionally, local youth cessation and advocacy programs have been expanded.

Next month CDPP staff will provide a staff report on the ACHIEVE project.

- f. **Maternal, Child and Adolescent Health (MCAH)** – On July 30, 2014, the Fetal Infant Mortality Review (FIMR) program held a community webinar to introduce the Washoe County FIMR. Approximately 30 community members participated and the webinar will be archived on the March of Dimes and the Washoe County Health District websites. A survey was distributed to community members to identify interest in participating on the Case Review Team (CRT) and/or the Community Action Team (CAT). The FIMR team is working with local hospitals to develop a referral and data abstraction process. The initial CRT meeting is being planned for late September. The Maternal Child Health Clinic is open and has the capacity to see clients 20 hours a week. Staff is conducting outreach to increase the awareness regarding this new clinic. The MCAH Program Supervisor was one of six participants from Nevada that attended the Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Summit in July 2014. The summit provided training in quality improvement as well as collaborative learning methods which will help the Nevada stakeholders develop infant mortality reduction strategies.
- g. **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** – The collaboration with the *Renown Lactation Connection* and the *Newborn Care Center*

has been successful. Qualified WIC mothers with premature babies, or those that are having difficulty with breastfeeding, are getting hospital grade pumps at discharge to support their breastfeeding efforts. WIC has requested 20 additional pumps from the Nevada State WIC Office to keep up with client needs.



WASHOE COUNTY HEALTH DISTRICT

ENVIRONMENTAL HEALTH SERVICES DIVISION



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DIVISION DIRECTOR STAFF REPORT BOARD MEETING DATE: August 28, 2014

DATE: August 14, 2014
TO: District Board of Health
FROM: Robert O. Sack, Division Director, Environmental Health Services (EHS)
775-328-2644; bsack@washoecounty.us
SUBJECT: EHS Division Update, Program Updates - Food, Vector-Borne Disease, and EHS Inspections / Permits / Plan Review.

DIVISION UPDATE

- The Food Safety and Land Development Program staff are currently distributing posters to pool/spa operators. The posters are part of an educational outreach notifying the operators that Coxsackie A6 virus has been identified in our community and reminding operators and the public that infected individuals should avoid swimming pools. A special thanks to staff of EPHP and Phil Ulibarri for the development and production of the posters.

PROGRAM UPDATES

Food

- Program staff are making a push to get the new proposed Food Safety regulations out for the start of the public review process
- The Nevada Restaurant Association is holding its first meeting in a number of years in Northern Nevada. Staff will be attending.
- **Special Events/Temporary Food:** There were 3 major events inspected during July including the Great Chicken Wing Festival, Barracuda Golf Championship, and Hot August Nights. Five promoter permits were issued.
 - Staff conducted 337 inspections, a majority of which were performed by 4 employees. There were 144 inspections conducted during Hot August Nights in 6 venues which ran concurrently with the Barracuda Golf Championship at Montreaux.
 - Staff worked a total of 109 hours of overtime on Special Events in July.
 - Staff is gearing up for Sparks Nugget Rib Cookoff and Burning Man Traffic food vendors in Gerlach. Both events are scheduled for the end of August this year with Labor Day falling on September 1.
 - Nevada State Fair will be returning next August which will likely result in additional inspection mandates.

Vector-Borne Disease

- The Vector-Borne Diseases Program treated 1,100 acres from Lemmon Valley to Washoe Valley on August 11 and 12 using the product Vectolex FG. Our weekly diseases surveillance trapping in the Truckee Meadows detected a positive mosquito collection (29 female mosquitoes in the collection). At least one if not more were positive from this small collection for West Nile virus at Kiley Ranch the week of August 4. The New Jersey light trap numbers and disease trapping collections were unusually high leading up to the positive West Nile virus sample. Staff fogged Kiley Ranch and the area south of Henry Orr Parkway. Subsequent fogging occurred the following morning north of Wingfield Hills Drive and north Wingfield and Wingfield Springs Road. Staff during this period sampled and treated catch basins and small water bodies in the area including Red Hawk. With recent summer rains, humidity and high temperatures the normally dry areas are holding water and contributing to the increased adult populations we are experiencing in Spanish Springs. Staff is continuing the surveillance, inspection and treatment for small bodies of water and catch basins in the area as adult female mosquito collections remain high. (see attached articles)
- A bat tested positive for rabies with human exposure in the Callahan Road neighborhood. The individual has started the rabies series post prophylaxis treatment.
- After verifying the completion of our infrastructure design requirements, staff closed out 10 building projects in the Truckee Meadows Community.

EHS 2014 Inspections/Permits/Plan Review

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	YTD	Mo. Avg
Child Care	6	3	7	13	10	27	25	91	13
Complaints	70	74	68	96	101	97	139	645	92
Food	499	312	452	388	475	364	288	2,778	397
General	63	67	118	62	383	134	190	1,017	145
Plan Review (Commercial Food/Pool/Spas)	14	3	4	3	14	14	4	52	7
Plan Review (Residential Septic)	21	29	32	39	41	47	46	255	36
Residential Septic Inspections			37	45	33	74	44	284	41
Well Permits	11	0	5	6	6	15	12	55	8
Waste Management	12	20	29	9	12	21	13	116	17
TOTAL	696	508	752	661	1,075	789	761	5,293	756

* **General Inspections Include:** Invasive Body Decorations; Mobile Homes/RVs; Public Accommodations; Pools; Spas; RV Dump Stations; and Sewage/Wastewater Pumping.

Mosquito populations increase after recent storms



(Samantha Boatman)

Reported by: Samantha Boatman

Published: 7/23 11:16 am

Updated: 7/23 6:49 pm

RENO, Nev. (MyNews4.com & KRNV) -- The extra rainfall in the area has led to higher mosquito numbers. Officials are testing the mosquitoes for any virus they might be carrying.

Jim Shaffer is the Program Coordinator for the Washoe County Vector Borne Diseases Program. He said mosquitoes are collected weekly, and the several days of rainfall did lead to higher mosquito populations, especially in the Donner Springs area. The area was fogged early Wednesday morning.

Shaffer said they are also collecting mosquitoes from areas that did not have standing water before the storm.

Right now, officials are keeping a close eye on the Chikungunya virus. A certain type of mosquito carries this virus, and that exact type of mosquito has not yet been found in Nevada, but has been found in Northern and Southern California.

Shaffer said there is concern those mosquitoes will eventually be found here. "There's a good possibility that those species or those type of mosquitoes can be moving into Northern Nevada. We do have our weekly disease surveillance trapping so if they do come into this region, we will be aware."

All of the most recent mosquitoes that have been tested have been negative for mosquito-borne viruses.

There are ways you can prevent mosquitoes from breeding near your home. Make sure you remove all standing water. Shaffer recommends looking in places like outdoor children's toys, or anywhere that could collect water. He says it only takes 1/2 an inch of water for mosquitoes to breed.

He also said to keep an eye on your pet. Mosquitoes do not just attack humans, they can attack your pet as well.



Pool Tests Positive for West Nile Virus in Washoe County

Posted: Aug 06, 2014 6:09 PM PDT

Updated: Aug 06, 2014 6:09 PM PDT

From the Washoe County Health District:

The Washoe County Health District confirms that mosquitoes in a small pool of water in the Spanish Springs/Kiley Ranch area has tested positive for West Nile Virus (WNV), the first positive identification of WNV in Washoe County in 2014. The Health District monitors for mosquitoes carrying diseases and in early June confirmed that St. Louise Encephalitis had been identified in the Sun Valley area, but until now it had been the only sign of any virus present in the local mosquito population.

Due to the WNV identification, the Health District will be increasing mosquito surveillance and conducting controlled early-morning fogging in the Henry Orr Parkway, Turnberry Drive and Vista del Rancho area, beginning Thursday, August 8, at 5:30 a.m.

"We should not be surprised to see West Nile Virus in the area," said Washoe County District Health Officer Kevin Dick. "According to our Vector Borne Disease Prevention Program staff, increased standing water in the area due to the recent rains over the last month has created a prime habitat for the mosquitoes that can carry transmittable disease." Dick added that West Nile usually surfaces here in northern Nevada this time of year and that this is a reminder to all of us that we need to take precautions to keep the mosquitoes at bay and bites to a minimum.

Dick stresses that to reduce contact with mosquitos and mosquito bites, people should remember to clear standing water from around their homes. "Any area can become a problem and a potential breeding-ground, including small puddles, pools, planters, children's sandboxes, wagons or toys, underneath and around faucets, as well as plant saucers and pet bowls. Anything that can hold even a capful of water can give mosquitos the space they need to survive."

Some additional precautionary mosquito facts include:

- Mosquitoes bite in the early morning and evening so it is important to wear proper clothing and repellent containing DEET, picaradin, oil of lemon eucalyptus or IR3535 according to label instructions. Repellents keep the mosquitoes from biting you. DEET can be used safely on infants and children 2 months of age and older.
- Make sure that your doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes; and,
- Vaccinate your horses for WNV.

The Washoe County Health District's Communicable Disease Program investigates all reported cases of diseases like WNV and presents those cases in the Communicable Disease Weekly Report. Residents may report night-time mosquito activity to the District Health Department at 328-2434.

More information on WNV and the Washoe County Health District's Vector-Borne Disease Prevention Program can be found at www.washoecounty.us/health/ehs/vbdp.html.

Washoe County Health District Continues Mosquito Abatement

Posted: Aug 13, 2014 11:38 AM PDT Updated: Aug 13, 2014 12:16 PM PDT
By Landon Miller - [email](#)



The Washoe County Health District's Vector Borne Disease Program loads up a helicopter with pellets to abate area mosquito larvae.

"We are treating about 1,100 acres in Washoe County," said Jim Shaffer with the district.

Wednesday's spray included Rosewood Lakes Golf Course, Lemmon Valley, Kiley Ranch, Red Hawk, South Meadows, Damonte Ranch and Washoe Valley.

Recent rain storms have brought a new problem: standing water.

"We had the summer rains which held water in areas that were not holding water," said Shaffer.

Shaffer says it's simple. More water fell this summer-- especially in Spanish Springs causing an increase in the population-- leading to West Nile Virus.

In addition to wearing longer sleeves and DEET, it's important to check your screens.

"Homes or businesses, you should have screens on your windows because if you have them open, obviously you'll have mosquitoes fly in," said Shaffer.

The next and final spray of the season is September 10.

If you notice increased mosquito activity, call the Vector-Borne Disease Prevention Program at (775)785-4599 to investigate the source of the mosquitoes.

Washoe County Health District Continues Mosquito Abatement

Posted: Aug 12, 2014 3:59 PM PDT Updated: Aug 13, 2014 4:56 PM PDT

By Kellene Stockwell - [email](#)



From the Washoe County Health District:

The Washoe County Health District Vector-Borne Disease Prevention Program will be conducting its fourth scheduled mosquito abatement operation beginning at approximately 6:00 a.m., on Wednesday, August 13. Helicopter applications of Vectolex will be applied to 1000 acres of wetlands in Lemmon Valley, Kiley Ranch, Red Hawk, Rosewood Lakes, Butler Ranch, South Meadows, Damonte Ranch and Washoe Valley.

This abatement operation is particularly timely because the Vector-Borne Disease Prevention Program recently identified a West Nile Virus positive mosquito sample in the Kiley Ranch/Spanish Springs area. Health District staff has conducted insecticide fogging in the immediate area, and has continued surveillance with additional mosquito trappings.

“We are not surprised to see West Nile Virus at this time of year,” said Washoe County District Health Officer Kevin Dick. “The virus tends to appear in late summer and due to recent rains and the increase in standing water, there’s plenty of prime habitat for mosquitos.” Dick added that everyone needs to take precautions to avoid mosquito bites. Precautions can include:

- Wear pants and long sleeved shirts and apply repellent such as Deet, Picaridin, Oil of Lemon Eucalyptus, or other natural products to protect you from biting mosquitos. Two layers of repellent may be applied, one on the skin and a second on clothing.
- Repair tears in doors and window screens around your home or office, and keep them closed to keep mosquitos outside.
- Remove standing water or any objects that can trap or collect water around your property which provide breeding grounds for mosquitos.
- If you have ponds, troughs or water features around your property, contact the Vector-Borne Disease Prevention Program to see if free Mosquito Fish are appropriate for use.
- If you notice increased mosquito activity, call the Vector-Borne Disease Prevention Program at (775)785-4599 to investigate the source of the mosquitos.

Note regarding Vectolex applications: Vectolex is a biological larvicide that consists of a naturally occurring bacterium called *Bacillus sphaericus*. It provides selective control of mosquito larvae preventing them from becoming adults. The product is target specific, affecting mosquito larvae with no affect to humans, fish, water fowl, or other non-targeted organisms.

From the Washoe County Health District

County Sprays For Mosquitos; Others Concerned About Bees

Updated: Fri 8:48 AM, Aug 08, 2014 By: [Ed Pearce](#) - [Email](#)



RENO, NV - Earlier this week, Washoe County health officials found a female mosquito carrying the West Nile Virus in Spanish Springs.

The fogging truck is the department's last line of defense against adult mosquitoes and early Thursday morning they were out spraying pesticide in the Kiley Ranch area of Spanish Springs.

"The purpose is to knock them down so that they won't emerge in other areas," says Jim Shaffer, manager of the county's Vector Borne Disease Program. "And two, they won't go ahead and deposit their eggs and start their life cycle again."

Fogging is not Shaffer's preferred weapon in this battle.

He'd much rather kill them in the larval stage, treating the water where they breed by air. The county used to do this a dozen or so times a year; budget cutbacks reduced that to five.

"The gaps in between control measures are too widely spread," says Shaffer. "Adults emerge and when they emerge, we have to do some fogging."

Rainy weather and warm temperatures have only made things worse.

And when West Nile shows up there's an added urgency. At least that's what county health officials believe.

"It's our job to keep it out of the human population."

Not everyone agrees. "I'd understand if it were the Ebola virus and everyone in the county was going to die," says Sandy Rowley.

In her view, it's something much less dangerous and the treatment is worse than the disease.

"It's overkill. It's overuse of a deadly chemical that's proven deadly to all pollinators even children and the elderly. It's horrible."

Rowley is leading a campaign to save bees. SaveOurBeesReno.com.

She's not alone in her concern. Bees are essential to many crops. Their disappearance is becoming a world-wide concern. And the pesticide the county is using--pyrethrum--will kill them. She says there are alternative, less dangerous methods the county should be using.

Shaffer says pyrethrum is a standard treatment. He says Thursday morning's fogging was nowhere near any known hives, but he says the county wants to avoid creating any problems.

"If beekeepers want to be on a list they can notify us. We'll call them in advance and we'll let them know we're out there fogging and we'll create a buffer so we'll stay away from their hives. We don't want to kill the bees either."

And, he says, the county doesn't want to put any people at risk, either. Anyone sensitive to the pesticide can call and be put on a no-spray list.

Rowley says that only proves her point. "West Nile Virus isn't some huge scary thing because if it was the county could just say 'Sorry'."



WASHOE COUNTY HEALTH DISTRICT

AIR QUALITY MANAGEMENT DIVISION

DIVISION DIRECTOR STAFF REPORT **BOARD MEETING DATE: August 28, 2014**

DATE: August 15, 2014

TO: District Board of Health

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

SUBJECT: Program Update – FY15 Partnership Between AQM and UNR, Divisional Update—
Monthly Air Quality Index; Program Reports – Monitoring & Planning and
Permitting

1. Program Update

a. FY15 Partnership Between AQM and UNR – BEP

July 1st marks the beginning of the 2015 Fiscal Year and a continuation of the partnership between the Air Quality Management Division (AQMD) and the University of Nevada, Reno – Nevada Small Business Development Center, Business Environmental Program (BEP). Utilizing funds received from the vehicle smog check program, AQMD has committed to continuing to support the administrative duties performed by BEP for the Woodstove Change-Out Program and the Fleets Project.

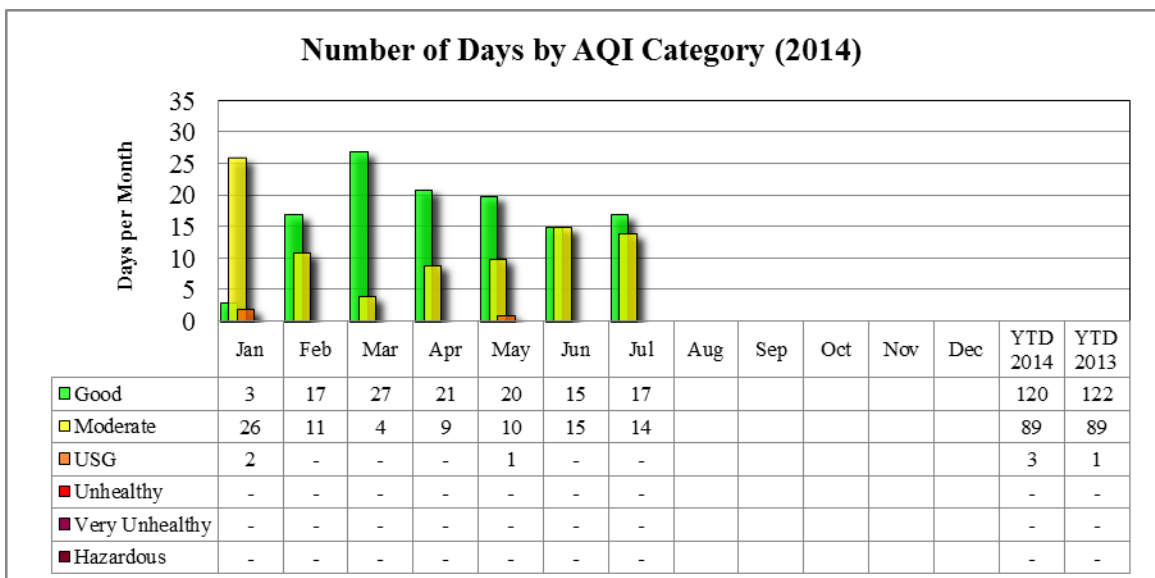
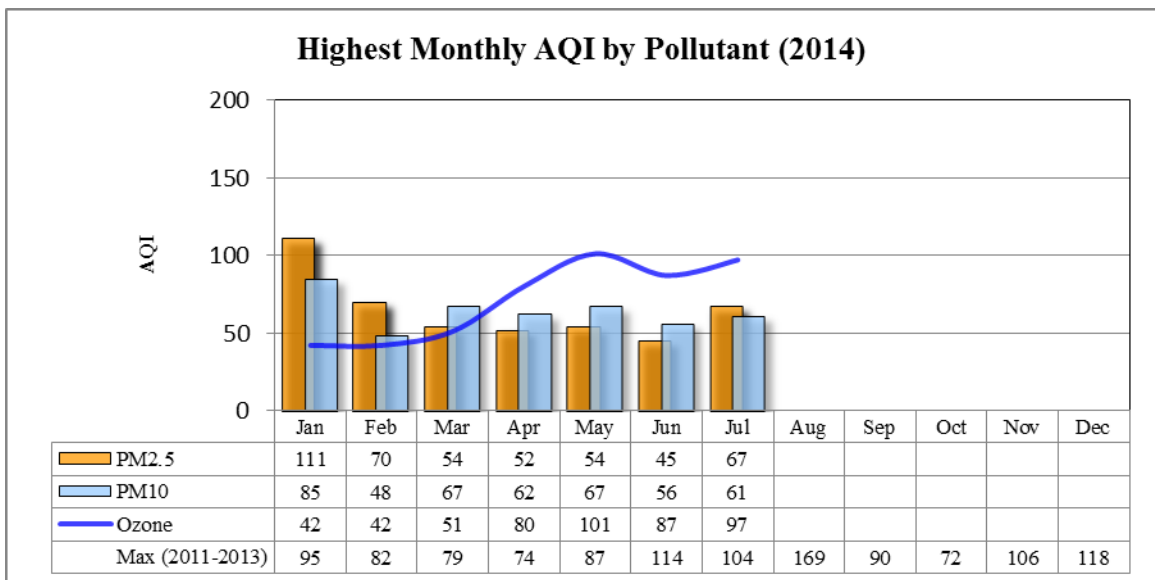
An additional Woodstove Change-Out Program has been established to provide rebates for the removal of up to 20 uncertified woodstoves in Incline Village. The Tahoe Regional Planning Authority (TRPA) provided the funds for the consumer rebates and AQMD contributed funds to assist BEP with the associated administrative duties. Woodstove Change-Out Programs will now be available for the removal of a total of 217 uncertified woodstoves in Washoe County. BEP is also administering a woodstove change-out program for the Nevada Division of Environmental Protection for the Carson City and Douglas County area.

The Fleets Project recognizes the expanding number and size of on-road truck and automobile fleets operating in Northern Nevada due to our ideal location as a distribution center for the West Coast. BEP will continue to work with AQMD and the Nevada Chapter of the Rocky Mountain Fleet Management Association (RMFMA) to enhance existing outreach, education, and technical assistance for fleet operations. In FY15, BEP has proposed to research, investigate, and assemble the necessary stakeholders to pursue re-designation for the Truckee Meadows region as a U.S. Department of Energy Clean Cities Coalition. Regional stakeholders that have expressed a strong interest in the Clean Cities Coalition include RMFMA, RTC, and members of the Northern Nevada Fleets Taskforce Advisory Committee.

The partnership between AQMD and BEP has the potential to provide significant emission reductions for the citizens of Washoe County which supports our mission to Keep it Clean!

2. Divisional Update

- a. Below are two charts detailing the latest air quality information for the month of July. The top chart indicates the highest AQI by pollutant and includes the highest AQI from the previous three years in the data table for comparison. The bottom chart indicates the number of days by AQI category and includes the previous year to date for comparison.



Please note AQI data are not fully verified and validated and should be considered preliminary. As such, they should not be used to formulate or support regulation, guidance, or any other governmental or public decision. For a daily depiction of the AQI data, please visit www.OurCleanAir.com for the most recent AQI Summary.

3. Program Reports

a. Monitoring & Planning

There were no exceedances of any National Ambient Air Quality Standard (NAAQS) during July.

The public comment period for the draft exceptional events demonstration for last year's American and Rim Fire episodes closed on July 31, 2014. AQMD is requesting EPA to exclude PM2.5 monitoring data that were affected by wildfire smoke when determining attainment for the NAAQS. The demonstration was submitted to EPA on August 6, 2014. Planning staff coordinated with the Nevada Division of Environmental Protection to share data and resources.

Two State Implementation Plan (SIP) revisions are being presented to the DBOH this month for adoption. The PM10 Redesignation Request and Maintenance Plan demonstrates that control strategies targeting residential wood combustion, grading, and street sanding/sweeping have been effective in meeting the NAAQS. This PM10 SIP will supersede the SIP adopted by the DBOH and submitted to EPA in 2009. The carbon monoxide SIP demonstrates that the Truckee Meadows will continue to meet the NAAQS through 2030. Both of these SIPs update existing Motor Vehicle Emission Budgets which are used for transportation conformity analysis in RTC's long and short-range transportation plans.

The AQMD's social media program began in July 2013. Here are some statistics and interesting facts from the first year.

- Facebook has 948 likes and Twitter has 194 followers.
- The YouTube channel has three videos promoting Bike to Work, School, and Fun Week.
- Key social media partners are the National Weather Service, local media (television, radio, and print), and the Washoe County School District.
- The most popular social media post was an air quality update during last year's Rim Fire.
- The second most popular post was an air quality alert due to wildfire smoke from northern California on August 5, 2014.

Social media is a valuable tool that has improved our ability to deliver air quality information to the public.

b. Permitting & Enforcement

Type of Permit	2014		2013	
	July	YTD	July	Annual Total
Renewal of Existing Air Permits	116	548	116	1339
New Authorities to Construct	17	72	7	88
Dust Control Permits	11 (112 acres)	72 (763 acres)	12 (62 acres)	105 (1420 acres)
Wood Stove Certificates	27	206	28	329
WS Dealers Affidavit of Sale	9 (6 stoves removed)	59 (39 stoves removed)	1 (1 replacement)	134 (83 replacement)
WS Notice of Exemptions	732 (11 stoves removed)	4115 (44 stoves removed)	1185 (9 stoves removed)	7346 (83 stoves removed)
Asbestos Assessments	76	478	67	828
Asbestos Demo and Removal (NESHAP)	19	121	18	199

Staff reviewed thirty-four (34) sets of plans submitted to the Reno, Sparks or Washoe County Building Departments to assure the activities complied with Air Quality requirements.

- The Permitting Section continues to document the business workflows in preparation for the Regional Permitting & Licensing Software Project. The Business Process spreadsheets have been finished. This will aid in the development of online submittals for applications, an improved tracking process for activities, and an automated inspection module for the enforcement staff. The “Top Five” record types have been identified and submitted to Technology Services. The development process includes a review of our agency’s documents, receipts, permits, and reports. This process will help Technology Services to automate outdated forms and processes.
- Inspectors continue to monitor the progress of the installation of emissions control devices at the Truckee Meadows Water Reclamation Facility (TMWRF). The SO₂ scrubber system remains on schedule and the facility has committed to an engine that will be installed for co-generation as part of the facility Ameresco Project improvements. The TMWRF will perform modeling of criteria pollutants as part of their application for a new operating permit. The modeling will be required to demonstrate the current sulfur dioxide impact has been mitigated and the predicted impacts from the new equipment will be in compliance with the National Ambient Air Quality Standards (NAAQS).

- The job announcement for an Environmental Engineer I or II to fill the vacant Permitting Engineer has closed. Washoe County Human Resources was pleased to report a list of 15 qualified applicants was established. The grading of the required exams is complete and interviews have been scheduled for the 25th and 26th of August.

COMPLAINTS	2014*		2013	
	July	YTD	July	Annual Total
Asbestos	1	12	2	18
Burning	0	3	0	8
Construction Dust	5	20	5	0
Dust Control Permit	1	10	3	7
General Dust	2	31	8	46
Diesel Idling	0	3	0	8
Odor	4	11	1	16
Spray Painting	0	4	0	5
Permit to Operate	4	22	0	55
Woodstove	0	8	1	16
TOTAL	17	124	20	209
NOV's	July	YTD	July	Annual Total
Warnings	4	17	2	46
Citations	2	7	3	40
TOTAL	6	24	5	86

*Discrepancies in totals between monthly reports can occur due to data entry delays.

Staff conducted forty-seven (47) stationary source renewal inspections in July 2014. Staff also conducted inspections on asbestos removal and construction/dust projects.



WASHOE COUNTY HEALTH DISTRICT

OFFICE OF THE DISTRICT HEALTH OFFICER



Public Health
Prevent. Promote. Protect.

DISTRICT HEALTH OFFICER STAFF REPORT

BOARD MEETING DATE: August 28, 2014

DATE: July 15, 2014
TO: District Board of Health
FROM: Kevin Dick, District Health Officer
 (775) 328-2416, kdick@washoecounty.us
SUBJECT: District Health Officer Report - REMSA/EMS, Permit Software Project, Community Health Needs Assessment, Robert Wood Johnson Foundation Grant, Fundamental Review, Staffing, Other Events & Activities and Health District Media Contacts.

REMSA / EMS

The Regional EMS Interlocal Agreement is scheduled for approval during the August 26, 2014 Truckee Meadows Fire Protection District Board meeting. They are the final signatory to the agreement. (Fundamental Review Item 16).

Permit Software Project

The official staff Kick-Off meeting for the Regional License & Permits Software Project has been scheduled for 1:30 pm on September 2 at the Reno City Council Chambers. Current Permits Plus Users from Washoe County and the City of Sparks, along with the Regional Business License staff from Reno-Sparks-Washoe County, will be introduced to the Accela Automation product. Staff will also receive a briefing on the schedule for the regional project, which has a projected completion date of January 2016. To date, each of the entities Project Managers and Subject Matter Experts have been diligently working to prepare the required information for the first round of analysis sessions with the Accela Team which are scheduled to begin the week of September 23rd. The required information includes:

- All paper applications, permits, fee schedules, and associated information.
- All Business Processes and workflow task lists of all processes for each Department/Division.
- All inspection checklists to be used in Accela Automation and/or Mobile Products.
- Creation of data dictionaries and collection of information for any data sources that will be converted from existing systems to Accela Automation.

Health District staff from Air Quality Management and Environmental Health Services is committed to maintaining our current level of services for the duration of the implementation of this regional project. This commitment will require staff members that are not directly involved in the Accela Project to assist with workload assignments and coverage. The path to the final product will require a complete team effort with the end-result providing significant benefits to the future operations of the Health District and our Community Customers. (Fundamental Review Item 7)

Community Health Needs Assessment

Work continues on the Community Health Needs Assessment through the Nevada Public Health Foundation's Independent Contractor, Heather Kerwin. Six out of seven planned focus groups have been conducted; the last one will occur on 9/4. The focus group meetings were designed to receive input from low to moderate-income population segments on their views of a healthy community and to identify their needs.

Leaders, CEOs and executive directors of over thirty non-profit agencies in the Reno-Sparks area have been invited to take part in one of three panel discussions aimed at getting input from key stakeholders regarding the health of the community. The first of these was held on August 14, and the remaining two are scheduled for the week of August 18.

An initial draft of a number of sections of the report is underway. These include:

- Environmental health: air pollution, water pollution, radon, built environment, which includes food sources-(fast food, food deserts, farm fresh), & transportation
- Safety and Security: unintentional & intentional injuries & related behaviors (the top leading cause of death for people less than 50 years old).
- Access to health care: mental health, dental and primary care professional shortages & medically underserved areas
- Mortality: Leading causes of death
- Preventive health: Cancer screening and vaccination rates
- Maternal and Child health: infant, child and maternal death rates, premature births, low birth weight, prenatal care & breastfeeding rates

Ms. Kerwin's work is directed through a Community Health Need Assessment Subcommittee of the Truckee Meadows Healthy Communities Conference Planning Committee. The subcommittee meets biweekly and updates to the planning committee are provided on a monthly basis. The CHNA is expected to be completed by the end of December 2014. (Fundamental Review Item 14)

Robert Wood Johnson Foundation Grant

A conference call meeting with representatives from the Kansas Health Institute (KHI) Center for Sharing Public Health Services and the Health District grant team was held on July 22. The group discussed the knowledge gained from project implementation to date, and discussed recommended changes from the initial project direction and goals. The initial project was designed to develop cross-jurisdictional public health capacities between the WCHD and other northern Nevada counties or for other counties to develop cross-jurisdictional shared services among themselves. Project experience to date has resulted in an agreement between KHI and the WCHD grant team to modify the project objectives. Based on coordination trips to the seven rural and frontier counties in northern Nevada, and the health surveys inventory and priorities questionnaire that were completed, it was decided that developing and implementing a cross-jurisdictional sharing approach at this time it is unlikely to be successful. Therefore, the project objective has been modified to assist the development of a County Health Board institutional capacity within Churchill County and inform their understanding of public health services and roles, and public health needs. The work with Churchill County will be designed to allow other N. Nevada counties to learn from the Churchill County efforts and for the WCHD grant team and Churchill County to be able to share the approach and lessons learned in Churchill County with the other jurisdictions.

Fundamental Review

A District Board of Health Orientation Manual and Program are included on the August 28 meeting agenda (Fundamental Review Item 2). A current dashboard of the Fundamental Review recommendations implementation is attached.

Staffing

Anna Heenan joined the Health District as the new Administrative Health Services Officer on August 4. This provided one workweek of overlap with Eileen Stickney who retired on August 8.

Recruitments are underway to fill the following positions: EMS Program Manager, EMS Coordinator, Department Systems Specialist, Environmental Engineer, Environmental Health Specialist, Health Educator II, and Office Assistant II.

Other Events and Activities

I met with the Division Directors on August 6 and 20. I conduct individual meetings with the Division Directors on a bi-weekly schedule.

I attended the announcement event for the Nevada Newborn Screening Program held by the UNR Division of Health Sciences and the Nevada State Public Health Laboratory on August 11.

The Health District held a meeting of the Land User Group on August 14 to discuss approaches to mass grading and final map approvals. The progress, to date, to address concerns of the development community and the proper oversight of grading and water distribution systems is encouraging. (Fundamental Review Item 3)

I attended the subject matter expert panels conducted for the Community Health Needs Assessment on August 14, 18, and 20. Renown hosted the panel sessions. (Fundamental Review Item 14)

I attended the REMSA Board meeting on August 15.

I participated in the RTC Blue Ribbon Commission on Transit meeting held on August 21.

I continue to serve as President of HomeFree Nevada / EnergyFit Nevada, the not-for-profit Home Performance with Energy Star Provider for the State of Nevada. The DOE grant to the Nevada Office of Energy has concluded. The Office of Energy has declined to provide additional funds for EnergyFit Nevada. As a result, the program is scaling back the services available to homeowners and contractors to assist with energy efficiency upgrades for healthier, more comfortable programs and the national Home Performance with ENERGY STAR program. Several other funding opportunities are being pursued.

Health District Media Contacts: July 14 - August 21, 2014

DATE	MEDIA	REPORTER	STORY
8/20/2014	Reno Gazette - Journal	Guy Clifton	Ebola - Todd
8/20/2014	UNIVISION	Yvette Contreras	Ebola - Todd
8/20/2014	KKOH 780 AM Radio - ABC Reno	Jim Fannon	Ebola - Todd
8/13/2014	KRNG 101.3 FM	Steve Burt	HIV and Substance Use Recovery - Howell
8/15/2013	Reno Gazette - Journal	Jeff Delong	American & Rim Fires Revisited - Inouye
8/13/2014	KTVN CH2 - CBS Reno	Landon Miller	West Nile Virus & Mosquito Abatement - Shaffer
8/8/2014	KKOH 780 AM Radio - ABC Reno	Jim Fannon	West Nile Virus & Mosquito Abatement - Shaffer
8/8/2014	Reno Gazette - Journal	Marcella Corona	Wild Fire Smoke - Inouye
8/7/2014	KUNR 88.7 FM Radio - NPR Reno	Ahn Gray	West Nile Virus & Mosquitos - Shaffer/Ulibarri
8/7/2014	UNIVISION	Catalina Villegas	West Nile Virus & Mosquitos - Shaffer/Ulibarri
8/7/2014	KRNV CH4 - NBC Reno	Ashley Cullins	West Nile Virus & Mosquitos - Shaffer/Ulibarri
8/7/2014	KTVN CH2 - CBS Reno	Paul Nelson	West Nile Virus & Mosquitos - Shaffer/Ulibarri
8/7/2014	KOLO CH8 - ABC Reno	Ed Pierce	West Nile Virus & Mosquitos - Shaffer/Ulibarri
8/4/2014	Reno Gazette - Journal	Steve Timko	Fire Season - Ulibarri/Yosemite Fires - Ulibarri
8/4/2014	Las Vegas Sun	Tobin LaPan	Vector Born Disease Prevention Program - Ulibarri
7/29/2014	KOLO CH8 - ABC Reno	Rebecca Kitchen	Immunizations - Gabor
7/28/2014	KRNV CH4 - NBC Reno	Terri Hendri	Fire Season - Inouye
7/23/2014	KRNV CH4 - NBC Reno	Samantha Boatman	Vector Born Disease Mosquitos - Shaffer/Ulibarri
7/18/2014	KRNV CH4 - NBC Reno	Alyx Sacks	Fire Season - Ulibarri
7/18/2014	KRNV CH4 - NBC Reno	Alyx Sacks	Immunizations - Ulibarri
7/16/2014	UNIVISION	Yeralinda Deavilla	Evans Fire - Inouye

Press Releases/Media Advisories/Editorials

8/12/2014	Press Release	PIO Ulibarri	Health District Continues Mosquito Abatement
8/6/2014	Press Release	PIO Ulibarri	Pool Tests Positive for West Nile Virus
7/23/2014	Talking Points for Interviews	PIO Ulibarri	Mosquitos and Vector Control
7/16/2014	Talking Points for Interviews	PIO Ulibarri	Immunizations for Back to School
6/27/2014	Press Release	PIO Ulibarri	Heat Precautions



WASHOE COUNTY HEALTH DISTRICT



Public Health
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Fundamental Review Recommendation Status

Legend:

Complete
Underway
Underway - Regulatory, Budget, Policy Analysis or Issue Resolution Necessary or in Process
Underway but Progress Stalled or Delayed
Not Yet Underway - No Changes Necessary
Parking Lot
Not Recommended

Status Goal

Status	Goal
	1 Place WIC organizationally where it is most closely aligned with similar functions
	a. WIC moved to CCHS effective 1/21/14
	2 Develop a DBOH orientation manual and program
	a. Design an orientation program and compile a draft manual for possible approval 8/28/14
	3 Strengthen customer focus, exploring the potential for user groups to share consumer viewpoints
	a. Land development user group established.
	4 Critically examine clinic appointment scheduling from a patient access perspective
	a. Staffing IZ and Vital Statistics five days a week, accept IZ walk ins
	b. Extended hours established. Consider opportunities and costs for weekend clinical services
	c. Discussion has begun with Interactive Voice Response software companies
	5 Update fee schedules and billing processes for all clinical and environmental services
	a. Third-party billing service began July 1, 2014
	b. Identify costs for permits and services that could be included in fee schedules/propose
	c. Identify costs for regulatory programs that could be included in fee schedules/propose
	d. Identify community and clinical services for which reimbursement is available/bill
	6 Explore tiered level of services for Environmental Health programs and inspections
	a. Consider the desire & support for this type of tiered structure and this item within the larger context
	7 Participate in the business process analysis across all building permitting in the county
	a. ILA and contract with Accela signed. 16-month implementation

Fundamental Review Recommendation Status

	8	Develop infrastructure to support the District Health Officer
	a.	The Office of the District Health Officer was established on July 1, 2014
	9	Implement time coding for employees
	a.	Time coding in EHS has been expanded, AQM timecoding is underway.
	10	Perform cost analysis of all programs
	a.	A proposed schedule approved on June 26, 2014 by DBOH. Pilot will commence in August.
	11	Perform assessment of needed administrative and fiscal staffing to increase efficiencies
	a.	Will be performed in conjunction with program const analysis. See 10a
	12	Demonstrate a concerted effort among all parties to address tensions regarding overhead/direct costs
	a.	Additional General Fund transfer provided in FY 15 adopted budget to support unrecoverable indirect costs.
	13	Align programs and services with public demand
	a.	Shifted home visiting resources to provide additional clinical services on June 1, 2014
	b.	Assess changes in service levels and program alignment with respect to CHA CHIP, SP or funding
	14	Conduct a CHA in concert with current partner organizations
	a.	The CHA is being conducted.
	15	Develop metrics for organizational success and improved community health
	a.	In FY15, continue to identify metrics that help to manage programs and resources and tell our story
	16	Continue current collaborative action plan to resolve REMSA oversight issues
	a.	Franchise Agreement approved, EMS Oversight ILA being circulated for signatures.
	17	Maintain current levels of local and state financial support
	a.	Action on this recommendation is captured under Recommendation 12 above
	b.	Advocate sustaining or enhancing funding through State agencies
	18	Conduct a governance assessment utilizing NALBOH criteria
	a.	Completed January 16, 2014. Determine future schedule to repeat
	19	Undertake an organizational strategic plan to set forth key Health District goals and objectives
	a.	Conduct a strategic planning initiative following the completion of the CHA and a CHIP
	20	Implement a performance management system
	a.	Use results of program cost analysis and SP to develop and implement performance mgmt. system
	21	Consider alternative governance structures
	a.	This is not a recommendation for staff action
	22	Take a greater leadership role to enhance the strong current State/Local collaboration
	a.	Health District efforts to focus on internal and local issues
	b.	Seek direction from DBOH on a greater leadership role

Fundamental Review Recommendation Status

	23	Develop an organizational culture to support quality by taking visible leadership steps
		a. <u>Cross-Divisional Q-Team established and Divisional QI projects conducted.</u>
	24	Seek Public Health Accreditation Board accreditation
		a. <u>Seek DBOH direction on this recommendation once the CHA, CHIP and the SP are completed</u>

Acronyms: IZ - Immunizations
 ILA - Interlocal Agreement
 CHA - Community Health Assessment
 CHIP - Community Health Improvement Plan
 SP - Strategic Plan
 QI - Quality Improvement
 DBOH - District Board of Health
 NALBOH - National Association of Local Boards of Health